

beMedTech round-table: EuroTrak Belgium 2021



Executive Summary

This report covers the **recommendations from the beMedTech round-table on the results of the EuroTrak Belgium 2021 study**. EuroTrak is the largest comparative multi-country study on issues related to hearing. Initiated by EHIMA in 2009, it sheds light on hearing loss prevalence as well as on the use of hearing aids and the experience of hard of hearing people with their hearing instruments. Through a national survey every three years, it allows to identify trends across time and borders.

Hearing loss is one of the most common chronic illnesses. **The WHO writes that the global “investment case” for hearing loss outperforms that of many other health interventions**. The return on investment on cancer, for example, is expected to be \$11.8; the average for all non-communicable diseases is \$7; while the return on investment for ear and hearing care is estimated at \$15 for every dollar spent¹.

Numbers from the EuroTrak 2021 study show that **in Belgium, some degree of hearing loss affects more than half of all persons between the ages of 65 and 74+**. The same study indicates that the prevalence of self-reported hearing loss in Belgium is 9.4%, with an increase in the prevalence numbers from 2.4% in the youngest age group (< 15 years) up to 33.1% in the oldest age group (>74 years).

Regardless of its degree, **hearing impairment has a considerable societal impact**. It improves the social well-being, job performance and overall quality of life of those affected and can prevent or cure concomitant diseases such as depression. **97% of hearing aid owners declare that their hearing aids improve their quality of life at least sometimes**. The EuroTrak study also shows that curing hearing issues has beneficial effects not only on the patient themselves but also on the patient’s environment and family.

Partially, **hearing impairment can be alleviated by using hearing aids (HA)**. However, though a high percentage of the hearing impaired who have hearing aids opt for binaural treatment, only 34% of the hearing impaired have the hearing aids to start with.

¹Global return on investment and cost-effectiveness of WHO’s HEAR interventions for hearing loss: a modelling study, [Lancet Glob Health, 2022].



Executive Summary

Though the uptake has been increasing over the past years, it is still far from covering the totality of self-reported hearing problems. The main reasons for not using hearing aids according to the EuroTrak study are:

- people think they do not restore hearing to normal
- people think hearing aids are uncomfortable and do not work well in noisy situations
- people hear enough in most situations
- hearing loss is not severe enough

Technological advancement could be changing the landscape soon. Innovation is rapidly expanding the variety of hearing aids available and with it the different levels of hearing solutions and prices. The adaptation of hearing aids and other assistive listening devices has become much more than just a technical adjustment. This is increasingly seen as a part of a comprehensive approach, in relation to the individual and environment-oriented aspects of the person with a hearing loss. The moment is therefore ripe to promote hearing aids and their benefits and by so doing increase their uptake among the hearing impaired.

The recommendations in this report will be transferred to key stakeholders from the health and policy sectors. The objective is to raise awareness around hearing loss, transform any stigma around it and promote the advantages of testing and early cure. Because audiology is a broad healthcare science, encompassing types and degrees of hearing loss, causes, prevention, management and impact on other aspects of health, recommendations are organized in four domains: Cause and correlation of other illnesses; Awareness-raising; Roles & Responsibilities; Reimbursements.

As with all statistics, one needs to be careful to put them back into their context. For example, the report states that 53% of hearing aid owners experience an improved way of life as a result of wearing hearing aids. This includes owners who "rarely" feel that their life has improved since wearing a hearing aid. As such, it would be more relevant to look at **the number of hearing aid owners who feel that life has become (much) better, and to see that this figure is quite high in Belgium.** Also, according to the report, there is a high 56% drop-out rate after ENT consultations for the lower hearing loss segment. This drop-out rate should be put into perspective, because **on a European level, Belgium is one of the countries with the highest number of patients referred to an ENT doctor and subsequently wearing a hearing aid or other hearing solution.** Lastly, **the number of people wearing hearing aids is lumped altogether, including people with tinnitus or hearing impairment that is considered too mild to justify the use of an aid.**

EuroTrak Belgium 2021: key results

To provide some context, a **brief overview of the key findings discussed during the roundtable** is shown below.

