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Developing Patient-Centered Clinical Protocols
Ethical and Practical Considerations

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Learning Objectives

• As a result of this Continuing Education Activity, participants will be able to:
• Describe their protocols and changes that would be made to ensure patient focus.
• Describe additions to testing given a patient complaint.
• Describe what tests are unnecessary given testing results and patient complaints.

Professional Code of Ethics

• AAA
• ASHA
“Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.”

Current standard protocol

- What is your current “protocol”? Just do the list?
- Does it change based on the patients’ needs?
- 92557????
- Brief Case History?
- Otoscopy
- Air Conduction
- Speech testing SRT and Word Rec
Moving Beyond

• Prescribe technology base on minimal testing and send out the door
• Is that a Doctorate level of care?
  – Does that maintain the highest level of professional performance?

Protocol

• Minimal level is important to have in clinical setting
  – Standard of care
  – Does NOT provide complete picture

• High quality care goes beyond the minimal protocol of care
Ethics

- What is ethical?
  - Standard of care?
  - Cutting?
  - Adding?

- How do our patients see us?
  - Rigid protocols? Lock-step?
  - Patient-centered?
  - Meeting their needs – now and in the future?

What to add to protocol?

- Added Assessment(s) differ based on each patient
  - Each patient needs to be treated as individual
  - Tailoring our test battery to the unique needs of the patient
What to add to protocol?

• Thorough case history
  – Expanding on questions based on answers?
    • “my right ear just dropped out”
• Discussion with patient is best way to determine which test to add to battery
  – Speech in noise complaints?
  – Loudness complaints?
• Most important testing done first = save time

One complaint that is common across almost all patients, and that is easy to test?
Speech in Noise Testing

• Most common reported problem by persons with hearing loss is ability to hear speech in noise (Hirsh, 1950; Carhart and Tillman, 1970; Dubno et al, 1984; Wilson et al, 2003)

• Do you include it?
  When do you include it?
  How do you bill for it?

Speech in Noise

• Testing in quiet does not accurately predict performance in real world situations and has little impact on patient reported satisfaction with assistive technology (Walden and Walden, 2004; Wilson et al, 2003)
Speech in Noise Testing

• Despite valuable information it provides, according to surveys, many Audiologist do not perform them
• Reasons?
  – Time Constraints
  – Reimbursement
  – Lack of equipment/materials
  – May lead to more referrals

What to do?

• How can you add it in?
  – WIN?
  – QuickSIN?
• Protocol – right ear? Left ear? Both ears?

• How can you use the information?
  – Counseling
  – Technology selection
OTHER ASSESSMENTS TO CONSIDER

Peripheral Function Only?

• Screening for CAPD??
• For whom is it necessary?
• What do our tests tell us?
  – Problem of language based tests

• Dichotic Digits – 2 pair!!
PIPB Max

• PIPB function?
  – The what????
• What complaints?
• Is a change a change?
  – 88% now 72% (Thornton & Raffin, 1978; Dubno et al 1995)

• VA Modified PIPB function (C&P exams)
  – Less than 92% - up 6 dB HL and down 6 dB HL

Imittance

• Part of typical protocols?
• What frequency?
  – 226? 1000?
Wideband Reflectance?

- For whom?

ABR follow up

- For whom?
- When?
- How quickly?

- Why not just an MRI?
  - Slicing problem
“Members shall provide only services and products that are in the best interest of those served.”

What tests to cut?

- Do we always need
  - Case history?
  - Otoscopy?
  - Bone?
  - Binaural information?
  - SRT?
  - WRS?
  - Tymps?
Practice Considerations

• Billing
  – Comprehensive vs not
  – Will it decrease your overall repayment?
  – Will it increase your overall repayment?
  – ABN?

“Members shall uphold the dignity of the profession...”
Ethics Considerations

- Is it necessary?
- What does it add?
- Medical treatment vs testing for the purposes of hearing assistive technology?

Keeping up on literature

- How do I keep it all together?
  - National professional conventions
  - Read review articles
  - Audiology Online
Final Points

• Case history tells us what and how to test
• Cut or Add or Both??

• Make CLINICAL decisions