

Perspectives on the National Audiology Program



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VA Recognized as Best Health Care System in America

- 157 medical centers, 134 nursing homes, 869 outpatient clinics
- 4.6 million users and 7.3 million enrollees in FY04
- \$24.75 billion expenditure (\$5,248 per veteran)
- VA leads in every category and indicator of quality
- National and international recognition
- Innovator in health care delivery, technology, seamless health care, telehealth, and electronic medical records

Training America's Health Care Providers

- Each year, approximately 100,000 residents, trainees, and students receive some or all of their clinical training in VA facilities through affiliations with over 4,000 educational programs at 1,200 colleges and universities.
- Education and training of more than 40 associated health disciplines, including audiologists.
- Approximately 36,000 students and trainees in associated health education programs, at the undergraduate, graduate, and post-graduate levels, receive all or part of their clinical experiences annually at VA facilities.
- Student funding support of approximately \$47.3 million is provided each year to over 3,100 associated health trainees.

Challenges...

- Increased workload
- Productivity and accountability
- Performance and quality
- Greater patient complexity (untreated HL, co-morbidity, denial, cognitive issues)
- More complex technology (hearing aids, implants)
- Succession: younger, less experienced staff
- More automated systems

Workforce Profile

- 924 audiologists and speech-language pathologists
- 598 audiologists, 263 speech-language pathologists, 61 audiologist/speech-language pathologists (mostly supervisory), and 113 health technicians (assistants)
- 18 research audiologists and 2 research audiologist/speech-language pathologists

Does not include students or trainees

Source: HR Report (KLF), October 2005

Audiology Statistics (FY04)

- Audiology outpatient visits—814,268
(up 7% from FY03)
- Number of unique patients--419,860
(up 7% from FY03)

Source: KLF Workload Report

National Hearing Aid Contract

- Digital Contract: custom and behind-the-ear hearing aids
- All digital contract
- Effective November 1, 2004
- Reduced unit costs (about \$40 per hearing aid)
- Special Purpose Contracts—other “niche” products (analog BTE, body aids, BC eyeglass hearing aids)
- Wireless CROS/BICROS—solicitation published 3/14/05
- FM Contract—FM interface adapter systems
- Future contracts (PCMP)—ALD, cochlear implants

FY04 Hearing Aid Statistics

- 315,224 hearing aids issued (+11%)
- Net sales: \$119,193,544 (+15%)
- Average unit cost: \$378.12 (+3%)
- Batteries sold: 24,098,144 (+20%)
- Repairs: 222,142 (+68%)
- Cost of VA contract hearing aids and related services: \$135.6 million (+17%)*

