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Signia Podcast Series: Interpersonal Audiology - Patient
Centered Communication and Customizing the Patient
Experience with Brian Taylor (Podcast 9 - Option Talk vs.
Decision Talk)

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Presenter: Brian Taylor, AuD
AudiologyOnline.com Course #35345
Partner: Signia

Lisa Klop:

Hello everyone and welcome to Signia Series of Podcasts. This is podcast number nine, where we'll be talking about option talk versus decision talk during the treatment planning process. This is all part of our series on patient-centered communication. My name is Lisa Klop, I'm part of the Clinical Education Team and I am joined today by my colleague, Brian Taylor. Brian is a Director of Clinical Content Development for Signia. He has 28 years of clinical and business experience. And I'd like to put in a little plug for an upcoming edition of his textbook that he coauthored with Gus Mueller.

Lisa Klop:

The textbook is Fitting and Dispensing Hearing Aids, and we can look forward to that being published later this year by Plural. Brian, we ended the last podcast with a discussion on how we use patient-centered communication to arrive at a list if you will, of specific goals with input from both the patient and the provider. I thought we could start today by having you remind our listeners about some of the critical parts of targeting goals and discussing expectations. You touched on these in the last podcast.

Brian Taylor:

That's right, Lisa, and by the way it's great to be with you. I can't believe it's podcast number nine, we've been doing these awhile. But I think when we talked about targeting goals and discussing expectations it reminds me that at least in my observation that a lot of providers out there fall into the trap of trying to convince their patients to acquire hearing aids. And they focus too much on the convincing and the acquiring hearing aid parts of the appointment when they really need to be focusing more on building a solid relationship or partnership between the patient and the provider.

Brian Taylor:

In fact, since our last podcast... the last couple we recorded a month or so ago there was a really interesting article published. I think it was in the International Journal of Audiology earlier in June, and it was information collected in the UK about hearing aid use rates. Basically saying they survey every year a group of patients in Wales and they've been finding that about 20% of all hearing aid wearers within a year or so stop wearing their hearing aids completely. And one of the authors of that study was Harvey Dillon, and I think most people that are listening to this probably are familiar with that name.

Brian Taylor:

Harvey Dillon is formerly the National Acoustic Laboratories in Australia, and now he's working in the UK. And as there was a press release about this study and in that press release about the study, Dillon was quoted as saying that the biggest predictor of hearing aid benefit is not the hearing aids themselves, it's not the degree of hearing loss. The largest predictor of hearing aid benefit is actually the quality of the interaction between the patient and the professional.

Brian Taylor:

And so I if Harvey Dillon is saying that, if he's being quoted as saying that I'm thinking he's probably got some evidence to support that. And I started looking around on Google and I found actually that he had done a presentation. He hadn't published an article but there's a presentation and I encourage listeners to find this on the internet, that showed that the largest predictor of patient success with hearing aids was actually the relationship. There is a study out there that they've done but it hasn't been published yet. But back to the larger question here, Lisa, I think that targeting goals between the patient and their provider that's a very collaborative process as we talked about in the prior podcast.

Brian Taylor:

I believe when you target or you start listing goals, it's really pairing a place. The patient wants to hear better with a positive emotion that they want more of or a negative emotion they want less of. And in addition to targeting or collaborating on treatment goals, I think there has to be some really solid dialogue around expectations. We always want to try to align expectations between you as the provider and the patient. Sometimes those expectations are out of alignment and we have to do something differently. But as I recall we talked about the patient expectation worksheet in the last podcast and how that can be used to align expectations between the provider and the patient.

Lisa Klop:

Yes, I clearly remember that. I think that was really the highlight of our last podcast. I don't think there's enough discussion about that on a professional level but is definitely things that clinicians have had to address with their patients. Now, we have a list of specific goals. You've had a discussion with your patient about expectations and hopefully everybody's on the same page here, right? But we haven't talked about making a recommendation yet. How does the goal setting and the discussion about expectations actually fit into making hearing aid recommendations?

