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**Modernizing Your Practice in Uncertain Times: Testing and Recommendation Phase of the Patient Journey**

Brian Taylor, Au.D., Director of Practice Management & Clinical Affairs, Unitron

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Carolyn Smaka, Au.D., Editor-In-Chief

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Modernizing Your Practice in Uncertain Times: The Testing & Recommendation Phase of the Patient Journey

Brian Taylor, Au.D.  
May, 2012

**unitron** Hearing matters




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# Over the next 60 minutes

1. Fundamental drivers of any practice
2. Core "behaviors" that drive results
3. Practical tools to differentiate your practice

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## Why Modernize?

- Disruptive innovations have the potential to transform the industry Clay Christensen's work
- Consumers are approaching the market differently today than 5 years ago – Healthy Aging Movement in an Era of Mindful Spending Bennett and O'Reilly's work



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## Differentiation = Modernizing



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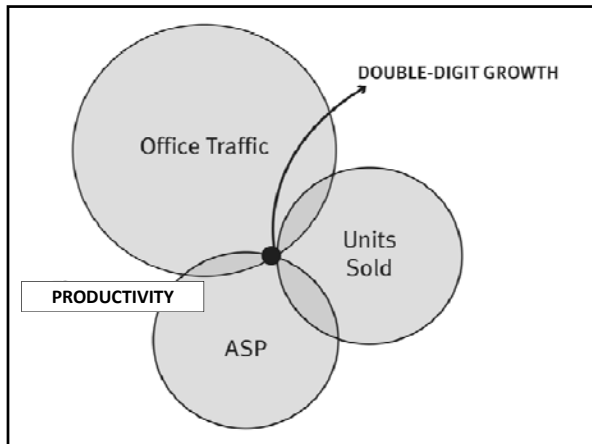
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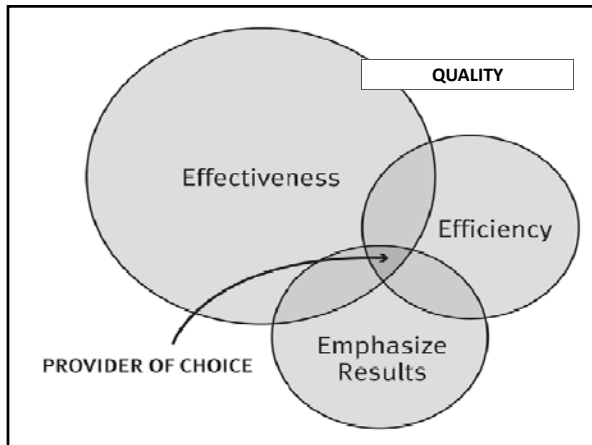
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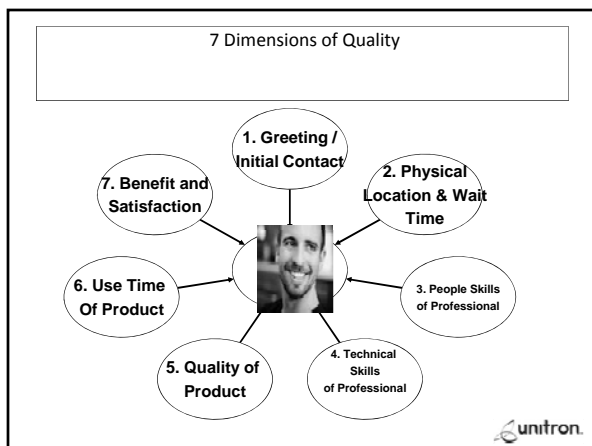
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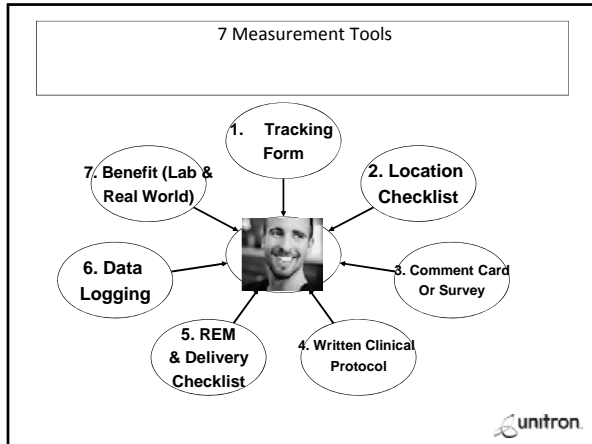
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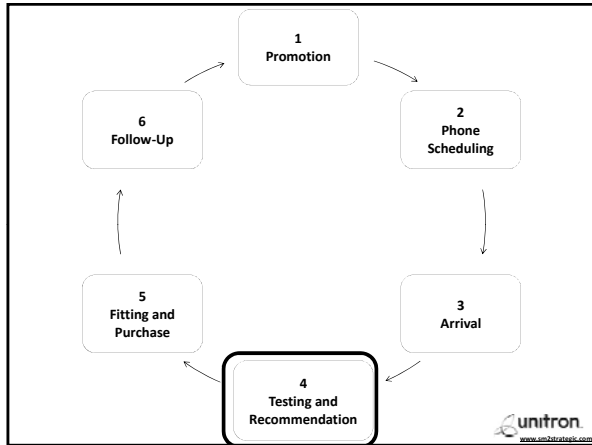
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The Pre-fitting Appointment is a Series of “Next-Step” Behaviors

