Making Patients Ready for Amplification

Recorded January 4, 2020

Presenter: Don Schum, Ph.D.

AudiologyOnline.com Course #34067

Partner: Oticon

- - [Donald] Hello, everybody. This is Don Schum from Oticon, and I wanna thank you for joining us today on this AO show. The topic of discourse today is "Making Patients Ready for Amplification," and what we mean by that is that there's a lot of emphasis in our field of getting patients to take that first step to go talk to a professional about their hearing loss and start considering whether or not getting amplification is what they wanna do. We believe that with all the effort that goes into trying to get a person to actually go to an office, whether you're looking at it from a clinical standpoint or from a commercial standpoint, once the patient get to the office and you look at that period from when they start talking to the professional through the first 30 days of hearing aid use, there are still many points in time where the patient's commitment to the process might be very shaky. And so we want to make sure that you do everything possible to really capitalize on the fact that the patient at least raised their hand to show up but really still might be on the bubble. And so that's what we mean when we talk about making patients ready for amplification.

If we take a look at the specific learning objectives for the course, I want to spend some time talking about things that we have learned over the last 10 years or so about the mindset that patients potentially can have when they show up at your clinic. I want to then talk about some of the options to move a reluctant patient forward towards readiness, and I'll define what we mean by readiness in that process. And then go through some data to really point out how the mindset that the patient has when they show up at the clinic might affect significantly, both positively and negatively, their initial experiences with amplification. So I can get started. If we take a look at the why, why are we doing this? And, again, the point that I made when we first started is really what I wanted to pay attention to, is that patients can get information from a variety of different places. They can get things on the internet. They have their family talking to them. They have friends talking to them. Maybe they have a physician talking to 'em or whatever. They're getting a lot of information about amplification. They're probably getting a lot of pressure to do something about it. Adults with acquired hearing loss, as

you know, can be somewhat reluctant to do something about it, and they're dealing with their own feelings about that, but they're getting a lot of information, and I think it's extremely important for the hearing care professional to be very careful about how they manage that patient when they show up because they are, as I said, they can be on the bubble. If things go well, that can keep on moving the patient forward to a point where they say, "This is the best thing I ever did," but if things don't go so well then they can be lost, and they can be lost for a number of years. To start the discussion, what I wanna do is to give you a little insight into the mindset of the first-time user, and these insights are based on a variety of different sources that I'll talk about as we go on, but I think it's important to step back a bit as a hearing care professional and sort of understand the psychology of dealing with the possibility of getting hearing aids. There's a lot wrapped up into that and we've learned a lot over the last decade or so about what that psychology can be like, and I just wanna share some of that data with you.

One of the first things I can share is a big study that colleagues of mine in Denmark did back 10 years ago, where we really wanted to take a look at patients, especially patients who are early in the process, maybe the first-time user, especially how they think about amplification. What's their mindset going into it? There's a lot of mythology in our field, there's a lot of assumptions in our field, but we really wanted to take the time to step back and dig into that to a deeper degree. So we use some relatively new type of approach. It's certainly a new type back then, where we use an email survey using a lot of visual stimuli, and messaging, and things like that, to try to really dig in to the way patients think about amplification. Nearly 1,500 respondents, half of them being first-time users and half of them being experienced users, and they were drawn from a variety of different countries but with the largest single bulk coming from the U.S. We wanted to answer a variety of questions, check a lot of facts, and one of the facts that we wanted to check as part of the study was the idea of how long does it take between when a person first notices they have a hearing loss and the first time

they take action, and most hearing care professionals somewhere along the line have heard that that is seven years. And so we wanted to check out to see if that really was seven years. I'm not even sure where that original seven years data came from, and I don't think many people in our field know where it came from, they just know that it exists out there. So we wanted to confirm it. So when I say it takes on average seven years, what I can do is confirm to you that in our study we did find that it took on average seven years. What a very important thing to talk about. When I say on average seven years, the first thing that most humans think about is a normal distribution around seven years. So if I say it takes, on average, people seven years to do something, you think, well, most of them are actually probably in that five, to six, to seven, eight-year period with few acting very quickly and some taking a long period of time. So we just have a tendency as humans to think in terms of a bell curve and normal distribution. Here's what the data actually looks like. The data is exactly the opposite of a bell curve, meaning that of that group of people who are asked and responded in terms of how long it took between when they first noticed they had a hearing loss and they went to talk to a professional.

