Ontario Association of
Professional Audiology Clinics

OAPAC Submission to the Standing Committee on Finance and Economic Affairs -2020 Ontario Pre-Budget Consultations

Thank you for providing our organization with the opportunity to submit our ideas for the 2020 Ontario Budget. As part of our submission, we would like to offer three cost savings ideas that not only makes our health care system more efficient, but also improves access to high quality care.

Audiologists are regulated health care providers who specialize in the assessment, treatment and prevention of auditory dysfunction in order to develop, maintain, rehabilitate or augment a patient's auditory and communicative functions. We assess hearing, prescribe, fit and dispense hearing aids and other assistive listening devices, and train patients to effectively use them. Audiologists interpret and communicate hearing test results to patients, offer treatment options and make recommendations for treatment and follow-up. Audiology is a self-governing profession under the Regulated Health Professions Act (RHPA, 1991) and is regulated by CASLPO. Holding a Masters and/or Doctoral degree, we are the health care professionals with the most comprehensive education and training in auditory function available to Ontario patients.

Undiagnosed and untreated, hearing loss can predict and accelerate the onset of symptoms of cognitive disorders,[1] and has been associated with both poor cognitive functioning and dementia, to the point that when "compared to individuals with normal hearing, those with mild, moderate, and severe hearing loss had a 2,3, and 5 fold increased risk of developing dementia."[2] Hearing loss can have a profound impact on the patient's emotional, physical and social well-being. Untreated, hearing loss can lead to depression, reduced functional and cognitive health and withdrawal from social activities.[3]

As Ontario's population ages, the prevalence of hearing loss will rise. The prevalence of hearing loss in the elder population is: 26.8 percent of individuals ages 60 – 69, 55.1 percent of patients ages 70-79 and 79.1 percent of individuals 80 years of age and older. Patients experiencing hearing loss need quick access to the most appropriate provider, so the cause of their hearing loss is assessed and remedied. Research has found that 90-95 percent of adult patients reporting hearing loss do not require medical management or intervention.[4]

Hearing Loss

Untreated hearing loss affiliated with:
○ Accelerated cognitive decline (dementia)
○ Increased risk of falls
○ Feelings of depression
○ Anxiety
○ Frustration
○ Social isolation
○ Fatigue

Prevalence of hearing loss in seniors:	
60-69	26.8%
70-79	55.1%
80+	79.1%

[1] Pichora-Fuller, M.K., "Audition and Cognition: Where Lab Meets Clinic". *The ASHA Leader*. Aug. 12, 2008
[2] Lin, Frank R., "Hearing Loss in Older Adults Who's Listening?", *JAMA*, Vol 307, No. 11 March 21, 2012
[3] National Academy on an Aging Society, referenced by the Canadian Hearing Foundation: http://hearingfoundation.ca/cms/en/HearingLossinAdults/AdultOverview.aspx?menuid=56
[4] Hall, J., Freeman, B., Bratt, .Q., "Audiology in Health Care Reform, Perspectives on Models and Medical Referral Guidelines." *Audiology Today*, 6,6:16-19. (1994)

For these adults, hearing amplification is the most desirable and effective solution for hearing loss[5] and this care is most effectively provided by audiologists. When a patient's hearing loss requires medical management they should be referred to a specialist physician.

Instead of being seen directly by an audiologist, however, many Ontario patients are referred to an Ear Nose and Throat (ENT) Surgeon. Though testing and communicating results to the patient is within audiologists' scope of practice, when patients obtain services directly from audiologists in an audiologist owned and operated clinic they must pay out of pocket – at a cost on average of $62.50. Qualifying patients have coverage through WSIB, Veterans Affairs Canada, ODSP and the Ontario Infant Hearing Program, but for most patients the only way to access covered services is to be referred to an ENT.

Proposal # 1: Hearing Testing program for Seniors

We propose allowing audiologists in fully regulated audiologist owned clinics to provide hearing tests to Ontarians at **half the cost** of the Ear-Nose-Throat (ENT) Surgeons. These would remain regulated health care environments, unlike large corporate retail stores that offer free hearing tests, many of whom are owned by hearing aid manufacturers.

Currently a patient who has a hearing issue receives a referral from their GP to an ENT Surgeon, who in turn, after a wait time of months, delegates the hearing test (but not the communication of results) to an employee who may or may not have received any formal training. The **ENT Surgeon bills OHIP $125** for this service ($159 when you include the GP visit). A registered Audiologist can provide the same service for **half the cost at $62.50**, the same price charged to WSIB. Our figures show that in 2013/14, OHIP was billed $35,060,500 for 280,484 Diagnostic Hearing Tests by ENTs. We estimate this could **save the ministry up to $16 million per year.**

Patients can wait upwards of 30 weeks to be seen by an ENT instead of being seen by an audiologist the same week they book their appointment. It is an expensive clinical pathway in terms of patient time, system capacity, and expenditure.

