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The Current U.S. Hearing Healthcare Model

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Objectives

- **Describe the various stakeholders who are involved in the HHC**
- **Provide a schematic of the navigational flow within the HHC**
- **Discuss key issues raised at each component of the system that influence access**
- **Present gaps in our knowledge and directions for future research**

Stakeholders

- **Consumers and Associations providing support:**
 - Persons with hearing loss & their families
 - HLAA, Other deaf/hard of hearing advocacy groups
 - AARP; NCPSSM
- **Health Care Providers**
- **Hearing Health Care Providers**
- **Industries/Manufacturers**
- **Centers for Medicare and Medicaid Services**
- **Other Insurance Companies**
 - Other; Federal Employee Health Benefits Program
 - PACE (Program for All Inclusive Care of the Elderly)
- **Policy Makers/Legislators**
- **Public Health Professionals:** HealthyPeople 2020

HealthyPeople 2020 Goals

Hearing & Other Sensory or Communication Disorders

- **ENT-VSL-3** Increase the proportion of persons with hearing impairments who have ever used a hearing aid or assistive listening devices or who have cochlear implants
- **ENT-VSL-4** Increase the proportion of persons who have had a hearing examination on schedule
- **ENT-VSL-6** Increase the use of hearing protection devices

www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?...

Medicare: Determining Coverage

Meeting three conditions

- 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): (a) Notwithstanding any other provision of this title, **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 (other than eyewear described in section 1861(s)(8)) or eye examinations for the purpose of prescribing, fitting, or changing eyeglasses, procedures performed (during the course of any eye examination) to determine the refractive state of the eyes, **hearing aids or examinations therefor**, or immunizations (except as otherwise allowed under section 1861(s)(10) and subparagraph (B), (F), (G), (H), or (K) of paragraph (1));

Hearing Health Care System



Consumer

- **Attribute to aging and normal**
- **Slow onset so really unaware**
- **Don't prioritize**
- **Very concerned about cost**

Health Care Practitioner

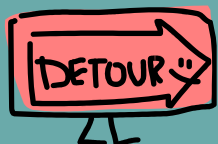
- **Most DON'T screen or pay attention to, or even know a lot about, hearing loss**
- **Between 40-86% admitted not screening routinely with barriers noted to include lack of time, perception that there are more pressing clinical issues, and lack of reimbursement (US Preventive Services Task Force)**

US Preventive Services Task Force

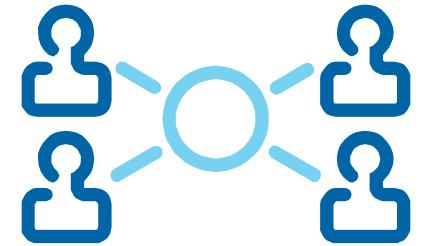
- “The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of screening for hearing loss in asymptomatic adults aged 50 years or older”
- Additional research is needed to understand effects of screening compared with no screening on health outcomes, and to confirm benefits of treatment under conditions likely to be encountered in most primary care settings.

Hearing Health Care Specialists: Far from a Unified Whole

- **Audiologists**
 - PhD
 - Doctors of Audiology
- **Speech-language pathologists**
- **Speech, language, and hearing scientists,**
- **Otolaryngologists – Head and Neck (ENT Physicians)**
- **Hearing Instrument Specialists/Hearing Aid Dispensers**



Represented by a Range of Organizations



- **American Academy of Audiology**
- **Academy of Doctors of Audiology**
- **American Speech-Language-Hearing Association**
- **Academy of Rehabilitative Audiology**
- **American Academy of Otolaryngology – Head and Neck (ENT Physicians)**
- **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



Medicaid

- **Individuals with low income or high health care costs**
- **Older adults may be “dual eligible”**
- **Very State specific**
- **Covers children more than adults or the elderly**

Summary

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



Gaps and Related Research Needs

- **The need for 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, available options, and how to be educated consumers when seeking treatment
 - Educate health care practitioners (physicians, Nurses, Physician Assistants) about hearing loss and available resources
 - Continue to emphasize that hearing loss is a public health issue

Moving to Common Ground



Thank You



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