

# Building Bridges to the Physician Community: Co-Morbidity Marketing Workshop

Brian Taylor

Bob Tysoe



# Agenda

Hour 1: Introduction to  
Interventional Audiology

Hours 2 & 3: Co-morbidity  
Marketing Tactics



# Convergence of Several Forces



Healthcare is  
Changing

# Changes include:

- Procedure-based to population-based
- Quality trumps quantity
- Value-based reimbursement

# Pit Crews, Not Cowboys

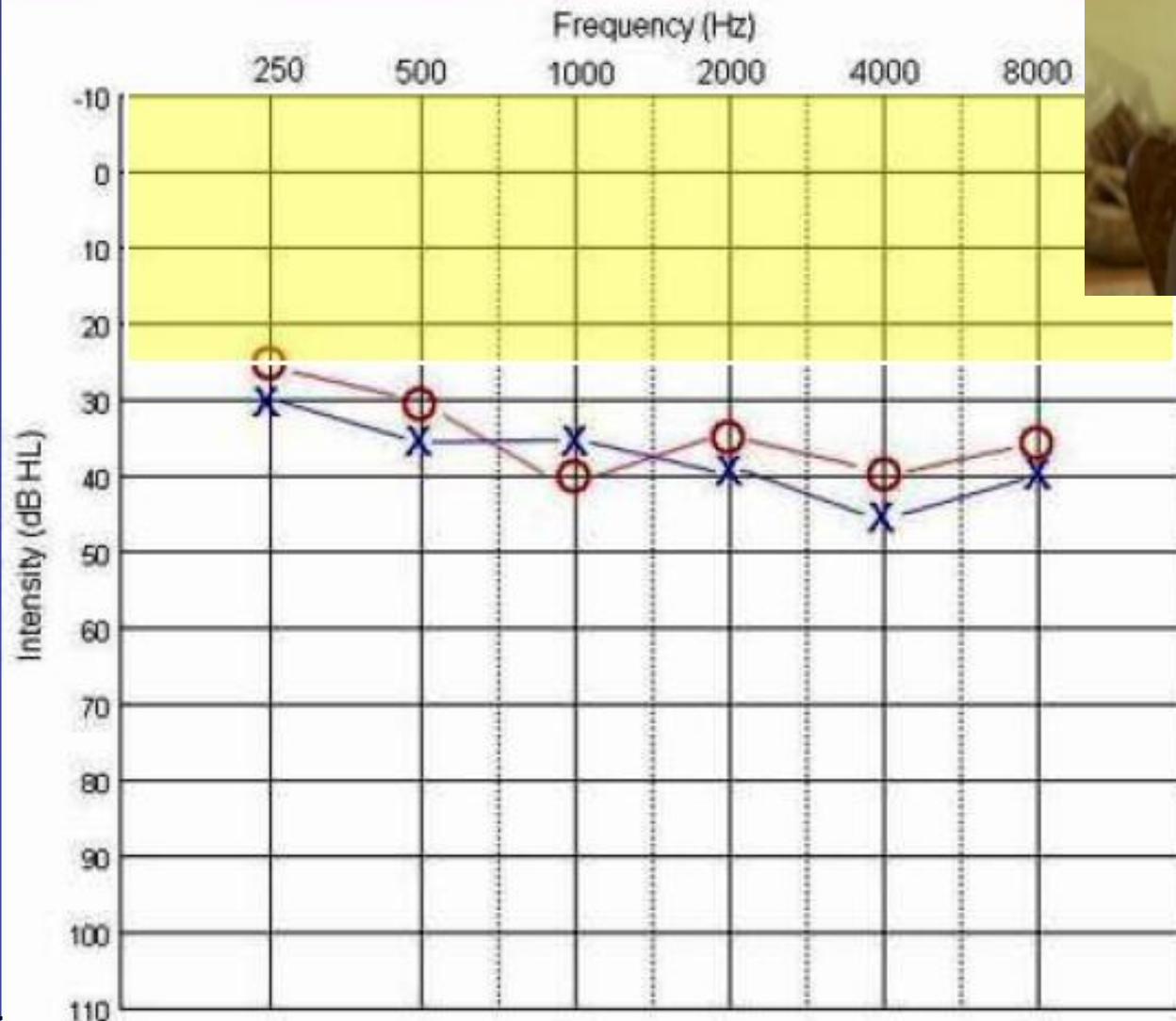


Hearing Loss is  
Becoming  
Recognized as a  
Public Health  
Crisis....

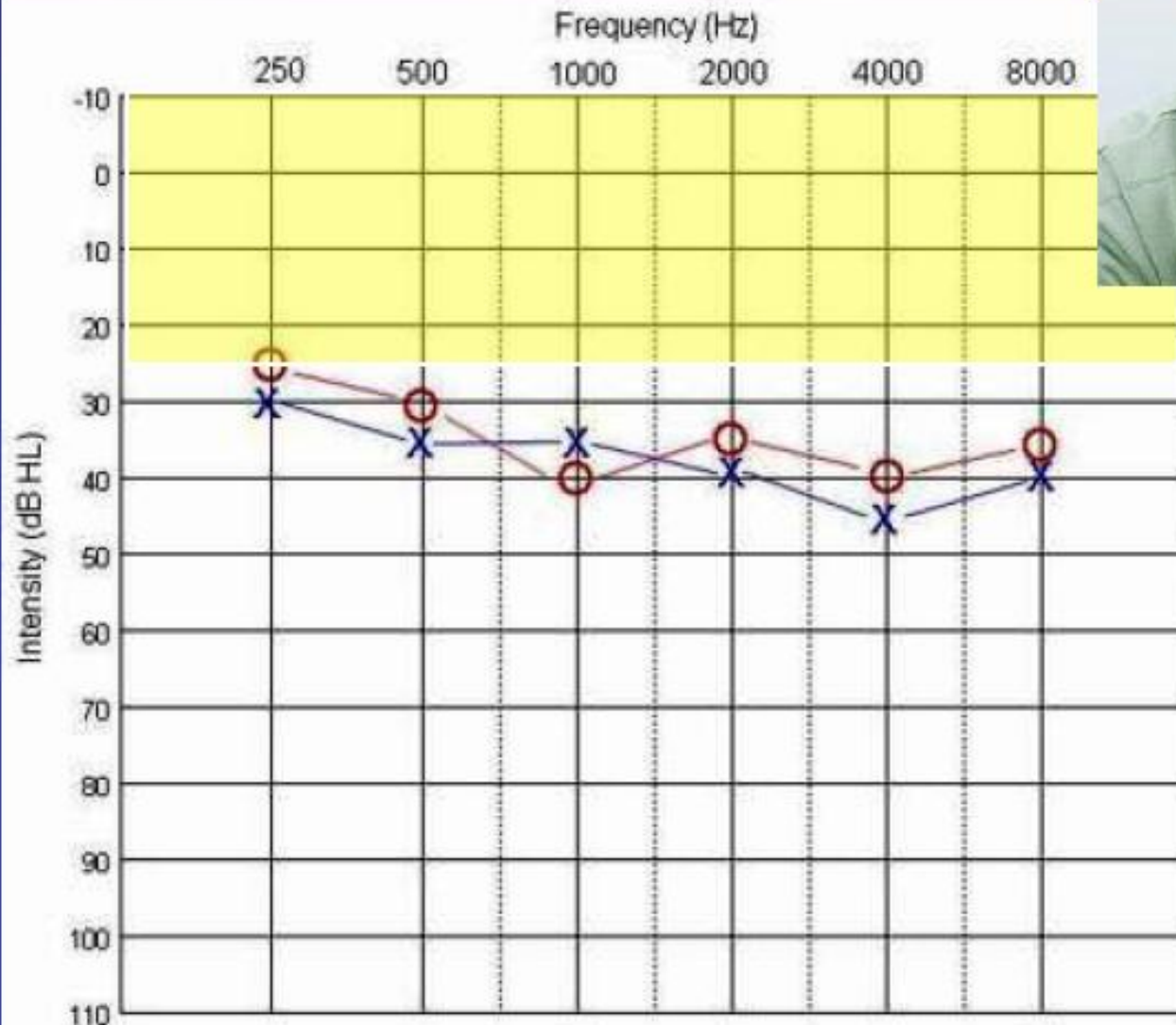
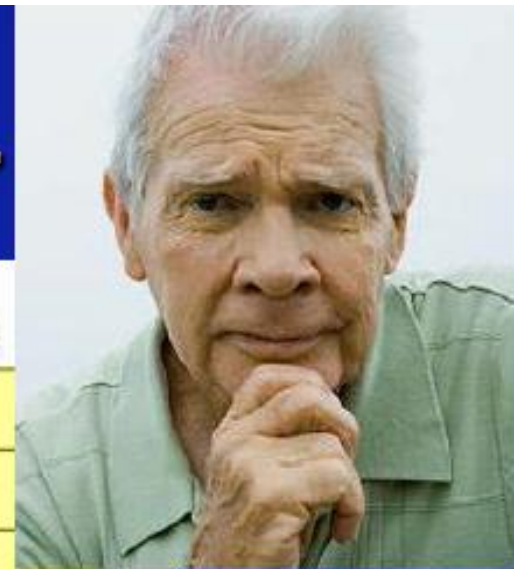


