

# The Promise of A Profession: From Transition to Transformation

## AAA Gold Standards Summit

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# Why Am I Here Today?

Because Lu was ill!

- ☞ VA is Consumer of your product-Audiologists
  - VA is the largest employer of audiologists.
- ☞ Education of future providers is a part of the VA core mission of clinical care, education, research, and readiness.
- ☞ VA will spend \$80 million training associated health disciplines in FY09.
- ☞ VA is affiliated with 5,000 programs from 1,200 institutions.

# Why Am I Here Today?

- ☛ Industry also is seriously vested in audiology education
- ☛ Need professionals who have knowledge and skills necessary to fit advanced technology

# Why was Lu invited to present Today?

- VA and Military Services among the early supporters of the AuD: **the first professional degree.**
- VA has been managing the transition to the AuD for masters trained practitioners.
  - RFP for distance education degree program for existing practitioners.
  - Discussing innovative models for post doctoral clinical training.
- Revised federal requirements for Audiology qualification standards based on the AuD.

# VA Program Statistics

- 729 audiologists
- 15 research audiologists
- 195 health technicians (assistants)
- 220 sites of care

Source: KLF Employee Report

What do we know about graduate and professional education?

# U.S. Department of Education and the U.S. Council of Graduate Schools Identify Two Types of Education at the Graduate Post-Secondary Level

☛ **Professional studies**

☛ **Research studies**

# The Professional Degree

(Leads to First Professional Degree, e.g., MD, DDS, DVM, AuD)

- ☛ Prepares student for profession and career as competent licensed practitioner
- ☛ Training is specific to profession with a lock-step curriculum
- ☛ Programs shaped by needs of the profession
- ☛ Students are specifically prepared for professional practice
- ☛ Graduates seek a license to practice upon completion of their degree program

# Research Doctorate Programs

(Ph.D., Sc.D.)

- ☛ Highest earned academic degree in U.S.
- ☛ Awarded for independent research
- ☛ Studies may begin after bachelor's, master's, or first professional degree
- ☛ Culminates in independent research where student masters the subject matter and explains and justifies the findings

# There has never been a better time to be an Audiologist...

- Hearing loss is under-diagnosed and under-treated despite evidence that treatment is effective.
- Most patients are not screened for hearing loss.
- Effective means exist for screening hearing loss and referring patients for treatment-technological advances.
- Referral to audiologist or, when indicated, to an ENT physician.

# Hearing Loss is a Major Public Health Problem

- 3rd most common chronic condition in older Americans after hypertension and arthritis
- Strongly associated with depression and functional decline
- Most common clinical problem encountered by Primary Care physicians

Bogardus *et al.* JAMA: 289 (15), April 16, 2003

# Face the Demographic Realities...

## ■ **Aging Population**

- Here come the Baby Boomers!
- 30% of persons over 65 have hearing loss.
- 50% of persons 85 and older have hearing loss.

## ■ **Utilization of Hearing Aids**

- Only about 20% of persons who could benefit from hearing aids use them.
- 99% of persons with visual loss aged 70 or older has seen a healthcare provider and 93% wear glasses.
- 78% of persons with hearing loss aged 70 or older has seen a healthcare provider and only 34% of these persons wear hearing aids.

# But you've come a long way, baby!

- **JAMA Articles (April 16, 2003)**
  - “Referral to an audiologist is necessary to confirm the need for treatment, to help patients select amplification strategy, and to fit the patients for a hearing aid when appropriate.”
- **Direct Access Legislation**
  - Began with recognition by FEHBP
  - Medicare Hearing Health Care Enhancement Act of 2007 (H.R. 1665 and S. 2352)
  - Gives Medicare beneficiaries the option to see an audiologist or physician first