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## Discovery/Commitment Concept

- | DISCOVERY  |
|--|
| 1. Greeting the patient  |
| 2. Establish rapport/build trust   |
| 3. Manage expectations by gathering information about: <ul style="list-style-type: none"><li>a. Cosmetics ("how will it look?")</li><li>b. Lifestyle ("where I want improved communication?")</li><li>c. Performance ("how will they work for me?")</li><li>d. Finances ("what I expect it to cost")</li></ul> |
| 4. Assessment of need and case history, using COSI   |
| 5. Audiological assessment, using speech in noise testing.   |

- | Commitment   |
|--|
| 1. Review assessment results   |
| 2. Educate on consequences of untreated hearing loss                           |
| 3. Demonstrate technology  |
| 4. Discuss options – style and technology                                      |
| 5. Offer choices of technology at various price points                         |
| 6. Overcome any objections   |
| 7. Reassure the patient that they are going to be taken care of professionally |



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Turn back the clock....



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## 1994

**Custom products:**

- Full shell, HS, Canal
- CIC just on the market



**BTEs:**

- Large size (no thin tube/wire mini BTEs)

No digital -- 2 channel programmable




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## 18 years later.....

- Different mini-BTEs?
- 2 receiver options?
- Remote Control?
- Completely automatic?
- Custom product?
- Wireless streamer?
- 3 or 4 Tiers or Prices – all digital




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## Buying Habits Matrix

Cosmetics	Performance
Price	Ease of Use




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## Practical Tool: The COAT

### Characteristics of Amplification Tool (COAT)

- Sandridge & Newman, 2006, Cleveland Clinic
- 9-question intake form

Downloadable and customizable at [Audiology Online](http://Audiology Online)

- March 6, 2006
- [www.audiologyonline.com](http://www.audiologyonline.com)
- key word: COAT




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**Characteristics of Amplification Tool (COAT)**

Your \_\_\_\_\_ Date \_\_\_\_\_

One goal is to help you decide whether or how to use your hearing aids. Another goal is to help you decide whether or how to use your hearing aids. It is important that you understand your hearing aids, your personal preferences, and your expectations. So, being clear on understanding of your needs, you can use your hearing aids to enhance the hearing aids that are most appropriate for you. By reading together we will find the most suitable for you.

These questions are for you to answer. Be as honest as possible. Be as precise as possible. Thank you.

1. How do you feel about your hearing? Think in % on the line.  
 Your Hearing \_\_\_\_\_ Very Disruptive
2. How important is it for you to hear better? Think in % on the line.  
 Your Hearing \_\_\_\_\_ Very Important
3. How much do you want to use your hearing aids? Think in % on the line.  
 Your Hearing Aids \_\_\_\_\_ Very Important
4. How do you think hearing aids will improve your hearing? Think in % on the line.  
 Your Hearing \_\_\_\_\_ Greatly Improve my hearing
5. How do you expect your hearing to improve with hearing aids? Think in % on the line.  
 Your Hearing \_\_\_\_\_ Greatly Improve my hearing

There are several ways to improve your hearing. The most common ways are:

- Hearing aids that use the ability of your ear to hear better
- Hearing aids that use the ability of your ear to hear better
- Hearing aids that use the ability of your ear to hear better
- Hearing aids that use the ability of your ear to hear better

Thank you for answering the questions. Your responses will assist us in providing you with the best hearing solution.