*Does not include off-contract procurement

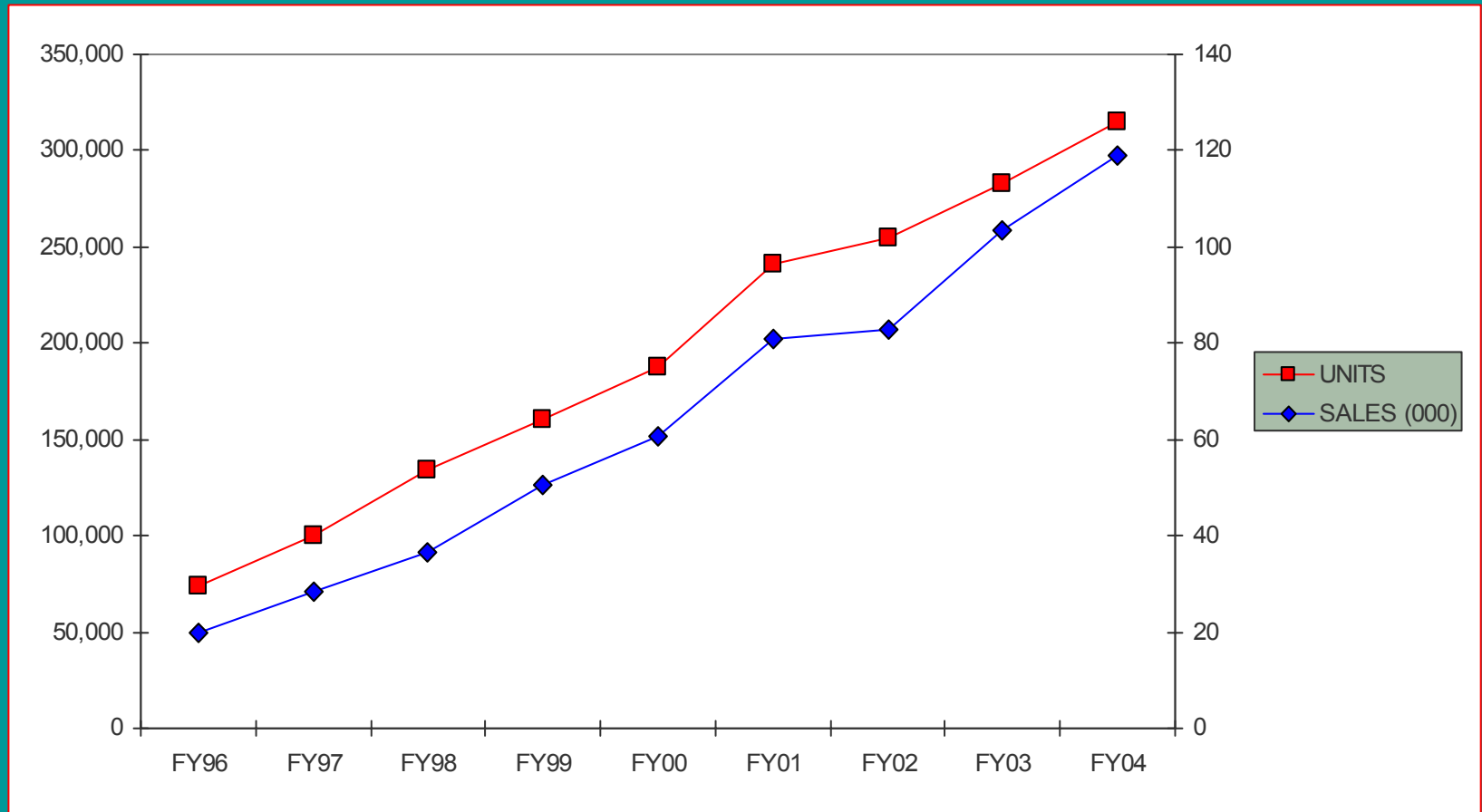
Source: DDC Commodity Sales Report

Impact of Digital Contract

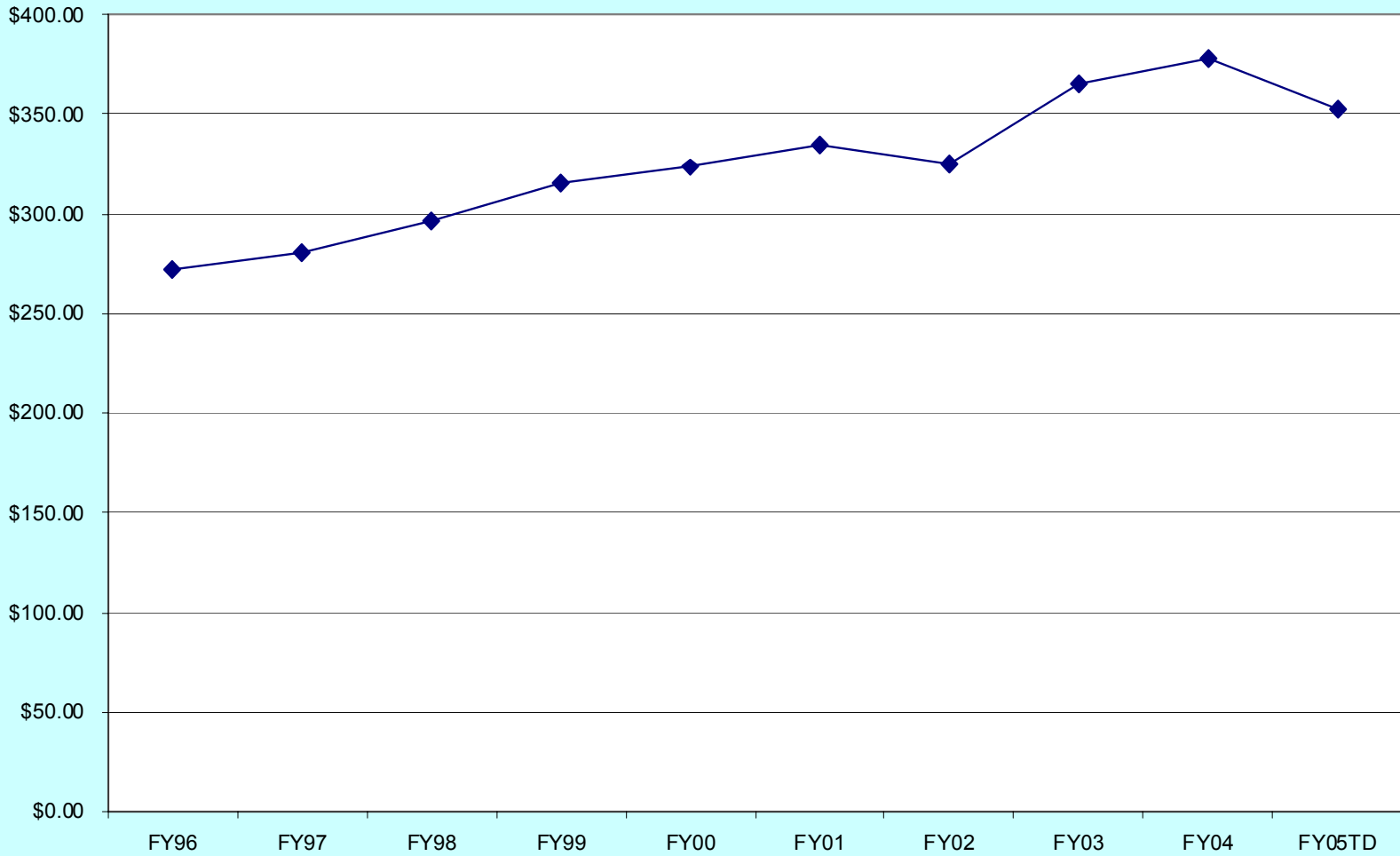
- Average cost of a digital hearing aid was \$343.72 (compared to hearing aid unit cost of \$376.69 in January FY04)
- Average cost of a ITE digital hearing aid was \$351.93
- Average cost of a BTE digital hearing aid was \$376.65
- Estimated savings for Jan 2005 alone = \$986,724 (compared to average cost of hearing aids in Oct 2004)
- More choices, more sophisticated technology—and at a lower price!

