

***This unedited transcript of a AudiologyOnline webinar is provided in order to facilitate communication accessibility for the viewer and may not be a totally verbatim record of the proceedings. This transcript may contain errors. Copying or distributing this transcript without the express written consent of AudiologyOnline is strictly prohibited. For any questions, please contact [customerservice@AudiologyOnline.com](mailto:customerservice@AudiologyOnline.com).***

**Signia Podcast Series: Interpersonal Audiology - Patient Centered Communication and Customizing the Patient Experience with Brian Taylor (Podcast 10 - Teleaudiology and a Blended Approach to Care)**

**Recorded July 20, 2020**

Presenter: Brian Taylor, AuD  
AudiologyOnline.com Course #35346  
Partner: Signia

Lisa Klop:

Hello everyone. Welcome again to our Interpersonal Audiology Podcast Series. We're at podcast number 10. I am Lisa Klop. I am part of the clinical education team with Signia and with me today, as usual is Brian Taylor. Once again just to introduce Brian, he's the director of clinical content development for Signia. He does have a textbook that he coauthored with Gus Mueller that's going to be published later this year by Plural called Fitting and Dispensing Hearing Aids. He brings with him a wealth of experience after 28 years of clinical and business experience. I know we've probably said this over and over again for each podcast Brian, but my goodness, times sure flies. This is podcast number 10 on patients centered communication.

Brian Taylor:

Yeah, the world has definitely changed since we started recording these podcasts back in, I guess it was February or March. I know there's a lot of ground that we've covered and some new opportunities now that the world has changed for us.

Lisa Klop:

Yeah, that's for sure. When we began recording the series, it was really business as usual out in the world, and patients were able to visit our clinics for in-person appointments. Even though telehealth and teleaudiology existed, no one in the US really relied on it and it was interesting with my current role with Signia is watching the jump and the number of hearing care professionals that wanted information or wanted additional training on Telecare, which is our telehealth application, and they needed it quickly, right? Now most practices are actually using teleaudiology in some capacity

Brian Taylor:

Mm-hmm (affirmative). It's unbelievable. I've never seen anything like it in my time in the industry, how everybody was forced to do something completely different. Anyway, I think because of the reliance on teleaudiology, we've decided to continue to focus on

interpersonal audiology and patient centered communication, but now we want to weave teleaudiology into it and talk about some of the concepts that are being utilized out there around remote visits with Skype or any other HIPAA compliant virtual platform.

Lisa Klop:

Yeah. Maybe a good start for our listeners would be for us to define teleaudiology.

Brian Taylor:

Yeah, that's a good point. I think that I don't know of any official definition. I think that it's still a work in progress, but I can tell you, when I think of teleaudiology, I think about it as the utilization of remote or virtual technology to provide audiological services that are within your scope of practice. I do think that you can divide the world up into two different teleaudiology services. One type is been around probably longer. It's been used in places like Alaska or in the VA has dabbled with this. It's where you have a remote satellite office and a person can go into that satellite office, and then there might be a non-licensed professional there that helps them put the headphones on or helps them navigate the computer.

Brian Taylor:

Of course, with COVID, that's not really feasible if you're having to do a lot of social distancing, so that the other type of teleaudiology though, I think we're going to focus more on in our podcast coming up is services that are done by the patient at home utilizing their own smartphone, using their own laptop, computer using Wi-Fi and using those tools at home. Then from the audiologist's point of view, it's the ability to do video otoscopy, remote hearing tests, remote hearing aid fitting, programming, virtual case history, counseling. It's really whatever remote or virtual tool that happens to be HIPAA compliant or within your scope of practice, as long as it's vetted or approved by our professional organization, they could be used as part of teleaudiology.

Lisa Klop:

Yeah, I agree, but you're right, providers really do need to conduct their due diligence on any teleaudiology tools that they might decide to use. I know there's been some excellent audiology online webinars, and there's an article on the hearing journal and hearing review on many of the technical details of actually setting up a teleaudiology service, but I thought we could talk about how teleaudiology services could even compliment in-person patient center communication.