...not simply a  
disease of the  
aged, but a  
condition that  
affects all ages.

# John Smith, 12 y.o.

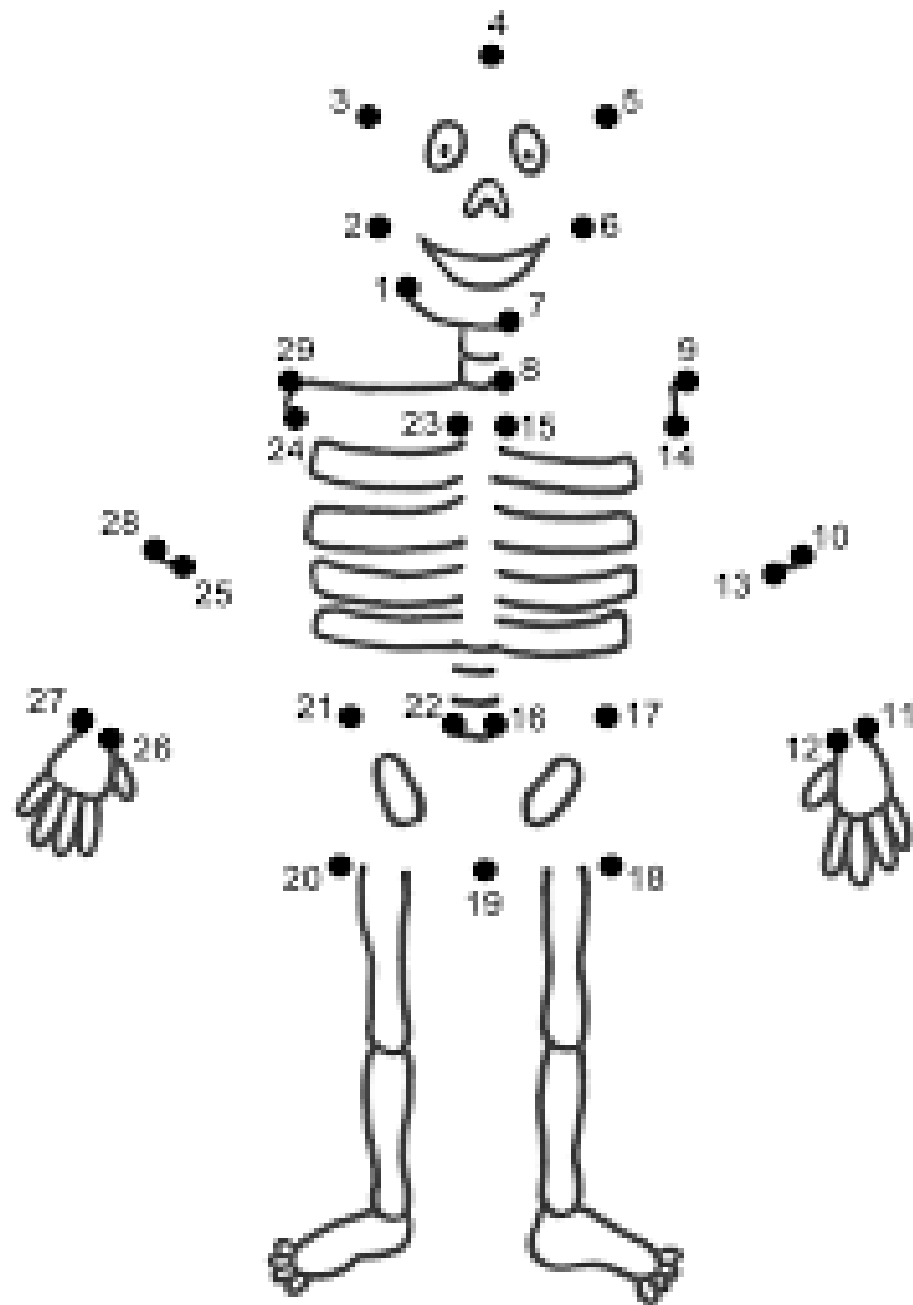


# John Smith, **72** y.o.



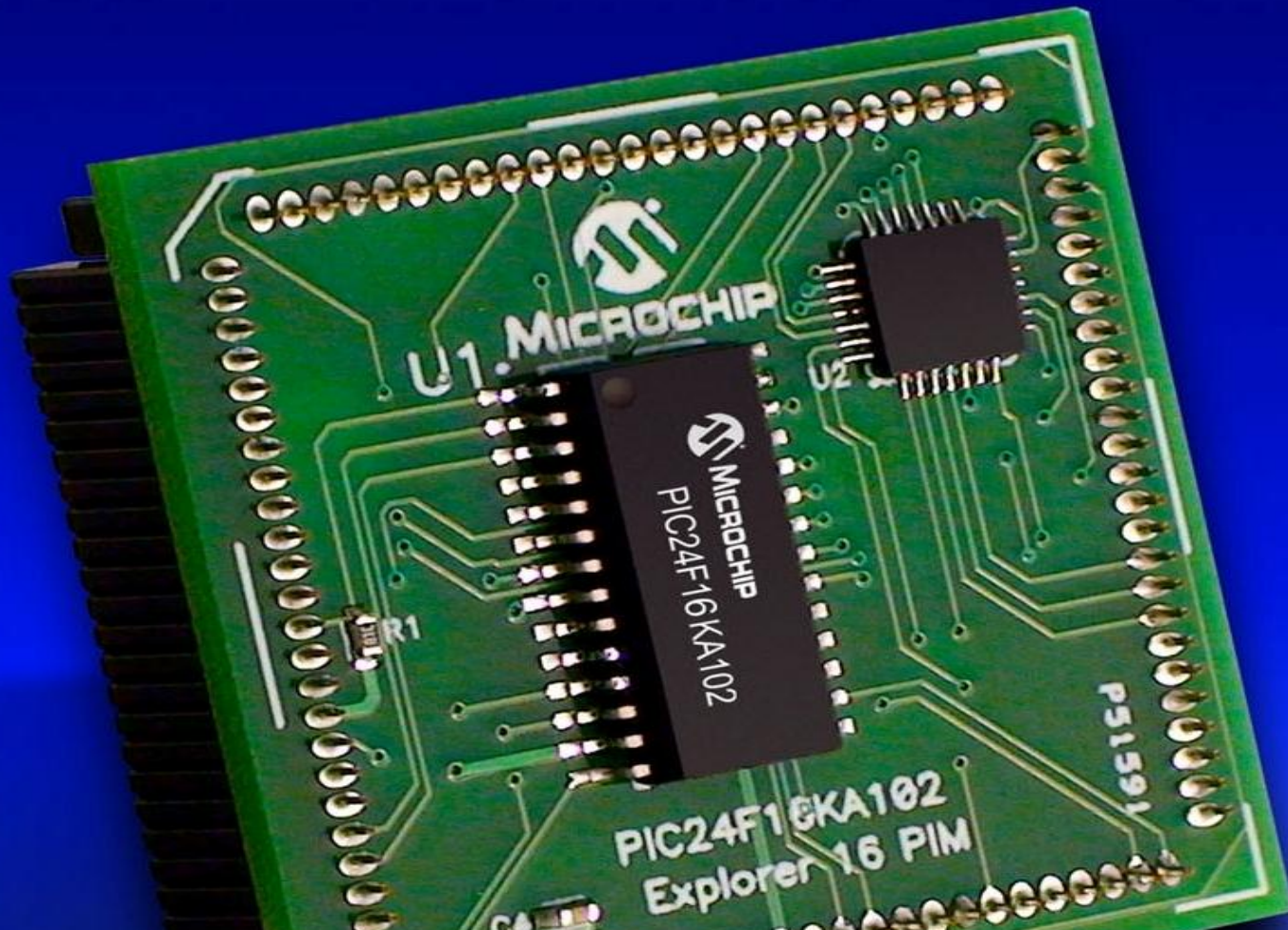
# Age-related hearing loss, independently associated with...

