The Role of Hearing Aid Specialists

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Federal Recognition

Standard Occupational Classification

Major Group: 29-0000 - Healthcare Practitioners and Technical Occupations

Broad Group: 29-2090 - Miscellaneous Health Technologists & Technicians

Detailed Occupation: 29-2092 - Hearing Aid Specialists

Federal Recognition

- Office of Policy and Management
- Department of Labor
- Federal Employee Health Benefits Program
- State Medicaid Programs
Licensure

• Hearing Aid Specialists are licensed/registered in all 50 states
• Educated through apprenticeship model, distance learning course, associates degree programs
• Candidates verify competency through written and practical examinations as a condition of licensure
• Average requirement of 10 CE hours per year once licensed
• National and State Conventions - yearly
• Manufacturer Meetings and Trainings – several times a year
Demographics

- Roughly 9,000 licensed HAS in the United States
- Education of a Hearing Aid Specialist*: 87% have a College Background
  - 13% hold a high school diploma as the highest degree earned
  - 35% have achieved some college coursework
  - 44% hold a college degree
  - 8% hold an advanced degree (Masters, PhD or MD/DO)
- Location: operate in urban and rural areas; satellite offices; in-home and nursing home visits – bringing care closer to those in need
- Employment: self, hearing aid specialists/audiologists, ENTs, manufacturers

*Source: International Hearing Society Health Policy Survey, 2013
Additional Designations/Education

BC-HIS: Board Certification in Hearing Instrument Sciences

- Requires two years full-time dispensing within previous five years, passage of examination, current license
- Recertification every three years, 24 CEs every three years
- Administered by National Board of Certification in Hearing Instrument Sciences

Audioprosthologist/ACA: American Conference of Audioprosthology

- 13-month in-person American Council of Education (ACE) - accredited Bachelor level course in hearing instrument sciences
- Administered by International Hearing Society
- Highest level of education within Hearing Aid Specialist Profession
Hearing Health Team Pathways

Primary Care Doctor
- Patients ask their doctors about hearing loss and they are often times the least informed
- Recent MarkTrak9 says less than 25% of the Primary Care doctors make hearing care a part of their scope of practice

ENT Doctor
- Do the testing and medical evaluations on patients in coordination with Audiologists
- Medical Procedures and Hearing Aid Fittings through Audiologists and HAS
- Long wait times for appointments

Audiologist
- Access can take some time – many specialties in the Audiology profession

Hearing Aid Specialist
- Hearing Testing, Hearing Aids, Specialized Service and Maintenance on Hearing Aids
- Most accessible of all Team Members – Only Hearing Aids
What do hearing aid specialists do?

- **Detailed patient/client case histories**, including medical, otological, pharmacological, previous amplification history and patient attitudes and expectations.
- **Administer Otoscopy or Video Otoscopy** for the purpose of identifying possible otological conditions, including but not limited to the FDA red flag conditions that may indicate the need for medical referral or which may have a bearing on needed rehabilitative measures, outcomes and/or recommendations.
- **Administer cerumen (wax) management** in the course of examining ears, taking ear impressions and/or fitting of hearing instruments.
- **Administer and interpret tests of human hearing**, including appropriate objective and subjective methodology and measures.
- **Determine candidacy for hearing instruments**, assistive devices or referral for cochlear implant evaluation or other clinical/rehabilitative/medical intervention.
- **Recommend, select and fit appropriate hearing instruments and assistive devices** including appropriate technology, electroacoustic targets, programming parameters and special applications as indicated.
- **Assess hearing instrument effectiveness** utilizing appropriate fitting verification methodology, including all available fitting validation methods.
- **Take and prepare ear impressions for prosthetic adaptation** of hearing instruments, assistive devices, telecommunications applications, ear protection and other related applications.

Source: 1999 National Board for Certification in Hearing Instrument Sciences Role Delineation Survey
What do hearing aid specialists do?

• Design and modify earmolds and auditory equipment requisite to meet individual patient needs.
• Provide rehabilitative advice and counseling in the use and care of hearing instruments and assistive devices and in effectively utilizing communication coping strategies and other approaches to foster optimal patient rehabilitation.
• Counsel family member(s) and other interested parties relative to psychosocial and rehabilitative considerations for optimal patient outcomes.
• Provide long-term patient care, including periodic audiometric updates and recommendations for modifying rehabilitation programs to help meet patients’ changing needs over time.
• Refer and cooperate with other allied professionals in meeting the needs of the hearing impaired.
• Provide supervision and in-service training of those entering the dispensing profession.
• Maintain and update knowledge and skills in current and future diagnostic and technological advancements within the hearing industry.
• Consult with industry in the development of products and services relating to aiding hearing impairment.

Source: 1999 National Board for Certification in Hearing Instrument Sciences Role Delineation Survey
FDA Red Flags (21 CFR §801.420)

- Visible congenital or traumatic deformity of the ear.
- History of active drainage from the ear within the previous 90 days.
- History of sudden or rapidly progressive hearing loss within the previous 90 days.
- Acute or chronic dizziness.
- Unilateral hearing loss of sudden or recent onset within the previous 90 days.
- Audiometric air-bone gap equal to or greater than 15 decibels at 500 hertz (Hz), 1,000 Hz, and 2,000 Hz.
- Visible evidence of significant cerumen accumulation or a foreign body in the ear canal.
- Pain or discomfort in the ear.