**Page 2**

6. Do you prefer hearing aids that:

- are really noticeable or that you do not have to make any adjustment to them.
- when you do adjust the volume and change the hearing program as you use the aid.

7. Each ear has a different shape. Please place an X on the picture in pictures of the ear you would prefer to fitting to wear. Your audiologist will discuss with you if your choice is appropriate for the size of your ear.

8. How confident do you feel that you will be successful in using hearing aids?  
 Your Confidence \_\_\_\_\_ Very Confident

9. There is a wide range of hearing aid prices. The cost of hearing aids depends on a variety of factors including the replacement of the battery, the weight, the size, the technology, the sound quality, the size, the hearing aid, and the cost. For example, the COAT hearing aid is more expensive than the 30000 model. The price range for hearing aids is from \$1000 to \$10,000. Please describe your response to the questions that are most important to you in writing a report. Please remember that you are not to be seen in the picture range. To get your hearing aid to be in the best of your hearing aid, you can get your hearing aid from the most appropriate hearing aid.

- Basic digital hearing aids Cost is between \$1000 to \$2000
- Basic digital hearing aids Cost is between \$2000 to \$3000
- Advanced digital hearing aids Cost is between \$3000 to \$4000
- Premium digital hearing aids Cost is between \$4000 to \$6000

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## 3 Essential Pieces of Information



1. Communication Needs of Patient
2. Extent of the Problem (Audiological Evaluation)
3. Motivation /Self-Perception of the Problem




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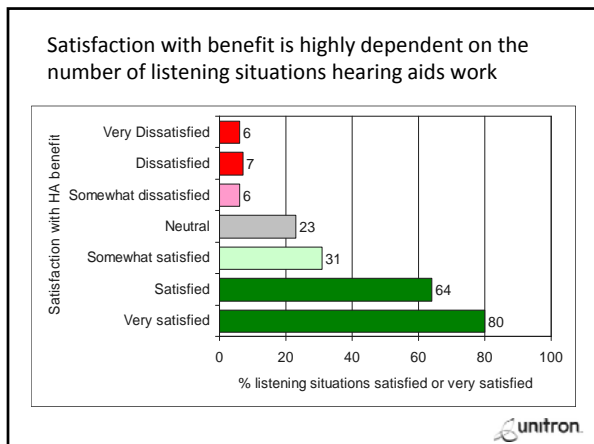
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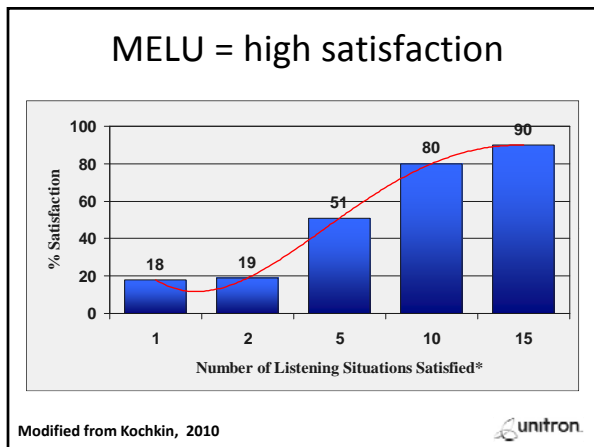
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### Client Oriented Scale Of Improvement

Name: \_\_\_\_\_  
 Audiologist: \_\_\_\_\_  
 Base: 1. Needs Identified \_\_\_\_\_  
 2. Outcome Assessed \_\_\_\_\_

