

Adopting a patient-centric care model enables audiologists to combat social isolation and deliver better health outcomes

by Laurie Orlov

The hearing loss statistics are daunting.

But probably the most startling one is related to older adults – of those age 70 and older with hearing loss, only 30% have hearing aids.¹

How is this the status quo? Even though age is the single greatest predictor of hearing loss, many people wait as long as 15 years before attempting to address it.² That could include purchasing a sound amplification product (PSAP), hearing aid, or the newest amplification category, hearables. The consequences of untreated hearing loss include social isolation,³ which itself is related to poorer health outcomes.

Why do older adults wait to address hearing loss?

Experts cite denial as the primary reason, followed by perceived stigma of wearing hearing aids, but price may be a factor. Half of those age 75+ have hearing loss⁴ typically occurring in both ears – more likely in men than in women.⁵ The median income of households aged 75+ is \$32K.⁶ At close to \$5,000 or more for a sophisticated pair of hearing aids (private pay), it's no wonder that seniors may delay or seek low-cost alternatives. But delay worsens the isolation – and possibly contributes to risk from poorer health outcomes.³

Hearing aid manufacturer consolidation has resulted in fewer choices. Due to limited competition, pricing remains high and transparency occluded, according to an AARP analysis.⁷ While manufacturers may market lower cost options under other brand names, the high-end offerings are continually refined to offer additional features, such as smartphone integration, fall detection and the like, keeping prices from falling the way they do for many other technological products.

See the addendum, *"The Price of Tech: Trends in hearing aids counter those in other products"* on page 4.





Hearing aids are just a piece of the puzzle at overcoming social isolation.

For seniors who have delayed acquiring hearing aids – and as a result have become increasingly isolated – the new experience of using hearing aids can be a shock. A positive shock in regard to reconnecting with close family members, but also a shock in understanding what the devices do – and do not do. Moving from little or no sound to the noisy environment of stores, restaurants, office buildings and streets often requires adjustment of the device itself. Moreso, it's critical to provide accurate expectations and training for the user so they're prepared for the changing environments in which they find themselves.

Hearing healthcare professionals have an opportunity to help mitigate their patients' social isolation.

Hearing aids are not covered by Medicare. As of 2017, Medicare Advantage plans, held by 30% of seniors –

expected to grow to 41% by 2027⁸ – are beginning to contribute a portion of the cost of hearing aids. Otherwise, there remains a patchwork of options (see bit.ly/HearingLossFinancialOptions for a list) to help fund the expense. Further, the initial satisfaction level for hearing aid recipients can be problematic.⁹ This can result in potentially multiple visits to deal with perception issues that may not be related to the exact decibel level improvement the hearing aid has been designed to address – for example, perceptions about room noise may vary based on user tolerance. All of this leads to the conclusion that hearing aids are only one part in a much larger role for hearing healthcare professionals to play as they embrace a patient-centric care model focused on delivering better overall health outcomes.

How can audiologists best support their older patients with new hearing aids?

Like the saying, 'under-promise and over-deliver', audiologists have an increasing role in interviewing and counseling patients.



Dr. Katie Faulkner, Ph.D.

"A patient may not like the hearing aid, but perhaps their expectations were not set properly" says Dr. Katie Faulkner, professor of Audiology and Speech Pathology at the University of Tennessee. "Employing a patient-centered care model with group and family counseling and skills improvement – similar to what the VA does – should help a patient better understand how to leverage hearing aids. Even if hearing aids improve speech perception, what is the patient's tolerance of noise, for example, in restaurants? Perhaps suggesting that a patient consider the following before being seated; seek a high-walled booth, check for acoustic features like ceiling or floor tiles, carry a wearable microphone that can be offered to dinner companions – all with the goal of increased enjoyment during social engagements."

Audiology often involves a counseling role. Patients are best served when practitioners support them in dealing with resistance to change along with setting realistic expectations¹⁰ – both of which are critical to hearing aid success. In addition, audiologists can help the patient understand the role their environment plays in how they hear, even when using the best hearing devices.

7 stats about hearing loss

Approximately 15% of American adults (37.5 million) aged 18 and over report some trouble hearing.⁵

1



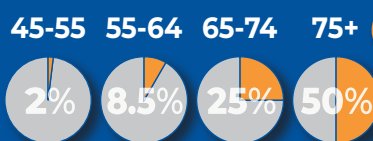
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Age is the strongest predictor of hearing loss among adults aged 20-69, with the greatest amount of hearing loss in the 60 to 69 age group.¹

Men are almost twice as likely as women to have hearing loss among adults aged 20-69.¹

3

2x



4

About 2% of adults aged 45–54 have disabling hearing loss. The rate increases to 8.5% for adults aged 55–64. Nearly 25% of those aged 65–74 and 50% of those who are 75 and older have disabling hearing loss.¹¹

Roughly 10% of the U.S. adult population, or about 25 million Americans, has experienced tinnitus lasting at least five minutes in the past year.¹¹

5

10%



28.8m
U.S. ADULTS

6

About 28.8 million U.S. adults could benefit from using hearing aids.¹¹

Among adults age **70 and older** with hearing loss who could benefit from hearing aids, fewer than **30%** have ever used them.

