

The challenges of OTC hearing aid delivery and protecting consumers

As an audiologist with over 30 years of direct clinical hearing healthcare, I have some comments to share on this important topic. I have been employed in traditional hearing healthcare as part of very large dispensing programs, and I have had 4 years of experience in the mail-order/home delivery of hearing aids. I am, therefore, uniquely qualified to speak on this topic.

I am well aware of the current challenges in the market, and the lack of consistency in hearing healthcare. I would not say the current system is working well for people, as there are many confusing paths for the consumers to navigate. What I do not understand is the idea that an OTC model would in any way improve this for millions of consumers. If anything, an OTC model makes it even more challenging. It keeps the focus on a product, and the business entity with the best marketing or access to consumers will sell more products. If that is the goal, so be it. We should not, however, assume or feel assured that the average consumer will navigate this well.

Here are the challenges known to exist in the mail-order/home delivery model.

- An accurate, valid hearing evaluation is still needed prior to the treatment of hearing loss. There are many innovations in self-assessment, but they have not received the scrutiny they deserve. Without a peer-reviewed study that assesses the non-traditional tests compared to the traditional models, we are doing consumers a dis-service. I say that because I was involved in the attempted initiation of such a test, and it was a failure. We only need look at other innovations in healthcare for similar problems, such as the Theranos story.
- Many studies have looked at the pre-purchase of hearing aids in an OTC model, or at the first few days/weeks after purchase. However, we need to perform an assessment of the long-term consequences of OTC hearing healthcare. In particular, we need to know how well consumers were able to accurately assess the need for service and repair on these products. We then need to know how well the service and repair process worked for them. Were the devices accurately assessed by the consumer, and customer-service team from whom they were purchased? Was the warranty honored? The idea that hearing aids or PSAPs are the same as reading glasses is actually ridiculous. Readers/cheaters are not electronic devices prone to problems with secretions (ear wax), perspiration, dry skin, battery corrosion and the like. To simply allow people to purchase hearing aids at a lower cost or in an OTC model is to allow incredible opportunities for fraud when considering the long-term care of the products.
- An experienced hearing healthcare provider will agree with the following comments: When a patient walks in with a problem 6 months or a year after a hearing aid fitting, there are a number of issues to consider. They include the following:
 - Is this a repair?
 - Is it an ear canal (wax/dry skin) issue?
 - Is it an expectations issue?
 - Is it a hearing-change issue?

As a professional that worked for 4 years answering customer-complaint issues via telephone intervention, I can say that this process is nearly impossible to perform well, unless there is an

experienced person onsite to assist. I have spent many years training students, support staff and family members in the trouble-shooting processes. To assume that consumers will be able to assess their own ability to handle this is extremely questionable. None of this has been assessed in any well-controlled studies.

I am not certain why anyone would assume that the consumer's electronic industry is any less profit-motivated than the current hearing aid industry. The OTC plan simply allows another entity to sell a product. We need to take hearing loss seriously as a country. The long-term implications are enormous. However, we need to be cautious in the approach. Persons with hearing loss cannot predict the severity, nor the pattern of hearing loss without assistance. They do not know if they have had an inaccurate test, or not. I say this due to direct experience in this area.

We can do better than this as a country.