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IN THIS ISSUE

OTC Hearing Aids ■ Hearing Aid Techs ■ Pricing Audiology Services

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SOUNDS STRATEGIES FOR HEARING HEALTH: ATTRACTING PATIENTS

How Online Patient Reviews Can Help You Attract Patients

By Kevin St.Clergy

Chief Business Development Officer,
MedPB, LLC

For anyone in business, medical professionals included, online reviews are the currency in today's review economy. The more positive reviews you have, the more new patients you'll attract, and the more your practice will grow. Here are 5 things you should consider doing and 5 things you shouldn't do to help your practice generate more positive reviews.



5 Things To Do

- ▶ **Gather as many reviews as possible.** When you have a large number of reviews it can send positive signals to other patients. If patients see lots of five-star reviews next to your practice's name, they may be more likely to pick up the phone and call your practice over a competitor.
- ▶ **Ask every patient who comes into your office to write a review.** The more people you ask, the better your chances are of getting a large number of positive reviews. To encourage more reviews consider handing out business cards with information on how to leave a review, keep a tablet in the office that patients can write reviews on, or ask patients to submit a review on their smartphone while they wait.
- ▶ **Realize that older patients do read reviews.** Don't discount online reviews because you think your older patients won't read them. Older patients do read reviews — and trust them as much as referrals from family and friends. In fact, 85% of consumers say they trust online reviews as much as personal recommendations.¹

- ▶ **Add a page on your practice's website that makes it easy for patients to leave positive reviews.** Set up a page on your website that makes it as easy as possible to complete the reviews process. The page should walk patients through writing a review, choosing from a number of reviews platforms (such as Google, Yelp and Facebook) and assigning a star rating. What's more, this page should capture negative feedback before it goes live, so you have a chance to respond and alleviate the patient's concerns.
- ▶ **Take advantage of tools and resources that can help improve your online presence and invite positive reviews.** When prospective patients go online in search of a provider, most may seek to get a feel for the practice by reviewing your website and reading your online patient reviews. Take this opportunity to educate patients about your practice and address barriers to hearing care such as cost. For example, if you accept the CareCredit healthcare credit card, take advantage of the free Ad Toolkit, which includes downloadable banner ads, social media assets and sample copy you can use to let patients know you have financing options.

5 Things Not To Do

- ▶ **Don't underestimate the importance of online patient reviews.** 99% of your patients may love you and your team, but in today's review economy, if you don't have great online reviews, potential patients may view you with suspicion and look elsewhere to get their medical needs met.
- ▶ **Don't assume patients don't read or believe online reviews.** Even if you don't think patients read reviews or accept them as valid, trust me — your patients do. In fact, four out of five consumers have reversed a purchase decision based on reading a negative online review.² Reviews are widely popular and highly trusted among all types of consumers.
- ▶ **Don't respond to negative reviews when you're angry.** A calm, measured response to a negative online review can cause the reviewer to retract or even reverse their feedback. Contact unhappy patients directly and ask if there's anything you can do to make things right. Patients may just want to know someone cares, or have an issue that can be easily remedied.
- ▶ **Don't violate HIPAA law when responding to reviews.** There will be instances when you may want to respond to either a positive or a negative review. When you do, be careful not to disclose any of a patient's protected health information (PHI). If you have any doubt about whether you can address a patient's praise or complaints without discussing their PHI, send them a private communication instead.
- ▶ **Don't bribe patients or offer incentives for reviews.** While you can and should ask patients to leave reviews, never offer them a reward (beyond saying "thank you") for doing so. If a reviews platform discovers you are offering incentives for reviews, your reviews site will be shut down — or, even worse, will post a message warning patients that you pay for good reviews.

Reviews are only valid if they're earned. The reason patients trust reviews is because they're written by others like them who want to share about their service experience. Follow these simple guidelines to help you build credibility and attract more patients.



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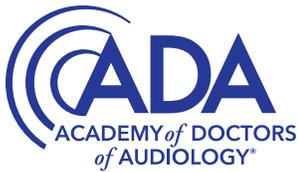
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1.BrightLocal 2017 Local Consumer Review Survey
2.Cone Online Influence Survey 2013

Kevin St. Clergy is the founder of Educated Patients, and today is one of the most sought out speakers in the world on audiology marketing, providing hands-on, practical strategies that help teams solve key practice management issues by developing effective and cost-efficient marketing methods, proven sales techniques and a patient-centric experience for long-term loyalty. For more information, visit www.medpb.com or email Kevin at Kevin@MedPB.com.

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Take Your Practice to the Next Level, with Accreditation

One of my favorite, non-audiology magazines is *Real Simple*. My practice subscribes to the publication and, if my patients haven't taken the latest edition for all of the great content, I take it home when the newest issue arrives. On a recent trip for work, I was awed by an article reviewing and recommending some space-saving (space-making) gear to optimize and improve my travel experience. Upon arriving to my destination, and without thinking twice about the decision, I ordered the toiletry bag.

My intuition tells me that *Real Simple* is this generation's version of *Good Housekeeping*. Even if you haven't read the magazines, you have likely seen articles ranking best products, top 10 items, and most popular services. Since 1909, the *Good Housekeeping* seal of approval has been an iconic measure of product quality. *Good Housekeeping* bestows, and *Real Simple* infers, its seal of approval on a range of high-quality products. As a consumer, I value those endorsements and – if I don't purchase the item or service immediately – they routinely end up on my wish lists, go-to experiences, and become places that I routinely shop.

The definition of certification according to BusinessDictionary.com is a “Formal procedure by which an accredited or authorized person or agency assesses and verifies (and attests in writing by issuing a certificate) the attributes, characteristics, quality, qualification, or stats of individuals or organizations, goods or services, procedures or processes, or events or situations, in accordance with established requirements or standards.”¹ Within medicine, Board Certification is the “seal of approval” for individuals. Doctors use the certification in advertising and marketing, and patients can use it to compare providers.

The profession of audiology has followed medicine and the American Academy of Audiology offers certification for individuals through several specialty topics, including pediatrics, cochlear implants, and clinical preceptor. Those presenting with the knowledge and expertise in these areas, after passing a thorough examination, can proudly display their earned “seal of approval” (e.g. PASC). By marketing an individual's certification, prospective patients can be assured that an individual has met a higher standard of training and continues to update their talents with continued education of evidenced-based best-practices, thus setting him/herself apart from other individual providers in the area.

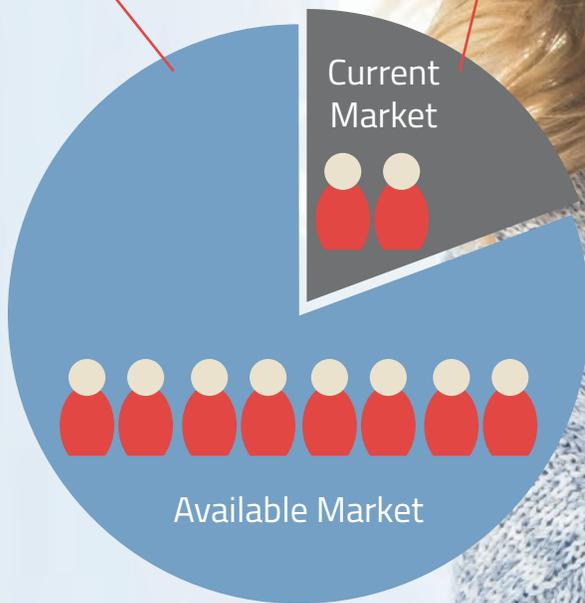
Accreditation mimics the role of certification on a business level. The most recognized accreditation in healthcare is The Joint Commission (formerly JCAHO, the Joint Commission on Accreditation of Healthcare Organizations). The Joint Commission notes many benefits of accreditation, including, but not limited to:

Continued on page 53

Lead the way in a changing market!

Approximately 20% of adults with hearing loss have hearing aids.*

Approximately 80% of adults who could benefit from hearing aids have not sought help; affordability being one factor.*



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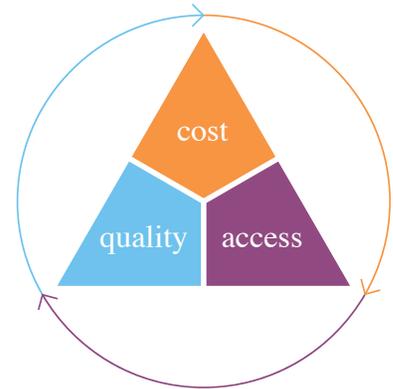


*As reported in Hearing Health Care for Adults: Priorities for Improving Access and Affordability National Academies of Sciences Engineering and Medicine



The Iron Triangle of Hearing Healthcare

Healthcare economists talk a lot about something they call the Iron Triangle of Healthcare. It's a vivid description of the trade-offs involved in maintaining high quality care while simultaneously keeping costs contained and making care available to as many people as possible. The basic idea of the Iron Triangle is that you cannot address one of the three dimensions without effecting one of the other two. That is, for example, you cannot make care more affordable or available to more people without sacrificing quality. Something must give. Compromises must be made.



The Iron Triangle can be applied to hearing healthcare and the role audiology plays in the broader healthcare system. The way you wish to shape the Triangle depends on your perspective. If you take a public health perspective, it is likely that you are familiar with all the evidence suggesting untreated hearing loss has several significant consequences, such as an increased probability of acquiring dementia or depression. You are thusly motivated to reduce costs and increase access to hearing aids – an intervention likely to ameliorate these conditions, but at the expense of not completing a comprehensive audiologic evaluation on every individual with hearing loss prior to buying hearing aids. You may even be in favor of an over-the-counter solution designed to reduce costs and improve access, but sacrifices quality.

Alternatively, if you view the Iron Triangle from the vantage point of a diagnostician working in a medical center, your chief priority might be to ensure any individual coming to see you for an assessment receives an exhaustive evaluation that accurately pinpoints any possible medically complicated otologic condition that could prove catastrophic. From this perspective, you're willing to live with a relatively substantial number of people not being able to afford or have access to hearing aids to maintain a regimented (and costlier) approach to finding and treating non-benign ear disease.

The main point to be gleaned from the Iron Triangle is trade-offs are inevitable. Audiologists can't be fooled into thinking there is one correct answer to the problem of unmet need among hearing impaired adults when the answer depends on your view of the Iron Triangle, and how you want to allocate a finite amount of resources. At the end of the day, it comes down to what trade-off are you willing to make?

An honest dialogue about the risks and rewards of recommending over-the-counter hearing aids starts with how you view the Iron Triangle of Hearing Healthcare. ■

Source: Medicine's Dilemmas" Infinite Needs Versus Finite Resources. William L. Kissick, Yale University Press, 1994.



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Learning from Interdisciplinary Colleagues

This issue of Audiology Practices contains the inaugural column in the Insights from the Outside series, coordinated by CareCredit (see page 50). The first interview includes advice and tips from interdisciplinary colleagues on how to increase referrals (this issue features a veterinarian and a dentist).

The idea grew from the 2017 AuDacity conference where a panel of interdisciplinary providers shared their ideas for service expansion, patient retention and maintaining relevance to consumers in an economy that encourages a do-it-yourself and tech-heavy approach to health care. We are very grateful to CareCredit for helping to develop this informative series.

In addition to the practical business advice offered by colleagues in allied clinical doctoring professions related to attracting more patients, and running more efficient practices, we can also learn a great deal about advancing advocacy initiatives to achieve professional parity under Medicare.

Optometrists successfully achieved Limited License Physician status under Medicare Part B in the late 1980s after a 20-year battle. They faced many of the same obstacles that audiologists face today in the quest for proper recognition under Medicare, including a distracted Congress with evolving priorities, the complacency of regulatory agencies, an under-informed and misinformed public, and direct opposition from both outside and within the profession. Despite formidable antagonists, and an often hostile environment, optometry succeeded in achieving its goals, first and foremost because optometrists were persistent.

As ADA continues to advance the Audiology Patient Choice Act through Congress, we are in good company. Today, the top advocacy priority for the American Chiropractic Association (ACA) is professional parity under Medicare. The American Psychological Association (APA) is advancing a bill in Congress to add psychologists as Limited Licensed Physicians. The American Physical Therapy Association (APTA) has been working to ensure direct access to physical therapy services at both the state and federal levels for more than a decade.

As more clinical doctoring professions deliver a consistent message, Congress becomes more receptive to the case for Medicare parity with each passing year. Patient access challenges, streamlining services, and the aging of the medical/health care workforce have become an increasing focus for legislators, many of whom are from rural areas, or areas with large populations of older adults. There has never been a better time for the Audiology Patient Choice Act to be considered.

Continued on page 54

To OTC or not to OTC

How Audiologists Need to Respond to Over-The-Counter Hearing Aids

By Nancy M. Williams, MBA

To OTC or not to OTC, that is the question for audiologists now that the Over-the Counter (OTC) Hearing Aid Act has become law. The introduction of OTC hearing aids into the market has the potential to seismically reshape hearing healthcare. Audiologists need to determine how and when they should adapt their offerings to respond to this event with its double sides of opportunity and challenge. My recommendation: audiologists should conduct market tests now to start formulating their product and service strategies for when the Over-the-Counter (OTC) regulations take effect.

The Potential Impact of the OTC Hearing Aid Act

President Trump signed the OTC Hearing Aid Act into law in August, as part of the larger 2017 Food and Drug (FDA) Reauthorization Act. The law directs the FDA to create a new class of OTC hearing aids for adults aged 18 and over with mild to moderate loss. Since the law's passage, the FDA has been hard at work, meeting with affected parties to draft regulations. While the law allows the FDA three years to propose regulations—followed by six months for a public comment period—the agency may significantly accelerate that timetable. Given that the FDA has been examining pricing and access in the hearing aid industry for years, it could publish regulations for comment as quickly as the end of 2018.

Uncertainty surrounding the FDA's timetable is only one factor complicating audiologists' need to formulate a product and service strategy in response to the OTC Act. Just as challenging is that the industry lacks data on how consumer/patients will respond to the option of value-priced OTC hearing aids available from audiologists. Will these new devices expand the audiologist's practice, bringing in new patient-consumers, some of whom purchase the value option, others who upgrade to traditional hearing aids? Or, is it possible OTC hearing aids will cannibalize traditional hearing aids, leaving the audiologist struggling to serve patients profitably? Predicting answers to these questions is difficult, especially when the answers vary by local market.

In fact, the unique nature of each local market is another factor complicating the creation of an appropriate OTC strategy. In the audiologist's geographic area, what is the average income level and socioeconomic status, average age, and general attitude towards health interventions? How much does price play a role in the decision to seek hearing assistance? How much stigma is attached to conventional hearing aids? For example, some of Florida's wealthier counties, with their high socioeconomic status, preponderance of seniors, and established community of hearing aid wearers, will probably continue to favor high-end hearing aids and audiologists who provide outstanding service and support.

Formulating a Product and Service Strategy to Respond to the OTC Hearing Aid Act

As a strategy and marketing consultant in hearing health-care, I recommend to my clients to first articulate their goals and objectives. Stating the big picture up front helps keep the entire team focused once it dives into the thicket of implementation.