Category: New \_\_\_\_\_  
 Return \_\_\_\_\_

Indicate Order of Significance:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Degree of Change	CATEGORIES				Final Ability Person can hear		
	Worse	Slightly Better	Better	Much Better	100%	25% - 80%	75% - 95%
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Categories:  
 1 Conversation with 1 or 2 in quiet  
 2 Conversation with 1 or 2 in noise  
 3 Conversation with group in quiet  
 4 Conversation with group in noise  
 5 Extension: Block as normal volume  
 6 Further extension in phone  
 7 Extension: operator on phone  
 8 Hearing phone ring from another room  
 9  
 10  
 11 Hear front door bell or knock  
 12 Hear bell  
 13 Awareness of social context  
 14 End of sentence and no signal  
 15 End of sentence  
 16 End of sentence  
 17 End of sentence  
 18 End of sentence  
 19 End of sentence  
 20 End of sentence

NATIONAL ACOUSTIC LABORATORIES H. Dillon (NAL) et al

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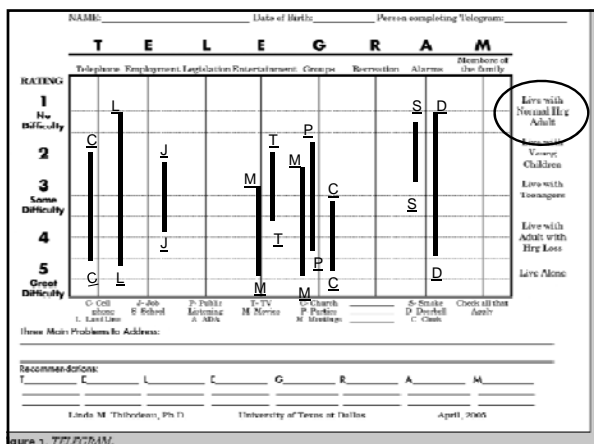
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## Did your recommendation make a difference?

1. Custom Hearing Aid: 55% relative benefit on average (Kochkin, 2011)
2. This equates to 2 ½ to 3 categories of improvement on TELEGRAM or COSI




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## Pre-fitting Goal Find the Extent of the Problem

1. Residual Dynamic Range
2. Annoyance / Tolerance Problems
3. Speech Understanding Ability




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## Why use speech-in-noise tests

1. Addresses most common complaint
2. Provides insight into most appropriate amplification strategy
3. Used to counsel patient about realistic expectations

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## The QuickSIN:

A sample scoring of a list of six sentences



List 1	Score
1. A <u>white silk jacket</u> goes with <u>any shoes</u> .	S/N 25 _____
2. The child crawled into the dense grass.	S/N 20 _____
3. <u>Footprints</u> showed the <u>path</u> he took up the <u>beach</u> .	S/N 15 _____
4. A vent near the edge brought in fresh air.	S/N 10 _____
5. It is a band of <u>steel three inches wide</u> .	S/N 5 _____
6. The <u>weight of the package</u> was seen on the high scale.	S/N 0 _____
25.5 - TOTAL = _____ SNR Loss	<b>TOTAL</b> _____




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## General guidelines for using results for fitting and counseling:

### SNR Loss = 0-2 dB

- Once audibility is restored, should do pretty well in most background noise situations

### SNR Loss = 3-6 dB

- With good directional hearing aids, should be okay for most situations with SNRs +5 dB or better

### SNR Loss = 7-12 dB

- Even with good technology, will have problems in many noisy listening situations

### SNR Loss = >12 dB

- Strongly encourage use of FM system if listening in noise is important to patient




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If annoyance is a priority.....



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### Acceptable Noise Level Test

Developed by Anna Nabelek, and colleagues at U. of Tennessee "MCL with noise"

- ANLT score is NOT related to age, gender, hearing loss
- Listeners with **Low ANLT** score can accept greater amounts of background noise
- Listeners with **High ANLT** score are unsuccessful hearing aid users
- **Predicts hearing aid success with 83% accuracy**

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### Instructions for ANL Test

1. Obtain MCL with running speech
2. Introduce background noise (BNL)
3. Instruct patient to tell you when noise can longer be "put up with"
4.  $MCL - BNL = ANL$  score
5.  $ANL < 10$  dB = should do well with hearing aids (Nabelek, 2004, 2005)

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## Available from Frye Electronics

www.frye.com

**DICTIONARY HEARING AID SUCCESS**

Perform the Acceptable Noise Level Test to predict whether a person will be successful hearing aid user.