VA Hearing Aid Trends (FY96-FY04)

Source: VA Denver Distribution Center



UNIT COST



Automated Information Technology

- Computerized Patient Record System (CPRS)
 - Goal: automated health record
 - Remote access (VA/DOD universal health records)
 - Audiology referral templates
 - Electronic encounter form
- Remote Order Entry System (ROES v3.0)
 - Fully paperless order entry
 - Harmonized with national contracts
 - Audiogram module
 - Task force reviewing enhancements
 - Audiogram database (108,000 records from 136 sites)
 - Cochlear Implant Registry

Focus on Productivity

- Productivity task force
- Efficient use of VA resources
- Part of Advanced Clinic Access strategies
- Developing productivity benchmarks
 - Collaboration with Physician Productivity
 - ACA Specialty Call features productivity

Health Technicians

- Health technicians used widely in Audiology (113 now employed)
- Proven benefit to quality and productivity
- Training programs (Nova, Army, OTJ)
- Featured on ACA calls
- Email group

Training the Future Workforce

- Academic Affiliations
 - Au.D. rotations, Externships, and pre-doc support
 - Geriatrics and ASP settings
 - Shift in funding to support Au.D. Externship (12 month traineeships)
 - Support for Au.D. training only beginning in FY06
- ASP Standards of Excellence
 - Competitive site selection and quantitative evaluation of training sites
 - Train to full scope of practice
- Announcement sent to Au.D. academic programs

What Impact Will HT38 Have?

- Appointment and advancement based on professional achievement
- Expedited hiring process
- Professional standards boards similar to physicians and nurses
- New qualification standards
- Functional statements instead of PDs
- Consistent with current standards of clinical practice and community standards

Status Report

- Three qualification standards (audiologist, speech-language pathologist and audiologist/speech-language pathologist) submitted for approval
- Interim policies sent to HR offices (see OHRM Home Page)

Advanced Clinic Access

- Strategic Goal: “Health care system without delays”
- Strategies to improve access, quality, timeliness, efficiency, and satisfaction
 - Participation on National ACA Steering Committee
 - Resource to VISN Clinical Access Teams
 - ASP ACA Steering Committee (Bob Dunlop, Chair)
 - 22 VISN POCs (every VISN has at least one) and 82 Station POCs
 - Tips, tutorials, and best practices
 - National coaches
 - Audiology Community of Practice Conference Calls
 - Monthly waiting time and no-show statistics

