



Innovative Hearing Aid Delivery Models: hi HealthInnovations Noreen Gibbens, AuD

Lead Audiologist



Comments regarding our profession:

- Model of hearing healthcare
- Cost of devices
- Geographical barriers
- Shortage of providers now and future
- Awareness (or lack of awareness) of hearing loss as a health risk

Goals of hi HealthInnovations

- To improve the access and affordability of hearing healthcare to the millions of Americans with hearing loss.
- To increase awareness of hearing loss as a health concern

Why? (And why UHC?)

- The health risks of untreated hearing loss
- The inability/refusal of the current system to respond
- Inspiration from other innovative models and delivery systems

Unbundling hearing aid costs

- Hearing aids are purchased from hiHealthInnovations
- Patients have options with regard to services after the purchase of the aids.

Access to the hiHealth program

- Medicare Advantage plan (co-pays of \$0 to \$340)
- Employer and individual plans
- Medicare Part D members (discounts)
- Veterans (discounts)
- Many others have access to discounts
- Retail pricing of \$749 to \$949

First step: Evaluate the hearing

- Local providers (audiologists, ENT practices, HIS, etc.)
- Field staff employed by hiHealthInnovations
- PCP Test kits

Notes on the PCP test kit:

- Depends on PCP to do otoscopy
- Six frequencies assessed
- Uses bracketing approach, and requires a test-retest reliability of 5 dB
- Evaluates asymmetry, and recommends referral if needed
- Recommends referral if loss is greater than 40 at 0.5 and 1k, or 65 at 2-6kHz

Test results sent to field staff

- A licensed field staff reviews the results that are submitted
- Hearing aid choices are reviewed, discussed with patient
- Once approval is given by field staff, patients can proceed with ordering

When seen by field staff:

- Some patients order from the corporate office, and then are seen in the field for adjustments
- Others have all services, including hearing evaluation, RE testing, etc
- Provider determines activation of VC and programs, same as in traditional model







When aids are sent out..

- Aids are set to NAL-NL2 target in one program
- Additional programs are activated (P1, P3)
- T-coils are activated in aids that have them
- Volume controls are active

Initial Hearing Aid Settings

	hi ITC™	hi BTE mini™	hi BTE™	hi BTE telecoil™	hi BTE power™	hi BTE™ power plus
Program 1	NAL-NL2 minus 4 dB, with high frequency roll off	NAL-NL2 minus 4 dB, with high frequency roll off	NAL-NL2 minus 4 dB, with high frequency roll off	NAL-NL2 minus 4 dB, with high frequency roll off	NAL-NL2 minus 4 dB, with high frequency roll off	NAL-NL2 minus 4 dB, with high frequency roll off
Program 2	NAL-NL2	NAL-NL2	NAL-NL2	NAL-NL2	NAL-NL2	NAL-NL2
Program 3	Telephone	Telephone	Telephone	Telecoil	Telecoil	Telecoil

hi HealthInnovations Product Line

Features	hi ITC™	hi BTE mini™	hi BTE™	hi BTE™ telecoil	hi BTE power™	hi BTE™ power plus
						
Adaptive Feedback Canceling	✓	✓	✓	✓	✓	✓
Digital Noise Reduction - Bands	12	10	10	10	10	10
Directional Microphone	Leverages ear anatomy	✓	✓	✓	✓	✓
Multi-channel WDRC	8 ch	4 ch	4 ch	4 ch	4 ch	4 ch
Volume Control	N/A	Pushbutton	Rocker VC	Rocker VC	Rocker VC	Rocker VC
Program change	AcousTap™	Pushbutton	Rocker Switch	Rocker Switch	Rocker Switch	Rocker Switch
Telephone Use	Acoustic	Acoustic	Acoustic	Telecoil in P3	Telecoil in P3	Telecoil in P3
Gain adjustment bands	12	12	12	12	12	12
Peak Gain	40dB	40 dB	40 dB	40 dB	51 dB	62 dB
Ear coupling	Open canal fit	Thin tube	Thin tube	Thin tube	Earhook or thin tube	Earhook
Battery Size – Approx. Battery Life	10A – 70 hrs.	10 – 85 hrs.	312 – 160 hrs.	312 – 160 hrs.	312 – 150 hrs.	312 – 130 hrs.
Microphone Moisture Guard	Wax guard	✓	✓	✓	✓	✓

Resources for patients

- Daily hearing aid orientations
- Website with videos and additional instructions
- Field staff and external providers

Hearing aid orientations include..

- Communication strategies
- Discuss how hearing aids work, and the limitations of hearing aids
- Hearing aid care and maintenance
- Discussion of assistive devices!
- Referral to HLAA
- Referral to field staff when needed

Videos/resources on the website:

For more information about **how to use and maintain** your new premium digital hearing aids, please watch a short video on our website:

For the hi ITC™:

https://www.hihealthinnovations.com/product/hi_ITC

For the hi BTE™ and hi BTE power:

<https://www.hihealthinnovations.com/product/BTE>

To view, scroll down and click on
“How To Video”:

Resources include...

- If possible, field staff sees patients in person, at no charge to the patients
- External providers also contracting to provide services
- Patients are informed of the cost of the visit to external providers

Customer Service

- Trouble-shooting
- Support
- Additional assistance
- Referral back to field staff when possible

Field staff

- Licensed, salaried hearing healthcare providers
- Committed
- Variety of backgrounds
- Challenges

Comments from an audiologist

- Not a perfect system
- Not for all persons with hearing loss
- Recognition of that at all levels
- Response at all levels of management
- However, response from many patients has been overwhelming
- 70% are new users, but many have at least moderate losses

System is growing

- Field staff continues to increase
- Increased number of external providers
- Plans are to continue orientation programs, continue hearing health seminars, continue PCP outreach
- Excitement about what is happening from all levels: CS team, field staff, management

Most importantly..

- Despite the opinions, controversy, attacks, challenges, and the like...

People with hearing loss who have never been able to access hearing aids are benefiting from this new model of hearing healthcare.

References

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