**What is the Acceptable Noise Level (ANL) Test?**

The ANL is an audiometric test that predicts whether or not a person will be a successful hearing aid user. By finding out how well they tolerate noise in speech signals, research shows that the better a person tolerates noise, the more likely they will be a successful hearing aid user.



**How does the test work?**

The ANL speech passage is normally presented to the patient in a room (not using sound field) speakers, but it can also be performed with headphones. The clinician increases the RMS noise in three gradually reduced to the speech passage in increasing levels until the patient indicates the noise reaches a level that the patient would




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## Red Flag Matrix

ANL and QuickSIN

N=42



Data Source: Jill Bernstein, Au.D., Hearing Evaluation Services of Buffalo, Inc




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## Pre-Fitting Scores

Quick SIN: 4 dB

ANL test: 2 dB




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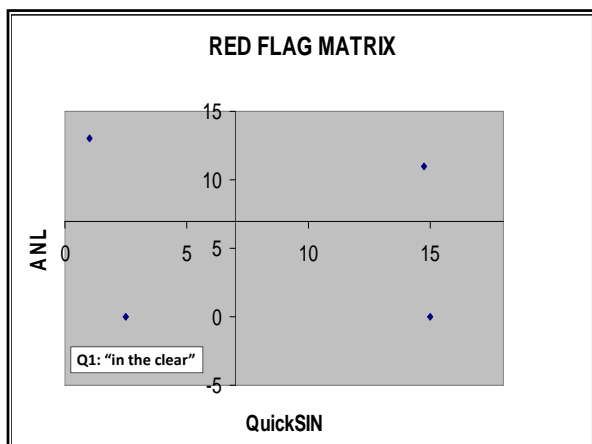
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### Pre-Fitting Scores

Quick SIN: 2 dB

ANL test: 13 dB

A black and white photograph of a person's arms crossed, wearing a light-colored jacket. The "unitron" logo is in the bottom right corner.

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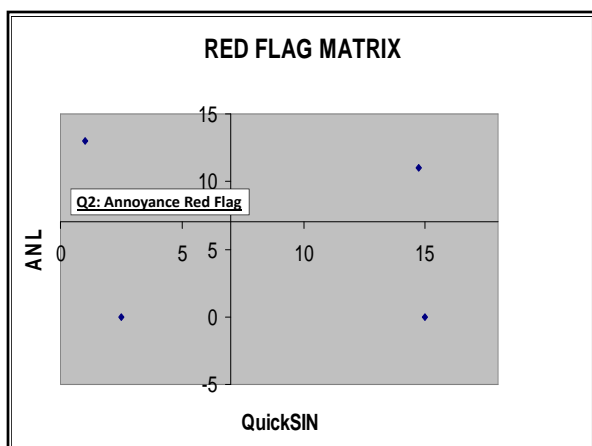
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### Pre-Fitting Scores

Quick SIN: 13 dB

ANL test: 2 dB


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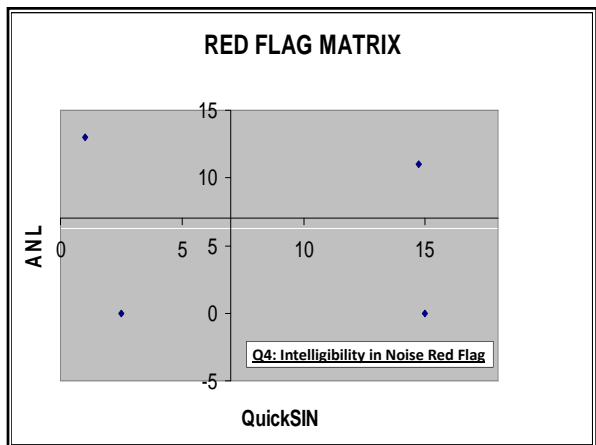
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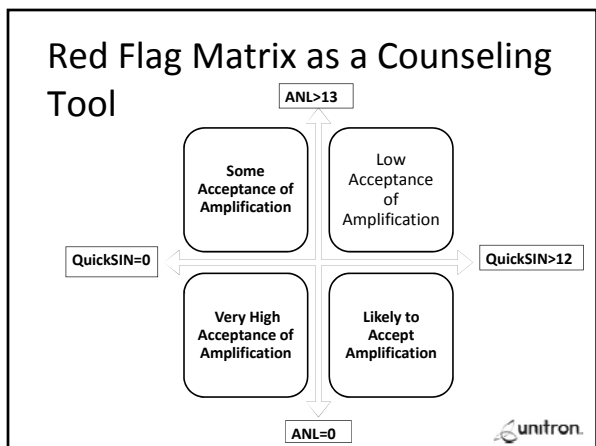
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# Motivation and Self-Perception of Problem