Brian Taylor:

Yeah. Now, I think that it's really about once you get that alignment, once the patient and the provider agree on goals and expectations, that's really an effective way than to what I say move the patient along for the ride. Along for the ride implies that you're on the same page throughout the process and it's really up to the provider to be the driver of that along for the ride kind of a thing, rather than trying to constantly convince the patient to do something which I think oftentimes can be ineffective. I always like to use the phrase along for the ride. And when it comes to moving from... you have this list of goals, you've talked about expectations, I think you have to have some sort of a

transitional, I call it a transitional phrase that moves you into talking about treatment plan. So.

Brian Taylor:

For example, I think we all agree we want to make sure the patient is in the action stage and we talked about that in prior podcasts. But when it comes to a transition phrase you might want to say something like, "Now that we've worked together on some specific goals, we're in agreement on goals and expectations, Mr. Jones, the next step is that we need to create a treatment plan and that usually involves hearing aids. But let's go ahead and create a treatment plan, Mr. Jones, how does that sound?"

Lisa Klop:

I noticed that you use the term treatment plan and not hearing aids. There must be a reason behind that.

Brian Taylor:

Well, maybe this is my own personal bugaboo but I think there's nothing wrong with using the term hearing aids in that same treatment plan. I prefer using a more a broader term like treatment plan because I think it helps remind the patient that what you're trying to accomplish together is address their communication difficulties and that's more than buying a pair of hearing aids, that they know that there's some other components involved in the process. It takes the focus I think off of the transaction of buying hearing aids and it puts it more on let's work together to address these goals that we talked about and fixing some of these difficulties or problems. You might want to say something like the next step involves creating a treatment plan and hearing aids are a primary focus of that plan. But I think the key point that you want to make is that the patient knows that they have options.

Lisa Klop:

Yeah. I think clinicians have always struggled with that transactional process behind hearing aids. And I know you and I have talked in the past about something you call option talk and decision talk. I think it might be a good time for you to talk to our reader or our listener, sorry, about why you use those two terms and what they mean.

Brian Taylor:

Yeah. Now, I think that you bring up a really good point, Lisa, and that is, I'll just speak for myself as a clinician. I remember back in the early '90s when I started how stressful it is where you get into this situation, where you feel like you're trying to maybe push somebody into doing something that they don't want to do. And I think one of the lessons I learned in my years in the profession is that rather than trying to talk somebody into something that they might want to do, like, "This is the greatest object out there, why would you not want this?"

Brian Taylor:

I think a maybe more logical approach for somebody who's resistant to accepting your recommendation is to break up that last 10 or 15 minutes of the hearing aid evaluation into something I call option talk and decision talk. And option talk always comes before decision talk. And the way I look at it, the purpose of option talk is to demonstrate to the patient that you're really the expert around treatment options and hearing loss and that they can trust you to help them.

Brian Taylor:

It's a little hard to explain this without visuals but I'll try to do it. For option talk to really be effective, and remember, this is the last 15 minutes or so of a typical hearing aid evaluation appointment with a first time help-seeking patient. But you need some sort of a decision aid that's visual like a poster on the wall, a laminated sheet that you can share with the patient. You could even do this remotely with a website or sending the

person something and then going through it on Skype, something like that. But the visual aid is there to help teach the patient what the available options are. I believe that that decision aid, it has to be customized and branded to your practice. Every practice should have a slightly different version of the decision aid, but for this to work effectively I think there has to be at least five options on the decision aid.

Brian Taylor:

And the five options... imagine five columns on a poster that's in your fitting room or your exam room. And a column number one is, doing nothing at this time kind of status quo, continuing to not wear hearing aids. The second option or the second column might be, choose not to wear hearing aids and just do communication training. Communication training would be the second option, which of course, communication training could be just giving the person a list of things to do to help be a better communicator in background noise. It doesn't have to be more than that or maybe even direct them to a website or something like that where they can educate themselves on how to be a better communicator.