7

Even fewer adults aged **20–69** (approximately **16%**) who could benefit from wearing hearing aids have ever used them.¹¹

Addendum – The Price of Tech: Trends in hearing aids counter those in other products

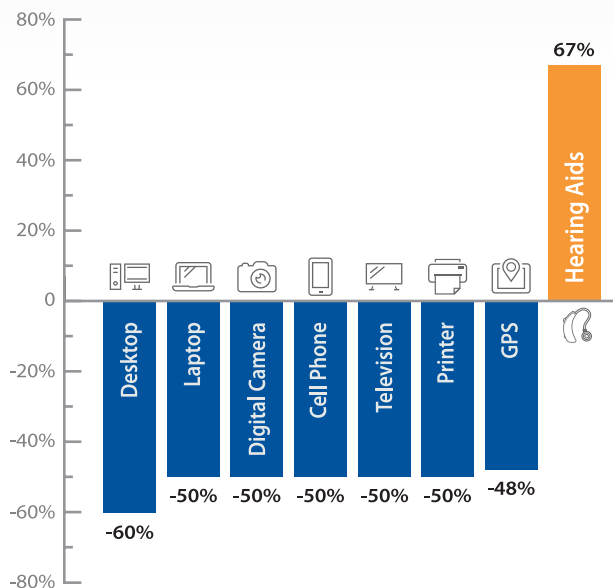
Smartphone pricing – capability up, relative prices down.

Per megabyte of storage, cost per unit of data transfer, speed, efficiency – the cycle for smartphones proves as capability goes up, cost is down relative to improvements in speed, miniaturization, and introduction of new models. For example, the Galaxy S9 is released at a price of \$900 – but is expected to cost only \$650 after two years. This downward push on phone prices over time seems to be based on market saturation, introduction of new models with more capability and intense marketing.

Hearing aids – not the case.

According to the 2015 President's Council for Science & Technology (PCAST) report, the average price was \$2,300 per unit¹² – and by 2018, it had barely budged at \$2,372¹³. Do you need one for each ear? Double the price. This is as much as two months of income for the average American household. But even more striking is the change in price over time, as shown in this graphic from Audicus.com:

10 Year Price Evolution: Hearing Aids vs. Other Electronic Products¹⁴



Price Increase or Decrease over 10 Years for Selected Products

About the Author:

Laurie M. Orlov, a tech industry veteran, writer, speaker and elder care advocate, is the founder of Aging in Place Technology Watch – market research, trends, blogs and reports that provide thought leadership, analysis and guidance about technologies and services that enable boomers and seniors to remain longer in their home of choice. Her perspectives have been quoted in Business Week, CNBC, Forbes, Kiplinger, NPR, the Wall Street Journal, and the New York Times, where she was profiled as well. She has a graduate certification in Geriatric Care Management from the University of Florida and a BA in Music from the University of Rochester.

¹ Debbie Clason, "Hearing Loss Statistics at a Glance," Healthy Hearing, Dec. 2017 (healthyhearing.com/report/52814-Hearing-loss-statistics-at-a-glance)

² Eric Spitznagel, "Hello Millennials, Can You Hear Me?," AARP.org, April 2018 (aarp.org/disrupt-aging/stories/solutions/info-2018/hearing-loss-impacts-boomers-millennials.html)

³ Mick, Paul; Pichora-Fuller, M. Kathleen, "Is Hearing Loss Associated with Poorer Health in Older Adults Who Might Benefit from Hearing Screening?," Ear and Hearing, May/June 2016 (journals.lww.com/ear-hearing/Abstract/2016/05000/Is_Hearing_Loss_Associated_with_Poorer_Health_in_20.aspx)

⁴ National Institute on Deafness and other Communication Disorders, "Age Related Hearing Loss," July 2018 (www.nidcd.nih.gov/health/age-related-hearing-loss)

⁵ Blackwell DL, Lucas JW, Clarke TC. "Summary health statistics for U.S. adults: National Health Interview Survey," 2012 (www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf)

⁶ Kathleen Coxwell, "Average Retirement Income 2019: How Do You Compare?," New Retirement, Feb. 2019 (www.newretirement.com/retirement/average-retirement-income/)

⁷ Cathie Gandel, "Why Do Hearing Aids Cost So Much?," AARP.com, Oct. 2016 (www.aarp.org/health/conditions-treatments/info-2016/hearing-aid-costs-prices-cs.html)

⁸ KFF, "Medicare Advantage 2017 Spotlight: Enrollment Market Update," June, 2017 (www.kff.org/medicare/issue-brief/medicare-advantage-2017-spotlight-enrollment-market-update/)

⁹ Erica Manfred, "The Problem With Hearing Aids – And The Solutions," SeniorPlanet.org, April, 2017 (seniorplanet.org/the-problem-with-hearing-aids-and-the-best-solutions/)

¹⁰ UW Health, "Adjusting to Your Hearing Aid/Realistic Expectations," Oct. 2017 (www.uwhealth.org/audiology-hearing/adjusting-to-your-hearing-aid/realistic-expectations/11411)

¹¹ National Institute on Deafness and other Communication Disorders, "Quick Statistics About Hearing," Dec. 2016 (www.nidcd.nih.gov/health/statistics/quick-statistics-hearing)

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¹³ Abram Bailey, AuD, "How much do hearing aids cost?," Hearing Tracker.com, June, 2018 (hearingtracker.com/how-much-do-hearing-aids-cost)

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