- Dementia
- Social Isolation
- Depression
- Higher Health Care Expenditures
- Frailty



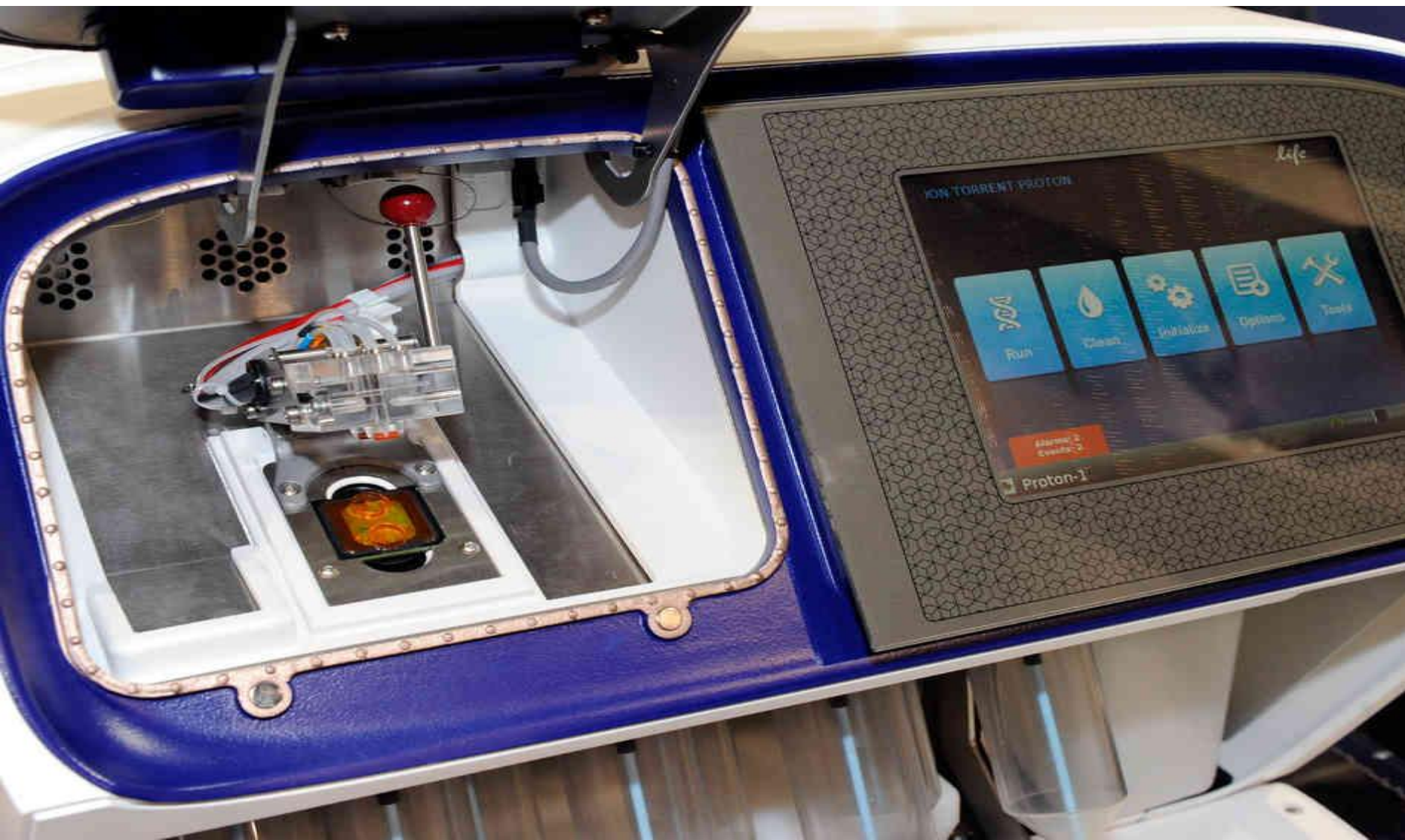
Technology is a  
commodity

# The Blessing & The Curse



Faster  
Smarter  
Cheaper





# Sound World Solutions: \$300





\$3.99

Category: Entertainment

Updated: Sep 04, 2012

Version: 1.2.0

Size: 3.0 MB

Languages: English, German

Seller: Praxis BioSciences, LLC

© 2010 Praxis BioSciences, LLC

LLC

Rated 4+

**Compatibility:** Requires iOS 3.1 or later. Compatible with iPhone, iPad, iPod touch (2nd generation), iPod touch (3rd generation), iPod touch (4th generation), and iPod touch (5th generation).