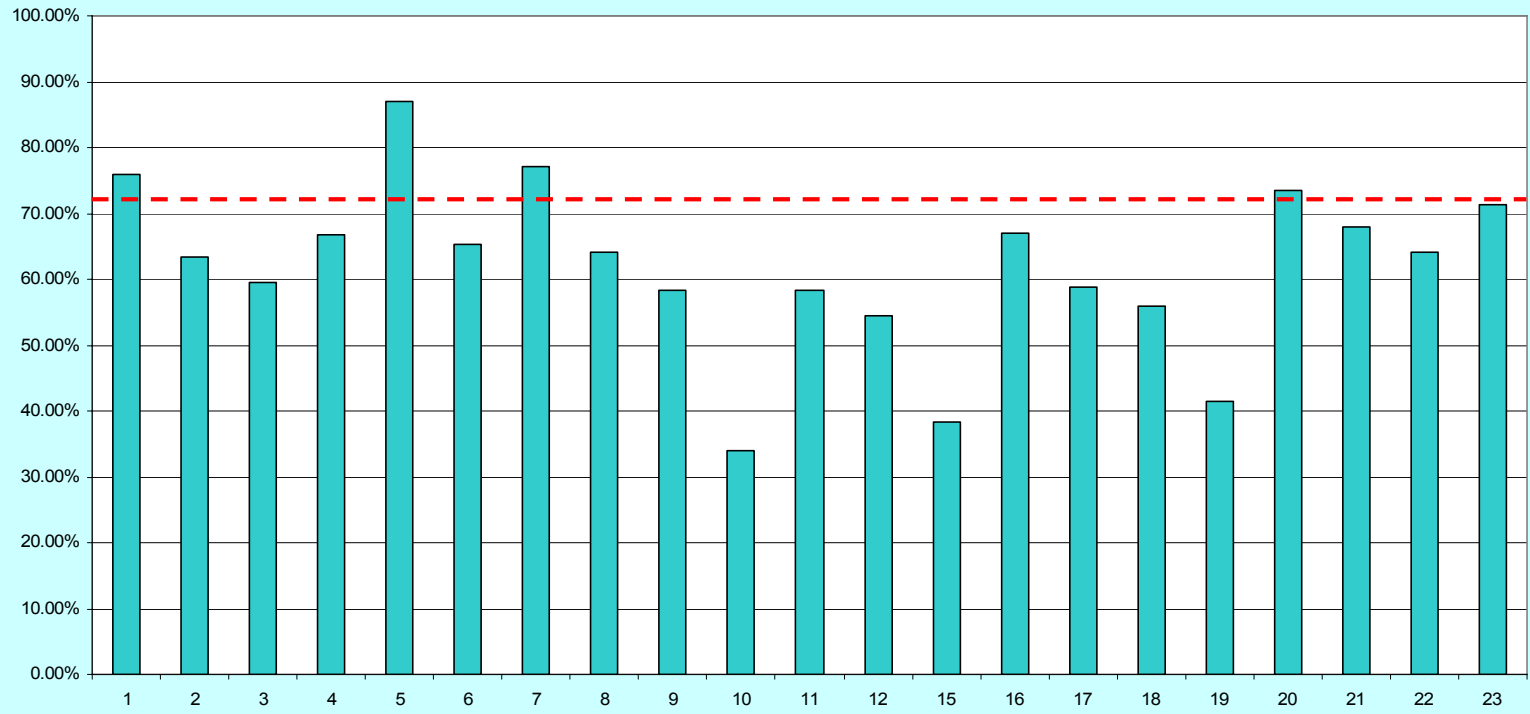
FY05 Indicators

- % New Patients seen within 30 days
- % Established Patients seen within 30 days of desired date
- New definitions, strategies, and challenges
- **Goal New Patients: FS=73%, EX=78%**
- **Goal Est. Patients: FS=96%, EX=98%**

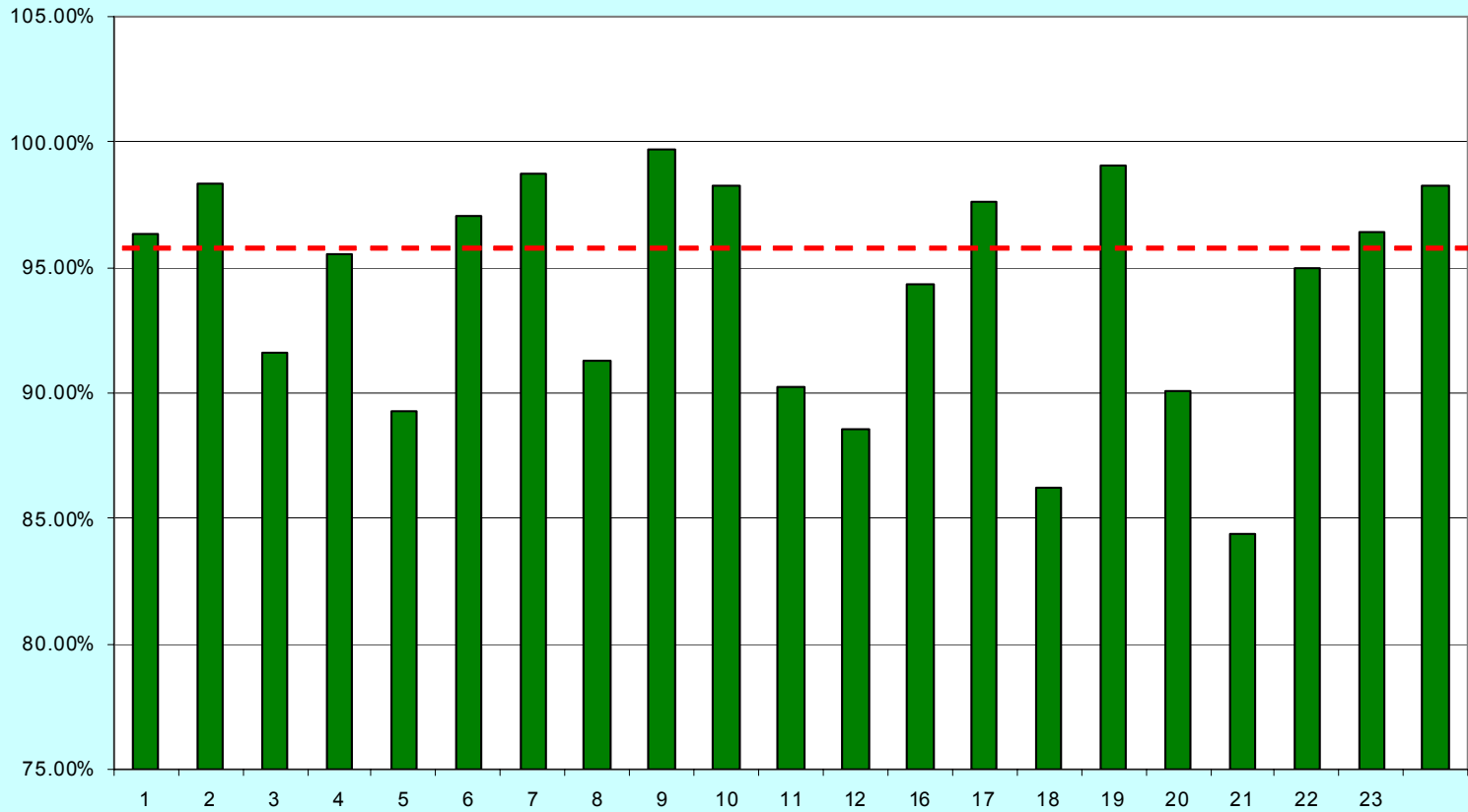
National Waiting Time Performance (January)

