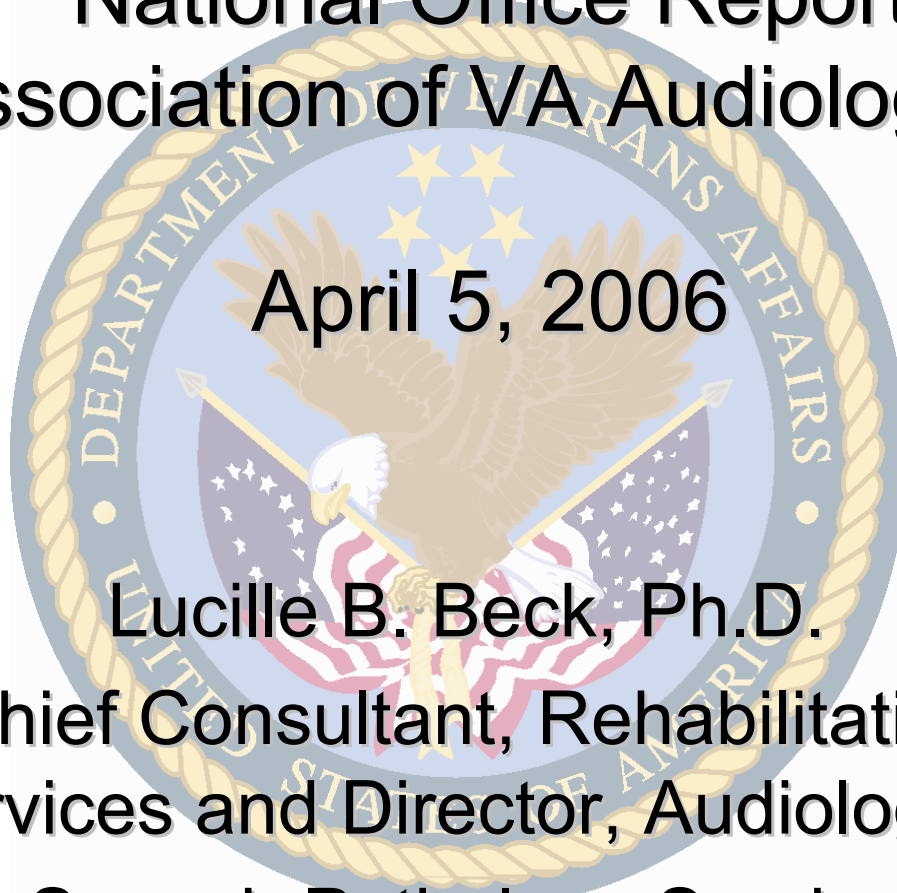


National Office Report Association of VA Audiologists

April 5, 2006

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Responding to the Demand...

- 599 audiologists
- 121 health technicians (assistants)
- Increase in audiology staff (FY96-FY05)
 - Audiologists: 83%
 - Health technicians: 720%
- Increase in hearing aid sales (FY96-FY05): 329%



Audiology Statistics (FY05)