# Federal Employee Health Benefits Plan- Hearing Aid Coverage

1. BCBS is adding hearing aids for adults up to \$1,000 per ear, every 3 years.
2. APWU is adding a new benefit with one exam and testing every 2 years paid at 90% of PPO allowance or 70% of allowance for non-PPO. Hearing aids every 3 years limited to \$1,500 maximum.
3. Mail Handlers, which already provided benefits of \$200 per hearing aid per ear, is increasing the amount to \$500, with replacement available every five years.
4. GEHA is adding a new benefit with a maximum of \$500 per ear, every five years.
5. Panama Canal is adding a new benefit with a \$1,000 lifetime maximum.
6. Foreign Service is adding a new benefit of 100% coverage, up to a maximum of \$1,200 per aid per ear per person and hearing exam, once every 5 years.
7. Rural Carriers is adding a new benefit up to \$1,100 per hearing aid per ear once every five years.
8. The Association (?) is changing their hearing benefit coinsurance from 10% to 0% and will cover up to a maximum of \$1,400 for one hearing aid per ear.
9. Samba is adding hearing benefits up to \$500 per lifetime for hearing aids.
10. NALC is providing a lifetime maximum of \$1,000 for hearing aids.
11. Health Alliance is adding a new benefit at a maximum of \$500 for hearing aids/devices once every 3 years.

# National Defense Authorization Act (2009)

- ✎ Creates Center of Excellence for Hearing Care
- ✎ Registry of all individuals with hearing loss
- ✎ Focus: Prevention, diagnosis, and treatment of hearing loss

# State Licensure in Audiology

- 50 states license or regulate audiologists (and the District of Columbia).
- Clinical competence, legal right to practice, scope of practice, and consumer protection are the state's roles.
- Shift from professional credential

# The Journey Continues: Going from Transition to Transformation

“You got to be very careful if you don’t know where you are going because you might not get there.”

Yogi Berra

- Audiology is in the late adolescent stage of its transformation to a mature profession.

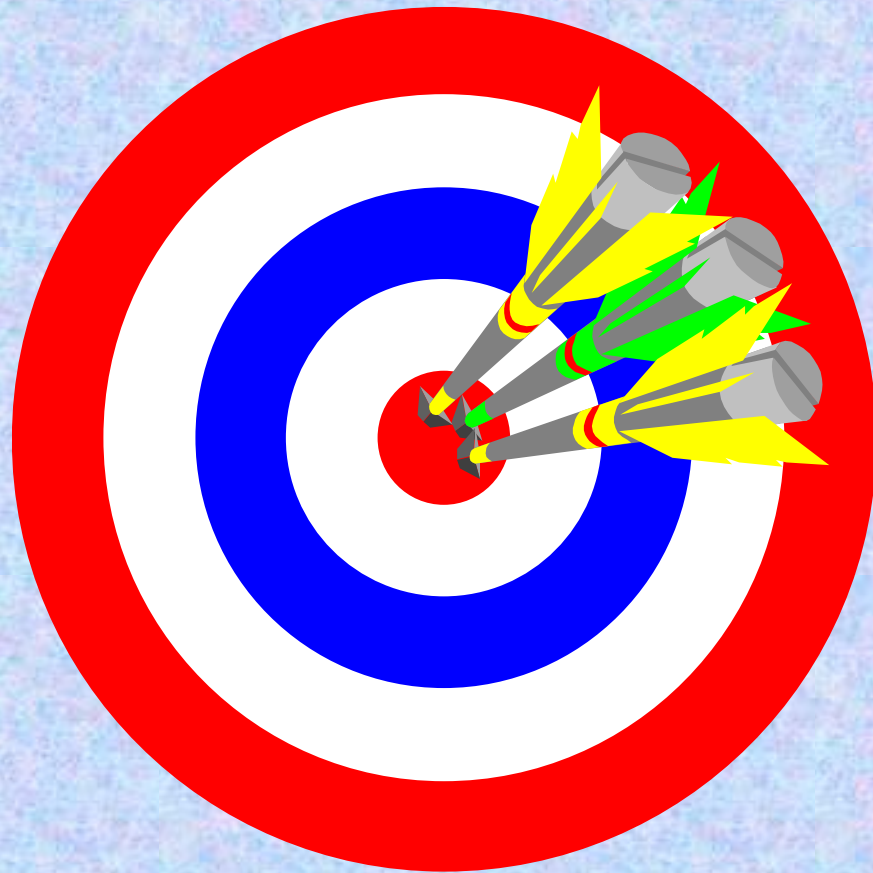
# *Audiology must complete its cultural transformation to a profession.*

