



AAO 16: Audiometric Evaluation for Older Adults with Hearing Loss

Percentage of patients age 60 years and older who failed a hearing screening and who received, were ordered or were referred for comprehensive audiometric testing within 4 weeks of failing the hearing screening.

Quality Domain: Effective Clinical Care

Hearing loss is often viewed in the older age population as normal aging rather than as a medical condition that can be intervened upon or treated. Patients may suffer social isolation, depression, cognitive impairment or decreased workforce participation when hearing loss is not treated. Increasing audiometric testing to evaluate potential hearing loss may improve a patient's quality of life once hearing loss has been diagnosed and appropriately treated. In one survey, when hearing loss is identified, 48% of the physicians suggest that the patient schedule a comprehensive hearing evaluation. Even fewer - 22% - counsel the patient on the possible causes of hearing loss or treatment options. In this same survey when a physician finds or suspects that a patient has hearing loss, 24% refer the patient only to an ENT for further evaluation, 32% refer the patient only to an audiologist, and 32% refer their patients to some combination of ENTs, audiologists, and/or hearing instrument specialists. There is an opportunity to develop a larger understanding of the "Hearing Healthcare Team" including physicians specializing in treatment of the ear, audiologists and hearing instrument specialists to involve all the members of the "team" regarding physician referral for hearing loss evaluation and/or hearing instrument fitting.

Denominator: All patients 60 years and older who failed a hearing screening. (Result of Paired Measure #1: Screening for Hearing Loss in Older Adults)

Denominator Exclusions: Patients who have a current diagnosis of hearing impairment or have a known medical reason for their hearing loss.

Denominator Exceptions: Medical reason for not receiving, being ordered or being referred for comprehensive audiometric testing within 4 weeks of failing the hearing screening (e.g. patient has a current diagnosis of acute upper respiratory infection; patient has previously received an audiogram within the past 6 months; Patients with a current or history of diagnosis with chronic mastoiditis, chronic/recurrent otitis media with effusion, cholesteatoma, or profound/sudden sensorineural hearing loss; acute illness/physically unable to complete testing.

Patient reason for not receiving, being ordered or being referred for comprehensive audiometric testing within 4 weeks of failing the hearing screening (e.g. patient refuses audiometric testing)

Numerator: Patients who either received, were ordered, or were referred for comprehensive audiometric testing within 4 weeks of failing the hearing screening.

Audiometric Testing: The hearing evaluation should include a physical examination of the patient's ears and an evaluation of the patient's sense of hearing at minimum to meet this measure. The hearing evaluation may include the use of pure tone audiometry, bone conduction hearing testing, Hearing in Noise Testing, speech tests, tympanogram, acoustic reflex test, auditory brainstem response testing (e.g. when patient is not able to complete behavioral audiometry) or other appropriate hearing evaluations tests.

Measure Type: Process, Traditional, Proportional, High Priority

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