

***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: The Business of Blended Hearing  
Care with Lisa Klop and Brian Taylor (Podcast #1 -  
Patients are Now Customers: The 5 Demands of the  
Modern Consumer)

Recorded Date: August 17, 2020

Presenter: Brian Taylor, AuD; Lisa Klop, AuD  
AudiologyOnline.com Course # 35452  
Partner: Signia

- [Lisa] So welcome, everyone, to our new Signia podcast series, "The Business of Blended Hearing Care" with Lisa Klop and Brian Taylor. I am the aforementioned Lisa Klop, and I am one of the managers for the clinical education team. And along with me today, and through this series is Brian Taylor, who I am very pleased to call a valued coworker and colleague. He is the director of clinical content development for Signia.

- Welcome, Brian.

- [Brian] Thanks Lisa. It's good to be with you and it's good to be recording another series of podcasts. Just like the first series, I think this series is going to be multi-segmented, and we'll address a different topic. The topic this time will be blended hearing care. And specifically, I think we plan to discuss how the COVID-19 pandemic is changing the way hearing care is delivered and the long-term impact that many of these changes are likely to have on our profession, even after the pandemic is over.

- [Lisa] So blended hearing care. Me, along with our listeners, are probably not very familiar with this term. Maybe you could explain the term and where it comes from.

- [Brian] I'll give it my best shot. Back maybe five or six months ago, I wasn't familiar with the term either, but I actually learned about it before the pandemic. I was in Australia, and that's a very common term among audiologists there. The term was actually, according to my understanding, was originated by a couple of research audiologists there, Elaine Saunders and Peter Blamey, who coined the term blended hearing care, which really tries to combine in-person care with remote care. And as many of our listeners probably imagine, Australia is a pretty spread out place. It's got a lot of rural territories where it may be several hours drive to get in to see an audiologist. And so they set up the system where people can come and engage with the practice remotely, and then when they need to, they can do in-person care. So it's really a

balance. And what I learned from Saunders and Blamey and what they do in Australia is that blended care has three components to it. Number one, like I said, it combines in-person and remote teleaudiology, which really means that the person with hearing loss is able to log in from home and connect to the clinic, using their laptop and wifi or their smartphone. The second component to blended care is that the provider and the patient decide when they want to use each of those respective components. When do they want to use? When do they want to engage in person? When do they want to engage in the virtual world? And the third component, and this is more my opinion than something I learned down there, and that is that I think that blended care has the potential to enhance patient-centered, or relationship-centered communication, something that we talked about in our interpersonal audiology series and also a patient outcomes.

- [Lisa] So you've given us a lot to think about with that explanation, but I think we might need to unpack it a little. First, I think we should talk about teleaudiology and what you mean by that.

- [Brian] Yeah, I think that's a fair question. We should probably unpack that title teleaudiology, since it's used a lot over the last few months and, you know, maybe has different meanings. So teleaudiology has been around for a long time actually, for about 20 years, definitely before the pandemic hit in March. First, I think you can define teleaudiology generally by saying that it's the utilization of telemedicine or remote or virtual care to provide audiological services. And it enables the hearing care professional to work at almost a near their full scope of practice. You know, there's a few things you can't do in the teleaudiology world, but as far as the way I look at teleaudiology, there are three primary applications. Number one, there's remote hearing assessment and risk assessment and kind of the case history. So that can be done in the virtual world. Number two, the second application would be remote hearing aid fitting and hearing aid adjustments. And the third primary application to

teleaudiology, I think is remote counseling and rehabilitation. And, you know, so we can take probably the second and third application, remote hearing aid fitting and adjustment and counseling and rehab. And maybe Lisa, you can take those applications and maybe share with us some of the tools that Signia has developed in this area.

