AMERICAN ACADEMY OF AUDIOLOGY

11480 Commerce Park Drive
Suite 220
Reston, VA 20191

tel 800-AAA-2336
fax 703-790-8631
www.audiology.org

VIA ELECTRONIC SUBMISSION: https://innovation.cms.gov/initiatives/direction/

November 20, 2017

Seema Verma
Administrator
Centers for Medicare & Medicaid Services Innovation Center
Request for Information

RE: Centers for Medicare & Medicaid Services: Innovation Center New Direction

Dear Administrator Verma,

The American Academy of Audiology (the "Academy") is the world's largest professional organization of, by, and for audiologists, representing over 12,000 members. The Academy promotes quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. The Academy appreciates the opportunity to offer comments in response to the Centers for Medicare and Medicaid Services Innovation Center's (Innovation Center) request for information (RFI) to identify a new direction to promote patient-centered care and test market-driven reforms that empower beneficiaries as consumers, provide price transparency, increase choices and competition to drive quality, reduce costs, and improve outcomes. The Academy's comments are below.

Potential Models: Consumer-Directed Care and Market Based Innovations

The Academy applauds the Innovation Center for seeking feedback on models that best serve patients in terms of cost, quality, and access to care. These consumer-directed and market based models are especially important when discussing the evaluation and treatment of hearing loss and vestibular disorders. Hearing loss is the third most common chronic physical condition in the United States, and is more prevalent than diabetes or cancer[1]. Untreated hearing loss is linked to isolation, depression, and cognitive decline in older adults.[2] Research also shows correlations between increased risk for hearing loss and other chronic diseases such as diabetes, obesity, and heart disease. It is also known that vestibular disorders pose significant problems for seniors and that vestibular rehabilitation can improve balance in patients with multisensory dizziness, reducing the risk of falls for those patients.[3] Overall, hearing loss and vestibular disorders have a significant impact on the health of our population.

Audiologists are leaders in hearing and balance care and play a critical role in the diagnosis and treatment of both hearing loss and vestibular disorders, as well as the management of hearing loss as a

[1] https://www.cdc.gov/nchs/data/series/sr_10/sr10_260.pdf
[2] https://www.audiology.org/publications-resources/document-library/untreated-hearing-loss-linked-depression-social-isolation
[3] https://www.ncbi.nlm.nih.gov/pubmed/18277204

chronic condition. Despite the prevalence of hearing loss as a chronic condition and the important role the audiologist plays in managing this chronic condition, patients and providers face statutory and regulatory barriers from both a coverage and access standpoint. The current Medicare regulatory definition places audiologists in the "Other Diagnostic Procedures" benefit classification, limiting audiologists to providing diagnostic-only hearing and balance services. These regulatory and statutory barriers can prevent patients from accessing the full breadth of audiologic care. Audiologists provide high-quality, cost-effective hearing care and add considerable value to the health-care system by improving outcomes for patients, while also reducing costs. The Academy urges the Innovation Center to pursue models that better reflect the fact that hearing loss is a chronic condition and that patients' hearing and balance needs are often not addressed within the current system. The Academy would like to draw your attention to one such example related to current trends for the diagnosis and management of patients who experience dizziness.

Improving Efficiency and Decreasing Cost Related to Patients with Dizziness

Vestibular testing is an objective and sensitive battery of tests using voluntary and involuntary eye movements (known as nystagmus) to assess the peripheral and central vestibular systems. Most information obtained through vestibular testing cannot be obtained by other means. Diagnosing a benign vestibular disorder often safely rules out a worrisome stroke or brain lesion. Due to highly problematic changes in payment policies related to vestibular testing (e.g. substantial reductions in payment for important vestibular services) we have seen a marked decrease in patient access to and utilization of vestibular testing since 2008. At the same time, we have seen an increased use of neuro-imaging in the assessment of patients with dizziness. For example, cranial CT scans were ordered on 39 percent of dizzy patients in 2011, at a considerable cost to Medicare and a potential risk to patient due to exposure to ionizing radiation.[4]

Evidence suggests that decreased access to vestibular testing has directly led to an increased use of neuro-imaging with more patients visiting the emergency room (ER) for complaints of dizziness. With the increased use of neuro-imaging, the estimated costs for ER services are $4 billion per year as of 2011. A 2013 research report released by the Johns Hopkins University School of Medicine examined two large, national public databases to gain a better understanding of emergency room visits for extreme dizziness. In the Johns Hopkins report, researchers found that a large percentage of patients who visit the emergency department with dizziness are suffering from a benign inner-ear disorder, while just 5 percent of those whose major complaint is dizziness are having a stroke. Despite this, nearly half of the patients that come to the emergency department still receive CT scans.[5] For Benign Paroxysmal Positional Vertigo (BPPV), the most common cause of vertigo, studies show that 85 percent of patients' symptoms were resolved in the same day if they receive the correct diagnosis by a trained specialist. Unnecessary testing can delay identifying the proper diagnosis, which negatively impacts patients and significantly increases health-care costs.