### Customer Ratings

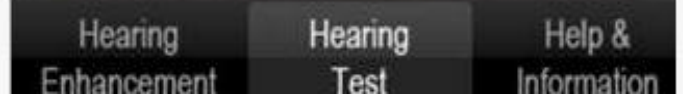
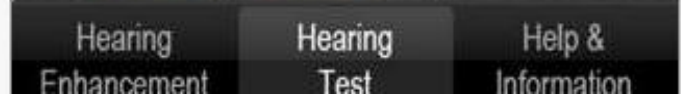
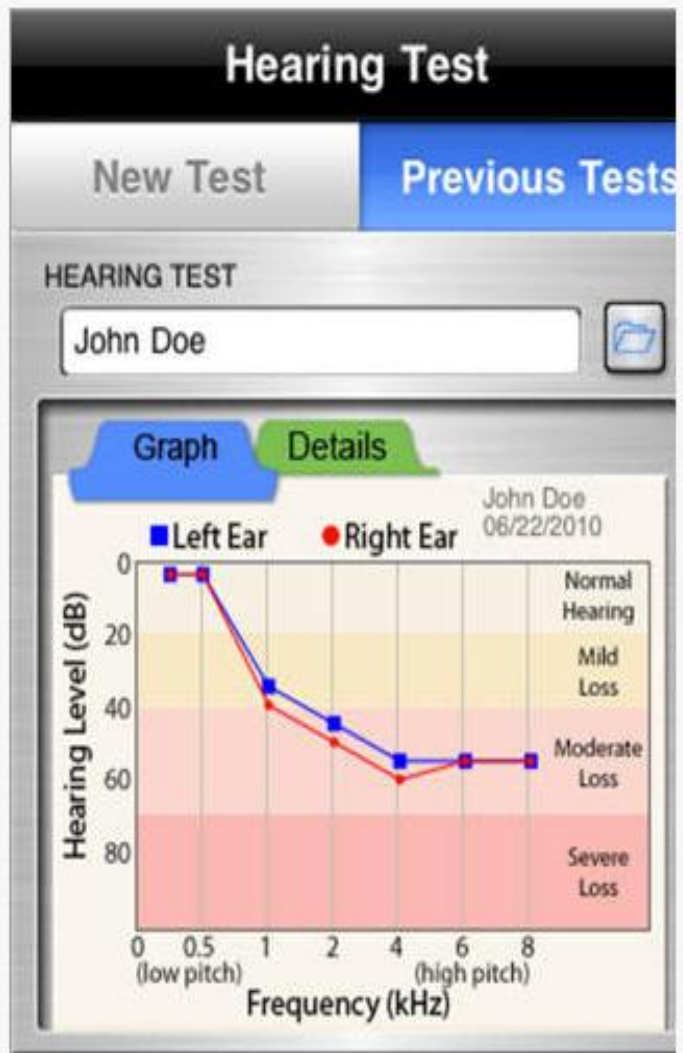
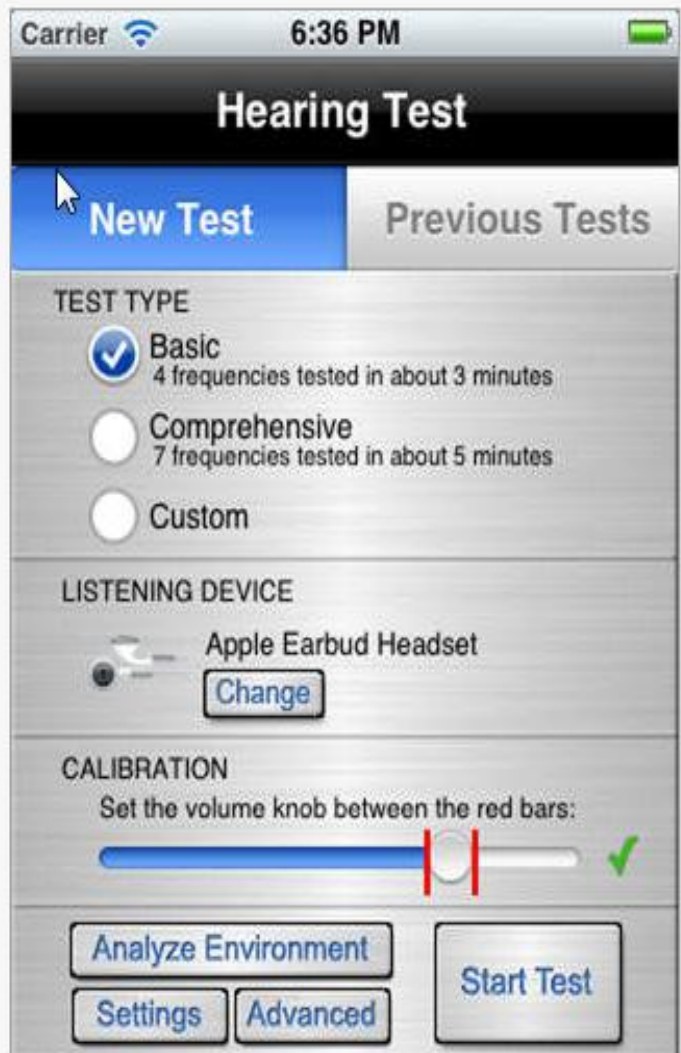
Current Version:

★★★★☆ 7 Ratings

All Versions:

★★★★☆ 32 Ratings

## iPhone Screenshots





# Quantified Self

self knowledge through numbers



# The rise of the healthy aging movement

When did we go from this.....





To this....









THE BODY ISSUE

DARY PLAYER

Healthy Aging:

maintaining optimal cognitive  
and physical functioning as  
we age

The population is  
graying, but the  
stigma remains









Take 100 individuals from our village of 10,000 people



12 individuals are 65 or older



8 of these individuals has a hearing loss



1 wears hearing aids



In about 1  
decade.....



Take 100 individuals from our village of 10,000 people



20 individuals are 65 or older



14 of these individuals has a hearing loss



2 wear hearing aids

1 in 8  
to  
7 in 8

How to crack the code?

# Interventional Audiology



# Interventional Audiology

## 4 Pillars

# Cracking the code

Exert more social pressure to get non-consulters to act sooner, using quantifiable-self movement to speed the journey

# Cracking the code

Engage younger patients, many with milder hearing losses in the process of self-testing and preventive services with audiologists

# Cracking the code

Modify or update your clinic approach to patient interaction centered on health behavior change model

# Cracking the code

Leverage changes in healthcare system to partner directly with primary care physicians and other medical gatekeepers

# Interventive Audiology Tactics

# Cracking the code

Exert more social pressure to get non-consulters to act sooner.

# Positive Triggers to Action



# **T RIGGER** **HAPPY HEARING**

Using social triggers to promote regular hearing checks

by Curtis Alcock

**001** Draw attention to a perceptible occurrence that people can relate to.

**002** Assign meaning to this occurrence in order to link it to the imperceptible.

**003** Highlight the hidden risk.

**004** Offer a solution that minimizes that risk by promoting an action that is easy to perform.

**005** Increase self-esteem through taking that action.



**When you  
mishear, you  
miss out on  
important  
pieces of  
your life.**

Take charge of your hearing at [acttohear.org](http://acttohear.org).  
Contact an audiologist in your area and take charge of your hearing.

**unitron™**



**33%** of all  
hearing loss is

**100%**  
preventable.

It only takes a  
few minutes with  
an audiologist  
to discover how  
to protect and  
optimize your  
hearing over a  
lifetime.

**unitron.**



**Sweet nothings mean *everything*.**



**It is easy to see the importance of hearing every word.**

Don't miss a thing to mishearing.

Take charge of your hearing health at [acttohear.org](http://acttohear.org)

# Pillar-of-community marketing

**“My hearing loss was interfering with my profession and my passions.”**



“Experiencing life is much better now that I can hear again!  
After being fitted with my new hearing aids,  
I instantly heard things I had not heard in quite some time.  
I don’t ask people to repeat themselves.  
Thanks to audiologist Kay Young, my quality of life just got better!”  
— **Chris Monroe**, *Shelby NC*

**Call 704-482-1447 for our special holiday offers:**

- ✓ Schedule a **Complimentary Demonstration**
- ✓ **Free 2 week trial of hearing aids at no risk** (deposit may be required)
- ✓ **Free 4 year warranties** (on select models of hearing aids)