On average, it does take seven years, but it's a totally opposite sort of distribution than you might actually think. There's a tremendous number of people who act within the first year or two and then a large number of patients who wait until 10-plus years to take action. And so it shows you the danger of thinking in terms of averages, because, in my mind, the lesson that I drew from this one particular question was that the mindset of someone who's acting within the first six months to a year cannot be the same mindset of someone who's taking 10 years or more to take action. Those just have to be two different people. We know that there's hesitation of getting hearing aids, but one of the things you'll see a little bit later as I go through this course, we've recognized that the mindsets can vary significantly from person to person, that there's not just one mindset. There could be reluctance, but there could be reluctance for a variety of different reasons, and there's not always reluctance. But if you've got some

people who are acting within the first six months, or a year, or two years, they just simply have to have a different construct in their head about what amplification means than someone who's waiting 10-plus years and finally gives in because they're just getting a lot of family pressure, and a lot of frustration, and other things that'll finally force them to move, and, to me, this is one of the very first important lessons that we should take home from this. Another lesson that I think we should pay attention to is in this group, and these were the, this was the half of the group that never used a hearing aid but were having hearing difficulties. So these were the potential first-time users as part of this project. One of the questions we asked is, "How concerned you are that this is a problem?" and what you notice is only 17% are saying, "It's a major concern for me," or, "I am concerned." The rest, more than half are saying, "I'm slightly concerned about it," or minor concern, but for the most part they're saying, "Oh, it's not a big deal, "but, yeah, maybe I'm a little concerned about it." I want you to contrast that data with the next question that we asked them, "How interested are you in a solution "for your hearing difficulties?" And now you're having basically 60% of the people saying they are somewhat or very interested in a hearing solution, which is an interesting sort of, to me, psychology of these patients.

They're saying, "Eh, it's not really a big deal. "I'm slightly concerned, "maybe a little concerned that I have a hearing loss, "but I'm very interested in hearing about solutions." And, to me, that shows, I think it's a nice little peek behind the curtain, behind the psychology of a first-time user that they'll minimize whether or not it's a problem, but they sure want information, and that I think is something that we really should pay attention to because if they're really that interested in getting information, then they're probably a little bit more concerned about their hearing loss than they're letting on. There's a lot of people, these days especially, who seem to be willing to get amplification, and what I mean by willing to get amplification, those are people who have done the research, have looked around, have talked to some people perhaps, visit the internet, certainly, and say, "I'll go talk to somebody about hearing aids." And

we probably are seeing more and more of those people than we ever used to be, oh, than we ever used to see. Maybe it's a baby boomer effect. Maybe the baby boomers, as they get into our sweet spot of our age range, are more willing just to step up and do something about it. So that's a very good thing. It's a very good thing that more people seem to be willing to talk to somebody about amplification, but we believe that there is a definitely difference between being willing and being ready for amplification, and it comes down to what we believe is a matter of realistic expectations, meaning that if someone's willing to get amplification and they've done the research on the internet, and they've done whatever, they might have a mindset, a very uber, uber logical mindset, where they're coming in saying, "Okay, I have a hearing loss. "I must have hearing difficulties. "I'm gonna get a hearing aid. "That's gonna make my hearing difficulties go away." And that, it's good that they're willing to kind of wanna follow through. The danger of that is that they might not understand the limitations that are imposed by the hearing loss. They might not understand the limitations that they're gonna face once they get hearing aids. Hearing aids work so much better these days than they ever used to work, there's no doubt about that, but there are still going to be areas where patients, even with the best hearing aids, may still struggle. And so part of the danger of a patient who's willing but not necessarily ready is that they might be harboring some of these unrealistic expectations, and I'll talk about some strategies to deal with that as we go forward.

When we talk about patients who are potential first-time users but are hesitant, there's a one big type of patient who all hearing care professionals know, and that's the patient who's in denial. In other words, a patient who, and let's remember what denial is. Denial is a defense mechanism. Denial is a defense mechanism that a person adopts when they're not ready to face the reality of some sort of reality that is negative to them. So what often times happens with a patient who's very reluctant to get amplification is that they've been noticing that communication is becoming more and more difficult. And they might or might not realize it as a hearing loss. They probably

realize it's a hearing loss more often they want to admit, but they're not ready to accept the solution, which is hearing aids. And prior to this study, we had worked with a group called the Zaltman Agency, which is an advertising agency that really works on the way people think about the world in terms of deep metaphors. We learned a lot of lessons from them, and one of the lessons that we learned when we worked with the Zaltman Agency was that they pointed out that people who are resistant to get hearing aids, it's often because the hearing aids carry such a heavy symbolism about the fact that they're getting older. It's not that the hearing aid itself is a problem, it's not that hearing loss itself is the problem, it's more that hearing loss is a signature of getting older, of body failure. And people, adults as they get older, that's a hard reality to face for many people, the fact that you just, your body just doesn't allow you to do what it use to. So we believe that a lot of the denial that patients show is based on that difficulty that they're having accepting the fact that they're getting older, and their body's changing, and they just can't do everything that they used to be able to do, and they're working, they're doing all the psychological tricks that they need to do in order to kinda stave off that reality that they're not ready to face.

