

American Academy of Audiology
**Response to the AMA Scope
of Practice Data Series:
Audiologists**

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Response to the AMA Scope of Practice Data Series: Audiologists

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INTRODUCTION

The following information is provided by the American Academy of Audiology (the “Academy”) in response to the American Medical Association (AMA) Scope of Practice Data Series on Audiologists. The American Academy of Audiology is home to over 10,000 audiologists, with a mission to promote quality hearing and balance care by advancing the profession of audiology through leadership, advocacy, education, public awareness, and support of research. It is the position of the American Academy of Audiology that the AMA Scope of Practice document fails to accurately represent the current practices of audiologists in the provision of hearing and balance services.

The Bureau of Labor Statistics defines audiologists as “...health care professionals who study hearing, balance and other ear problems...and identify, assess, treat and help patients manage hearing loss and other auditory, balance and related sensory and neural problems.” The Academy has developed a Scope of Practice Statement that provides guidance on the types of services provided by audiologists and the populations served (Appendix). Audiologists are independent practitioners who work without direct supervision and are bound by a strict Code of Ethics that assures the well-being of a patient is held paramount. This includes referral to physicians, when appropriate or necessary, and adherence to providing those services that are within the Scope of Practice.

LICENSURE AND REGULATION OF AUDIOLOGISTS

Audiologists are required to be licensed in all 50 states and the District of Columbia. Licensure is the authority by which the right to practice is granted to any health care provider, including audiologists, physicians and other healthcare providers. Certification programs within the healthcare arena, including board certification for physicians, are voluntary. Certification served as a mechanism to ensure an audiologist’s qualifications and competencies when licensure was not established; however, once a state establishes licensure, mandatory certification becomes an historical artifact. The recognition of licensure as the primary credential for practice extends to Medicare and Medicaid, as was noted by the AMA: “Current Medicaid and Medicare statutes now only require participating audiologists to have valid state licensure ... to receive reimbursement from either federal or state programs” (p. 32).

AUTONOMOUS PRACTICE

Audiologists provide hearing and balance care services in a variety of settings, including independent private practices, hospitals, clinics, universities, and school systems. Audiologists do not work under the supervision of physicians, although some physician practices do employ audiologists. Conversely, some audiologists are full partners in otolaryngology or other medical practices. Audiologists are recognized by numerous entities (e.g., US Department of Veterans Affairs, Federal Employees Health Benefits Program, US Department of Education, Council for Higher Education Accreditation, National Institutes of Health, US Department of Defense) as independent practitioners and as an entry point into the health care system. For example, the Department of Defense employs audiologists as members of the health care team to provide hearing and balance care for eligible beneficiaries, independent of physicians.

Autonomy for the profession of audiology is further defined by third-party payers who recognize audiologists as independent, entry-level hearing and balance care providers. The recognition of the audiologist as an entry into the health care system has existed for more than three decades. The Medicare system is the sole third party payer in the U.S. to

require a physician referral for patients to seek audiological services, even though the vast majority of hearing loss is not medically or surgically treatable. However, legislation has been introduced in the U.S. Congress that will permit direct access to audiologists for Medicare beneficiaries, without the need to first obtain a physician referral. No expansion of audiologists' scope of practice is intended or implied in the bill under consideration before Congress and beneficiaries will maintain their access to physician providers.

The Joint Committee on Infant Hearing (2007) published a Position Statement in Pediatrics entitled "Principles and Guidelines for Early Detection and Intervention Programs." It states: "An audiologist is a person who, by virtue of academic degree, clinical training and license to practice, is qualified to provide services related to the prevention of hearing loss and the audiological diagnosis, identification, assessment and nonmedical/nonsurgical treatment of persons with impairment of auditory and vestibular function, and to the prevention of impairments associated with them" (p. 902).

