The Hearing Healthcare System Journey: Access and Cost

Margaret Wallhagen, PhD, GNP-BC, AGSF, GFSA, FAAN
Professor and Interim Chair, Department of Physiological Nursing
Director, UCSF John A. Hartford Center of Gerontological Nursing Excellence
Objectives

- Provide a schematic of the Hearing Health Care System as composed of 3 inter-related phases
- Discuss key stakeholders and issues raised at each component of the system that influence access and cost
- Summarize noting gaps in our knowledge and directions for future research
Hearing Healthcare System

Pre-entry → Entry → HHC

Consumer/Family → Primary Care Provider/ENT → Hearing Healthcare Specialist

Clinic
Hearing Healthcare System

Pre-entry

Consumer
Family
Consumer

- Slow onset so unaware
- Attribute to aging/viewed as normal
- Not appreciated as a chronic health condition and don’t prioritize
- Stigma and taboo around talking about it
- Concerned about cost
- Misinformation about HAs/other options
- Not incentivized by primary care screening and referral
Costs of Untreated Hearing Loss

- Challenges in performing work role
- Discrimination in the work force
  - Those not using HAs 2x as likely to be unemployed
  - EEOC noted issues with hiring, promotion, testing, training, harassment, and conditions of discharge
- Early exit from the work environment
- Lost Wages and tax revenue
Cost of Untreated Hearing Loss

- Survey of >40,000 households found a $14,100 income differential between subjects with mild vs. severe hearing loss (Kochkin, 2010)

- The loss in income for people with untreated hearing loss due to underemployment is estimated at $176 billion annually.

- With the annual cost to society is estimated to be as high as $26 billion in unrealized federal taxes.

- Use of hearing aids was shown to reduce the risk of income loss by 90%-100% for those with milder hearing loss, and from 65%-77% for those with severe to moderate hearing loss.
Hearing Healthcare System

Pre-entry ➔ Entry

Consumer/Family ➔ Primary Care Provider/ENT

Clinic

Why does the practitioner influence the journey?
Federal Regulations Sec. 801.421 Hearing aid devices: *Medical evaluation requirements* –

- (1) *General.* …a hearing aid dispenser shall not sell a hearing aid unless the prospective user has presented to the hearing aid dispenser a written statement signed by a licensed physician that states that the patient's hearing loss has been medically evaluated and the patient may be considered a candidate for a hearing aid.

- The medical evaluation must have taken place within the preceding 6 months….

- Or need a signed waiver
Medicare: Determining Coverage
Three conditions that have to be met

- Falls within a defined Medicare benefit category
- Reasonable and necessary for diagnosis or treatment
- Not statutorily excluded from coverage
Medicare Exclusionary Clause

Section 1862(a)(1): .....no payment may be made under part A or part B for any expenses incurred for items or services—

(7) where such expenses are for routine physical checkups, eyeglasses ....or eye examinations for the purpose of prescribing, fitting, or changing eyeglasses, procedures performed ....to determine the refractive state of the eyes, hearing aids or examinations therefor, or immunizations (except as otherwise allowed.....
Health Care Practitioner

- Most DON’T screen or pay attention to, or know much about, hearing loss

- Between 40-86% admitted not screening routinely with barriers noted to include lack of time, perception that there are more pressing clinical issues, and lack of reimbursement (Chou, et al. 2011)

- Often discount hearing loss when the issue is raised by the individual and don’t refer
US Preventive Services Task Force

“The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults aged 50 years or older”

Additional research is needed to understand effects of screening compared with no screening on health outcomes, and to confirm benefits of treatment under conditions likely to be encountered in most primary care settings.

New Medicare Benefit

Initial Preventive Physical Examination (IPPE)/Welcome to Medicare

- Review functional ability and level of safety – using any appropriate screening questions or standardized questionnaires recognized by national professional medical organizations
- Includes hearing - not standardized
- No change in Audiology evaluation by referral
- No change in non-coverage for hearing aids or other hearing health care services.
New Medicare Benefit
Annual Wellness Visit (AWV)

Allowed/suggested approaches include:

- Direct observation or
- Appropriate screening questions or
- Screening questionnaire from various available screening questions or
- Standardized questionnaires recognized by national professional medical organizations

**Hearing impairment** included in list
While CMS encourages health care providers to furnish the Initial Preventive Physical Exam (IPPE) or Annual Wellness Visit (AWV) services to Medicare beneficiaries, as appropriate, *they are not required to furnish these services. Both the IPPE and AWV are statutorily defined benefits*

Medicare's missed checkups: Few seniors get wellness exam

"Welcome to Medicare" …most doctors aren't taking the bait….Even though more than 2 million seniors become eligible for Medicare every year, only about 100,000 of these exams are billed to the federal government each year……

The Annual Wellness Visit, which started in 2011, is designed to serve as a regular checkup for established Medicare patients. CMS reported that 298,000 beneficiaries received that service between Jan. 1 and March 23 ….puts Medicare on track to cover the visits for only about 1.3 million people -- well shy of the more than 46 million who are eligible to receive one.

Hearing Health Care Specialists: Far from a Unified Whole

- Otolaryngologists, Otologists, and Otorhinolaryngologists – (ENT Physicians)
- Audiologists
  - PhD; Doctors of Audiology
- Speech-language pathologists
- Hearing Instrument Specialists/Hearing Aid Dispensers
Represented by a Range of Organizations

- American Academy of Otolaryngology – Head and Neck (ENT Physicians)
- American Academy of Audiology
- Academy of Doctors of Audiology
- American Speech-Language-Hearing Association
- Academy of Rehabilitative Audiology
- Hearing Instrument Specialists/Hearing Aid Dispensers
Bundling of Costs

Cost of the hearing aid is not really the cost of the hearing aid by itself but the cost of the hearing aid PLUS the surrounding services.
Hearing Healthcare Services

- Aural Rehabilitation to assist individuals adapt to hearing aids often not offered beyond managing the hearing aid
- HA often not offered if hearing loss not considered “serious enough”
- Alternatives usually not discussed (like alternative personal listening devices or other devices for the home/safety)
- Additions to HAs such as telecoils are often not offered or discussed
Medicaid

- Individuals with low income or high health care costs
- State specific, unstandardized and unstable
- Most cover children (mandated)
- A few provide assistance to adults or the elderly but all with varying restrictions
- 18 States provide no coverage to adults
- Older adults may be “dual eligible (Medicare/Medicaid)
Summary

- Not a coordinated system offering consistent services
- Menu of offerings with access restricted by
  - Consumer beliefs about hearing loss,
  - lack of coverage by Medicare
  - PCP lack of screening and referral
  - Cost of hearing aids as currently sold,
  - The range of practitioners with varying views about payment strategies that will support their practices and professions
Gaps and Related Research Needs

- **Studies to:**
  - Generate data on the benefits of primary screening and the effectiveness of hearing aids on outcomes
  - Evaluate models of care that may be targeted to individuals with varying levels of hearing loss

- **Programs to:**
  - Inform older adults about hearing loss, options, and how to be educated consumers when seeking treatment
  - Educate health care practitioners (physicians, Nurses, Physician Assistants) about hearing loss and available resources
  - Emphasize that hearing loss is a public health issue
Thank You

Questions?