

Hearing Health Care for Adults: Priorities for Improving Access and Affordability



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

Committee on Accessible and Affordable Hearing Health Care for Adults

DAN G. BLAZER (*Chair*), Duke University Medical Center
BRENDA BATTAT, Independent Consultant
KAREN CRUICKSHANKS, University of Wisconsin-Madison
JENNIFER DEVOE, Oregon Health & Science University
JUDY R. DUBNO, Medical University of South Carolina
RICHARD ELLENSON, Cerebral Palsy Foundation
BARBARA EVANS, University of Houston Law Center
ELLEN FLANNERY, Covington & Burling, LLP
DARRELL GASKIN, Johns Hopkins University
WILLIAM HAZZARD, Wake Forest University School of Medicine
FRANK LIN, Johns Hopkins University
NICOLE MARRONE, University of Arizona
JOSÉ PAGÁN, New York Academy of Medicine
THOMAS PIPPIN, Wisconsin Hearing Aids, Inc. (*retired*)
KATHERINE SEELMAN, University of Pittsburgh
DEBARA TUCCI, Duke University
DAVID ZAPALA, Mayo Clinic, Florida

Study Sponsors

- Centers for Disease Control and Prevention
- Department of Defense
- Department of Veterans Affairs
- Food and Drug Administration
- Hearing Loss Association of America
- National Institute on Aging
- National Institute on Deafness and Other Communication Disorders

Abbreviated Statement of Task

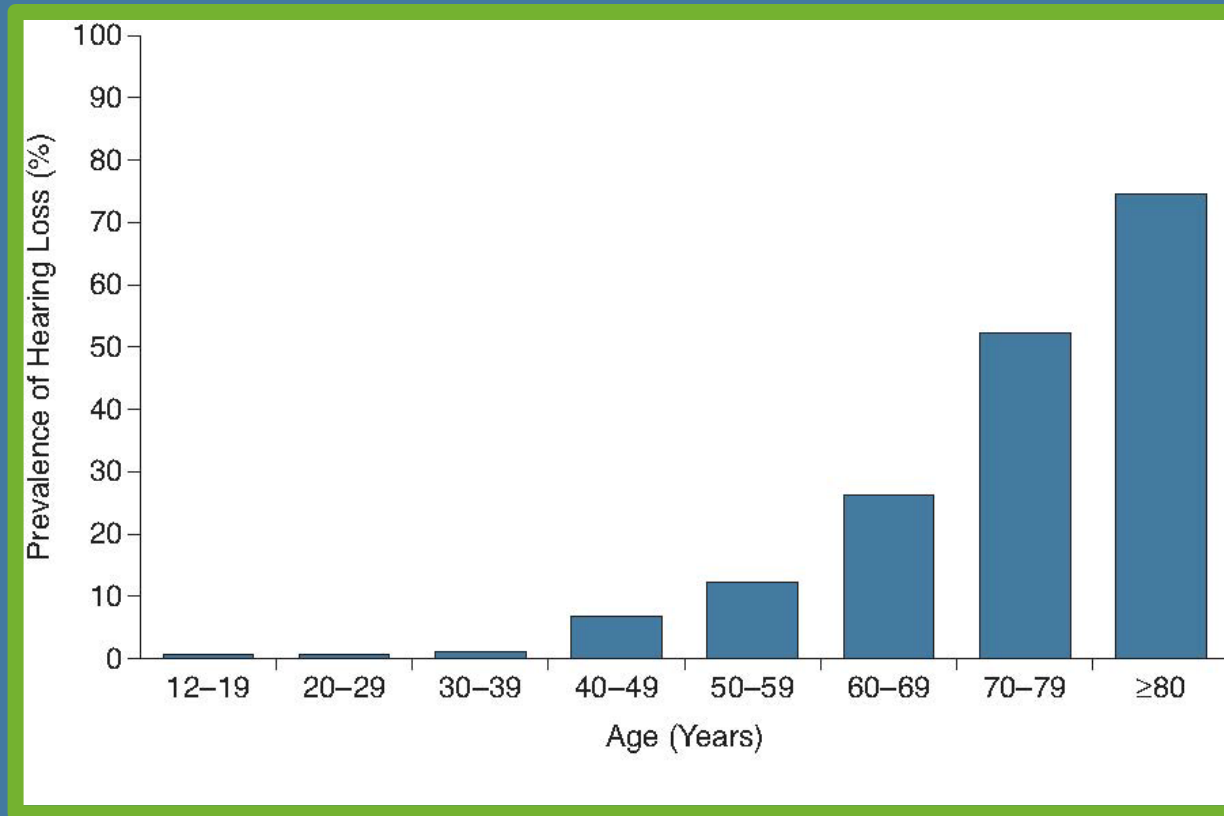
An ad hoc committee will address how to improve accessibility to and affordability of hearing health care for adults, excluding surgical devices and related services and pharmacological therapies. Specifically, the committee will:

- Provide a contextual background addressing the importance of hearing to individual and societal health, productivity and engagement.
- Address federal regulations for hearing aid dispensing.
- Address hearing health care access and affordability
- Provide recommendations aimed both at solutions that are implementable and sustainable in the short term as well as those that may require a longer timeframe for implementation.

Overview of Hearing Loss

- Hearing loss can be mild or severe, present since birth or begin later in life, occur gradually or suddenly, result from a health condition or accompany aging; one or both ears can be affected. Most hearing loss in adults is permanent or slowly progressive.
- Hearing loss has been associated with serious health comorbidities such as depression, anxiety, low self-esteem and insecurity, social isolation, stress, mental fatigue, cognitive decline and dementia, reduced mobility, and falls. Both the severity of hearing loss and the impact hearing loss has on individuals' lives vary. More research is needed to better understand the impacts.
- It has been estimated that **30 million people (12.7 percent of Americans ages 12 years or older) in the U.S. have hearing loss.**
- **The unmet need for hearing health care is high.** Estimates of hearing aid use are that 67 to 86 percent of adults (50 years and older) who might benefit from hearing aids do not use them.

Prevalence of hearing loss in the United States by age, 2001-2008

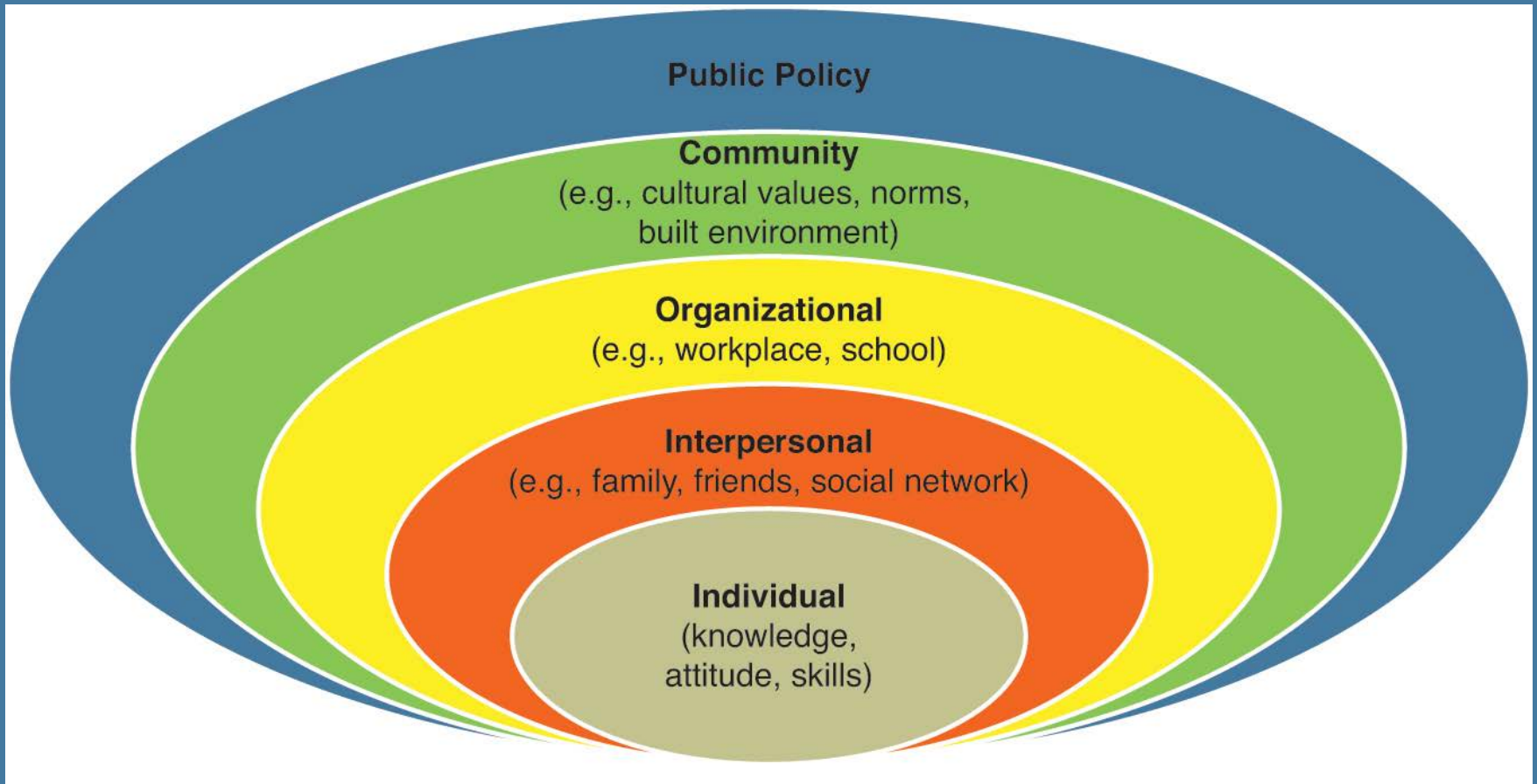


Source: Yamasoba, T., F. R. Lin, S. Someya, A. Kashio, T. Sakamoto, and K. Kondo. 2013. Current concepts in age-related hearing loss: Epidemiology and mechanistic pathways. *Hearing Research* 303:30-38.

Why Focus on Hearing Health Care Now?

- *Changing Demographics: Intersection of Hearing Loss and Aging*
- *Recognizing Hearing Loss as a Public Health Priority and a Societal Responsibility*
- *Rapidly Changing Technologies*
- *Changes in Health Care Paradigms*

Social-Ecological Model



SOURCE: NIH (National Institutes of Health). 2016. Social and behavioral theories: Social ecological model adapted from U. Bronfenbrenner, 1977.

Guiding Principles Developed by the Committee

- *Prioritize the needs of individuals with hearing loss*
- *Emphasize hearing as a public health concern with societal responsibilities and effects*
