

By Brenda Battat



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From the Executive Director's Desk

The UnitedHealthcare® *hi HealthInnovations* announcement of its direct hearing services to consumers has caused quite a stir. The audiology professional organizations and the hearing aid specialist organizations and some hearing aid companies have already staked out positions against it, reiterating that the only approach to effective hearing health care is through an audiologist or hearing aid specialist.

Certainly best practices set forth by the entire key hearing aid dispensing industry promote selection, fitting verification and validation via real ear measurement as the gold standard of care. HLAA likewise has always encouraged consumers to work closely with a hearing health care professional they trust as the best way to become a successful hearing aid user.

But let's take a step back and ask ourselves if this traditional approach is reaching most people who could benefit from hearing aids. We all know the answer is no. With 75 percent of people who could benefit from hearing aids not taking steps to treat their hearing loss, we are failing a large percentage of people who could improve their quality of life, remain independent into old age and stay on the job without retiring early.

The *hi HealthInnovations* approach is new and untried. A lot hinges on the accuracy of the test they plan to use to triage the best candidates for open-fit amplification, how well the devices work, and whether or not first-time users can be successful hearing aid users without face-to-face care. Is it going to work? Only time will tell. But let's give it a chance and not sabotage it from the outset so that consumers can be the ultimate judges.

What consumers need are more options—more ways to enter the system to treat their hearing loss that suits their style of managing their health and will get them to do something about their hearing loss sooner. UnitedHealthcare's entry point is the self-administered hearing screening that triages those who can and cannot be fitted without face-to-face care. They further expand options by making the purchase feasible.

There are already self administered tests that we know consumers are using in the privacy of their homes to confirm what they suspect—that they have a hearing loss. But the next step to follow up with a more thorough hearing evaluation is often skipped or, if pursued, is stymied when they learn what a pair of hearing aids is going to cost them. Best intentions are shot down. The number one inquiry into the HLAA office is how to afford hearing aids. UnitedHealthcare is making it feasible for consumers to go all the way and actually get aids for free or at reasonable co-pays or cost.

HLAA's concern is consumer protection. If the market is to be opened up then it should be done in a responsible way. From what we know about UnitedHealthcare's plan there are positive aspects: providing primary care physicians with hearing screening tools; their robust hearing health care network of ENTs, audiologists and hearing aid specialists; the large pool of 10 million UnitedHealthcare subscribers that translate to many people with hearing loss; their intent to collaborate with the hearing health care providers outside of their system to refer those who need face-to-face care; and the captioned support videos and materials to guide new hearing aid users during the 45-day trial period on their website.

The program has been designed as a responsible alternative that in no way replaces the existing system but has the potential to reach those who wouldn't otherwise do anything or could not afford to do anything to treat their hearing loss. I think we should give it a chance. UnitedHealthcare has identified a pressing health need among America's seniors. ■■■

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