

Abstract EFAS/DGA 2007

Patient preferences for direct hearing aid provision by a private dispenser. A discrete choice experiment.

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Background: In Europe there is increasing attention to the safety and efficiency of direct hearing aid provision by private dispensers, as it may save costs and decrease patient waits. Besides issues of safety and efficiency, it is important to consider patient preferences, since those may differ from the preferences of professionals and policy makers. Our objective was to elicit patient preferences for transferring elements of hearing aid provision from the medical sector to private dispensers.

Methods: A discrete choice experiment was used. Choice sets were based on five elements of hearing aid provision: performer of the initial assessment to distinguish between patients indicated for medical assessment and clients, accuracy of the initial assessment, time from initial assessment to approval of the hearing aid (duration), follow-up at the ENT-specialist to evaluate the hearing aid, and savings. Interviews were conducted face-to-face with persons with hearing complaints visiting a hearing aid dispenser.

Results: Overall, participants (n=147) preferred the initial assessment at the dispenser, more accuracy, shorter duration, and a follow-up at the ENT-specialist. They required compensation of at least € 17 per two months extra duration, € 54 for an initial assessment at the ENT-specialist, € 119 per 10% decrease in accuracy and € 227 to forgo the follow-up at the ENT-specialist. Older participants and participants who had previous experience with hearing aid provision preferred the initial assessment at the dispenser more strongly.

Conclusions: Hearing-impaired persons are receptive to transferring elements of hearing aid provision from the medical sector to private dispensers. They prefer an initial assessment at a private dispenser when the dispenser is at least 95% as accurate as the ENT-specialist, and prefer a follow-up visit at the ENT-specialist.

