The Honorable Charles E. Grassley  
Chairman  
Committee on Finance  
United States Senate  
Washington, DC 20510  

Dear Mr. Chairman:

Thank you for your interest in the provision of hearing health care services in the Department of Veterans Affairs (VA). I am responding to your inquiry about the effect of access to audiology services on cost of care and increased utilization. As noted in a Veterans Health Administration letter to Senator Ben Nighthorse Campbell dated April 15, 2003, VA clinics have a long-standing policy to allow veterans who suspect they have hearing problems to make appointments directly with audiologists. This policy, adopted in 1992, provides high-quality, efficient, and cost-effective hearing care.

VA has experienced a significant increase in the number of patients per year seeking audiology services. The growth is directly attributable to the 1996 changes in eligibility regulations, which permitted more veterans access to hearing care services. For the four-year period between initiation of the policy change and the onset of eligibility reform, audiology visits increased by only six percent, suggesting the policy did not increase the number of visits beyond what would be expected in the aging veteran population.

Veterans are able to receive hearing care directly from audiologists who are qualified to provide these treatment and rehabilitation services. It is standard practice for audiologists to refer patients for medical management or consult with Ear, Nose, and Throat (ENT) physicians when certain clinical indicators or risk factors are present. Because cost per visit statistics are not available prior to 1997, VA is unable to provide a comparison of costs before and after the policy change. Data from fiscal years 1997 to 2003 showed that about seven percent of veterans with the most common type of hearing loss (sensorineural hearing loss) were referred to ENT physicians.

Since only a small percentage of veterans with hearing loss needed a visit to an ENT physician, 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 policy is cost-effective because an unnecessary clinic visit is avoided. In addition, the
policy improves access to ENT clinics and allows ENT physicians to focus on medical and surgical care. As with other kinds of specialized care, VA audiology services occur in the context of overall care coordinated by a primary care practitioner, typically a primary care physician or nurse practitioner. VA has not experienced patient complaints or problems as a result of the direct access policy.

I hope this information is helpful to you. For further information, please have a member of your staff contact Lucille B. Beck, Ph.D., Chief Consultant, Rehabilitation Strategic Healthcare Group, at (202) 745-8578. Thank you for your continuing interest in veterans with hearing loss.

Sincerely yours,

Michael J. Kussman, MD, MS, MACP
Acting Deputy Under Secretary for Health