

10660

STRATEGIES TO IMPROVE ACCESS OF HEARING HEALTH CARE AND ASSISTIVE TECHNOLOGIES

ROUND TABLE

- Mederator : B. FRAYSSE
- Panelists : S. ARCHBOLD
A. AL SHAIKH
F. ALZOUBI
M. LAUREYNS
M. KAMESWARAN



DUBAI

March 2019, 28-29-30

GLOBAL BURDEN OF HEARING LOSS



- Hearing loss is one of the major problem in public health due to :

Prévalence

- The rankings of **Y.L.D.** due to hearing loss change from 11th in 2010 to 4th in 2015

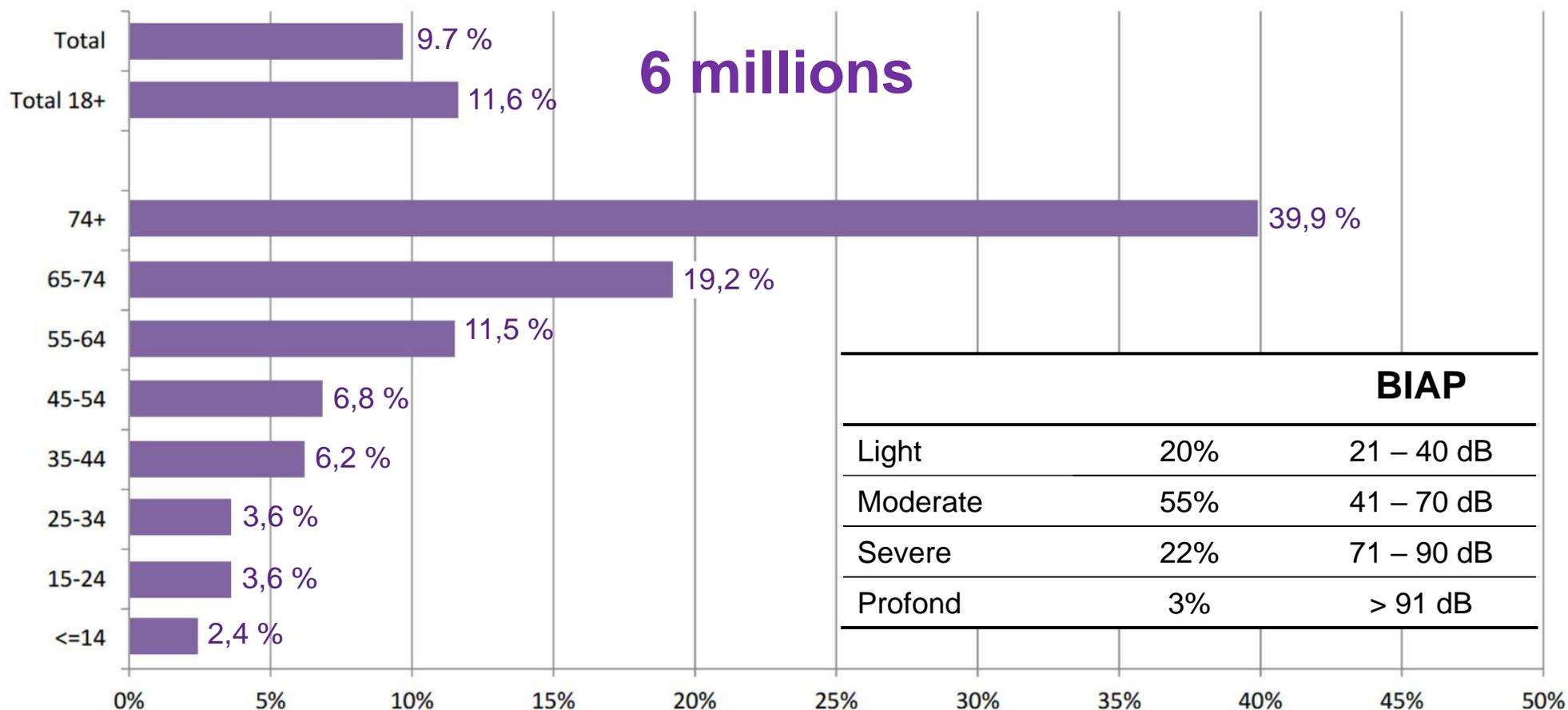
Consequences

- Neurocognitive function in adult and children

Cost



PREVALENCE EURO TRAK 2018



 EuroTrak 2018
 Base: 14'855

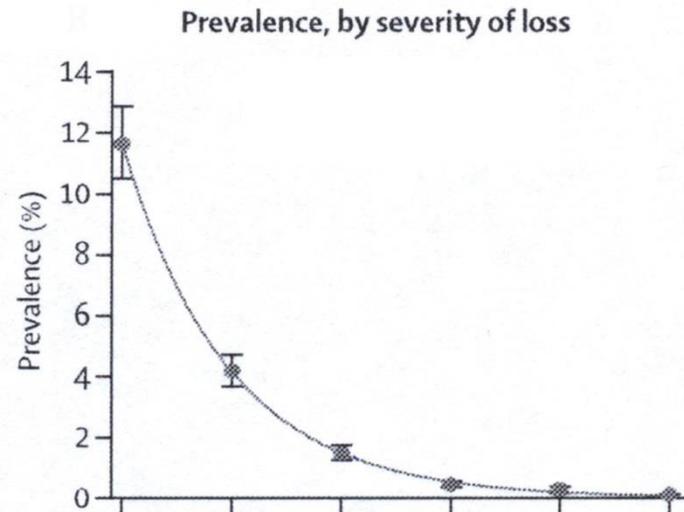
COMPLEX CASES

The Lancet Vol 390 December 2, 2017

THE LANCET

Global hearing health care: new findings and perspectives

Blake S Wilson, Debara L Tucci, Michael H Merson, Gerard M O'Donoghue



- Complex cases would require hearing health professional constitute less than

15%

**How much priority hearing loss is in your country
and did you have a National strategic plan ?**

A thick, horizontal yellow brushstroke underline that spans the width of the text above it, with a slightly textured, hand-painted appearance.

What are the barriers for early identification and prevention and how this barriers can be overcome ?



- In newborn screening
- Adolescent (*make listening safe*)
- Adult hearing screening

WHO PROGRAMME FOR EAR AND HEARING CARE

WHO programme for
ear and hearing care



WHO STRATEGIC AREAS OF WORK FOR 2018-2021



Undertake effective evidence-based advocacy for prioritization of ear and hearing care



Gather and collate data to drive action for hearing loss



