AuDACITY
Ahead of the Curve.

Service Selection and Implementation

Kathleen Wallace, Au.D.

Background

New York City Healthcare Systems

THE GRADUATE CENTER
CITY UNIVERSITY OF NEW YORK

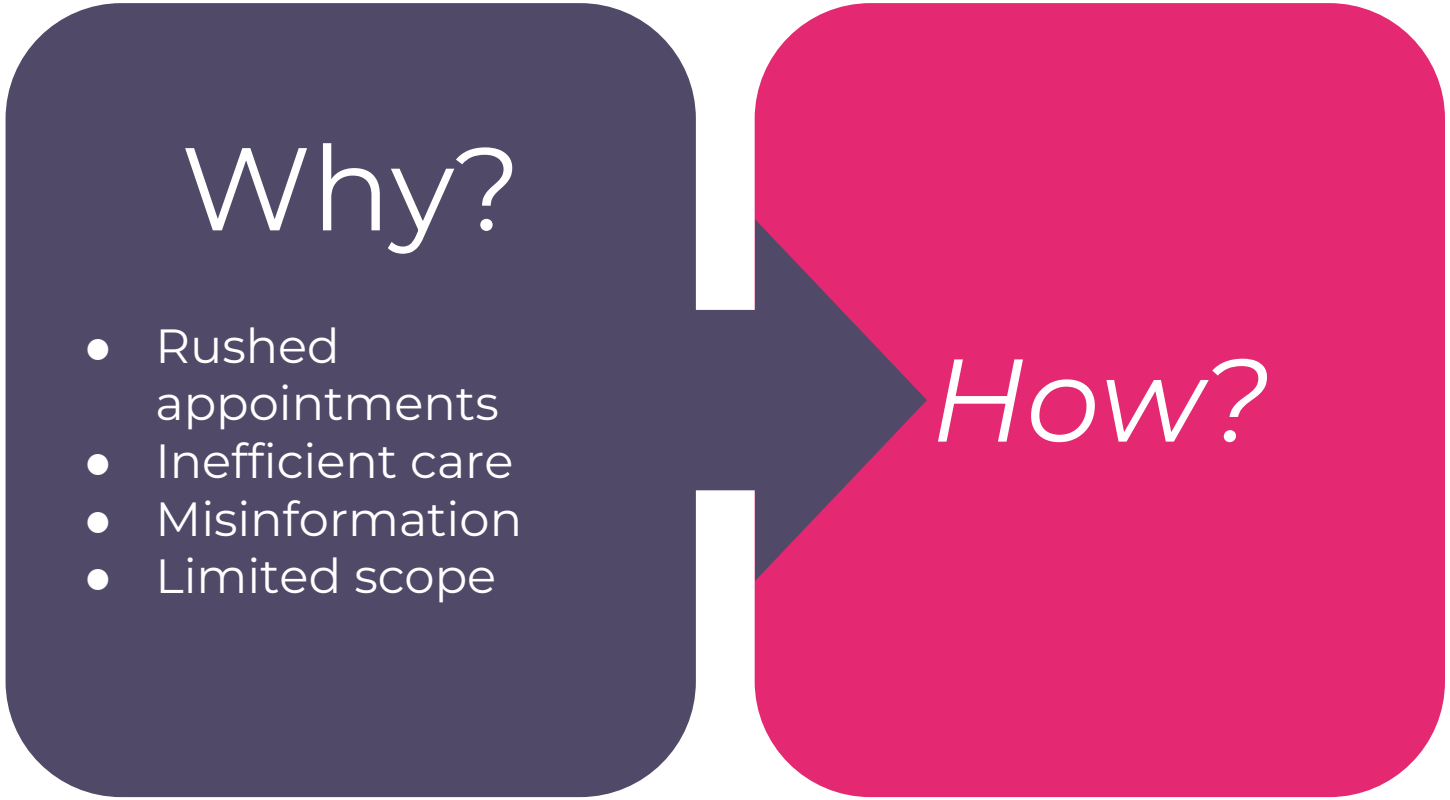
Adjunct Professor, Au.D. Program

) tuned

Head of Provider Education

Kathleen Wallace, Au.D.
Private practice

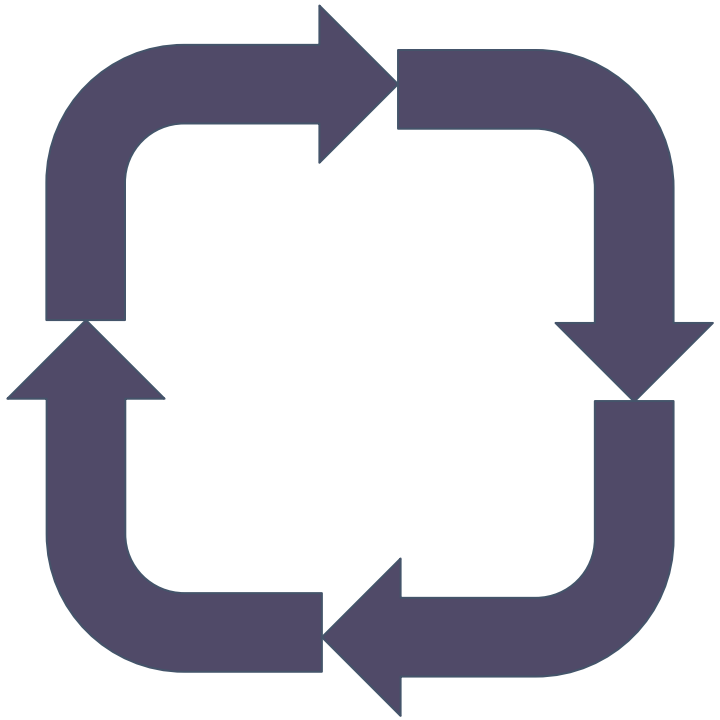