Most hearing care professionals know about denial, of course, but it's very important to realize that denial is not the only reaction pattern that older adults will adopt when they're facing body change, and one of the other reaction patterns that they often show when facing body change is something called normalization or passive acceptance. What normalization is is this attitude that is covered in that quote on the page, "This is just what happens when you get older." It is a recognition by an older adult that your body does change as you get older, and the passive acceptance aspect of it is that you can't do the things you used to do and so you just have to get used to not being able to do those things anymore. In other words, normalization in and of itself is not a bad thing. It's saying that my body gets older. It's a realistic sort of understanding that your body changes as you get older, and it doesn't allow you to do everything that you used to be able to do, but passive acceptance is where the danger

comes in because that's where you're saying, "I'm not gonna do anything about it," and those two aren't necessarily the same thing. In other words, you can recognize realistically that hearing loss is related to aging in many degrees, but that doesn't mean you can't do something about it. And so it's when normalization turns into passive acceptance that patients really start to show that lack of interest in getting a hearing aid solution, and that's the danger that we face all the time. And so this is very different than denial, right? In denial, there's a conflict going on. The patient knows or suspects at some level that they don't hear very well, but they really can't accept the solution. In normalization and passive acceptance, they have no problem admitting that they have a hearing loss, they recognize that they have a hearing loss, a lot of people their age get the hearing loss, but they just don't have this passion to do anything about it. They basically lost the passion for their hearing. They have lost that drive to hear well. Maybe because it's come on so gradually that they're used to it, that you just don't hear well, and you shouldn't have to be expected to hear well.

Maybe it's because they're just uninterested in social situations as much anymore, whatever. Whatever's going on, it could very well be a vicious circle going on of just kind of pulling away from society, and we learn more and more lately that this pulling away from society probably has a cognitive cost to it, and that's something that has been new in our field over the last seven years. But the point about normalization and passive acceptance is that in order to get the person to move forward, it's part of reinvigorating their passion to hear well, and that could be a very important counseling challenge and a very different kind of counseling challenge that you get when you ask somebody about, when you're dealing with somebody who might be dealing with denial. Another type of reaction pattern that we see in our field, of course, is suspicion. People tend to wanna be wary consumers, of course, and in our country, of course, since there is a commercial element to so much of hearing aid provision, that there's individuals who are just gonna be somewhat suspicious of that commercial element. And, unfortunately, we all work in a field where there's some negative history about

getting hearing aids and the old-fashioned ideas of hearing aids, and kind of poor business practices, and things like that. Or there's some level of history about, you know, hearing aids don't work well and all that goes along with that. So you can understand why some people would be suspicious, and they probably should be suspicious. But the point is is that when that suspicion becomes strong enough and when the hearing care professional can't do a good job of trying to kind of walk it back down a little bit, then that can keep a person from moving forward too. These different reaction patterns, denial, passive acceptance, suspicion, willing, they're gonna be a mix. We don't believe that people currently fall into one of four distinct categories. We think that these are behaviors that can be more or less dominant in a lot of different individuals, but we do believe that there's a lot of value in recognizing the type of behavior that a person's showing because then the intervention that you need to do with them needs to be based on the sort of factors that are going on in that person. If the person's reluctant, they could be reluctant for different reasons. If they're willing but have unrealistic expectations, that can be a problem.

About this time, we, based on these analyses, we created something called Readiness Management, and readiness management didn't win anybody a Nobel Prize, but, rather, it was just a way of putting this information together to say that in that crucial period between the time when a person raises their hand and gets fit with amplification, and then makes a determination that they're gonna keep it long term, there's a lot of points where that process can break down. And so we wanna make sure that we create ready patients, patients who are ready to go after this in the very best way possible with the right mindset. Like I said, you can have willing patients, and you can have reluctant patients, and, as I said, there's some danger in willing patients. We talked about that. And the reluctant patients, patients can be reluctant for different reasons. They can be wary because of suspicion, they can be a normalizer, they're conflicted, whatever. The discussions, the counseling, that goes around that patient should be based on the sort of concerns that that individual person has. And, of

course, you want to, you want to tailor your counseling always for patients based on what their particular issues are. But by having this construction, we just thought it'd be a nice, easy mental checklist for hearing care professionals to have to start being aware of the different types of behavior and making sure that you're listening for that when patients talk. We talk about making a patient ready, it's important to understand what we think is essential to make a patient ready. So this is what we put together. We believe that this is, again, one of the short, little mental checklists that the hearing care professional could use to make sure that the patient is really in the right spot. First of all, the patient has to have trust, and the patient has to have trust in who they're dealing with, which is you, the products that you are recommending, hopefully, Oticon products, and then they have to have trust in themselves. And the reason why trust in themselves is important is that, at least historically, there's been some concern that as adults get older, they lose a certain amount of self-confidence.

It doesn't happen to all people, of course, and there can be maybe some generational influences going on, we're not really quite sure of that with the baby boomers and things like that, but they still have to trust that they're making a right decision for themselves. And so it's important to, in order to keep the person moving forward, that you establish that trust, and it's not just you and the products, but it's also the patient trusting that they're making a good decision for themselves. They have to emotionally feel the effect of the hearing loss and have a sense of urgency to do something about that. That one is particularly pointed towards the people who are dealing with normalization and passive acceptance, because, like I said, oftentimes those are the patients who have lost a passion for hearing well because they're just kinda like, "Well, it's just what you get used to." And if they have that sort of attitude, they're not gonna be motivated to move forward with hearing aids. They might not have a negative feeling about hearing aids, they just like, "Why bother?" "It's just what happens. "My hearing's only gonna get worse over time." And so you have to create that sense of urgency. They have to take ownership of their hearing loss. That is also pointed