[4] https://www.ncbi.nlm.nih.gov/pubmed/23821602

[5] http://www.hopkinsmedicine.org/news/media/releases/johns_hopkins_study_cost_of_treating_dizziness_in_the_emergency_room_soars

It is estimated that with policy changes and investments in patient and provider education, these unnecessary services could be reduced by $1 billion per year.[6] The Academy strongly encourages the Innovation Center to consider the diagnostic testing of patients with dizziness as a way to improve efficiency within the Medicare program. Improving access to vestibular services helps to reduce the need for expensive neuro-imaging and plays an important role in preventing falls among the Medicare population. The Academy would be happy to provide in depth resources and supporting data to assist the Innovation Center in these efforts.

Potential Models: Physician Specialty Models and the Role of Audiologists in Care Coordination

The Academy recognizes the Innovation Center's focus on care coordination with primary care, specialists, and other providers for patients with multiple chronic conditions, mental and behavioral health issues, cognitive impairment, and mobility-related disabilities. As referenced in the section above, care coordination among audiologists and other types of providers including primary care providers, otolaryngologists, cardiologists, and emergency departments can help to improve the quality and efficiency of care currently received by patients reporting dizziness and other hearing and balance disorders. The Academy also believes that models that support improved coordination of care will also result in a reduction in overall costs to the health-care system. This may be achieved by a physician/audiologist specialty model focused on hearing and balance care. This approach reflects the high-quality, cost-effective health-care goals set forth by the Innovation Center.

Care coordination and improved opportunities for patients to access audiologic and vestibular care fits into the following Innovation Center guiding principles: 2) Provider Choice and Incentives and 3) Patient Centered-Care. Reducing regulatory burdens that serve as barriers to audiologic care and improving provider choice will help the entire health-care team better address the needs of patients with hearing and balance issues. Because audiologists are integral members of the health-care team, the Academy advocates that patients have more flexibility in choosing their providers.

Expanding Medicare Telehealth Services

The Academy also requests that the Innovation Center develops models that expand the list of eligible providers and related covered services under the Medicare program. There are a number of legislative proposals before Congress to make statutory changes to expand the list of eligible providers of Medicare telehealth services. These proposals specifically include audiologists among the list of eligible providers. The Academy believes audiologists are appropriate providers of telehealth services and we urge Congress and CMS to work together to make the statutory and regulatory changes required to expand reimbursement to improve patient access to care. Testing such models through the Innovation Center may be one way to bring about policy changes that ease access burdens and provide cost-effective patient care. Broadening the list of eligible providers of telehealth services to include audiologists will allow audiology services to be available in rural and health professional shortage areas. Improved access to telehealth services benefits patients who are not readily able to travel. This population includes many elderly Medicare beneficiaries seeking the services of an audiologist. The U.S. Department of Veterans Affairs (VA) has already implemented a number of successful programs related to the provision of

6 https://www.hopkinsmedicine.org/news/media/releases/johns_hopkins_study_cost_of_treating_dizziness_in_the_emergency_room_soars

audiology services via telehealth. These programs can serve as a model in expanding telehealth services under the Medicare program.

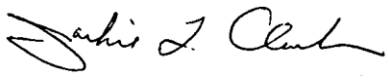
APMs/Innovation Center Models

The Academy continues to review and discuss the role that audiologists may play in APMs and looks for opportunities with both physician and non-physician stakeholders to pursue meaningful involvement in APMs. We believe there is a potential to develop APMs where audiologists are recognized for providing high-quality, cost-effective diagnostic and treatment services for patients in need of audiologic care. We encourage the Innovation Center to consider the role of audiologists in health-care delivery and how that translates to participation in care models or APMs. The Academy firmly believes that our scope of practice and clinical expertise in this area earn us a role as valued and contributing members of APMs.

* * * * *

The Academy appreciates the opportunity to comment on this RFI. Please contact Kate Thomas, senior director of advocacy and reimbursement, by phone 703-226-1029 or via email at kthomas@audiology.org should you have any questions regarding the Academy's comments.

Sincerely,



Jackie L. Clark, PhD
President, American Academy of Audiology