May 31, 2022

Comments from American Cochlear Implant Alliance on the DRAFT NIDCD Strategic Plan 2022-2027

The National Institute on Deafness and Other Communication Disorders (NIDCD) presented draft themes and goals for the 2022-2027 NIDCD Strategic Plan for public comment from May 2 – May 31, 2022. The NIDCD anticipates that the finalized plan will be published on the NIDCD website in Fall 2022.

Theme 4: Translate and implement scientific advances into standard clinical care

Our comments related to Theme 4—translating scientific advances into clinical care.

Cochlear implantation and its evolving advancements in providing access to sound for children and adults with moderate to profound hearing loss is an extraordinary example of scientific efforts applied to clinical applications—a result of research funded by the NIH as well as private sector and nonprofit research initiatives. To continue to improve and provide access to sound that is even closer to “natural” hearing, we should further emphasize translational research with short term clinical impact for cochlear implant advancements. What are the areas of scientific research that can be applied to clinical practice within a relatively short period of time?

Goal 2: Develop, disseminate, and implement evidence-based practices to improve health-related outcomes

We would like to encourage the NIDCD to address what we see as a “disconnect” between hearing health best practice and treating CI as part of a continuum of care. At present, many hearing health clinicians as well as the patient community view CI as being a treatment of last resort. NIDCD has a key role in encouraging dissemination and implementation of research demonstrating the full continuum of care as the accepted practice model for hearing health practitioners (in and out of CI) as well as primary care physicians and other primary care health professionals working with children and adults.

Utilizing a continuum of care model would also help address disparities that exist in access to CI based upon race, ethnicity, and socioeconomic status. Barriers still exist despite the CI intervention being covered by Medicaid, Medicare, military healthcare, and the majority of private health plans. We encourage the NIDCD to support research and dissemination that could
help close the gap for CI access. We especially would like our institutions to have improved guidance on pediatric access for children of color and those for whom English is a second language. Clinicians want to better serve those populations but are without evidence-based guidance on how to accomplish such access.

**Goal #3** under translational research is particularly important given the documented disparities in the hearing loss community and the specific barriers for certain groups in the population to getting a CI. Access for lower socio-economic groups to CI—children and adults—has not improved to any great degree. What can we determine about the impact of provision that would help to remove such barriers? What disseminations tools and practices could help? Can we confirm how and whether telehealth would support access for underserved groups. What could research efforts tell us about how best to message such groups by national organizations, early intervention professionals, public agencies including vocational rehabilitation and state offices for people who are deaf and hard of hearing, and state medical societies in and out of hearing healthcare? At present, ACI Alliance is working with several state Medicaid offices to urge them to extend coverage to adults. Research on the cost benefits of CI to this group of non-working adults with hearing could be extremely helpful in demonstrating the benefits of access to these public agencies.