



**Academy of Doctors of Audiology
Member Strategic Planning Meeting**
Saturday, November 12, 2016
Loews Coronado Bay Resort, San Diego, CA.
Member Comments

Audiologists in attendance determined the five most important topics for ADA to pursue are:

- Protect audiology's scope of practice from encroachment by other occupations and professions.
- Achieve professional parity with other clinical doctoring professions through LLP status (or equivalent) and direct access under Medicare and all public and private payers.
- Create a co-op, group purchasing organization (GPO), or buying group to leverage the lowest cost of goods for hearing aids and other products.
- Provide tools, education and resources to assist audiologists in successfully expanding their service portfolios and creating innovative, sustainable, profitable models of care.
- Petition the FDA to remove regulations that pose barriers to patient access to audiologists.

Below are the comments each table made in regards to the top five choices for ADA to pursue.

Protect audiology's scope of practice from encroachment by other occupations and professions.

- Table 1:
 - Two front attack – State and federal.
 - Licensure.
 - Mobilize resources and people.
 - Money.
- Table 2:
 - Need to all know what our scope is.
 - Consumer electronics/non-Au.D.s. Protect best practices.
 - Need to know what potential threatening organizations are proposing.
- Table 3:
 - State and National level.
 - Continue to monitor.
 - Prompt response.
 - Educate.
 - Communication and update with state legislative boards.

- Challenge sister organizations.
 - Increase ADA membership.
- Table 4:
 - Vestibular rehab.
 - Consider at state licensure level (Example: Minnesota – No audiologist assistants/tinnitus)
- Table 5:
 - Scope of practice from encroachment by other occupations and professionals.
 - We are doing this and its imperative to our professional survival.
- Table 6:
 - IHS and tinnitus
 - Will disruptive technology take over?
 - Outdated practices limiting us.
- Table 7:
 - Support legislation.
 - Raise awareness.
 - Validate our profession is different.
 - State involvement.
- Table 8:
 - Protect from IHS and tinnitus encroachment.
 - Speech pathology.
- Table 9:
 - Lobbyists/watchdogs.
 - Keep ADA.
 - Know and re-evaluate current scope.
- Table 10:
 - IHS.
 - State level.
 - Reason for national body (one voice).
- Table 11:
 - Sue em' ADA!
 - Public/political Au.D. awareness and education.
 - Need money to sue.
 - More proactive, less reactive?
 - Hearing care for all.
- Table 12:
 - From other groups of professionals and organizations.
 - Include raising money, good lobbyists and monitoring.
 - Include resources for state monitoring.
 - Resources to help state audiology organizations.
- Table 13:
 - Hell yes!
- Table 14:
 - Legislative monitoring at state and federal level.
 - ADA scope may need review.
 - First responder – continue.

Achieve professional parity with other clinical doctoring professions through LLP status (or equivalent) and direct access under Medicare and all public and private payers.

- Table 1:
 - Passage of 2519.
 - \$600,000 so far.
 - Grassroots.
 - Support from other organizations.
- Table 2:
 - 18x18 – Achieved via federal law.
 - New congress – Potential challenge.
 - Money.
 - Need buy-in from everyone (audiologists and physicians).
- Table 3:
 - Pass 18x18 as is.
 - Challenge sister organizations.
 - Challenge state groups.
 - Challenge ADA members.
 - Don't comprise.
- Table 4:
 - 18x18 – Push, promote, educate and raise money.
 - Outreach to non-participants.
 - Align with other associations to stop opposition.
- Table 5
 - Petition to the FDA.
 - Continue efforts for LLP status.
- Table 6:
 - Unity. AAA + ASHA + ADA = Great.
 - Engaging audiologists, re: membership.
 - Transparent repayment through all professionals.
- Table 7:
 - Raising more awareness, resources and money.
 - Creating stronger relationships.
 - Multi-disciplinary health care.
- Table 8:
 - Need access to patients because MDs don't treat or evaluate hearing loss.
 - Current system only treats 17% with hearing loss.
- Table 9:
 - 18x18 / HR 2519.
 - Raise money/increase revenue.
 - Members to contact congress.
 - Lobbyists.
- Table 10:
 - State level importance and support.

