Putting Audiology in its Place: Moving Beyond the Au.D. Towards Professional Autonomy

Nancy N. Green, Au.D., President, Academy of Doctors of Audiology

Audiology must become the recognized entry point for audiology care.

What can you do?

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18 x 18 Update

Growing Healthcare Challenges

18 x 18 Comprehensive Legislative Approach

Next Step

10 x 18

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Comprehensive Legislative Approach

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Growing Medicare Challenges

Current Medicare challenges are merely the tip of the iceberg.
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The coming surge of retiring Baby Boomers, coupled with an impending shortage of physicians to treat them, will create unprecedented challenges for patients and practitioners.

Surge of Baby Boomers
- There are 75 million baby boomers
- The first baby boomers became Medicare-eligible in 2011. Between 7,000 and 10,000 became eligible for Medicare daily. There are 47 million Medicare beneficiaries today. By 2030 there will be 80 million.

Inefficient Model of Audiology Care
Audiologists cannot be utilized to help ease the burden to Medicare because they are not efficiently deployed.

Documented Shortage of Physicians
According to the Association of American Medical Colleges (AAMC), by 2025, the shortage of physicians in the United States is projected to exceed 160,000.
The coming surge of retiring Baby Boomers, coupled with the impending drought of physicians to treat them, will create unprecedented challenges for patients and practitioners.
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Even if a “medical home model is used, orthodontists should be independent, just like optometrists and dentists are. Would it make sense even with a medical home to require a referral to see a dentist or an optometrist?

- Physician Referral Required
- Full scope of practice not recognized
- Not treated as other non-M.D. healthcare professionals with similar training, education, and skills
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- Physician Referral Required
- Full scope of practice not recognized
- Not treated as other non-M.D. healthcare professionals with similar training, education, and skills
Audiology must become the recognized entry point for audiologic care
Audiology must complete its transformation to a doctoring profession.
Degrees of Change

1988-1989
ADA hosts Conference on Professional Education
The Audiology Foundation of America is formed to establish and promote the Au.D.

1994
First Au.D. students begin studies at Baylor University

2007
Au.D. is the required "first professional degree" in audiology; masters enrollment ceases
ADA hosts Conference on Professional Education
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First Au.D. students begin studies at Baylor University
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Our work is not finished

Establishing the Au.D. was the first step to the transformation to a true doctoring profession as defined by
Establishing the Au.D. was the first step to the transformation to a true doctoring profession as defined by professional autonomy, reimbursement for services and achievement of Limited License Physician status.
Next Steps
Team-based health care and the medical home model will not be impeded by 18x18.
Amend Title 18 of the Social Security Act by 2018 to achieve:

- Limited License Physician Status Under Medicare
- Direct Access to Audiologists for Medicare Recipients
- Medicare Expanded Coverage of Audiology Services
Why 18x18?

18x18 aligns with ADA's mission, vision and beliefs.
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18x18 means professional autonomy, best practices, and patient access to safe, efficient care.
Would allow audiologists the autonomy to make clinical recommendations and practice the full scope of audiology and vestibular care, as allowed by their state license and as dictated by their educational requirements and competencies.
Comprehensive Benefit

Would allow for Medicare coverage of medically necessary, covered treatment services such as vestibular rehabilitation, cerumen removal and aural rehabilitation.
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Would allow for Medicare coverage of medically necessary, covered treatment services such as vestibular rehabilitation, cerumen removal and aural rehabilitation services provided by audiologists, practicing under their state-defined scope of practice.
Benefit

Would eliminate the need for a physician's order, required for a Medicare beneficiary to receive coverage of medically necessary, covered audiology services.
• The Direct Access component mirrors previous legislation introduced by AAA
• The comprehensive benefit includes everything that is covered by Medicare, contained in the audiologist’s state scope of practice
• Limited License Physician status is different than Limited License Practitioner status
**LLPhysician**

- Grouped with other doctoring professionals
- Easier addition of direct access
- Easier addition of full scope of practice
- Less risk of reimbursement rate reduction
- Ability to opt out

**LLPractitioner**

- Grouped with auxiliary professionals
- Harder to get direct access
- Harder to add full scope of practice
- Greater risk of reimbursement rate reduction
- Ability to opt out
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Initiate
ADA embarked on this journey at the request of its members, who believe that autonomous practice is the best practice.

Communicate
- Hearing Journal, May Issue Feature
- Audiology Today, May/June
- Audiology Online, June
- Audiology Online Webinar, September 11th
- www.18x18.org

Advocate
- Composed Draft Legislation
- Engaged Prime Policy Group
- Held Inaugural D.C. Fly-in/Seeking Bi-partisan Congressional Support
- Attended 60 Meetings with Legislators and/or Staffs to date
- Received Encouraging Feedback/Promising Leads

Q&A
Not all audiology legislation is created equal
ADA Opposes H.R. 2330

- It would undermine patient access and practitioner autonomy.
- It runs counter to the benefits of 18 x 18
H.R. 2330 would enlarge the physician referral requirement under Medicare
It will mandate additional physician oversight, including a requirement for a physician plan of care that will necessitate periodic review and approval by the ordering physician.
It will make it more likely that audiologic services will be included in the therapy cap
H.R. 2330 does not provide a truly comprehensive audiology benefit

- No cerumen
- No tinnitus
- No easy way to add services later
18 x 18 Update
Comprehensive Legislative Approach

Each component of 18x18 works in unison with the others.

Opening Medicare law is difficult and making a comprehensive ask will be most effective.

18x18 will finish audiology's transformation to a doctoring profession legislatively.

18x18 is the legislation that will unify the profession of audiology.

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18x18 will finish audiology’s transformation to a doctoring profession, legislatively.
18x18 is the legislation that will unify the profession of audiology.
Opening Medicare law is difficult and making a comprehensive ask will be most effective.

Over the long run, audiology will not succeed as an autonomous profession, unless these goals are achieved.

Military, VA and audiologists employed federally would be ensured rank and pay that is commensurate with doctoring profession.

This will benefit audiologists in all branches.
18x18, if enacted will benefit audiologists in all settings
Military, VA and audiologists employed federally would be ensured rank and pay that is commensurate with doctoring profession.
Medicaid and private insurers often follow Medicare’s lead
Au.D. programs will enjoy more robust demand and success if 18x18 is enacted.
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What can you do?

1. Communicate
2. Advocate
3. Donate
1 Communicate
Communicate
Q & A