**Shelby Hearing & Balance Center**

*Credentials. Technology. Results.*

1403 N. Lafayette Street, Shelby (*across from Cleveland Pines*)

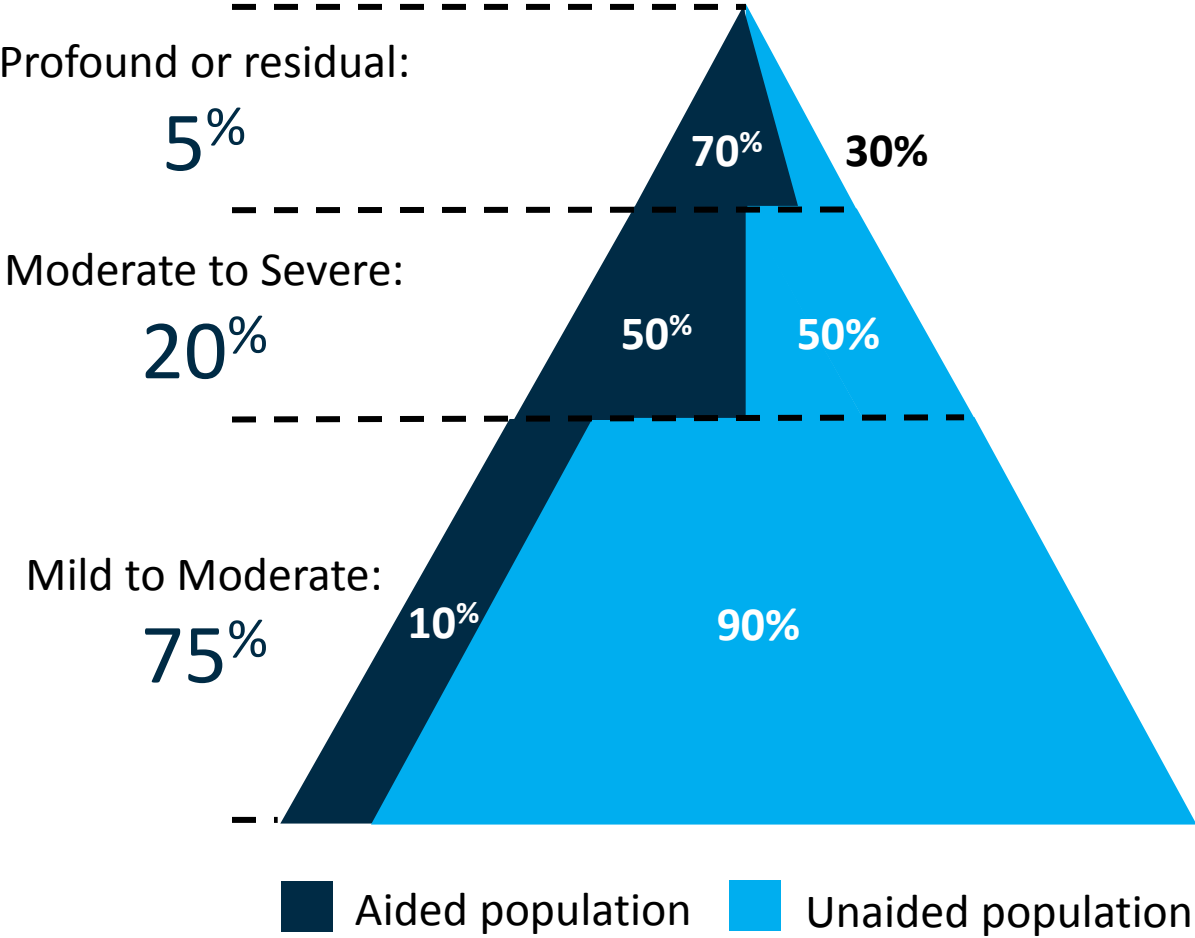
**[www.ShelbyHearing.com](http://www.ShelbyHearing.com)**

**Call 704-482-1447 to start living again! *Special Holiday Offers expire 1/31/13.***

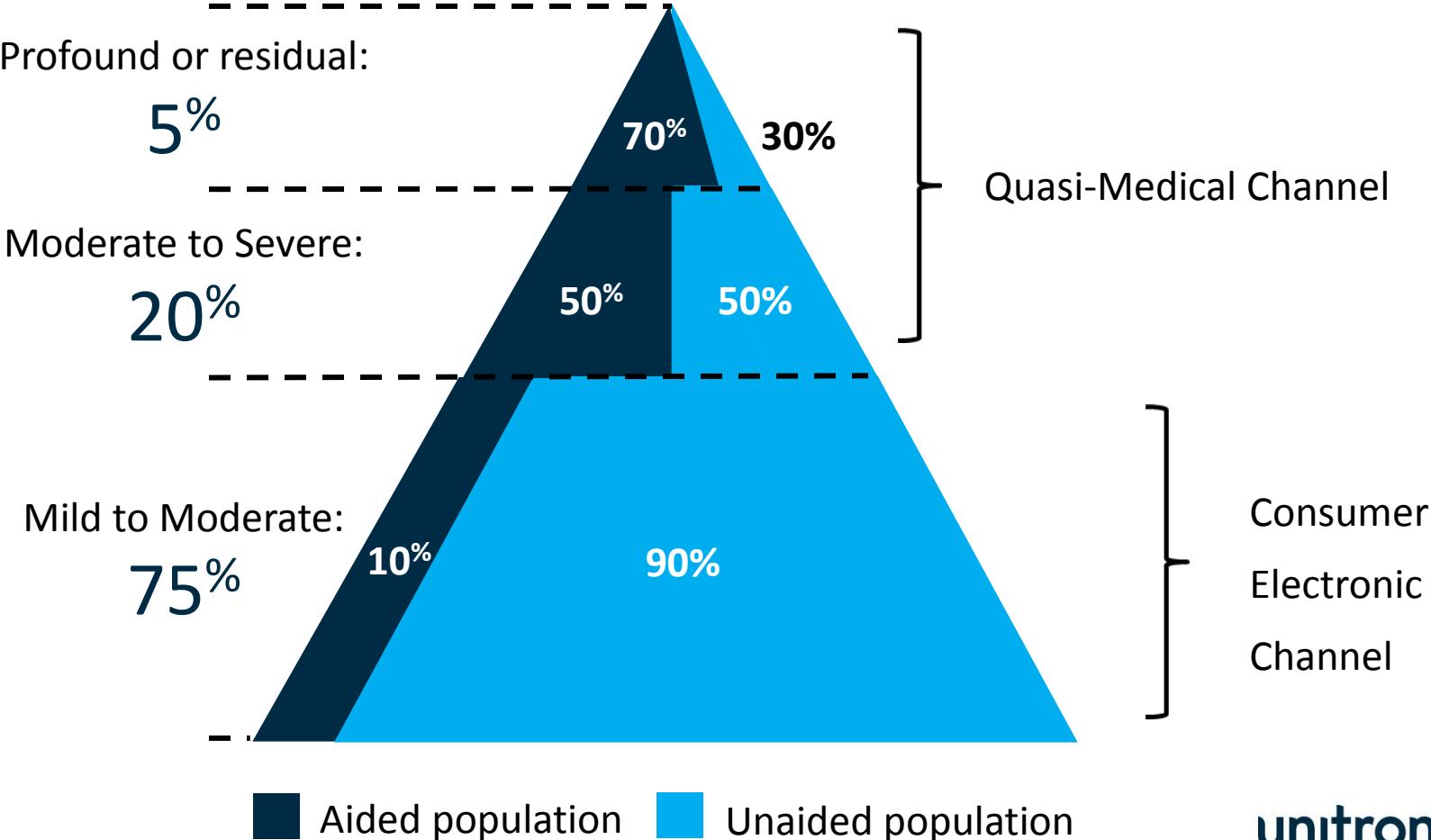
# Cracking the code

Engage younger patients, many with milder hearing losses in the process of self-testing and preventive services with audiologists