towards the people who might be going through denial. They have to recognize that this is their hearing loss, and it's real, and it's not going away, and they have to recognize that and be willing to do something about it. And then, of course, there's always they have to have realistic expectations, and now that one's pointed more towards the willing patient who thinks maybe that hearing aids are a perfect solution for all situations. All patients need to have realistic expectations, of course, but the willing patient is one that you wanna pay particular attention to. Once a person gets fit with hearing aids, they go through the first month, and during the first month, it's basically a universal right that patients can return hearing aids at the end of 30 days and receive a refund to some or all of their fees depending on how it's set up in your particular office. We were interested in trying to figure out if there was any sort of reality to the first month.

The first month is set up based on consumer protection issues, but we were interested in seeing whether or not the perceived benefit of hearing aids, the perceived downsides of hearing aids, the decision making process was really tied to one month of hearing aid use. In other words, do patients sit back with a open-minded, non-judgemental mindset to say, "I'm gonna give this a month "and then I'm gonna logically make a decision "whether or not it makes sense for me "after the end of the first month." We're not sure that that was the case, but we wanted to take a look at that. So in order to do that, a colleague of mine, Randi Pogash, and I went through the process of setting up two parallel studies. One was the study that we did through our office at Oticon. We used a group of our HCP customers, a group of you folks out there, to track what happens with 24 first-time users over the first month of hearing aids. At the same time, we set up a parallel study with Dr. Brian Christman when he was at Towson University with 19 first-time users. And what we wanted to do in the study was to track patient performance and attitudes very closely: the day they got fitting, the day afterwards, a couple days later, at the end of the week, at the end of two weeks, at the end of a month, because we hadn't really seen a study to really track

mindset on the part of patients that closely. And so we asked them both objectively and subjectively, or we measure both objectively and subjectively, how well they were doing with amplification, any problems that they were having, things like that, but the unique part of the study was that we track them so carefully over time. And this is what the data looks like. So this is 24 first-time users that we ran through our organization, and we wanted to know what side effects were like, so we had them rate on a scale from one to five, with five being very good and one being very poor, about these issues. Were the hearing aids comfortable in your ear? Were loud sounds comfortable for you to listen to? How about the sound of your own voice? And what's your adjustment overall to hearing aids been like? And what you notice is a couple things. First of all, the lines move a little bit towards the end of the first month, but not in a dramatic way. The ratings started pretty high right from the start and stayed up pretty high. In other words, these side effects that we used to think were real deal breakers for a lot of patients didn't seem to be a big deal breaker for these patients.

Now the one thing I need to point out is all of the studies, all of the patients in both this study and the parallel study at Towson University, ended up keeping their hearing aid, and they're fit with high-end devices, and they ended up keeping them. But the point that I take away from this data is that, in general, the perception of side effects is pretty stable through the course of time, and it's perceived that the side effects are relatively low throughout that course. So it's not as if you put a hearing aid on a patient right away and they're just very reactive to how negative it is, and they slowly get used it. That's kind of an older notion in our field. This data would suggest with modern hearing aids that that sort of concern really isn't there right from day one, certainly for patients who at the end of the process ended up keeping their hearing aids. We also ask them about their performance over time, and this was even more stable over time, where the patients when we asked them how did they do one-on-one and quiet, how did they do in challenging situations and their overall performance, again, those score are high right from the start and they stay high. They don't necessarily creep up over time,

meaning that it used to be this idea that you needed 30 days to have your system adapt to amplification so you start to get benefit from it. That doesn't seem to be part of what we're seeing in this data whatsoever. We think that that's an older notion also, that if patients end up keeping their hearing aids, they seem to feel that they work well for them right from the start. The other thing, and I don't have the data in here, but the other thing we measured was speech understanding performance in quiet noise, and that was measured through Dr. Christman's office at Towson University. Those lines are perfectly flat, meaning that the patients, of course, did better in quiet than in noise, but they did just as well on day one as they did on day 30, that those lines were statistically about as flat as you could possibly be. So both objectively and subjectively, patients' performance is not getting better. The reason I emphasize the subjective data in this project was because I believe it's all a lot about attitude, and so I wanna talk about the way patients were feeling about their hearing loss.