- New Patients (seen in <31 days)
 - Mean=63.2% (goal=73%)
 - Range=16.9% to 98.3%
 - Max wait=798 days
- Established Patients (seen in <31 days)
 - Mean=94.4% (goal=96%)
 - Range=42% to 100%
 - Max wait=463 days

PERCENT AUDIOLOGY APPOINTMENTS <31 DAYS-NEW PATIENTS



PERCENT APPOINTMENTS <31 DAYS--ESTABLISHED PATIENTS



Missed Opportunities

- FY2005 Performance Monitor
- Monitor includes appointments canceled by clinic or patient after appointment date/time
- No shows and clinic/patient cancellations on same day as appointment represent wasted resources
- Goal=<10% rate
- Performance (January)
 - Only 3 networks (14%) and 40 sites (33%) met the monitor goal but Audiology was second best among performance clinics overall.
 - No show rate=7.0%
 - Cancel by clinic rate=2.1%
 - Cancel by patient rate=2.7%
 - Monitor (combined) rate=11.8%

Coding and Compliance

- Correct coding initiatives
 - Guidance on coding and documentation
 - HIM liaison
 - Standard CPRS encounter form--Super Bill (released in January)
 - *2005 ASP Coding Handbook*
 - Billable and Non-billable Code Tables

Compensation & Pension

- Hearing loss is one of the most common SC disabilities.
- AUDIO is the 3rd most commonly requested C&P exam (after general medical and joints)
- CPEP Report
- Institute of Medicine study on NIHL and tinnitus in the military (P.L. 107-330)
- *Standard Procedures and Best Practices for Audiology Compensation and Pension Exams*
- National Performance Indicator

Hearing Loss and the Military Experience

- Combat and blast injuries frequently cause severe injury to air- or fluid-filled spaces including brain, intestines, and ears due to blast over-pressures.
- Hearing loss is a very common primary injury.
- Hearing loss is a significant co-morbidity in the treatment of other more severe blast injuries such as traumatic brain injury.
- Polytrauma Centers: Audiology is dedicated consultative service
- Presentations on WRAMC experience at AVAA and AAA

How Will Audiology Improve?

- Two main problem areas:
 - Assessment of tinnitus
 - Describing non-military noise history
- *Standard Procedures and Best Practices for Audiology Compensation & Pension Examinations*
- ✓ C&P review checklists
- ✓ Monthly CPEP reports

Looking into the Crystal Ball: Good Things Ahead

- Mission: Caring for America's veterans
- High quality delivery system
- Increased collaboration with DoD
- Improved productivity through automation
- Emerging highly-skilled workforce (Au.D.)

Looking into the Crystal Ball: Science and Technology

- Advanced information systems: seamless data flow from audiometer to ROES and integrated health data repository
- Surgically-implanted devices, hybrid amplification, and post-auricular canal hearing aids (extended high frequency and low occlusion fitting)
- Advanced signal processing algorithms
- Electronic scanning of earmolds and scanning of ear canal and pinna anatomy (i.e. no more ear impressions!)
- Evidence base

Looking into the Crystal Ball: Challenges for the Future

- VA population: older, sicker, poorer
- Increased demand for VA services (noise exposure, aging, awareness, and demographics)
- Resource issues
- Greater patient complexity: untreated hearing loss, psychological and cognitive issues, and co-morbidity
- Succession crisis: Aging “baby boomer” workforce
- Maintaining a technically-competent and productive workforce
- Efficiency, productivity, and good practice management

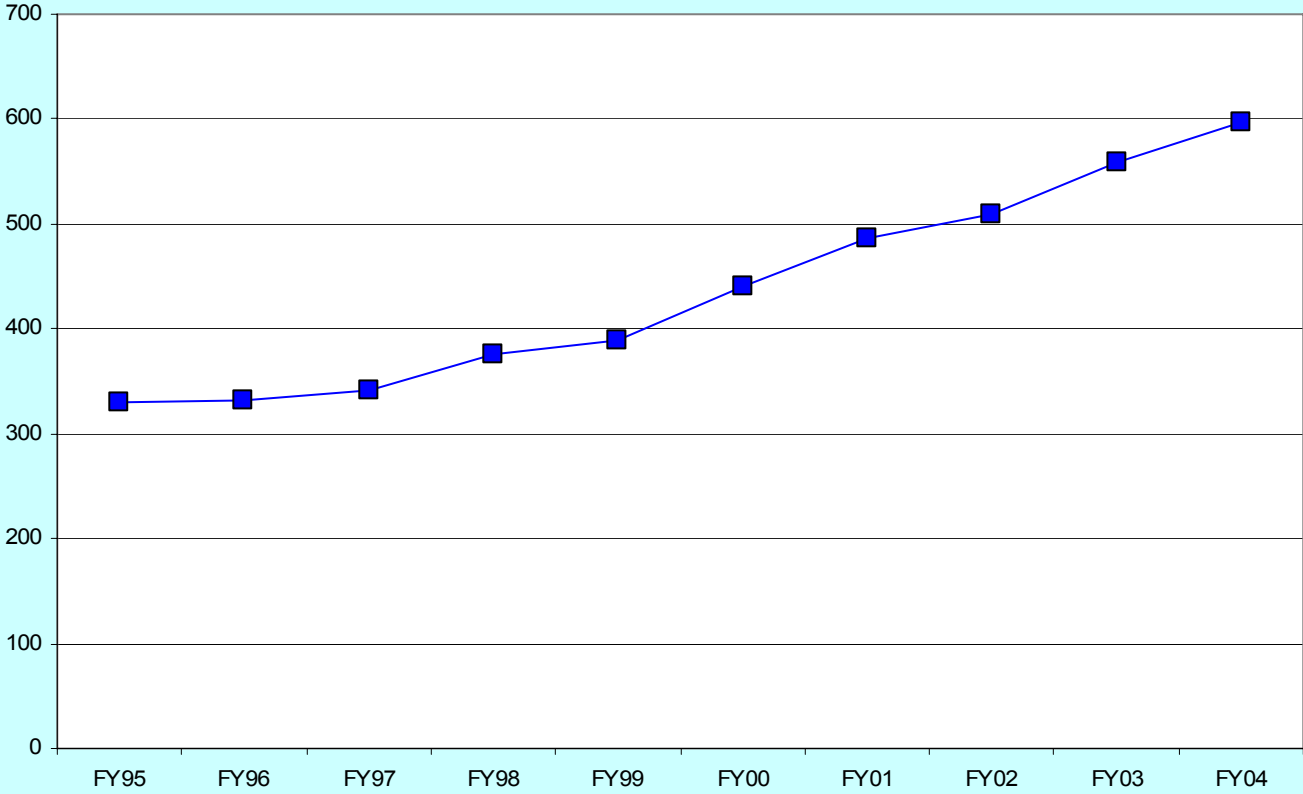
Thanks for Listening!

