

Knowles Hearing Center

Northwestern University

The Business of Hearing Health Care

SPEAKER ABSTRACTS

Back to the Future: Overview of the Business of Hearing Healthcare

David Fabry, Starkey Companies

Many predictions were made regarding the future of Audiology when we transitioned to the AuD over the past thirty years. Some of these predictions have come true, and others have failed to materialize, often due to circumstances beyond our control in the larger health care arena.

This session will review some of the predictions and provide an overview for the conference. Audience participation is encouraged.

As the world of health care turns, where does hearing health care fit?

Neil J. DiSarno, PhD, CCC-A, CAE, ASHA Fellow

Changes in health care delivery spawned the ASHA Changing Health Care Landscape Summit (2012). The Summit brought to the forefront critical issues regarding changes in health care delivery. A primary focus concerned the economics of health care, which is undergoing a dramatic change, expected to continue over the next several years. Although momentum for such change has been developing over the past decade, concrete changes in health care delivery and payment are imminent. Factors pressuring these changes include the unsustainably increasing cost of medical care, the Patient Protection and Accountable Care Act of 2010 (ACA), and the increasing demands for quality, efficiency, and accountability by regulators, health care rating organizations, accrediting bodies, employers, commercial payers, and the public. Changes are focused on achieving the Triple Aim, promoted by the Institute for Health Care Improvement (IHI): improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of health care. The Advisory Board Company, a national consulting firm in the health care industry, states that value-based, accountable care is patient centered, produces superior outcomes, and is delivered efficiently, streamlining care processes to increase access and reduce waste. This presentation will highlight how these factors are affecting the practice of audiology and will provide insights on how the profession of audiology may be practiced in the near future.

Positioning Audiology and an Integrated Healthcare System

David Zapala, Mayo Clinic in Florida

Integrated healthcare is characterized by a high degree of collaboration and communication among health professionals. The Mayo Clinic pioneered this approach by recognizing that teams of physicians, scientists, and non-physician providers can develop synergies that lead to efficiencies, innovations and better outcomes. Audiologists, like many other health care providers, are often trained to develop expertise within their own discipline. However, to work in an integrated care environment, audiologists must understand how other team members work, when audiologists should take the lead in care, when they possess information that other providers require, and how to communicate ideas and actions in face-to-face and electronic medical record communications. Examples of how good communication and collaboration can increase the profile and contribution of audiology to patient care will be discussed.

Ultimately, who is paying the price? Quality of care at reduced cost

Paul Pessis, AuD

As audiologists, we are dedicated to providing stellar professional services to the patients we serve. We must also embrace the reality that Audiology is a business and in most cases, it must yield a profit. This session will discuss the ever-changing reimbursement landscape: pay-for –performance compensation including the value-based modifier; the potential impact of Accountable Care Organizations (ACO); the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) process of valuing CPT codes. The AMA/CMS process culminates with the creation of the Medicare Physician Fee Schedule – the foundation for third party payment. A successful facility constantly scrutinizes and contemporizes business practices.

The legislative and regulatory horizon for hearing health care

Andrew Bopp, Hearing Industries Association

Bopp will review federal and state legislative as well as regulatory developments that are likely to impact hearing healthcare in the coming years. This will include a discussion of legislation that would provide financial assistance for people with hearing loss who need hearing aids or that would mandate insurance coverage for hearing aids at the state level, or Medicare coverage at the federal level. It will also cover legislation supported by associations of hearing healthcare professionals relating to scope of practice and Medicare reimbursement at the federal level, as well as legislation to reauthorize and enhance the successful EHDI program that has dramatically increased the rate of hearing screenings performed at birth. Major regulatory issues will also be discussed including an analysis of FDA's 2013 Draft PSAP Guidance Document and a review of the Institute of Medicine's ongoing study of accessible and affordable hearing healthcare for adults.

What about laws, ethics and morals?

Ian M. Windmill, Ph.D., Cincinnati Children's Hospital Medical Center

Most people have a sense of their legal and ethical responsibilities when it comes to audiologic practice. Like healthcare in general, the most common ethical consideration over the past decade has been the relationship between audiologists (providers) and hearing aid manufacturers (industry), and the potential perceived effect on patient care. But audiologic practice also involves legal and ethical responsibilities for business operations. From a business perspective, the ethical considerations can be much broader and can be more problematic, particularly in those places where little guidance is provided by professional organizations or regulatory agencies. This presentation will focus on legal and ethical considerations regarding the business operations side of audiologic practice, and provide guidance in developing a framework for making ethical decisions.

But What Does the Consumer Want? Clarity, Quality and Cost Effectiveness.

Katherine Bouton, author of "Shouting Won't Help" and "Living Better With Hearing Loss."

Consumers often seem like the missing factor in the hearing-health-care equation. The new to hearing loss consumer (or patient, depending on your perspective) is faced with a myriad of choices, beginning with where to get a hearing test: on line, at the mobile unit at the mall, at an independent audiologist? Once they confirm that they have hearing loss, what next? A \$3000 hearing aid? Two \$3000 hearing aids? How are they going to pay for that? Costco, Sam's Club, the Internet? Are these trustworthy dispensers? How is the consumer to judge? Maybe a PSAP will do. Where do they get that? And who regulates them?

If consumer/patients have more serious hearing loss, they're often shocked and always distressed to find that hearing aids aren't enough. Another \$1000 for an FM system? Bluetooth? What's looping and where do they get it? Who's going to guide them through learning to use assistive listening devices? And even if they do use these devices properly, they'll be shocked once again to find that they still have trouble hearing.

No wonder the statistics on hearing aid use are so low. Consumers need 1) education about and standardization of hearing health care, 2) insurance coverage, 3) technology that actually works.

It's a good time to be deaf. You can hear again, in most cases, no matter how severe your hearing loss. But for many of us that hearing will always be effortful and nowhere close to normal.

How do we educate and train an audiologist for the new world?

Lisa Hunter, Ph.D., Cincinnati Children's Hospital Medical Center & University of Cincinnati

A revolution is underway in education, as well as in delivery of services that will have a resounding and permanent impact upon how audiologists are educated and trained, and what they will do with their future careers. At the same time, we have a dramatically increasing population of people needing audiology care, urgent needs in the developing world for hearing care, and a declining return on investment for students under our current model of hearing care. The rate of technology change is so accelerated that it is leaving faculty and clinicians wondering what audiology will look like in 5, 10, 20 years. Consumers are demanding greater accessibility, lower cost, more involvement in decision making, non-traditional technology approaches, and access to more information. The landscape of audiology education will be dramatically altered by these coalescing factors of increased demand, rapidly changing technology, and increased cost of audiology education. We must take action now to ensure that we are educating and training our students to be able to meet the demand for hearing care services. At the same time, it is incumbent upon faculty and administrators that we recognize and nurture student leaders to realize their potential and make good on the investment they have made into their doctoral degrees. It should not be impossible to meet these competing needs of consumers and students if we think differently. In order to meet these needs, we must educate more students, train them on different platforms using new tools such as simulations and standardized patients, develop models that reduce the number of years in graduate programs, include audiologist assistants in the training model, and focus more attention on psychosocial aspects of hearing loss.