# The Unmet Need

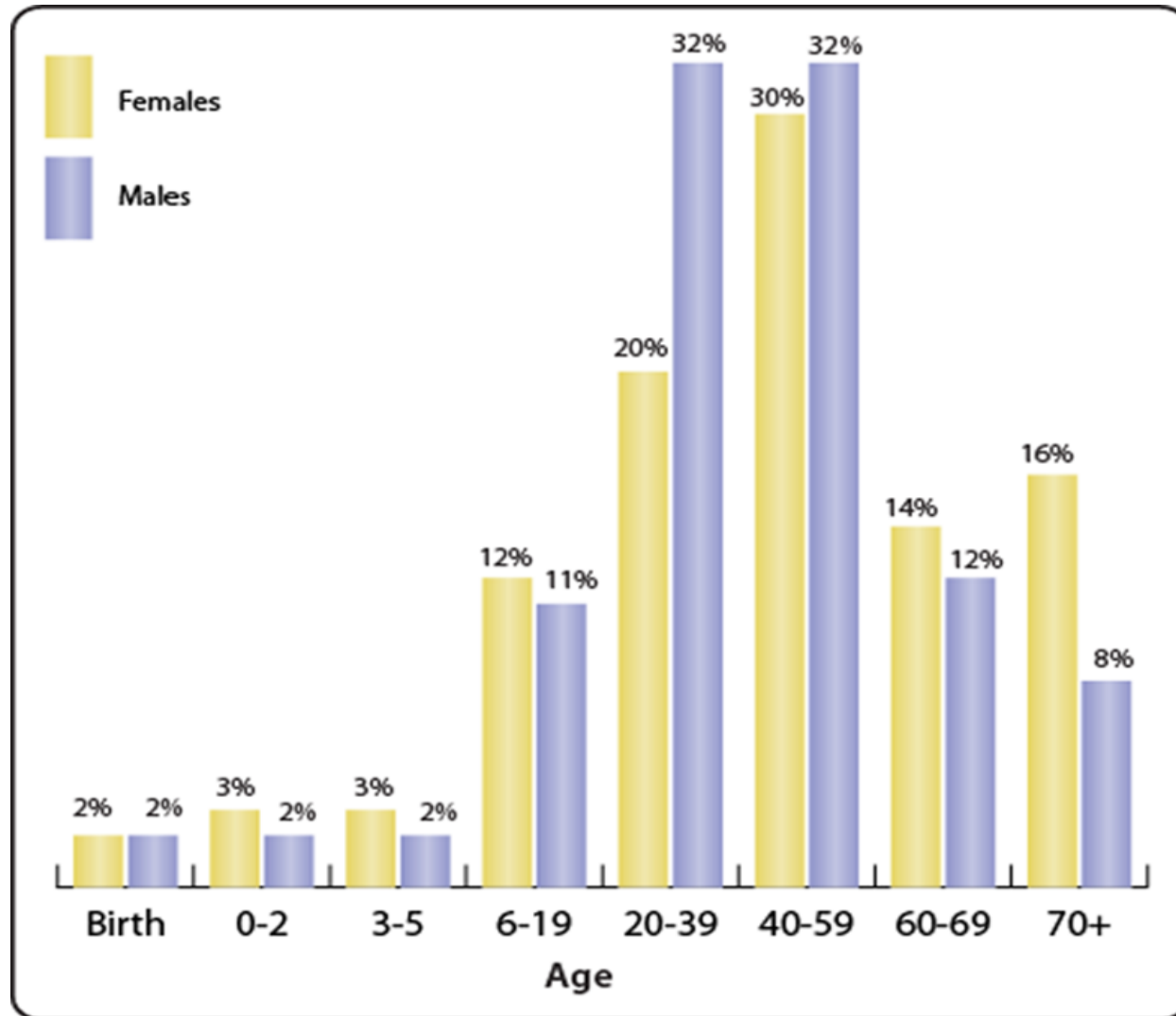


# The Unmet Need





# Age when hearing loss is first noticed



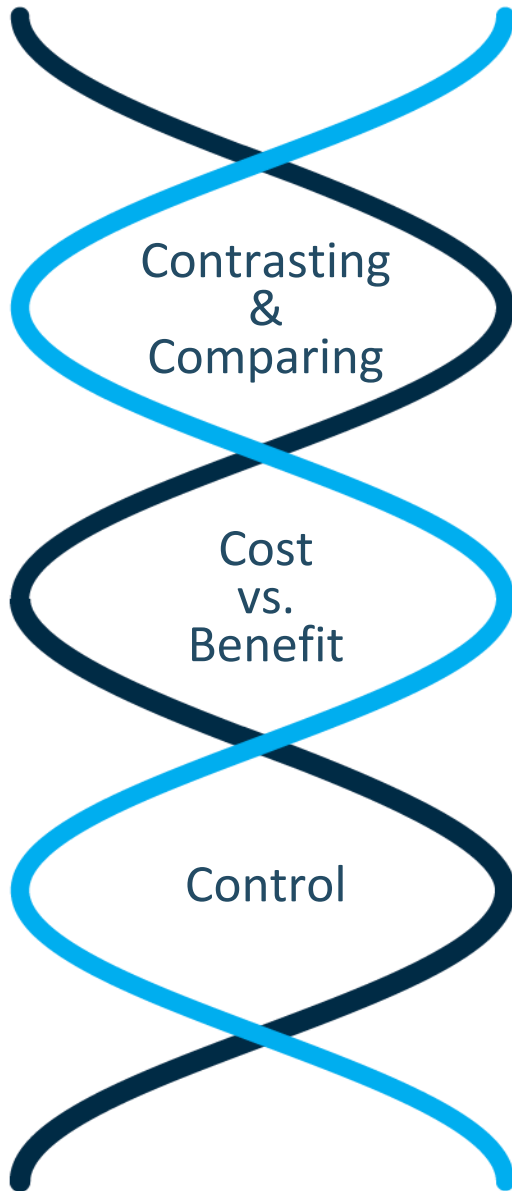
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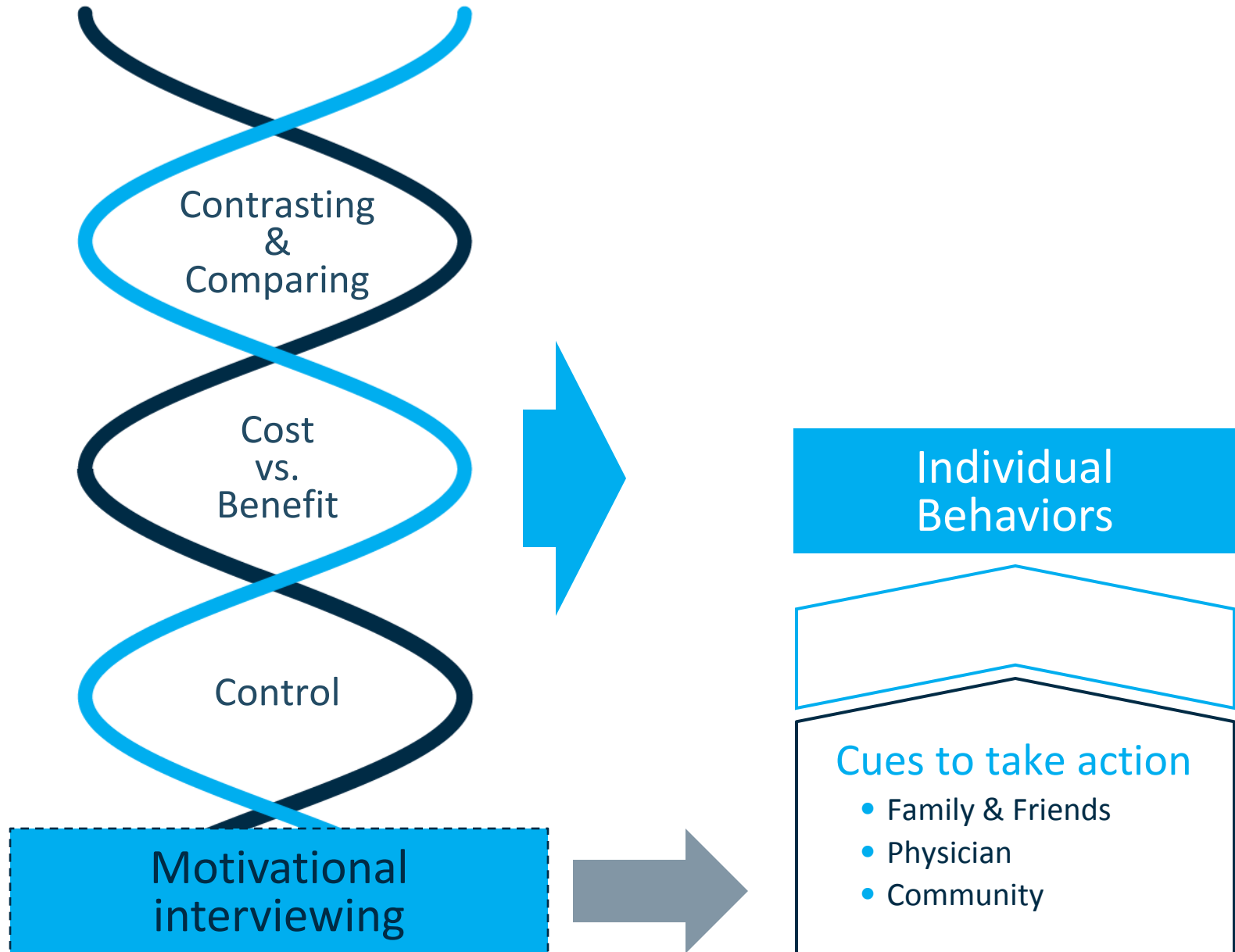
It's not about dispensing a medical device