Brian Taylor:

Yeah, that's a good place to start. I think it's important to narrow our focus, and I think it's also important that we don't get overwhelmed with the technology and think about how can we use the technology to improve outcomes with our patients or improve hearing aid uptake, or help more patients. Think about teleaudiology as a tool, and I think a good place to start is to remind ourselves that in my opinion, our primary responsibility as hearing care professionals is that for patients who are ready to take action, that they experience optimal benefit from their hearing aids within a reasonable timeframe. I think within 30 to 60 days of a person acquiring hearing aids is when they should be experiencing optimal benefit from them.

Brian Taylor:

From optimized benefit, I think flows two critical things. One is a person for obvious reasons is going to become a better communicator in everyday listening situations, but there's another I think critical benefit that we sometimes overlook and that is people that wear their hearing aids on a full time basis, they experienced a lot of health-related benefits, like the slowing of the trajectory of cognitive decline, the reduced risk of falling, all of those things strive from a patient optimizing benefit and that really, in my opinion, is all about us trying to turn as many new hearing aid owners as possible into all day consistent every day hearing aid wares.

Lisa Klop:

Yeah, I couldn't agree more. Even with everything that's happening with the coronavirus, I would even take a leap to say there's going to be a subset of consumers that are going to be ready to pursue hearing care sooner rather than later because of the challenges that all of this comes into play with the fact that they're at home and TV is a bigger part of what they're doing, or having to communicate with their family, or friends or being out and having to wear a mask and being able to hear people through the mask.

Lisa Klop:

This could be a driver for patients and I don't think that we should be expected to have that expectation of receiving improvement in their quality of life through better hearing from what we did pre-COVID to post COVID with that acknowledgement of benefit within that 30 to 60 days that you mentioned.

Brian Taylor:

Mm-hmm (affirmative).

Lisa Klop:

How can we fit teleaudiology into this whole equation though?

Brian Taylor:

Yeah, no, I think you're right. It's an exciting time because there are a lot of patients out there that you think about you take a hundred patients in your clinic and you fit them all with hearing aids, some of them need quite a few visits, and it's not always easy for them to get into the office. Now we have some tools that allow you to take better care of them without inconveniencing them, and they actually can be more efficient from you, and could talk about some of those things a little bit later on in this

podcast, but again, I want to reiterate this. I think it's important to think of tell audiology as just another tool to help further the patient provider relationship.

Brian Taylor:

It's about the relationship and the tools are there around tell audiology to help further that relationship. I think it helps to think that in order for us to get more people with hearing loss to be full time all day hearing aid wares, I think of two really important details where teleaudiology can help us. Again, it helps to step back, get away from the technology, and think about it from the patient's perspective and what we need to do to really help them. The first important detail I think is to think about the patient journey or what I call key milestones that we need to think about if we're trying to optimize benefit. Here, I'll tell you the five milestones that I think of. Here they are.

Brian Taylor:

Number one is preparation and assessment. Number two is goal setting and treatment planning. The third milestone is hearing aid fitting and onboarding. The fourth milestone is initial followup and the climatization, and the fifth milestone is problem solving and longterm aftercare. That's really the patient journey, the five steps along the way. We need to have both an in-person and a remote way to work with each patient at each one of those five key milestones. Of course, we know we can talk about this, but I think some of these milestones are better suited for in-person visits and others can be supplemented with Telecare.

Lisa Klop:

Yeah, I think you're probably right. You talked about the first detail, the patient journey and these milestones. What's the second detail?

Brian Taylor:

Well, I think the second detail is that you have to have a plan or a process in place that increases the probability at each one of those milestones that the person is going to be a full time wear and therefore, if they're a full time hearing aid wear, they're more likely to experience those optimal outcomes. I guess maybe I state it a different way. For each one of those five milestones, you have to have a roadmap or a repeatable process in place. Again, rather than focusing on teleaudiology per se, I think it's more helpful to focus on the process that will increase the likelihood that you're optimizing the patient's outcomes. One way to do that is embracing and using best practice protocols for each one of those five milestones that I mentioned.