Brian Taylor:

The third column would be non-custom amplifiers. That's a nicer way of saying piece apps, I think. Hearing aids, hearing systems, and then the last would be implantable devices or cochlear implants. And now that I say, not as I started talking about this, it's actually six columns and that's five. Now of course every practice you might want to eliminate one of those options. But the way I look at it the decision aid has a photo or a couple of photos of each one of those six options at the top of it up the column, and then at the bottom and in brief language, maybe bullet points, you have a list of the advantages and limitations for each one.

Brian Taylor:

And then the whole thing becomes... for example, if a non-custom amplifier is one option, you might have listed under advantages, low cost, maybe something like it's better than nothing at all. It helps in some places of situational use and the disadvantages might be that it's only for mild hearing losses, that it's an unregulated product so the quality might be a little bit suspect. You having just some key points that you remind the patient about. You can have five, six options on here. The two that I think are the most important and that you're certainly going to use the most or talk about the most are hearing aids and hearing systems as the two primary options.

Brian Taylor:

And here is why I break that up. Hearing aids or a pair of hearing aids as you would expect, hearing systems are the hearing aids plus any accessories like remote microphones, TV streamers, even the smartphone with an app would be part of that hearing system. And here is why I like to separate hearing aids and hearing systems in my decision aid and there's data to support this. Hopefully most of you are familiar with the MarkeTrak 10 studies that were published earlier this year. They're a little bit hard to find because they were published in seminars and hearing, which I know not everybody gets it. I think you could probably Google it and find those and hopefully it's, I don't know, open access I'm not sure if you have to be a subscriber or not.

Brian Taylor:

But there's about six MarkeTrak 10 papers that were in that issue back in February of seminars. And the one that's most interesting to me related to the topic we're talking about today was authored by Erin Picou who's a Professor at Vanderbilt University. And in her MarkeTrak 10 paper, she found that there's a growing number of patients with wireless Bluetooth capabilities in their hearing aids. I believe that in the MarkeTrak 10, 54% of hearing aid owners said they had Bluetooth wireless capabilities. And in the MarkeTrak 9 from four or five years ago it was only 43% so that's a pretty significant rise or increase.

Brian Taylor:

It's also interesting that she found that about 20% of patients didn't know if they had wireless technology in their hearing aids or not. Think about that one in five patients really have no clue if they have Bluetooth capability in their hearing aids. Anyway, how does this relate to option talk and hearing systems? Well, here's a couple things to keep in mind. We know, I think all of us would agree and there's research to substantiate this that wireless Bluetooth technology has proven to be effective in background noise. When it's paired to a TV streamer, to a remote microphone, to a phone, it can lower the signal to noise ratio, the sound quality is better. It helps in a lot of challenging listening situations but it's pretty clear that that technology continues to be underutilized.

Brian Taylor:

What's really interesting about what Erin did was that she found that more than half of people said they had Bluetooth capability, but if you dig a little deeper in her study she also found that 68% of hearing aid owners didn't have a downloadable smartphone app that was compatible with their hearing aids. 79% of the people in the study reported that they didn't have a Bluetooth or a TV streamer and 80% reported that they didn't have a companion microphone. All of the things that you really need to make the wireless capabilities really pop, the majority of patients don't have those.

Brian Taylor:

And the other interesting thing she found, that of the 15 or 20% of owners who actually possessed those newer wireless features like the companion mic and the TV streamer and the app, even though it's a small number, two thirds of those patients are reporting that they use those features all the time, every day. What that really means, I think if you look at this study is it's a lost opportunity, that as professionals we need to spend

more time teaching, empowering, coaching, encouraging, whatever word you want to use, our patients to use hearing systems not just hearing aids.