# Dr. Carson's Spiral of Decision Making

# Self-Assessment



# In-clinic success



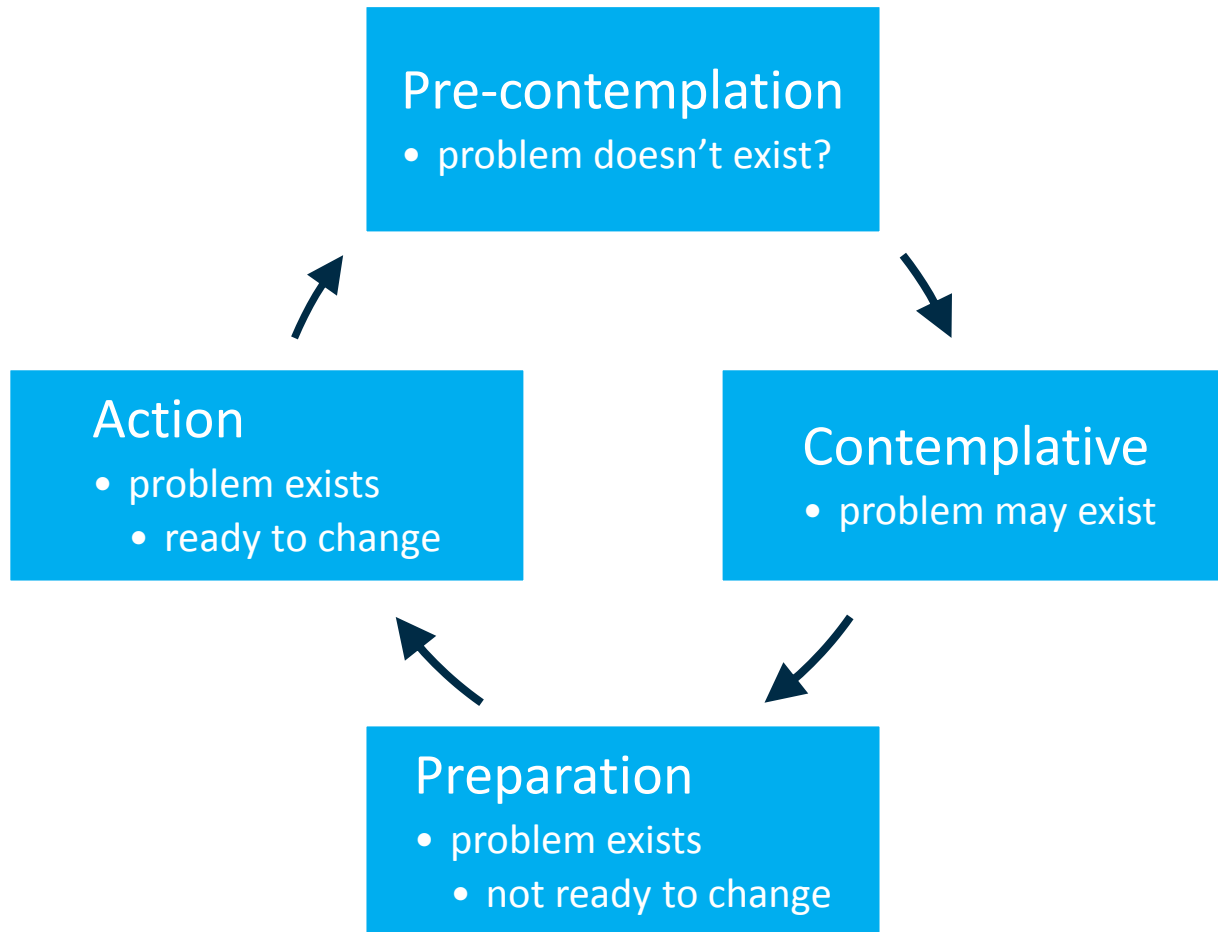
# Motivational interviewing

# Why MI?

Show medical  
community our  
profession does not  
revolve around device



# MI: Respects Stages of Change



# Express empathy

Showing warmth and caring. Support patient's self-esteem

# Develop discrepancy

Evoke patient's own reasons for and against change

# Roll with resistance

Resistance is a predictor of poor outcomes

# Support self efficacy

Question and reflect to help the patient believe he/she can change

# Problem-based vs. Solution-based interviewing



# Problem-based interviewing

(AKA the Medical model of disability)

Hearing loss is a medical problem,  
mechanical in nature with a  
specific cause-effect relationship

# Traditional View

Disability is  
caused by

Physical

Mental

Sensory

Impairment

The individual

Is impaired  
&

Is the problem

Focus of the  
medical profession

Cure

Alleviate the  
effect

Impairment

# Solution-based interviewing

(AKA the Social model of disability)

Hearing loss is a chronic condition, which requires on-going management over time, including the easing and elimination of social barriers

# Social 'Barriers'

## Environments

### Inaccessible

Buildings

Services

Language

Communication

## Attitudes

Prejudice

Stereotyping

Discrimination

## Groups

### Inflexible

Procedures

Practices

# Differences between problem-based & solution-based interviewing

## Problem-based interviewing

- Focus is on the test results
- The past is important
- Big changes are often needed
- Try to assign cause or blame
- The professional confronts or pushes
- It's up to the professional to change the patient

## Solution-based interviewing

- Focus is on taking action
- The future is important
- A small change in behavior may be enough
- Look for solutions
- The professional accepts the patient's view and asks "In what way does that help?"
- It's up to the patient to change with guidance from professional