Support strategy development and implementation in WHO Member States.



Develop and promote the 'Make Listening Safe' initiative

ADULT HEARING SCREENING

Adult Hearing Screening:

Can we afford
to wait any
longer?

Brian Lamb OBE, Sue Archbold PhD

Report and research supported by a grant from Advanced Bionics.

The report is the work of the authors.

ACCESS TO HEARING REHABILITATION



- Medical and surgical management
- Hearing devices and auditory implant
- Sign language and speech therapist

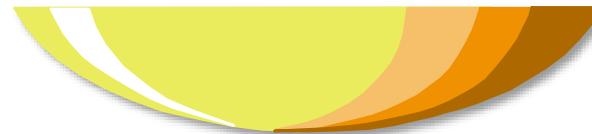


Human resources

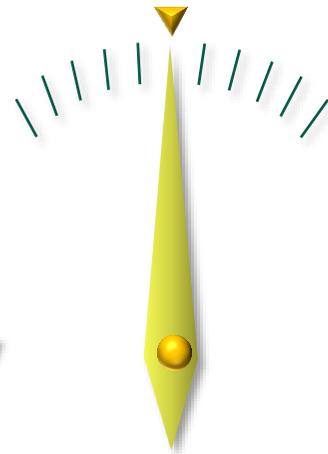


Accessibility

Based evidence



Cost/effectiveness



ACCESS TO HEARING AIDS DEVICE



THE HearingReview

LEGISLATION

President Trump Signs OTC Hearing Aid Legislation into Law

Published on August 19, 2017

On Friday, President Donald Trump signed into law the Food and Drug Administration Reauthorization Act of 2017, legislation that includes the *Over the Counter Hearing Aid Act* designed to provide greater public accessibility and affordability with over-the-counter (OTC) hearing aids.

The *OTC Hearing Aid Act* is designed to enable adults with perceived mild-to-moderate hearing loss to access OTC hearing aids without being seen by a hearing care professional. The new law, which was introduced in March by Senators Elizabeth Warren (D-Mass) and Chuck Grassley (R-Iowa), was passed by the US House on July 12 and the US Senate on August 3. It also comes on the heels of the elimination of the "physician waiver" system which had required consumers first to seek a physician for a medical evaluation or sign a waiver prior to obtaining a hearing aid.