The FDA Rule is important for the Safety & Delivery of Hearing Aids!
Path of Patient

Patient enters Hearing Aid Specialist's office

HAS performs patient history and otoscopic evaluation

If RED FLAG IDENTIFIED

- Referral to physician, preferably ENT

If PATIENT IS NOT A HEARING AID CANDIDATE

- Referral to audiologist or physician

If PATIENT IS A HEARING AID CANDIDATE

- Patient chooses to sign a waiver

- Referral to physician, preferably ENT, for medical clearance

- Hearing aid recommendation, hearing aid fitting

HAS provides ongoing adjustments, counseling and support
The Patient Experience from a HAS

- Pure Tone
- Speech Discrimination

Welcome
- HIPAA
- PHHA
- Video
- Explain Procedure
- Friends & Family Questionnaire

Initial Screening
- Video Otoscopy
- Explain Audiogram

Complete Testing
- NO LOSS

LOSS

Summarize Findings
- Test Results
- Case History

Offer Solutions
- Demo
- Financing
- Delivery
- Verification

Counseling

Annual Hearing Assessment

New User Workshop

Priority Appts.

Patient Aftercare
- Regular Follow-ups
- Clean & Checks
- Programming Changes
- Technology Updates

This can’t be done through the internet without a provider!
Top Ten Reasons for Hearing Aid Delight

10. Hearing Aids Work
9. Motivation
8. Professionalism
7. Evaluation
6. Counseling
5. Strong Recommendation
4. Experimentation
3. Verification & Validation
2. Continued Connection
1. The Hearing Care Professional

“Top Ten Reasons for Hearing Aid Delight: Strategies for Success”
Study done in 2011 by HIA (Hearing Industries Association)
PSAP vs Hearing Aids

• In our Hearing Clinics, on a regular basis, we see patients coming in with PSAPs that they think are Hearing Aids!
  - Problems with adjusting to them and not working properly
  - Can’t get them in their ear properly – many upside down causing issues and sores
  - Can’t be adjusted easily
  - No audiogram as a baseline for fittings for proper amplification
  - PSAPs give patients a bad impression of what real hearing aids can do for them

• Hearing Aid Specialists have Entry Level Hearing Aids at similar costs/price points of PSAPs that are fit by a licensed professional properly!

• Affordability is not the barrier of more hearing aids, it’s accessibility and education from primary care doctors.
PSAPs are not the answer

- Not a medical device
- The public thinks these are hearing aids and they are NOT!
- The population we serve (older adults) needs care, advise and interaction
- We give hours of counseling and adjustments on Hearing Aid fittings
- PSAPs are not the right answer
- Experience has shown that up to 40% of PSAPs get returned or not used- this gives consumers the wrong impression of real Hearing Aids
- Increased demand for hearing aids will drive more hearing aid volume and decrease the R&D costs
Cost is not the barrier!

- We need patient education

- MarkeTrak9 recently published that in the USA the Hearing Aid Adoption Rate is 30% up from 24% in 2008!

- Socialized Medicine Countries’ Adoption Rate is at/less than 40%, even when the government pays for the product!

- Even when hearing aids are given away at no cost to the patient they still have a poor adoption rate!
HIA Data from MarkeTrak9

Rates Over Time and Across Countries

- As noted earlier:
  - The hearing aid adoption rate is 30.2%, which is up somewhat from 2008.
  - Part of the increase is likely due to the change in method and the masked objective.
- Based upon the rates from the EuroTrak study published in Hearingreview.com March 2013, the MT9 rate is lower than it was for all the countries in the last EuroTrak study except for Japan and Italy.

  NOTE: EuroTrak is currently fielding another wave.

HD, HA & HA Adoption rates

*Some of the slight differences in the component rates between MT VIII and MT9 may be due to the method change and the masked objective. The MT9 rates represent the online baseline estimates.*
“The River of Molasses”

- Patients resist Hearing Aids and Amplification an average of 7 years!
- We call it the “River of Molasses”
  - The Hearing Aid Makes you look old
  - Your have to change the batteries
  - You can’t get them wet
  - My grandmother left her hearing aids in her drawer
  - Hearing Aids whistle and that’s embarrassing
  - People all mumble around me and don’t speak clear
  - I’m not ready for it yet
  - They seem like a lot of work

2 Biggest Barriers from MarkeTrak 9 Data
- Consumer Unawareness
- Lack of Physical Referrals
Health Insurance

• Twenty states have passed mandates for private insurance coverage for hearing aids for Children
• Arkansas, New Hampshire and Rhode Island require coverage for both Children and Adults
• My company is based in Rhode Island and these new laws help access, but it still requires consumer education so they are aware of their benefits
• We actively try to help inform Primary Care Doctors of ways to identify hearing problems
Hearing Aid Specialists are extremely professional and offer tremendous care and service to the Hearing impaired.
Professional Offices
Recommendations

• Increase demand to lower cost
  - Hearing loss screening check points: primary care physician screenings and education, departments of motor vehicles

• Passage of Federal Hearing Aid Tax Credit Assistance Act
  - $500 tax credit per hearing aid per ear every five years

• Advocate for greater insurance company coverage
  - So few states mandate insurance coverage for hearing aids despite the need and documented co-morbidities; advocate for fixed benefits for hearing aids