The strategic **goal** is to determine how the audiologist's product line and services should change once OTC hearing aids become available.

The strategy's **objectives** could read as follows:

1. Provide *high quality* hearing healthcare to patients
2. Offer care that results in a *high level of patient satisfaction*
3. Run a *profitable practice*

In other words, any changes in the practice's offering should optimize these three objectives. Practices may wish to add additional objectives, based on conditions in their local market and the practice owners' philosophy.

Note that the third objective above uses the P-word, "profitable." Even though profitability is a tricky matter when discussing the provision of health care, it is essential to address it. As a long-time hearing health advocate who has lived with hearing loss all of her life—I have a moderate-to-severe hearing loss—my first concern is to help more people who suffer from hearing loss to get treatment in the form of counseling and amplification.

However, I'm also a business person and a realist. Audiologists cannot strive for a high quality of care and high levels of patient satisfaction while ignoring the profitability of their practices. All three objectives are important.

Strategic Options for Audiologists

With our strategic goal and objectives clarified, the next step is to list the options at their most basic. This approach is particularly useful when the environment is uncertain.

If we pare the strategic options down to their most fundamental, audiologists have two basic choices:

1. Specialty Product Portfolio. The audiologist focuses on consumer/patients who are not eligible for OTC hearing aids—those with severe hearing loss and under the age of 18—as well as consumer/patients who demand more service and functionality and have the ability to pay for it. The practice sells high-end hearing aids only, essentially continuing with business as usual.

2. Broad Product Portfolio. The audiologist remains committed to serving patients of all ages, with hearing loss varying from mild to severe. The practice offers a full range of products, from value-priced OTC hearing aids to higher-end hearing aids and implantable devices, such as cochlear implants, recommending the best devices based on patients' needs.

In addition, audiologists who pursue a broad product portfolio may consider adding products such as hearing protection and expanding into related models of care, providing new services such as testing for fall risk, depression, and cognitive decline.

Audiologists who decide to stick with a more specialty product portfolio nonetheless need to put a plan in place to address the value segment of the market, referring those patients to another practice or even to an online store with a broad selection of quality products. Meeting the consumer/patient's needs is paramount and will result in more business for the practice in the long run.

Where should audiologists play between these two basic options? My hypothesis: leaning more towards a broad product portfolio than a specialty one.

The best way for audiologists to determine how the introduction of OTC hearing aids will impact their individual practices is to run a market test. (A market test, sometimes called a pilot, is used to gauge the viability of a product or service in the marketplace prior to a wide scale roll-out.)The appropriate strategy for each practice will depend on the practice's market position—how it stacks up against other audiology practices in terms of pricing, location, and service in its market area—and the needs of people with hearing loss in the market area.

The essence of the market test would be to introduce a value-priced hearing device into the practice's product line and carefully track consumer-patients' responses. Tracking outcomes of the test enables the practice to understand how its product mix changes and how its enhanced product line delivers on its objectives of quality of care, patient satisfaction, and clinic profitability.

The Rationale for Conducting a Market Test Now

Many audiologists currently are electing to wait to take action until the FDA releases its final regulations for OTC hearing aids and manufacturers introduce OTC-compliant hearing aids. In my experience in new market development, however, new markets often grow in spurts, with some changes occurring swiftly, often debilitating players who are unprepared for changes in the market.

In the twelve months since the FDA announced that it would investigate creating a class of OTC hearing aids, the continental plates making up the hearing healthcare industry have experienced new pressures. The fiery industry debate and Congressional bipartisan support of the OTC Hearing Aid Act greatly increased press coverage of hearing healthcare, driving increased consumer awareness of the importance of treating hearing loss. Now that the Act has become law, large hearing aid companies are actively discussing possible alliances with smaller manufacturers of new hearing devices such as hearables. Meanwhile, nimble companies in related industries are ramping up to manufacture FDA-compliant OTC devices as soon as possible after regulations are released.

Audiologists need to anticipate how the market will change with OTC hearing aids, rather than wait to react to a potential tsunami of OTC products hitting the market. Introducing a new offering into the practice requires time, to select the appropriate product, train the practice team, modify systems, and update consumer-patient communications. I recommend that audiologists use this window of available time to better understand how OTC hearing aids will impact their addressable market by running a market test.

Of course, OTC hearing aids have not yet officially hit the market, complicating a market test. However, audiologists have at their disposal some useful proxies, in the form of value-priced hearing devices. Lower-cost, FDA-approved hearing aids, high-quality Personal Sound Amplification Devices (PSAPs), and customizable earbuds are all available

right now to be used in a market test. (See the conclusion of this article for a profile of three such products.)

The Heart of the Market Test: Data

We are now ready to design the market test for the audiology practice. The test would be incomplete if it simply measured whether the number of hearing aids fitted increased once the practice expanded its product line with a value option. Instead, the test ideally would explain how the broader product line increased interest, trial, and purchase from the consumer-patient. Thus, the practice needs to capture data on each stage of the consumer-patient's experience. Below are some examples of key areas that need to be tracked.

Converting prospects. Prospective patients may visit the practice website, receive a mailing or email campaign, or attend an informative seminar. Does the introduction of a value-priced hearing aid encourage more prospective consumer-patients into booking an appointment with the practice? A value product could be communicated subtly, by explaining in marketing copy that your product line includes a value-priced option, or more explicitly, by showing a product image with the corresponding price.

Performing assessments. How does the introduction of a value-priced hearing aid affect the consumer-patient's willingness to undergo an assessment? Price-sensitive patients may be more amenable to an assessment if they believe that afterwards the audiologist has a device that meets their budgetary needs. Once again, the full range of the product line can be communicated in general terms to the patient—"we have a full range of products, including value-priced"—or more explicitly—"our hearing solutions packages range in price from \$500 to several thousand dollars per device."

Fitting devices. Finally, how does the introduction of a value device impact the number of hearing aids sold? Here the practice needs to track not only the number of devices sold by type after the assessment is performed, but also how the patient-consumer migrates to new devices over time. Does a broader product line encourage some patients to begin with a value model and later upgrade to a traditional hearing aid? Additionally, do a higher proportion of patients who initially refuse any amplification return at a later time for a device when a value product is in the lineup?

Note in the second area, Performing Assessments, that the assessment could be as simple pure tone hearing test, or as comprehensive as a complete audiological evaluation. One example, beyond diagnostic hearing testing, is a

comprehensive communications needs assessment that could be conducted by an audiologist prior to the recommendation of any amplification device. This type of assessment addresses the needs of the whole patient, connecting hearing to the patient’s broader health. The assessment entails not only performing a number of diagnostic tests, but also counseling the patient and family on the results. See Figure 1 for a summary of some of the key elements of this more patient-centered, holistic approach. A communications needs assessment, like the one outlined in Figure 1 below, provides a way for audiologists to differentiate themselves from on-line, drugstore, and other value channels offering OTC-like hearing aids or PSAPs.

COMMUNICATIONS NEEDS ASSESSMENT	
Patient’s chief complaint	
Lifestyle and cosmetic needs	
Psychological, medical, social, and vocational impact of patient’s chief complaint	
Diagnostic audiologic test results	
Loudness discomfort and speech-understanding- in-noise measures	
The Rear Ear Unaided Response (REUR)	
Dexterity & physical ability	
Cognitive status	
Self-confidence	
Family support	
Self-management problem-solving & coping skills	
Source: Kim Cavitt, AuD, Audiology Resources, Inc.	

Figure 1. Dimensions of a holistic communication needs assessment

In sum, during the test, the practice would gather data on the following variables:

- Percent of prospects who make an appointment
- Percent of appointments who purchase an assessment
- Percent of consumer-patients assessed who needed a hearing device and purchased one within three months of the assessment, by product type
- Percent of consumer-patients assessed who needed a hearing device and purchased one between four and nine months of the assessment, by product type

The test should also gather data on patient satisfaction by surveying consumer-patients at all stages of the process.

The Overall Design of the Market Test

With these crucial data elements identified, we can now design the entire test from start to finish. What follows are the major steps involved in a market test:

- Select product to be used for the test. Which value product will the practice add to its current product lineup? The selection depends upon the practice’s current base of consumer/patients and its positioning in its local market versus the competition.
- Determine subset of patients for the test. Only a subset of patients will have the option of being fitted with a value device. The value device could be confined to one of the practice’s offices, or a single clinician in a one-office practice. Solo-practitioners may identify several days of the week when the market test is in effect.
- Implement the test. Identify any changes in the practice processes required to add the value hearing device to the product line and train all staff. Update systems to collect the necessary data discussed in the previous section.

- Analyze results. Compare the product mix in the base case and the test case. Analyze not only changes in revenue but also in costs, especially if the practice needed additional staffing to meet increased demand for the value hearing device. Be sure to evaluate over time whether consumer-patients fitted with a value device eventually upgrade to a traditional hearing aid with more functionality.

For audiologists, the most challenging area to forecast in response to the introduction of OTC hearing aids is how their product mix would change with the addition of one of these value-priced devices. A market test begins to provide clarity around this question. Once the practice can more accurately predict the number and types of hearing devices it would fit with an expanded product line, the corresponding costs are relatively easy to forecast.

More on Selecting Product for the Test

One of the crucial decisions in designing the market test is selecting the vendors that will supply the practice's value hearing device. Below are three product vendors who represent different approaches for the value segment. Each of the three attended the Audacity 2017, the ADA's annual convention. None of these products require a custom fit or mold. See Table 1 for additional details on each vendor.

Table 1.

Company Name	Ear Technology Corporation	Etymotic Research, Inc.	Nuheara
Product Name	PLAID	The BEAN® Quiet Sound Amplifier®	IQbuds™
Product Description	Sophisticated personal sound amplifier utilizing ClikFIT technology. Available only through hearing healthcare channels.	High-fidelity personal sound amplifier that automatically enhances soft sounds that contribute to the clarity of speech and the harmonics of music.	Intelligent Truly Wireless Earbuds
Top Three Features	Digital processor pre-loaded with 3 acoustic algorithms; Push-button access to two listening modes; Dual microphones	Sleek, innovative in-ear design offered in three colors; 2-position switch; Low-battery alert.	Dynamic Noise Control, Speech Enhancement, High Fidelity Sound
Retail Price (MSRP)	None set (professional decides)	BEAN Single: \$214 BEAN Pair: \$399 BEAN T-coil Version: \$249 BEAN T-coil Pair: \$439	\$299 per pair
Wholesale Price for Professionals	\$230 per unit	Available through Oaktree Products, 800-347-1960	40% discount off retail price
Minimum Order Quantities	Quantities of 2-5 receive price of \$218 per unit	None	12
Display Unit and Cost	None	None	Yes; free for minimum order
Marketing Support Programs	No	No	Yes
Contact for More Info	info@eartech.com	Patricia Johnson, AuD, Director of Audiology, p_johnson@etymotic.com; 888-389-6684.	Bruce Borenstein, VP Sales, bruce.borenstein@ nuheara.com

Bean. Perhaps best known to the audiology community for its hearing protection products, Etymotic Research, based in Elk Grove Village outside of Chicago, Illinois, manufactures the Bean Quiet Sound Amplifier. Introduced in 2015, this PSAP device retails for \$399 a pair (with a premium for a T-coil) for patients with a mild hearing loss. The device amplifies high-frequencies, with a switch for two different levels of amplification. While the Bean doesn't have the look of a hearing aid, Patricia A. Johnson, AuD, the Director of Audiology for the company, writes in an email, its "exceptional sound quality provides a positive listening experience, reinforcing the benefit that can be obtained with amplification." She adds that "patients can return for hearing aids when they're ready." The product comes with seven different sized ear tips to enable the best fit. The Bean can be fit with a custom earmold, if the patient and audiologist prefer it.

IQ Buds. These intelligent wireless earbuds are from Nuheara, a startup based in Australia with offices in New York and San Francisco. The earbuds not only provide amplification, but also audio streaming and noise cancellation. Users may personalize the accompanying app, selecting from what the company calls on its website "5 different EQ curves," better known to audiologists as presets for amplification. David Cannington, Cofounder of the company, writes in an email that "IQbuds™ represents a great opportunity for audiologists to tap a new fresh customer base and start them down the hearing health path," including younger patients with mild hearing loss who find traditional hearing aids stigmatizing. Audiologists may retail the devices at \$299 a pair. Nuheara offers audiologists a 40% wholesale price discount, with a minimum order quantity of 12, which also includes a branded retail display unit at no charge.

Plaid. Founded by an audiologist, Dan Schumaier, who has been practicing since 1972, Ear Technology Corporation of Johnson City, Tennessee, has designed the Plaid, a PSAP available only to audiologists. The device looks like a traditional hearing aid. "It's my firm belief that most people want hearing instruments that are discrete. Also, when you occlude the ear, patients say, 'I feel like I'm in a barrel,'" remarks Schumaier in front of his bustling booth at the AuDacity 2017. The company designed the product for patients who cannot afford a traditional hearing aid. With the wholesale price at \$460 a pair (with volume discounts available), the audiologist may, for example, "sell a pair for \$600 and make money," Schumaier explains, avoiding the "disaster" of having to turn away a patient purely for reasons of price. "The front office can do the Plaids; they are very easy," he adds.