The new legislation will require the FDA to create and regulate a category of OTC hearing aids to ensure they meet the same high standards for safety, consumer labeling, and manufacturing protection that all other medical devices must meet. It mandates the FDA to establish an OTC hearing aid category for adults with "perceived" mild-to-moderate hearing loss within 3



BMJ 2018;361:k2219 doi: 10.1136/bmj.k2219 Published 02 June 2018 Page 1 of 5

PRACTICE

GUIDELINES

Hearing loss in adults, assessment and management: summary of NICE guidance

Saoussen Flouh senior research fellow¹, Katherine Harrop-Griffiths retired consultant in audiology², Martin Harber health economics lead³, Kevin J Munro professor of audiology⁴, Ted Lewerton retired general practitioner, clinical advisor for "cGDP"⁵, on behalf of the Guidelines Committee

National Guideline Centre, Royal College of Physicians, London W1A 0AE, UK; ¹Health National Trusts Research and Evidence, UCLA WHO Foundation Trust, London WC2E 9EH; ²Neuroscience Centre for Audiology and Deafness, School of Health Sciences, University of Manchester, Manchester M13 9PL, UK; ³Stree Action, Devon

What you need to know

- In people with hearing loss, untreated hearing loss will negatively affect their quality of life, unless hearing loss is treated or managed appropriately.
- Early subjective assessment is required to identify hearing loss in people with hearing loss. This includes a general assessment of the symptoms of hearing loss.
- People with hearing loss should be offered a hearing aid if they have hearing loss.
- People with hearing loss should be offered a hearing aid if they have hearing loss.
- People with hearing loss should be offered a hearing aid if they have hearing loss.
- People with hearing loss should be offered a hearing aid if they have hearing loss.

Hearing loss is common—Over 9 million people in England¹ have hearing loss and this is increasing with the ageing population (1).¹ Hearing loss leads to social isolation in England (over half with disability).² The average GP sees at least five patients every day who have hearing loss, sufficient to warrant with their ability to communicate with each other.

Hearing loss is disabling—It affects communication at work and home, affecting educational and employment opportunities, personal relationships, enjoyment of music, and social independence. It can lead to significant reduction in people's quality of life and is associated with mental health problems including depression and dementia.

Hearing loss is expensive—The recent economic burden associated with hearing loss in adults in the UK is estimated to be over half £300 per patient.³

What you need to know

Hearing loss can be managed successfully—Early and effective intervention can minimise the impact of hearing loss on the individual and on his or her family.

The guideline covers adults (218 years—65) with hearing loss, including those with onset before age 16.⁴ It is not intended for the first time in adulthood. This includes acquired and hereditary hearing loss. It includes adults who presented with hearing loss before the age of 16.

This article summarises the most recent recommendations from the National Institute for Health and Care Excellence (NICE) on the assessment and management of hearing loss in adults. It focuses on those areas of new evidence in primary and secondary care.

Recommendations

NICE recommendations are based on systematic reviews of best available evidence and explicit consideration of cost effectiveness. When minimal evidence is available, recommendations are based on the Guidelines Committee's experience and opinion of what constitutes good practice. Evidence levels for the recommendations are given in table 1, as separate brackets.

How might a clinician in primary or community care manage a person presenting with hearing difficulties?

- For adults who present in the first time with hearing difficulties, or in whom you suspect hearing difficulties:
 - Exclude acquired noise and other infectious such as acute otitis media.
 - Refer to audiology services for an assessment and

Correspondence to: S Flouh, saoussen.flouh@nhs.uk

For personal use only: first name, last name



19 novembre 2018 JOURNAL OFFICIEL DE LA RÉPUBLIQUE FRANÇAISE Texte 7 sur 95

Décrets, arrêtés, circulaires

TEXTES GÉNÉRAUX

MINISTÈRE DES SOLIDARITÉS ET DE LA SANTÉ

Arrêté du 14 novembre 2018 portant modification des modalités de prise en charge des aides auditives et prestations associées au chapitre 2 du titre II de la liste des produits et prestations prévus à l'article L. 165-1 du code de la sécurité sociale

NOR: S041810927V1

La ministre des solidarités et de la santé et le ministre de l'action et des comptes publics, Vu le code de la sécurité sociale, notamment ses articles L. 3314-1, L. 165-1 à L. 165-9, L. 871-1 et R. 165-1 à R. 165-23 ; Vu le code de la santé publique, notamment ses articles L. 4361-1 à L. 4361-11 ; Vu l'avis de la Commission nationale d'évaluation des dispositifs médicaux et des technologies de santé (CENDTM) du 9 octobre 2018 ; Vu l'avis de projet de modification des modalités de prise en charge de dispositifs médicaux et prestations associées pour la prise en charge des aides auditives visées au chapitre 2 du titre II de la liste des produits et prestations prévus à l'article L. 165-1 du code de la sécurité sociale publié au Journal officiel du 21 juin 2018 (NOR: S041810927V1) ; Vu le projet de loi de financement de la sécurité sociale pour 2019, notamment son article 33 ; Arrêtent :