- *Move toward equity and transparency*
- *Recognize that hearing loss may require a range of solutions*
- *Improve outcomes with a focus on value, quality, and safety*
- *Work toward an integrated approach that provides options*

Definitions

- **Hearing loss** - The committee chose to primarily use the term “hearing loss,” rather than “hearing impaired” or “hard of hearing,” while acknowledging that some people who use hearing aids or other non-surgical services and technologies have had hearing difficulties since birth. The report addresses issues of importance to individuals with deafness and to the Deaf community; however, deafness is not the focus of this report.
- **Roles** - A person with hearing loss may at various times be a ***patient*** seeking care and treatment options, a ***consumer*** making purchasing decisions, or an ***individual*** participating in his or her community and seeking the best ways to meet his or her communication needs. The committee uses the terms interchangeably to some extent, while trying to use the terms as appropriately as possible in a given context.
- **Hearing health care professionals** - For the purposes of this report the term “hearing health care professionals” is used broadly to encompass those who work in hearing health care (including audiologists, hearing instrument specialists, and otolaryngologists). The term is used throughout the report primarily for ease—that is, one collective term, rather than listing each group repeatedly throughout the report.

Findings

- Hearing can be vital to communications, health, function, and quality of life. Individuals need to be alert to their hearing health, as hearing loss can range from mild to profound and tends to increase with age, onset can be gradual, and each individual's hearing needs are unique.
- Hearing health care involves a wide range of services and technologies with ever-expanding and evolving options, however, many people do not have access to these options or cannot afford them.
- Hearing loss is a public health and societal concern; engagement and action are needed across the spectrum of relevant stakeholders, including individuals and families, professionals, nonprofit organizations, industries, government, and the health care community.

