

# Audiologists, Do You Want More?

**D**o you want increased professional respect, full-practice authority, and better compensation?

Who doesn't? Would it surprise you to know that this quest begins with ensuring uniformly excellent educational programs?

If audiology desires an elevated professional status, AuD programs must be consistent and rigorous across every program in the country. The Accreditation Commission for Audiology Education (ACAE), the Academy-sanctioned commission specifically designed for accrediting AuD programs, has as a core objective the educational transformation needed to achieve these goals.

Currently, there is an unprecedented opportunity for nonphysician health-care professionals to move to full-practice authority within their scope of practice because of the Affordable Care Act (ACA). It's a serious game changer in health care that has three basic premises:

1. The number of patients who receive health care will increase dramatically, and to handle that increase, the number of gatekeepers has to expand beyond physicians.

2. Health care has to be available to patients where they live and not just concentrated in urban areas.

3. Health-care costs need to be lowered, but not at the expense of quality care.

The good news! The case for audiologists with the AuD degree looks positive. The need for better access to care means greater opportunities for nonphysician health-care professionals to make their case for full-practice authority. To achieve quality at reduced cost, all health-care practitioners will need to be able to provide services to the fullest measure of their scope of practice.

Audiologists are the logical point of entry for hearing and balance health care. There are close to 600 AuD graduates per year in the United States and approximately 2,400 students enrolled in AuD programs, with more enrolling every year. There is no question that removing the physician oversight requirement for services provided by AuD graduates within the scope of their practice would stop duplicative billing and lower hearing health-care costs at both the state and federal level.

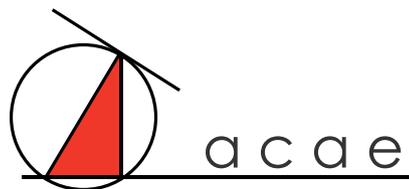
Quality of care is the final hurdle and, in many ways, the most difficult to demonstrate for any given profession. This is why physician groups and their allies who seek to prevent nonphysicians from becoming managers of care aggressively and relentlessly attack the educational training component of the argument for full-practice authority. This game plan will also be used against audiologists' advocacy efforts, which

seek full-practice authority or any component of it, unless we can demonstrate that the academic rigor of our educational programs will stand up unequivocally to such scrutiny.

Perhaps the best predictor of quality care is the rigorous content and consistency in the education and training for a profession's educational programs. The ACAE process uniquely promotes the academic education and clinical training needed to make the argument at both the state and federal levels that quality care will be provided within audiology's scope of practice without physician oversight. Direct access legislation, currently advocated by the Academy, is consistent with ACAE's mission as well as within appropriate scope of practice authority for audiology.

Unfortunately, legislation proposed (HR 2330) by the American Speech-Language-Hearing Association (ASHA), and supported by the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS), actually increases physician oversight requirements for Medicare services provided by an audiologist. This legislation requires physician approval of a plan of care for treatment, along with periodic review and approval, and offers no "opt out" provision that many other health-care professionals enjoy. This type of legislation will stunt audiology's professional growth and stature.

From a practical standpoint, ASHA's legislation would likely result in Medicare patients seeking help for hearing loss having to first see their primary care physician (PCP), then an ENT, who will likely refer to an



audiologist anyway for evaluation and to devise a plan of care. The audiologist will then have to go back to the ENT or PCP to obtain signed consent for the care plan. This complex system will add unnecessary time delays and cost to an already overburdened health-care system, while decreasing access to audiological care.

Even if the ASHA legislation does not pass, physician oversight of audiological services is the status quo and will remain so unless audiologists band together to change it.

I tell clients all the time that initiatives rarely fail because of a lack of available resources. Campaigns mostly fail because the commitment to do what it takes to win isn't there. If audiologists want respect from health-care colleagues, and full-practice authority, not to mention better

reimbursement and opportunities for professional independence, they need to get involved, figure out what's needed, and commit the time and energy to make it happen. Failure to act is conceding defeat.

Current Academy president Bettie Borton, AuD, has made education at the AuD level a cornerstone of her presidency and has called on Academy members to join in the effort to adopt a single rigorous AuD-specific accreditation process that will ultimately facilitate audiologists' ability to seek full practice authority in this time of change. Why? Because in her many years of private practice experience, she has come to understand the critical link between excellence in education and better professional practice.

Ask yourself, "Should I sit on the sidelines or fight for my future?" Or ask it another way, "Will I be satisfied being a doctoral technician my entire career, or do I want more?" If you want more, get involved. 

*Jeff Browne is the public member on the ACAE Board. With over 30 years of experience in the political campaign world at all levels, he has worked with the Academy, Academy of Doctors of Audiology (ADA), and ASHA on various issues, and his firm works with several health-care professional groups that want to achieve full-practice authority within their scope of practice. He is married to Tomi Browne, an audiologist and a founding Academy member.*

## Five Things You Can Do Right Now to Improve Your Future in Audiology

**1** Write to Dr. Bettie Borton and support her courageous stand on educational excellence ([www.audiology.org/about/leadership/boardofdirectors/pages/letmehearfromyou201308.aspx](http://www.audiology.org/about/leadership/boardofdirectors/pages/letmehearfromyou201308.aspx)).

**2** Contact the faculty and administration of the AuD program you graduated from and urge adoption of the ACAE accreditation process.

**3** Contact current students at your alma mater and educate them about the need for their school to adopt ACAE accreditation.

**4** Support Academy programs that further the profession. Contributions to the ACAE (an independent, nonprofit accreditation body dedicated to audiology) and the AAA, Inc. PAC, are a good start.

**5** Get involved in legislative initiatives at the federal and state level that further the profession. Use the Legislative Action Center on the Academy's Web site to send a letter in support of direct access to audiology services for Medicare beneficiaries (<http://capwiz.com/audiology/home>).