- [Lisa] Yeah, absolutely. I actually am a huge fan of Signia's telecare, and I always like to remind people that we were really innovators when it came to developing an application for remote adjustments or even, you know, it goes way beyond the adjustments, but I think that's sort of the primary functionality that we think about, but you also refer to counseling and rehab, and I think telecare goes a lot in that realm as well, in addition to a new feature that we have with our app called Signia Assistant. So telecare, while it can allow a full live remote tuning, that's basically any functionality that you find within our connect software. A hearing care professional would have the ability to make those adjustments to their patient's hearing aids remotely. And of course, as you can imagine, this application telecare has become much more in demand in recent months. And, you know, we're pleased that that providers are coming on board with sort of the remote care or remote adjustment aspect of the application. But it also can be a tool that our hearing care providers can use for the counseling and rehabilitation portion too, because there are features within telecare that allow the hearing instrument wearer or hearing aid wearer to access hearing lessons within their app, the Signia app, which is what is the interface with telecare that's the wearers tool that they use. And then the hearing care provider gets real time access to any questions that a hearing aid wearer would have. I like to say it sort of eliminates any blind spots, you know, between when a patient sees a professional or when they can return to the office. So it's a way for the connection between the hearing care professional and the patient to be ongoing, even when it's not in person, which we know how important all of that is and in this day and time. The patient also has the ability to rate their listening experiences. And again, that hearing care

professional through the telecare portal would have real time access to all of those ratings and even gives them some alerts when there may be a particular rating or something in particular the hearing care professional should pay attention to and might want to reach out to the hearing aid wearer. And then the Signia Assistant, we'll talk more about that in a bit, but I know that giving our hearing aid wearers an opportunity to kind of be able to address any difficulties they may have right through an app in real time, and then, you know, being able to provide the hearing care professional, in addition to what we did with telecare, they can also access some of this real time information. So it really enhances, I think, the experience for the hearing aid wearer and then gives the hearing care professional, a lot of tools as well. I mean, I could talk about telecare all day. We know that's one of my favorite things to talk about. I think there may even be a podcast that I did on telecare itself or remote care. So let's go back to blended care. You also mentioned that blended hearing care has the potential to enhance relationship-centered communication and outcomes. Could you tell us what you mean by that?

- [Brian] Sure. I think there's probably three things that lets our listeners have to keep in mind with respect to how blended hearing care fits into relationship-centered communication and just general outcomes. The first thing I think that they need to remember is that patient outcome is multidimensional, that it involves improved ability to understand speech and noise, increased participation in daily activities, daily use time of the hearing aids and all of those dimensions that I just mentioned and a few others I probably forgot, but all those dimensions of outcome can be measured in the clinic. And it's important to do that in order to gauge patient success. I think the second thing to keep in mind with respect to blended care and relationship-centered communication and outcomes is that, and we talked about this a lot in the interpersonal audiology series, and that is the interaction between the person with hearing loss and the hearing care professional. That relationship is the most important driver of outcomes. I mean, there's a fair amount of evidence that would suggest that

at least that the relationship between the person with hearing loss and the provider is more critical than the degree of hearing loss or even the level of hearing aid technology that the patient is wearing. And then the third consideration, and we also mentioned this in the final podcast on interpersonal audiology, I talked about what it's an acronym called ACHIEVE. It's a group of researchers that are looking at the relationship between cognitive ability and hearing interventions, and in their study, they found that at least in a preliminary study, that they did their evidence that a clinical protocol increases the probability of successful patient outcomes. Really the bottom line of that study, really one of the more interesting things from that study. One of the more practical applications I should say is that on average, it took about five hours of clinical time spread over five patient visits to the clinic within about the first six months of hearing aid acquisition to achieve optimal outcomes. That kind of bears repeating. So this achieved study said that for a patient to achieve optimal outcomes, they really need to come into the clinic five hours spread over five visits within the first six months, you know, from the first visit being, getting a hearing assessment to the end of the six months, which is the person who's wearing the hearing aids and just coming in for periodic checkups. So that study kind of serves as a reasonable template in clinical practice.

You know, over the course of the first six months of hearing aid use the hearing care professional needs to commit about five collective hours of time spread over those five visits to optimize outcomes. But here's the really interesting thing. Here's the rub, I think, Lisa, and that is five hours of clinical time for the hearing aid care professional. You know, that's reasonable for us, but you think about it from the perspective of the patient. That five hours of clinical time is probably like 10 or 15 hours of patient time. They have to drive into the office, they have to wait to see you. They have to drive back to work or back home. So it takes a lot more time and effort on their part than it really does in our part in the clinic. And one other thing that I think is pretty interesting here that we should probably talk about is, and this goes back to a 2010 market track seven

survey that showed that hearing aid wearers are more likely to report successful outcomes if we can keep the number of followup visits to less than three during the initial 60 to 90 or so days of initial use. So you were talking about how great telecare and Signia Assistant is. Well, here's the beauty of those tools is that they supplement or enhance patient visits. They can add touch points and make it convenient for the patient and that extra touch point then can lead to more successful outcomes. So we can replace a couple of the in-person visits with Signia Assistant, remote care, especially visits for hearing aid adjustments. Then we can create a unnecessary patient touchpoint, but we can do it in a way that's more convenient for the patient.

