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Hearing Aid Teleaudiology Services: Tools to Creating Confident Teleaudiology Providers

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Abstract

Documented benefits of telehealth-based hearing aid services include improving access to patient care, reducing travel time/costs and increasing follow-up rates[1]. Professional organizations such as the British Academy of Audiology[2] and the American Academy of Audiology[3] have created documents to promote the use of teleaudiology and hearing aid manufacturers have provided in person as well as video training to increase wide-spread usage by clinicians. However, only 37% of all audiologists reported providing teleaudiology services in the past year[4]. The major clinician concerns are:

1. Protocols: Lack of specific steps/policies/procedures in providing service delivery;
2. Relationships: Breakdown in the client/clinician relationship; and
3. Digital Literacy: Patient's ability to access to suitable technology and reliable internet.

It was the purpose of this project to implement a telehealth hearing aid program to improve the use of telehealth at our center and to investigate the significance of clinician-described barriers.

Population

Our team developed a three-part telehealth follow-up protocol (see Table 1) to follow the initial hearing aid fitting. Zoom conducted visits were scheduled at three, five and nine weeks post fitting intervals.

Experienced users receiving new Oticon technology were provided the option to opt-in to receiving visits via telehealth, with 19 families agreeing to participate. In addition to the appointments, families were asked to complete a 21-item pre- and post-survey which assessed satisfaction with the services received as well as asked to complete a live interview.

Table 1

Tasks	Visit 1 3 weeks post HA Fitting	Visit 2 5 weeks post HA Fitting	Visit 3 9 weeks post HA Fitting
Review of Hearing Loss	x		
Check Earmolds	x		
Can Connect via Bluetooth?	x		
Can use remote accessories?	x		
Can change batteries?	x		
Can Insert/remove the hearing aids/earmolds?	x		
Barriers to HA use?	X	x	x
Check data logging	x	x	x
Reprogram (if needed)	x	x	x
Administer Age-Appropriate Questionnaire		x	
Has HA use Increased?			X
Has use of app, remote technology or Bluetooth increased?			X
Understand hearing loss/hearing aids?			X

Results / Conclusions

Our goal was to determine if our proposed protocol provided sufficient detail for our team to feel comfortable, ascertain if families were accepting of our telehealth program and if they would have the technical ability to perform these services from their personal devices.

1. Protocols: We created our own protocol which was implemented with all patients who participated in our study. The members of our team who participated reported that they have confidently been able to implement our three-part telehealth protocol without encountering any additional barriers. We now offer remote care options to all of our hearing aid patients.
2. Relationships: We assessed via survey/interview, if families were satisfied with our remote services and specifically if this was detrimental to the client/clinician relationship. As expected, our parents reported that remote care offered increased accessibility and personalized care, What was unanticipated was the report of increased parent confidence/competency noted by **all** of our families. They described an INCREASE in the partnership with their audiologist. Several reported benefitting from the relaxed communication style created when meeting from their home via Zoom, Both the families and the audiologists reported that having the family in a "typical" environment which allowed for family-specific counseling.
3. Digital Literacy: Initially, we did find that providing a simple handout to families who expressed interest was not sufficient to determine digital literacy. Including time to download the app at the hearing aid fitting appointment was ideal for allowing families to gain an understanding of the process and determine if they could successfully complete the sessions.

Conclusion

Ironically, we have encountered difficulty in embracing the use of teleaudiology by members of the team not involved in the initial study. To foster acceptance, we have initiated using a peer-to-peer mentoring model. Peer-to-peer allows for hands-on skill training as well as instruction tailored to the competency level/learning style of the learner. While this model is used by many professions[5], it is not one that we have often used due to the significant time constraints. We anticipate that peer-to-peer training will allow an increased number of our team to feel confident in using this valuable service provision model.

Références

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