Preface

Several years ago our first pair of digitally programmable hearing aids were dispensed to a patient whose hearing aids were covered by a third party payer. Up to this point, I was accustomed to receiving a payment that was approximately 80% of the usual and customary rate (UCR) of the charge on the fee ticket. In this case, we received a payment which was actually less than the invoice cost of the hearing aids! The payer simply paid the same amount they were accustomed to paying in the past regardless of the charge appearing on the fee ticket! I contacted the representative of the plan and told her that this payment was unacceptable. She stated that her company required documentation as to why these hearing aids were considerably more expensive than the hearing aids dispensed in the past and why her company should pay a higher amount.

I wrote her a very long letter explaining that these hearing aids were more expensive than *conventional* hearing aids because these hearing aids: a] are considerably more expensive; b] require the purchase of equipment in order to dispense them (i.e., programmers, computers, cables, software, etc); c] require the staff to attend seminars to program these hearing aids correctly; d] require the staff to attend continuing education seminars to implement changes in software and fitting strategies, e] generally require more time to fit (i.e., multiple memories) and f] may have warranties which may be as long as three years (i.e., most conventional aids have a one year warranty). I threw in a few additional ideas and sent off the letter feeling very proud of what I just accomplished.

A **few months** later (dealing with third party payers can be such a delightful experience) I received a letter from the representative stating that she enjoyed my dissertation, but nowhere did I state that these hearing aids demonstrated greater **benefit** than conventional hearing aids! It was at this point that I realized that we needed to include some method to document perceived benefit from amplification in our hearing aid fitting protocol if we were going to expect increased reimbursement from third party payers. Currently, as described in a previous publication (Valente et al, 1997) we utilize the Abbreviated Profile of Hearing Aid Benefit (APHAB) (Cox and Alexander, 1995) as part of the hearing aid fitting protocol at Washington University to help document perceived benefit (or lack of perceived benefit) from the hearing aids we dispense.

This issue of *Trends* provides an overview of the various tools currently available to document benefit with amplification. It will no longer be sufficient to simply demonstrate that the measured real ear insertion response (REIR) or functional gain “matched” a particular prescriptive formula or that aided performance was better than unaided performance on some measure(s) of speech recognition in “quiet” and/or “noise”. As a profession, we will be asked by various governmental agencies and third party payers to document that our services are providing “real” benefit to our patients. If we cannot provide this kind of documentation then there is the real possibility that payment for our services will not be forthcoming.

Barbara E. Weinstein, Ph.D., is a Professor of Audiology and Director of the Program in Speech and Hearing Sciences at Lehman College of the City University of New York (CUNY). She is also a member of the doctoral faculty at the Graduate School and University Center CUNY. Dr. Weinstein earned her doctorate in 1980 from Columbia University in New York City. Dr. Weinstein is a Fellow of the American Speech-Language-Hearing Association (ASHA) and recently received the Distinguished Clinical Achievement award from the New York Speech-Language-Hearing Association. Dr. Weinstein is the

co-author of the Hearing Handicap Inventory for the Elderly and Adults, a widely used scale for measuring outcomes with hearing aids. She has authored more than fifty articles on the topic of hearing loss in the elderly and more recently quantifying outcomes with hearing aids. She has presented nationally and internationally on the subject of hearing loss in the elderly. Finally, Barbara is the proud mother of three children, all under 11 years of age, who reportedly are unimpressed with the accomplishments of their mother!

Michael Valente, Ph.D.
Editor-in-Chief

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