Goal 1: *Improve Population-Based Information*

Recommendation 1:

The National Institutes of Health, the Centers for Disease Control and Prevention, the Patient-Centered Outcomes Research Institute, the Department of Defense, the Department of Veterans Affairs, state public health agencies, and other relevant government agencies, as well as nonprofit organizations, hearing health care professional associations, academic institutions, and researchers, should **strengthen efforts to collect, analyze, and disseminate prospective population-based data on hearing loss in adults and the effects of hearing loss and its treatment on patient outcomes.**

Specific actions detailed in bullet points that follow the recommendation.

Goal 2: *Develop and Promote Measures to Assess and Improve Quality of Hearing Health Care Services*

Recommendation 2: The Centers for Medicare & Medicaid Services, the National Institutes of Health, the Department of Defense, the Department of Veterans Affairs, other relevant federal agencies hearing health care professional associations and providers, advocacy organizations, health care quality improvement organizations, health insurance companies, and health systems should collaborate to:

- **Align and promote best practices and core competencies across the continuum of hearing health care, and implement mechanisms to ensure widespread adherence; and**
- **Research, develop, and implement a set of quality metrics and measures to evaluate hearing health care services with the end goal of improving hearing- and communication-focused patient outcomes.**

Goal 3: *Remove FDA Regulation for Medical Evaluation or Waiver to Purchase a Hearing Aid*

Recommendation 3: The Food and Drug Administration should remove the regulation that an adult seeking hearing aids be required to first have a medical evaluation or sign a waiver of that evaluation and should ensure consumers receive information about the medical conditions that could cause hearing loss through continued inclusion of that information in hearing aid user instructional brochures.

Goal 4: *Empower Consumers and Patients in Their Use of Hearing Health Care*

Recommendation 4: Hearing health care professionals, professional associations, advocacy organizations, and relevant governmental agencies such as the Office for Civil Rights at the Department of Health and Human Services should **ensure patients are aware of, and understand how to exercise, their rights of access to information about themselves under the Health Insurance Portability and Accountability Act Privacy Rule (45 C.F.R. Section 164.524), including their audiograms and hearing aid programming history.**

Goal 5: *Improve Access to Hearing Health Care for Underserved and Vulnerable Populations*

Recommendation 5: The Health Resources & Services Administration, state health departments, advocacy organizations, and hearing health care professional schools and associations should

- **Collaborate and partner with health care providers to ensure hearing health care accessibility throughout rural and underserved areas using mechanisms such as telehealth, outreach clinics (including federally qualified community health centers), and community health workers;**
- **Support and promote programs, including incentives such as tuition assistance, to increase diversity in all sectors of the hearing health care workforce; and**
- **Promote the training of cultural competency in the hearing health care workforce and incentivize practice in underserved communities.**

Goal 6: *Promote Hearing Health Care in Wellness and Medical Visits*

Recommendation 6: Public health agencies (including the Centers for Disease Control and Prevention and state health departments), health care systems (including those of the Department of Defense and the Department of Veterans Affairs), health care professional schools and associations, advocacy organizations, health care providers, and individuals and their families should **promote hearing health in regular medical and wellness visits (including the Medicare Annual Wellness Visit).**

Specifically,

- Use patient visits to assess and discuss potential hearing difficulties that could affect doctor–patient communication and overall patient well-being, to encourage individuals and their family members and caregivers to discuss hearing concerns, to raise awareness among older adults about age-related hearing loss, and to encourage referral when appropriate; and
- Develop and disseminate core competencies, curricula, and continuing education opportunities focused on hearing health care, particularly for primary care providers.

Goal 7: *Implement a New FDA Device Category for Over-the-Counter Wearable Hearing Devices*

Recommendation 7: The Food and Drug Administration should establish a new category of over-the-counter (OTC) wearable hearing devices. This device classification would be separate from “hearing aids.” OTC wearable hearing devices would be defined as wearable, OTC devices that can assist adults with mild to moderate hearing loss.

Specific actions detailed in bullet points that follow the recommendation.