Conclusion

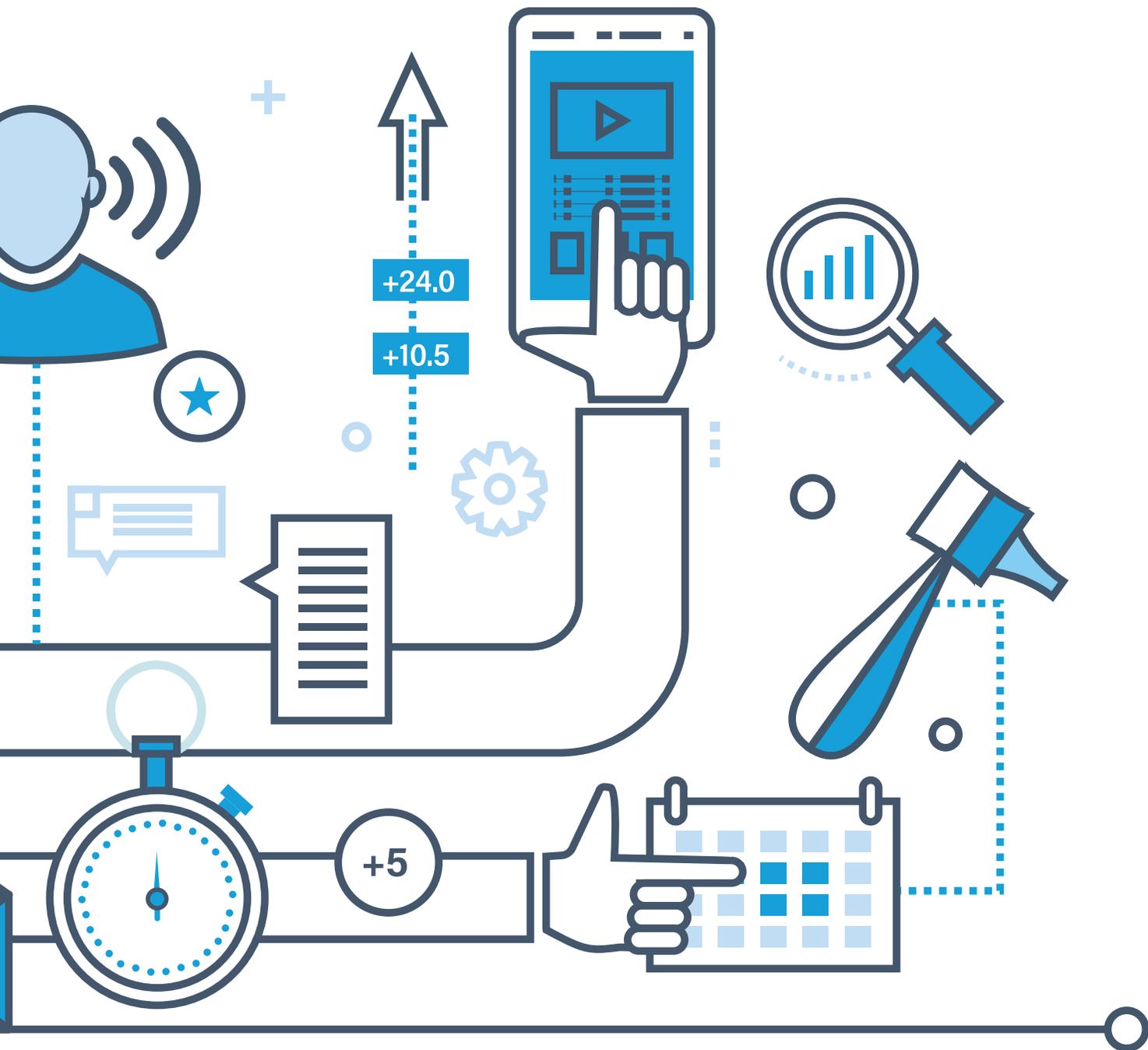
Audiologists ignore the introduction of OTC hearing aids into the hearing healthcare marketplace at their own peril. Nor should audiologists hazard a guess about how to respond to the new landscape. Instead, practice owners are encouraged to run a market test to understand how the addition of a value-priced hearing device into their product lineup impacts key strategic objectives, including quality of care, patient satisfaction, and practice profitability. Such a market test creates a logical and steady foundation for audiologists planning to weather the seismic event of OTC hearing aids. ■

Nancy M. Williams is President and Founder of Auditory Insight, a strategy and marketing consultancy for hearing healthcare. She leverages her expertise in new market development, patient engagement, and consumer insight, as well as her experiences as a hearing health advocate and person with hearing loss, to create a 360-degree perspective for companies solving hearing loss, including device manufacturers, payers, and private equity investors. Prior to founding Auditory Insight, she created and ran the patient engagement business for HPOne, working with Medicare Advantage payers to close care gaps and improve Star Ratings through patient outreach. A widely published writer and national speaker who has addressed thousands, she served on the Board of the Hearing Health Foundation for four years. She holds an MBA from Harvard Business School and a BA from Stanford University in Quantitative Economics, both with distinction. Learn more at www.auditoryinsight.com.



The Use of Hearing Aid Technicians to Improve Clinical Efficiency

By Lindsay Bauman, Au.D.



Clinical efficiency improvements are essential for success in today's healthcare environment. Clinical efficiency can be improved in a number of ways to increase patient access, reduce appointment wait times, and enhance the overall patient experience associated with a clinical encounter.

One way to enhance clinical efficiency is the use of a "top-of-license" strategy for aligning provider responsibility with scope of practice potential. The top-of-license concept is the simple idea of having providers practice to the full extent of their education and training, while spending less time on related tasks that could be done effectively by someone else. In the healthcare environment, this has led to a flourish of advanced-practice providers, such as physician assistants and nurse practitioners, and of support personnel, such as medical assistants and scribes, involved in the active care of patients during a clinical encounter.

In audiology, this top-of-license strategy has been growing for a number of years with the use of audiometric technicians, audiology assistants, and/or hearing aid technicians to provide services that are supportive of the audiologists' practice of diagnosis and treatment of communication disorders resulting from hearing loss. On the diagnostic side, technicians are often used for the routine gathering of clinical information relating to hearing sensitivity or other hearing and balance testing. On the treatment side, technicians are commonly used to support the various components of care pertaining to the delivery and ongoing maintenance of successful hearing aid use.

This article outlines how the Henry Ford Health System Division of Audiology employs hearing aid technicians to help handle the day-to-day challenges of addressing the hearing care needs of a growing adult hearing aid patient population.

Background

Henry Ford Health System is a large health system located in the metropolitan Detroit area that provides services to a region with more than four million people. Our health system has five locations that provide Audiology and ENT services. Two of our locations are hospital-based practices, while the other three locations are satellite, out-patient facilities. The Henry Ford Health System Audiology Department employees over 20 professional staff, including full-time audiologists, contract audiologists, and audiology externs. We also employ five full-time hearing aid technicians. In addition, the staff provides clinical education to between five and ten second year Doctor of Audiology students enrolled at Wayne State University.

Each of our locations provides an array of audiologic services, including the dispensing of hearing aids at all five locations. While we do not use technicians for diagnostic services, we do employ a very active staff of hearing aid technicians. Our rationale for both practices relates primarily to the nature of our clinical population. On the diagnostic side, we are a tertiary care provider in a very busy medical practice. The gathering of diagnostic data is seldom simple, and we believe the engagement of top-of-license audiologists is the most effective and efficient way to ensure excellence in clinical data collection and decision making. On the treatment side, however, there are many tasks relating to hearing aid dispensing and follow up care that can be adequately and excellently handled by non-audiologist providers. Our primary use of technicians, whom we refer to respectfully as “hearing aid techs”, is to offer support to our hearing aid patients within our dispensing practices.

Our main objective in using hearing aid techs is to give our patients the best quality care possible by optimizing our provider talent. This allows more time for the audiologist to focus on essential audiologic activities, including the provision of diagnostic and treatment services to new patients,

clinical education and other teaching responsibilities, and other administrative tasks. The goal, unquestionably, is to provide excellent patient care and satisfaction. To the extent that hearing aid techs can help us deliver convenient, thorough, and precise care, we can enhance patient satisfaction and enjoy all of the benefits of a happy patient base.

Hearing aid technicians within the Henry Ford Health System are involved in several important components of care, including walk-in patients, administrative responsibilities, and new-patient outreach.

Roles of our Hearing Aid Technicians

1 Hearing Aid Walk-In Patients

The main responsibility of our hearing aid techs is to handle all hearing aid walk-in patients. We believe that offering a walk-in service to our patients contributes to the best quality of care we can offer them. The alternative to a walk-in clinic, of course, is to have a patient wait until an audiologist has an opening on the schedule, which may be the same day, but is more than likely a week or more after the problem occurs.

Like most audiologists, we counsel our patients to wear their hearing aids all day, every day. Because of this counseling approach, we reinforce the importance of consistent, daily use. Thus, because we expect patients to rely on their hearing aids every day, we must be available quickly if they experience a problem with their devices. In our experience, patients appreciate being able to get into the clinic quickly to have their hearing aid problems or questions resolved.

We offer a hearing aid walk-in clinic at all five of our Henry Ford Audiology locations, with most sites’ walk-in clinics being open 40 or more hours per week. Our hearing aid techs see patients on a first come-first serve basis. Most patients are comfortable waiting their turn, as they are satisfied with being seen the same day they experienced an issue. Most walk-in appointments take between 10 and 15 minutes.

Patients are encouraged to visit a walk-in clinic if they experience a problem or concern, such as a hearing aid not working or not sounding normal. If a hearing aid needs to be sent

Our primary use of technicians, whom we refer to respectfully as “hearing aid techs”, is to offer support to our hearing aid patients within our dispensing practices

in for repair, the hearing aid tech will send the hearing aid(s) into the appropriate manufacturer, and then dispense the repaired aid when it arrives back to the clinic.

Also, patients are encouraged to visit the walk-in clinic if they have questions about their hearing aids, need additional practice with insertion and removal of the devices, have cleaning and maintenance issues, or have battery insertion questions. They can also use the walk-in service if they need hearing aid supplies such as batteries, wax guards, domes, etc. In addition, we have seen increased walk-in traffic resulting from issues relating to connectivity between patients' hearing aids and Bluetooth devices or cellphones.

At each hearing aid walk-in appointment, the hearing aid tech is also responsible for performing otoscopy on the patient. If otoscopy reveals cerumen or any other abnormality, they will schedule the patient for an appointment with an audiologist or an otolaryngologist. The technicians also ask each patient if they are pleased with their hearing aid programming and the overall performance of the hearing aids. If necessary, they will schedule the patient for a hearing aid programming appointment, or an updated hearing test with their audiologist. At the end of each walk-in visit, the hearing aid tech must also write a note into the electronic medical record system, and bill the patient or the insurance accordingly.

It goes without saying that a hearing aid walk-in clinic will not be successful if the patients are not aware of the service. We make a point of informing each patient of our walk-in services at each of their scheduled hearing aid appointments with their audiologist. The walk-in clinic services are also listed in our brochures and on the Henry Ford Health System website. Furthermore, the front desk staff and contact centers are trained to inform patients of the hearing aid walk-in clinic if they receive a phone call from a patient with one of the complaints mentioned above.

By offering a hearing aid walk-in clinic where these services are performed, we believe we are providing each hearing aid patient with professional, thorough, and timely services that they appreciate and continue to use as needed.

2 *Administrative Responsibilities*

In addition to their work with walk-in hearing aid patients, the hearing aid technicians assist in the preparation of each audiologist's schedule for the following day. This includes pulling hearing aid charts, making sure all hearing aids needed for the following day are in the office, and checking all patients' insurance coverage to verify hearing aid benefits.

By having each patient's hearing aid benefit information prior to the patient visit, the audiologist is able to accurately counsel the patient on costs of hearing aids and any hearing aid benefits at the time of visit.

The hearing aid technicians also check-in new or repaired/remade hearing aids when the devices arrive in the office. They verify that correct aids were received, program the aids with the corresponding software, fill out any paperwork, charge rechargeable hearing aids, perform a listening check, and call the patient to schedule an appointment, if necessary. Of note, our hearing aid technicians do not perform any programming changes on hearing aids for patients. When they check hearing aids in, they are only saving the programming that was previously set up by the audiologist.

Henry Ford's hearing aid techs also handle many patient calls and emails. These are typically calls transferred from a front desk staff member if they are unable to answer the question the patient has.

3 *New Patient Outreach*

Finally, the hearing aid techs assist with bringing new patients into the office. They assist with health fairs, free hearing aid cleaning events, lunch and learn style events, and calling potential new patients from a referral list. This is an important way to keep the practice busy and growing, and the hearing aid techs are integral in making this goal a reality.

Why We Use Our Hearing Aid Techs the Way We Do

Some practices will use hearing aid technicians for other tasks than those already discussed. These tasks may include: hearing or balance testing, neonatal testing, and even fine-tuning and dispensing hearing aids. As alluded to earlier, Henry Ford Health System's stance on why audiologists are only allowed to conduct these tasks can be broken down into two main reasons:

1. Because we are a major hub medical center, a high number of our patients are otologically complex. We believe that testing and hearing aid dispensing by audiologists offers a more thorough, accurate, and efficient evaluation of these patients.
2. We are a teaching facility. As mentioned before, we train many second year Doctor of Audiology students and fourth-year externs. These students benefit tremendously from exposure to a professional approach to these complex cases.

Private practices, or medical centers that employ audiologists and otolaryngologists, may choose to divide professional responsibilities differently and allow hearing aid technicians (or audiology assistants) to participate in other aspects of care, such as hearing or balance testing. As a general rule, it is advisable to check with your individual state concerning how assistants or technicians are credentialed, certified or licensed.

State Requirements for Hearing Aid Technicians

It is important to note that each state is different regarding requirements for hearing aid technicians. Some states require specific licensure, where others require certification or registration. Still, other states do not have any set regulations regarding the training, education, or usage on hearing aid techs. It is important to check with your state licensing board on the specifics for your state requirements prior to utilizing a hearing aid technician.

Table 1. A summary of four training programs for hearing aid technicians/audiology assistants.

TRAINING PROGRAM	CORRESPONDING WEBSITE
Nova Southeastern University	http://healthsciences.nova.edu/audiology/aud_assistant/index.html
Audiology Academy	https://www.audiologyassistants.com/
Council of Occupational Hearing Conservationists (CAOHC)	http://www.caohc.org/
Certification Program for Otolaryngology Personnel (CPOP)	http://www.entnet.org/content/certification-program-otolaryngology-personnel-cpop-course

Michigan is a state that does not have any requirements regarding training, education, or certification for hearing aid technicians. The Henry Ford Health System finds value in taking a hands-on training approach in educating our five hearing aid technicians. Thus, the Audiology department personally hires and trains each hearing aid technician. Other practices have chosen to enlist the services of an organization to assist in the training of their assistants and technicians. Many of these programs are web-based and require a licensed audiologist sponsor the prospective technician during the training. A summary of four such training programs is outlined in Table 1.

