A New Concept in Dispensing Hearing Aids

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Audiologists have long been dissatisfied with procedures followed in dispensing hearing aids. Need for a change in this area was recognized by Panel VI, in the American Speech and Hearing Association's 1967 publication "A Conference on Hearing Aid Evaluation Procedures" which consequently recommended that audiologists take a more direct role in the dispensing of hearing aids. At present the dispensing of hearing aids is divorced from the balance of the audiologist's services and, as a result, his responsibility to provide complete aural rehabilitation is often significantly hampered. Though realizing this and finding it easy to criticize present systems of dispensing aids, audiologists have avoided both involvement and change from current methods.

Many problems exist with current procedures. As professionals concerned with the welfare of hearing handicapped individuals, medical specialists and audiologists alike would prefer that all individuals experiencing hearing difficulty be directed through channels offering medical and audiologic evaluation before fitting of a hearing aid. However, according to a survey of hearing aid dealers (1964), as reported in ASHA Reports #2, 82.4 percent of the dealers who responded indicated that a medical examination was not necessary for all persons who wished to purchase a hearing aid. As an unfortunate result, many persons purchasing hearing aids are fitted without benefit of proper assessment and problems which could be aided by medical and/or surgical therapy are bypassed.

Problems result also if the control of hearing aid fittings lies in the hands of an individual whose primary concern is commercial and who has minimal training or knowledge of the population served. Inappropriate fittings often lead to unhappy hearing aid users or complete rejection of amplification. Furthermore, the selling price of many hearing aids is much greater by comparision to manufacturers' cost. Though this markup has been satisfactorily

Abstract

This paper discusses a new procedure set up by the Hamilton, Ontario Hearing and Speech Institute, for the professional dispensing of hearing aids.

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Footnotes

1. We speculate that this occurs for a number of reasons. The instrument recommended may be of greater cost than is feasible for the patient and is simply not purchased. If purchased and if service of the dispensor is good, or possibly through ill advice of the dispensor, patients may lose recognition of the importance of returning to the hearing clinic for aspects of aural rehabilitation beyond physical fitting of an aid. If dispensor service is poor, the referring agency may be the chief recipient of criticism and again the patient does not return as had been advised. Good communication between the audiologist and the dispensor is essential but often difficult to maintain.
2. Only the dispensor's salary is included in calculation of operating expense. Absolutely no portion of monies received for hearing aids are paid to either the medical specialists or the audiologists.

defended by the volume of instruments retailed, the fact remains that many patients delay or permanently curtail purchase of an instrument because of the high selling price. Additionally, legislation governing dispensors of hearing aids has been extremely slow in transpiring, both in Canada and in many of the States.

Panel V, of the "Conference" previously mentioned, was concerned with "Follow-up Procedures". Data from a questionnaire sent out prior to the conference demonstrated that "most clients do not return to the audiology facility following the recommendation for obtaining a hearing aid, even though they are advised to return".[1] Regardless of reason, unless contact is maintained with the patient after recommendation of a hearing aid, post-fitting programs of aural rehabilitation may simply dissipate.

The many problems associated with present systems of dispensing hearing aids were realized and discussed by members of our staff. A definite change was indicated. It became increasingly obvious that many present problems would be alleviated and that considerable benefit would result *for the patient* if hearing aids were made available at cost price through the auspices of a professional organization. Through such a facility patients would (1) receive benefit of proper prefitting otologic, audiometric and audiologic evaluation; (2) have benefit of accurate and professional fitting procedures; (3) be able to purchase a hearing aid or aids at a reasonable cost; (4) have benefit of sufficient trial usage before completing purchase of an aid; (5) be able to return to the same facility for otologic care, counselling, and hearing aid repair; and (6) reap benefit of a complete program of aural rehabilitation beyond fitting of a hearing instrument.

The Hearing and Speech Institute, Hamilton, Ontario, initiated such a program in October, 1969. The Institute represents a cross-section of specialists concerned with speech and hearing problems, officing four otolaryngologists, a speech pathologist, and two audiologists. An unusual feature of the organization is that each department — otolaryngology, audiology, speech pathology, and now, the hearing aid dispensary — is administratively independent. All patients are initially assessed, on strictly a medical referral basis, by an otolaryngologist and, when indicated, referred to the audiology or speech department. Fees for services rendered are determined by the Ontario Medical Association with approval of the provincial government which in turn makes payment for medical health services through its medicare scheme, the Ontario Health Services Insurance Plan.

Establishment of the new facility required three major steps, the first being to seek advice on professional ethics. After careful consideration, a format, representing a "new concept

in dispensing hearing aids," was submitted to various professional bodies, including the Ontario College of Physicians and Surgeons, the Ontario Minister of Health, and the American Speech and Hearing Association Committee on Ethical Practice, for approval. The concept was acceptable to each of the organizations or individuals approached.

With such approval in hand, several reliable manufacturers were approached to be suppliers. Finding a quality manufacturer agreeable to the new concept was initially difficult. However, arrangements were eventually completed with a manufacturer whose aids and company reputation were acceptable to us. Interestingly, upon this agreement, instruments were almost immediately offered by three other suppliers.

