

**Special Newsletter  
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# **American Otological Society, Inc.**

In response to the changes in the delivery of hearing healthcare, the Coalition for Hearing and Balance was formed from representatives of the AAO-HNS, ANS (American Neurotology Society), and the AOS (American Otological Society). After a great deal of study the Coalition presented an assessment of the current situation as well as an action plan to the AAO-HNS Board of Directors. The following document contains key excerpts designed to apprise our members and act as a call to action as we move forward.

The evolution of patient care in many fields has closely paralleled the widespread availability of both private and government subsidized insurance. Initially, this provided a marked increase in the demand for services as subsequently increased availability. An offshoot of this dramatic influx of money into the health care arena was the significant upgrading of funding for education and in turn a large, highly qualified applicant pool entering the medical field. There was also a need for qualified, well-trained ancillary health care providers. The marketplace needed lesser-trained individuals to assist the physician on the health care team.

When U.S. industry became less competitive globally due to high employee health related expenses: the private insurance market began experimenting with ways to cut costs. The federal government also felt the need to adjust the way the system was evolving. The emphasis on primary care was reflected in the shift to the "gatekeeper" system and the installment of the RBRVS by HCFA. Aside from cost, these shifts signaled the willingness of society to sacrifice quality and allow the "lowest cost provider" theory to emerge. Those with the most expertise would not necessarily be available to the patient population initially.

As these trends accelerated in the 1990's, ancillary providers saw an increase in reimbursement and responsibility, in some cases bypassing the need for supervision. In almost every field, ancillary providers became emboldened with dreams of marked increase in income and prestige without the need for the rigorous training required for physicians. These ancillary providers have tried to increase their scope of practice through legislative and regulatory activity. They have set up strong political organizations that have great patience, persistence, and funding. They utilize a strategy of incremental advance, using the "optometrist model" as a guide.

Otolaryngology has witnessed a well thought out and organized effort by audiologists to expand their scope of practice to the point of being the "gatekeeper" for all hearing healthcare. The AAA has set a goal for all audiologists to have a doctoral degree by 2012.

The AuD degree has been developed as the mechanism to accomplish this. Unlike the rigorous PhD programs in audiology, this will primarily be a clinical degree. As audiologists attempt to enhance their credentials, they are moving away from the university setting for their training. As a matter of fact, many of their programs are by correspondence. The implication of this is obvious. Dr. James Jerger, a founder of the AAA, has recently suggested the possibility of a two-tiered audiologic system with the AuD's as the clinical supervisor to audiometrists (note the name he uses).

Audiologists have made strides in cerumen management, hearing aid restrictions, and infant screening and have positioned themselves as a primary resource in several venues. Should the current trend unfold, as it evolving now, otolaryngologists will be faced with a number of practice related problems as well as the possibility of losing our place as captain of the hearing healthcare team.

The time has come for otolaryngology to map out and implement a plan for comprehensive hearing healthcare. The cornerstone of this plan should be the clear fact that otolaryngologists are the **ONLY** group that can provide the full spectrum of care for otologic and related disorders. **WE ARE THE EXPERTS** that everyone else must look to. We should be the "captain" of the hearing healthcare team. Patients have the right to be treated by a **SPECIALTY TRAINED, BOARD CERTIFIED PHYSICIAN** for their hearing and balance problems.

The Coalition for Hearing and Balance has made a series of recommendations that we feel will position otolaryngology for the future. We need to educate the public as well as referring physicians as to what constitutes the "best" care for their hearing and balance problems. We will be working with our State Legislative Network to produce model legislation to protect the patient's right to get the care they deserve. We should also consider forming alliances with like-thinking providers who also have the patient's best interests at heart. There are a number of more detailed suggestions that will become apparent over time.

As Chair of the Coalition for Hearing and Balance, I am asking for the support of all of our members as we move forward. Your future practice well might be adversely altered if we are unsuccessful. This is essential to all otolaryngologists, not just the neurotologists and otologists. Please join with us. If you would like to volunteer to help, please contact Maureen Hannley, PhD at academy headquarters.

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