

VIA EMAIL TO: AnnualReport@aging.senate.gov

June 26, 2019

RE: Senate Special Committee on Aging Request for Stakeholder Recommendations on Prevention and Management of Falls and Fall-Related Injuries

The American Academy of Audiology (the “Academy”) is pleased to provide our recommendations to the Senate Special Committee on Aging as it seeks to investigate the prevention and management of falls and fall-related injuries and provide potential best practices and policy approaches to improve outcomes for older adults. The Academy is the world’s largest professional organization of, by and for audiologists, representing over 12,000 members. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness and support of research.

The Role of the Audiologist in the Identification and Treatment of Hearing and Balance Disorders

Audiologists are the primary healthcare professionals who evaluate, diagnose, treat and manage hearing loss and balance disorders in patients of all ages.¹ The entry-level degree to become an audiologist has been a clinical doctorate degree, the AuD, since 2007. Audiologists work in a variety of settings such as hospitals, clinics, ENT offices, private practice, government, military and VA hospitals.

Audiologists diagnose and treat hearing loss, auditory processing disorders, and other auditory disorders. Audiologists dispense and fit hearing aids and other forms of hearing technology such as cochlear implants, osseointegrated implants and hearing assistance technologies, and are often heavily involved in the design and implementation of hearing conservation and newborn hearing screening

¹ <https://www.audiology.org/sites/default/files/publications/resources/WhatIsAnAuD.pdf>

programs. Audiologists also provide key diagnostic information necessary for the appropriate management of patients with dizziness and balance disorders.

Vestibular/Balance Disorder Evaluation and Intervention for Fall Risk Prevention

Vestibular symptoms and dizziness are a significant problem in the elderly, where their prevalence has been estimated to be 30% in persons older than 60 years, and approaching 50% after the age of 85 years.² In addition, the presence of dizziness constitutes a major predictor of falls in the elderly, which are the leading cause of accidental death after the age of 65 years.³ Audiologists are experts in the area of vestibular-specific evaluation and intervention.

Finding the cause for an individual's dizziness can be challenging. The three primary systems involved in maintaining balance are the visual, touch and vestibular system. The vestibular system is a complex set of organs located in the inner ear. A disruption in any of the systems involved in balance can result in dizziness, imbalance and falls. Audiologists perform an extensive battery of tests as part of the evaluation of the vestibular system. Depending on the findings of the exams, an audiologist may provide management options, and in some cases may refer the patient to an otolaryngologist or neurologist or for physical therapy.

Clear Link Between Hearing Loss and Falls

Balance disorders are often accompanied by changes in hearing and/or ear function. Vestibular evaluations also include comprehensive evaluation of the outer, middle, and inner ears. Researchers at Johns Hopkins University School of Medicine found that individuals with untreated mild hearing loss were nearly three times more likely to have history of falling.⁴ Researchers theorize that individuals with poor hearing may not have good awareness of their surroundings, which make tripping and falling more likely. Another issue that arises with hearing loss is cognitive load, which means that individuals with hearing loss may be inordinately focused on trying to hear which takes brain resources away from gait and balance.

² Barin K, Dodson EE. Dizziness in the elderly. *Otolaryngol Clin North Am.* 2011;44(2):437–454.

³ Kannus P. Fall-induced injuries and deaths among older adults. *JAMA.* 1999;281(20):1895–1899.

⁴ <https://jamanetwork.com/journals/jamainternalmedicine/fullarticle/1108740>

A study by the Washington University School of Medicine in St. Louis found that by improving an individual's hearing with hearing aids also improved balance. When instructed to perform balance tests with and without hearing aids, participants maintained better balance when wearing the hearing aids. The findings suggest that enhanced hearing enabled participants to use sound information as auditory reference points to maintain balance, similar to how one may use visual cues.⁵

Direct Access to Audiologist Services in Medicare Would Increase Patient Screening and Treatment for Hearing Loss and Balance Disorders and May Reduce Falls in Older Adults

Currently Medicare beneficiaries must first receive a physician referral in order to see an audiologist for hearing and balance diagnostic tests. The American Academy of Audiology strongly supports removing this barrier and favors giving beneficiaries the option to see either a physician or an audiologist first for hearing and balance-related health care. The Federal Employees Health Benefits Program (FEHBP), the Veterans Administration (VA) as well as many private health plans allow their enrollees direct access to audiologists without physician referral. The VA has had this policy in place since 1992. In a letter from VA Acting Deputy Under Secretary for Health, Michael Kussman, MD to Senator Grassley in 2004, he states that the VA direct access policy “provides high-quality, efficient and cost-effective hearing care.” Dr. Kussman goes on to state that requiring all veterans with hearing loss complaints to see ENT physicians would result in unnecessary medical care, inefficient use of VA resources, and longer waits for veterans who need the specialized care of ENT physicians. The [direct access] policy is cost-effective because an unnecessary clinic visit is avoided.” In addition, Dr. Kussman states that “the VA has not experienced patient complaints or problems as a result of the direct access policy.”⁶

Allowing Medicare beneficiaries direct access to audiologist services would reduce healthcare costs and expand beneficiary access to services, thereby perhaps staving off the devastating downstream effects of untreated hearing loss and balance disorders such as falls. Direct access would not expand the scope of practice for audiology nor diminish the important role played by physicians. Medicare has evolved over the years to appropriately recognize and provide access to a range of non-physician practitioners such as nurse practitioners, physician assistants, optometrists and psychologists—just to name a few. The retention of a physician gate-keeper to audiologist services in Medicare is outdated and unnecessary. Audiologists are knowledgeable and well-equipped to refer to the appropriate physician if

⁵ <https://doi.org/10.1002/lary.24974>

⁶ https://www.audiology.org/sites/default/files/advocacy_files/DeptofVeteranAffairs.pdf

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an individual presents with any signs, symptoms or results indicative of a medical pathology that warrants physician evaluation.⁷

Conclusion

The Academy appreciates this opportunity to provide comments to the Committee as they undertake this effort to identify potential action items or interventions that may serve to prevent falls in older adults and thereby stave off related injuries and deaths. Specifically, the Academy urges the Committee to consider recommending that Medicare beneficiaries have direct access to audiologist services in light of the clear link between hearing loss/balance disorders and falls. If there are any questions about any of the information included in this letter, please contact Susan Pilch, J.D., Senior Director of Government Relations via email at spilch@audiology.org or via phone at (703) 226-1036.

Sincerely,

A handwritten signature in black ink, appearing to read 'L Christensen', written in a cursive style.

Lisa Christensen, AuD
President, American Academy of Audiology

⁷ Zapala DA, Stamper GC, Shelfer JS, Walker DA, Karatayli-Ozgunsoy OB, Hawkins DB. 2010. Safety of audiology direct access for medicare patients complaining of impaired hearing. J Am Acad Audiol. 21(6): 365-379. doi: 10.3766/jaaa.21.6.2. <https://www.ncbi.nlm.nih.gov/pubmed/20701834>