Not everybody keeps their hearing aids though. So in a follow-up study, we wanted to take a look at what happened when patients returned their hearing aids at the end of 30 days. And so we ended up being able to track down 115 first-time users who got mid and high-end hearing aids, and what ended up happening is when they decided at the end of 30 days that they were gonna return the hearing aids, that their hearing care professional gave them a survey, asked them to fill it out once they left the office and send it directly to us, and the reason we did that was we were trying to minimize the bias that the patients didn't wanna say anything negative in front of the hearing care professional, and so they would send it directly to us. It was a very brave study for our customers to allow us to do because they basically had to say, "Yeah, some of my patients had fails "and I'll let you find out why it failed." And so we congratulate those of our customers who allowed us to do this because, like I said, it was a brave thing for them to allow us to do that. So with those patients, we asked them three basic questions. We asked them: when did you know that you weren't gonna keep the hearing aids? Why did you decide to return the hearing aids? And the final question

that I'm not gonna share the data on is: do you think you'll come back and try hearing aids again? And, in general, the answer to the third question is, "Yeah, I think I'll give it a shot again in the future. "It's just not the right time for me now," okay? But in terms of the first two questions, this is what the data looks like. The question was very simple: when did you know the fitting would not work out for you? What you notice is that a quarter of the people were making that decision within the first two to four days, first, actually, first one to four days, and then another quarter of the people were making that decision within a week. So you have half the patients who are deciding that they're not gonna keep their hearing aids by the end of the first week, and I think that's a real important wake-up call for professionals to recognize that people are making that decision very, very quickly, and that this idea that they're gonna wait a full 30 days and then logically step back, and examine and decide whether or not they're gonna keep the hearing aids, that doesn't seem to be happening.

You have about 2/3 of the patients making that decision within the first two weeks and half of them making that decision within the first week, and that's just a very sort of scary scenario that we face in our field, is that patients are making up their mind very quickly. When you take a look at the reasons they cited for why they returned the hearing aids, they're basically all over the map: not ready, too expensive, annoying, too much trouble, downside, didn't help me enough, not the right time, et cetera, et cetera, et cetera. You can look at this data in a couple different ways, and, again, this is where you just have to kind of put your glasses, your filter glasses on and kinda decide what you're gonna see out of this data. I'll tell you what I see out of this data. What I see is patients who really weren't ready. In other words, if you take a look at patients who ended up keeping their hearing aids after 30 days, they thought things were going well right from the start, they measured out as doing well right from the start, and it stayed there right from the start. Those patients audiometrically were not any different than these patients in this study. But these patients in this study, they were making the decision not to use hearing aids very quickly, and they had just a lot of different

reasons they would say it wasn't working out. These reasons may be accurate, there's no way to tell, but these reasons might alternatively be simply this is the excuse that the person's making because they didn't really wanna keep hearing aids right from the start, and so they picked one of the reasons that seemed to make sense to them. There's no way that we can tell with the data, but, again, the fact that when it works out well, people are really happy right from the start, but when it doesn't work out well, there's a lot of different reasons that they'll give, to me, points back to the importance of making sure that patients are ready before they even start the process. So what are some of the things that we can do to make sure that patients are ready into the process? Well, one of the things that we think is important is something that we call the Bill of Expectations, meaning that when a patient comes in to get fit with hearing aids, they should understand what we refer to as, basically, absolute expectations on the part of the hearing aids and the part of the hearing care professional, and contrast that to what we refer to as potential benefits, the sort of things that we would like to achieve in a hearing aid fitting but we can't promise because of the nature of the hearing loss and the nature of the, just the limitations of even the best technologies these days.

And the reason we think this is important is that it, you're creating a contract with that patient that those things that I can control as a hearing care professional, that I have absolutely control over, I'll make sure happen. And so you can have the security that if it's something that absolutely should be fixed, it's gonna be fixed. I can't promise you certain things, but I can work on them, and that's really what we're gonna be focusing on. And by being able to create those two different broad buckets of issues, that helps the patient kind of recognize that you're there for them, that you're standing behind what you're recommending to them, but you're also being realistic about what is an absolute expectation and what is a potential benefit they can get from amplification. So let's take a look at those two lists. Here's what we consider to be absolute expectations. Hearing aids should be functional on a daily basis and if they're not

working well, that returns will happen in a timely manner, or repairs will happen in a timely manner, meaning that you and the company that you're recommending stand behind the product. And that's important for people to understand, that they're not going to just get something that doesn't work well, and then you're gonna walk away from it. They just need to come back to you, and tell you about it, and you're gonna make it right. These days hearing aids should be free from feedback under normal-use conditions. Feedback systems are getting better all the time. We released a brand new update to feedback during 2019 that we're very, very proud of and very happy with. Hearing aids should be physically comfortable to wear. Patients shouldn't have to put up with any sort of irritation, or soreness, or whatever. Maybe the first couple days it takes a little while to get used to it, but it shouldn't be a long-term issue, and patients need to know about that.

They should have the expectation that when they walk into a loud environment, that they're not gonna be knocked off their feet, meaning that loud sounds should be acceptable, that you can control the level of loud sounds in the hearing aid so they're not gonna be startled every time somebody slams a door, or he walks into a loud room, or anything like that. They should absolutely have an improved ability to hear soft and conversational levels of speech in quiet environments. That's an easy thing for a hearing aid to do. And if they're not basically getting that, then something is just not working well in the hearing aid. And it should be comfortable to wear in those louder, noisy environments, that they can go in those environments. They may not be able to understand as well as they would hope, and we'll talk about that in the next slide, but definitely they can be in those environments for a long period of time and not feel overwhelmed by just the sound levels that they're dealing with. These are the potential benefits that I think that you can lay out for the patient. So these are things that you can't absolutely make a promise that you're gonna be able to achieve, but it's what you're gonna be working very hard to try to achieve. And then that helps, to me, frame that discussion about what the patient should be working towards and what you're

