

Provision of Hearing Aid Related by Audiologists

By Elmer Owens

In the fall of 1973, a group of audiologists in the San Francisco Bay Area began meeting to study our role in providing hearing aid related services. This paper is based on notes from those meetings. The impetus came from the news that three Health Maintenance Organizations (HMO's)—prepaid medical plans—had decided to omit the audiologist in their hearing aid allowances. Initially, our group consisted of about 30 participants representing all audiologic facilities in the area, but the number gradually dwindled to about 15 regulars who met about 25 times during the course of a year and one-half. Those who discontinued attendance (a) were satisfied with their hearing aid programs, (b) were not directly involved in the problem (e.g. Veteran's Administration personnel), or (c) lived too far away to attend meetings conveniently. We had several helpful guests, including Lowell Taylor of Behavioral Prosthetics, Ed Nygrin of Master Plan, and an attorney from Sacramento.

After exploring all facets of hearing aid distribution, we began narrowing the alternatives that seemed favorable to us. We overwhelmingly rejected the "old" way of sending our patients to a dealer after doing a hearing aid evaluation. Not only were our facilities losing money in terms of audiologist's time, but we rarely saw the patients again, even though we offered a free aid check. The few patients that did return for the aid check were often utterly confused and worn out by the process. It seemed clear to all that the lack of audiologic supervision and follow-up of patients in this kind of program was in the interest of neither the patients nor the audiologists, who were deprived of feedback on their recommendations and the satisfaction of having fulfilled a responsibility. At a fairly early date we also rejected the idea of forming a corporation of audiologists and of attempting to work directly with hearing aid manufacturers. On the other hand, a concept of a group of audiologists working with a jobber or supplier was appealing to all. In connection with the supplier concept, we were interested in lower prices for hearing aids mainly because of the necessity (as we saw it) of demonstrating to HMO's that audiologic services

could be provided, along with the hearing aid, for less than the price they would allow a dealer.

For a long time, it seemed that all we had going was a lively encounter group, which was all right because encounter groups were then in vogue. Eventually, however, our attention turned to drafting a statement of what we ourselves saw as the best way of providing hearing aid needs to our patients. We took into consideration the operation of our state agencies, legal implications, ASHA activities, and the varying needs and desires of the audiologic facilities represented in our group. The program that evolved was based on major premises that included the following: (a) the hearing aid should be provided in the context of hearing aid orientation sessions during a 30-day adjustment period; (b) a California-licensed hearing aid dispenser (as licensed dealers are called in our state) should act as a supplier in a manner that the audiology facility would be completely separated from commercial aspects; (c) the supplier would provide the aids at substantially lower prices, based on the number of deferrals from members of the group; (d) the audiologic facility would assume responsibility for all evaluative and follow-up services; (e) the patient would have free choice with regard to participation; (f) the program would be open to any audiologic facility providing acceptable evaluative, orientation, and follow-up services.

Because both Master Plan and Behavioral Prosthetics had approached some local hearing aid dispensers with no success, we were not surprised at our initial difficulty finding a licensed dispenser to work with us. Eventually, however, two dispensers, one in San Francisco and one in a suburban area met with us and decided to participate. Both listed relatively low prices based upon an expected volume, and both assured us that they could obtain any aids that we desired. By November, 1974, three audiologic facilities were working with the supplier in San Francisco, and within a few months the program was on solid ground. On the other hand, the second supplier, in suburbia, soon felt obliged to raise his prices because the expected volume did not materialize, and he essentially abandoned the supplier role.

In June, 1978, three and one-half years after the program began, the following conditions prevail:

1. There are not three suppliers functioning in the Bay Area; one maintains two offices.
2. Three large audiologic facilities and one smaller facility work with one or more of the suppliers. In two of these programs the audiologist provides complete services so that the patient does not see the supplier. In the other two, the supplier takes ear mold impressions, obtains the ear molds, and describes the warranty and other aspects of the purchase to the patient. In these latter two facilities the audiologists have recently decided to handle the ear mold

impressions and molds themselves even though at first they wanted nothing to do with ear molds. Several smaller audiologic facilities work with the suppliers on an occasional basis. Two facilities worked with a supplier for awhile, and then began working with manufacturers—that is, they began selling aids at a profit. This was a bigger step, but it seemed a natural one in both instances. The manufacturer simply became the supplier.

3. Patients seem happy to obtain all the services under one roof. A two-year follow-up report from one large facility, soon to be published, and a one-year report from a small private office showed clearly positive results in patient satisfaction.
4. The suppliers seem to be satisfied working strictly as business persons supplying a product.
5. Referrals from otolaryngologists and other physicians for hearing aid services have increased consistently at facilities working with suppliers.
6. Mailing of hearing aids has proved a satisfactory aspect of the operation.
7. The provision of an aid in the context of orientation sessions during a 30-day adjustment period is highly commendable.
 - a. During this 30-day period, minor adjustments (ear mold fittings, tubing, etc.) are often needed, and occasionally a hearing aid proves to be defective. The ear mold seems to be the most frequent problem in this period.
 - b. After the 30-day period, calls or visits by the patients have been surprisingly infrequent.
 - c. Two orientation sessions seem sufficient for the average new hearing aid user. Those who need more help usually require a more extensive rehabilitative program.
 - d. Audiology facilities feel justified in setting fees for hearing aid related services on the basis of overhead costs, just as with other services. We had some bad news in this connection, when recent labor union protocols did not include payments to audiologists for orientation and follow-up visits.

The overall conclusion is that a group of audiologists in a variety of facilities have demonstrated that they can, and want to, assume complete responsibility for hearing aid related services. The HMO's that had worried us initially did not materialize, but it seems that the HMO concept is again figuring prominently in plans for health care services. We hope that we can get our message to them.