Goal 8: *Improve the Compatibility and Interoperability of Hearing Technologies with Communications Systems and the Transparency of Hearing Aid Programming*

Recommendation 8: The Federal Communications Commission, Federal Trade Commission, Food and Drug Administration, National Institutes of Health, and other relevant federal agencies; the American National Standards Institute and other standards-setting organizations; manufacturers; and industry, professional, and consumer advocacy organizations should:

- **develop standards that ensure that hearing aids and over-the-counter (OTC) wearable hearing devices are compatible and interoperable with other technologies and communications systems;**
- **increase public awareness and consumer-friendly information on the availability, connectivity, and use of hearing aids and hearing assistive technologies; and**
- **develop and implement standards for an open platform approach for hearing aid programming that allows any hearing health care professional (or, as evolving technology allows, the device owner) to program the device settings, and require point-of-sale information about the programming features and programming portability of hearing aids in order to enable more informed purchasing decisions.**

Goal 9: *Improve Affordability of Hearing Health Care*

Recommendation 9: The Centers for Medicare & Medicaid Services (CMS), other relevant federal agencies, state Medicaid agencies, health insurance companies, employers, hearing health care providers, and vocational rehabilitation service agencies should improve hearing health care affordability for consumers by taking the following actions:

- **Hearing health care professionals should improve transparency in their fee structure by clearly itemizing the prices of technologies and related professional services to enable consumers to make more informed decisions;**
 - **CMS should evaluate options, including possible statutory or regulatory changes, in order to provide coverage so that treating hearing loss (e.g., assessment, services, and technologies, including hearing aids) is affordable for Medicare beneficiaries;**
 - **CMS should examine pathways for enhancing access to assessment for and delivery of auditory rehabilitation services for Medicare beneficiaries, including reimbursement to audiologists for these services;**
- (Cont'd.)*

Goal 9: *Improve Affordability of Hearing Health Care* (cont'd.)

- **State Medicaid agencies should evaluate options for providing coverage for treating hearing loss (e.g., assessment, services, and hearing aids and hearing assistive technologies as needed) for adult beneficiaries;**
- **Vocational rehabilitation agencies should raise public awareness about their services that enable adults to participate in the workforce, and they should collaborate with other programs in their respective state to raise this awareness;**
- **Hearing health care professionals and professional associations should increase their awareness and understanding of vocational rehabilitation programs and refer as appropriate; and**
- **Employers, private health insurance plans, and Medicare Advantage plans should evaluate options for providing their beneficiaries with affordable hearing health care insurance coverage.**

Goal 10: *Evaluate and Implement Innovative Models of Hearing Health Care to Improve Access, Quality, and Affordability*

Recommendation 10: The Centers for Medicare & Medicaid Services, the Patient-Centered Outcomes Research Institute, the Agency for Healthcare Research and Quality, the National Institutes of Health, the Centers for Disease Control and Prevention, the Health Resources & Services Administration, the Department of Defense, the Department of Veterans Affairs, researchers, and health care systems should **prioritize and fund demonstration projects and studies, including randomized controlled trials, to improve the evidence base for current and innovative payment and delivery models for treating hearing loss.**

Specific actions detailed in bullet points that follow the recommendation.

Goal 11: *Improve Publicly Available Information on Hearing Health*

Recommendation 11: The National Institutes of Health, the Centers for Disease Control and Prevention, the Food and Drug Administration, the Department of Defense, the Department of Veterans Affairs, the Administration for Community Living, state public health agencies, other relevant government agencies, advocacy organizations, hearing health care professional associations, hearing technology manufacturers, hearing health care professionals, and media organizations should **improve public information on hearing health and hearing-related technologies and services and promote public awareness about hearing and hearing health care.**

Specific actions detailed in bullet points that follow the recommendation.

Goal 12: *Promote Individual, Employer, Private-Sector, and Community-Based Actions to Support and Manage Hearing Health and Effective Communication*

Recommendation 12: Individuals, families, community-based organizations, advocacy organizations, employers, private-sector businesses, and government agencies (local, state, federal) should take actions to support and manage hearing health and foster environments that maximize hearing and communication for all individuals.

Specific actions detailed in bullet points that follow the recommendation.

Thank you!

Free PDF of the report:

- www.nas.edu/hearing

Additional materials (also online):

- 4-page report brief
- Action guides
- Recommendations summary