Service Planning



The Common Process

Identify the issue

Assess the demand



Plan the ‘how’

Determine the fit

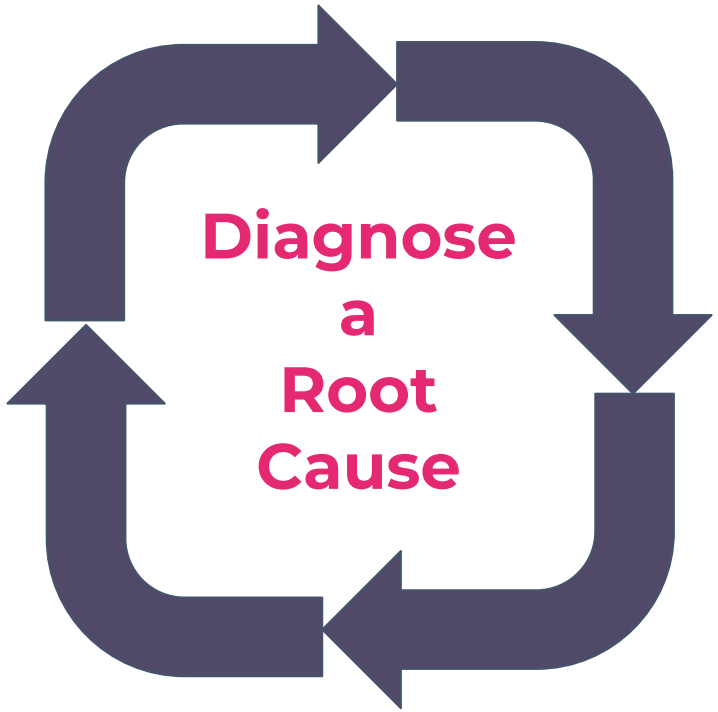
The *Better* Process

Identify the **opportunity**

- Can I add services or revenue streams?

Plan the **'how'**

- Do I have the tools? How easy is implementation?



Assess the **demand**

- Are these services desired and valued?