Brian Taylor:

And I think this whole concept of using a hearing system with all of these assessors that are quite useful and under utilized now, I think that conversation starts during option talk when you're using a decision aid. And so I'm going to turn it over to you, Lisa, because I believe you're a real expert in this area. But when it comes to wireless accessories, if you could maybe share with our listeners some of the things that Signia brings to the table around that.

Lisa Klop:

I would love to, Brian. But number one, I just want to tell you really how shocked I am by looking at those statistics from Dr. Picou's study. I am going to share with our listeners, I'm not sure this is already podcast number 10, but share with them that I actually also have hearing loss and I use our technology and I know firsthand how these accessories and the apps can really enhance the quality of life from their experience with their hearing instruments. And we really have some great accessories. I'll start with our StreamLine TV, which I think is pretty unique because it allows our wearers to really enjoy great sound quality because we use Dolby Digital stereo sound to wirelessly send that TV signal.

Lisa Klop:

And Brian, if you were to have a camera in my house on a Saturday morning, I'd probably have my StreamLine TV on and listening to Spotify while I mop my kitchen floor. That's my Saturday morning routine, and just the sound quality of all of that getting streamed to my hearing aids is really amazing. And then the StreamLine Mic. Even now as we're doing this podcast my StreamLine Mic is paired to my laptop and sending our conversation to my hearing instruments wirelessly as well. And then

remember that the StreamLine Mic, I think I mentioned this in a previous podcast has dual functionality so I can use it as a companion mic. If I go out to dinner with a friend in some of these really trendy, noisy restaurants I can give that StreamLine Mic to my friend and really have a great experience being able to hear.

Lisa Klop:

But our Sydney app, I think our smartphone app is really something that I'm most excited about. It's really an all-in-one intuitive smartphone app that I use. Again, I'm one of those two thirds that use this technology and use the app on a daily basis. Our smartphone app functions of course as a remote control but it can also allow a hearing aid wearer to manage all of their streaming devices. And then some key functions, which I think really ties into our conversation with some things that are going on in our world right now with the coronavirus and hearing offices having to remain closed to patients to some extent in some areas.

Lisa Klop:

The fact that the Signia app gives our wearers access to TeleCare which is our telehealth application, and the new feature we call Signia Assistant which can work in conjunction with TeleCare to really support our wearers when they may not be able to get in to see their hearing care professional. And I'll tell you, looking at the time constraints of our podcast, I could say so much more about the Signia app, but I don't want to take up too much of your time when you have so much more to share.

Lisa Klop:

But I would suggest that if anyone listening really wants to get more information on any of our accessories or TeleCare, we have a whole team of professionals that are ready to help and support our listeners. And just reach out to Signia and we'll get you in touch with your clinical education specialist and be able to meet with you virtually to

talk more and take a deeper dive in to some of these accessories and apps. Could you maybe tell us how you might then transition from option talk to decision talk?

Brian Taylor:

Sure. Well, I think just to remind our listeners, option talk is best done high-level talking about the pros and cons of a number of different options. And the reason you want to do that I think is because if you listen to our series, you know that the whole idea of relationship-centered care is that, or patient-centered care is that both the patient and the provider bring something important to the table. The patient is the expert on their condition and what they go through every day and the provider is the expert on hearing loss and on hearing solutions.

Brian Taylor:

And so option talk is a great way to demonstrate to the patient your expertise in this area. And of course, 80, 90% of the time that two options are going to be hearing aids and hearing systems for the reasons we talked about earlier. And then it becomes an issue of which one do you choose? That's based on the information that you gather but it's your job to really articulate the reasons why you're recommending one of those options over another. And how you navigate, let's say for example, you've collected information that really tells you that hearing systems, hearing aids with these assessors are going to be the most beneficial option. That moves into a decision talk where you specifically say, "This is the reason I'm picking this." And a lot of that is predicated on what I think I call it your treatment philosophy.