Art. 1^{er} — Au titre II de la liste des produits et prestations prévus à l'article L. 165-1 du code de la sécurité sociale, le remplissage du chapitre 2 relatif aux aides auditives est complété, à l'exception des sections 3, 4, 5 et 6, qui demeurent les nouvelles sections 5, 6, 7 et 8 :

CHAPITRE 3

AIDES AUDITIVES

I. — SPÉCIFICATIONS TECHNIQUES DES AIDES AUDITIVES

Aide auditive (ou audoprothèse) est un dispositif médical à usage individuel destiné à compenser électroacoustiquement, au moyen d'une amplification appropriée, les pertes d'audition des malentendants ou les troubles de la compréhension. Le dispositif est de petite dimension et alimenté de façon autonome au moyen de batteries (pile ou accumulateur). Il est en outre conforme à la norme NF EN 60118.

1.1. Type d'aides auditives

Les aides auditives sont de l'un des types suivants :

- sonnet à oreille (microphone et écouteur situés à l'arrière du pavillon) ;
- sonnet à coqueur adhésif (écouteur intra-auriculaire et microphone à l'arrière du pavillon) ;
- intra-auriculaire (microphone et écouteur dans la coque ou le conduit auditif).

1.2. Classification des aides auditives

Les aides auditives sont classées en deux groupes (classe I et classe II) selon leurs caractéristiques techniques. La classification dépend de la puissance et du nombre d'options, selon les listes définies au paragraphe 1.4 :

- classe I : une aide auditive de classe I doit comporter au moins trois options de la liste A ;
- classe II : une aide auditive de classe II doit comporter au moins six options de la liste A, et au moins une option de la liste B (Pour les aides auditives disposant seulement de 4 options comme spécifié ci-dessous, l'option B requiert en outre la réalisation de bruit implémenté. Spécifiquement pour les aides auditives de type intra-auriculaire semi-profond (ou CPO) et pour les aides auditives de type intra-auriculaire invisibles dans le canal (ou ICI), le nombre minimal d'options de la liste A requies pour être prise en charge au titre de la classe II est abaissé à 3 et en outre l'aide auditive comporte au moins 3 options de la liste B, ou à 4 options de la liste A et en outre l'aide auditive comporte au moins 2 options de la liste B.)

Personal Sound Amplifiers for Adults with Hearing Loss



Sara K. Mamo, AuD, PhD,^{a,b} Nicholas S. Reed, AuD,^{a,b} Carrie L. Nieman, MD, MPH,^{a,b} Esther S. Oh, MD,^{c,d,e,f}
Frank R. Lin, MD PhD^{a,b,c,f}

- To inform primary care physicians and patients to a new generation of self fit hearing aid between \$200 and \$400

	Bean T-Coil	CS-50+	Tweak Focus	Soundhawk	Songbird
					
Price	\$349/each; \$599/pair	\$349	\$224.99	\$349.99	\$395/each; \$745/pair

**Preferred profile for hearing-aid technology
suitable for low- and middle-income
countries**



**World Health
Organization**

PREFERRED PROFILE FOR HEARING AID REDUCING TREATMENT COST



- This recommendation has been given for hearing loss in the range 31 to 80 dBHL in better ear (*frequencies 500Hz to 4 KHz*)
 - Digital technology
 - Behind the ear
 - Gain 42/70dB
 - Frequency response 200 to 4000Hz
 - Self fitted
 - Long battery life