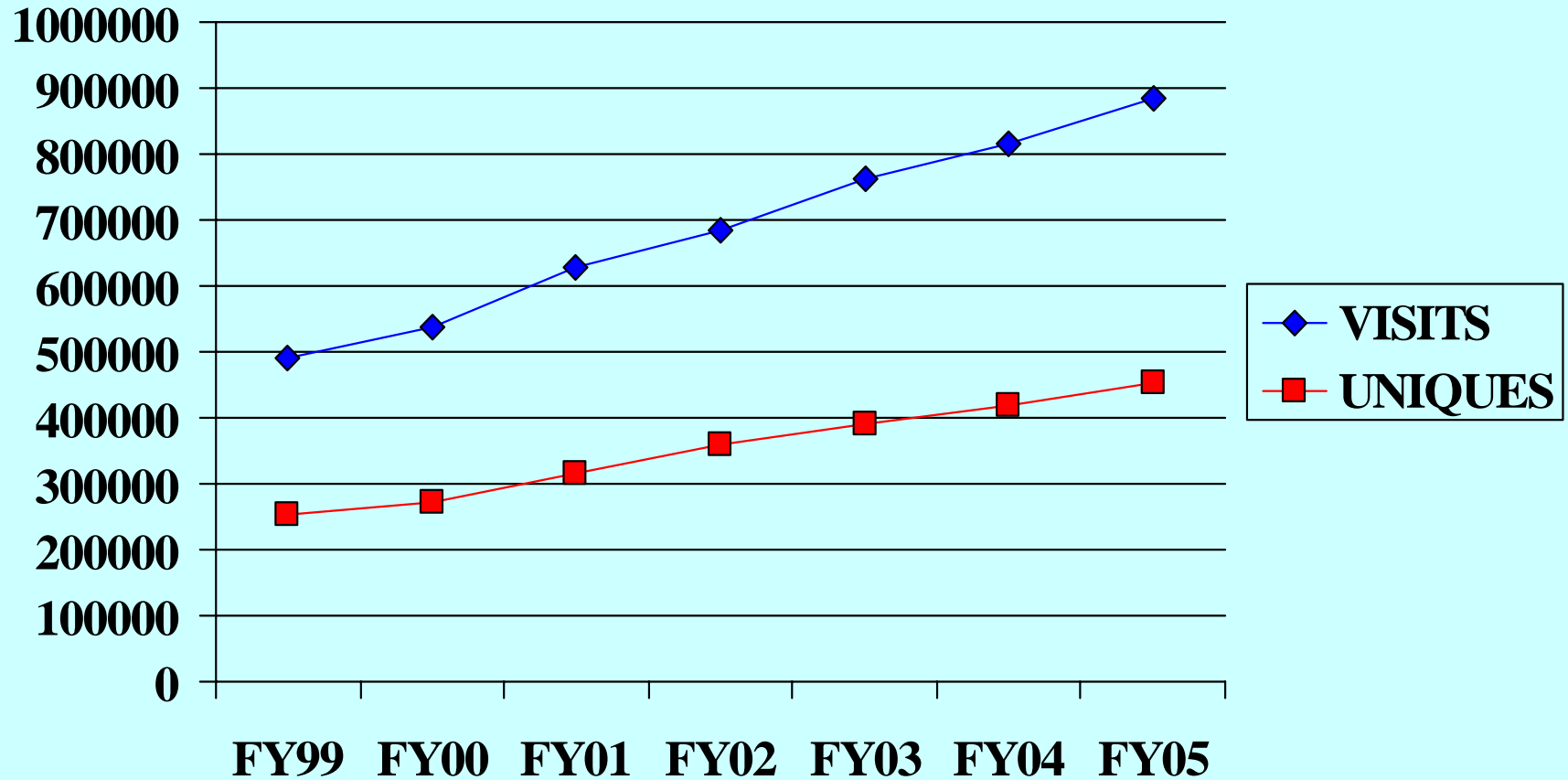
- Audiology outpatient visits—884,397
(up 9% from FY04)
- Number of unique patients—454,075
(up 8% from FY04)
- Number of visits per unique—1.95
(no change from FY04)

Source: VSSC Workload Report



Audiology Outpatient Visits

Source: VSSC Workload Report





National Hearing Aid Contract

- Digital Contract: custom and behind-the-ear hearing aids
- All digital contract
- Effective November 1, 2004
- Significant increase in technology at lower price
- *Over \$12 million savings compared to old contract*



FY05 Hearing Aid Statistics

- 315,240 hearing aids issued (no change from FY04)
- Net sales: \$109,651,549 (-8%)
- Average unit cost: \$347.84 (-8%) or \$30.28 savings per unit sold
- Batteries: 26,159,952 (+9%)
- Repairs: 273,388 (+22%)
- Cost of VA contract hearing aids and related services: \$127 million (-6%)*