- Table 11:
 - AAA/ASHA buy in.
- Table 12:
 - Continuing funding for lobbyist.
 - Continue fly ins.
 - Pass 18x18.
 - Defeat ASHA legislation.
 - Connect with other non-audiologists doctor level pressions.
- Table 13:
 - Yes to direct access for diagnostics (duh!).
- Table 14:
 - Universal buy in by audiologists, academic buy in.
 - We want to practice to full scope.

Create a co-op, group purchasing organization (GPO), or buying group to leverage the lowest cost of goods for hearing aids and other products.

- Table 1:
 - Will audiologists forsake their other relationships.
 - Consistent with how healthcare purchases items.
 - GPO is transparent.
- Table 2:
 - Not on ADA. Not linked to manufacturer.
 - Profits re-invested to the profession of audiology.
- Table 3:
 - Endorse/facilitate but not create a buying group. Non ADA's place.
- Table 4:
 - Concerns with traditional funding drying up.
 - Better compromised prices on hearing aids.
- Table 5:
 - Explore but don't create.
 - Create a steering committee to explore.
- Table 6:
 - Loans to practices and repaying student debt.
- Table 7:
 - No comments.
- Table 8:
 - Money from purchases to fund ADA budget/18x18.
 - Advocacy funding.
 - Lower pricing to help audiologists compete with big box and manufacturer owned.
 - Fund buy-sell of practices.
 - Fund scholarships.
- Table 9:
 - No comments.
- Table 10:
 - Needs discussed.

- Support for 18x18.
- Advocacy.
- Table 11:
 - Economy of scale. Purchase power.
 - So many existing buying groups.
 - ADA seal of approval?
 - Funding options and loans for independent clinic purchasing.
- Table 12:
 - Just for buying power to lower our product acquisition costs.
 - Not other bundled aspects – No extras.
- Table 13:
 - Why are we paying so much more?
- Table 14:
 - No comment.

Provide tools, education and resources to assist audiologists in successfully expanding their service portfolios and creating innovative, sustainable, profitable models of care.

- Table 1:
 - Reimbursement for what is in our scope.
 - Growing/changing profession.
- Table 2:
 - No comment.
- Table 3:
 - No comment.
- Table 4:
 - Money without using manufacturer or other corporations.
 - Connecting with other professionals – Match for audiologists.
 - Better visibility.
- Table 5:
 - Convention webinars.
 - Increase affordability to increase access.
- Table 6:
 - Reimbursement – AR, tinnitus, vestibular TX and DX.
 - Pharmacology – Learning how to work with advancements within our scope of practice.
- Table 7:
 - Continuing education.
 - Affordable and sustainable.
- Table 8:
 - No comment.
- Table 9:
 - No comment.
- Table 10:
 - No comment.

- Table 11:
 - Continue supporting the autonomous professional.
 - Preservation of private practice through innovation.
- Table 12:
 - No comment.
- Table 13:
 - No comment.
- Table 14:
 - Create market differentiation.
 - Branding and copywriting public materials.

Petition the FDA to remove regulations that pose barriers to patient access to audiologists.

- Table 1:
 - Grassley-Warren.
 - PCAST.
 - IOM/NASEM.
- Table 2:
 - Add audiologists to FDA statement.
- Table 3:
 - Medical clearance wording: medical eval vs “medical or audiological eval”
 - Challenge sister organizations.
 - Use resources effectively.
 - Partner with manufacturers.
 - Open doors for audiologists, not dispensers.
- Table 4:
 - OTC and standards.
 - Movement is already happening, monitor and advise. Not initiative material.
- Table 5:
 - Continue efforts for LLP status.
- Table 6:
 - OTC standards, audiologists need to be a part of this process.
 - Medical waivers.
- Table 7:
 - Support legislation.
 - Raise awareness.
 - Validate our profession is different.
 - State involvement.
- Table 8:
 - Audiologists point of entry to hearing health.
 - May happen by Grassley/Warren bill.
- Table 9:
 - No comment.
- Table 10:
 - Outdated, don’t need oversight.
 - Getting more audiologists involvement.

- Table 11:
 - No comment.
- Table 12:
 - No comment.
- Table 13:
 - No comment.
- Table 14:
 - No comment.