

**Cleveland Hearing & Speech Center
Program Evaluation Summary
2021 Audiology Services**

Summary of Services

Audiology

- 6,468 (3,907-2020) visits were performed at all 4 clinic locations
- 2,622 (2130-2020) unique clients seen in-house
 - 8.3% children
 - 91.7% adults

 - 38 % male
 - 56% female
 - 2% no gender detail

 - 58% white
 - 18% black
 - <1% biracial
 - <1% native Hawaiian or pacific islander
 - 1.7% Asian
 - 22% unknown
- 2,880 children served through contracts with 3 school districts
 - 2,835 for school screenings
 - 45 children with hearing loss
- 50 adults served through 3 in -person community based educational outreach events
- 62 adults served through 6 virtual community based educational outreach events.
- **5,614 clients Total Served through Audiology**

Analysis:

Numbers of individuals seen was more than even pre-Covid levels showing high demand for services in clinic. In addition, school districts re-implemented screening protocols and needed additional help to complete leading to high numbers of school screenings.

Outcomes

In spite of COVID, we continued to focus on Outcomes and providing services using Best Practice protocols. The audiology team gathered both subjective and objective outcomes using the following measures:

Subjective: International Outcome Inventory for Hearing Aids.

- 99% say their hearing aids help in the situation they most wanted to hear better
- 94% said their new hearing aids improved their enjoyment of life

Objective: Real ear verification and Speech Intelligibility Index

- On average, our clients receive an 80% increase in ability to understand speech (as measured by the pre and post Speech Intelligibility Index scores. Average increase of 29.56 to 53.14)
- We participated in the Beta testing for a National Outcome Management System (NOMS) that the American Speech and Hearing Association.
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Actions: Participate in AHSA NOMS in an ongoing manner and continue to gather outcomes on clients.

Client Satisfaction

With the disruptions COVID brought, inadvertently, formal satisfaction surveys were not distributed in 2020- 2021 to audiology clients as they had been in years past. IN 2021, we spent time looking at different ways to collect satisfaction survey info. It was deterred that previous manners of sending emails through survey monkey or handing out paper copies was inefficient. We spent time researching possible solutions and determined that linking satisfaction surveys with Counsel Ear was the most effective mechanism moving forward. We budgeted for this expense in 2022.

However, paper satisfaction surveys continued to be mailed to those who received hearing aids through the Audiology Patient Assistance Program. Response's revealed:

- 89.5% of respondents indicated that they either strongly agreed or agreed to the following statement: "I can better participate in conversations with my family/ friends with my new hearing aids"
- 89%% of respondents indicated that they either strongly agreed or agreed to the following statement: "This hearing aid(s) has had a positive impact on my life."
- 91.5% of respondents indicated that they either strongly agreed or agreed to the following statement: "I can participate more fully in my daily activities with my new hearing aid(s)."

Action:

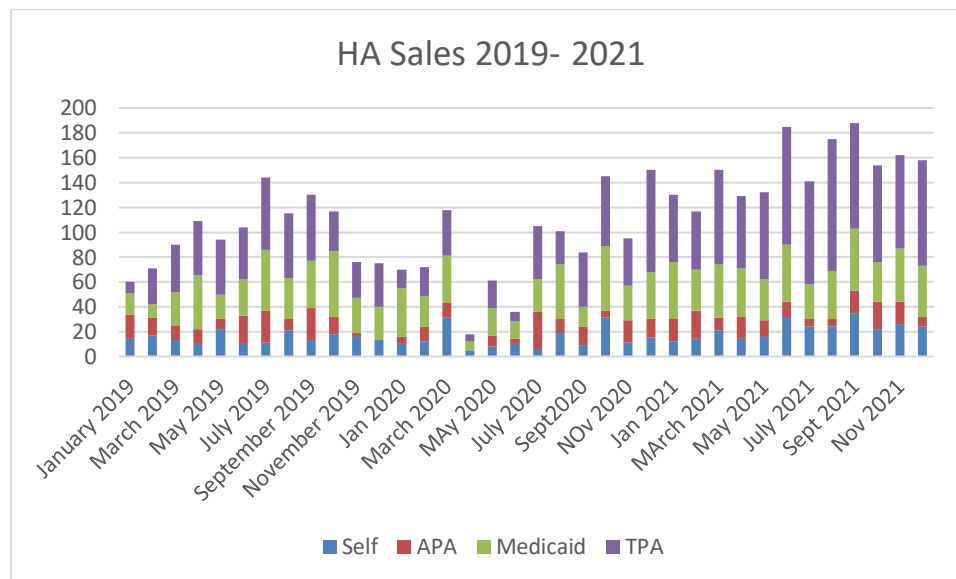
For 2022, we will implement the integrated questionnaire system that will allow us to gather feedback after each visit or at intervals we find helpful.