Regardless of your specific clinical model, hearing aid technicians and audiology assistants, when carefully selected and trained, can lower the cost of care and participate in delivering outstanding patient outcomes--both of which are necessary in improving clinical efficiency in markets where there is a growing number of older adults in need of hearing-related services and/or a shortage of qualified licensed audiologists. This article provides one example of how a “top-of-license” strategy employing assistants or technicians can make a clinic more efficient. ■

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PAID

Employment

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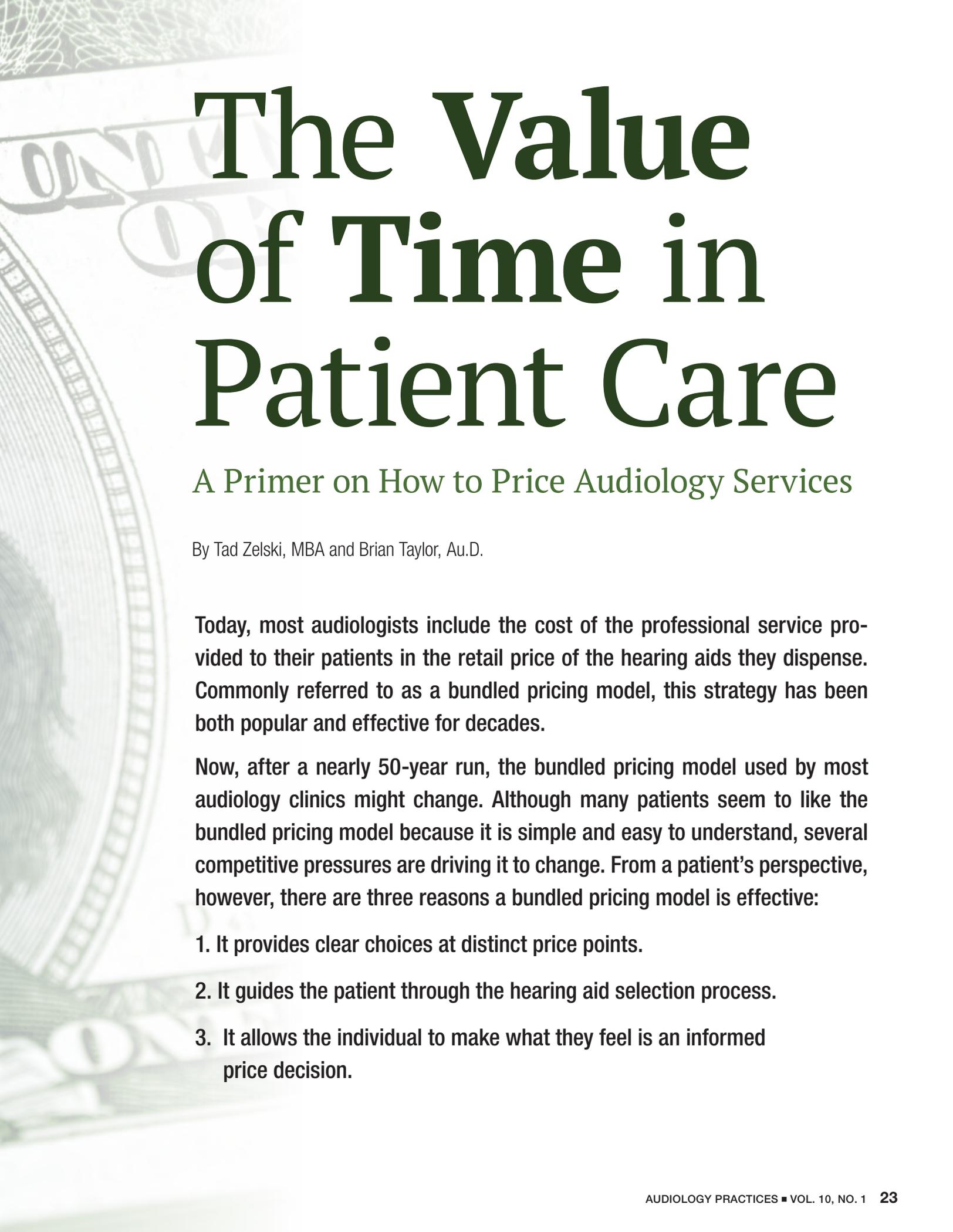
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The background of the page features a pair of glasses and a coin, likely a US quarter, rendered in a light, semi-transparent green color. The glasses are positioned at the top left, and the coin is on the left side, partially overlapping the text.

The Value of Time in Patient Care

A Primer on How to Price Audiology Services

By Tad Zelski, MBA and Brian Taylor, Au.D.

Today, most audiologists include the cost of the professional service provided to their patients in the retail price of the hearing aids they dispense. Commonly referred to as a bundled pricing model, this strategy has been both popular and effective for decades.

Now, after a nearly 50-year run, the bundled pricing model used by most audiology clinics might change. Although many patients seem to like the bundled pricing model because it is simple and easy to understand, several competitive pressures are driving it to change. From a patient's perspective, however, there are three reasons a bundled pricing model is effective:

1. It provides clear choices at distinct price points.
2. It guides the patient through the hearing aid selection process.
3. It allows the individual to make what they feel is an informed price decision.

The Challenge

As the marketplace for hearing care services changes, audiologists must face the distinct possibility that the hearing aid sales and distribution process will become deregulated. Deregulation of sales and distribution is likely to mean a growing number of individuals will purchase hearing aids on-line, and then seek the services of a licensed professional when they have a question or problem. There are three underlying reasons driving the deregulation of the sales and distribution process, thus putting profitability of the bundled pricing model at risk:

1. The rise of big-box retailers (who enjoy tremendous buying power and other economies of scale) make it difficult for audiologists to compete head-to-head on the retail price of hearing devices. Because of their built-in efficiencies, many big-box retailers can offer retail pricing at 30% to 50% less than private practices and medical centers. For example, industry analysts indicate that Costco will continue to experience substantial growth over the next five years with many locations adding additional licensed professionals to meet the growing demand (Bernstein Report, 2017).
2. More older Americans are now opting to purchase Medicare Advantage insurance, which is an alternative to Medicare Part B that often provides beneficiaries with a hearing aid benefit. Typically, patients buy hearing aids directly from the health benefit manager (e.g., TruHearing, Amplifon Hearing Health Care, etc.) with the audiologist receiving a set fee from the health benefit manager for providing professional service over a finite amount of time. According to Bernstein (2018) the number of older Americans who are members of a Medicare Advantage program that offers a hearing aid benefit are expected to more than double over the next four-to-six years.
3. By 2020, there probably will be a new category of over-the-counter (OTC) hearing aids sold directly to consumers. Above all other factors, OTC hearing aids will likely lead to a deregulation of the distribution process in which professional services are sold separately from hearing aids.

These three factors could force audiologists in private practices and medical centers to reduce the cost of hearing aids at the retail level, where the price is typically 3-to-4 times the wholesale price. Additionally, these three factors will be a catalyst for an unbundled pricing model, and will place market pressure on audiologists in private practices and medical centers to operate more efficiently.

The Questions

Given the changes to the hearing healthcare marketplace, audiologists are likely to have questions about the viability of the bundled service model, as sales and distribution of products at the retail level undergo deregulation. Those questions include:

- Can I sustain the bundled pricing model given price competition from OTC, big box stores, internet purchases and third-party, managed care hearing aid purchasing?
- Can I make money and continue to take exceptional care of my patients who are in a third-party, managed care hearing aid contract, or who decide to purchase hearing aids on-line?
- How will OTC and internet sales affect my business?
- What other revenue producing services can I offer patients in my audiology practice that provide value to my patients and enable my business to stay profitable?

These and other questions are on the mind of many audiologists who have been using a bundled pricing model for dispensing hearing aids. No one has a crystal ball, but the market pressures described above probably will force many practices into new pricing strategies for their hearing healthcare business to stay competitive. This article will present a model for calculating the time value of audiology care that can be used to develop an alternative, unbundled pricing strategy.

The Fundamental Problem

The real value of audiology care is based on the professional knowledge and the skill of the audiologist to apply that knowledge for their patients. It is this expertise that the consumer depends on when they chose to seek hearing care from a professional source. Rather than simply relying on their own information sources to make their hearing aid purchase decision, a significant percentage of patients will seek professional guidance prior to purchasing a hearing device. It is the audiologist's time and skills that are valued by these patients.

Therefore, if the value is in the audiologist's skills and knowledge, then the pricing model must reflect this fact. To move away from a bundled pricing model, it is imperative that the profession creates business models that allow audiologists to provide services that are both beneficial to patients and sustainable for the practice.

To better understand how to price audiology services in the dispensing of hearing aids, let's review three ways that audiologists add value to hearing aid purchases.

1. Audiologists are skilled in the selection and fitting of hearing aids. These skills enable the patient to make an informed decision about their hearing aid purchase. At a deeper level, audiologists add value to the hearing aid purchasing process because:
 - They are knowledgeable about hearing aid manufacturers.
 - They know the differences between brands and the various levels of technology offered by manufacturers, and can articulate those differences to their patients.
 - They are well versed on the various fitting options and performance settings and can conduct an individualized fitting and verify the performance of the fit.
 - They know how to custom fit the hearing device(s) to maximize the comfort, function and acoustic properties of the selected technologies.
 - They are trained on the use and benefits of the related assistive devices such as remote microphone, TV listening, telephone, direct mobile phone and t-coil options.
 - They know how to best handle service issues to minimize the inconvenience of being without the hearing aid.
 - They can effectively instruct the patient in the use of their hearing aids.
 - They can counsel the patient and concerned family on the social impact of hearing loss and provide strategies for maximizing their residual hearing.
 - They can provide hearing loss self-management skills.
2. Audiology care is more than just selecting, fitting and adjusting hearing aids and related hardware:
 - Audiologists also provide auditory training for patients who wish to further improve their communication skills.
 - Audiologists both advocate and provide information and services for hearing conservation.
 - Audiologists can advise and counsel their local community on group listening systems and communication strategies.
3. In addition to hearing rehabilitation, audiologists can also choose to offer other services, including:
 - Comprehensive audiologic diagnostic testing, including electrophysiology testing
 - Vestibular testing and balance therapy
 - Cochlear implant management
 - Tinnitus testing, treatment, and counseling

A glimpse of this list makes the underlying problem very apparent: Audiology has much to offer individuals who are seeking better hearing and communication, yet the value of the professional service is not generally recognized by the public or even the healthcare community. In a bundled pricing model many of these professional services remain invisible to the consumer.

A key reason these professional services are not recognized by the public is in large part a failure of marketing by the audiology profession. Most audiology practices are hearing aid centric. This means the hearing aid recommendation is at the heart of the audiologist’s plan for treating and management of a patient’s hearing loss, and therefore central to their business revenue strategy. For several decades, the price of hearing treatment has not been based on the value of hearing care delivered. Rather it is based upon the level of technology purchased, which is the core of bundled pricing model.

The result of the bundled pricing model is the patient is given the message that communication improvements are directly related to the type of hearing aids purchased, and not the skill of the professional. Even though the practice literature and website might try to explain the value of their professional care, when the price of care is defined by the “level” and brand of technology, the message of professional audiology services being vital to long-term success is often completely lost.

Figure 1 is example of how hearing care and their prices are conveyed to patients.

Type	Entry	Standard	Advanced	Premium	Elite	Luxury
Monaural	\$1,095	\$1,595	\$1,845	\$2,795	\$3,445	\$3,645
Binaural	\$2,095	\$2,995	\$3,495	\$6,395	\$6,695	\$7,095

Figure 1. An example standard retail pricing guide. Most professionals use some version of this format.

Hearing care in this example is shown by hearing aid technology levels. Although the number of technology options and their accompanying retail price points vary, in our experience most practices dispense hearing aids using this basic format.

The patient sees these choices and, in many cases, would naturally adopt a retail shopping strategy familiar to them. The patient who adopts this shopping strategy may go on-line to find out which hearing aids are “best” for them and where they can get the lowest price. For the patient who stays with the audiologist’s care, behavioral economists predict that the buyer will most likely gravitate to a price that is somewhere in the middle of the pricing scheme shown in Figure 1 (Ariely, 2008). In both situations, the patient will have reduced opportunity of receiving whatever optimal follow-up care that meets their needs. In short, the bundled purchasing process often fails to deliver the best value because the decision being made by the patient is based on the wrong criteria, that is, the model level of the hearing aid technology and not on hearing treatment plan.

One Solution: Calculate VPM

To be clear, an unbundled or itemized pricing strategy is not new. Coverstone (2012), Sjoblad (2015) and Lewis (2018) have all provided excellent examples of how an unbundled pricing strategy can be successfully implemented in an audiology practice. Our goal is to build on their work and demonstrate how a prescriptive approach can be applied to an unbundled pricing strategy. This simple idea is this: If all key stakeholders in a practice know the Value Per Minute of audiology care, the true worth of services is known, and these services can be delivered with the utmost attention and efficiency.

Given the market forces at work, we believe now is the time for a larger group of audiologists to re-evaluate their ability to charge a fee for the delivery of professional services. What follows is a prescriptive approach to the essential elements of providing unbundled professional services.

The overarching goal of what follows is to determine the value of your professional time by conducting a time and cost analysis. Professional time spent with a patient, undoubtedly, has value. The challenge for audiologists is knowing how to price the value of the services they deliver. To do this, audiologists must know how to price their time. This process starts by following the three steps outlined in Figure 2.



Figure 2. Three steps of implementing a fee for service pricing structure.

STEP 1. Define the clinical protocols used in your practice and ensure all providers buy-in to using them consistently.

- List the best practice protocol standards for your practice each of the services your practice provides.
- Meet with staff every two weeks and discuss the components of your protocol and the rationale behind each one. Be sure everyone has a say in the components and has ample opportunity to voice their opinion.
- Gain a basic agreement on a working clinical protocol.
- Determine the time it takes the audiologist to provide each of these procedures.

To complete this final task successfully, think of each professional service as a “product”. For example, when you do a hearing test, you can bill for that “product.”

What procedures do you include in that hearing test and how long does it take to administer these procedures? The practice must examine the time estimates for all components of a basic audiological assessment procedure. For a group of average adults without cognitive or physical disabilities, measure the amount of time it takes to complete each portion of the assessment. An example for a basic hearing evaluation is shown in Figure 3.

Procedures for a basic hearing evaluation	Minutes
Basic medical and hearing questionnaire/case history/otoscopy	7
Pure tone air and bone threshold audiometry	8
Basic speech testing – SRT and word recognition testing in quiet	9
Admittance testing (tymps & reflexes)	3
Review of hearing test results with patient	5
Total Time	32

Figure 3. A time analysis for the components of a basic hearing test. Numbers represent average amount of time for each component of the test.

ASSESSMENT AND TREATMENT ACTIVITIES		TIME IN MINUTES
Assessment & Diagnosis		
Basic hearing test battery	Otoscopy	2
	Pure tone audio (AC and BC)	25
	Tympanogram	5
	Acoustic reflexes	10
	Otocoustic emissions	5
	WRS in quiet	10
Other hearing tests	MCL for speech	5
	LDL for speech	5
Self-Perception of Communication Needs	COSI	10
	SADL (if current user)	10
	QuickSIN	15
	Manual dexterity	5
Total professional time spent for assessment and diagnostics		107
Technology & Auditory Training		
Hearing Treatment recommendation	HA demonstration prior to recommendation	15
	Hearing treatment recommendations other than HA selection?	10
	HA counseling & programming services for HA &/or PSAP not purchased elsewhere	90
	Hearing aid recommendation and selection / if you don't demonstrate	30
	Assistive device recommendation and selection if considered separately than HA recommendation	10
Quality Control, Fitting and verification	Verify with probe microphone measures at multiple input levels of final fit	25
	Use Sound tracker	10
	Aided SF functional gain	20
Orientation and Counseling	Formal worksheet	5
	Manual skills training	10
	2nd visit	20
	3rd visit	20
Validation	Data Logging Review	3
	Assessment of music quality	5
Outcome Measurement and Patient Satisfaction	SADL	10
	COSI	10
	HHIE/A	10
	QuickSIN	20
Auditory training activities	Aural rehabilitation training/treatment planning	10
	Individual formal training on line	20
Totals for Hearing Aid dispensing prior to AR & post fit care and online Auditory Training		460

Figure 4. A summary of basic audiology services for various appointment types for one practice.

STEP 2. A time analysis for each type of procedure conducted in an audiology clinic can be completed within a week in most cases. Simply make note of the time it takes to complete each step using a watch or clock and record the number of minutes per procedure with a handful of adult patients. This process will culminate in a chart, like the one shown in Figure 4.

