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Hearing Aid Procurement

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VII HEARING AID PROCUREMENT

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Recorder: Elsie Forrest

Charge: To identify problems and propose recommendations and/or guidelines for hearing aid procurement

INTRODUCTION

The procurement of hearing aids is a controversial issue today as interested groups and professional organizations attempt to resolve the issues and conflicts within the hearing aid delivery system. The conflicts which exist between the otologist, the audiologist, and the hearing aid specialist (dealer) have hindered the hearing aid delivery system and its ability to work effectively with professional and consumer groups. Ability of the delivery system to provide quality services to the consumer is limited. As a consequence, government agencies, such as Vocational Rehabilitation, have been forced to evaluate and to develop their own position on the procurement of hearing aids for Vocational Rehabilitation clients.

Traditionally, VR feels that a communications handicap is a handicap to employment. VR philosophy is that the hearing aid will aid communication in employment: The client will work more effectively on the job.

There are no specific guidelines for the purchase of hearing aids; therefore, each state must deal with the delivery system in that state for purchase.

Two reports have been published which are critical of the delivery system. One is "Paying Through the Ear" released by the Retired Professional Action Group. The second is a recent task force intra-departmental publication on hearing aids, "A Report on Hearing Aid Health Care," Department of Health, Education, and Welfare, October 21, 1974.

Two major problems identified by the task force are:

- a. misfitting of aids.
- b. mis-evaluation of hearing function with aids.

One solution suggested is a requirement for sale of hearing aids by prescription from appropriate medical or professional personnel.

Certain provisions of the VR Act of 1973 have caused a storm of protest and requests for clarification in the following sections:

Section 401.35 of the VR Act provides that "in all cases of hearing impairment, an evaluation of hearing loss will be provided by a physician skilled in the diseases of the ear or by an audiologist licensed or certified in accordance with state laws or regulations."

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Section 401.40. "In the case of telecommunications, sensory and other technological aids and devices, such policies shall ensure that when individualized prescriptions and fittings are required, such prescriptions and fittings shall be performed by individuals licensed to perform such fittings in accordance with state licensure laws, or by appropriate certified professionals."

The above controversial Federal regulations have brought a series of protests and demands for clarification. As a result, RSA Commissioner Adams has appointed a task force to study the hearing aid question and to make policy recommendations. Until such recommendations are released, VR administrators are to disregard the hearing aid language used in the regulations. These policy recommendations are still pending. Therefore, VR must develop its own system with emphasis on quality services to VR clients.

CONSENSUS OPERATIONAL PLAN

Through the discussion by the states, a general description emerged of an operational plan regarded by most SCD's to be ideal. It was the system followed when sufficient professional staff were available and where the distances clients travelled to appointments was reasonable. Certain of the states had explicitly written guidelines. Others did not. Availability and numbers of otology specialists vary greatly from state to state. In some instances, clients were required to travel 300 to 400 miles for examinations. The SCD's were generally agreed on the following method of operation.

The client would receive (1) a general medical exam, (2) an otological exam and, (3) an audiological exam. When the otologist felt a hearing aid was indicated, the client would be sent to the audiologist for a hearing examination including air and bone conduction, and speech discrimination with and without masking. If an aid is recommended, a hearing aid evaluation should then be provided. At least three aids should be evaluated and the prescription should be written by specifications instead of by brand name of the aids. The aid should be provided on a 30 day trial period with follow-up and check-out evaluations given by the audiologist 30 to 60 days following purchase of the aid. If aids are listed by brand name, at least 3 should be listed. A test by a ophthalmologist of the client's vision is also recommended.

Where professional people (otologists, audiologists) are not available, quality of service should not be sacrificed. VR can encourage the establishment of professional clinics and/or mobile units. Facility establishment money can be used for this.

Audiologists used should be certified by the American Speech and Hearing Association (CCC). The audiologist should have a Master's degree and one year of supervised experience.

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The otology examination is encouraged even if a hearing aid purchase is not involved. This would rule out the presence of tumors, growths or other pathological problems which could be surgically corrected with hearing functioning restored.

ISSUES AND RECOMMENDATIONS

Issues discussed were developed by consolidation of problems listed during presentations by each state. As the SCD discussed his operations, he also enumerated problems as he saw them. In many cases, problems thus brought up were echoed by other states as well. Issues can generally be categorized as follows: (1) Vocational justification; (2) Delay of services to clients; (3) Number of aids provided to clients; (4) Out-of-state purchase of aids for clients in programs out-of-state; and (5) Hearing aid dealers' ethics, qualifications, etc.

Recommendations are representative of the general feelings of the SCD's at the conference. They are the results of the discussions held and consensus reached. Quality services to clients was uppermost and each recommendation was made with this in mind.

Issue I. Vocational Justification

This is a basic question, among the many questions to be considered by the counselor, to be answered before any aid is purchased. Generally, for a hearing impaired worker, an aid may well be a necessary prosthesis for job performance. The client needs to be able to communicate with his supervisor effectively, in addition to his co-workers. Other questions are: What is the vocational goal? Is the aid needed for job performance? What are the client's needs? How critical is the aid as a communications help in job, social, and family situations?

Recommendation - The counselor should evaluate all the factors surrounding the client including job consideration, vocational objective, feasibility for family situations, tensions alleviated by improved ability to participate in lunch hour activities, on-the-job verbal exchanges and meetings held on the job. Safety may also be a consideration.

Issue II. Delay of Services to Clients

VR clients are experiencing a time-lag of up to six months from initial contact to receipt of their hearing aids. Some reasons given are:

- a. Delay of medical offices to forward reports to VR counselors.
- b. Distances clients must travel for evaluation with otology and audiology specialists.
- c. Limited numbers of professional people to provide evaluations, therefore long waiting period for appointments.
- c. Inexperienced counselors and/or central office people who provide purchase approvals.