Lisa Klop:

Yeah, I know that was a pretty hot topic about what 10 to 15 years ago.

Brian Taylor:

Mm-hmm (affirmative).

Lisa Klop:

I think it was about, yeah, 2006. I think that AAA published an evidence-based clinical protocol for adults and their hearing aid fittings. Should providers just use that almost 15-year-old protocol and adapt it to their teleaudiology business?

Brian Taylor:

Well, it wouldn't be a terrible thing if they did that. I remember back in the maybe mid 200s, 2005, JAAA published a really useful special issue on evidence-based practice and from that issue came a specific evidence-based guideline for adult hearing aid fittings. I think [Mike Valenti 00:12:31] was the lead author of that and you can certainly use that, but things have changed since then. A lot more people are using the internet. We have wireless capability in our hearing aid that really didn't exist back in 2005. I actually have a better idea for a current protocol that people can use. Again, the idea

here is know the milestones, develop a protocol, and then you can plug in teleaudiology down the road, but let me share with you.

Brian Taylor:

This was an article that was published in ear and hearing I think a few months ago. It may be one of those published ahead of print, and some of our listeners might be aware of what's called the ACHIEVE study. It's actually a study that's being conducted right now. It's numerous sites around the country. Some people might be familiar with Nick Reed and Frank Lin at Johns Hopkins. They're a couple of the main researchers and in this ACHIEVE study, they're investigating the effects of hearing aid use on cognitive function and rates of cognitive decline in older adults. This is one of those randomized controlled, well-designed longitudinal studies that people are really waiting for to see what the effects of hearing aid use are on cognition.

Brian Taylor:

It's done by some elite researchers. As some people might gather, ACHIEVE is an acronym. It's a little bit kind of a weird acronym. I can tell you that ACHIEVE stands for Aging and Cognition Health Evaluation in Elders, a hackneyed acronym, but it's interesting. Anyway, the reason I'm mentioning this is because before they really got the study going, they developed a protocol. The reason they developed a protocol is they needed some structure around how they were going to conduct the study, and they were basically asking the question, what clinical procedures, what clinical tasks lead to optimal outcomes. Outcomes being defined as an improvement in participation in daily activities better, higher quality of life, those kinds of thing.

Brian Taylor:

Frank Lin, Nick Reed and others that are involved in this ACHIEVE study, they assembled a panel of experts and they were looking for clinical procedures that led to the best outcomes from hearing aids. They were looking for clinical procedures that

patients could comply with that were reasonable for them to do, and they look for clinical procedures that could be delivered in a timely manner. Lisa, I bet you're wondering what are some of the components of the ACHIEVE protocol?

Lisa Klop:

Yeah. Brian, actually, I really appreciate you bringing this to my attention. I actually wasn't aware of ACHIEVE. I appreciate that acronym too by the way. I think we've all been waiting for how does hearing aid use support or prevent some of those comorbidities that we've been talking about for the past several years. I'll just say that first and then, yeah, I'm really interested in hearing about the protocol itself and the components of it. Sounds pretty comprehensive. I'm hoping it's not time consuming and if it's not, I believe parts of it could be really completed quickly using teleaudiology. Maybe...

Brian Taylor:

Well, let me explain the...

Lisa Klop:

Yeah, please.

Brian Taylor:

Let me explain the protocol, and it's the thing really new that people haven't seen before, but what they developed in their ACHIEVE protocol was spread over six or seven visits over like 60 days, not surprise otoscopy, admittance testing, both tympanometry and acoustic reflexes, pure tone audiometry air and bone, word recognition and quiet, speech and noise testing with the QuickSIN, the cozy as a goal setting process. Some of these things we talked about in prior podcasts. As part of their protocol, they had some online things people could do around helping them

become better self managers of their condition. Some people might recognize the act of communication enhancement.