Figure 4 is a suggested way of organizing the procedures you use in your practice for the assessment and treatment of hearing loss when recommending hearing aids, auditory training, and other interventions. The estimate of professional time needs to be defined for all of the professional services provided by audiologists in a practice. In addition, you also need to define the time required for services provided by audiology assistants and staff, if they are involved in direct patient care. These services also add value to the patient's hearing care; therefore, the cost for delivery of that service needs to be determined. (Note: the pricing of the audiology assistant's time also needs to be calculated. The example of the audiology assistants time calculation is not provided in this article, but the process would be identical.)

STEP 3. The next step in the time and cost analysis is to determine the dollar value of audiology professional time in the practice. To establish the time value of audiology services, you will need to conduct a *cost and revenue review*. You must first determine your practice revenue requirements and then calculate that value down to the minute. This is called *value per minute* (VPM) of your practice

The two factors needed to determine value per minute (VPM) are:

1. Gross profit requirements, (GPR)
2. Available productive hours, (APH)

Let's examine these three components separately.

1. The gross profit requirements (GPR) is the revenue value that covers all operating expenses and a targeted profit for the clinic activities.

This number can be found on a Profit & Loss (P&L) statement:

GPR = total revenue (TR) minus cost of goods sold (COGS) + desired profit (DP)

GPR = TR-COGS+DP

Let's work through an example that assumes a TR of \$1,000,000.00, a COGS of \$450,000.00 and a DP of \$150,000.00

GPR is \$400,000.00 (\$1,000,000.00 - \$450,000.00+\$150,000.00)

There are other ways to determine GPR if you're in a practice that generates more revenue from testing than dispensing hearing aids, but you can contact the authors for details.

2. The available productive hours, (APH) describes the total number of hours that are "available" to deliver audiology services.

This example of Available Productive Hours (APH) is based upon the assumptions below for one full-time audiologist: (52 weeks) minus (Vacation weeks, paid holidays (i.e. Christmas, July 4th, etc.), professional education days, sick days)

Example: 3 weeks of vacation, 2 weeks of paid holidays, 2 weeks of professional education, 1 week of sick days

Average productive weeks: 52 (-3 -2 -2 -1) = 44 weeks

Average productive days per year = 44 x 5 (days each week) = 220 days

Available productive hours per year = 220 x 6 = 1320 hours (assumes 6 productive hours per working day)

Note: Assume for this example that the audiologist has 6 billable (productive) hours per day (productive means time with patient). It is assumed that during an 8-hour day, a professional needs about 2 hours of non-patient time to write reports, as well as complete other administrative and personal activities.

ASSESSMENT AND TREATMENT ACTIVITIES		TIME IN MINUTES	VPM AT \$303/HR = \$5.05/MIN
Assessment & Diagnosis			
Basic hearing test battery	Otoscopy	2	\$10.10
	Pure tone audio (AC and BC)	25	\$101.00
	Tympanogram	5	\$25.25
	Acoustic reflexes	10	\$50.50
	Otocoustic emissions	5	\$25.25
	WRS in quiet	10	\$50.50
Other hearing tests	MCL for speech	5	\$25.25
	LDL for speech	5	\$25.25
Self-Perception of Communication Needs	COSI	10	\$50.50
	SADL (if current user)	10	\$50.50
	QuickSIN	15	\$75.75
	Manual dexterity	5	\$25.25
Total professional time spent for assessment and diagnostics		107	\$540.35
Technology & Auditory Training			
Hearing Treatment recommendation	HA demonstration prior to recommendation	15	\$75.75
	Hearing treatment recommendations other than HA selection?	10	\$50.50
	HA counseling & programming services for HA &/or PSAP not purchased elsewhere	90	\$454.50
	Hearing aid recommendation and selection / if you don't demonstrate	30	\$151.50
	Assistive device recommendation and selection if considered separately than HA recommendation	10	\$50.50
Quality Control, Fitting and verification	Verify with probe microphone measures at multiple input levels of final fit	25	\$126.25
	Use Sound tracker	10	\$50.50
	Aided SF functional gain	20	\$101.00
Orientation and Counseling	Formal worksheet	5	\$25.25
	Manual skills training	10	\$50.50
	2nd visit	20	\$101.00
	3rd visit	20	\$101.00
Validation	Data Logging Review	3	\$15.15
	Assessment of music quality	5	\$25.25
Outcome Measurement and Patient Satisfaction	SADL	10	\$50.50
	COSI	10	\$50.50
	HHIE/A	10	\$50.50
	QuickSIN	20	\$101.00
Auditory training activities	Aural rehabilitation training/treatment planning	10	\$50.50
	Individual formal training on line	20	\$101.00
Totals for Hearing Aid dispensing prior to AR & post fit care and online Auditory Training		460	\$2323.00

Figure 5. The Value Per Minute (VPM) for an assortment of clinical procedures and tests..

3. The Value Per Minute VPM: This is the target number that is used to determine prices for assorted services audiologists provide.

The equation that determines VPM looks like this:

Value Per Minute = Gross Profit Requirement / Available Productive Hours/60 minutes

$$\text{VPM} = \text{GRP}/\text{APH}/60$$

(GPR = \$400,000.00/ APH = 1,320/60 minutes per hour)

VPM is \$5.05

In our example we can now factor in the VPM of \$5.05 and see the revenue needed, (\$2,323.00) in the sale of two hearing aids to achieve the profit goals of the practice. (Note: The cost of the hearing aids must be added to this number.)

Now the VPM, which was derived from the practice's P & L statement, can be used to determine pricing for appointments of various lengths.

$$15\text{-minute appointment} = \$5.05 \times 15 = \$75.75$$

$$30\text{-minute appointment} = \$5.05 \times 30 = \$151.50$$

$$60\text{-minute appointment} = \$5.05 \times 60 = \$303.00$$

The VPM of \$5.05 used in this particular example is considered a blended rate, which means any authorized professional who provides direct patient care, such as an audiology assistant needs to be generating an average of \$5.05 per minute. Given that many non-audiologists are contributing in other ways to the practice with other administrative activities, it is likely the assistant is spending less clinical time with patients relative to audiologists.

In a clinic employing both audiologists and audiology assistants, the differences in compensation between the audiologist and the audiology assistant are reflected in the gross profit requirements of the practice. Thus, the VPM of the audiologist and the audiology assistant should be calculated separately. Calculating these differences is beyond the scope of this article.

Another revealing dimension of the VPM calculation is that it pinpoints inefficiencies in how time is spent with patients in a practice. For example, an hourly rate of \$303/hour could be too high and out of alignment with the fees competitors in your market are charging. By reducing the time it takes to complete some tests or procedures (without sacrificing quality of care or outcomes) the hourly rate could be reduced.

In the example shown here, if the practice knows it needs to charge approximately \$75 for each 15-minute segment of time, it can price each clinical procedure or component of service properly. The calculation for this is shown in Figure 5, where a VPM of \$5.05 is applied.

There are several reasons this 3-step approach to measuring VPM is helpful for a practice.

1. It clarifies the value of audiology services. First, it demonstrates to all the stakeholders of a practice the value of professional audiology time in the practice, particularly the value of services that have customarily been bundled with the delivery of a product. Second, it can be used with patients to show the value of the service for any hearing aid purchase. For example, there is tremendous value in the entire staff as well as patients knowing the average hearing aid fitting requires four hours of professional service time over the first year of use. In the model shown here that equates to about \$1200 in value, which is a significant amount of the total cost of hearing aids. The \$1200 worth of professional service value is in alignment with industry analysis as outlined in Figure 6 (Bernstein, 2017).
2. Knowing your VPM makes it easier to establish pricing for additional audiology care beyond the price of the hearing aid. If a practice decides to offer counseling services to individuals who purchased hearing aids on-line or tinnitus management services, the VPM can be used to set prices for appointment time. Simply apply the VPM in 15-minute segments to the services you offer.
3. No one had a crystal ball to predict the future, but we can be relatively confident new opportunities will be created that allow audiologists to charge a fee for services not part of a product purchase. By establishing your VPM now, the value of audiology care is visible to all.

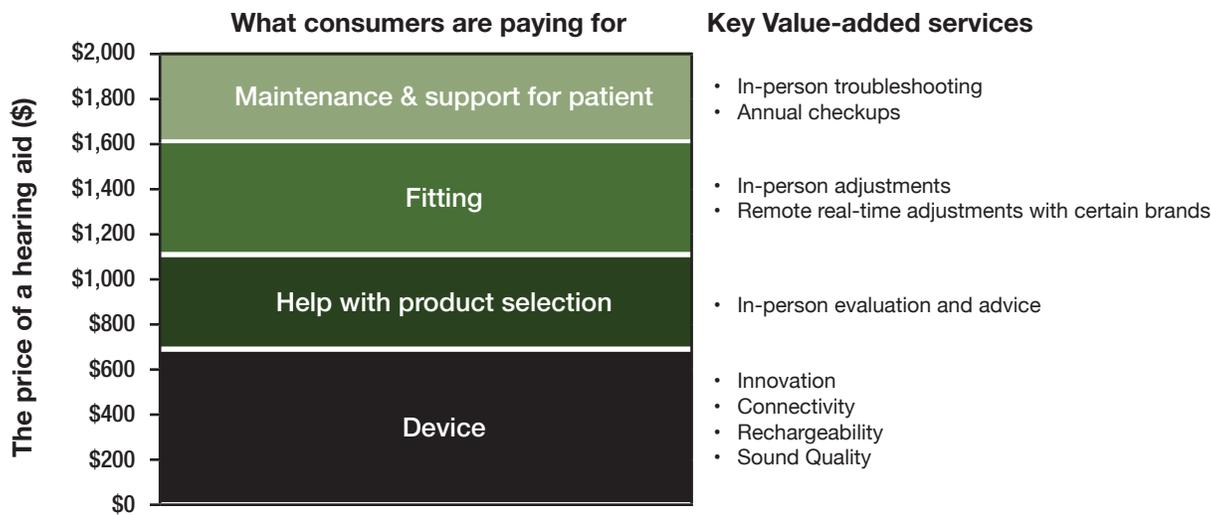


Figure 6. The breakdown of costs for a professionally fitted hearing aid. Modified from Bernstein, 2017

Making a change in pricing strategies is difficult and scary. The question that must be answered by the practice is, can you afford to maintain the current bundled business model and remain competitive? By measuring the value of audiology services in your practice, you can make an informed decision on pricing strategies, based on the profit needs of your practice and the services valued by consumers. Whether you choose to continue to use the bundled model or move to unbundled pricing, or to use some hybrid of the two, you need to take the time now to gather information about your options. Understanding the value of your audiology services, using the VPM strategy outlined in this article, will help you find the best direction for your practice. Even if you choose to maintain a bundled pricing model in your clinic, there are valid reasons for measuring VPM. After all knowledge of your VPM is a powerful tool to spur growth and improve efficiency.

Tad Zelski, MBA, is owner of Amplification Consultants, Inc., a practice development advisor, marketing director for cLEAR, Inc. and Auditory Brain Training. He has 46 years of experience in the hearing aid industry plus 28 years as a rep for Widex USA. He was also owner of Atlanta Hearing service from 1972 to 1989. Tad can be contacted at tadzelski@gmail.com.

Brian Taylor, AuD, is director of clinical audiology for the Fuel Medical Group and the editor of Audiology Practices. Brian is editor of the forthcoming Thieme Press textbook, Audiology Practice Management. ■

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HEAR AND NOW Early Career AuD Resources



The Academy of Doctors of Audiology offers a variety of resources for early career professionals.

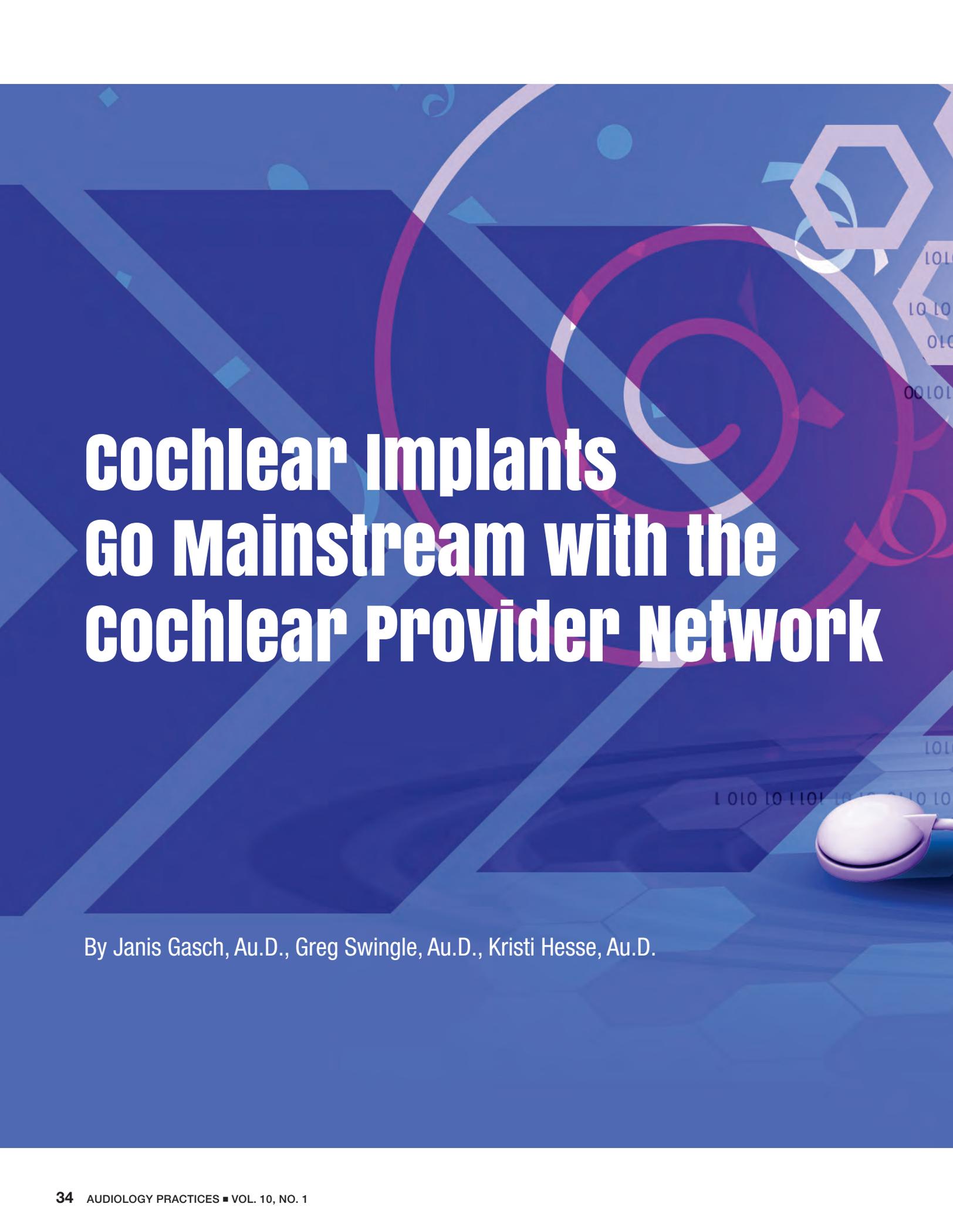
Early Career Listserv: Subscribers can network and discuss issues facing new audiologists through this email-based discussion forum.