Recommendation - In-Service Training- The SCD and the VR training officer should prepare a training program on effective provision of hearing

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aids to clients. Additional help can be available from the Federal Regional Offices. This program should include:

- a. Implications of hearing loss.
- b. Hearing mechanism and its functioning.
- c. Medical, audiological and psychological aspects of hearing loss.
- d. Items to look for in an audiological report. What do those items mean?
- e. Implications of vision for hearing impaired clients. Value of vision tests for the hearing impaired person should be emphasized.

This training should be available for all those VR personnel involved in purchase of or approval of the purchase of hearing aids, including those central office personnel involved.

Recommendation - Cooperation for Better Service - The counselor should provide the audiologist with the vocational goal, probable working conditions and other pertinent data which may be helpful to the audiologist in his examination. Also, counselors should acquaint audiologists with VR regulations, etc., for better understanding between professionals and counselors.

Recommendation - Specifications of Hearing Aids - Audiologists should provide VR with appropriate audiograms and prescriptions for hearing aids. The prescription should describe the aid by its specifications rather than by brand name. The aid should also be tested by properly calibrated equipment to assure its meeting the stated specifications.

Issue III. Number of Hearing Aids to Be Provided to Clients

The client has a role in the purchase of an aid. He needs to understand his role; what is expected of him by VR. The role of VR should also be explained to the client. These points can be covered in the individual written rehabilitation plan (IWRP). The client should realize that he is to wear and to continue to wear the aid. The life of the aid is 5 to 7 years and the care of it is the responsibility of the client. The client should be taught how to care for his aid. He should also expect to participate in the purchase of the replacement aid.

The client can be provided with a brochure about aids: a) what can go wrong; b) what can be expected of an aid; c) how to care for an aid.

Recommendation - Each case should be analyzed individually. A hard and fast rule cannot be set. Consider: a) client's care of instrument; b) condition of instrument - can it be repaired; c) recommendation of audiologist and otologist; d) participation of client in the purchase.

Occasionally, counselors are being asked to provide aids to clients attending schools in other states. The client may have visited a speech and hearing center in that town and told he needed a new aid. The counselor needs to evaluate this situation carefully to ascertain: 1) Does the client really need a new aid? (2) How urgent is the need? Courses of action which can be followed: (a) The client can get the aid on his next visit to his home state; (b) The client can be fitted where he is attending school.

Recommendation- The counselor should make sure the client is properly fitted before he leaves his home state. The fit of the aid and its condition could

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be checked at intervals when the client returns to his home. If this is not possible, then VR should accept the price structure of the state in which the school is located.

Issue V. Binaural Aids

Audiologists are frequently recommending binaural aids. Careful study should be made of this issue. There are certain occupations for which binaural aids are contraindicated. In many states, plans including binaural aids must be submitted to the central office for purchase approval. There is no agreement among audiologists as to what standards can be used. Safety is considered to be a factor in the prescription of binaural aids, at least by some professionals.

Recommendation-1. Criteria should be established for the purchase of binaural aids through the Office of Deafness and Communicative Disorders in RSA.

2. Careful evaluation should be routine, with purchases approved by the next supervisory level. This may serve as a guiding principle; as an interim measure until RSA guidelines are established.

3. Some of the states are using the audiologist's recommendation as a guide. Others suggest that the second aid should provide a 20% increase in the speech discrimination score, as the basis for justification.

Issue VI. Pricing of Hearing Aids

The general consensus was that the VR agency should not pay retail prices for aids. The basis for this position is (1) the prices of other prosthetics and services are negotiated; (2) there are no bad debt costs involved when VR is the purchaser. Most counselors are on budget allocations, making reduced costs desirable.

The dealer is a businessman and as such needs consideration for a healthy business. Quality of services to clients must be a primary factor as well.

Many states use single unit cost plus 100% as a guide or a flat fixed rate negotiated annually.

Recommendation - VR should learn dealer costs and negotiate for an acceptable price level. Dealer cost is defined as single unit cost.

Issue VII. Hearing Aid Dealers, Ethics and Qualifications

There is a wide variation in quality of service provided by dealers to the clients.

Such practices as selling an aid to a client, then sending the client to VR to get the aid paid for; talking deaf persons into buying aids they may not benefit from and resale of used aids as new ones are practices which should be stopped when they are identified. There are many dealers who will work with counselors and will give invaluable assistance in the aid fitting and selection. These dealers have the welfare of the client and his hearing ability in mind. This is the relationship of dealer-client-counselor to foster.

Most states have licensing laws for dealers. The SCD should be acquainted with the provisions of the laws. He should also participate in efforts to keep these laws current.

Codes of ethics should be prominently displayed in the dealer's place of business. Questions can then be raised by clients if issues arise.

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Recommendation - VR should invite dealers to in-service training sessions and thus communicate policies to dealers. A forum for resolution of problems can develop.

A member of the dealers's association could also serve on the VR/SCD Advisory Board.

SUMMARY

For clients of Vocational Rehabilitation who are hearing impaired, the IWRP can be facilitated or delayed by the process for purchase of a hearing aid.

Optimally, clients should receive the best services available; otology, audiology, counseling and those of the hearing aid dealer. This service, from diagnosis to the provision of the aid, should take a minimum amount of time. Whenever possible, qualified and/or licensed people should be involved as providers of the service.

In addition, the equipment used for evaluation should be calibrated frequently to assure adequate hearing evaluations. Aids also should be checked to ascertain that they match published specifications.

There is a need for sharing of goals and ideas among the people involved. As the dealer better understands VR, he can provide a better service to the client. The client also should understand his responsibility in the process. Improved communications among those involved will result in a better delivery system.