In the proposed Seniors Hearing Health Program, patients 65 years of age and older would be eligible to access government funding for hearing testing from an audiologist in a fully regulated audiologist owned clinic. Patients could access the test directly from an audiologist, without a physician referral, once every two years.

Benefits of Accessing Hearing Health Care from fully regulated Audiologist owned clinics	
Most Appropriate Provider	• 90-95 percent of adult patients reporting hearing loss do not require medical management or intervention; their hearing loss has no medical or surgical treatment option; • 3rd party (WSIB, Veterans Affairs Canada, Infant Hearing Program) support from numerous health care providers and policy makers that audiologists are the most appropriate provider of hearing health services; • MCYS, MCCS, ACSD, ODSP recognize hearing evaluation is within the Discipline of Audiology • MOHLTC recognized that hearing aid evaluation is within the Discipline of Audiology and not within that of Medicine
High Quality	• Highly educated providers, hold Masters and/or Doctoral degrees • Accountable to CASLPO and abide its testing protocols and equipment requirements

[5] Goldstein, D.P, "Hearing Aids and Technology." *ASHA* (1984), 26, 24-38.

Accessible	• Audiologists practicing in audiologist owned clinics are highly accessible – clinics are located across Ontario and have little to no wait times for service.

So long as government funding is only provided for one service provider, ENTs, when a patient's clinical condition is most appropriately addressed by an audiologist, the Ministry of Health and Long Term Care will face great difficulty in directing patients to that appropriate provider because many patients will not want to, or will be unable to, pay out of pocket for that service.

Proposal #2: Reduce OHIP costs and red tape by removing the requirement in policy for a physician or second audiologist to sign the prescriber section of the Assistive Devices Program (ADP) Form for Hearing Aids if a Registered Audiologist has already signed and authorized the device.

Under current rules, in an attempt to prevent conflict of interest, the ADP Form for hearing aids requires a non-financially involved prescriber to sign (one of four signatures required) in addition to the audiologist. This is duplicative and forces patients to make an appointment with their GP, which costs OHIP at least $34 per visit plus potentially a follow up visit for another $34. In addition to inconveniencing the patient, it delays their access to much needed hearing aid(s).

The Ontario Medical Association (OMA) also recognized this as an issue. *In May 2015, the OMA Council passed the following resolution: "That the OMA work with the College of Audiologists to remove the requirement that family doctors co-sign hearing aid forms for Ministry funding.".* Audiologists are already regulated by the College of Audiologists and Speech Language Pathologists (CASLPO) where they must adhere to strict conflict of interest requirements. Audiologists must follow strict guidelines for assessment, hearing aid prescription, and hearing aid follow- up, **making the first and second assessments by a GP redundant.**

The ADP program provides up to $500 per ear for a hearing aid to those who need it. The total cost of the hearing aid device portion of the ADP is already $80 million. A small change of removing the requirement for a physician to sign the ADP form if an Audiologist (regardless of place of employment as all Audiologists are licensed to prescribe for rehabilitative care) has already assessed the patient **can save from our estimates, close to $3 million dollars in the OHIP budget and improve the convenience to patients.**

Proposal #3: Enable direct referrals by audiologist to speciality medicine, specifically ENT surgeons. This would require changes to the Health Insurance Act, its regulations, and/or the Schedule of Benefits.

Currently, audiologists are not permitted to refer patients/clients directly to Ear, Nose and Throat (ENT) surgeons.

Benefits: Currently, patients do not need a referral to obtain a hearing assessment from a registered audiologist. Audiologist's comprehensive auditory testing can indicate a sensorineural issue or an issue needing surgical intervention. Necessitating that a family physician makes the referral to the specialist adds an unnecessary step to the process, results in increased costs to the health care system, leads to the potential for miscommunications and delayed treatment. Allowing the referral to come directly from the audiologists results in greater efficiency for the system and the patient.

Since the intent is not to replace the family physician, family physicians would be copied on the referral, so they are informed of the action taken.

Audiologist's training and competencies provide the skills necessary to determine when a referral to ENT specialist is necessary and appropriate. Likely, there would not be an increase in referrals since currently the audiologists recommend to the patient's family physician that a referral to a specialist should be made.

This change would reduce the risk to the patient, particularly among those who do not have access to a family physician. Currently, due to the inability to refer, when a need is identified by an audiologist, these "orphaned" or unattached patients may have difficulty finding a family physician to make a referral to a specialist. This may result in delayed treatment and/or use of the emergency room to obtain access.

The proposed change would also improve continuity of care when results from the specialist are communicated back to both the referring audiologist and the family physician.

Conclusion

On behalf of the members of OAPAC, we appreciate the opportunity to provide our proposals to the 2020 Ontario Budget consultations. We are encouraged by your government's commitment to truly integrate and transform the health care system. OAPAC is committed to working with your government and our health system partners to support a transformation which will increase access to high-quality and consistent hearing care in the most cost-effective way possible.