Young Professionals Resources: A collection of resources that will help you in your transition from student to professional.

Mentorship Program: What did you do right? What was harder than you expected? What do you wish you could change? As a recent graduate, you are a perfect candidate to help shape the future of audiology by becoming a mentor! Mentee opportunities are also available.

Visit audiologist.org/early for access to these resources and more!





cochlear implants Go Mainstream with the cochlear Provider Network

By Janis Gasch, Au.D., Greg Swingle, Au.D., Kristi Hesse, Au.D.





Cochlear implants (CI) are the standard treatment for bilateral, severe-to-profound hearing loss. It is estimated there are over 30,000 recipients implanted per year worldwide (Vaerenberg, et al 2014). Yet cochlear implant audiologists remain subspecialists within the audiology profession. In many medical centers in the United States, cochlear implant audiologists work primarily with children and adults with severe-to-profound hearing loss, participating in the identification, selection, and rehabilitation process of cochlear implantation. Survey data indicate that CI specialization is confined to a small number of audiologists, with only approximately 11% of audiologists who self-identify as working with cochlear implants. This shortage of CI audiologists is likely to impede access to care, but it also provides a tremendous opportunity for audiologists, beyond fitting hearing aids, to participate in the care of adults with severe-to-profound hearing loss.

The Cochlear Provider Network enables audiologists, who do not work directly with otology surgeons, to become directly involved in providing a full range of reimbursable CI services to adult patients. It was created by Cochlear Americas a few years ago to help mitigate challenges related to the paucity of audiologists who specialize in CI, combined with the relatively poor benefit many individuals with severe-to-profound hearing loss receive from their hearing aids.

Because third party insurance and Medicare reimburse for many of the services related to CI, and because non-audiologists who dispense hearing aids are not typically eligible to receive such third-party reimbursements, becoming part of the Cochlear Provider Network can be a differentiator in a competitive marketplace that is about to see the rise of over-the-counter hearing aids and the continued success of big-box retail.

Today, an adult with unaided hearing thresholds worse than 60 dB at 500 Hz, 70 dB at 1000 Hz, and 90 dB at 2000 Hz, unaided single word recognition performance worse than 45% in the better ear and documentation that hearing aid benefit is suboptimal would be within the candidacy requirements for CI (Gubbels, et al, 2017). Because the audiological candidacy requirements have expanded, it is believed a larger pool of patients, many of whom might be experiencing poor hearing aid benefit, are now CI eligible. Thus, a larger number of audiologists, not directly affiliated with a cochlear implant center, are needed to identify and manage these potential CI recipients.

Janis Gasch, Au.D., Founding Director of Arizona Hearing Specialists in Tucson, AZ and two audiologists on her staff, Greg Swingle, Au.D. and Kristi Hesse, Au.D. agreed to an on-line interview about their involvement in the Cochlear Provider Network.

AP Please describe your practice for AP readers.

JG *We are an audiologist-owned private practice. We provide a broad range of hearing health-care services, including hearing aid fittings, tinnitus evaluations, aural rehabilitation, and a cochlear implant program. There are 5 audiologists employed (over three offices), and 2 audiology assistants. We have been in practice for 36 years.*

AP How did you get involved in the Cochlear Provider Network (CPN)?

KH *We were approached by an oto-neurologist in town who was working in conjunction with Cochlear Americas. We were attracted to the program because it would provide us the ability to go beyond hearing aids, and provide continuity of care for those that were being referred for CI. Additionally, it provided an opportunity for our providers to use more of their knowledge, and therefore increased their satisfaction in their chosen career. The CPN has also allowed us to diversify the services provided by our practice, and build stronger relationships amongst our local audiological and ENT community.*

AP How long did it take to become proficient at CIs, and how did Cochlear help in this endeavor?

GS *It took approximately 1-2 years to gain proficiency, keeping in mind this is only a small aspect of our total patient population.*

Cochlear was a huge help in this endeavor. They provided in-office support, as well as full day trainings. We developed a schedule with our Cochlear rep where she was scheduled to be in our office 2 times each month and we would schedule all of our patients on those days so that we had the necessary support.

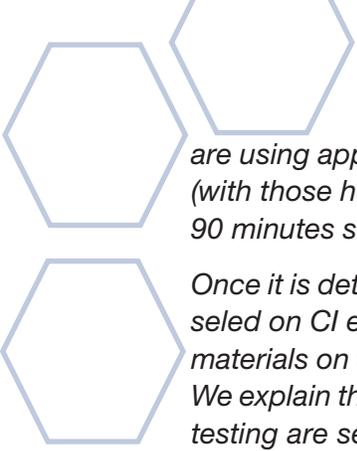
Additionally, they have a support structure in place to help reduce the workload associated with non-billable services necessary for our CI patients.

AP Describe your CI evaluation process. What tests do you use? Also, please describe the role of the audiology technicians in this process.

GS *In order to determine CI candidacy, we perform a comprehensive audiological evaluation including tympanometry, reflexes, pure tone air (125-8K including 3k and 6k), bone conduction, SRT, word recognition and QuickSIN. Additionally, we test Az Bio Sentences in each ear individually as well as binaurally in the following conditions: quiet, SNR of +5 at 0 degrees azimuth. We also test CNC in each ear individually as well as binaurally. Audiology techs are used to check in the equipment and do many of the administrative tasks, but the audiologist performs all testing, mapping, and aural rehabilitation.*

AP Walk us through the process for those CI candidates you identify.

KH *Upon arriving for their appointments, patients are given a questionnaire regarding their expectations for the CI process, and they complete it prior to coming back for the evaluation. If the patient is new to our office, they are initially seen for a 2-hour CI candidacy evaluation. During this appointment, tymps, reflexes, a comprehensive audio, SRT, word rec and QuickSIN are performed; if the patient appears to be a candidate for CI, hearing aid performance is verified using real ear measures. If the patient is not appropriately fit, they are fit with a pair of premium hearing aids that we keep in office for this purpose. Once we have verified that they*



are using appropriately fit hearing aids, we perform AZ Bio Sentences and CNC testing in sound field (with those hearing aids). If the patient is an existing patient of our office, they are often scheduled for 90 minutes since we have typically already verified their hearing aids.

Once it is determined that the patient is a CI candidate from an audiological standpoint, they are counseled on CI expectations using the questionnaire that was already completed. They are given reading materials on CI and are given a sheet of paper with instruction on how to contact the surgeon's office. We explain that the surgeon will evaluate whether or not they are medically a candidate. All reports and testing are sent to the neuro-otologist. Once he sees the patient he sends back a report with a plan. If the patient chooses to proceed, they return to our office for a final discussion regarding equipment and any other questions prior to their surgery date. They are then scheduled for their activation date (approximately 2 weeks post-surgery).

AP Once a CI patient has gone through the initial activation and mapping process, how often do you typically see them back for care and service?

GS The patient is seen for initial activation 2 weeks post-surgery. They are then seen 2 weeks after that for follow-up mapping. They are then seen 2 weeks after that for their one-month testing/mapping appointment. The patient is scheduled for one a one-hour appointment where testing is completed (unaided thresholds, aided thresholds, Az Bio testing and CNC testing). A week later they are seen for another one-hour appointment for mapping. This process is then repeated at 3 months post-surgery, 6 months, 12 months, 18 months and 24 months post-surgery. Additionally, the COSI and Glasgow are administered during the first year.

AP Many providers believe that CI services are time consuming and not lucrative. How would you argue against those beliefs?

KH While CI testing/mapping may not be profit-generating, it is extremely beneficial in other ways. It is a service to the community, it provides increased job satisfaction to the providers, and provides positive branding and diversification for the audiology practice. Being part of the CPN allows our clinic to see a broader range of patients, which also means that we have a larger referral base (because those patients have friends and family who may benefit from our services).

AP Let's discuss revenue generation in a little more detail. How can practices generate revenue by being part of the CPN?

KH There must be a solid understanding of billing procedures and codes, and you must have the structure and confidence in place to bill for the services that you provide if they are not covered by insurance. This is critical, and we have resources within the CPN to help with this aspect of things.

A practice is also able to market to a broader patient population. More patients coming into our practice means more potential friends and family referrals. Physicians are also more likely to refer to our practice because we are more than just "hearing aid dealers". Patients who use a CI typically wear a hearing aid on the contralateral ear, and they often purchase new technology through our office. So there are definitely ways in which being part of the CPN can help generate revenue.

AP Are there any opportunity costs? For example, time spent on CI is time not spent on other more lucrative revenue generating opportunities. How do you square this in your practice?

GS It is definitely important to keep an eye on how the providers spend their time. Hours spent doing CI work are not as lucrative as other types of work we do, so we limit the number of CI appointments

we have during the month. However, because CI patients do generate revenue for the practice in terms of referrals, branding, reputation, etc., we see that “opportunity cost” as more of a long-term investment.

AP What has the CPN done to the brand or reputation of your practice within your community?

GS We are more highly esteemed in the community, because we do more than just hearing aids. We are seen in a more medical model, and we are viewed by physicians as a more reputable hearing healthcare provider because they have the confidence that we can find the best solution for their patients and we are not intent on “just selling a hearing aid.” We care about the whole person, and we try to make sure we address any and all aspects of their hearing healthcare needs. ■

Janis Gasch, Au.D. is the founding director of Arizona Hearing Speciality, Tucson, AZ. Greg Swingle, Au.D. and Kristi Hesse, Au.D. are clinical audiologists at Arizona Hearing Specialists.

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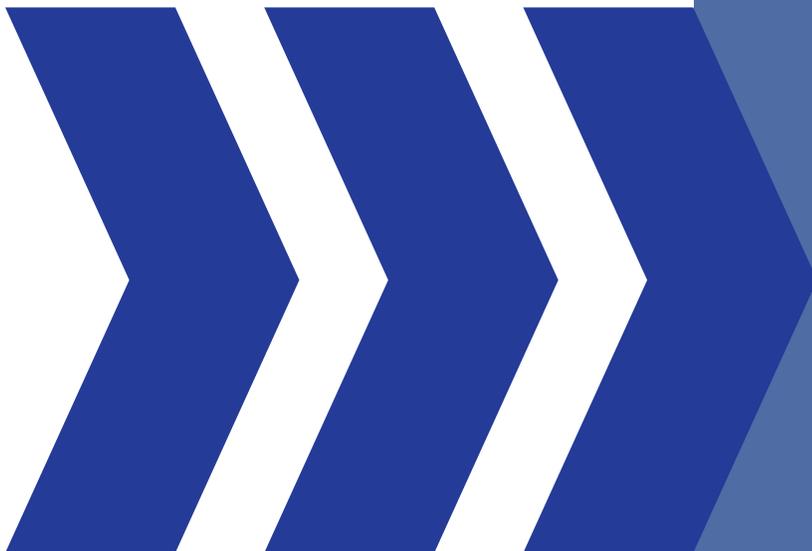
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Post-Surgery Follow-up Schedule

- INITIAL ACTIVATION
2 weeks post-surgery
- FOLLOW UP MAPPING
4 weeks post-surgery
- TESTING
(unaided thresholds, aided thresholds, Az Bio testing, CNC testing*)
6 weeks post-surgery
- MAPPING
7 weeks post-surgery
- REPEAT
3 months post-surgery
6 months post-surgery
12 months post-surgery
18 months post-surgery
24 months post-surgery

**Administer COSI and Glasgow during the first year.*





the future of audiology

Student Essays on the Future of Audiology

Introduction by Giovanna Hughart, Au.D.

Last year I was unexpectedly asked to begin teaching the Professional Issues Course at Auburn University. However, I knew I had plenty of great topics for discussions and debates and was excited to present current audiology events that represented both innovative and challenging changes in our profession. I also was eager to share the information from a non -biased point of view so students could have the opportunity to formulate their own ideas and concerns. I was hopeful they would pioneer creative action plans to further this profession and strengthen the necessary skills to help them become successful Doctors of Audiology.

The topics that we discussed throughout the semester included over-the-counter (OTC) hearing devices, audiology assistants and hearing instrument specialists, and their role in an audiology practice, tele-audiology, the importance of participation in state and national professional organizations, lobbying for our profession, and Direct Access as the future of our profession.

For the students' final exam, I assigned them to write an essay responding to the following prompt, allowing them to incorporate all the information that they learned in the course:

- What is your view of the profession of audiology?
- Discuss topics that may affect your employment, salary, and scope of practice.
- How do you see your role in making change as you may thrive and grow as a professional?

I was very impressed by their outlook, enthusiasm and optimism. It was refreshing and enlightening considering several Doctors of Audiology express pessimism regarding the future of our profession. The essays presented in this article are meant to provide insight into what our new Doctors of Audiology perceive as their future. It looks good! Hope you enjoy their perspective!

Hold Fast and Dig Deep: The Future of Audiology

By Megan Barnett, Au.D Student, Auburn University

Introduction

2017 is an exciting time to be a student in Audiology: OTC hearing aids, 18x18, brain health... the list goes on and on! In this environment it is important now more than ever that we make strides to advocate for our profession.

The Over-the-Counter (OTC) Hearing Aid Act recently caused uproar in Audiology. This legislation creates a new category for certain hearing aids to be sold directly to consumers with perceived mild-to-moderate hearing loss, without requiring the involvement of a licensed dispenser. The concept was compared to readers that can be bought in any drug store in order to address the overwhelming need for reading glasses by older adults.

There are several problems related to the legislation's implementation, including the lack of health screening to identify significant health conditions that could be causing the hearing loss as well as the head-scratching conundrum of how does the patient know they have this type of hearing loss without an evaluation? However, there are also some benefits to these devices. The improved technology provides the opportunity for patients who cannot afford traditional hearing aids with some method to address their hearing loss.

The difficulty comes in trying to balance the benefit with the risk. On the one hand, in an ideal world, everyone should have a full audiological evaluation anytime they suspect a hearing loss. However, this is not reality. In an ideal world, everyone who has a hearing loss would be appropriately fit with hearing aids. Again, this is not realistic.

Another concern that has been expressed by fellow Audiologists is that we will lose our market penetration because patients will buy OTC products rather than traditional hearing aids or that the poor level of technology will turn patients off of amplification forever. As a member of the technology generation, I do not believe this to be the case. As far as the patients who prefer OTCs to traditional hearing aids, they were not going to approach an audiologist for treatment to begin with. By including OTCs in our offices, we can now appeal to a portion of the population that would never have considered walking into our offices before. These devices give patients the opportunity to explore their hearing loss on their own and come to terms with it in a way that may lead them to seek out treatment earlier.

18x18

One of the big buzzwords surrounding audiology right now is Direct Access. The 18x18 initiative by Academy of Doctors of Audiology (ADA) promotes direct access to audiology services for Medicare Part B patients. Obtaining direct access for audiology means that Medicare beneficiaries have the option to seek care directly from a professional without obtaining a medical referral first. This policy has been implemented in professions such as podiatry, dentistry, and optometry.

