Chapter 3

Goldstein and Stephens Revisited and Extended to a Telehealth Model of Hearing Aid Optimization

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ABSTRACT

Tele-audiology practice is sometimes portrayed or practiced as an extension of conventional audiology practice, but in reality, it should be considered as a more flexible and innovative way of delivering hearing healthcare. It is likely to continue expanding beyond the bounds of conventional audiology into the future. This has far-reaching implications for clinical utility and client satisfaction. One important consequence is that tele-audiology is changing the way individuals are approaching their hearing health. In a connected economy, people are becoming more empowered in managing their health and are metamorphosing from patients, whose only option is to visit a clinical facility, to consumers with choices. There will still be a need for conventional audiology practices to manage more complex cases where medical
Goldstein and Stephens Revisited and Extended to a Telehealth Model

diagnosis and intervention are involved, or where clients prefer face-to-face service, but this will be as part of a hearing health ecosystem where the consumer makes the choices drawing on a range of influencing factors. There is now substantial evidence from large-scale studies and clinical data that aspects of tele-audiology are prevalent within different service models and that the outcomes are at least as beneficial to the recipients as the outcomes from delivery of conventional audiology services in conventional audiology clinics. In addition to potential improvements to client outcomes, tele-audiology is already starting to improve access to hearing health services, reduce costs, and deliver social and economic benefits to society.

INTRODUCTION

Tele-audiology is a rapidly developing field, particularly as hearing aid manufacturers bring various e-solutions onto the market. A search of the PubMed database for items containing the word “tele-audiology” in any field yielded only seventeen references and one editorial note. A search for “tele-audiology” in Google Scholar yielded 531 results in total and 110 publications since 2016, including one comprehensive book (Rushbrook and Houston, 2016), which received positive reviews. There are also two comprehensive research reviews by Krumm and Syms (2011) and by Swanepoel and Hall (2010), and a more recent review specifically relating to auditory rehabilitation by Tao et al. in 2018. The high ratio of the number of online references in Google Scholar to the listing of peer-reviewed studies in PubMed is symptomatic of the fast-moving fields of tele-audiology, telehealth, and telemedicine, and the fact that peer-reviewed studies are lagging far behind the actual practice of tele-audiology and telemedicine in both public and private healthcare. In this chapter, we have reviewed some of the non-peer reviewed information about tele-audiology from clinical and client perspectives in addition to peer-reviewed research papers, in order to provide an up-to-date and forward-looking perspective of tele-audiology.

Tele-audiology is a subset of telehealth, and developments should be considered in the context of the changes that are sweeping through medicine and healthcare generally. Krupinski (2015) described telehealth, the American Medical Association (AMA) has not only promoted the use of telemedicine, but it is also advocating for the formalized training of physicians in telemedicine (The Hearing Review, 2016).

This chapter presents experience with a blended model of care, based on the adaptation of an existing service model of Auditory Enablement.
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