NICE National Institute for
Health and Care Excellence

Hearing loss in adults: assessment and management

NICE guideline

Published: 21 June 2018

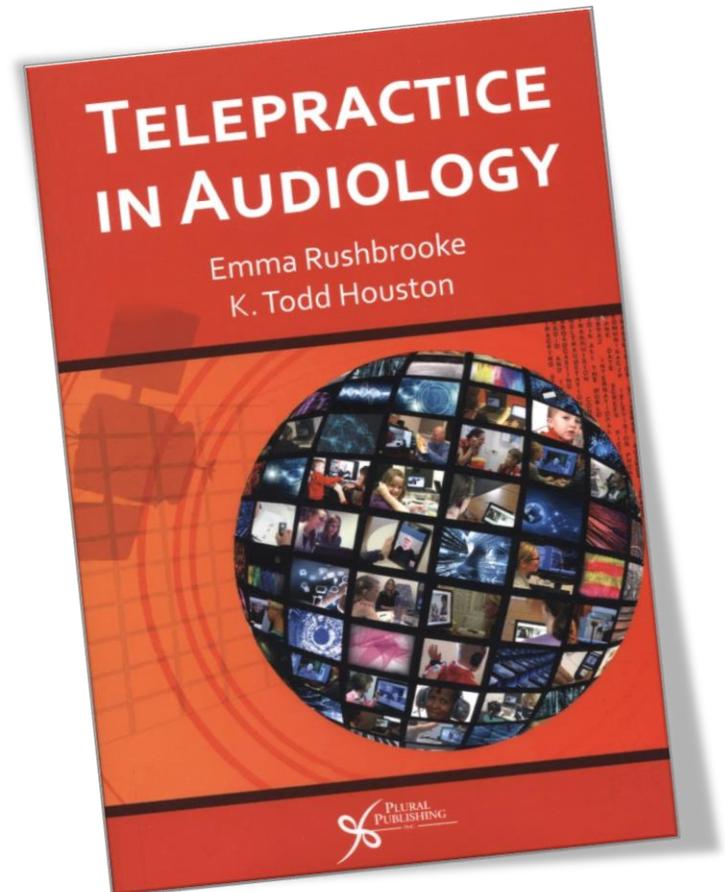
[nice.org.uk/guidance/ng98](https://www.nice.org.uk/guidance/ng98)



- Supporting GP engagement in primary care to manage hearing loss in adults
- Pathway redesign in audiology services using telepractice

TELEPRACTICE IN AUDIOLOGY

- Model of service delivery :
 - Hearing screening
 - Teleotoscopy
 - Hearing aid fittings
 - Remote cochlear implant
 - Rehabilitation and remediation