- [Lisa] Yeah, Brian, you're preaching to the choir here. I think it's a really great point, and I think it speaks to the value of Signia Assistant. And in case you couldn't tell, I am really excited about this new feature and our app because it allows patients that are fit particularly with our Bluetooth-enabled hearing aids on our new platform called Experience, to be able to open the app and then just tap the Signia Assistant icon on demand whenever they're experiencing difficulty in any particular situation. And then this feature within the app is going to walk them through, you know, some simple interactive questions. And then Signia Assistant is actually gonna propose some solutions that they can apply and be able to experience and benefit from right on the spot. And then, you know, on the flip side, if something thing that the assistant proposed didn't work, it's still gonna allow the hearing aid wearer to even revert back to the previous settings, if they need to, I actually have a patient experience I would love to share.

- [Brian] Great.

- [Lisa] Yeah. I think this is a really great example of improved outcomes because in this case, and you referred to this earlier, that it's an outcome improvement, not only for the patient, but also the hearing care professional. So in this case, the patient was

new to hearing aids, the hearing aid professional program, the hearing AIDS appropriately, but used a new experience level anticipating, you know, needing to climatize or get the patient gradually to the optimized settings. But the patient went out into the real world, first time hearing aid wearer and then decided that in one particular situation that he wanted a little more gain. So he went into Signia Assistant and that, you know, whatever proposal the patient presented to the assistant, the prescription from the Signia Assistant was to increase the gain. And so, when the hearing aid wearer returned to their hearing care professional, they were able to read out the new settings within our software. So, you know, that's the benefit for the hearing care professional. They get a little insight as to, you know, the experiences that the patient had and what they needed to kinda correct it. But what was interesting in this particular case is once the hearing care professional read out the changes that Signia Assistant had made, he reiterated it to the patient, well, these are adjustments exactly what I would have made anyway, you know, gradually climatizing the patient to the optimized setting. So the end result was the patient was happy because they could hear better. And then the provider was happy because the visit took less time because the changes were already made. So, you know, since this is our first in a series of podcasts on the business of blended hearing care, I'm gonna turn it back to you. I think we should discuss why blended care is something to pay attention to, and begin seriously implementing in daily clinical practice. So, Brian, can you tackle the quote, unquote why of blended hearing care?

- [Brian] I'll give it my best shot. I think that the example you gave is a really good case study of, you know, blended care in action and how it benefits both the patient and the provider, but back to the why of hearing care. I think it really boils down to one important overarching factor. And it's not a factor that's new, you know, it's been around I would say since the popularity of the internet and shopping online and doing comparisons, kind of, you know, shopping online, that kind of thing. And that concept is patients are now not really patients as much as they are customers or consumers.



You know, if you think historically patients, you know, think about a medical practice, you know, 20 years ago, or so patients in a situation like that were very passive, uninformed. You know, they just kind of came in, they didn't know maybe a lot about their condition and they were at the beck and call of the professional. But now I think more and more, and again, this is not a new phenomenon, but it certainly has gained traction over the years, largely because of the internet, like I said, but consumers are savvy. They're involved in the entire purchasing process. They want to be involved in their own healthcare decisions. And, you know, patients in the traditional sense, they don't think about choice, while consumers or customers, they relish a wide range of options. They wanna shop around. They want to see what's out there. They want to be involved from start to finish in a lot of ways.

