

VHA PROSTHETIC CLINICAL MANAGEMENT PROGRAM CLINICAL PRACTICE RECOMMENDATIONS FOR PRESCRIPTION OF FM SYSTEMS AND PERSONAL AMPLIFIERS FOR HEARING IMPAIRED VETERANS

I. PURPOSE

The purpose of these clinical practice recommendations is to assist practitioners in clinical decision-making and delivery of services, to standardize and improve the quality of patient care, and to promote cost-effective prescribing. This clinical practice recommendation focuses on Personal Assistive Listening Devices (Personal FM systems and personal amplifiers). These devices are defined as:

1. PERSONAL AMPLIFIERS: These devices provide amplification for most listening situations and are issued when hearing aids are deemed inappropriate for the patient. The devices are often used while patients are in the hospital, or for those who have difficulty inserting or managing hearing aids. These devices can include hardwired or wireless technology.
2. FM SYSTEMS: These devices are used to increase the signal to noise ratio, thus improving performance in the presence of background noise. These devices are especially helpful for patients who are exposed to a wide variety of listening environments (e.g., meetings, houses of worship, etc.) in which hearing aids alone are less effective. These devices can be used with and without hearing aids and can be either hardwired or wireless technology.

II. ELIGIBILITY

Eligibility for Communication and Assistive Listening Devices and Assistive Devices is determined by Prosthetics and Sensory Aids Service in accordance to VHA Handbook 1173.7 – 7.b.(1) and (2) that states:

1. Prescriptions and requests for special function and/or communication electronic devices will be developed by the audiologist or speech pathologist. The special needs of each patient will be documented to clearly establish that the special function device provides superior performance over any of the more common and conventional appliances.

3. Telecaption television decoders and other assistive listening devices to overcome the handicap of deafness may be provided to veterans who are profoundly deaf and entitled to compensation on account of a hearing impairment. *NOTE:* This should not be confused with all assistive devices, which are commonly used in auditory rehabilitation which take the place of, or are used in conjunction with, a hearing aid, e.g., telephone amplifiers, amplified headsets, etc., which may be provided to eligible veterans.

III. BACKGROUND

The Under Secretary for Health directed VHA's Prosthetic and Sensory Aids Service Strategic Healthcare Group to establish a Prosthetic Clinical Management Program (PCMP). The objectives are to coordinate the development of clinical practice recommendations for prosthetic prescription practices and contracting opportunities to assure technology uniformity and ease of access to prosthetic prescriptions and patient care that will lead to valid outcome measures and analysis for research purposes.

A work group with input from selected audiologists and prosthetic personnel convened to develop clinical practice recommendations for the prescription, use, training and issuance of Personal Amplifiers and FM Systems to assist veterans with hearing impairment.

Currently, 135 Audiology clinics exist within the VA wherein audiologists are responsible for identifying, assessing, and managing disorders of audition, balance, and other neural systems. Many veterans with hearing impairment who are served within the VA system are currently eligible to receive hearing aids, which primarily serve to make speech audible. In addition, veterans with severe to profound hearing losses are frequently helped with the provision of FM and personal amplification devices. Moreover, there are occasions when any veteran, no matter what the degree of hearing loss, may benefit from the use of Personal Amplifiers and FM Systems. There must be documentation about the justification for and evidence of appropriate patient training in use of Personal Amplifiers and FM Systems to meet VHA outcome measures.

IV. CANDIDACY FOR FM SYSTEMS

The following criteria must be met for veterans to receive FM systems:

- A. Determined by a licensed audiologist to have all of the following:
 1. Documented hearing impairment;
 2. Appropriate communication situations suggesting the use of FM systems;

3. Ability to use and maintain the device; and
 4. Support available from significant others to appropriately use the device.
- B. Completed audiological assessment which includes but is not limited to comprehensive hearing evaluation, observations of auditory performance, consultations with the veteran or others knowledgeable of the user's performance, questionnaires and scales, hands on demonstration, and a trial period. ***[Exception: veterans with dual sensory impairment (i.e. visual and hearing loss) may be considered for a personal amplifier prior to an audiometric evaluation to prevent isolation and facilitate communication with health care providers. The devices will be acquired through Audiology and can be disseminated through the Visual Impairment Services Team Coordinator trained in the use of personal amplification systems. Veterans with dual sensory impairment receiving such devices must be consulted to Audiology for a complete audiometric evaluation.]***
- C. Had a stated goal(s) that required the use of FM system.
- D. Expressed an interest in using the FM system to accomplish the goal(s).
- E. Demonstrated the ability to independently and safely use the FM system to effectively meet the stated goal(s).
- G. The FM system must prove to be the most efficient and effective means of utilizing the veteran's residual hearing to accomplish the stated goal(s).
- H. FM systems must be prescribed by an audiologist.

IV. CLINICAL PRACTICE RECOMMENDATIONS FOR EVALUATION AND TRAINING OF PERSONAL FM SYSTEMS

- A. The FM system/personal amplifiers may be prescribed through an outpatient or inpatient program, contracted non-VHA agency, or affiliated community service providing the FM system/personal amplifiers at no charge to the veteran. Prosthetic and Sensory Aids Service will be responsible for batteries (initial dispersement of spares, cadmium/lithium, or rechargeable), whether they stock the batteries or procure them on an as needed basis. The only exception is batteries for hearing aids or other rare cases that are currently maintained by the Denver Distribution Center (DDC). In

each setting, the following criteria must be in place to provide VHA issuance of FM system/personal amplifiers. The outpatient or inpatient program must have:

1. A clearly defined hearing evaluation program, including a policy and procedure manual that outlines procedures for evaluation and training on FM systems and training performance goals.
 2. Provided audiological evaluations that meet nationally published standards of care.
 3. Documented evidence of an ongoing program of quality assurance in order to maintain the highest level of care.
 4. Appropriate documentation in the medical record that clearly identifies the training provided and the veteran's ability to achieve the stated goal(s).
- B. Performance of the personal FM systems should be verified alone or in conjunction with compatible hearing aids. The audiologist should include consideration of ergonomics, comfort, health status, and patient preferences in addition to performance level in determination of efficiency and effectiveness.
- C. When the veteran presents with vocational, educational, and/or activities of daily living goals requiring communicative skills that cannot be adequately accomplished with a standard hearing aid, then the appropriate alternative FM system may be evaluated.
- D. Once an FM system is ordered, appropriate verification and performance measurements should be completed by the audiologists and should include, but not be limited to real ear measurements, electroacoustic measures in a 2-cm³ coupler, and/or speech recognition testing. Outcome measures are suggested as a supplemental tool to measure benefit and satisfaction with the system.

V. REFERENCES

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APPROVED/DISAPPROVED:

Signed

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