

LOW-INCOME HEARING HELP-SEEKERS' SELF-REPORTED READINESS FOR TELEAUDIOLOGY FOLLOW-UP APPOINTMENTS

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INTRODUCTION

The average price of a hearing aid in the United States is about \$2,500 (Bailey, 2020). Neither Medicare nor Oklahoma Medicaid provides hearing aids for adults with low incomes which forces them to rely on "safety net" programs.

The United Way Hearing Aid Bank (UWHAB) in the John W. Keys Speech and Hearing Clinic of the provides entry-level advanced digital technology (ADT) hearing aids at low cost to adults who are at least 1.7 times below the US Federal Poverty Level and live in one of seven central Oklahoma counties: Canadian, Cleveland, Kingfisher, Lincoln, Logan, Oklahoma, and Pottawatomie. The cost of UWHAB hearing aids includes the diagnostic evaluation, hearing aid fitting, and two- and four-week follow up appointments.

The ADT hearing aids can be connected to patients' smartphones via an app for streaming, controlling settings, and remote programming from the audiologists' office via teleaudiology. Medicaid and Medicare eligible adults with hearing loss tend to have twice as much difficulty using their hearing aids than their peers with higher incomes (Willink et al, 2019). Follow up appointments for new hearing aid wearers with low incomes are critical to achieving positive outcomes and may be easier to attend via teleaudiology.

PURPOSE

The purpose of the present study was to assess the self-reported readiness of UWHAB patients to receive follow up appointments via teleaudiology.

METHODS

The 18-item *Readiness for Telehealth Survey* (Valikodath et al, 2017) was revised for this study and mailed to 106 patients who had obtained hearing aids through the UWHAB during the last four years who had the ability to fill out a survey on their own. Each packet contained a \$10 Walmart gift card as an incentive for patients to complete the survey.

RESULTS

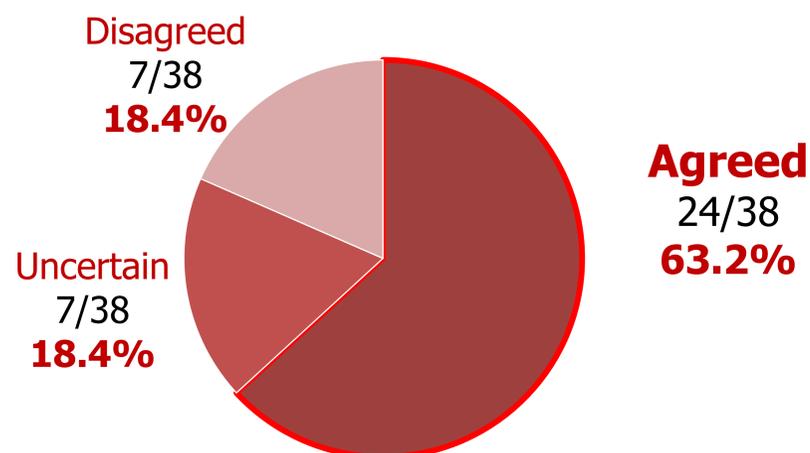
Forty-two patients (M = 13; F = 29) with a mean age of 63.38 y (SD = 23) returned surveys for a response rate of 42% (42/[106-7 return to sender]).

Most took between 3 and 6 medications per day and had the following comorbidities: arthritis (50%; 21/42), hypertension (45%; 19/42), diabetes (43%; 18/42), ocular disorders/low vision (43%; 18/42), and hyperlipidemia (29%; 13/42). Patients reported living an average of 20 miles away from clinical services (M = 20.1; SD = 25) and 14% (6/42) did not have reliable transportation.

Most of these respondents had access to an email address (88%; 35/40), the Internet (80%; 33/41), smartphone (73%; 30/41), and tablet/computer (71%; 29/41), but were not confident at all or needed help in using their smartphones (56%; 22/39), computers (62%; 24/39), mouse (50% 19/38), and computer cameras (71%; 27/38).

Only 39.5% (15/38) agreed with the statement "I would be willing to receive my hearing aid follow up appointments via telehealth." Two-fifths (40%; 16/40) agreed that that having follow up via teleaudiology would be more convenient than going to the clinic.

"I would miss interacting with the audiologists and student interns in person."



DISCUSSION

Although teleaudiology follow up appointments may be convenient for patients who live far from the clinic, have multiple comorbidities, or lack reliable transportation, many patients lacked access to email, the Internet, smartphones, computers, and/or tablets. In addition, most of them were not confident at all or needed help in using these devices.

Patients' access to and skill with smartphones, computers, and tablets must be taken into consideration when designing follow up appointments using teleaudiology. Case histories should include queries about mobile device and computer proficiency so that auditory rehabilitation may include patient-centered instruction to help optimize patients' use of their hearing aids with smartphones and computers and enhance hearing aid follow ups. Future studies should assess patients' specific hearing aid/mobile device and computer skills. Limitations of this survey include self-selection bias, small sample size, patients from only one clinic, reliance on patients' self-reported rather than demonstrated abilities, and not asking about specific hearing aid/mobile device and computer skills

CONCLUSIONS

Although teleaudiology follow-up appointments may be desired by some patients, many lacked confidence in their skills for managing smartphones, tablets, and computers. Further, it is important for future teleaudiology appointments to remain interactive and patient-centered.

REFERENCES

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