Editorial

Are the Benefits Worth the Cost?

We are used to thinking about outcome measures in terms of speech understanding scores, real-ear measurements, and questionnaires. But there are other approaches to the assessment of the value of audiologic intervention. One is to ask how much the client is willing to pay for a particular benefit. This “willingness to pay” (WTP) approach is widely used among health economists as a tool for the analysis of cost effectiveness.

In this issue of JAAA, authors Theresa Chisolm and Harvey Abrams, from the Bay Pines, Florida VA Medical Center, report the results of an intriguing study in which they ask to what extent the amount of money a veteran was willing to pay for a particular hearing aid could be predicted from two variables: (1) income category and (2) benefit scores derived from the Abbreviated Profile of Hearing Aid Benefit (APHAB). Together, these two variables accounted for slightly more than half of the variance in WTP values, suggesting that WTP can be predicted from global APHAB scores and income. Interestingly, however, when prediction was broken down according to the APHAB subscales, it turned out that only two subscales, Ease of Communication (EC) and Background Noise (BN), were significant predictors. Of the two, EC showed the strongest relationship, accounting for 44.3 percent of the variance in WTP scores. In other words, overall ease of listening seemed to be a highly valued benefit. The authors noted that “this should be of particular interest to clinicians and engineers who are placing increasing emphasis on technology designed to improve speech understanding in noise. In addition to that goal, these results suggest [that] the ability to communicate with minimal effort in relatively quiet environments appears to be on or near the top of patient preferences for hearing aid use.”

Approaches like WTP promise to play an ever-increasing role in our efforts to maximize the benefits of amplification to hearing-impaired persons.

James Jerger
Editor-in-Chief

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