Market overview

9.4%

stated hearing loss prevalence
[18+: 11.2%]

32%

had a hearing test in the last 5 years,
most test done by ENTs

Satisfaction with HAs

- 78% of the hearing aid owners say their hearing aid works better than or as expected
- 82% of the HA owners are satisfied with their HAs [2017: 80%]
- the more hours worn per day, the higher the satisfaction with the HA
- satisfaction with newer hearing aids is higher than with older hearing aids
- talking at home with family members, talking on the phone and conversations are the most important listening situations
- significant positive impact of HAs on different aspects: especially communication effectiveness, ability to participate in group activities and social life improve with hearing aids
- 97% of hearing aid owners declare that their hearing aids improve their quality of life at least sometimes

Most important influencing factors to get a hearing aid:



worsening hearing loss



doctors



significant others



[+ price, insurance coverage for the current non-owners]



EuroTrak Belgium 2021: key results

The route to the hearing aid

72% of the hearing impaired discussed hearing loss with an ENT or family doctor

- 46% got positive medical advice from the ENT or family doctor [dropout rate = 36%]
- 74% of the GP consultations referred to an ENT, 11% recommended no action
- 27% of ENT consultations referred to an audicien, 42% recommended to get a hearing aid, 37% recommended no action

Until 2030, the world would have to expend \$239 bn for hearing loss.

Potential social cost-savings due to the use of hearing aids:

- hearing aids are believed to have a positive impact on the job
- hearing aid owners have a lower risk of being depressed
- quality of sleep seems to improve if hearing impaired use hearing aids





Round-table participants

To discuss these findings and define recommendations for health professionals and policymakers, beMedTech, the Belgian professional association of MedTech companies, organized on 04 February 2022 a round-table of experts. It welcomed:

- Host: **Wim Vandenberghe**, Advisor, beMedTech [Fédération de l'industrie des technologies médicales/ Belgische federatie van de industrie van de medische technologieën]
- Animator: **Peter De Keyzer**, Managing Partner, Growth Inc.
- Round-table Ambassador: **Mark Laureyns**, Vice-chairman UCBA-CEUPA & President AEA - European Association of Hearing Aid Professionals
- **Dominique Jaspers**, General Secretary, UCBA-CEUPA [Comité exécutif des Unions Professionnelles d'Audiciens/ Uitvoerend Comité van de Beroepsverenigen van Audiciens]
- **Leo De Raeve**, Founder, ONICI [Onafhankelijk Informatiecentrum over Cochleaire Implantatie]
- **Rob Beenders**, President Value Based Healthcare at beMedTech and former member of the Flemish parliament, Opinion leader, Cochlear
- **Claire Tollenaere**, Gehoor specialist, AHOSA [Anders HOren Samen Aanpakken, patiëntenorganisatie doven en slechthorenden]
- **Piet Calcoen**, Medical Director, DKV
- **Dr. Klara Van Gool**, Ear-Nose-Throat-Specialist, NKO

Recommendations

The road to a hearing aid

In this section, all issues related to the four domains (Cause and correlation with other diseases, Raising awareness, Roles and responsibilities, Reimbursement) are discussed and corresponding recommendations are provided.

1. Cause and correlation of other illnesses

Issue: Family doctors are often unaware of the correlation of hearing impairment and other illnesses and of the consequences of untreated hearing impairment.

Hearing loss is correlated with cognitive decline, which can lead to depression and have a negative impact on work, among other things. Several studies confirm that depression and hearing impairment are closely associated. Furthermore, dementia may be included in the categorization of cognition, but experts note that the correlation of hearing loss and dementia is not adequately highlighted this way. UCBA-CEUPA research has shown a strong correlation between self-reported hearing loss and burnout signs and symptoms. Yet, many primary healthcare providers such as family doctors, are unaware about the correlation. Furthermore, the cognitive and psychological consequences of the non-treatment of hearing impairment are not publicly known despite efforts from plural organizations to create more awareness.

Recommendation(s): Academic institutions need to put in place programs to educate, inform, and train health care professionals about the consequences of untreated hearing loss.

The WHO World Hearing Report links hearing problems to an increased risk of developing accelerated cognitive decline, dementia, depression, addiction, reduced quality of life, and finding and keeping a job. Primary healthcare providers need to be better informed about the correlation of hearing loss and other illnesses. Similarly, ENTs and audiologists are not always aware of the latest information and knowledge regarding hearing impairment and hearing aids. Academic institutions need to ensure that primary and secondary caregivers are provided with the appropriate knowledge about the consequences of untreated hearing loss in order to refer non-owner hearing impaired individuals to the right team.



Recommendations

The road to a hearing aid

2. Awareness-raising

a) Issue: The broad audience neglects preventive protection guidelines.

Despite Belgium being a leader in prevention regarding hearing habits and having good guidelines on what to do to protect your ears at festivals and other events, barely 20% of young people wear hearing protection while they know they could actually suffer hearing damage.

Recommendation(s): Policymakers and organizations should make hearing tests routine.

