Editorial
Measuring Hearing Aid Outcomes: Part 2

This issue is the second part of a two-part special issue of the *Journal of the American Academy of Audiology* that has explored recent developments in outcome measurement with special emphasis on hearing aid fittings. Data quantifying hearing aid fitting outcomes as reported by patients are used with growing frequency by clinicians to evaluate the success of clinical services, by administrators to document treatment efficacy, and by researchers to compare different amplification devices. They are proving their value in facilitating patient satisfaction, allocating resources appropriately, and determining development and marketing priorities. As the study of outcomes gathers momentum, accumulated experiences have resulted in new approaches, refinement of existing approaches, and a clearer appreciation of the inherent problems that need attention.

In Part I of this issue, articles reviewed the use of combinations of subjective and objective data to provide a comprehensive appraisal of the results of hearing aid fitting. In addition, we examined the effects of personality and expectations on the fitting outcomes and the importance of evaluating the entirety of the patient's situation rather than focusing too narrowly.

In Part II, two articles illustrate the movement toward personalizing subjective outcome measures. This development has occurred in response to the criticism that standardized outcome questionnaires have the potential for inclusion of items that are irrelevant to a given patient. The articles by Gatehouse and by Dillon et al demonstrate the development and use of outcome questionnaires that directly address the matters that are the patient's main concern. Gatehouse describes the development of the Glasgow Hearing Aid Benefit Profile (GHABP).

This innovative instrument combines both pre-specified and patient-specified items in the same inventory. The GHABP, therefore, has the potential to harvest the advantages of both standardized and personalized measurement tools.

Dillon et al present an analysis of data obtained using two previously described outcome instruments, the Client-Oriented Scale of Improvement (COSI) and the Hearing Aid User's Questionnaire (HAUQ). Their paper yields a compelling illustration of the way in which outcome data (both standardized and personalized) can be used to review service provision, pinpoint strengths and weaknesses, and guide corrective action.

Finally, Noble reminds us that many variables beyond the acoustic and psychoacoustic functioning of the hearing aid have an influence on self-assessed outcomes. Extra-audiologic concerns such as family pressures, postfitting counseling, stigma management, etc. can operate to disrupt the general predictability of the relationship between impairment, service seeking, and outcome.

Regardless of your initial orientation toward outcome measures, you will find something to expand your horizons in this two-part collection of papers. If you have not yet experienced the conflicting reactions of satisfaction and frustration that often accompany outcomes measurement, perhaps an approach that is described here will meet your needs. If you are already committed to outcome measurement, there is abundant food for thought and practical advice about how to refine its conceptualization and implementation.

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Guest Editor

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