gonna be working towards. The hearing aids will allow you to better understand speech in complex, noisy situations. Again, we're not saying understand everything you'd want in all situations, but you should notice an improvement. Modern noise-control technologies and hearing aids' directionality, noise reduction, OpenSound Navigator, those are all technologies that should allow the patient to understand speech better in complex, noisy environments. The hearing aid should improve the ability to separate various sources of sound and focus on the sound you're interested in. We believe very much in Oticon, it's part of our BrainHearing concept, is that the cognitive system is a very, very important ally in allowing the person to hear and understand the speech that they want to, and our focus is on getting the right information up to the cognitive system. One of the most important things that the cognitive system does for you is organize sound environments to allow you to pay attention to what you want to and suppress what you don't want to, and we believe that good, modern hearing aids should help a person be able to do that skill.

Connectivity should be a given in hearing aids, and so they should be able to hear and understand signals that are sent from electronic devices like smartphones, and televisions, et cetera. That should be just a common expectations these days. And, in general, the higher level of technology that a patient opts to get, the greater chances of it performance in complex situations. Now that one's a little bit different. Different hearing care professionals have differing opinions on that. We tend to believe, just because of our experience over the years, that that is a reasonably justifiable statement, that we can't promise in this environment and that environment that they're gonna hear this well or that well, but, in general, the better hearing aid technology you get, there are more things working in that hearing aid to allow the person to be in those environments and to work effectively in that environment. But, again, there's some difference of opinions across hearing care professionals on a statement like that, so that's something that is up to you in terms of whether or not you believe that is an accurate statement that you can make to a patient. One of the tools that I think are

very important to help patients move forward and continue to make good decisions is the use of demonstration fittings or demos. And what demos are, those are different than trial use, right? A trial use, the assumption with a trial use is that the person has agreed to purchase hearing aids, and then they're on their 30-day trial. To us that's different than a demo fitting, where a patient gets to test drive hearing aids for some period of time before they commit to the purchase. Sometimes that happens just in the office, sometimes it happens when the patients take the hearing aids home and it works. We have definitely noticed that this, the use of demo fittings, has become more and more of a thing in our field. In the old days, say, back when more hearing aids were custom products, that wasn't a possibility. Now that the very strong majority of hearing aids that are fit are worn over the ear, mostly RITE hearing aids, where you don't need a custom ear mold and you don't need a custom shell to the product, then demo fittings should become much more popular and I think a lot of hearing care professionals have found the value of that. But we wanted to know more about how demo fitting are being used and how they're affecting patient attitudes.

And, in my mind, the reason I was very interested in this is because when you talk about the different patient types that are there, willing, the normalizer, the wary patient, the conflicted patient, I think demos work well but for different reasons depending on the type of patient that you're dealing with. And so let me walk through the data first, and then we'll get back to this construction and talk about why demos should or shouldn't work well for the different sort of patient that you're dealing with. So as part of this, we did a two-part study where we wanted to, first of all, find out how demos are being used currently in the field, and then what effect did they have or having on patient attitudes. So in part one, we sent out a group of surveys to Oticon customers and asked them about their habits around using demos. We had nearly 250 surveys returned, and it gave us a lot of good information. So out of this group, it turns out that over 90% of at least our customer base, which we think is relatively reflective of hearing care professionals in general in this field, that over 90% of them are using

demos as part of their practice, and that was actually surprising to me that the number was so strong. I assumed it was over half, but I didn't realize it was that many customers, that many hearing care professionals, but that's a very good sign because we think there's a lot of value in using demos. When we asked, "How often do you use it "with prospective first-time users?" again, you see very strong numbers in using it nearly always with first-time users. So it seems to be, for the most part, a standard practice to use with first-time users. Now there's also a couple other options that people appointed to it, but, again, that's a pretty strong evidence in terms of general clinical practices that most hearing care professionals feel that most first-time users can really stand a demonstration fitting. When we asked about experienced users, it gets a little bit different. You get over 40% who are saying they'd nearly always do it with experienced users, and then another big chuck of patients who do it when the patient's interested in what's new. The reason why those numbers go well over a hundred total is because the people, on this particular question, they could check all that apply. But what you notice is that a lot of people come in to be refit.