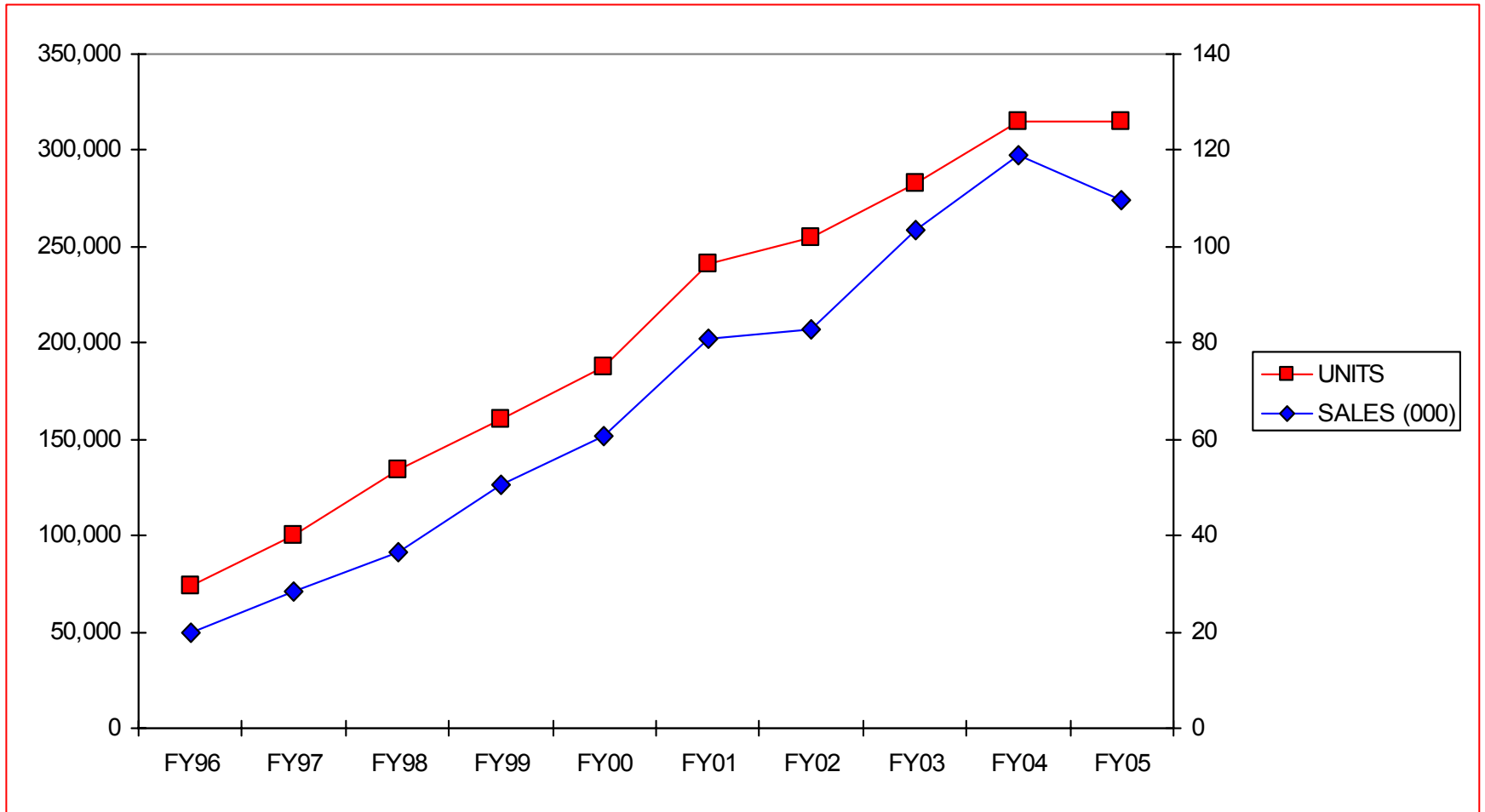
*Does not include off-contract procurement

Source: DDC Commodity Sales Report



VA Hearing Aid Trends (FY96-FY05)

