

PATIENT CARE EXCELLENCE DISCOUNT PROGRAM DETAILS

- **Concept:** For AuDNet member audiology practices that purchase Unitron hearing instruments through AuDNet, an additional discount can be earned, reflecting that practice's adherence to the highest standards in patient care. This additional cost savings is reflected on the AuDNet Member Price Sheet located in the Member section of the AuDNet website.

- **Program Components:** (Drafted from "Audiologic Management of Adult Hearing Impairment – Summary Guidelines" American Academy of Audiology – Audiology Today 18:5 2006: 33-36)
 - **Initial "Patient Care Excellence" Disclosure Contract**
 - Individual AuDNet member practices (or practices who are considering becoming members of AuDNet) will read and sign a contract indicating:
 1. The patient care procedures they are agreeing to provide
 2. Their agreement to have their patients participate in our "Patient Care Audit" – an annual national outcomes database completed by patients of participating and non-participating practices to document the improved outcomes associated with this level of patient care
 - **"Patient Care Excellence" Guidelines Sheet (Accompanies disclosure contract)**
 - This sheet outlines a "checklist" of care elements that define "Patient Care Excellence" as it applies to this program. These elements include:
 1. **Provider Guarantee:** Patients seen by this practice will receive their care directly by a licensed audiologist, or will have their care supervised and/or overseen by a licensed audiologist.
 2. **Assessment:** Patients seen by this practice will receive:
 - Auditory Assessment including:
 - Comprehensive case history
 - Pure tone, speech and immittance audiometry
 - Measurement of LDL
 - Quantification of speech intelligibility in background noise in the unaided condition using a standardized speech-in-noise test.
 - Otoscopic inspection and cerumen management
 - Determine need for treatment/referral to physician or further testing
 - Counsel patient, family, caregivers on the results and recommendations
 - Assess candidacy and motivation for amplification
 - Determine medical clearance as determined by FDA
 - Auditory Needs Assessment
 - Identify patient-specific communication needs to determine specific amplification features such as directional mic, noise reduction, DAI, etc.

- Complete an objective measurement of the pre-treatment hearing handicap. Standardized tests for this purpose include:
 - APHAB
 - COSI
 - HHIE
 - ECHO
 - GHABP
 - International Outcome Inventory-Hearing
 - Non-Auditory Needs Assessment
 - Determine patient expectations, motivation, assertiveness, manual dexterity, visual acuity, general health, tinnitus condition, occupational demands, presence of support system. Some tools that can be used for this purpose include:
 - COAT
 - Circular Questioning
3. **Hearing Aid Selection:** This practice will select hearing aids/assistive technology based on the results of all three assessment sections above.
4. **Quality Control:** This practice will assess the devices being provided to the patient to insure proper function. Such assessment could include:
- Electroacoustic analysis to insure instruments meet specifications
 - Electroacoustic analysis to insure that the final programmed settings have been documented
 - Verification of features functions (electroacoustic or listening) including:
 - Directional mic
 - Noise reduction
 - Feedback management
 - Frequency lowering
 - T-coil
 - FM integration
 - Paired communication
 - Streamer functionality
 - Verification of fit, venting, color and type
5. **Fitting and Verification:** This practice agrees that fitting and verification procedures are viewed as a process that culminates in the optimal fitting. Verification procedures should be based on a validated hearing aid fitting rationale and are expected to yield a comfortable fit of hearing aids including all desired features.

