July 27, 2016

Consumer Reports

To Whom It May Concern:

This letter is written in response to your Hearing Aid Guide published in July 2016 (www.consumerreports.org/cro/hearing-aids/buying-guide.htm). The American Academy of Audiology would like to thank you for your interest in a timely and relevant topic. As you alluded in your publication, hearing loss is a significant public health concern that affects many older adults. In recent years, the relationship of hearing loss to other health issues, including cognitive decline related to untreated hearing loss, has increased the interest in and attention shown to this important topic. As a result, consumers are constantly exposed to information from a variety of sources related to the management of hearing loss that can be confusing and overwhelming. We appreciate that you recognize the value of a resource that can help consumers sort through the complex landscape of hearing health care.

Like you, the American Academy of Audiology places a high priority on providing individuals with hearing loss and their families with easily accessible, accurate information that will address common questions and guide them to appropriate intervention. Because we share a common goal of directing those with hearing loss to meaningful resources that will improve outcomes and satisfaction, we are compelled to draw your attention to several inaccuracies in your recent publication that may be misleading. The Academy hopes you will embrace the opportunity to review and update the guide accordingly.

While we disagree with many points made in this guide, especially problematic are three factual errors regarding hearing care providers and the services they provide. Though we appreciate that Consumer Reports highlighted the differences in education and training between audiologists and hearing instrument specialists, other descriptions of and recommendations regarding audiological care and providers included a number of misleading statements, including:

1. “… go to a medical office headed by an otolaryngologist who employs an audiologist... An ear doctor can rule out medical conditions such as a tumor or bacterial infection that might be affecting your hearing. They can also clear your ears of wax so you’re ready for your hearing test... If you can’t find a doctor’s office that dispenses hearing aids, consider an independent hearing-aid provider.”

• As noted in your guide, audiologists are master’s and doctoral-level professionals who specialize in the diagnosis and management of hearing loss, tinnitus, and balance disorders. As of 2007, all professionals entering the field are required to hold a clinical doctorate to practice audiology and it is appropriate to use the term “doctor” for audiologists who hold a doctoral degree. Audiologists are independently licensed to practice in all 50 states, and in many states, audiologists’ scope of practice includes cerumen (ear wax) removal.

• The current description of audiologists in this guide mistakenly leads readers to understand that audiologists work under the direction of physicians. While Medicare requires a physician referral for medically necessary diagnostic services provided to its beneficiaries, the majority of
adults are able to seek diagnostic care directly from an audiologist without a physician referral. Additionally, audiologists are thoroughly trained in the evaluation of hearing loss and reliably refer for medical evaluation as appropriate. Evidence from the Mayo Clinic (Zapala et al, 2010) indicates that audiologists and otolaryngologists are equally capable of identifying the presence of a medically treatable condition.

- It is misleading to suggest that hearing aids provided by an audiologist in a physician’s office result in better outcomes for patients. Audiologists work autonomously in many settings, including private practices, outpatient hospitals, and physician offices, with a high standard of care in all environments. The majority of adults with hearing loss have permanent sensorineural hearing loss that is not medically treatable. Thus, the recommendation to begin a hearing health evaluation exclusively with an otolaryngologist adds unnecessary time and expense and reduces accessibility to care.

2. “But both types of professionals made mistakes in fitting the aids purchased by our 12 shoppers. Audiologists made fewer serious fitting errors than did hearing-aid specialists, but in about two-thirds of all of the fittings, patients ended up with incorrect amplification.”

- The Academy acknowledges that “mistakes” can be made by any medical professional. However, the process of appropriately fitting hearing aids relies on many factors including the selection of the most appropriate hearing aid style and technology, real-ear verification, subjective preferences of the hearing aid user, and appropriate/realistic expectations of amplification. There are many possible solutions related to hearing aid fittings that are not evident until individuals are able to acclimate to hearing sounds that have likely not been heard for years. It is important to not view subsequent changes in hearing aid fittings as mistakes as they depend on a complex interaction of factors.

3. “Where we could verify the wholesale price of the aids we tested, the average markup was 117 percent, so there's room to bargain.”

- It is important to recognize that in many pricing models, costs that are presented to consumers may include the cost of the device and associated professional services. Many “bundled” delivery models include charges for professional services of an audiologist that extend beyond the hearing aid fitting your guide describes. These services often include assessments related to the impact of that loss on communication function and the development of a comprehensive management plan. In this regard, audiologists view hearing aids as but one aspect of hearing care. Successful outcomes with hearing aids can only be achieved when the devices are coupled with exacting measurements of auditory status, are paired with additional rehabilitation strategies, and are dispensed as part of a comprehensive treatment strategy. “Bargaining” is not generally expected nor acceptable, as is the case with other healthcare specialties.

In summary, the American Academy of Audiology shares the commitment of Consumer Reports to provide accurate information, ensure consumer safety, and promote quality hearing health care and successful outcomes for individuals with hearing loss and their families. We thank you for the time and attention your publication has devoted to this important public health topic and we thank you for considering the opportunity to strengthen the quality and accuracy of your publication moving forward. We welcome the opportunity for the American Academy of Audiology to be utilized as a resource for future publications. Please contact our executive director,
Tanya Tolpegin, MBA, CAE, at 800-222-2336, ext. 1050. We further encourage you to direct your readers to www.howsyourhearing.org, the American Academy of Audiology’s consumer Web site, or www.audiology.org, which both include links to a searchable “Find an Audiologist” directory, as a reliable resource for their hearing health-care inquiries.

Sincerely,

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President
American Academy of Audiology