Lisa Klop:

That's really an interesting concept. What exactly you mean by treatment philosophy though?

Brian Taylor:

Well, treatment philosophy is a little bit hard to, that's why it's hard to give specific examples but it's really your organizing principle and how you select and recommend hearing aids or how you might guide patients through the process. But specifically it's really your foundation. I call it your organizing principle about how you make decisions in your practice. Is it based on scientific evidence? Is it based on what other people in the practice or maybe your favorite sales rep has told you to do? Is it based more on fact or on anecdotes? There's really no right or wrong answer, so I encourage every provider, especially if you're working with a group of providers to agree on some fundamental principles that guide the decision making process with respect to recommending hearing aids and other treatments.

Brian Taylor:

And some of the questions you have to ask yourself is, should a patient have to pay for service? Do you bundle the service? Do you charge a fee for certain things? How do you address the unmanaged care side of the business? In fact, Lisa, this is such a big topic that I think over the next few months we'll probably devote an entire podcast to it. But I just wanted to make the point that treatment philosophy is something that everybody should think about and try to articulate.

Lisa Klop:

Yeah, Brian, that reminds me of some early conversations I would have with some of my hearing care professional friends when unbundling and bundling was really a hot debate, and we would spend a lot of time talking about the pros and cons of that. It definitely sounds like a topic for a future podcast and I'm sure our listeners are going to be very excited about that. But let's end today's podcast by talking about decision talk. How can a provider do that so it doesn't sound like you're trying to talk someone into buying hearing aids?

Brian Taylor:

Yeah. Well, I think the key phrase at least that I think about when it comes to decision talk, helping a patient make a decision or to make a recommendation whatever you want to call it is the phrase is informed a decision. You want to make sure that you're providing the patient and their companion with as much information as possible for them to make an informed decision, explaining why your picking a certain option over another. And I think there's really two ways that you can package that information to help them make an informed decision. The more traditional way is to use technology tiers, good, better, best, advanced, premium, basic, there's lots of different ways you can do that. That's the more traditional way.

Brian Taylor:

I see more and more providers doing something slightly different. They talk about treatment options, they call them... I use the term treatment packages. And where I see providers doing this out on the field and it really makes a lot of sense to me is it's a way to keep it simple for the patient when they're trying to make a decision and they're also trying to show the value of the service. In some practices they might have three treatment packages. And this is where treatment philosophy really is helpful because the primary treatment package might be whatever set of hearing aids or whatever hearing system helps maximize speech intelligibility in a variety of noisy situations. It might have at least seven bands of compression so that you can make... there's evidence out there that says you need about seven channels or bands in order to optimize your target gain when you do really your measures.

Brian Taylor:

That might be your standard package for... it's out of the 80-20 rule, the standard package is for 80% of patients out there. And then you might have a lesser treatment package, lesser in the sense that it costs less money and maybe it's entry-level technology and maybe it has a lesser number of visits attached to it. Some people call that their managed care treatment package. And then on the other end you might have

a premium treatment package that has the latest bells and whistles and maybe more service visits tied up into the price.

Brian Taylor:

Just a couple... I think when it comes to helping a patient make an informed decision you have to decide, "Am I going to use technology tiers the traditional way or am I going to go more the treatment package route?" And then how many choices are going to be on your decision aid? Is it going to be three or four? I personally think three choices are better than four. And then you want to make your middle choice I think the most appealing. And like I said, your treatment philosophy determines exactly what's in each one of those packages. Stay tuned, Lisa, I guess we'll talk more about this in upcoming podcasts.

Lisa Klop:

Yeah. Brian, once again you've given our listeners a lot to think about. Thank you everyone for joining us again for our latest installment of the Signia podcast on Interpersonal Communication and Audiology, and we look forward to you in podcast number 10.

Brian Taylor:

Sounds good, bye.

Lisa Klop:

Bye.