Brian Taylor:

It's an online module that was developed by some Australian audiologists. Another self-management module developed by Mel Ferguson at the UK who's now at NAL. The module's called C2Hear. The letter C, the number two, H-E-A-R. You can find that on YouTube. Probe mic measures using the IOI-HA as an outcome assessment tool, so that was all part of the ACHIEVE protocol. Not only did the researchers agree on this protocol, what was interesting in the article is they also then develop some timeframes, like how long each appointment would last on average and how likely they were to be a full time user if they completed certain parts of the protocol. Anyway, Lisa Long story short, that's the ACHIEVE protocol. It's pretty comprehensive, don't you think?

Lisa Klop:

That is pretty comprehensive, and thanks for that additional detail because I think now knowing that, I don't think it would be very time consuming, and could weave its way quickly into using teleaudiology. Maybe you could talk a little bit more about that, how the protocol could actually be used in conjunction with teleaudiology.

Brian Taylor:

Sure. Well, I think that the teaching point here is that I think every clinician really has to have their own protocol, patient centered, standardize, repeatable step-by-step. I think the ACHIEVE is the one that I would recommend just because it's got data to support its effectiveness. I think it is something that most clinicians are at least familiar with a lot of the components, but here's the idea that I want to emphasize next, and that is some of these procedures within the ACHIEVE protocol or really any clinical protocol

that's backed up by any data can be done using telehealth tools. For example, I said, one of the milestones was preparation for the visit.

Brian Taylor:

That was milestone number one if I remember that I talked about preparation and assessment. Well, some of those things, we talked about the HHIE as a tool to use in the goal setting process or triaging questions. Those are all sorts of preparation. You could do some of those things via Skype, for example, before the patient comes into the door, so that you maybe have to spend less time with them face to face. You can begin a lot of those things using teleaudiology or remote care, and then you could bring the patient in maybe for one of those visits, instead of three or four. That whole concept of picking and choosing when you're going to use remote teleaudiology services and when you need to have the person in face to face for a visit, the term I use is blended care.

Lisa Klop:

I really like that term, blended care. It's descriptive. I like how the patient and the provider get to decide together, when they can connect in-person and when they might connect remotely. The technology is really promoting or supporting the relationship, not the other way around where the relationship is subservient to the technology.

Brian Taylor:

Yeah, that's really one of the points I want to focus on now that we've mentioned it two or three times, and the technology is a tool. We're not subservient to the technology. It's about how do we use the technology to improve the quality of the interaction or the quality of the relationship with the patient? I really think that this blended care model is going to have a lot of value, even after the pandemic is over, because there are so many patients out there over the first 60 days of hearing aid use or even 30 days of hearing aid use that need multiple visits to optimize benefit. We'll talk about this in

future podcast, but some of those patients give up because they're not seeing their provider enough and it's hard to get in to see them.

Brian Taylor:

The provider's booked. The patient can't find a ride, can't get off of work, and so the hearing aids end up in the drawer and that no one wants that. Telecare or this blended care model really can I think be incredibly effective, and I already alluded to this earlier in the podcast, but I want everybody that's listening to think take your next a hundred or your last a hundred first time hearing aid fittings. I'm willing to bet that in most practices, you could chart their sequence of appointments on a bell shaped curve that looks a little bit something like this. On one tail of the bell shaped curve, I think that there's a relatively small number of patients that return for one visit and some for no visits for followup care.

Brian Taylor:

I was part of a study a couple of years ago in a practice in Texas, and I was really surprised by the number of patients that didn't come back for any followup care. It was like 20%. Anyway, that's the tail of the bell shaped curve on one end and now on the other tail of the bell shaped curve, you have a lot of patients that need maybe say more than five visits over the first 30 to 60 days to get things right. Of course, most patients are in the middle of that bell shaped curve and they need somewhere between two or three, maybe four appointments with the provider over their first year. Now, I think all those patients want to experience maximum outcome.