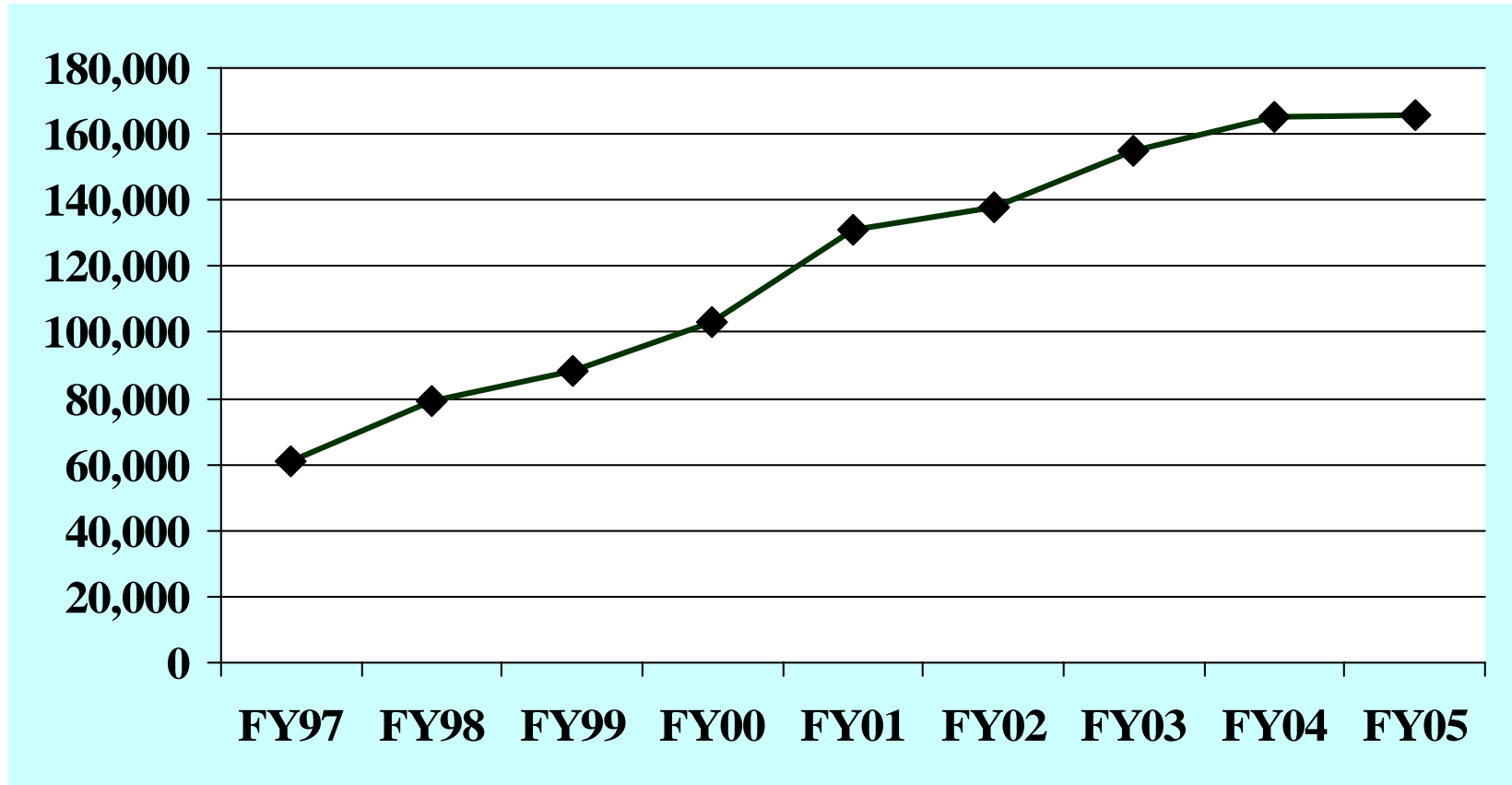
Source: VA Denver Distribution Center





Unique Veterans Receiving Hearing Aids at VA Facilities

Source: VA Denver Distribution Center





Hearing Aid Sales Trends

- VA sales volume remained flat in FY05
- Sales peaked in 4th Qtr FY04 and declined during FY05
- 1st Qtr FY06 VA sales are lower than 1st Qtr FY05 (down 9.5%) but about the same as 4th Qtr FY05
- *The Hearing Journal**
 - 4.0% national sales increase not including VA as of September 30
 - 2.7% including VA purchases
 - VA market share decreased from 14.9% to 13.8%
- Reasons for downturn:
 - VA caught up with demand (shorter waits, smaller backlog)
 - Deferred replacements (focus on maintenance and repairs)
 - Does not appear to be related to changes in enrollment or user rates among SC and NSC veterans
 - VA hearing aid workload and number of repairs are increasing.

**The Hearing Journal*, Vol. 58, No. 12, December 2005



New Contracts

- Cochlear implants—effective February 1, 2006 for the approved VA and DoD facilities.
- FM adapters. Expected March 2006
- Future contracts:
 - Open fitting hearing aids. NIST technical evaluation of occlusion effect and gain
 - Assistive listening devices (ALD)
- Amplification Technology summit
 - Emerging technologies (hearing aids, wireless)
 - Hearing aid of the future