Supplemental Material

National A&SP Program

- Office of Patient Care Services
 - Rehabilitation Services (formerly Rehab SHG)
 - Collaboration with other rehab and sensory (low-vision and blind) programs
- Audiology and Speech-Language Pathology programs

AUDIOLOGIST STAFFING TRENDS (1995-2004)



AUD

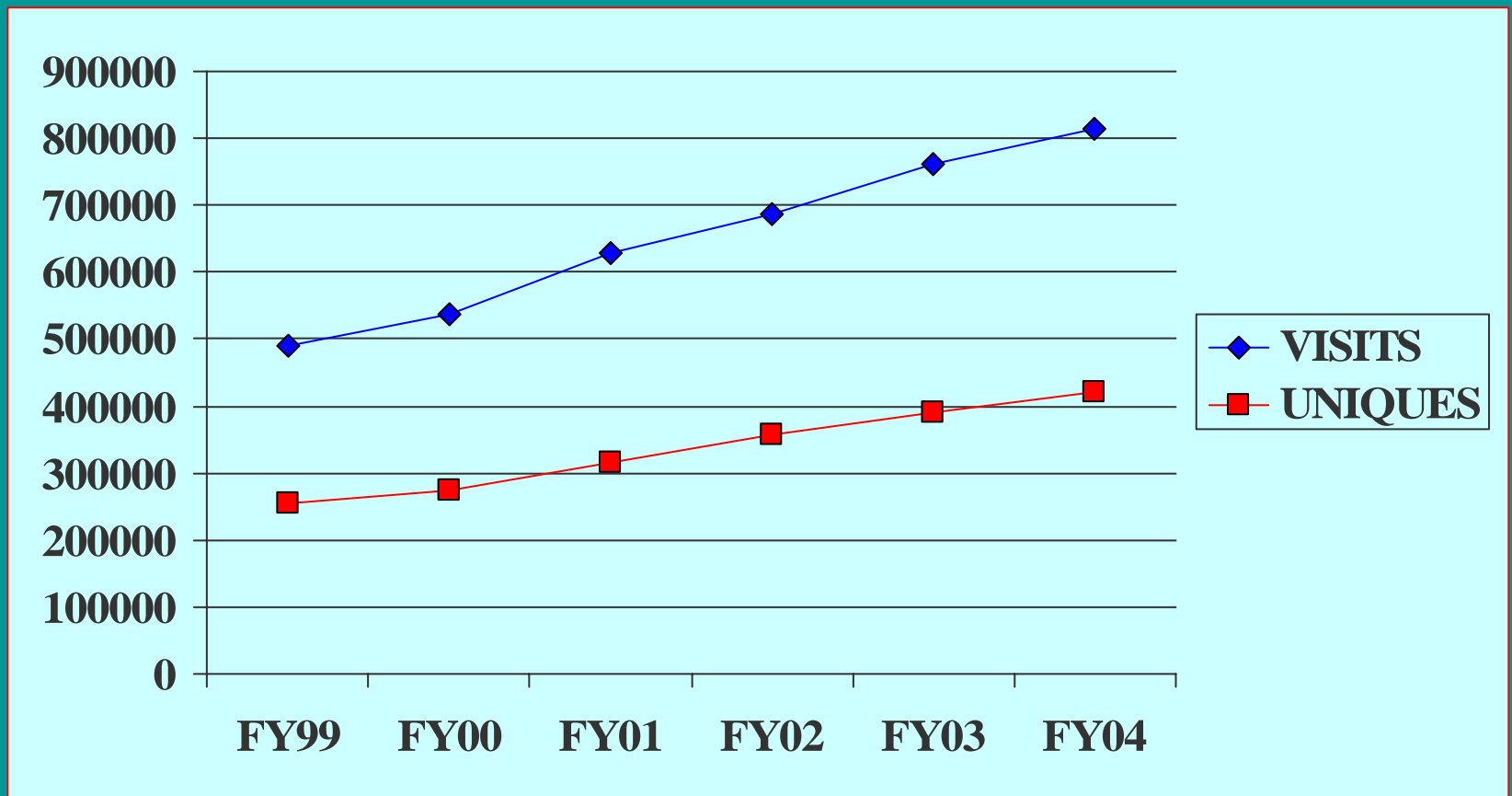
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Source: KLF Workload Report

