A SENSIBLE OUTCOME MEASURE FOR BUSY AUDIOLOGISTS

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Over the past several decades, research audiologists have created and validated an abundance of self-reports that measure a variety of patient-related outcomes, including hearing aid use time, benefit, satisfaction, and quality of life improvements that may be impacted by recommended interventions. Although the use of outcome measures has been recommended by opinion leaders for decades, their popularity among rank and file audiologists is low. According to survey data[1], less than 20% of clinicians routinely ("always" or "almost always") administer any type of self-report of outcome. Why have outcome measures not been a part of audiology practices? Often, established outcome tools are too long or do not capture the audiologist's needs at the practice or individual patient level. At the same time, the amount of operational effort to continue to engage patients is also seen as barrier.

Yet, as value-based care takes center stage, along with the move to over-the-counter hearing aids, there has never been a more important time to document patient outcomes and the audiologist's role in achieving those outcomes. Broadly defined, outcome measures, now commonly known and PROM (Patient Reported Outcomes Measures) enable audiologists to quantify the effectiveness of their treatments. Different from verification procedures, which attempt to ensure that hearing aids are meeting a prescribed performance standard, a validated outcome measure answers the following questions:

- How did the recommended intervention affect the patient and their communication partners?
- How much did the recommended intervention improve the communication abilities of the individual?
- Were the goals, identified at the initial assessment appointment, successfully met?

As all healthcare professionals become more cognizant of increasing access to care, lowering costs of care, and improving the overall quality of care, it is imperative for audiologists to identify ways to systematically and routinely measure a broad range of outcomes. Specifically, there are at least three reasons for popularizing the use of outcome measures within the profession of audiology:

- As healthcare becomes more consumer-driven, there is added emphasis on the individual's point of view across time and across different modes of service delivery (e.g., face-to-face, telehealth, over-the-counter, etc.).
- Traditional lab measures, like soundfield audiometry, don't capture everyday experiences. Real-world experiences cannot be accurately measured in the test booth or clinic.
- In an evidence-based practice model of care, the perceptions of the individual are the gold standard, and the use of well-designed self-reports allow for a comparison of outcomes across similar demographics.

The outcome of audiological intervention is multi-faceted and complex. No single self-report captures the wide array of possible outcomes of the patient experience. It is simply not feasible to measure all the dimensions of patient outcome with a short, easy to administer questionnaire. However, audiologists must not let the perfect be the enemy of the good. Outcome metrics experts recommend a short self-report, comprised of fewer than ten questions, that pulls questions from several existing outcome measures already used by researchers in the field.

It is common for audiologists to encounter patients, with similar degrees of hearing loss, who are impacted differently by their condition. Persons with hearing loss experience their condition differently depending on the types of activities they engage in, their overall health, their role in society, and the environment in which they communicate.[2] Thus, outcome measures need to account for and respect these individual differences across patient populations.

These are among the main reasons some outcome metrics experts have chosen self-reports that attempt to go beyond hearing aid benefit and performance metrics to measure the impact that hearing loss (and treatment of it) has on the individual's participation in daily activities, including the limitations hearing loss may place on daily living.

Accompanying this brief article is a self-report (Figure 1) that has taken four questions from the International Classification of Functioning (ICF) Measure of Participation and Activities Screener[3], two questions from the International Outcome Inventory for Hearing Aids (IOI-HA)[4] and two additional questions that measure overall quality of support and the patient's willingness to recommend hearing aids (and other similar treatment options) to family and friends.

As tele-audiology services and over-the-counter hearing aid sales become a part of the audiology landscape, this outcome measure can be adapted to reflect these new modes of service delivery. Our goal is to encourage all audiologists to adopt this tool as a pre- and post-intervention metric for measuring the impact their treatment recommendations have on daily communication. By operationalizing this tool, audiologists can quickly and easily compare the results of each individual patient to similar demographics. Thus, using data collected in their clinics to make better, more effective treatment decisions, which is a cornerstone of patient-centered care. ■

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REFERENCES

Kirkwood, D. (2010) Survey probes dispensers' views on key issues raised by Consumer Reports.

Hearing Journal. 63(5): 17-26.

International Classification of Functioning, Health and Disability: A potential service delivery model for audiological practice. Seminars in Hearing. Guest Editor; Mridula Sharma, August 2016

Meyer, C., Grenness, C., Scarinci, N., & Hickson, L. (2016). What Is the International Classification of Functioning, Disability and Health and Why Is It Relevant to Audiology?. Seminars in Hearing, 37(3), 163-86.

Cox RM., Alexander, GC. and Beyer CM.. (2003) Norms for the International Outcome Inventory for Hearing Aids. Journal of the American Academy of Audiology, 14(8): 403-413.

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