As a result of this transition, patients are now being are now thought of as consumers. I think a result of that is when it's time to seek medical attention or hearing care attention, consumers want their healthcare professionals to provide care on their individual terms. You know, they want to go in when it's convenient for them, if you have access via remote technology, I think some people like that and they want to be involved in it, you know? And I can think of all kinds of, I mean, everybody has stories like this in their own practice. You know, people, if they were practicing 20 years ago, people came in and they didn't have a lot of information about hearing aids, and you know, they were basically, like I said, at the beck and call of the provider. But now, you know, they shop around. There's all kinds of easy-to-use tools that help you compare us and shop, compare features and benefits across manufacturers. You know, you can go to a place like Hearing Tracker and you can read reviews of providers in your area. You can read reviews of different hearing aids. It's almost too much information and you really need somebody to help you sort out the information, you know, so you compare a 70 year old, 20 years ago and how they interacted in our marketplace for hearing care versus a 70 year old today, and it's very, very different, I think. But anyway, I think for me, you know, kinda studying this phenomenon over the last several

years, I think there are five hallmarks of consumers that hearing care professionals need to be thinking about. So what I'd like to do is introduce those five hallmarks or characteristics here today. And then throughout this series, we'll go back and revisit each one of these five and go through in more detail, how these different hallmarks impact the blended care, the blended hearing care model. So here are, I call these the five demands of the modern hearing care consumer. So number one is they Google and they comparison shop, which means that they know they have options, and they're willing to scout those options out and do their homework to find out what option might be best for them.

Number two, I think most consumers appreciate price transparency, meaning they expect to know what the cost is or what they're getting for the money. And they want that process to be transparent. And this is a place where healthcare, I think has really not been very transparent about prices. You could argue that hearing care has not always been this way, but you know, how many times have you gone to the doctor and know what you were paying for different procedures? You know, I can think of my own experiences where you went to the doctor and then a month later you're stuck with a really big bill, and you find out the insurance only pays a fraction of it. That's the lack of price and transparency. As a patient, we kind of accept that, but consumers never, or very rarely put up with a lack of price transparency. That brings us to the third hallmark of consumers, and that is something I call efficacy of care, which means that what you are buying is beneficial. That this is especially true I think in healthcare that what you're buying is proven to work, which brings us to the fourth one, which is very much related to the third. The fourth hallmark is customers expect some type of quality metrics that like I said, that we can measure the outcome and that we can prove to them that that outcome or what they're buying is effective or that it's actually working. And so of course, outcome measures taking the time to do those kinds of is even more important when you're dealing with the new consumer today, more so than ever before. And then I think the fifth hallmark is that many, many customers kind of expect and really crave a

memorable and an engaging experience, memorable engaging, but also convenient. And they expect that memorable engaging in convenient experience to be some type of interaction with a compassionate, caring expert. So Lisa, those are the five hallmarks, and I hope that we can go back and revisit them throughout this series. And we can show how blended hearing care really fits into, you know, kind of lifting all those or addressing all those five characteristics.

- [Lisa] I hope so, too. I'm actually really excited to see that we have an opportunity again, to have a series of podcasts that our listeners can benefit from. And I really appreciate the fact that you're differentiating, you know, a modern hearing care consumer, because I think you and I have both been in the field long enough to see how this is kind of transitioned over time. And I think it's something that our listeners should pay attention to, and I'm intrigued by all five. And I'm looking forward to being able to dive a little deeper into those as the podcast series goes forward. So again, I look forward to exploring this concept of blended care with you and our listeners over the next few months. Thank you for joining us today again, and listeners look forward to a future blended care podcast in the future.

- [Brian] Sounds good, Lisa. If I could interject one thing from earlier, I mentioned the ACHIEVE protocol again, achieve as an acronym. I believe it stands for aging and cognitive health evaluation in elders. And I talked about an ACHIEVE protocol. Well, you can actually find that study in the journal "Ear and Hearing." I wanna make sure I mentioned this because I had threw that term around, and I really didn't define where it came from. That achieved protocol was published in "Ear and "Hearing" if you get that journal. The lead author, Victoria Sanchez, who is at the University of South Florida, in addition to her co-authors, Nick Reed, Franklin, Theresa Chisholm, you probably, some of you have heard those names. So anyway, before we signed off on this podcast, I wanted to at least give people a little bit of direction on where they can find that.

- [Lisa] Absolutely. I'm glad you did. And yes, those names are very familiar, and I'm sure they are to our listeners as well. So thanks again, everyone. And we look forward to you joining us for our next podcast.

- [Brian] Sounds good. Thanks, Lisa. Thanks. Bye, everybody.