100% SANTÉ

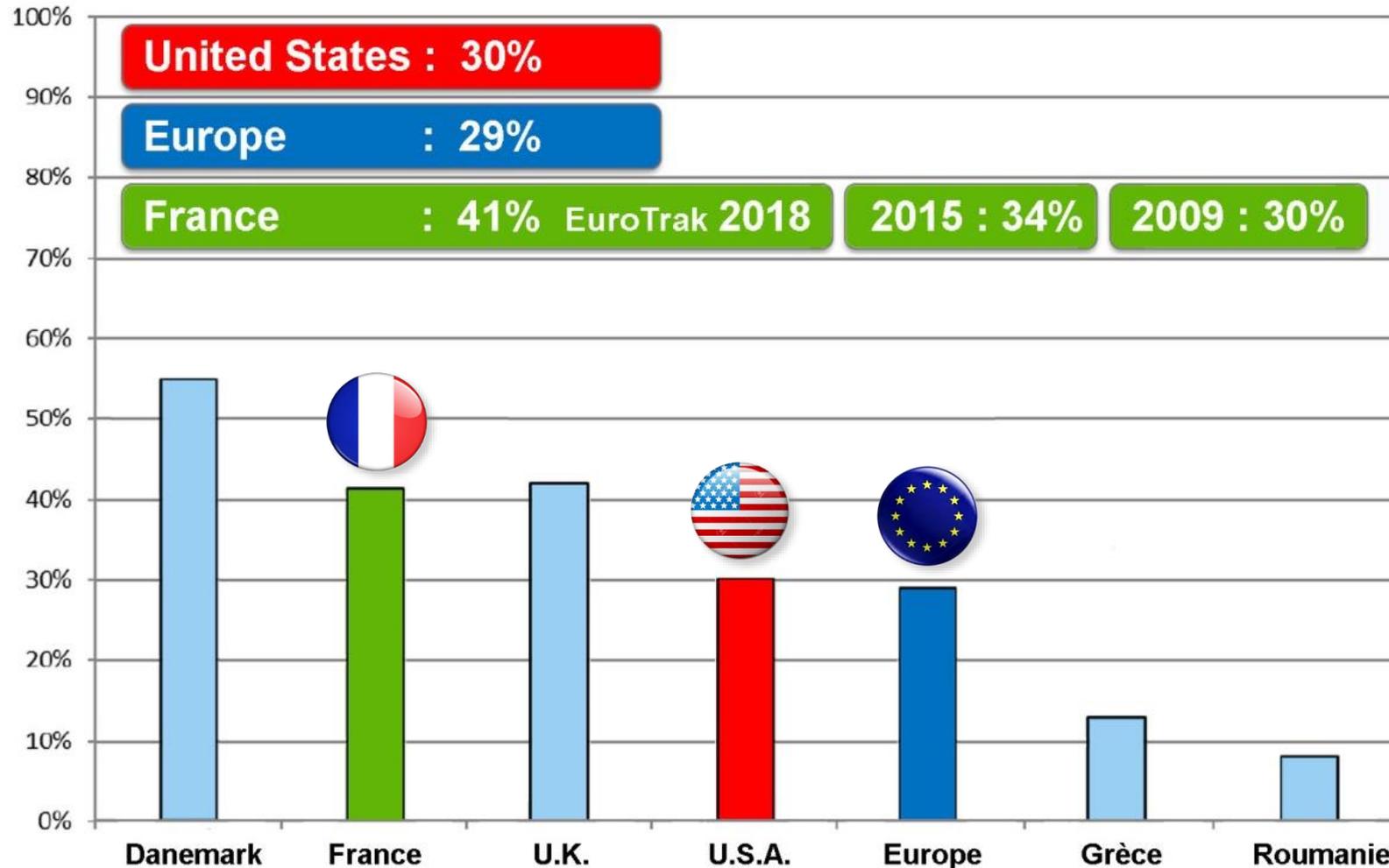


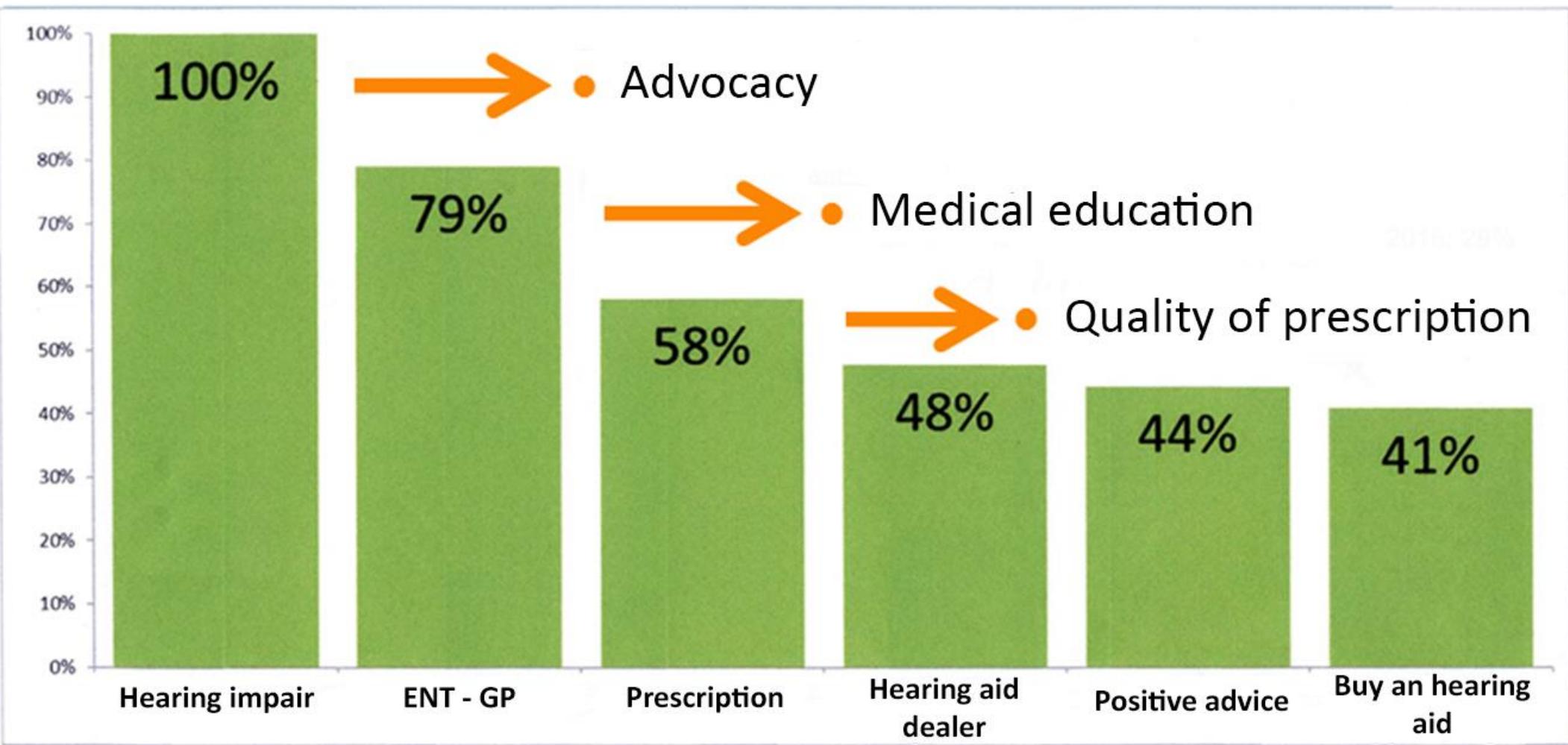
« Cette réforme, c'est la possibilité pour tous nos concitoyens, et notamment les personnes âgées, d'accéder à une audioprothèse sans reste à charge »



