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Empower Yourself with Knowledge

Performing Our Scope of Practice and Beyond

BY PAUL PESSIS

Continuing education can no longer be specific to specialty interest but instead must be broad-spectrum and in-depth. The audiologist must be motivated to address the global demands for meeting the standards of performing our scope of practice and beyond.

Surviving in the ever-changing health-care environment challenges the audiologist to be knowledgeable, creative, focused on patient-centric care, and accepting of the multidisciplinary approach to patient management. Today's audiologist can no longer excel in the profession armed solely with university-based training, but instead, there must be a commitment for ongoing continuing education. Continuing education can no longer be specific to specialty interest but instead must be broad-spectrum and in-depth. The practitioner must be motivated to address the global demands for meeting the standards of performing our scope of practice and beyond. Simply, the audiologist must be more than proficient in understanding the implications of patient symptoms and the available diagnostic and treatment options. Our professional value is enhanced when the audiologist is empowered to either implement state-of-the-art hearing/balance health care or know when to refer to our medical and allied health-care colleagues to maximize patient outcomes.

One of the initiatives of the Affordable Care Act (ACA) is to reduce health-care costs by all types of health-care providers, both in a hospital and in out-patient settings. The authors of this act feel the medical community needs to better coordinate patient care. The assumption is that this will reduce health-care costs by *not* prescribing unnecessary or redundant tests without compromising quality of care. This act has led to the formation of Accountable Care Organization (ACOs). An ACO is a network of physicians, health-care providers, and hospitals who shares financial and medical responsibility for providing coordinated patient care while streamlining medical costs. The primary-care physician is typically the coordinator or "head of the team." It has been estimated that over 14 percent of the U.S. population is already being served by an ACO. ACOs have also been targeted by Medicare because of the soaring costs of caring for elderly and disabled Americans. The ACO providers are incentivized when they save money by avoiding unnecessary tests and procedures. Skeptics of the ACOs feel that patients are denied access to specialists best trained to address patient illnesses and conditions that exceed the training of the primary care physician. Furthermore, many patients are treated by ancillary staff such as nurse practitioners or physician assistants rather than the primary-care provider or specialist. The skeptics feel that the ACOs can actually increase medical costs as a result of either a delay in diagnosis or a failure to diagnose. They contend that this is the result of the patient not being seen by a specialty-trained professional who is skilled in providing a timely and accurate diagnosis of the medical condition allowing for optimal treatment and intervention.

At the moment, the role of ACOs specific to Medicare is interesting. Medicare currently doesn't pay for preventative services. Medical necessity is a Medicare mandate requiring the patient to have a medical reason (i.e., an illness/condition) for seeking professional services if they are to be paid by Medicare. With the introduction of ACOs, this mentality has to change. The traditional fee-for-service payment system has been accused of driving up costs because it financially rewards providers for performing procedures that may not be needed and ordering excessive tests without proven necessity. In contrast, the ACO will create an incentive for the ACO network to be more efficient. Quality benchmarks will be established, and the providers will get paid more for keeping patients healthy and out of the hospital. The providers will be given bonuses when costs are kept down. ACOs will also discourage extra visits to the practitioner because these extra visits will result in the ACO exceeding quality benchmarks for a given diagnosis.

Ultimately, preventative care will have to be embraced by Medicare for the ACOs to be truly successful. In the first year of the Medicare ACO program, Medicare benefited from the ACO initiative; however, the majority of the ACOs didn't save enough money for them to individually earn incentives. ACO quality outcome data support Medicare discontinuing the practice of solely treating illnesses but also point to Medicare implementing preventative safeguards that lower health-care costs by minimizing the need for medical care.

The success of an ACO is in the details, and the details are still being formulated. At the moment, most patients can either elect to pursue care within an ACO network or consult with practitioners outside of the ACO without incurring additional costs. How audiologists will be able to become part of an ACO is uncertain and specific to each ACO at this time. Many current ACOs are multispecialty physician groups that solicited hospitals to become ACO affiliates. The ACO concept gains value in implementing a multidisciplinary approach to health care. Additionally, large hospital systems are buying physician practices with the goal of forming ACOs. Creating and maintaining an ACO is costly. For example, the ACO will need an electronic medical record, a business operating system to process claims and to keep track of provider billing and performance, and an ability to credential its network providers. The main insurance carriers are establishing their own ACOs for the private market. They are equipped to track and collect patient data and to evaluate patient care. Ultimately, the audiologist should be part of the ACO network. How will this happen? Will audiologists have to invite themselves into the network, or will the ACOs recognize the role of the audiologist and be inclusive? How will patients access the audiologist, and how will audiology services/products be compensated? Will multispecialty-formed ACOs and ACOs formed by hospital merger and physician consolidation make it more difficult for independent audiologists to become part of the ACO network?

Will the ongoing consolidation "movement" result in less provider competition, in turn resulting in the unintended consequence of making it harder to negotiate "fair" reimbursement for third-party contracts? There are many unanswered questions, which is not uncommon as a new concept invents and even reinvents itself. What is factual is that the cost of medical care in the United States cannot sustain itself with the fee-for-service methodology. The popular solution at this moment seems to be the incorporation of the ACO as "the money saver." The audiologist, therefore, must not only be ready to excel within the scope of practice but must also possess the skill sets that allow for greater collegial interactions with professionals from all disciplines.

