The Business of Tinnitus

By Kristen Decelles

If you are not already incorporating some sort of tinnitus management program, now is the time to put this into serious consideration.

The American Academy of Otolaryngology (AAO) recently released a multidisciplinary guideline for tinnitus management, bringing the topic of tinnitus to the forefront of many discussions among health-care professionals. In this document, AAO has indicated that a comprehensive audiological evaluation is recommended to any patient with tinnitus, even if the patient feels they have normal hearing (Tunkel et al, 2014). The audiogram is critical to help educate and treat the patient—it has been publicly stated that audiologists are key factors of the tinnitus management process. Also, in this guideline, audiologists have the backing that hearing aids are recommended as a treatment plan for individuals with hearing loss and that sound therapy is an option (Tunkel et al, 2014). Therefore, establishing yourself in this area of expertise will yield referrals from professionals across all fields, as many tinnitus patients will need to be co-managed alongside other health-care professionals.

The need for tinnitus experts has evolved over the past few years. With the compounding evidence regarding the negative impact of tinnitus, it is hard to ignore the "buzz." Tinnitus is defined as the perception of sound without an external sound source. Most often, it is described as buzzing, clicking, or pulsating noise perceived by the patient (Tunkel et al, 2014). Typically, tinnitus has no known cause; however it is usually associated with hearing loss, as 80 percent

of tinnitus patients also have hearing loss (Phonak, 2014).

Tinnitus affects approximately 10–15 percent of the population, or around 50 million people (Henry et al, 2005; Hoffman and Reed, 2004). Tinnitus can influence patients' overall quality of life and functional health. Tinnitus can lead to depression, post-traumatic stress disorder, anxiety, and anger. Some tinnitus sufferers experience insomnia, difficulties concentrating, and psychiatric conditions (Tunkel et al, 2014; Negrila-Mezei et al, 2011; Harrop-Griffiths et al, 1987; Tyler and Baker, 1983).

Tinnitus is proving to have an economic impact, as nearly 1 million veterans in 2012 received disability funds as a result of their tinnitus (Tunkel et al, 2014; U.S. Department of Veterans Affairs, 2013).

The need for an audiologist's expertise in this area will likely grow in the coming years.

How to Establish Yourself as a Tinnitus Expert

Educate Yourself

The first step is to educate yourself. As audiologists, we all have a basic understanding of tinnitus and the etiology. However, there are several good resources to learn about the latest trends for tinnitus measurements and coping strategies, including Tinnitus Retraining Therapy (TRT) (Jastreboff and Hazell, 2004) and Cognitive Behavioral Therapy (CBT) (Tunkel et al, 2014).

A few courses can be found online, such as the American Academy of Audiology's eAudiology. Pawel J. Jastreboff, PhD, ScD, MB, also offers a three-day course for 2.0 Tier 1 CEUs. This intense course can provide a great starting point for gaining knowledge and the framework for a tinnitus clinic. In addition, Phonak has published a comprehensive tinnitus reference guide. This, alongside the recently released tinnitus guideline by AAO, should also be read and employed (Tunkel et al, 2014).

Establish Procedures and Protocols

Using the knowledge you have obtained, an appropriate protocol for your clinic should be established. A typical tinnitus clinic scenario may work like one of the following:

- Patient is either self-referred or referred by a doctor for tinnitus.
- Patient is sent a case history form that physician includes with the Tinnitus Handicap Inventory (THI) (Newman et al, 1996), or the Tinnitus Functional Index (TFI) (Meikle et al, 2012).
- During the initial visit, a thorough case history, alongside comprehensive audiological diagnostic evaluation and tinnitus evaluation should take place.
- After the results are gathered, treatment options are discussed. These options may include hearing aids, sound therapy, TRT, CBT, or a combination.
- If hearing aids alone are recommended, typical hearing aid fitting protocol is followed.
- If the patient should need TRT or CBT alongside the hearing aid fitting, the patient should be charged separately for this service. Whether it is bundled or unbundled is at the provider's discretion. The TRT or CBT could take months to complete with many visits. CBT can take anywhere from eight to 24 weekly visits, each lasting from an hour to two hours, with benefits lasting 12 months and longer (Tunkel et al, 2014). THI or TFI is completed again at the completion of the service, with a final report sent to the referring provider documenting the success.

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Reimbursement Options

Now that you are armed with all the education for a tinnitus clinic, you will have to determine the most appropriate way to charge for your services. Your current billing structure will lead you to the correct path for appropriate billing. Insurance companies may or may not pick up the cost of the tinnitus evaluation, as it is deemed "experimental." Consulting with your local insurance expert may be necessary. In order to avoid these complications, many practitioners have made the tinnitus clinic completely "self-pay." If your office routinely bills insurance, it would be best to consult an expert

regarding the best way to bill within your contracts.

Marketing Yourself as the Expert

You should follow the same guidelines in marketing yourself as an audiologist who treats tinnitus as you do for any other service you are providing. Direct physician marketing, however, will probably be more effective in attracting the patients truly open to tinnitus treatment and management. Comprehensive reports should be sent to the referring physician, along with the treatment plan to reinforce the effectiveness of the tinnitus management program. To really put yourself out there as a specialist, offer lunch-ins or attend local physician-based conferences, with the intent to discuss current tinnitus practices.

Conclusion

Offering a tinnitus clinic in your practice is a great way to expand your services. It will set you apart as being an expert, as well as aid in building a reputation as the professional who has experience about more than "just" hearing aids. In our ever-evolving world, it would seem prudent to add tinnitus as a part of your clinic services.

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