There are two main benefits to direct access to audiology: access to high-quality care and cost-effectiveness. This change allows our patients to obtain hearing healthcare with minimal inconvenience and would increase reimbursement for the high-quality, evidence-based practices we provide for our patients' care.

Brain Health

Current studies have determined a correlation between hearing loss and disorders associated with cognitive decline including Alzheimer's and other forms of dementia. Now that we have literature that supports the role hearing plays in cognitive processing and function, we have more support to help convey the importance (and urgency) of treating hearing loss. This puts us in a pivotal role as the professionals that evaluate, diagnose, and treat hearing loss.

Now what?

Going forward, we have more opportunities than ever to take a leading role in the implementation and development of public opinion and knowledge regarding audiology and audiologists. The OTC legislation and hype gives us the chance to increase public awareness and knowledge regarding hearing loss and hearing loss treatment. OTCs give us a gateway to a portion of the population who otherwise would never pursue diagnosis or treatment. The 18x18 initiative provides us with the means to achieve professional parity and serve the patients who need our help the most, and the new data regarding the relationship of brain health and hearing loss gives us more information that we can use to equip our patients with ways to safeguard their health throughout the aging process. Though times are uncertain, we have more to be excited about, than to be afraid of. So, let's get to work!



The Future of Audiology

By Lizzy Burns, Au.D. Student, Auburn University

I, was one of those people who would constantly worry about the future of our profession. I'd worry about how it seems that everyone is encroaching on our scope of practice and doing tasks that we should be doing. Nurses and medical technicians are often paid to do hearing tests. In some cases, technicians can do cerumen removal under an audiologist's "supervision". I have also heard of primary care physicians and nurses performing Epley Maneuvers on vestibular patients. Then, there is also the threat of hearing instrument specialists, OTC hearing aids, PSAPs, and ENTs who hire techs do your job under their supervision.

Another issue at hand is the fight for direct access. It is ridiculous that Medicare Part B patients have to see their primary care doctor first in order to be approved before seeing an audiologist. We are the specialists. We are the ones who went to four additional years of graduate school and clinical work to specialize in hearing and balance. How long do primary care physicians spend during their coursework in this area? I can tell you that it is not four years. When a patient is experiencing hearing/balance complications, it should not be up to a primary care physician to decide whether or not they need audiologic services. When you have a toothache do you go to your PCP first? No. When you need glasses do you consult with your PCP before seeing an optometrist? No.

Audiology as a profession has to make a stronger effort in order to become more autonomous. We are a small and growing profession; meaning, it is harder to recruit enough people for lobbying. We should be pushing for changes at the state and national level in order to get what we want and need for our profession.

Another step to becoming more autonomous is that we need to become more responsible for marketing our services, education, and profession to the public in a positive light; showing them that we are the experts for all hearing and balance needs. How many times have you mentioned that you are an audiologist and people did not know what you were talking about? As a student, I can say that I have had to explain what an audiologist is and does almost every time that I mention what I am studying in school. If someone has heard of an audiologist they often reply with, "Oh, like speech." No, it is not at all like speech.

I believe that it is up to us to change the public's perception of audiology and hearing health care as a whole. We need to market our profession as a specialty within health care. We need to make the changes. We need to become more autonomous. This will all take time, but once we have achieved these goals I believe that in the future, audiology will be a booming profession.

It is up to Me

By Tyler Lohman, Au.D. Student, Auburn University

With the world of audiology rapidly changing, the profession has an opportunity to thrive or perish. I believe the choice is ours. Direct access to health care, PSAPs, tele-healthcare, and OTCs are all buzz words in our field today that do seem to loom over the progression of our profession. However, there is also opportunity for good in these buzz words. As a Doctor of Audiology candidate, it seems easy to become scared that student debt is accruing and my profession is dwindling. However, I believe there is still a need for my services as an audiologist, and that is what choose to focus on.

Similar clinical doctorate professions, such as optometry, seem to be going through many of the same challenges as audiology. Many individuals have heard of the company Warby Parker. Warby Parker is opening hundreds of storefronts across the United States. I have several friends within my own graduate program that have been satisfied customers of the company. The concept of Warby Parker is similar in idea to the OTC and PSAP concept. Both can be a great resource for certain consumers, however, it is not the solution for everyone. Many individuals still believe in the model of customized healthcare, and there are many populations such as children and veterans who cannot be served by OTCs or PSAPs. There are also populations such as the baby boomers that value service. As a future provider, who goes out of my way to provide outstanding care for my patients, I believe these patients will choose to support me, because my service is valued. If we, as professionals, choose to set a high standard for quality of care, it will be difficult for an individual to find the same care at a big box retailer or hearing aid dealer's office.

It is our duty at this point to educate the population on the importance of seeing an audiologist. It is also our duty to have a voice in the politics and legislation that shapes future regulations of OTCs and PSAPs.

Similarly to the field of audiology, the field of medicine in general is rapidly changing. There are opportunities for direct access and autonomy. With costs of healthcare rising, there is an opportunity for audiologists to be seen as an opportunity to cut costs if physician's referrals are not needed in programs such as Medicare. Instead of being seen as hearing aid dispensers, audiologists must fight to demonstrate their responsibility and importance in payment models that relate to hearing health.

With a growing population of older individuals who will require hearing health services from audiologists, there is also opportunity in tele-health. As an audiologist, my primary goal is to serve my patients. While tele-health may not be ideal for all patients, I believe there are still certain populations that could benefit from the idea. It should be a professional goal of audiologists to be present in the discussions involving reimbursement for services such as tele-health.

With opportunity comes great responsibility. To me, this means that education in our doctoral programs will continue to change. More rigorous courses in pharmacology and systems classes that focus on how diseases and drugs affect the entire body instead of just our particular field of study, the audiologic and vestibular system, will be needed. This change would make future professionals more well-rounded and capable of providing comprehensive health care services, which in my personal opinion, is the difference to the future of audiology. If audiological services cannot be replaced or sought elsewhere, the future of our profession is stable.

There are still many decisions to be made that will affect how audiologists move forward as a profession. Personally, I see the possible changes in our field as opportunity. While it is concerning that OTCs and PSAPs could eliminate the need for audiology care for certain populations and direct access could be denied and have a negative impact on future reimbursement plans for audiologists, there is also opportunity to change the course of how we are able to serve patients in the future.

As a student, it has always seemed futile to be involved in legislation and politics. However, as I near my graduation date, I feel more compelled to become involved in advocating for the profession that I am passionate about and feel I can make a difference in—audiology. I feel doors are opening for the profession, and the outcome is up to audiologists, including me.

Embrace Change

By Jenna Spegele, Au.D. Student, Auburn University

Currently healthcare professions, including audiology, are having to adapt their services following major changes in the societal, economic, and political landscapes. These changes not only affect how audiologists provide services, but also reimbursement, and interdisciplinary professional's viewpoints of audiologists.

Several trends, currently impacting employment, salary, and the overall scope of practice for current and future audiologists, include direct access, telehealth, and over-the-counter hearing aids. These trends will alter how audiology services are delivered and how to most efficiently market such services and products. It is more important than ever for audiologists to continue to advocate for the profession's autonomy by educating future patients and other professionals about the importance of audiology within the health care system.

Direct access is a topic fueling a major debate between audiologists and physicians regarding whether Medicare Part B patients should be required to obtain a physician's referral prior to scheduling an appointment with an audiologist. Currently all Medicare Part B patients need a physician's referral prior to being seen by an audiologist. This is increasing the wait-time for patients to be seen for hearing health-care. Allowing for direct access to audiology services for all Medicare patients would affect salary, employment and scope of practice. Direct access would limit the amount of physician's referrals needed for Medicare patients, which makes audiologists more accessible to the public.

Ease of accessibility can increase the number of patients for an audiologist since more can schedule just one appointment rather than jumping through several hoops for an audiological evaluation. This may increase the number of patients seen each day for an audiologist, which would improve income. There will also be an increased sense of liability to make an appropriate referral if the patient is not initially seen by a primary care physician; however, audiologists welcome this responsibility.

Telehealth is another major topic that with its development will change how audiologists provide services and how they are paid for services. In general, society is pushing towards a more on-line, consumer-centered approach. Telehealth would allow for patients to be seen by an audiologist at the patient's convenience without needing to travel. With more growth and development this will change how audiologists

work. Telehealth will allow an audiologist to care for a patient at a distance. This potentially increases the number of patients to be seen for office appointments since fewer spots are reserved for simple maintenance and troubleshooting appointments. Additionally, with the advancement of telehealth, audiologists may be reimbursed for distance services for patients that are in remote areas, which increases the number of patients and potentially the amount of revenue for the practice.

Over the counter (OTC) hearing aids are coming soon, following the passage of the Over the Counter Hearing Aid Act, and impending regulations from the FDA. These devices will allow for amplification to be accessible to a wider population, specifically those with a mild-to-moderate hearing loss, and those patients who may not be in a financial position to invest in traditional amplification.

OTC hearing aids will change the audiology profession; however, I don't believe it will have an overall negative impact on audiologists. While OTCs may reduce the number of patients opting for traditional hearing aids when inexpensive options are available, they will reach a new sector of the population that may not have pursued more expensive options. Additionally, OTC options will educate patients about hearing aids. With correct tactics, audiologists may benefit from OTC options, since more people will start with these options at first and eventually purchase more expensive options as their hearing loss progresses out of the fitting range for OTC hearing aids. This ultimately may benefit audiologists selling hearing aids because they are able to expand the practice's services and provide OTC hearing aids and unbundled services in the private practice. This potentially increases income and scope of practice as these devices gain more popularity among appropriate populations.

As audiologists, we should not fear the changes within the profession, but accept them and adapt our services to meet the demands of the changing medical field. It is imperative to not be sedentary in a fast-moving profession that is reliant on adapting to societal, political, and health care trends.

Accept telehealth, accept over the counter hearing aids, advocate for an elevated role in Medicare, and learn how to grow with advancing healthcare. In order to make the change that is necessary for a relevant healthcare field, audiologists must join and actively participate in both state and national organizations. An increase in active membership, allows for a bigger voice and hopefully more success in advocating for the audiology as an autonomous, doctoral profession. ■

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The Power to Practice

Practical Implications of Enactment of the Audiology Patient Choice Act: Part I “Direct Access”

BY KIM CAVITT, Au.D.

For traditional Medicare coverage of medically necessary audiologic and vestibular diagnostic testing, the patient must secure an order from their treating physician or qualified non-physician practitioner (Medicare Benefit Policy Manual, sections 80.3 and 80.6: <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.PDF>). This order must be secured prior to the provision of the service. Technically, the Centers for Medicare and Medicaid Services (CMS) believe that the patient is being seen by the ordering/treating physician, that the patient is reporting an audiologic and/or vestibular condition that warrants assessment and that this physician is initiating the order.

The providers authorized to order testing include the following (<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedEnroll-OrderRefer-Prov-FactSheet-ICN906223.pdf>):

- Physician (Doctor of Medicine or Osteopathy, Doctor of Dental Medicine, Doctor of Dental Surgery, Doctor of Podiatric Medicine, Doctor of Optometry),
- Physician Assistant,
- Certified Clinical Nurse Specialist,
- Nurse Practitioner,
- Clinical Psychologist,
- Certified Nurse Midwife,
- Clinical Social Worker, and
- Interns, residents, and fellows.

State licensure contains no order requirements for audiology services. Most state Medicaid programs, Medicare Part C (Advantage) and private insurance plans (other than HMOs) do not require any form of order or prior authorization prior to audiologic or vestibular evaluations. This is somewhat unique to traditional Medicare.

What would passage of the Audiology Patient Choice Act mean to audiologists and our patients?

Passage would mean that audiologists and their patients would no longer have to secure the physician order as a precursor to receiving legitimate coverage of medically necessary audiologic and/or vestibular testing (this is commonly referred to as “Medicare direct access”). This would improve access, costs and efficiencies in the delivery of hearing, communication and balance care. This could lead to increased awareness and treatment of hearing, communication, tinnitus and/or vestibular symptoms and disorders.■

Dr. Kim Cavitt was a clinical audiologist and preceptor at The Ohio State University and Northwestern University for the first ten years of her career. Since 2001, Dr. Cavitt has operated her own Audiology consulting firm, Audiology Resources, Inc. She currently serves on the State of Illinois Speech Pathology and Audiology Licensure Board. She also serves on committees through AAA and ASHA and is an Adjunct Lecturer at Northwestern University.





HAVE YOU HEARD?

ADA Introduces a Practice Accreditation Program, Invites Member Input at Town Hall Meeting on March 28th at 8:00 p.m. EST

The Academy of Doctors of Audiology (ADA) is pleased to announce the development of a practice accreditation program to recognize clinics that meet or exceed national standards, which exemplify best clinical and business practices in the delivery of audiologic care.

Unlike certification programs, which are designed to measure the individual knowledge of audiologists, the ADA Practice Accreditation Program will measure clinic processes, and procedures against a set of peer-reviewed, evidence-based standards. ADA-accredited practices will demonstrate a commitment to patient-centered care, transparency, and adherence to clinical and ethical guidelines as outlined by leading national organizations and institutions.

The ADA Accreditation Standards Committee, comprised of ADA members from across the country and across practice settings, met in Atlanta, Georgia on February 24-25, 2018 to finalize the framework and develop accreditation standards. ADA members and other key stakeholders will have the opportunity to provide input and feedback before the accreditation standards are finalized.

At this time, ADA invites all members to attend a town hall meeting on Wednesday, March 28, 2018 at 8:00 p.m. EASTERN to learn more about the ADA Practice Accreditation Program.

Visit www.audiologist.org for more information and to register. Please contact Stephanie Czuhajewski at sczuhajewski@audiologist.org if you are interested in serving as a peer reviewer.

The 2018 ADA Student Business Plan Competition is now open!

This year's event will be scenario-based! Participating student teams will all receive the same parameters/storyline, and will be asked to construct innovative, future-facing business plans using variables created by some of the most experienced practice owners and thought leaders in the country.

Do you have an entrepreneurial spirit and a vision for the future of private practice? If so register today to participate in the 2018 ADA Student Business Plan competition.

Finalists will receive an all-expense paid trip to the AuDacity Conference to be held October 22-24, 2018, at the Gaylord Palms Resort in Orlando, Florida, where they will present their business plans in person. The Grand Prize Winner will receive a \$5,000 ADA cash grant to be used to advance business objectives and enhance business and leadership skills.

Please contact Cody Jones at cjones@audiologist.org for more information. Please note: All Au.D. students, attending accredited universities, and who are ADA members in good standing are eligible to compete in the ADA 2018 Business Plan Competition.

The deadline to confirm your participation as a contestant is March 31, 2018. Please visit www.audiologist.org for more information.

Audiology Project Webinars Now Available— and More on the Way Every 4th Tuesday

ADA is pleased to support The Audiology Project, a non-profit organization dedicated to raising awareness of chronic diseases related to hearing and balance problems. ADA has agreed to host a series of webinars to help inform members and other stakeholders about important issues.

