

## VIEWPOINT

# Priorities for Improving Hearing Health Care for Adults

## A Report From the National Academies of Sciences, Engineering, and Medicine

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The **National Academies** of Sciences, Engineering, and Medicine (the Academies) have published a report<sup>1</sup> that provides a comprehensive assessment of how to bring about more accessible and affordable hearing health care for adults in the United States. This report is timely given a concurrent focus on this issue by the White House President's Council of Advisors on Science and Technology (PCAST),<sup>2</sup> and these efforts reflect a growing national momentum to address hearing loss as a critical public health issue.<sup>3,4</sup> Importantly, the Academies committee studied the complete spectrum of hearing health care in its report and found that the barriers to access and affordability are rooted in poor societal awareness of hearing loss, limited and constrained accessibility to hearing health care solutions, high out-of-pocket costs for current models of treatment, and limitations of current hearing assistive technologies among others. The

and to support broad-based public information campaigns to educate consumers. In turn, developing strategies to promote core competencies among primary care clinicians in how to address hearing loss is critical so that patient concerns about hearing that are expressed at primary care visits can be acted upon. Furthermore, stronger efforts are also needed to ensure that hearing health care professionals (eg, audiologists, hearing instrument specialists) provide care that is comprehensive and that adheres to best practices.

The committee found that the accessibility of hearing health care services and solutions for adults in the United States is inadequate. The current model of adult hearing loss treatment is predicated on a medical model with clinic-based hearing assessment and management. While such care is certainly needed for some individuals (eg, those with severe hearing loss), alternative and less medically focused models are needed given that not every one of the approximately 30 million US adults with hearing loss necessarily requires the services of a hearing health care professional. In particular, the committee concluded that current regulations that prevent individuals from purchasing an over-the-counter hearing aid and require them to have a medical examination before obtaining a hearing aid are unnecessary and not serving the best interests of those with hearing difficulties.

Generally consistent with the PCAST report, the Academies committee recommended that the US Food and Drug Administration (FDA) take actions to create a new FDA-regulated device category for wearable hearing technologies that would be explicitly available over-the-counter to consumers and would provide an alternative model of consumer-driven hearing loss treatment. The committee concluded that the potential benefits of this consumer-centric recommendation far outweighed arguments for maintaining the current regulations that are often raised by those organizations whose memberships have a vested financial interest in maintaining the status quo. In parallel, the Academies committee recommended that implementing innovative approaches of hearing health care services delivery (eg, through community health workers, telehealth) are needed to increase access and to complement the established clinic-based medical model.

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report presents a set of recommendations for the actions needed across government, industry, academia, and professional organizations to bring about the incremental—and occasionally disruptive—changes needed to improve hearing health care for all adults.

Perceptions of hearing loss by health care professionals and society are often based on the notion that hearing loss is an inevitable and relatively inconsequential part of aging despite increasing evidence of the detrimental effect that hearing loss can have on cognitive, social, and physical functioning. In parallel, few adults with hearing loss understand the options and pathways for seeking hearing health care, and front-line health care professionals receive little training about how to screen, refer, or educate patients on hearing loss. Instead, retail-based provision of expensive hearing aids is often perceived as being the only available treatment option for hearing loss.

Efforts to strengthen cross-disciplinary training of individuals in both the hearing sciences and public health (silos that historically have had little interaction) are needed to advance research at the interface of these fields

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Hearing aids and related services provided by audiologists are statutorily excluded from Medicare Part B coverage and therefore remain largely uncovered in the United States with limited exceptions (eg, Veterans Health Administration, some state Medicaid programs, some third-party payers). Instead, treatment for hearing loss in the United States is often provided through a retail-based model in which consumers pay out-of-pocket for hearing aids that are bundled together in price with related professional services. These costs remain high (approximately \$4700 for bilateral hearing aid fitting in the United States) and unaffordable to many persons with hearing loss, particularly when replacement hearing aids may be required every few years. Actions on the part of hearing health care professionals to provide transparency in the retail prices of hearing health care will allow patients to distinguish and understand the value of the professional hearing health care services that are provided vs the cost for the actual hearing aid, thus enabling them to make more informed purchasing decisions. In parallel, since Medicare was enacted more than 50 years ago, progress in the understanding of the importance of hearing loss and the success of currently available treatment options necessitates that Medicare and other insurers evaluate options for providing coverage for hearing-related services and technologies.

Hearing aids and other wearable hearing technologies are inherently limited by the quality of the incoming sound (eg, a distant speaker's voice can be enhanced only to a certain degree by the hearing aid), and therefore, listening in challenging environments (eg, large theaters or noisy restaurants) often poses significant challenges to adults with hearing loss. Developing common standards that allow for seamless and wireless interoperability of hearing aids with other technologies involving sound transmission (eg, smart-

phones, sound systems in theater halls) could substantively improve the quality of the incoming sound signal and in turn the acceptability and utility of using a hearing technology to the consumer. Such an effort would require the combined effort of standard-setting organizations and the consumer technology and hearing industries. Importantly, actions by the FDA as recommended by the committee to create a new device category for over-the-counter wearable hearing technologies could significantly increase societal use of hearing technologies and help spur efforts to better integrate these devices with other forms of consumer and sound transmission technologies.

Increasing evidence of the implications that hearing loss holds for individuals, families, and society has catalyzed national efforts over the past few years to prioritize hearing loss as a key public health concern. The importance of this prioritization is supported by the demographics of a rapidly aging population in which strategies that could be applied to promote healthy aging are critically needed. In parallel, technologic advances over the past 5 to 10 years with handheld consumer electronics and wearable devices provide the foundation from which disruptive consumer-centric hearing technologies can emerge to complement the traditional model of clinic-based hearing loss treatment. This confluence of factors—recent insights into the importance of hearing to maintain optimal functioning, the rapidly increasing population of older adults, and the seemingly limitless advances in wearable technologies—has provided the rationale and foundation from which to implement actions to bring about more affordable and accessible hearing health care for adults to improve public health. The Academies report provides a comprehensive and clear blueprint of the steps needed now to move forward.

#### ARTICLE INFORMATION

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**Members of the Committee on Accessible and Affordable Hearing Health Care for Adults** that was convened by the Health and Medicine Division of the National Academies include Dan Blazer (chair), Brenda Battat, Karen Cruickshanks, Jennifer DeVoe, Judy Dubno, Richard Ellison, Barbara Evans, Ellen Flannery, Darrell Gaskin, William Hazzard, Frank Lin, Nicole Marrone, Jose Pagan, Thomas Pippin, Katherine Seelman, Debara Tucci, and David Zapala.

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