Determine the **fit**

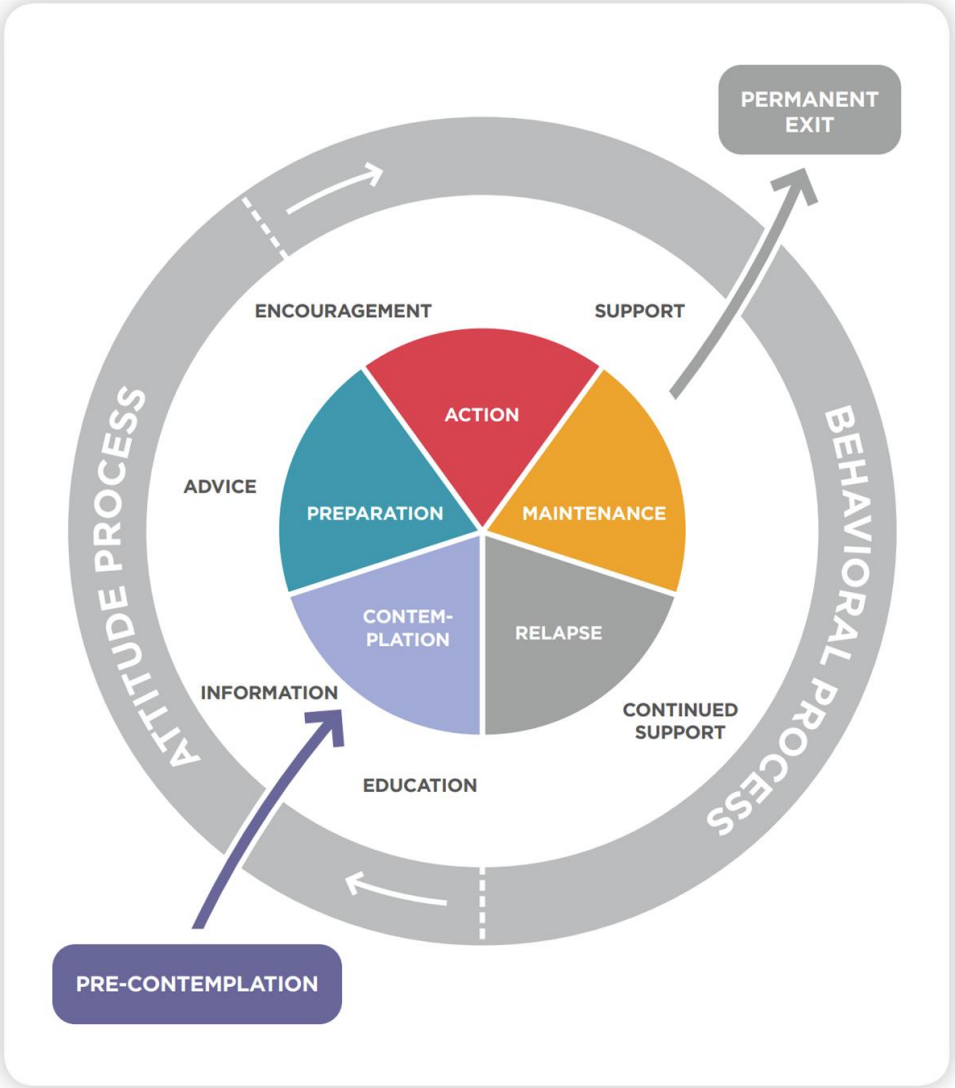
- Do I want to offer it? Can I deliver?

Diagnose the Root Cause

Can we get to patients earlier?