The first webinar, held on February 27, 2018, focused on making the humanitarian case for early detection of adult hearing loss in assessing the impact of chronic disease on hearing and balance. More than 150 audiologists, primary care physicians, diabetes educators, and other interdisciplinary providers from around the world attended the session, presented by Dr. Kathy Dowd. Dr. Dowd provided substantive content to raise awareness about the link between hearing loss and other comorbidities, and the important role that audiologists play in chronic disease management.

The next webinar, Diabetes Educators and Audiology: Improving Patient Outcomes, will be held on Tuesday, March 27, 2018 at 12:30 p.m. Eastern time. During the session, led by dietitian Joanne Rinker, we will discuss hearing loss as a diabetes-related complication not typically addressed in education with people with diabetes. This webinar will increase awareness of this relationship and take action to assess and refer patients with diabetes to an audiologist.

During this session, we'll take the time to explain the role of the diabetes educator in educating patients on the disease of diabetes and the best ways to decrease risks of complications. We'll discuss how the educator and the audiologist can work together to provide reciprocal referrals.

Audiology Project webinars are scheduled for the 4th Tuesday of each month. Please contact Cody Jones at cjones@audiologist.org for more information and to register.



General Mark P. Hertling (ret.)



Dan Price

AuDacity 2018 to Feature Two Bolder than Ever Keynote Sessions

AuDacity 2018, to be held October 22-24 at the Gaylord Palms Resort in Orlando, Florida, will feature two bolder than ever keynote sessions on Tuesday, October 23rd.

The first keynote session, presented by General Mark P. Hertling, U.S. Army (Retired) will focus on transforming healthcare by improving doctor leadership. General Hertling will apply his four decades of military leadership to the world of healthcare, resulting in a profoundly constructive and practical session with the power to reshape and reenergize your practice. Designed to help doctors master the art of leading people, this course will take you step-by-step, through a proven process that can help anyone become a more effective leader.

The second keynote session will feature Dan Price, founder and CEO of Gravity Payments, who is widely known for setting a \$70K minimum wage. Price will discuss the importance of authenticity, and share his mission is to create a world where values-based companies reshape the economy, so business stops being about making the most money possible. Instead, he wants leaders to recognize that business should be about purpose, service, and making a difference. Dan believes it's not about doing business as usual, but about doing business better.

Register now at www.audiologist.org and make plans to attend AuDacity 2018!



INSIGHTS FROM THE OUTSIDE

Increasing Referrals from Obvious and Not-So-Obvious Sources

Insights from the Outside is a group of practicing clinicians and practice owners. This is a diverse group from many medical specialties, including dentistry, veterinary medicine, cosmetic surgery, ophthalmology, audiology and optometry. This group was uniquely created by CareCredit for the purpose of capturing and sharing “best practices” to some of the common challenges all healthcare business owners face, such as attracting new patients, the patient experience, patient retention, social media, team training and empowerment and much more.

This column features dentist Dr. Howard Ong, owner of Seal Beach Dentistry and veterinarian Dr. Kathy Wentworth, owner of PetPoint Medical Center and Resort.

Q Why is it important to consistently generate referrals?

DR. ONG For healthcare businesses to be successful there must be patients walking through your door and patients in the chair.

You think that because you have something to offer people, that they will just find you. Problem is, for the most part, they're not going to. You have to start with the end in mind and create referral programs that help your practice grow.

DR. WENTWORTH I agree. It's absolutely critical for every practice, not only for a new practice like my own practice, to continue to build a new patient base. It's the nature of the business to lose patients who move or no longer own a pet. It's important to keep increasing the underlying patient base. One of the most powerful ways to acquire new patients is through referrals. It is essential to keep the business alive and thriving.

Q What is the difference between a referred patient and a new patient who found you from another source?

DR. ONG Big difference. One of the unique things about healthcare is the doctor is the product; we are the “widget.” When patients follow through with treatment, they are experiencing our skills and our goodwill, so when they refer patients, the goodwill is already built in. There’s a sense of trust. The quality of the patient is much better and the likelihood of the patient following through with your treatment recommendations is higher.

DR. WENTWORTH They absolutely have more trust. You took the words right out of my mouth. That’s because they have a personal recommendation. It’s human nature to trust the advice of a friend or family member. And because the existing pet owner shared information about you, how you treat people and your services, the new one comes in with an understanding of what you do and what you offer and an expectation that they will be happy with your care and services.

Q How do you develop a successful referral program that delivers constant desired outcomes?

DR. WENTWORTH It starts with the person’s experience. No one is going to refer a doctor to friends and family if they are not 100% happy with every aspect of that practice - from the first call to treatment and follow up. The entire experience must be exceptional so they’re excited to share that experience with others.

DR. ONG I agree. It really doesn’t matter how patients found you. If they have a good experience, they are going to stay. And if they stay and you treat them well, they are going to recommend patients. That’s why we work on our practice culture each and every day. That’s what people appreciate and are attracted to. They want to feel like they belong and that they have chosen the right office for care. In an established practice, often people who have been with you a while may not think you are even looking for new patients, so we specifically ask for referrals, but only when the timing is right. I have found the best time to ask for a referral is when they are delighted – when you’ve had a successful operation or a successful delivery of a device. It’s when they say “I can hear better than I’ve ever heard” – that’s when you ask for that referral. Anytime other than that, it loses its value. It takes time to develop that habit because it has to be a behavior in the team to recognize when that delight moment happens. Everything kind of freezes and we take the opportunity to ask for a referral.

DR. WENTWORTH Our pet owners know we are a relatively new practice and are looking to grow. Right now, we don’t specifically ask for referrals, although many of our pet owners tell us they are going bring their friends over. Our practice is pretty unique in our customer experience. When customers do refer friends, we offer a first complimentary exam so there’s no risk to coming in and checking us out. We do have an incentive program where when a pet owner refers another in, we give them a small credit on their account as a thank you. But honestly, most of our existing pet owners don’t realize they are going to get a credit benefit. So, it’s really not about the money for people; it’s about them being delighted and wanting friends and family to have the same experience.

Q Are there any other best practices you can share that help encourage existing patients to refer?

DR. ONG One not-so-obvious best practice that we do is let every patient know our “why.” A practice’s “why” is the reason we choose to care for people; it is the genesis of all our actions, behaviors, processes and systems. Patients know what you do, but they tend to be attracted to, and buy, why you do it. Passion for your craft is easy for them to see. A few

of the other things we do are personally write notes of encouragement or to thank patients for the referral and personally follow up with patients who have gone through certain procedures. Patients really appreciate that. Whether you leave a message on their voice mail or talk to them personally, don't be afraid to call them. They are human beings and they are delighted to hear from you. One thing I did when I first started practicing was to pre-call just to say, "Welcome to my practice. I'm looking forward to seeing you." Most patients are first shocked, and then delighted, by this personal touch.

DR. WENTWORTH We do that, too! It makes people feel important. It doesn't necessarily have to be a two-hour conversation. It can be brief, but it's really that you are sincerely there because you care about them.

Q Can you share some best practices generating referrals from the community or other healthcare professionals?

DR. WENTWORTH We do a lot of on site promotion with property managers and business owners. We do presentation on pet health and get the opportunity to meet with new pet owners and their pets. This has brought in a tremendous amount of people who are curious and many are willing to have a trial experience with us. Most property managers and businesses are excited because it doesn't cost them anything and it's an event they can offer their residents. While we're there, we give everyone a free water bowl for their dog or a free laser toy for their cat with our logo on it so that they remember the name. We also reach out to the community and work with the rescue organizations. We offer specials and do fundraising. We also reach out to dog walkers, dog trainers and breeders. This may not be a direct referral, but they have friends who have dogs and pass on the word. I'm almost in the opposite of the audiologist in that I refer people out to a specialist. And when I do, I want to know they are going to have a good experience. So I want to know my specialists, want to have a good understanding of how they will treat my referral and want to know the services they offer.

DR. ONG For us, the best have been professional community talks. We invite other doctors in for education. It can be as simple as a presentation about your product or skill set. It's about building relationships with other colleagues and those in your referral funnel. It is great exposure and even though it may not be the number one draw for referrals, it will definitely make your practice visible and an authority of hearing health. Service organizations have been a big part of my life and have been a source for soft referrals. When you participate at community events and fundraisers, people see you being helpful and involved and are more inclined to think of you when they or a friend need a great community dentist. Another unique source of referrals is patients who have come to our practice through the CareCredit website, their Provider Locator on which we get a free listing. For us, CareCredit is part of the patient experience and our referral process, because it helps us help patients get the care they need. If patients can't get the care, they certainly aren't going to be referring friends and family. We are seeing an increasing number of new patients come in through that source. And, finally, we have also started doing social media. We take pictures of our staff during the day, from serious procedures to light-hearted pictures. Existing and prospective patients like that they can get to know us and see what we're all about.

DR. WENTWORTH Ultimately, that is what it's all about. When people know you care, that you're committed to doing the absolute best for them, referrals are a natural outcome.

DR. ONG I agree. It truly starts with why we chose to be healthcare providers in the first place – to help patients get healthy. If you and your team deliver on that promise in a way that is respectful, encouraging and unique, you'll see your practice grow. ■

For more Sound Strategies to help attract and engage more patients visit www.carecredit.com/soundstrategies. If you currently accept the CareCredit healthcare credit card and would like to optimize your listing on the online Provider Locator to be even more visible to patients looking for an Audiologist in your community, contact your Practice Development Team at 800.859.9975 (option 1, then 6).

PRESIDENT'S MESSAGE

Continued from page 5

- Helps organize and strengthen patient safety efforts,
- Strengthens community confidence in the quality and safety of care,
- Provides a competitive edge in the marketplace,
- Provides a customized, intensive review, and
- Provides practical tools to strengthen or maintain performance excellence.²

Businesses set themselves apart from other businesses by becoming accredited. Business accreditation often requires a company to complete an in-depth review of policies, procedures, and securities and show daily implementation in each category. It also assures a prospective consumer of the business that the company is transparent financially, abides by best-practices, and utilizes other professionals (e.g. a Certified Public Accountant) to complete tasks that are not within the scope of the accredited business. Similar to certification, accreditation elevates the business and can indicate that approaching consumers can have confidence in their choice of a business partnership. Accreditation can also inspire a business to excel in providing safe, effective, and high-quality services.

A 2011 article concluded that accredited programs improve the process of care provided by healthcare services.³ Additionally, the U.S. Department of Health & Human Services' website first recommendation to patients is to determine whether or not a hospital is accredited.⁴ Accreditation may play a role in patients' decisions to visit one practice rather than another.

Keeping true with ADA's mission of 'Advancement of practitioner excellence, high ethical standards, professional autonomy, and sound business practices in the provision of quality audiologic care' and with the most recent strategic plan (2016), ADA is announcing a new practice accreditation. A dedicated team of diverse professionals have been working on creating this new "seal of approval". With the team and your Board of Directors' enthusiasm, ADA's practice accreditation is set to be introduced this summer, with the pilot-accredited practices being recognized at AuDaCITY, October 22-24, 2018 in Orlando, Florida. Watch for more information about the accreditation process in the near future.

Accreditation is good for patients, for your practice, and for the profession. Follow in the footsteps of Good Housekeeping and Real Simple: demonstrate to your current and future patients that your business stands out from the competitors in your area by obtaining ADA practice accreditation. ■

References

¹<http://www.businessdictionary.com/definition/certification.html>

²https://www.jointcommission.org/accreditation/accreditation_main.aspx

³Alkhenizan & Shaw (2011). Impact of Accreditation on the Quality of Healthcare Services: a Systemic Review of the Literature. *Annual of Saudi Med*, 31(4), 407-416. Viewed [February 18, 2018] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3156520/>.

⁴<https://archive.ahrq.gov/consumer/qnt/qnthosp.htm>

HQ REPORT

Continued from page 5

As an association executive, I have learned a great deal from my “interdisciplinary” counterparts representing these allied professional organizations. ADA continually evaluates the outcomes of their initiatives as we craft our advocacy strategies.

What I have found to be most instrumental in the success for those professions who have achieved Medicare parity is the tenacity, patience, and commitment of their association members. It is no surprise that the professional organizations whose members donate to the advocacy fund, contact their legislators, and get their friends and colleagues involved, year after year after year, have the advocacy initiatives that ultimately succeed.

Over the past several years, audiologists have demonstrated that they are indeed a force to be reckoned with as it relates to advocating for Medicare modernization and better patient access. However, we are at a point in the journey where endurance is tested. I for one believe that audiologists will continue to pursue the Audiology Patient Choice Act until it is enacted into law, and that one day audiology will be featured in an insights from the outside column in an allied profession’s publication.■

ADA’s Practice Resource Catalog: The Tools You Need for Your Practice



ADA’s Practice Resource Catalog offers a comprehensive library of off-the-shelf forms, office forms, bills of sale, HIPAA compliance documents, and guidance materials. These materials can assist audiologists and their staffs with practice operations, compliance, and patient management.

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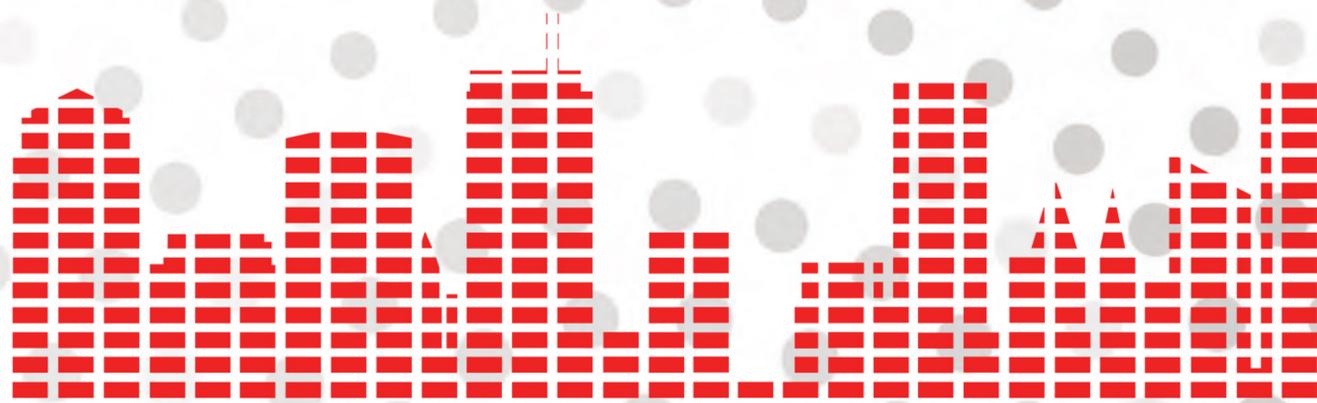
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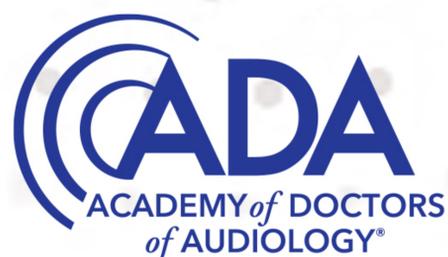
**Moxi All field trial results, 2017 Product shown at actual size



AUDACITY

Bolder than Ever

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Gaylord Palms Resort
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