Audiology Outpatient Visits

Source: KLF Workload Report



Sales by Technology Categories

Digital ITE Sales

- Category 1—6,417
 - 32% of ITE sales (unit cost=\$315.55)
- Category 2—13,412
 - 68% of ITE sales (unit cost=\$374.56)

Digital BTE Sales

- Category 1—1,404
 - 32% of BTE sales (unit cost=\$326.75)
- Category 2—3,005
 - 68% of BTE sales (unit cost=\$396.59)

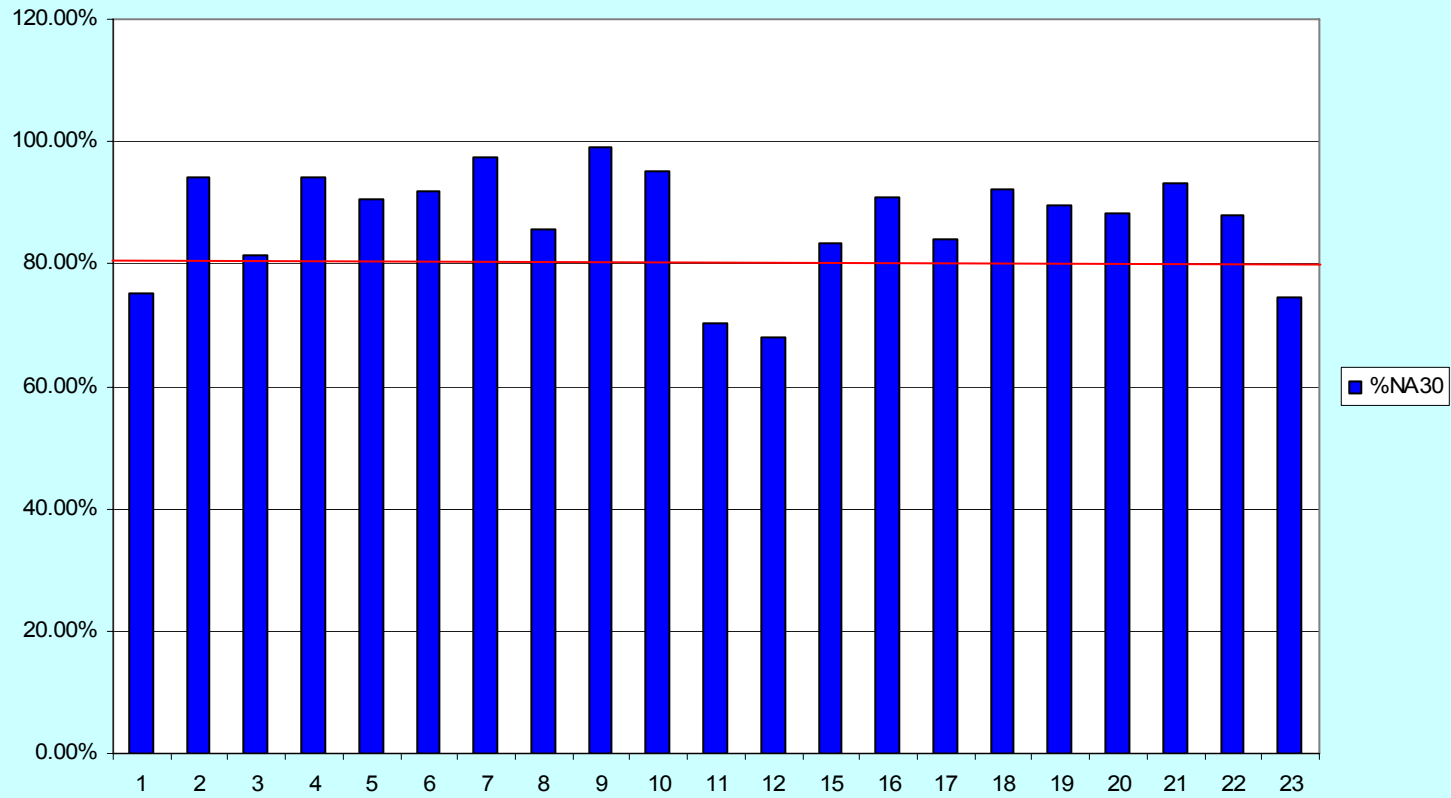
Other DDC Contracts

- Special Purpose Contracts
 - Analog BTE, eyeglass, and body aids (some sole source and some competitive contracts)
 - Dedicated wireless CROS, BICROS, and Multi-CROS posted March 15
- Coming soon—contracts for cochlear implants, ALDs, and FM adaptors