This Position Statement continues to expand on the recognized role of audiologists in the diagnosis and treatment of hearing loss in newborns, including the development, management and service coordination of the programs, provision of the comprehensive diagnostic assessment, educating parents regarding hearing loss, and assuring timely treatment. This Position Statement was adopted by the American Academy of Otolaryngology-Head and Neck Surgery, the American Academy of Pediatrics, the American Academy of Audiology and other organizations representing children with hearing loss.

EDUCATION AND TRAINING OF AUDIOLOGISTS

The current entry-level degree required for all new graduates in audiology is the Doctor of Audiology degree (AuD). The transition to this degree from the previously required Masters degree was necessitated by an expanding knowledge base, improved techniques to assess hearing and balance disorders, and new technologies to treat hearing loss and balance disorders. The transition of audiology to the doctoral level began 25 years ago with establishing the framework for the educational underpinnings of the degree. Since that time, the profession has made steady progress in transitioning educational standards, accreditation, certification and university programs to match the educational framework. The final phase of transition, changing licensure laws to reflect contemporary education and training, is currently underway. The AMA document reflects several inaccuracies and misinformation regarding AuD education and training requirements. However, the success of the transition is apparent given that nearly 50% of Academy members have earned the AuD degree and all individuals now entering the profession have earned the degree.

It is important to note that the Doctor of Audiology degree is offered by 75 different academic institutions in the United States. These institutions include some of the most recognized health care training universities in the country, such as Vanderbilt University, University of Florida, Washington University, Ohio State University, Northwestern University, and the University of North Carolina. Equally important is that many of the top medical centers in the country not only employ audiologists but also participate in the training of audiologists. Educational offerings take place at medical centers such as the Mayo Clinic, the Cleveland Clinic, Johns Hopkins University, Boston Children's Hospital, Boys Town National Research Hospital and major military and Veterans Administration medical centers. Additionally, audiologists are most often the very professionals called upon to educate medical students and residents regarding hearing and balance assessment and nonsurgical treatment.

The AMA's charge that AuD degrees have been awarded through grandfathering acts and entitlement programs is false. No audiologist is practicing with a grandfathered or entitled degree. There are indeed only two mechanisms for earning

the AuD degree: (1) practicing clinicians may enroll in a rigorous transitional education program, and (2) new students seeking to practice audiology must obtain their AuD degree by enrolling in residential university education programs. Some transitional programs are conducted via distance education while others require full or part-time attendance. The first transitional program was proposed and funded by the US Department of Veterans Affairs and the Department of the Army in conjunction with Vanderbilt University and Central Michigan University. It was designed to transition current uniformed and civilian audiologists working in the military and VA systems. This program set rigorous standards and was the model for several other transitional programs that followed.

The AMA attempts to point out that some top academic programs in audiology fail to provide coursework in certain content areas. This fallacy was based on a review of the course titles rather than the course content. Each university program does establish its own curriculum, but all programs must adhere to the same accreditation standards. The adoption of standards that focus on developing competencies, rather than on specific credit hours, allows innovation in teaching and training while still maintaining strict requirements for entry into the profession. This is similar to practices at several medical schools where problem-based learning is used, essentially learning through case presentations, as opposed to offering credit hours in the basic science areas (e.g., anatomy, physiology, or pharmacology). The end result is that all the necessary skills and knowledge is acquired, regardless of the method used to teach the necessary materials.

SUMMARY

Delivery of high quality patient care and ensuring patient safety are the primary objectives of the audiologist. The AMA's stance that "maintaining a physician's medical oversight of the care that audiologists provide to patients...prevents needless delays in care and ensures that the appropriate treatment is given to patients in a timely manner" is unfounded as there is no evidence to support that statement. On the contrary, models of service delivery have been evaluated where patients have a choice of their entry point healthcare provider and the results are: no sacrifice in quality, no sacrifice in patient safety and improvements in overall cost-effectiveness and timeliness of service delivery. (See Bratt et al., 1996; Freeman, 1999; Freeman & Lichtman, 2005; Hall et al., 1994; Yaremchuk et al., 1990). In fact, the Commonwealth of Virginia undertook an outcome study in 1994 to evaluate the impact of mandated direct audiology care. They reported no adverse cost or patient care issues.