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## One question to ask

“On a scale of 1 to 10 , 1 being the worst and 10 being the best, how would you rate your overall ability?”



N= 802




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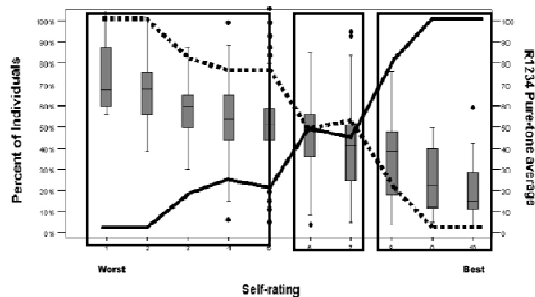
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## Three Buckets




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### Bucket 1: 8-10 rating

**Provide educational information**

- Add them to a patient recall list
- Provide annual testing
- Direct them to your website for hearing loss awareness information



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### Bucket 2: 6-7 rating

Need more information prior to making a decision

- Conduct a live demonstration
- Offer for them to test drive hearing aids
- Motivational interviewing: "Audiology and Motivational Interviewing: A Psychologist's Perspective," Michael A. Harvey, PhD  
[www.audiologyonline.com](http://www.audiologyonline.com), October 20, 2003



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### Bucket 3: 1-5 Rating

Move more quickly into the hearing aid selection process

- Performance
- Lifestyle
- Cosmetics
- Cost



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**Action Item**

**Update your clinical protocol:**

1. Evidence-based
2. Meaningful for the patient


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**Making a Recommendation**

What happens after you take the patient out of the test booth?




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
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**Discovery/Commitment Concept**

DISCOVERY	Commitment
<ol style="list-style-type: none"> <li>1. Greeting the patient</li> <li>2. Establish rapport/build trust</li> <li>3. Manage expectations by gathering information about:                             <ol style="list-style-type: none"> <li>a. Cosmetics ("how will it look?")</li> <li>b. Lifestyle ("where I want improved communication?")</li> <li>c. Performance ("how will they work for me?")</li> <li>d. Finances ("what I expect it to cost")</li> </ol> </li> <li>4. Assessment of need and case history, using CCSI</li> <li>5. Audiological assessment, using speech in noise testing.</li> </ol>	<ol style="list-style-type: none"> <li>1. Review assessment results</li> <li>2. Educate on consequences of untreated hearing loss</li> <li>3. Demonstrate technology</li> <li>4. Discuss options – style and technology</li> <li>5. Offer choices of technology at various price points</li> <li>6. Overcome any objections</li> <li>7. Reassure the patient that they are going to be taken care of professionally</li> </ol>




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# Increasing Hearing Aid Adoption Rates Through Value-based Advertising and Price Unbundling

Explaining the benefits of our products and services is the key to future market growth

BY AMYRN M. AMLANI, PhD, BRIAN TAYLOR, AuD, AND TARA WEINBERG

December, 2011  
 The Hearing Review  
 n = 3 groups of 40 retired adults  
 ½ experienced, ½ new users




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ADVERTISMENT SHOWN TO RESPONDENTS IN GROUP 1

INCLUDES

- 100% Digital Signal Processing
- Professional Fee
- 2-Year Manufacturer's Warranty

