



# Improving Hearing Care Make Your Voice Heard!

By Susan Clutterbuck

**F**ewer than 20 percent of hearing care providers (audiologists and hearing instrument specialists) systematically survey their patients to measure the effectiveness of their treatment. Four out of five providers are unaware of how well (or poorly) they are meeting the needs of their patients. This means that most people receiving hearing care are never asked to give their opinion about their satisfaction (or otherwise) with their devices and the service they received.

In talking with large numbers of hearing care providers at industry conferences over the past ten years confirms that most see no need to survey their patients. The main reason given is the low rate of consumer complaints. "I really care about my patients." "My patients love me, and frequently tell me so." "I know I'm doing a great job."

But does "caring" and few patient complaints mean that effective treatment has been delivered?

## How Do We Find Out What Consumers Think About Their Hearing Care? Ask Them!

People who receive hearing care services have definite opinions about the quality of services they have received. Providers cannot know they are delivering successful hearing care without having the factual data from actually surveying their patients. One method of collecting this opinion is via the EARtrak survey process. This process was designed to measure the opinions of people who have been fitted with hearing devices as part of the management of their communication problems. The survey covers satisfaction with hearing

## Consumer opinion is a powerful influence in driving improvement in products and services. In hearing care, are consumer opinions being heard?

improvement across 11 different listening situations, satisfaction with 13 different device features and satisfaction with 8 different aspects of service delivery. Consumers can complete a paper survey or do the survey online at [www.eartrak.com](http://www.eartrak.com).

Registrants were invited to complete this survey at the HLAA Convention 2011 in Washington, D.C.

### Key Findings

**Responses:** 139 surveys

**Age:** between 50-79 years of age (74.1%). The largest group was in the 60-69 year age group.

**Gender:** Females (57.6%); males (41.0%)

**Hearing loss:** Most of the respondents (84.9%) reported their degree of hearing difficulty without the assistance of their hearing devices to be moderately severe (30.2%) or severe (54.7%).

**Funding source:** Most devices (66.9%) were purchased with the respondents' personal funds.

**Fitting profile:** Most respondents were fitted with binaural devices (84.8%).

**Device style:** Most respondents wore behind-the-ear style aids (65.9%). Custom devices were worn by 10.9% of the respondents. Cochlear implants were worn by 10.9% of the respondents.

**Daily usage:** The majority of respondents wore their devices for more than 8 hours per day (84.1%).

**Referral source:** More than one-third of respondents (37.4%) reported that their doctor or a friend/relative referred them for their devices.

**International outcome inventory for hearing aids:** The respondent group scored above the average for the U.S.-based norms for people with moderate to severe hearing loss, except in the area of residual difficulty/residual activity limitation.

**General satisfaction:** 70.1% of respondents were *satisfied* with their hearing devices; 16.8% were *dissatisfied* with their hearing devices.

**Willingness to recommend hearing devices:** 73.0% of respondents *would* recommend and 13.5% *would not* recommend hearing devices to a friend or relative with a hearing loss.

**Willingness to recommend hearing care provider:** 80.8% of respondents *would* recommend and 10.1% *would not* recommend their hearing care provider to someone with hearing loss.

**Satisfaction with hearing benefit:** Across 11 different listening situations, the *highest levels of satisfaction* with devices were reported for conversation with: one person (81.5%), the workplace (54.8%), in small groups (50.7%) and outdoors (50.0%). The *highest levels of dissatisfaction* with hearing

benefit were with: large groups (62.6%), restaurant (58.1%), concert/movie (48.1%), place of worship (46.7%) and the telephone (47.2%).

### **Satisfaction with hearing**

**devices:** Across 13 different features reflecting aspects of a hearing device: *highest levels of satisfaction* were reported for fit/comfort (78.4%), reliability (75.0%), frequency of cleaning required (70.1%) and visibility of the device (65.5%). *Highest levels of dissatisfaction* with hearing aid performance were reported for: ability to localize sounds (46.3%), feedback/whistling (34.4%), comfort with loud sounds (33.6%) and clarity of sound (28.4%).

### **Satisfaction with service**

**delivery:** Across 7 different aspects of service delivery, the *highest level of satisfaction* was reported for appearance of the hearing care office (93.3%), and the *highest level of dissatisfaction* was with the explanations given to the patient (12.6%).

### **What Did HLAA Members Report?**

The findings are interesting, and there is serious cause for concern in some areas. For example, nearly half of the respondents (47.2%) were dissatisfied by their ability to hear on the telephone with their aids/devices, a third (33.6%) were dissatisfied with the comfort of loud sounds, and 13.5% would not recommend hearing aids/devices to a friend or family member with a hearing loss.

While these results highlight specific areas where outcomes could be improved, what was the overall *effectiveness* of treatment?

### **What is a Successful Outcome?**

***“The successful provision of hearing health care ultimately comes down to each individual patient’s personal satisfaction with his or her hearing aid outcome.”***—Dr. Jerry Northern, 2000

One measure of successful treatment is the percentage of listening situations where satisfactory benefit is achieved. Using the EARtrak survey, patients are asked to rate their satisfaction with their hearing devices for 11 different listening situations. If a situation is not relevant (for example, workplace, place

of worship, or restaurant) they can mark these situations as “not relevant” on the survey form. The percentage of relevant situations where satisfactory benefit (“satisfied” or “very satisfied”) is being achieved is then calculated. If a patient is satisfied with their hearing in all the listening situations that are relevant to them, they would obtain a score of 100%. If they were not satisfied with their hearing benefit in any of the situations, their score would be 0%.

### **Outcomes for HLAA Respondents**

Nearly half the respondents (49.3%) achieved satisfactory results for less than one-third of the communication situations that were relevant to them. It is especially tragic for the 15.3% who were not achieving satisfactory benefit in any of their relevant communication situations.

### **Are Professionals Responsible for a Successful Outcome?**

For those with these poor outcomes, nearly half (47.9%) gave their provider the maximum score (100%) for service delivery (professionalism, explanations, understood my needs).

If the clinician understands the needs of their patient, it should follow that improved communication benefit is delivered for most of the listening situations that are important for that patient.

Some respondents commented that their professional had considered their wider communication needs and provided their aids with telecoils and assistive listening devices to improve their ability to communicate.

Disappointingly, some providers failed to consider their patients’ needs.

When a poor outcome was achieved, many consumers attributed this to either the device, or their poor hearing, but not their provider.

Several studies have identified the key role of the provider in delivering a successful hearing rehabilitation result (MarkeTrak VIII) (*Consumer Reports – Hearing Aids 2009*). A number of HLAA respondents commented on the difference between providers in their search for improved hearing.

### **Or is the Consumer Responsible for a Successful Outcome?**

Consumers who have been at the receiving end of hearing care delivery need to report their experiences to their provider. Expressing their individual opinions to their family, their friends, their colleagues and their consumer organization is useful at a local level, but has limited impact in the wider goal of improving hearing care. Consumers should expect their outcomes to be surveyed by their provider, and should question it when this does not occur.

### **Teamwork**

It takes teamwork between professionals and their patients to achieve successful outcomes. What can you do if you are a consumer? Hearing care providers cannot know how effectively they have met your needs unless you tell them. They cannot know if they do not ask. They cannot listen if you don’t talk.

### **The Bigger Picture**

Collecting the combined experiences of individuals using a global survey method (such as EARtrak) can develop a common database. This database has the potential to build a powerful resource to inform all stakeholders in working toward the highest standards of hearing care. ■■■■

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