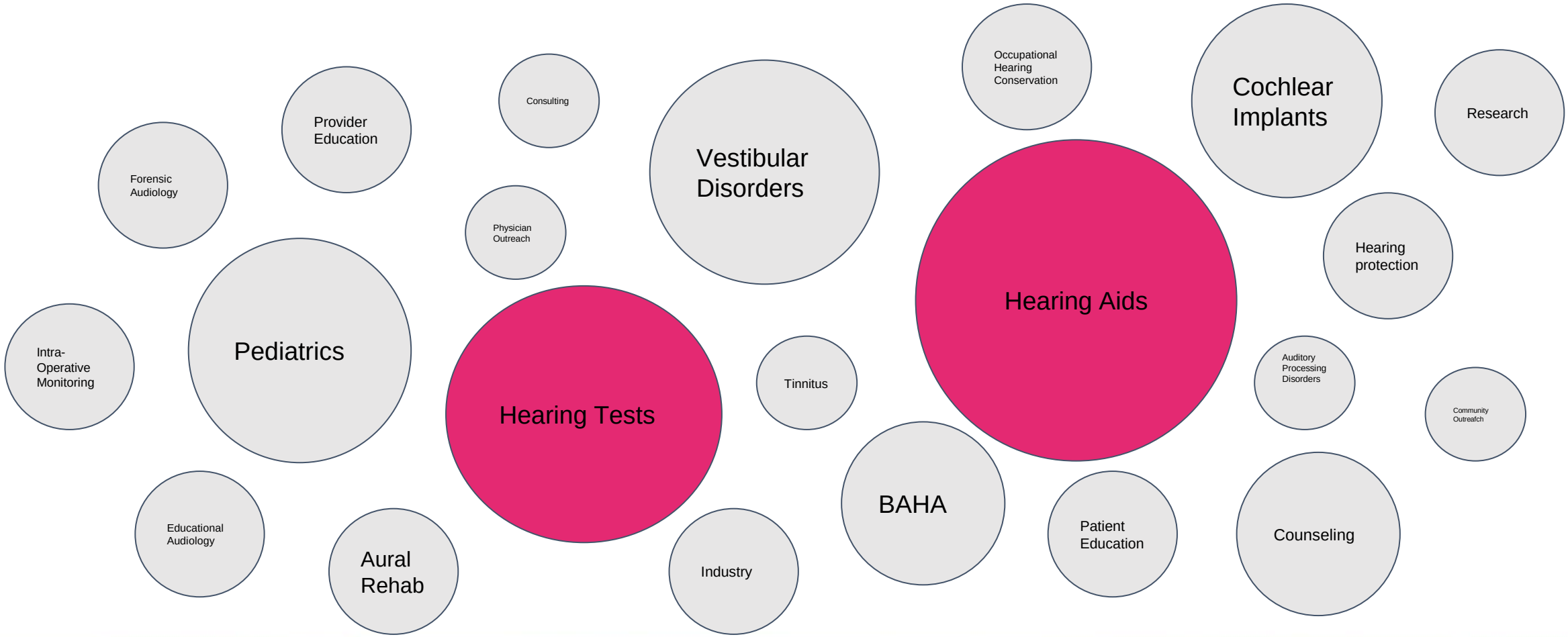
- New services & delivery models

Foundation = Patient education



Jørgensen, S.V., Hansen, H.V., Hessov, I.B., Lauritsen, J.B., Madelung, S. & Tønnesen, H. (2003). *Operation – Complications are preventable*; Copenhagen, International Health Promoting Hospitals & Health Services, Bispebjerg Hospital.

ID the Opportunity: Services



ID the Opportunity: Service Delivery

Mobile/ Concierge	Individual	Synchronous
Virtual	Group	Asynchronous

Can be services for patients or other providers

Assess the Demand

- Are we delivering a service people actually want?
- Is it a service that is valued?
  - Limited counseling time
  - ‘Dr. Google’ mentality embraced
  - Informed decision making
- Is it a service already readily available?

⇨ Hearing and Communication Consultant

Determine the Fit

- Can I deliver the service in a desired manner?
- Do I want to deliver this service?

Plan the ‘How’

- Do I have the tools in place to offer this?
- How can I implement this?

Content Creation

Convenient Care

Targeted Marketing

Clear Expectations

Predictions

Expertise first	Increased perceived value
Trust	Word of mouth marketing
Short term commitment	Better buy in
Congruence of care	Better satisfaction
Autonomy	More successful patients

Outcome Measurements

How do we know if it is working?

- Referral tracking
- Patient satisfaction surveys
- Conversion rate to additional services
- ROI

Contact

www.kathleenwallaceaud.com

kathleen@kathleenwallaceaud.com

@EarDocofTikTok

@DrKathleenWallace

Diversifying our portfolio by practicing at the top of our scope

Gail M. Whitelaw, Ph.D.

Clinical Associate Professor and Clinic Director

The Ohio State University

Whitelaw.1@osu.edu

A little about me…

- I work in a University as an audiologist and a clinical preceptor
  - I have the freedom to practice audiology at the top of our professional scope
  - I love unique aspects of audiology: auditory processing disorders, suprathreshold hearing disorders, tinnitus and sound tolerance issues, patients with concussion and mild traumatic brain injury (mTBI)
  - I am not in an “ivory tower” nor am I preparing our doctoral students to work in the 2000’s: how we have a partnership in clinical education
  - Kathleen Wallace and what she will share about social media
    - What does the general public want from us?