Consumers have the right to choose their hearing and balance provider. The Academy believes in an open marketplace that allows patients to select their manager of hearing and balance care. It is clear that the AMA's position is based purely on economic concerns as opposed to patient care issues. In the past three decades, patients have enjoyed the right to choose their manager of hearing and balance care. The Academy stands by the belief that the health care marketplace should determine the appropriate licensed provider. Audiologists have been afforded the right to practice independently in all 50 states under licensure statute, which indeed supports their qualifications.

The intended audience of the AMA Scope of Practice Data Series includes state medical associations, national medical specialty societies, legislators and regulators. It is essential for these groups to be presented a fair and accurate representation of the audiology profession. The information contained within this Task Force Report will inform the reader and serve as correction to issues raised by the AMA regarding audiologists.

REFERENCES

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SCOPE OF PRACTICE: AUDIOLOGY**AMERICAN ACADEMY OF AUDIOLOGY, UPDATED 2004****Purpose**

The purpose of this document is to define the profession of audiology by its scope of practice. This document outlines those activities that are within the expertise of members of the profession. This Scope of Practice statement is intended for use by audiologists, allied professionals, consumers of audiologic services, and the general public. It serves as a reference for issues of service delivery, third-party reimbursement, legislation, consumer education, regulatory action, state and professional licensure, and inter-professional relations. The document is not intended to be an exhaustive list of activities in which audiologists engage. Rather, it is a broad statement of professional practice. Periodic updating of any scope of practice statement is necessary as technologies and perspectives change.

Definition of an Audiologist

An audiologist is a person who, by virtue of academic degree, clinical training, and license to practice and/or professional credential, is uniquely qualified to provide a comprehensive array of professional services related to the prevention of hearing loss and the audiologic identification, assessment, diagnosis, and treatment of persons with impairment of auditory and vestibular function, and to the prevention of impairments associated with them. Audiologists serve in a number of roles including clinician, therapist, teacher, consultant, researcher and administrator. The supervising audiologist maintains legal and ethical responsibility for all assigned audiology activities provided by audiology assistants and audiology students.

The central focus of the profession of audiology is concerned with all auditory impairments and their relationship to disorders of communication. Audiologists identify, assess, diagnose, and treat individuals with impairment of either peripheral or central auditory and/or vestibular function, and strive to prevent such impairments.

Audiologists provide clinical and academic training to students in audiology. Audiologists teach physicians, medical students, residents, and fellows about the auditory and vestibular system. Specifically, they provide instruction about identification, assessment, diagnosis, prevention, and treatment of persons with hearing and/or vestibular impairment. They provide information and training on all aspects of hearing and balance to other professions including psychology, counseling, rehabilitation, and education. Audiologists provide information on hearing and balance, hearing loss and disability, prevention of hearing loss, and treatment to business and industry. They develop and oversee hearing conservation programs in industry. Further, audiologists serve as expert witnesses within the boundaries of forensic audiology.

The audiologist is an independent practitioner who provides services in hospitals, clinics, schools, private practices and other settings in which audiologic services are relevant.

Scope of Practice

The scope of practice of audiologists is defined by the training and knowledge base of professionals who are licensed and/or credentialed to practice as audiologists. Areas of practice include the audiologic identification, assessment, diagnosis and treatment of individuals with impairment of auditory and vestibular function, prevention of hearing loss, and research in normal and disordered auditory and vestibular function. The practice of audiology includes:

Identification

Audiologists develop and oversee hearing screening programs for persons of all ages to detect individuals with hearing loss. Audiologists may perform speech or language screening, or other screening measures, for the purpose of initial identification and referral of persons with other communication disorders.