They still might be very interested in finding out how well the new hearing aid is gonna work, and they know what their experience is with them, they know where it's worked well and where it hasn't worked well, and they're interested if something new can work out for them, and so it's a lot of hearing care professionals recognize that that is something that can really help to move that patient forward to getting another set of hearing aids. Then this is the interesting part again, for me, is how long is your typical demo or trial use, and for some people, about somewhere between 15 and 20%, it was only during an office visit, but a much stronger majority are doing it somewhere between three to seven days or between one to two weeks. So when people are using demos, and, like I said, most hearing care professionals, at least in this survey, were using demos, they are using 'em for a significant amount of time. In other words, they're really giving the patient a good test drive with the hearing aids in their realistic environments. Most hearing care professionals understand that what a patient

experiences when they're sitting in a quiet office or clinic is not what they're gonna experience in their real-life use situations. Even if you put the patient in a sound field and put noise in there and speech to get them to try a hearing aid, that's still not their real life. And so this shows that a lot of hearing care professionals have recognized how important it is to do the demonstration to a lot of patients, to do the demonstration for a week or two in the environments that matter to them, and there are so many good reasons why that makes a lot of sense. So the second part of this study was, basically, do demos have an effect on patient attitude, and the data I'm gonna show you is for 28 users. Most of 'em are first-time, well, the majority of them were first-time users. So these are patients who went through the demo process, and, again, they were given a questionnaire and asked to fill it out once they left the office after the demo, and send it directly to us. Again, we did it that way in order to minimize the bias of the patient not wanting to say something revealing in front of the hearing care professional. So we have the responses right now from 28 patients, and this is what it looks like. What was your opinion about your need for hearing aids before you had a chance to test? And what you saw was a lot of patients were saying they were either pretty sure or definitely sure it was time to do something.

So, in general, they were coming in with the attitude that, yeah, this is probably something I need to consider and take the next step. So at least these people who are part of this study were in that mindset that they were pointing in the right direction that they wanted to do something. But the next question was how well do you expect hearing aids to work for you before your trial, and this is where it becomes a little interesting because you see a very strong response in favor of they thought it would make a big difference in many situation. And that might be true, but, again, most hearing care professional recognize that there's a little bit of unrealistic expectations tied into those responses, that maybe the patients were expecting a little bit more than they can get of the hearing aids. So this is good to recognize that the patients will enter the process perhaps with slightly elevated expectations, and so the demos might serve

well to maybe pamper those down a little bit in order to allow the patient to have a more realistic view of what the hearing aids are gonna do for them. But then the final question is really what the heart of this study was all about: did your trial use change your opinion about the value of hearing aids? Two clearly most strongest responses were, "Yes, they definitely changed my mind, "and now I'm ready to get the devices," or, "Yes, I was positively surprised "by the help that they provided." So this is very important data because it really shows the value of demos. It shows that if they're done well, that it can really move a patient forward to the next step. They say a picture's worth a thousand words, right? It feels like a demo's worth 10,000 words, meaning that you can talk about hearing aid technology all you want, and you can talk, and talk, and talk about it, but patients won't know until they have a chance to experience it, and at this case, it seems the most likely behavior that hearing care professionals are using these days is allow the patient to use it in their home environments to really see if it's gonna help out for them. Earlier I said that I think demos make a lot of sense but for different reasons for different patients. Here's what I think about that topic.

For example, for the willing patient, I think a demos a good way to make sure that their expectations are in line so they're not going in with unrealistic expectation. For the normalizer, I think the effect of demo is more about showing them what they're missing. In other words, they've sorta lost their passion for hearing aids, oh, I mean, for good hearing, and that may have happened gradually over time. Once they get the chance to use hearing aids, they have that opportunity to experience the benefit, they may end up realizing that, "Wow, I guess I have been missing things, "I guess there are things out there to listen to, "and maybe I should really care more about that." For the wary person, the person with a certain amount of suspicion, it just gives them peace of mind that hearing aids can work well for them and that they probably are making a right decision, and they're not gonna get, quote, "ripped off by somebody." And, finally, for the conflicted patient, the patient is dealing with denial. That could very

importantly help flip the script for them. In other words, we are big proponents of motivational interviewing as a way of helping patients make that decision to do something positive in their life, and part of motivational interviewing is this idea that the dialogue that the person's having with themselves oftentimes is all about why they don't wanna make a change and why it's so difficult. One of the techniques that's used in motivational interviewing is to try to get the patient to a mindset where they're starting to imagine how things could be better if they made a change. And the use of a demo could be a very important technique to get that person to realize that, yeah, they might now want to get hearing aids, but, boy, they can give them something that they're missing, and maybe change that mindset, flip that script for them, get them to start thinking about the positives of getting hearing aids and not just think about the negatives of what would happen if they got hearing aids. We think it's very important that hearing care professionals do a good job talking technology with patients, and different hearing care professionals have different styles about how they wanna talk about technology.

One of the things that we think is very important is that talking technology to patients is really carefully considered about what sort of topics you wanna bring up, how you wanna talk about the technology, the language you use, et cetera. It's so important that we have a new series, a new season, of the Oticon Podcast Program, season six, that's all about talking technology with patients. It's a 10-episode season, so if you're not familiar with our Oticon Podcast Program, these are a podcast, audio-only podcast, that lasts somewhere between five and 10 minutes per topic, and in season six I walk through talking technology with a lot of different patients: the willing patient, the conflicted patient, et cetera, et cetera. I even deal with everyone's favorite patient, which is the engineer. And so in that season, I don't have time to go through everything that we do in the season, but if you're interested in kind of getting more into how do I put the words together in front of the patient to really be most effective, I have some ideas there. You know, again, I'm not gonna win a Nobel Prize for that, but it might give