Ms. Agnes Buzin, *French Minister of Health*

ACCESS TO HEARING AID





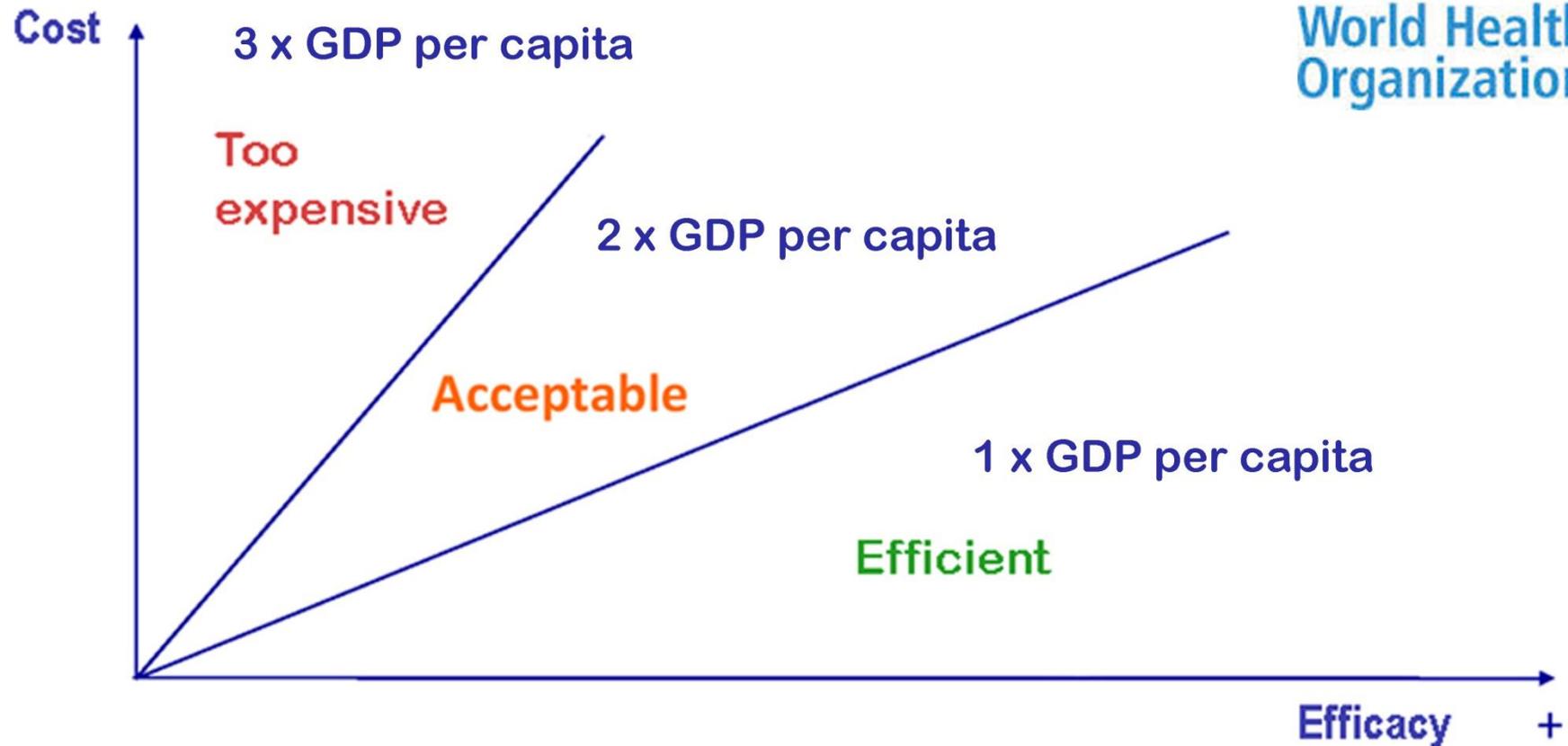
Access and affordability of cochlear implant



COST UTILITY (DALY/QALY vs GDP)