Prevention relies on awareness-raising and screening first, before intervention. A recent report on the former indicated the importance of systematic screening above the age of 50. Research from EuroTrak displayed that merely 32% of the interviewees have taken a hearing test. Most tests are conducted by ENTs. The public must be regularly informed about the risks of lack of hearing protection, for example through awareness campaigns. And tests should be standardized and popularized, rather than performed only by ENT specialists. The World Health Organization recommends that all adults, from the age of 50 years, should be screened regularly for hearing loss.

b) Issue: The stigma associated with hearing impairment and hearing aids remains strong.

Hearing impairment and hearing aids are often associated with aging and with illnesses such as dementia. And indeed, the correlation of auditory-vestibular disorders and other illnesses is an important factor that both healthcare professionals and policymakers must take into consideration. In addition, the overall reputation of hearing aids is also somewhat fragile. The top three reasons non-owners do not get a hearing aid is because they believe that such a device does not restore hearing to what it used to be, that it is uncomfortable to wear, and that it does not work well in noisy conditions.

Recommendation(s): Health professionals, institutions and policy makers should be transparent and consistent in their communications.

Hearing aids today are smaller than ever and their technology is such that they allow a wearer to do more than a non-wearer, such as make phone calls, listen to music, or watch TV with the sound directly in their earpiece. But they will never restore hearing to what it was. Messages need to remain balanced, managing the reputation of hearing instruments on the one hand, and the expectations of patients on the other.



Recommendations

The road to a hearing aid

c) Issue: Lack of accessibility to verified information.

People with hearing loss and their environment are often referred to websites about hearing impairment for guidance. However, there are too many websites with mostly outdated or incorrect information about finding hearing solutions, rehabilitation and aftercare. This is an issue for the individual but also for employers. Hearing-impaired individuals who are actively working often want to use a hearing aid but have a hard time communicating about it to their employer.

Recommendation(s): Policymakers should provide a central source of vetted information that is accessible to the public.

Although health care providers such as occupational therapists, psychologists, audiologists, and speech-language pathologists are experienced in hearing rehabilitation and have a wealth of knowledge that patients can benefit from, these services are not accessible to all. The right information needs to be more visible and accessible. The government can play an important role in this by creating a central website that displays correct and up-to-date information. It is better to spread less information that is correct than to spread a lot of information that is unclear and not correct.



Recommendations

The road to a hearing aid

3. Roles & Responsibilities

Issue: On average 3 years pass between becoming aware of one's hearing loss and purchasing hearing aids.

People who experience hearing loss currently wait an average of three years before effectively deciding to acquire a hearing solution. In recent years this timeframe has shortened, displaying a positive trend. However, looking only at this mean number does not reflect all the entire reality behind it. Firstly, there is a high percentage of people with hearing impairment who seek a solution in less than three years. Secondly, the hearing-impaired must be given the time to accept their hearing loss experience and explore possible solutions at their own pace.

Recommendation(s): Medical providers should inform patients' close environment in how to help towards finding solutions.

People in the hearing impaired person's immediate environment can be useful allies in helping them find solutions. They play a crucial role throughout the process in how this person deals with the impairment: recognition of the impairment, conversation about it, the search for solutions and lifelong aftercare. With unwilling people, things can quickly go wrong when they feel pushed. However, their close environment can regularly point to what they are losing by not treating their hearing impairment. Few people opt for a hearing aid until they understand what its benefits may be, since hearing loss usually occurs gradually and because people do not immediately realize what they are missing. Once a hearing-impaired person is fully convinced by the solution, the realization that they should have looked for a solution earlier often follows. Their close environment should be informed about how to discuss the situation in a constructive manner.



Recommendations

The road to a hearing aid

4. Reimbursement

Issue: Ambiguity as to whether a hearing aid is reimbursed.

Many people with a hearing impairment are unaware of whether a hearing aid might be reimbursed or not. Approximately 12% of the people experiencing hearing loss believe that there is no reimbursement at all, which is not true. However, despite the government's intervention, private expenses for a hearing aid remain high in Belgium. Moreover, reimbursements for the cost of rehabilitation visits to healthcare providers such as speech therapists depend on the type of hearing aid.

Recommendation(s): Insurance companies, authorities and medical providers should better inform people with hearing loss about reimbursements.

Studies show that price and reimbursement are not among the top three reasons why a person with hearing loss would not start using a hearing aid. Additionally, studies show that it is not because hearing aids are fully reimbursed that they are systematically used more. Conversely, not reimbursing hearing aids would suggest that hearing loss and hearing aids are not a serious matter. It is therefore essential to be clear from the outset about what is and is not covered and how.