Accessible and Affordable Hearing Health Care for Adults

Institute of Medicine Committee 6/30/15

Philip Zazove, M.D.

Chair, Family Medicine

University of Michigan

University of Michigan Health System

Department of Family Medicine

TODAY'S FOCUS

- On hard of hearing and deaf adults, not Deaf
- Primary Care Perspective
- Disclosures
  - Profound hearing loss myself
  - Research focuses on health services for people with hearing loss
  - No financial disclosures

Communication

- **The major issue in the life of d/Deaf and hard of hearing people is communication with the rest of the world**

- **Once again, the major issue for d/Deaf and hard of hearing persons is communication with the rest of the world**

Primary Care Physician Factors

- Lack of screener use or what to do with them**
- Don't include HL care in prevention protocols vs. DM, HBP, etc.**
- Poor understanding of HL impact***
- High complexity + the 45 minute problem^
- Different from ENT^
- Treat DHH different from hearing*

* Ralston 1996

** Boardus 2003, Henderson 2011, Newman 2004, Zazove 2009, Logan 1988

** *Mulrow 1990

^ Katerndahl 2015

Work We're Doing At Michigan

- Studying screening for HL in primary care
  - How do with multiple demands in 15-20 minutes
  - Education vs. EMR vs. team member use vs. combo
  - Testing two systems: Univ. Michigan and Beaumont
- EMR leveraging
  - Prompts at the visit for provider to ask about HL
  - Hearing Handicap Inventory (HHI) at initial visit
  - Current system (EPIC) difficult to use
  - Getting Audiology data re: referral appropriateness

Work We're Doing At Michigan

- Latest results (2876 patients) – 4 mo.
  - UM: Initially 3% patients with HL on problem list
    - Now another 1.5% with pre-existing HL on problem list
    - 11.1% referred for testing - only 0.4% on problem list
    - 61% of prompts not addressed; only 1.9% patients declined
  - Beaumont: ~16% identified/referred (after 2 weeks)
- HHI
  - UM: 11% scored over 10, most not referred
  - Beaumont: 38% scored over 10, most not referred
- Audiology
  - Data just starting, incomplete at present time

Work We're Doing At Michigan

- Investigating
  - Why PCPs not doing better
    - Calling 20% of patients with positive HHI or referred
    - Cognitive Task Analyses of Providers– lack of importance of HL major reason?
    - Improving prompts design
  - Will try medical assistants queue prompts
  - Providing HHI data to providers

Questions posed by IOM

Do current "hearing aid dispensing" regulations provide clinically meaningful benefits to adults? Do these outweigh barriers to accessibility or affordability? Three issues:

1. **MD requirement for hearing aid clearance? Yes.**
   - **Correct treatable forms of HL (e.g., serous otitis media)**
   - **Prevent future sensorineural HL (e.g., noise protection)**
2. **Audiology vs. hearing aid dealers – different goals**
   - **Patients don't realize these differences**
3. **PCPs don't decline referral if appropriate**

Questions posed by IOM

- What are challenges for specific populations (e.g., older adults, young adults)?
  - Older adults – independence (captions, etc.)
  - Young adults – job accommodations
- Are patients always referred to an ENT?
  - No; often audiologist
- Do patients put off getting tested? If yes, why?
  - Yes: traditionally cost, vanity and embarrassment
  - Verified in our very initial phone data

Questions posed by IOM

Provide recommendations for solutions that are implementable/sustainable in the short term and those that may require longer timeframes

Short term

- CMS reimburses for hearing aids q 3 years
  - Consider reference pricing to lower costs to patients
  - Keep 30 day "free trial" rule
- "Spirit" of ADA embraced via more public accommodations
- Support ASHA bill for a $500 tax credit
- Proscribe DTC promotion of hearing aids

Questions posed by IOM

Provide recommendations for solutions that are implementable/sustainable in the short term and those that may require longer timeframes

Long term

- Train PCPs about HL – especially for high risk patients
- Incent PCPs via HEDIS or similar metrics, i.e., elevate hearing health care to a "level" vis a vis other chronics
- Use EMRs, IT (social media?) to identify at risk people
- Research DHH population's reluctance to acknowledge HL
  - Publicly make it acceptable to acknowledge, talk with doc/family

University of Michigan
Health System

Department of
Family Medicine