



POSITION STATEMENT

CHANGING HEARING AID PRESCRIPTIONS

EFFECTIVE: NOVEMBER, 2017

POSITION

Audiologists may change the prescription of another audiologist, and/or others authorized by the [Regulated Health Professions Act, 1991](#) to prescribe hearing aids, only when they have established that such a change is in the patient's best interest and the audiologist complies with the [Practice Standards For the Provision of Hearing Aid Services By Audiologists](#).

If the audiologist is of the professional opinion that a change in prescription¹ would better suit the patient, the audiologist changing the prescription must make reasonable attempts to contact the original prescriber, with the patient's consent, to determine if the proposed changes are appropriate.

Where the patient is unwilling to provide consent to contact the original prescriber, or if the audiologist who is changing the prescription is unable to contact the audiologist who provided the prescription, the audiologist changing the prescription must follow the relevant standards outlined in the [Practice Standards For the Provision of Hearing Aid Services By Audiologists](#).

- The audiologist must interview the patient, decide whether to reassess hearing (based on the audiologist's clinical judgment), make recommendations, and institute a course of rehabilitation
- The patient must be informed of the benefits and limitations of any modifications, as well as any changes in pricing.
- Changes that do not alter the initial prescription may be made by the audiologist in order to improve the patient's physical comfort while wearing the hearing aid (i.e. grinding or buffing the sharp edges of an earmould).
- Informed consent must be obtained from the patient for any proposed audiology services and all changes, and/or modifications
- All changes, rationales, and consent must be documented in the patient record

¹ Prescription is the documented directive, given by an audiologist specifying the hearing aid to be dispensed to an individual (see the Practice Standards for the Provision of Hearing Aid Services by Audiologists for details regarding the contents of a prescription).

FREQUENTLY ASKED QUESTIONS

Question 1:

A patient has come to me with a hearing aid prescription from another audiologist and I will be dispensing and fitting the hearing aids. Based on their lifestyle and communication needs the patient has expressed that they would prefer an “in-the-ear” hearing aid model but the prescription specifies a “behind-the-ear” hearing aid model. Does changing the physical model upon the patient’s request mean that I am changing the hearing aid prescription and need to follow this position statement?

Answer 1:

Yes, changing the physical model of the hearing aids prior to the initial dispensing and fitting would constitute a change in the hearing aid prescription. With patient consent, reasonable attempts must be made to contact the original prescriber to ensure that a change in the hearing aid model is in the patient’s best interest.

An audiologist’s hearing aid prescription is based on a comprehensive evaluation of the patient and a thorough determination of hearing aid candidacy. There may be specific clinical reasoning for why a behind-the-ear model of hearing aid was selected. Therefore, it is important to discuss the patient’s request to change the hearing aid model with the audiologist who prescribed

Refer to p. 20 of the [Practice Standards For the Provision of Hearing Aid Services By Audiologists](#) for the necessary information that must be included in a hearing aid prescription.

Question 2:

During a follow-up appointment, I changed the fitting formula based on the patient’s comments about sound quality. As a result, the patient’s perceived benefit from the hearing aids was improved. The hearing aids were originally prescribed by another audiologist and the directives of the prescription, including the fitting formula, were followed when the hearing aids were fit initially. The patient will now see me for continual follow-up. Do I need to contact the audiologist who originally prescribed the hearing aids regarding adjustments made during follow-up appointments?

Answer 2:

No, this would not constitute a change in the hearing aid prescription.

A hearing aid prescription is a documented directive that specifies the hearing aid(s) to be dispensed for a patient and that contains the necessary information for the accurate dispensing and fitting of the intended hearing aids at the outset. If you have followed the directives in the prescription when you initially fit the patient, then you have not changed the prescription.

It is to be expected that a patient's experience with, and expectations from, the hearing aids will change over time and that adjustments will need to be made if you are the audiologist seeing the patient for follow-up care.

In the course of providing hearing aid services, audiologists will follow the standards set out in the [Practice Standards For the Provision of Hearing Aid Services By Audiologists](#), which include taking reasonable steps to verify and validate changes in hearing aid programming and documenting all aspects of the provision of hearing aid services.

Questions 3:

In the course of my clinical work, I fit a patient with hearing aids that were prescribed by another audiologist. The audiologist who prescribed the hearing aids provided me with a computer file (NOAH file) that contained all the fitting specifications for the hearing aids, including the fitting formula and specific frequency/gain fine tuning. In the prescription, it was indicated that the audiologist wanted me to load the file into the hearing aids when I fit the patient. I loaded the file into the hearing aids and then proceeded with verification of hearing aid performance. When I conducted the verification, I saw that the hearing aid output was below targets for the patient's hearing loss and the patient was requesting that I adjust the sound quality. There was no information provided in the prescription indicating that the hearing aids should be fit below target.

If I make programming adjustments during the initial fitting, that differ from the NOAH file in order to meet targets for the hearing loss and adjust sound quality, am I changing the original prescription?

Answer 3:

It depends on the information provided in the prescription.

The [Practice Standards For the Provision of Hearing Aid Services By Audiologists](#) indicates the necessary information that must be in a prescription, which includes:

"Audiometric data/or any other data (e.g. electrophysiological measures) along with any necessary patient-specific information (e.g. unreliable respondent, auditory neuropathy spectrum disorder) from the assessment that would be required for dispensing and fitting."

In this case the audiologist who prescribed the hearing aids provided instructions to use the NOAH file but did not provide information or instructions related to fitting the hearing aids below targets for the hearing loss. Therefore, you would not be changing the original prescription by using your knowledge, skill, and judgement to make adjustments during the initial fitting that are in the patient's best interest and intended to meet the patient's hearing and communication needs.

However, if the audiologist who provided the prescription had indicated that the hearing aids should be programmed in a particular manner due to specific patient needs or circumstances, and you proceeded to change these aspects of the fitting, then this would constitute a change in the original prescription. For example, the audiologist who provided the prescription might have indicated that the patient had hyperacusis and, therefore, the hearing aids should be programmed using an alternative method that is below targets for the hearing loss. If, given

this information, you made adjustments that differed from this directive then you would be changing the prescription.

In any case, all changes must be made with patient consent and documented in the patient record.

Refer to the [Practice Standards For the Provision of Hearing Aid Services By Audiologists](#) and the [Position Statement on Concurrent Intervention Provided by CASLPO Members](#) for relevant standards in these situations.