ADVERTISMENT SHOWN TO RESPONDENTS IN GROUP 2

INCLUDES

- 100% Digital Signal Processing
- 12 Channels, 8 Bands
- Independent Wide-Dynamic Range Compression
- Adaptive Directionality
- Adaptive Noise Reduction
- Adaptive Feedback Control
- Professional Fee
- 2-Year Manufacturer's Warranty

ADVERTISMENT SHOWN TO RESPONDENTS IN GROUP 3

INCLUDES

- 100% Digital Signal Processing
- 12 Personalized Learning Programs
- Automaticly Adjusts: S/N, Speech, and Background Sounds
- Adaptive Feedback Noise
- Adaptive Learning Filter
- Adaptive Windstop
- One Year of Fine Adjustment
- 2-Year Repair and Care Warranty

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## Methods

1. Each informed that average price per unit is \$2000
2. Shown in a bundled and unbundled format
3. Asked to provide the maximum price they would pay

Feature	Pure Price Bundling	Partial Price Bundling	Price Unbundling
Hearing Aid	\$2000.00	\$2000.00	\$500.00
2 Memories	Included	Included	\$200.00
12 Channels, 8 Bands	Included	Included	\$200.00
Independent WDR	Included	Included	\$100.00
Adaptive Directionality	Included	Included	\$750.00
Adaptive Noise Reduction	Included	Included	\$750.00
Adaptive Feedback Control	Included	Included	\$250.00
Professional Fee	Included	\$200.00	\$200.00
2-Year MH Warranty	Included	Included	\$150.00
Total	\$2200.00	\$2200.00	\$2200.00

Table 1. Hypothetical example of the bundled and unbundled pricing strategies for the hearing aid depicted in Figure 2.




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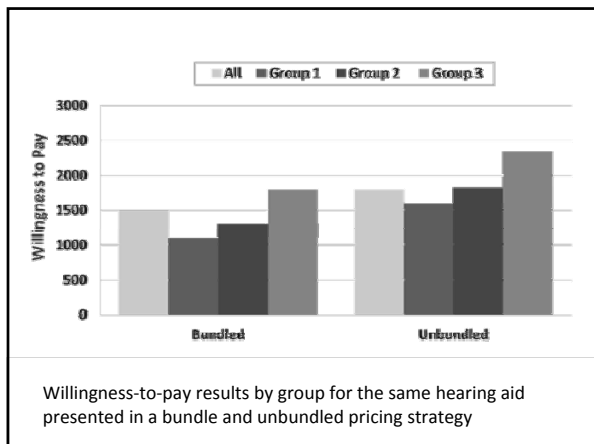
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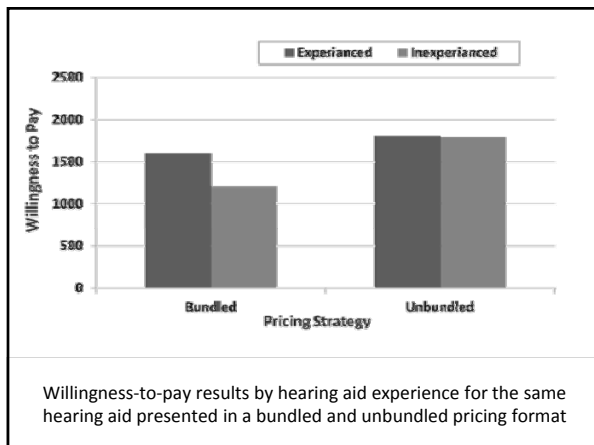
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### Conclusions and Take Home Message

1. Unbundling or itemizing of features leads to a higher average selling price
2. New patients – focus on unbundling service package
3. Experienced patients – focus on unbundling technology offerings

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## Conclusions and Take Home Message, cont.

- 4. Strive to offer a single option at one price
- 5. Be assumptive – state your recommendation and move to the next step



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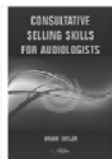
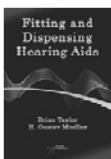
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## Summary

- Strive to modernize by focusing on the design of the patient experience:
  - A. Map out the patient journey
  - B. Use tests that are evidence-based and meaningful to the patient
- Changing behaviors (habits) is the only way to change results
- A modern clinic must account for productivity and quality



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## Questions

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