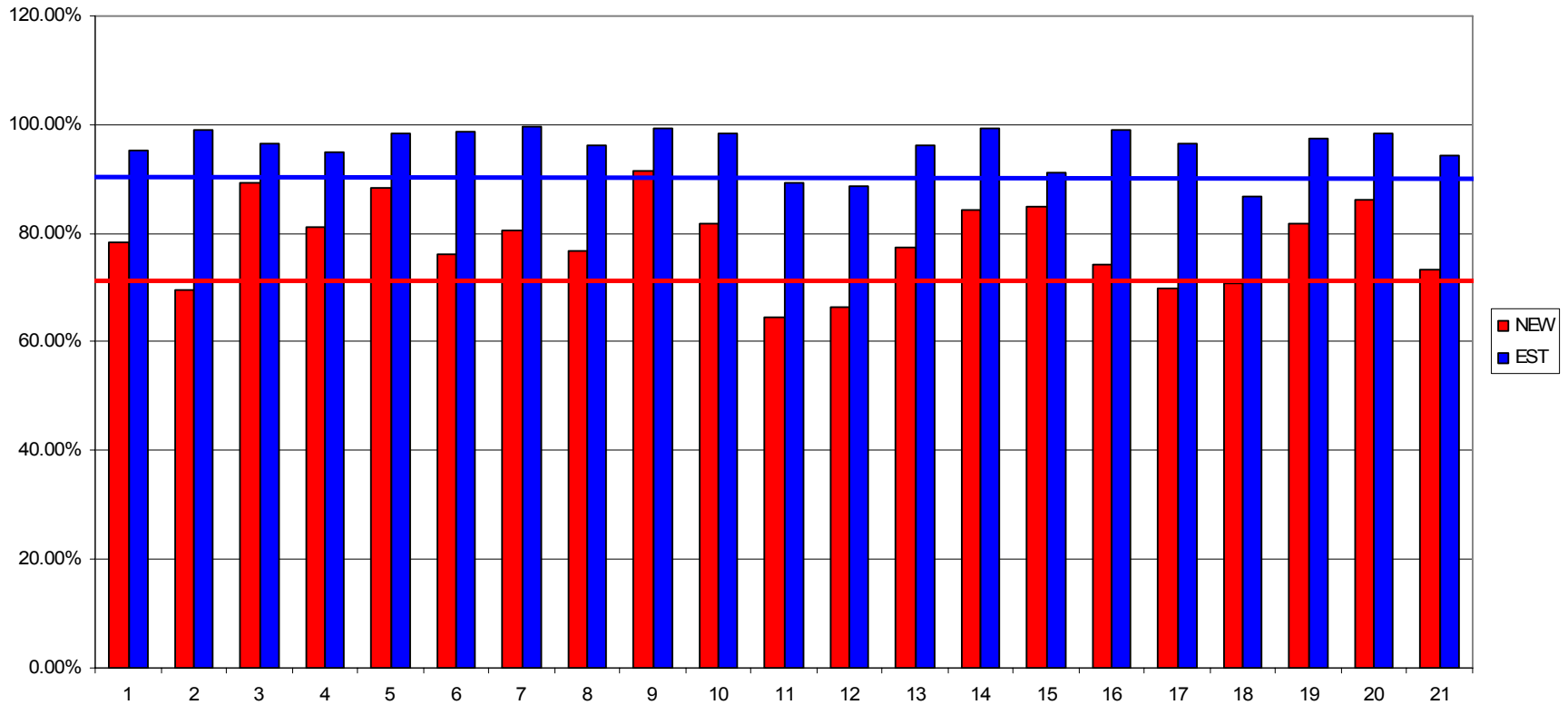
FY05 Access Indicators

- Strategic Goal: “Health care system without delays”
- Strategies to improve access, quality, timeliness, efficiency, and satisfaction
- Goal: all veterans seen in 30 days.
- % New Patients seen within 30 days.
 - Goal: FS=73%, EX=78%
- % Established Patients seen within 30 days of desired date.
 - Goal: FS=92%, EX=96%
- FY05 Performance:
 - New patients: 79.0% seen within 30 days
 - Established patients: 96.1% seen in 30 days



Access: September Performance

PERCENT APPTS SEEN IN 30 DAYS (SEP 05)





Major Findings of the Institute of Medicine Report

- High risk of noise-induced hearing loss.
- No scientific basis for delayed-onset hearing loss.
- Not possible to predict which service members, overall, by period of service, or by occupational specialty, will be exposed.
- Military hearing conservation programs are not adequate to protect hearing.
- Limited effectiveness of hearing protection; STS is 2 to 5 times higher than acceptable standards in industry
- Compliance with hearing testing and hearing conservation policies is poor.



Student Traineeships

- Audiology
 - 29 Doctoral Externships
 - 57 Doctoral Clinical Rotations
- Competitive site selection using automated standards of excellence
- Training to full scope of practice
- Staffing, workload, facilities, EBP, outcomes



Polytrauma

- Audiology is dedicated consultative service on interdisciplinary polytrauma team.
- Hearing loss is major sequella of blast exposure
- 4 lead TBI Centers reconfigured as Polytrauma Rehabilitation Centers
- Provide comprehensive care in collaboration with DoD facilities (DVBIC and MTF).