you some ideas about how to structure your language. But I do wanna give you a couple takeaways overall from that season. First of all, it's important to listen, listen, listen. In other words, you wanna be very careful about not just jumping in and start describing everything about technology until you really understand the problems that the patient is facing, because what you're trying to do is uncover the why. You wanna uncover why did the patient come to see you. What problems are they having? And very importantly, what's most important to them? They don't come to you because they're looking for a new electronic device that connects up to their cell phone. That's a feature that they might be interested one way or the other, but that's not why they got on the internet and started researching hearing aids. They got on the internet and started research hearing aids because they're having communication difficulties, and they've been having frustrations, and they've been getting pressure from the family or friends. Or they just realize that, "Something's going wrong. "I need to start thinking about the idea "of getting hearing aids." Then the features of connectivity and apps, those are interesting things for them, but that's not why they showed up.

And you'll uncover their why. You'll uncover what is important to them if you listen, and listen, and listen, and then you can talk, but please don't talk too much. In other words, don't try to overwhelm them and impress them with your knowledge of hearing aid technologies and things like that if that's not what they're fundamentally interested in. And when you take a look at the patient typeset we've been talking about, it's not necessarily that they need to understand the ins and outs of hearing aids. Perhaps, for example, the suspicious patient who wants to make sure that you understand enough about the technology that it makes sense for the way they think about technology, I could see that. That's a person who you might wanna spend some more time talking about hearing aids and the way they work. But some patients, the patient who is the normalizing patient, who's lost their passion for hearing, the patient who's in denial and can't get around, can't get their head around the idea of using hearing aids, they're probably not fundamentally interested in the details of how hearing aids work. They just

wanna know why it's gonna make a difference in their life, and that where you wanna make sure that you focus. And too many, especially younger hearing care professionals, tend to try to overwhelm patients with their knowledge of hearing aid technology, and I think that that isn't necessarily the sort of thing that you want to want to get to as a clinician. You wanna make sure that you tailor to the patient. Like I said, maybe the way you need to talk to a patient who's someone wary or suspicious, it's gonna be different than someone who is normalizing, or of the willing patient, and things like that. And so you wanna make sure that either based on the way we sort of divide up the world of patients or the way you might divide up the world of patient, that you're just tailoring your talk to those patients as opposed to saying, "Oh, I got new hearing aid "that does this, this, and this, "and this is the way it works, "and it has this circuit, and it has this circuit," and you give that spiel to every person who comes in the door, that just doesn't make sense to us as the way you wanna talk technology to patients. The final thing that I would say then about that is you wanna think about how you wanna be perceived on the part of the patient. In other words, you wanna be a tech guru, you wanna be someone who can talk the hearing aid technology all day long because you find it fascinating, but you think that you want to impress the potential patient with your knowledge of the technology, or do you wanna be viewed as an empathetic caregiver? Someone who can listen, who can understand their difficulties, who can explain to them why they're having difficulties, why sensorineural hearing loss is a bad thing to have, why it makes things difficult, but then why you have things working for you. You have a cognitive system working for you.

You have good general technologies that are available to help them out. And show that you can listen to them and then find a solution that makes sense for the problems that they are having. And usually if you really take that attitude about the way you wanna talk about technology, you find you don't have to talk a lot about the technology. You talk about what it's designed to do in general. You talk about the problems that they're designed to solve, the sort of problems that your patient is having, and then how you

can find a solution. And I know what some of you are saying. "Well, patients come in, they've been on the internet, "they know about connectivity and cellphones, "and this and this and this," and it's like that's understandable, I get that. I understand how the modern consumer works these days, but that doesn't mean that you have to let them drive the discussion. They didn't get on that internet because they're looking for something to connect to their smartphone. They got on the internet, they started talking to their friends, they started researching the topic because they were having communication difficulties, and your job as a caregiver, in my opinion, is to make sure that that's what the discussion is about. That's what they want you there for. If they just wanted somebody to talk about tech, they can go to a tech store and talk about tech. They can buy it on the internet. They can do other options. But if they come to a hearing care professional, they're expecting someone to talk about their issues and their problems, and that's probably the best inroad you have to keep them moving forward in a very positive way. I wanna thank you for your time. Hopefully you picked up a few nuggets of information that you may not have heard before.

Hopefully you see that there is a real, a real challenge with a lot of patients to recognize what their mindset is coming in, and then do the sort of things that you can possibly do to make them really ready to be very successful in the amplifications. Most patients, as you know, you get fit. Even they're elected at the beginning, they'll walk away saying, "This is the best decision I ever made. "I wish I didn't wait so long, but I wanna thank you." And I think hearing that from a patient is so reaffirming. It gives you such a good feeling that you're doing the right thing, and I think getting patients to move through that process between the point where they raise their hand and get them through the first month or so hearing aid use, if you can do that well, which most hearing care professionals do, but when you do that well, and they are happy, and they become patients for life, then you know you've really done a good day's work, and that's always a really great feeling to have. As always, if you have any questions or comments

on any of this material, my email is on the screen, and with that, I wanna thank you for your time.

.