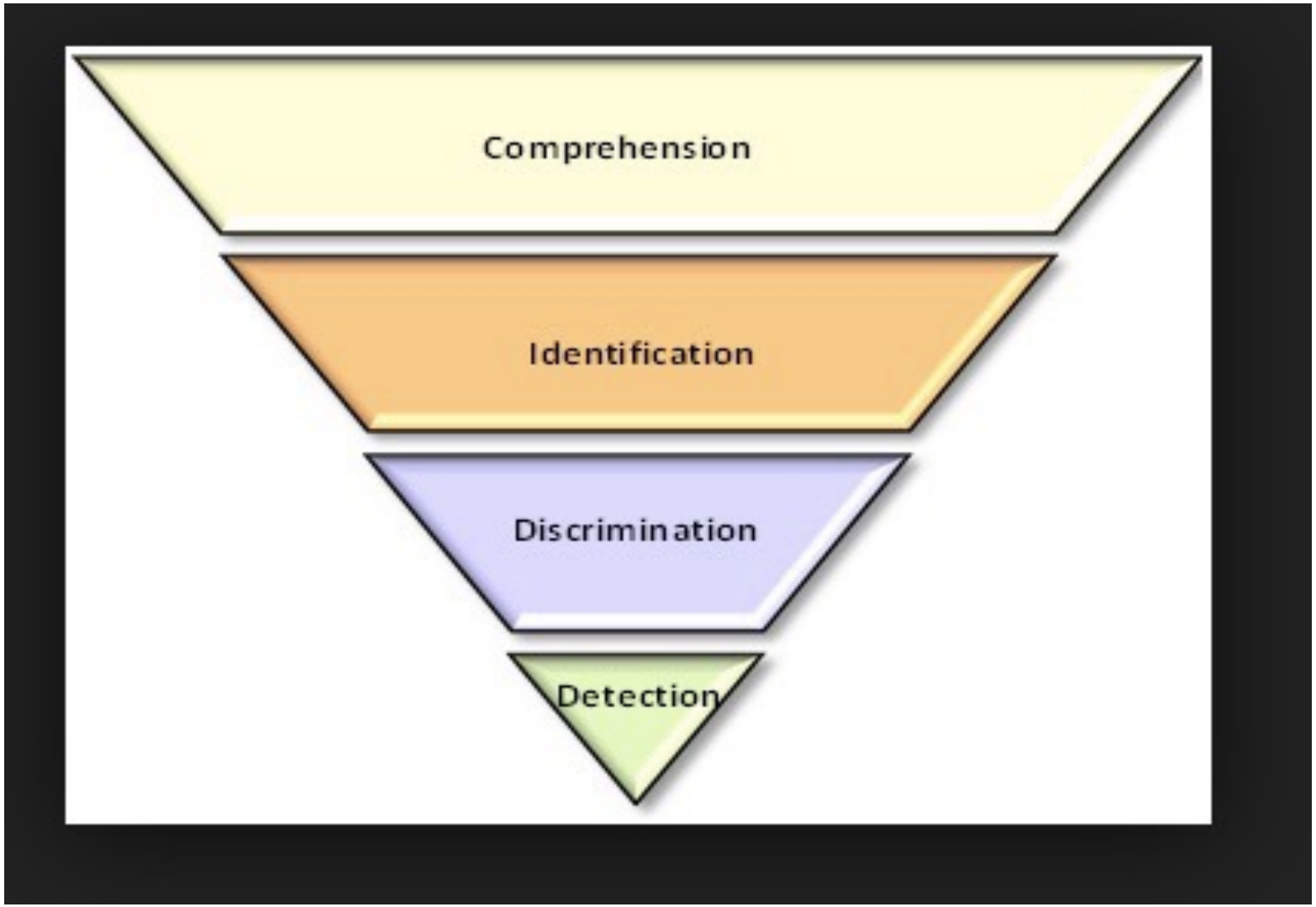
Considerations for diversifying our portfolio

- Who is looking for our services?
  - The general population has interests in what we do beyond ”hearing aids” or assistive technology
  - Our services are key
  - Applying the knowledge we have—we are the experts in hearing and balance
  - Knowing the “evidence” as it stands
    - Don’t need to know all the answers, but need to be aware of the questions
      - Example from use of pharmaceuticals for addressing depression
  - Evaluating and treating the “whole person”
  - We need to be in the business of hope
  - We need to address needs of families (Andi, with subclinical hearing loss and her family)
  - Using a shared decision making model
  - These are opportunities

An example from suprathreshold hearing disorder (SAD)