- Expanded system of care—21 Level II centers established to provide long term follow-up and rehabilitation close to patient's home
- Education initiatives



Education and Training

- Audiology staff
 - Technology training
- Patient self-management
 - Focus on patient-centered care and involvement in care decisions
 - Personal electronic record
 - Education on types of hearing losses, effect of hearing loss, diseases, treatment options
 - Training with hearing aid (orientation, auditory rehabilitation)
 - AMA recognizes new procedures codes for rehab status exam, aural rehabilitation, and patient self-management



Challenges...

- Readiness to serve the younger veteran
- Perception that our rehabilitative goals are not individualized, that our veterans cannot get equipment and devices, especially the most advanced technologies, and that we are not prepared to take care of younger veterans.
- Customized and individualized services to the patient and their families



Patient Perception of Care

- Cox et al. (2005) Ear and Hearing Vol. 26, No. 6
- Multi-site, cross-sectional study of 230 patients in private practice and VA settings
 - No significant difference in hearing loss
 - No difference in expectations and stigma before fitting
 - Greater confidence in VA that problems would be handled effectively
 - VA patients more satisfied than PP patients (competence and value)
 - VA patients reported more functional improvement
 - “...VA type of delivery system was meaningfully superior to PP type of delivery system from the point of view of patients serviced in the two systems.”



Thanks for Listening!