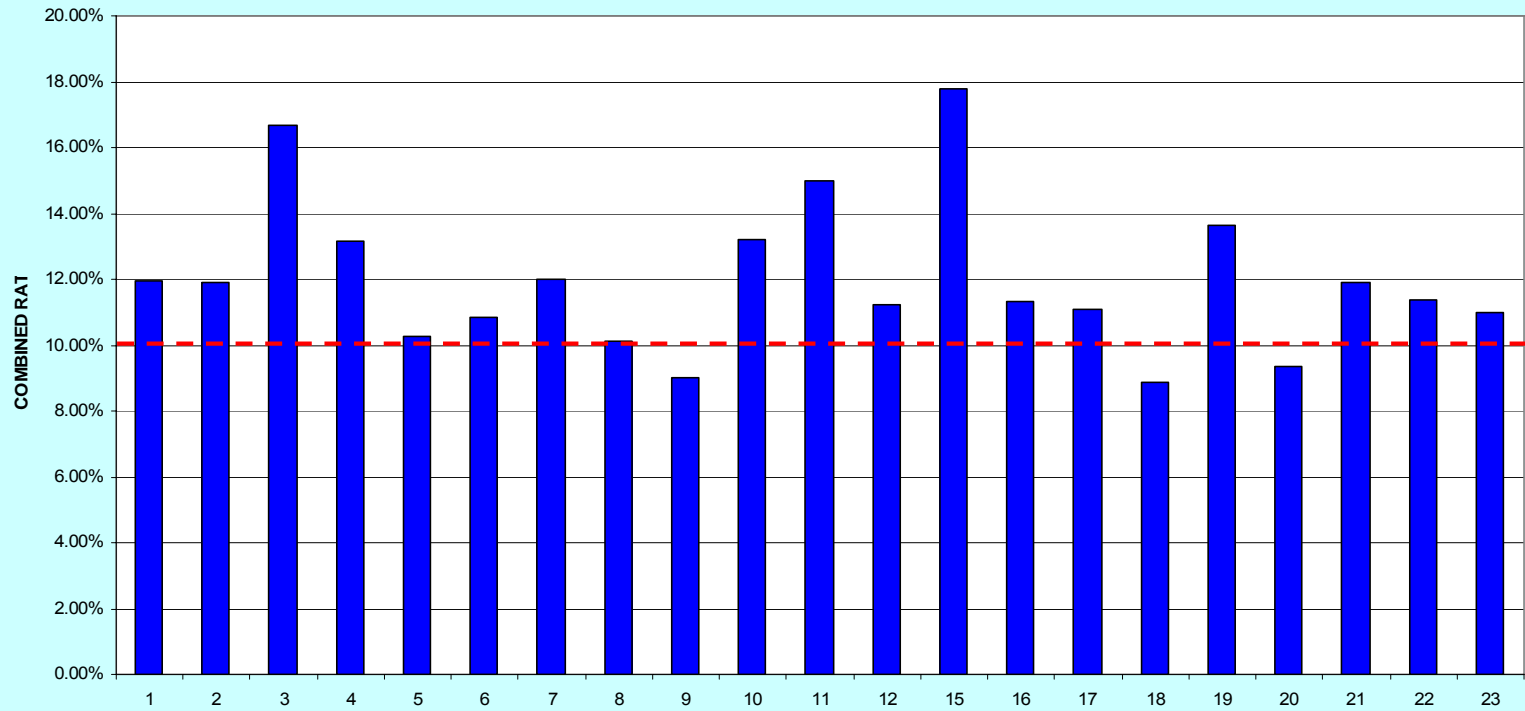
Waiting Times—FY04

- Indicator of Access--Percent next available appointments seen in 30 days (Goal: Exceptional=85%; Fully successful=80%)
 - 17 networks (81%) and 92 sites (78%) met the fully successful audiology goal
 - National performance: 87% (exceptional)

PERCENT NEXT AVAILABLE APPOINTMENTS SEEN IN 30 DAYS (FY04)



MISSED OPPORTUNITIES (JANUARY 2005)



Using ACA to Improve

- 9 Old way—Pt return in 6 months, the patient would be given a time and date for a future appointment “on-the-spot” – today.
 - Results in a high no-show, cancel and reschedule rate.
 - In one VISN over 1 year, clinics cancelled and rescheduled 1 million appointments.
 - At 5 minutes per appointment, amounted to 40 FTEE doing nothing but rework!
 - 2/3 of those 1 million appointments were cancelled by clinics and 1/3 were cancelled and rescheduled by patients.
- 9 Better way –send patient a card to remind to call and schedule the appointment at that time.”
 - Reminder system assures we don’t lose patients to follow up.
 - Staff can be reassigned from “rework” to “real work”!

Compensation & Pension

- VISN Director Performance Indicator
- Percent of top 10 exams that are “Grade A” (scoring 90% or better on core and exam-specific indicators)
 - Exceptional: 75% of top 10 exams
 - Fully Successful: 64% of top 10 exams
- December: AUDIO score was 98%. Top 10 exam score was 71%.
- Appeal process

Research

- 2nd VA/NIDCD Clinical Trial
- Conference on dual sensory impairment

DOD/VA Collaboration

- Quarterly Meetings with Audiology Consultants to the Surgeons General of Army, Navy, and Air Force
- Seamless transition: C&P exams at discharge or retirement (BDD Program)
- Electronic record interface
- Collaboration on qualification and classification standards
- Prosthetics Clinical Management Program