- Estimated that 26 million Americans experience this
  - Normal peripheral hearing acuity with considerable difficulty listening in complex listening situations
  - Often told by audiologists that there's "good news" and they have "normal hearing" (Beck and Danhauer call this "happy talk")
    - In reality, these patients do not have "normal hearing" but they demonstrate normal detection of sound
    - As a profession, we need to acknowledge that although the audiogram is an important measure of hearing, it is not THE important measure of hearing
    - Cochlear synaptic loss, frequency selectivity, speech in noise assessment
    - Concept of subclinical hearing loss (degrees of hearing loss are arbitrary; support for 15 dB HL for adults)

Erber's Hierarchy (1992)



An example from suprathreshold hearing disorder (SAD): Offering services

- Listen carefully to patient and their family
  - Some of this population is “low hanging fruit”: People with mTBI
  - Some are “mysteries”: our role in providing (or driving) strong diagnostic data that leads to answers: SSCD, for example
- Collecting data
  - Use appropriate questionnaires to learn about their “authentic” situation
    - Adult Auditory Processing Scale (Roup); Vanderbilt Fatigue Scale
- Evaluation
  - Must do speech-in-noise as a minimum
  - Our standard of care is speech in noise yet surveys continue to suggest 15-30% of audiologists do this as part of their standard practice
    - Speech in quiet does not predict performance in noise

An example from suprathreshold hearing disorder (SAD): Offering services

- Evaluation
  - Tax the auditory system with the tools you have, that you feel comfortable with, and/or you are willing to learn
- Counsel on results
- Provide treatment options
  - Hearing aids as a tool
  - Remote mic technology
  - Aural rehabilitation: WELLNESS
    - Offer in your practice and bill
    - Offer other options (Amptify, LACE, Word Success, etc.)

An example from suprathreshold hearing disorder (SAD):Opportunities

- Who are our partners?
  - Otologists/ENTs
  - Audiologists
  - Physiatrists (Physical Medicine and Rehabilitation Physicians)
  - Psychologists/Psychiatrists
  - Optometrists
  - Concussion teams
  - Athletic trainers
  - Others—may depend on your location (Neurologists may lead this in some areas) or the population we are working with
    - People that have had strokes and the support their families need
  - ”If you build this, they will come”

Example from Fix this Next (p. 40-41)

- The example of “Dr. House”

  “he has the ability to look at complex medical scenarios, the ones no other physicians have been able to treat, and give them a name.”

- “In order to be profitable in business, we must be effective in our craft, just like House. We must cultivate the ability to help people because we can *and* because we care.”

What do we bring that is unique? What should we shout from the rooftops?

- Services for musicians
- Balance/vestibular
- Tinnitus and sound tolerance (particularly in children and teens)
- Post-covid evaluations (current research suggesting that both children and adults have increase in hearing loss, balance issues, and tinnitus post-covid)
- Working with individuals who have chronic health conditions (diabetes, kidney disease, etc.)
- So many more

How To Add Even More Services Beyond The Hearing Aids

Purpose:

- To Offer You More Ideas

Meet Your Let's Get Out Of Our Box (there’s Some Fresh Air Out There!)

- I’ve been an audiologist for over 23 year and a private practice owner who work as a pediatric audiologist for 9 years of my career.

What We'll Cover Today:

- Idea #1 - How to Expand Your Current Aural Rehab Offerings
- Idea #2 - How to Ensure a Written Roadmap for AR is in Your Offerings
- Idea #3 - Your Clinic Group Aural Rehab
- Idea #4 - Could you offer PRE-Patient Aural Rehab for OTC?
- Idea #5 - Auditory Training
- Idea #6 - How to Expand into Senior Communities
- Idea #7 - Tighten Up Your Standard Operating Procedures
- And much, MUCH more!

Idea #1 - How to Expand Your Current Aural Rehab Offerings

What type of AR you choose is critical and based on their type and degree of hearing loss, cognitive abilities, and tech savviness

Idea #1 - How to Expand Your Current Aural Rehab Offerings

Ask yourself:

- What Basic Information Should Everyone Know and Be Taught?
- Is this person ”getting it”?
- Are they calling and reporting that they are struggling more than they thought?
- Do they have the cognitive abilities to do extra exercises?
- Do they have a computer or a smart phone?
- What are their expectations?
- Does this extra help need to be done in only one—on—one appointments?