Finally, came selection of the hearing aid dispensor – an extremely important part of our operation. We were very fortunate in obtaining the services of a man whose personality characteristics, background, and qualifications were ideally suited to the job – a man with a severely hard-of-hearing daughter and a resultant understanding of deafness and associated problems – a man who has worked closely with the local deaf and hard-of-hearing association and with the deaf community in general for a number of years. Immediately after becoming a part of our facility, in addition to usual preliminary instructions, one week was spent observing and learning at the assembly plant of the selected manufacturer. We hold this gentleman responsible, to a large degree, for the initial success of the new concept.

Basically, the new concept is as follows. After appropriate otologic and audiologic evaluation and *only* after such assessments are completed, hearing aids are made available to patients at an actual cost price. Actual price is determined by addition of the wholesale cost of an aid to a calculated fee encompassing the dispensor's salary and necessary operating expenses (rent, equipment, telephone stationary, postage, etc.).[2] To determine the latter value, an estimate, based on the previous yearly recommendations, was made of the number of instruments which would be fitted during a one year period. The sum expense figure was divided by this estimated figure with the quotient then added to the wholesale cost of each instrument to determine selling price. Sale of aids on this basis has resulted in considerable saving to patients served. As an example, instruments with a suggested list price of $349 are fitted, including custom ear mold and initial batteries, for under $150. Because aids are sold at actual cost there are no financing arrangements. Terms are cash at time of fitting. When fitted, however, patients are given another appointment to return after a three to four week period for reassessment. This period of time is strictly a trial period. Should the instrument not prove satisfactory during this trial – and the patients makes the final decision – the instrument is returned and there is a complete refund minus cost of the earmold. There is no fee for the reassessment which is considered a vital part of the complete hearing aid evaluation.

Establishment of a hearing aid dispensary within our facility has made little difference to former procedures followed. Otologic examinations are completed as were done prior to establishment of the dispensary and, when necessary, persons are referred for audiologic evaluation. If hearing aid fitting is indicated, a comparative selection procedure is completed. Because of the tremendous cost difference, few aids are recommended which are not sold in our dispensary; however, we continue to stock aids from other manufacturers inasmuch as some patients have a specific preference for one manufacturer or may already use a hearing aid and prefer to return to the dispensor with whom they have been dealing for a new fitting. We are not trying to monopolize the hearing aid business in our geographical area. We are simply trying to improve a service to our patients. The dispensing arrangements are discussed before comparative performance selection procedures and are completed and patients are always given choice of manufacturer.

Instruments offered for sale in our facility are provided by a single manufacturer. The line represented is well diversified with a variety of

models in behind-the-ear, eyeglass, pocket, and all-in-the-ear styles. Amplification characteristics are broad and sufficient to meet the hearing aid needs of most of our patients.

The servicing of hearing aids sold through our dispensary has been queried by a number of persons, particularly local hearing aid dispensors. As we firmly believed, before establishment of the dispensary, and are even more convinced of now – rather than repairing hearing aids, the primary aspect of a dispensor's service pertains to properly counselling patients, helping patients adjust to amplification and conveying a proper understanding of what a hearing aid is, and is not, capable of doing. Mechanical or physical servicing, at least to date, has not been a problem. Minor problems, including cleaning battery contacts, changing tubing, replacing receivers or cords, fitting new molds, cleaning molds, etc., are completed by our dispensor. When malfunctions are present in the instrument proper, machines are returned to the manufacturer for servicing. In such instances our patients are provided with a "loaner" instrument of the same model while their aid is being serviced. During the guarantee period there is no charge for such servicing. Throughout the warranty period, patients will be charged an amount equal to the fee levied by the manufacturer for repair.

Anticipated benefits of making aids available to patients at actual cost have proved accurate. Patients not only save dollars with this type of dispensary but also receive many benefits previously described – otologic and audiologic evaluation and counselling being foremost. As professionals, we have been especially pleased with those aspects of the concept beneficial to our patients; however, we have also found pleasure with dividends which have improved upon our ability to function better professionally. Some of these are obvious. Maintained patient contact has become more of a reality. There has also been a tremendous improvement in patient rapport. We are no longer just advising about hearing aids, we are providing – and most importantly – we are providing at a cost which makes purchasing an aid financially feasible for more patients. With a dispensary within our facility we are better able to monitor performance and progress with aids, and to survey problem areas. In turn, greater knowledge of patient's experiences with hearing aids allows us to offer improved service to other patients.

Inclusion of hearing aid fittings in the services provided by our facility have greatly improved our program of aural rehabilitation. In conjunction with the local deaf and hard-of-hearing association, lipreading classes are conducted. Through the confidence developed in our facility, more patients seem willing to attempt lipreading instruction and attend classes. It seems significant to note this is the first year that an additional class has had to be considered.

The Hearing and Speech Institute's new concept has demonstrated that audiologists may become more involved in dispensing hearing aids with direct commercial involvement and without profit intent. Additionally, the system has opened doorways for the much spoken of, but grossly ignored, area of aural rehabilitation for the hearing aid user.

Acknowledgement

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Reference

"A Conference on Hearing Aid Evaluation Procedures," ASHA Reports #2, American Speech and Hearing Association, September, 1967.