So this once again addresses the topic of continuing education. It is unrealistic to assume that every audiologist should be proficient in all aspects of our scope of practice and to be able to diagnose and develop a treatment plan for patients of all ages. Rather, a more realistic expectation is for an audiologist to have the foundational skill sets to initiate patient care and to know when to refer and to whom. As the expertise of all health-care professionals changes along with scope of practice, the mindful practitioner must engage in continuing education to be an effective, collegial participant in providing exemplary patient care. Never be complacent in thinking that a professional skill has been mastered; almost nothing within the audiologist's scope of practice remains stagnant. Clinical research along with patient outcomes speaks to this reality.

On a final note: my father was a physician, and he questioned my decision to pursue becoming an audiologist. He challenged the value of being an audiologist. If alive today, I feel he would be humbled by statistics reported by the Better Hearing Institute:

- Three in 10 people over age 60 have hearing loss.
- One in six baby boomers have a hearing problem.
- One in 14 Generation Xers already have hearing loss.
- At least 1.4 million children (18 or younger) have hearing problems.
- It is estimated that three in 1,000 infants are born with serious to profound hearing loss.

Medical care, especially hearing and balance health care, continue to change and evolve. The need for audiology services is increasing due to earlier identification of hearing loss and because of our aging population. Audiology is a dynamic and demanding profession that requires the audiologist to optimally diagnose and treat our patients. This can only be accomplished by embracing ongoing continuing education. Unlike my father's naïve understanding of the role of the audiologist, today's health-care providers do value the services of the audiologist. We have worked very hard for this recognition…keep learning…it's not multiple choice!

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Empower Yourself at AudiologyNOW!® 2015

As we have grown to expect, our learning opportunities at AudiologyNOW! (AN!) are diverse and robust. Special attention has been given to creating sessions that will optimize the audiologist's pursuit of being a key player within a viable ACO. Of particular interest is the session titled "The Junction of Audiology and Medicine: The Art and Science of Being the Consummate Professional," presented by Alan Freint, MD, an ENT with a long-standing positive relationship with the audiology community. His session recognizes that the audiologist is the professional with whom patients often prefer to initiate hearing and/or balance health care.

For audiologists and especially for those who are part of an ACO, it is imperative that the audiologist perform a comprehensive case history, review medications with an understanding of their purpose, and recognize the potential side effects and interactions of the prescriptions taken by our patients. Dr. Freint's presentation of the medical workup and its key components including lab tests and radiographic studies (CT scan, MRI, MRA) is presented with inviting graphics. The material is comprehensive and complex but presented with a very accessible style. Most importantly, sessions of this kind afford the attendee the opportunity to acquire the knowledge base needed for engaging with medical professionals of all disciplines co-diagnosing/treating patients requiring our skill sets. Dr. Freint will provide learning lab participants interactive learning of otoscopy. Slides will encompass the myriad "screen shots" of what can occur in an ear canal and/or behind the tympanic membrane. He will provide helpful suggestions for record documentation and suggest strategies for maximizing communication with referring medical partners and with colleagues within an ACO. The Affordable Care Act (ACA) is a catalyst for change. This session is structured to enable audiologists to prepare for the changes in the delivery of health care. Change can be intimidating, but knowledge is empowering. In the ever-changing health-care world, the practitioner must stay current with new concepts and must adapt to and accommodate change.

To continue the topic of change, it is exceedingly reinforcing that health-care data supports changing the approach to patient care from reactive to proactive. Quality patient care should no longer be initiated only after there is an identified problem. In contrast, how rewarding and cost-effective would it be if patients were empowered to understand preventative care? Sharon Sandridge, PhD, has created a session titled "Raindrops on Roses: Helping Patients Enjoy a Lifetime of Sound" that addresses how audiologists can build a relationship with people before hearing loss occurs. This session promotes community outreach and addresses the value in developing a hearing loss prevention program for your current and potential patients. The success of this concept is predicated on three things: education, protection, and monitoring. Education provides theoretical knowledge that increases hearing loss awareness. For example, the presenters will discuss how a relationship by an audiologist with local music teachers, academic programs, and members of bands can be powerful in preventing hearing loss and associated symptoms such as tinnitus before they occur. Furthermore, the session will address how audiologists can partner with local companies by instituting programs and protocols to ensure hearing awareness. Specific to protection, various hearing protection devices will be reviewed and case studies presented in order to demonstrate evidence-based success and failure with assorted hearing protection devices. Last, the session will underscore how annual hearing tests are mandatory to monitor the possible effects of recreational noise exposure. Consistent monitoring not only identifies potential hearing loss at its earliest onset but recognizes the audiologist for being dedicated to hearing loss prevention and for caring about the global effects of reduced hearing. Dr. Sandridge and her copresenters have developed a presentation that highlights important strategies for promoting the role of the audiologist. ACOs will welcome the audiologist who is driven to educate its beneficiaries, promote hearing loss prevention, and monitor the potential harmful effects of noise by conducting routine hearing testing. The impact of what an audiologist can offer to a community is without boundaries. The knowledge shared by the audiologist is impactful not only due to the financial savings our training provides to people seeking our services but also because the expertise of the audiologist enhances quality of life for the patients we serve.

Learning labs provide an educational opportunity for attendees to contemporize clinical technique and patient care. AN! 2015 includes topics that on the surface appear to be skill sets that have been mastered. "Staple" topics are always challenging because they are ever changing. Sessions such as cerumen management, pediatric evaluation, and best practices in amplification, are once again being offered. Don't be dismissive, however, of the subject matter and the potential value of these sessions. These are no longer presented as introductory topics. They are designed to challenge you and ready you for the demands and expectations of the "new" health-care environment.