Brian Taylor:

Some of them just take more time to get there, or they run into more roadblocks, and that's where this blended care model could really be effective. You could use teleaudiology to help drive outcomes in a more efficient way. You can make it more convenient for the patient. You can empower them to take a more active role in

achieving the outcomes because they have to use the technology on their smartphone app to connect with you. You're empowering the patient I think when you do that and which I'm excited about Lisa because I know that Signia is really a leader in this area, so I thought maybe it would be helpful if you could share your expertise around some of the Signia teleaudiology tools that are available to our listeners out there and how they fit into a blended care model.

Lisa Klop:

I would love to. First Brian, our listeners might be surprised to know that Signia's Telecare has been around since 2016. Back then, it began just as a web-based portal and allow for some basic adjustments only, but this has been expanded to now include full live remote tuning through our software, which is pretty exciting. While the fine tuning aspect is certainly something that's extremely important, especially in our current situation, but Telecare does go far beyond that and I think it fits nicely into our talk about blended care. It really allows for the ability of the hearing aid wearer to stay in close contact with their hearing care professional with some tools.

Lisa Klop:

One includes a messaging tool, but other is ability to rate their daily satisfaction with their hearing instruments. You touched on with the milestones, number one that prep for a visit, and I think that can include not just the initial visit, but also followup visits and this ability for the wearer to rate their daily satisfaction and message their professional really gives the professional a lot of insight as to what's been going on with the wearer since they left after their hearing aid fitting, right? It gives them that much more information to know, okay, this is how I need to prep for this visit based on the messages I may have received from the wearer and based on how they've rated their hearing instruments since I saw them last.

Lisa Klop:

That's pretty exciting, and then there are some other tools, some handling videos, some troubleshooting guidance and hearing lessons, allowing our awareness to get that added hearing aids support and promoting hearing aid acceptance potentially. Any time there are issues with those lessons, then our hearing care professionals get that insight right through their Telecare portal. That's pretty exciting and how it might fit into this whole concept, but we have a new feature. It's the Signia Assistant. We like to call it a live neural network in the form of an assistant for the wearer, and it's built into our app, the Signia app. It's really sophisticated because the app actually based on how our wares interact with it, continually acquires new skills and insights to better provide support.

Lisa Klop:

It offers solutions and some general listening situations. The wear can tap on a topic of interest and the app automatically will guide them through a process to improve any particular issue. I think this is an important side benefit and works well and seamlessly with Telecare to provide that added support. No hearing care professional out there, if you're concerned about this that the wearer can restore the settings to their initial connect session at any time. Then also again once the hearing instruments are read out in the office, you're going to get that added insight once again, through the software telling you exactly how the patients interacted with Signia Assistant and any adjustments that have been made.

Lisa Klop:

I think it really fits nicely into this concept, Brian and our discussion today. Really I'm excited about this concept of blended care. I think we should maybe wrap up the session by considering offering more webinars and podcasts on that topic itself.

Brian Taylor:

Yeah, no, you read my mind, Lisa. I think that now that we've done 10 webinars or 10 podcasts on Interpersonal Audiology and relationship centered care or communication, we can change it up a little bit, and let our listeners know that we're going to now create a series around blended hearing care and how these tools can be put into practice to help optimize outcomes, to increase wear satisfaction, how we can best implement an evidence-based protocol using blended care, those kinds of outcomes around those five milestones. There's a lot to talk about.

Lisa Klop:

Fantastic. I'm really looking forward to it. I'm sure our listeners are as well.

Brian Taylor:

Yeah, I know. Yeah, so we'll start those podcasts in August.

Lisa Klop:

Sounds good to me.

Brian Taylor:

All right.

Lisa Klop:

Thanks everyone for tuning in.

Brian Taylor:

Thank you. Thanks, bye.