Idea #2 - How to Ensure a Written Roadmap for AR is in Your Offerings

Every clinic you go into probably needs an AR overhaul because this is the missing piece

Idea #2 - How to Ensure a Written Roadmap for AR is in Your Offerings

- What type of Aural Rehab is your clinic currently using?
- Does it cover the basic instructions necessary describe and remind about care of use of their devices?
- Does it offer guidance on acclimation?
- Does it offer examples of listening activities they can do?
- Does it take them down a timeline into the future to encourage them to continue wearing the devices?
- Does the clinic have their own website or webpage that reviews everything, in greater detail, in video form?
- If not, could they? (Think wax guard replacement video, or Insertion of Hearing Aids)

Idea #3 - Your Clinic Group Aural Rehab

You can find an example in the IDA institute website, but the IMPLEMENTATION and organization of groups will be the difficult part

Idea #3 - Your Clinic Group Aural Rehab

- Why not start up small or large groups?
- In person or via Zoom
- Divide people up by level of hearing loss or devices
- Divide people up by age group
- Allow for not just instruction, but also social opportunities
- Can you offer it at Senior Communities??

Idea #4 - Could you offer PRE-Patient Aural Rehab for OTC?

What if someone in your community buys and OTC devices and they just don't seem to work?

Idea #4 - Could you offer PRE-Patient Aural Rehab for OTC?

- Are there people who haven’t established a relationship with a clinic?
- Are there people who need insertion and use instruction?
- Could you use this as a stepping stone to bringing them into the clinic for regular clean and checks?
- Could you offer simply wax removal options?
- Could you then offer a dx exam, EAA, REM, and adjustment using REM?
- What if REM is not going well? Could you fit them with a demo pair and change their life???

Idea #5 - Auditory Training

Helping those with known auditory processing disorders as well as HA and CI users who have poor word recognition abilities

Idea #5 - Auditory Training

- What if you could help those who need you the most?
- Ever have a patient who is struggling and the newest latest technology isn’t enough?
- Would someone be willing to work with you one—on—one?
- Could you create group Auditory Training in person or via Zoom, just like AR?
- Could you become a specialist of specialists?

Idea #6 - How to Expand into Senior Communities

For those who gave away their cars, but appreciate audiology services in-house

Idea #6 - How to Expand into Senior Communities

- Could you offer the above AR group sessions at Senior Communities?
- Could you parlay into coming monthly or weekly to offer more hands—on treatment?
- ”Go to the watering holes”
- This is nothing new. Geriatricians, Psychiatry, OT, Speech, PT, Optometry, and Podiatry are already there. Why aren’t you?
- Establish a good relationship with respectable boundaries.
- Have a menu to unbundled services.
- Get ready for the Thank you’s!

Idea #7 - Tighten Up Your Standard Operating Procedures

Change necessitates an examination of your time schedule and your fee schedule

Idea #7 - Tighten Up Your Standard Operating Procedures

- Review how you do everything and write it down.
- Create a manual and then even video tape everything and put it on a website.
- NOW you can examine what you do and how long everything takes, so you can improve clinic flow to maintain the patients and the servicing that's needed, but also have time for the new revenue sources that will take different amounts of time.
- Weekly one—on—one auditory training blocks that time slot for 12 weeks.
- Going out of the clinic for group AR for 3—4 weeks in a row is time—consuming.
- Ensure that your are profitable by knowing how much every minute is worth.
- No more free for the life of ANYTHING!!!!

Let's Get Out Of Our Box (there's Some Fresh Air Out There!) Tools & Resources

Let's Get Out Of Our Box (there's Some Fresh Air Out There!) Tools & Resources

- ADA’s Resources with Presentations from the past
- IDA Institute
- Angela Alexander’s APD Evaluation Course and her Treatment Course
- Brad’s Mobile Audiology Course

Next Steps

Next Steps:

1. You next steps are to review everything we covered, all of the resources, find the BEST of the BEST.
2. Create your own hierarchy of needs. Who gets what and when?
3. Ensure it’s printed and given to them.
4. Use this timeline in their appointments to check on how they are FUNCTIONING with their hearing loss.
5. Introduce higher levels of AR as needed.

Conclusion / Final Thoughts:

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- We’ve only just begun to help SO many people!