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Background: Nearly 445,000 veterans had a service-related disability through the Department of Veteran's Affairs (VA) for defective hearing in 2006, making hearing impairment the most common body system disability in veterans. The Veterans' Health Care Eligibility Reform Act of 1996 (Public Law 104-262) and the Veterans Health Administration Directive 96-069 of 1997 greatly expanded the number of veterans eligible for VA-issued hearing aids. In combination with the aging veteran population, the demand for hearing aid services in the VA has increased by more than 300% since 1996.

Implementing approaches that provide more efficient treatment without compromising quality of care has become a focus of the VA through a program called Systems Redesign (SR). One of the components of SR is to reduce demand by offering group visits as an alternative to traditional one-on-one encounters, allowing more patients to be seen with the same amount of resources. Audiologic rehabilitation visits aimed at teaching new hearing aid wearers how to use their hearing aids effectively may be appropriate for a group format because they contain standardized information and common discussion themes that are relevant to all new patients. While observational research indicates that group visits yield equivalent or better outcomes than individual visits, effectiveness has not yet been measured in a randomized clinical trial, which is critical before group visits can be recommended for routine care.

Methods: We conducted a non-inferiority, randomized clinical trial with a factorial design to compare group vs. individual hearing aid orientation (part of the hearing aid fitting appointment), and group versus individual hearing aid follow-up. We hypothesized that: 1) group visits are at least as effective as individual visits, and 2) group visits lead to cost savings, not just in the immediate treatment period, but throughout a 6 month aural rehabilitation period. Primary effectiveness outcomes are hearing-related quality of life and hearing aid adherence 6 months after the fitting. Secondary outcomes include hearing handicap, communication benefit, and hearing aid satisfaction.

Results: We enrolled 660 new hearing aid patients from the VAMC from February 2006 through September 2007. Patients were randomized to group vs. individual hearing aid orientation and then to group vs. individual hearing aid follow-up 4 weeks after the fitting. We will present a description of the study design, characteristics of the baseline cohort, and preliminary analyses of effectiveness outcomes.