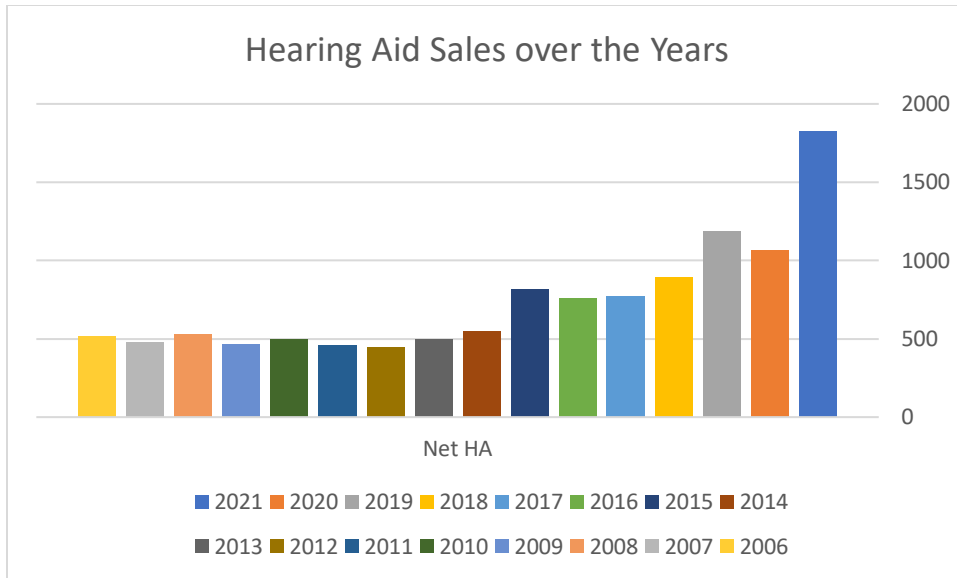
Efficiency

Our main indicator of productivity continues to be hearing aid sales. Even with the disruption COVID created we dispensed a large number of hearing aids. In fact, social isolation and mask wearing drew attention to the importance of communication and highlighted troubles someone with hearing loss may have.

In 2020, we dispensed 1821 hearing aids which is a 72% increase over 2021 and a 54% increase over 2019 (pre covid). We have been responsive to client's and the hearing aid industry resulting in us adding many new insurance plans which allow for accessibility to more clients who now have coverage for hearing aids.

The drawback is that the reimbursement from these insurance plans is low. To counteract this, we have made strong movements forward in using Hearing Instrument Specialists (HIS) and audiology aides to ensure the audiologist time is spent practicing top the top of their license and not handling tasks that could be performed by a para-professional. In 2021, our current Hearing Instrument Specialist moved from 50% clinical work to 100%. In addition, in the second half of 2021, we hired two Client Care Coordinators (CCC) who can also provide clinical services, allowing them to serve in a dual role. They will begin providing client care in 2022.





In 2021 we moved to a Voice over Internet Phone (VOIP) which allowed us to better understand call volumes and staff appropriately allowing for a better customer service experience. The new phone system has also allowed us to have staff work remotely as which has been especially helpful during OVID dan weather disruptions.

Action:

Continue to explore all features of Office Management system (Counsel Ear) in order to maximize efficiencies including online scheduling, paperwork via email, follow up correspondence, patient portals etc.

Continue to move toward the model of having a Hearing Instrument Specialist at all office locations which will allow for more walk in and same day appointments and a more cost-effective treatment option for simpler cases. Audiologists will have time to devote to more challenging cases.

Accessibility of Services

IN addition to physical accessibility which is addressed in our formal accessibility plan, financial accessibility is also exceptionally important. CHSC offers the Audiology Patient Assistance Program for financial assistance in obtaining audiology services. In 2021, we dispensed 177 hearing aids to 91 clients. An additional 71 people were served through APA receiving hearing aid repairs, devices or professional services at a greatly reduced cost.

The payer mix for hearing aids at CHSC shows our commitment to financial accessibility. 86% of hearing aids dispensed at CHSC were funded via Medicaid, APA, TPA or private insurance which have zero to very low out of pocket costs.

Action: CHSC continues to remain focused on accessibility. We have a formal accessibility plan and meet regularly to address any concerns.

In addition, advocacy efforts to maintain funding for APA will continue to ensure access to this program and the positive outcomes it yields.