- In the hearing aid fitting process, a signal, preferably speech like, must be presented to the hearing aid microphone as it is worn on the patient's ear with a probe microphone present. This result should be compared to a standardized fitting target or goal.
 - In the Assistive Technology fitting process, selections must be justified based on need. Assistive technology can be used to address the following if hearing aids alone are judged inadequate based on need:
 - Face-to-face communication
 - Broadcast and other electronic media
 - Telephone conversation
 - Sensitivity to alerting signals and environmental stimuli
6. **Hearing Aid Orientation:** This practice agrees to ensure patients obtained the desired benefits from amplification as easily and efficiently as possible. Hearing aid orientation is complete only when all appropriate information has been provided and the patient/family member/caregiver is competent to handle the instruments or declines further post-fitting care. Orientation should include:
- Care and use instructions
 - Insertion and removal practice
 - Battery replacement practice
 - Telephone use practice
 - Wearing schedule with goals and expectations
7. **Counseling and Follow Up Audiologic Rehabilitation:** This practice agrees to provide patients with a comprehensive understanding of the effects of hearing impairment and to offer strategies to mitigate those effects. Fundamentally, hearing aid fitting is the beginning of the treatment process. A structure that moves the patient to ultimate long-term functionality and acceptance should also be part of overall care. Counseling and rehabilitation strategies should include:
- Anatomy and physiology of the hearing process
 - Understanding the audiogram
 - Problems associated with speech in noise
 - Appropriate/inappropriate communication behaviors
 - Communication strategies
 - Listening and repair strategies
 - Brain exercise strategies
 - Ways to control the environment
 - Assertive listening training
 - Realistic expectations of amplification
 - Stress management

- Speechreading skills
 - HATs
 - Community resources
8. **Assessing Outcomes:** After long-term treatment goals have been reached, this practice agrees to quantify the impact their treatment strategy has had on overall communication and or quality of life improvement by re-administering handicap surveys and/or speech-in-noise tests utilized in the assessment phase outlined above, and comparing the results of these two sets of tests. Only by measuring the outcomes of treatment can audiologists be assured that interventions make a difference and patients have benefited from their care.
 9. **National Outcomes Database:** This practice agrees to enlist their patients to complete a national online survey managed by AuDNet documenting patient perceptions of their care, their outcomes and their satisfaction with treatment. Results of this survey, which is designed to compare patient perceptions of outcomes both for practices participating in this “Patient Care Excellence” program as well as practices that are not, will be shared with AuDNet members and the general public.

DRAFT: PATIENT CARE AUDIT SURVEY

1. When did you purchase your current hearing instrument devices?
2. Had you purchased or worn hearing aids prior to this most current purchase?
3. Was the person who tested your hearing and guided your treatment a licensed audiologist?
4. Prior to recommending treatment, did your audiologist carefully determine your communication needs through questions designed to understand your communication concerns?
5. Did your audiologist assess your hearing using a variety of tests that included your listening to tones and speech?
6. Was your ability to understand speech in the presence of noise tested?
7. Did your audiologist explain your test results and your condition in a satisfactory and understandable way?
8. If present, were others involved in your life included in the discussion of your test results?
9. Did you understand the treatment options that were presented to you so that you felt you were making an informed decision about your treatment?
10. Prior to treatment, did you complete a questionnaire assessing your existing communication abilities?
11. When your hearing instruments were initially fit, did the audiologist measure their performance directly on your ear using a small tube microphone placed in your ear canal?
12. Was the sound you listened to during the above test speech or speech-like?
13. Please rate the instructions you received regarding your use of hearing instruments for each of the following areas:

Excellent			Inadequate	
5	4	3	2	1

- a. Care and use instructions
 - b. Insertion and removal practice
 - c. Battery replacement practice
 - d. Telephone use practice
 - e. Wearing schedule with goals and expectations
14. Were you given the opportunity over the course of several weeks to practice using your hearing aids?
 15. Were you given a specific set of listening tasks (either via computer interaction or structured instruction) to complete as part of your hearing aid learning process?
 16. Was your improvement associated with your treatment assessed by completing a speech-in-noise test with your hearing aids on?
 17. Did you complete a post-treatment questionnaire to assess the impact of your treatment?

Excellent			Inadequate	
5	4	3	2	1

18. Overall, how satisfied are you with your hearing instruments?
19. Overall, how satisfied are you with the care provided by your audiologists?
20. Would you recommend your audiologist to others seeking help with their hearing?