- Focus on the person served: responsibility for the patient
- Rigorous Education and Training: Quality providers with appropriate knowledge and skills
- Scope of Practice: quality care based on evidence
- Autonomous (Independent) Provider in all practice settings: legislation and regulation
- Organizational Leadership (of, by, and for audiologists)
  - Manage affairs prudently with focus on vision and in the best interests of persons we serve

# From Transition to Transformation: What Remains Constant...

- **A profession is defined by its role in caring for the public.**
  - Professional is technically competent
  - Professional acts morally, in the best interest of the public
  - Professional enters into a social contract with the public
- **A profession is defined by its body of knowledge.**
  - The scientific base leads clinical practice
  - Research provides the evidence-base
  - Efficacy drives practice standards

# Framework for Audiology Services: Target-the person served



- Mission and goals of a profession are to serve the public.
- A profession does the right thing for the patient.
- Patient-centered approach to health care: quality of care, treatment efficacy, and value.

# Service Delivery Challenges: Quality Factors

- Accreditation
  - JCAHO, CARF, NCQA (for outpatient facilities)
- Professional credentials
  - Education and training, license
  - Continuing education and competence
- Clinical Practice Guidelines
  - Evidenced based protocols
  - Third-party payers will want efficacy (benefit) data
- Outcomes (Validated)
  - Functional status/reduction in handicap
  - Quality of life and lifestyle considerations and effects

# Service Delivery Challenges: The Consumer

- Consumer will be the *driving force* in health care delivery system.
- Patient satisfaction will be a health care *performance* benchmark.
- Confusion about players and products in the hearing care system will continue.
- Challenge of over-the-counter entry-level devices

# Service Delivery Challenges: Science and Technology

- Fast-paced technological developments.
  - Unlimited signal processing algorithms
  - Continuous improvement in components and associated materials, e.g. plastics, power supply
  - Genetics and Pharmacologic advancements to the whole person
  - Tele-medicine and remote access to patients

# Science & Technology are the foundations of Evidenced Based Practice

- The mark of a clinical profession is its scientific foundation and the body of research that drives clinical practice.
- Advancement of our diagnostic and treatment practices depends in large measure on technology.
- Effective partnerships with scientists, engineers, and industry drive clinical care.

# Roles of Governance and Leadership: Profession of, by and for Audiologists

- Leadership and strategic initiatives must have balanced input representative of the entire profession.
- We are segmented constituencies dependent on where we practice: consistent representation and the knowledge acquired from various practice settings will provide direction for profession.
- Our universities, through the students they train, are the key to our future. They control excellence, set the stage for practice of the next generation, demonstrate professional competency, and instill professional culture.

# Role of the Business of Hearing Care

- Practice Management Model
  - Private Practice, hospitals and medically-based corporate systems
  - Nationwide/regional chains
- Competition is fierce
  - Hearing programs attractive to Wall Street
  - Economies of scale for purchasing, marketing
- Audiologists are providers of choice in these settings.
- Technicians are a good thing and increasingly are part of the hearing health care team.

# Roles of the Audiologist as the Provider of Health Health Care

- Audiology practice credentials must model those of other independent health care practitioners, e.g., education and clinical training.
- Reimbursement by third-party payers will place value on our professional services.
- Patient has direct access to us.
- Rigorous professional and educational standards, e.g., accrediting entities.

# Role of Education and the Transformation to a Profession...

- Education and Training: fundamentally, the most important contributing factors to our successful transformation to a profession.
- Our Academic institutions and the faculty hold the key to our transformation to a mature profession and the future of Audiology.
- Our universities, through the students they train, are the key to our future. They control excellence, set the stage for practice of the next generation, demonstrate professional competency, and instill professional culture.

**“It’s not practice that makes perfect--  
it’s perfect practice that makes  
perfect.”**

**Vince Lombardi**

# Has the AuD met our goals?

- How's this AuD encroachment into the profession working out?
  - AuD-trained audiologists enhance our profession. They come to practice settings like the VA prepared to provide clinical services and they are dedicated to patient care.
  - We should be proud to embrace them as colleagues.
- Audiology has successfully transitioned to doctoral degree status.