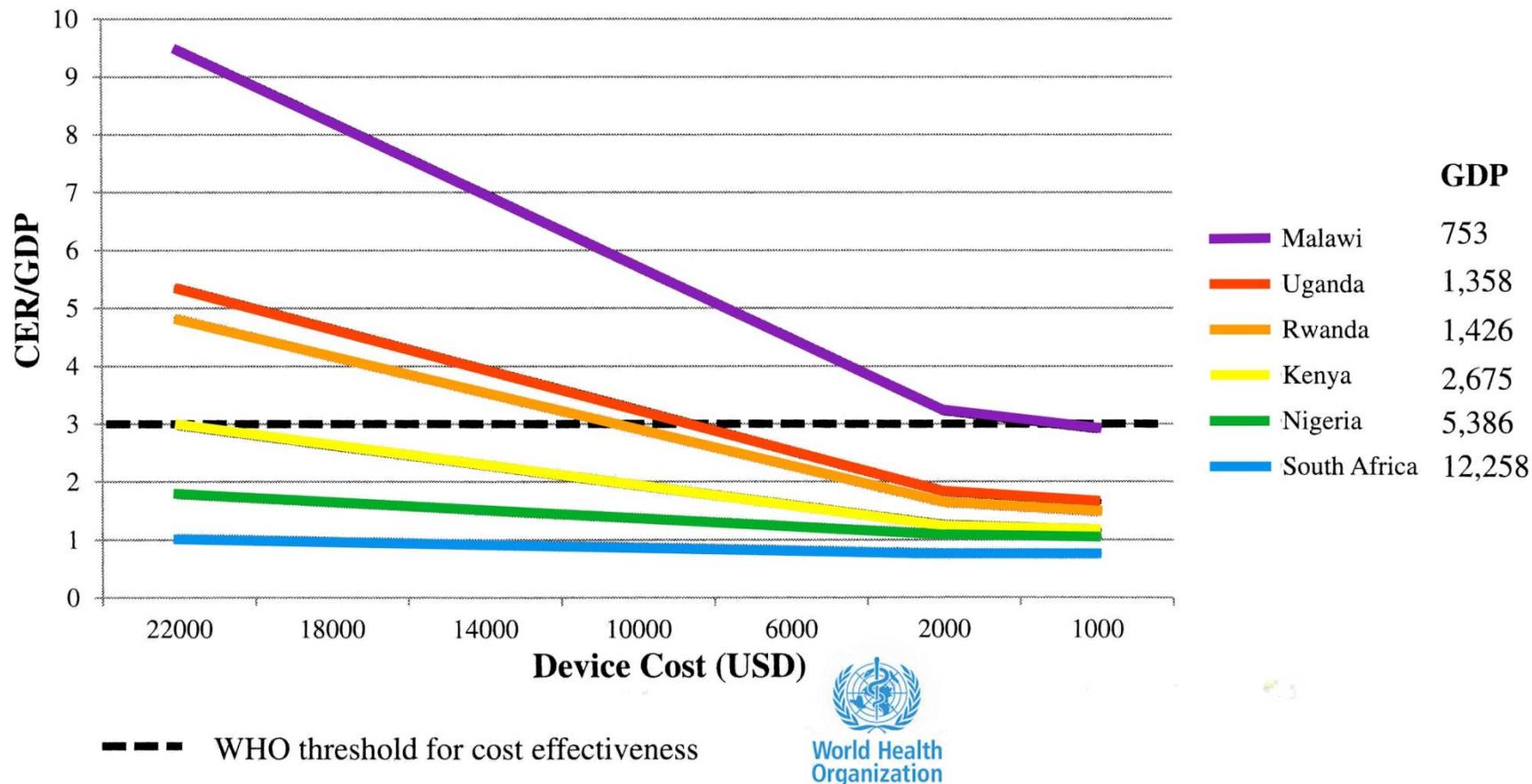
World Health Organization



DALY : Disability Adjusted Life Years
QALY : Quality Adjusted Life Years
GDP : Gross Domestic Product

GDP Matters: Cost Effectiveness of Cochlear Implantation and Deaf Education in Sub-Saharan Africa

*†Susan D. Emmett, ‡Debara L. Tucci, §Magteld Smith, ||Isaac M. Macharia,
||Serah N. Ndegwa, ¶Doreen Nakku, **Mukara B. Kaitesi, ††Titus S. Ibekwe,
‡‡Wakisa Mulwafu, †Wenfeng Gong, *Howard W. Francis,
and §§James E. Saunders





■ How IFOS can improve this mission in education taking in account the diversity of practice around the world ?



SFORL
SOCIÉTÉ FRANÇAISE
D'ORL ET DE CHIRURGIE
DE LA FACE ET DU COU

IFOS WORLD MASTER COURSE ON HEARING REHABILITATION

Thank you for your attention