Assessment and Diagnosis

Assessment of hearing includes the administration and interpretation of behavioral, physioacoustic, and electrophysiologic measures of the peripheral and central auditory systems. Assessment of the vestibular system includes administration and interpretation of behavioral and electrophysiologic tests of equilibrium. Assessment is accomplished using standardized testing procedures and appropriately calibrated instrumentation and leads to the diagnosis of hearing and/or vestibular abnormality.

Treatment

The audiologist is the professional who provides the full range of audiologic treatment services for persons with impairment of hearing and vestibular function. The audiologist is responsible for the evaluation, fitting, and verification of amplification devices, including assistive listening devices. The audiologist determines the appropriateness of amplification systems for persons with hearing impairment, evaluates benefit, and provides counseling and training regarding their use. Audiologists conduct otoscopic examinations, clean ear canals and remove cerumen, take ear canal impressions, select, fit, evaluate, and dispense hearing aids and other amplification systems. Audiologists assess and provide audiologic treatment for persons with tinnitus using techniques that include, but are not limited to, biofeedback, masking, hearing aids, education, and counseling.

Audiologists also are involved in the treatment of persons with vestibular disorders. They participate as full members of balance treatment teams to recommend and carry out treatment and rehabilitation of impairments of vestibular function.

Audiologists provide audiologic treatment services for infants and children with hearing impairment and their families. These services may include clinical treatment, home intervention, family support, and case management.

The audiologist is the member of the implant team (e.g., cochlear implants, middle ear implantable hearing aids, fully implantable hearing aids, bone anchored hearing aids, and all other amplification/signal processing devices) who determines audiologic candidacy based on hearing and communication information. The audiologist provides pre and post surgical assessment, counseling, and all aspects of audiologic treatment including auditory training, rehabilitation, implant programming, and maintenance of implant hardware and software.

The audiologist provides audiologic treatment to persons with hearing impairment, and is a source of information for family members, other professionals and the general public. Counseling regarding hearing loss, the use of amplification systems and strategies for improving speech recognition is within the expertise of the audiologist. Additionally, the audiologist provides counseling regarding the effects of hearing loss on communication and psycho-social status in personal, social, and vocational arenas.

The audiologist administers audiologic identification, assessment, diagnosis, and treatment programs to children of all ages with hearing impairment from birth and preschool through school age. The audiologist is an integral part of the team within the school system that manages students with hearing impairments and students with central auditory processing disorders. The audiologist participates in the development of Individual Family Service Plans (IFSPs) and Individualized Educational Programs (IEPs), serves as a consultant in matters pertaining to classroom acoustics, assistive listening systems, hearing aids, communication, and psycho-social effects of hearing loss, and maintains both classroom assistive systems as well as students' personal hearing aids. The audiologist administers hearing screening programs in

schools, and trains and supervises non audiologists performing hearing screening in the educational setting.

Hearing Conservation

The audiologist designs, implements and coordinates industrial and community hearing conservation programs. This includes identification and amelioration of noise-hazardous conditions, identification of hearing loss, recommendation and counseling on use of hearing protection, employee education, and the training and supervision of non audiologists performing hearing screening in the industrial setting.

Intraoperative Neurophysiologic Monitoring

Audiologists administer and interpret electrophysiologic measurements of neural function including, but not limited to, sensory and motor evoked potentials, tests of nerve conduction velocity, and electromyography. These measurements are used in differential diagnosis, pre- and postoperative evaluation of neural function, and neurophysiologic intraoperative monitoring of central nervous system, spinal cord, and cranial nerve function.

Research

Audiologists design, implement, analyze and interpret the results of research related to auditory and balance systems.

Additional Expertise

Some audiologists, by virtue of education, experience and personal choice choose to specialize in an area of practice not otherwise defined in this document. Nothing in this document shall be construed to limit individual freedom of choice in this regard provided that the activity is consistent with the American Academy of Audiology Code of Ethics.

This document will be reviewed, revised, and updated periodically in order to reflect changing clinical demands of audiologists and in order to keep pace with the changing scope of practice reflected by these changes and innovations in this specialty.