# AuD Training Programs: Quality

- All programs have reached a baseline.
- Variability exists among programs resulting in uneven student outcomes.
- Contributing factors include:
  - Program length, curricular components, cultural differences
  - Clinical training sites
  - Some programs focus on inputs and not outputs

# The AuD is meeting our goals but the effort continues...

- To complete the transformation, there must be one robust accreditation process that focuses on:
  - Education and training consistent with scope of practice.
  - Rigorous academic course work.
  - Preceptor-directed extensive clinical training.
    - Standards of excellence for training sites
    - Accreditation of clinical training sites
- Achieving this goal will be challenging. It requires leadership and strategy as government and 3<sup>rd</sup> party regulations must be addressed and considered, and our existing programs and culture must be transformed.

# The AuD is meeting our goals but the effort continues...

- Focus must be on student outcomes
- Focus on Outputs (e.g., competencies) and not Inputs (e.g., clock hours)
- Focus: Contemporary practice and training to meet our full scope of professional practice

# Accreditation Commission for Audiology Education (ACAE)

- Developed new accreditation standards for Au.D. programs (2003)
- An accrediting body of and for Doctor of Audiology programs
- Focus on outcomes
- Designed and developed to support doctoral programs with a technologically advanced computer based evaluation and management system

**“If you come to a fork in the road,  
take it.”**

**Yogi Berra**

**What Must Audiology Do Now?**

# Form a Leadership Group of Program Directors: Become a team of rivals so that you set the agenda for tomorrow's audiologist.

## ☞ Externships

- Develop standards of excellence for clinical sites
- Plan for eventual accreditation of clinical sites
- Use a progressive independence student training model
- Adopt a preceptor training model
- Recognize variability in service delivery models
- Inter-professional education: train at sites that have other health care providers

## ☞ Program content

- Train students to manage patients: to evaluate and treat
- Establish consistency in core areas
- Lockstep curriculum and clinical training
- Interdisciplinary education: co-morbidities, chronic disease models

**What's wrong with this picture? Most of these professions have a system of practice, know their number of practitioners, and can project the numbers that will seek their services. They use professionals and assistants as a standard practice.**

Profession	Programs	Total # Students	Annual Graduates	Mean # Students/class
Medicine	125	69,600	17,400	139
Optometry	19	5,800	1,450	76
Pharmacy	105	44,000	11,000	104
Chiropractic	17	9,800	2,450	144
Audiology	75	2,400	600	8

# What must Audiology Do Now?

## ☞ Information required

- How many audiologists are there?
- How many audiologists are needed?
- What is the service delivery model: use of technicians?

☞ Anecdotally, there is agreement that audiologists are in demand.

☞ Growth of audiology in next decade projected to be flat

☞ Need: Task Force on Demographics

# What Must Audiology Do Now?

- Audiology must address the issues of quality, patient satisfaction, efficacy, and cost effectiveness.
- Audiology must complete its *cultural transformation* to a profession.

# What Must Audiology Do Now?

- Doctoral-level profession (Au.D. for clinical practice and Ph.D. for research).
  - Attract high quality students
  - Address role and training of technicians/assistants
  - Develop an efficient service delivery model utilizing the cost effective models of assistants adopted in other doctoring professions: audiologist/technician model

# What Must Audiology Do Now?

- Professional Practices
  - Standards of care
  - Clinical practice guidelines
  - Data on cost effectiveness and treatment efficacy
  - Referral guidelines
  - Outcome measures: patient satisfaction and functional performance measures

# Ethics and the Transformation to a Profession...

- **Ethical Practices and Professional Norms**
  - Code of ethics
  - Conflicts of interest
  - Clinical practices, research and students
- **Universities and Ethics**
  - Student training and ethical responsibility to properly train and prepare students
  - Professional culture
- **Product Dispensing and Sale**
  - Audiologists' roles and responsibilities
  - Patient expectations for professional role
- **Research and Ethics**
  - Role of the sponsor
  - Actions of the research team

# Audiologists –Hearing and Balance Care Practitioners



 **AUDIOLOGISTS**  
*Caring for America's Hearing*

On behalf of both Lu and myself, thanks for listening!