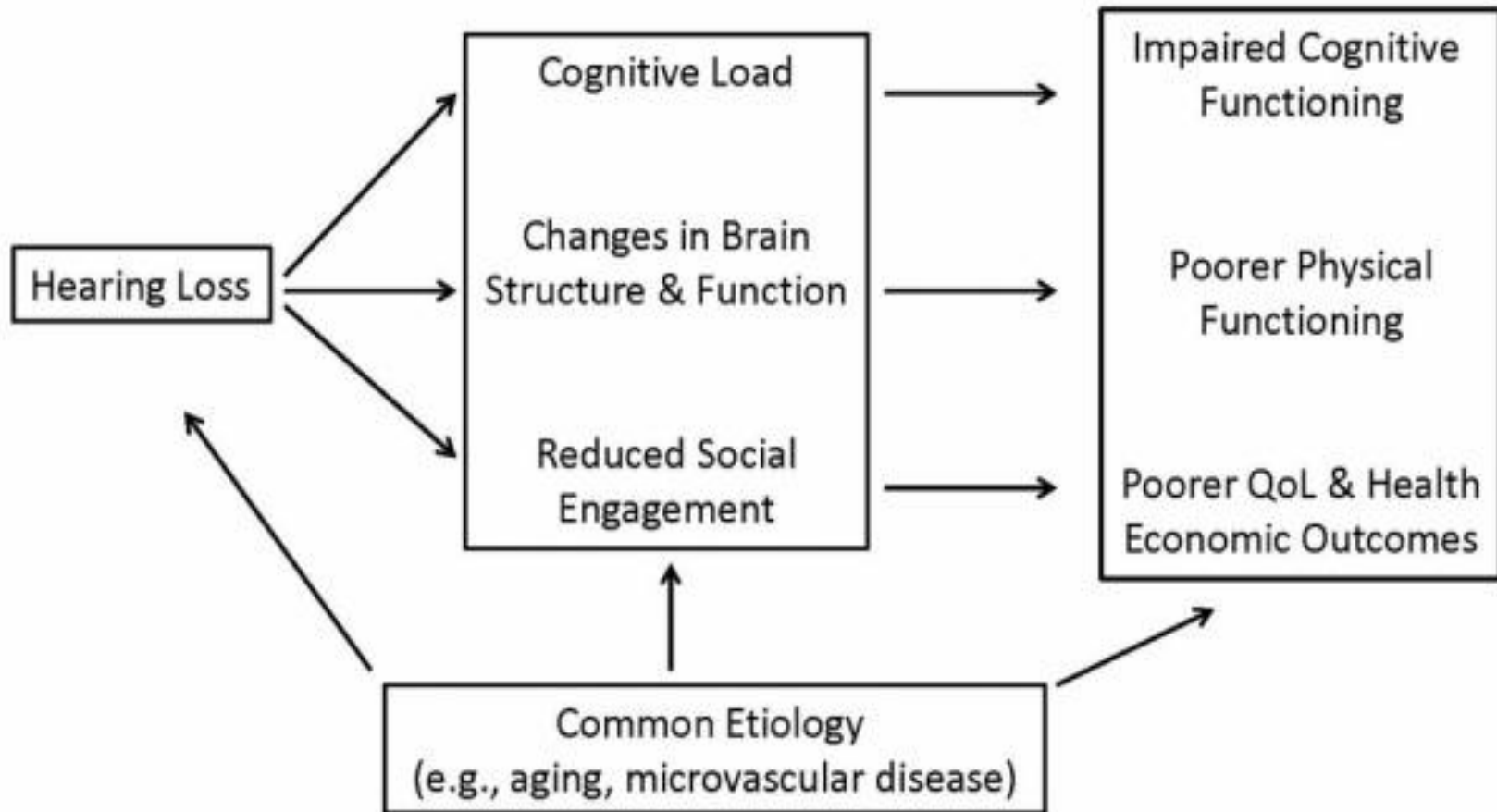
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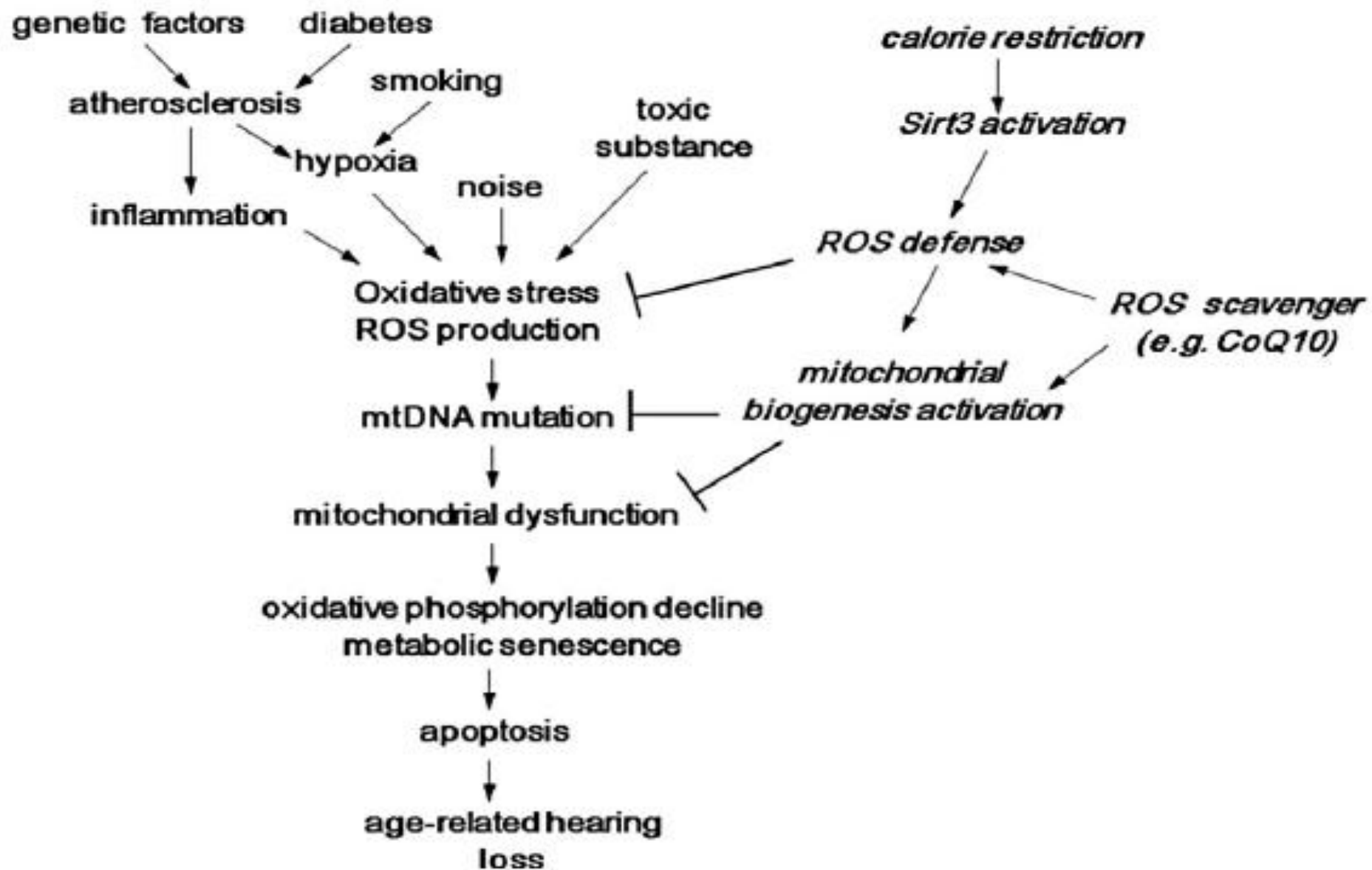
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# Pit Crews, Not Cowboys

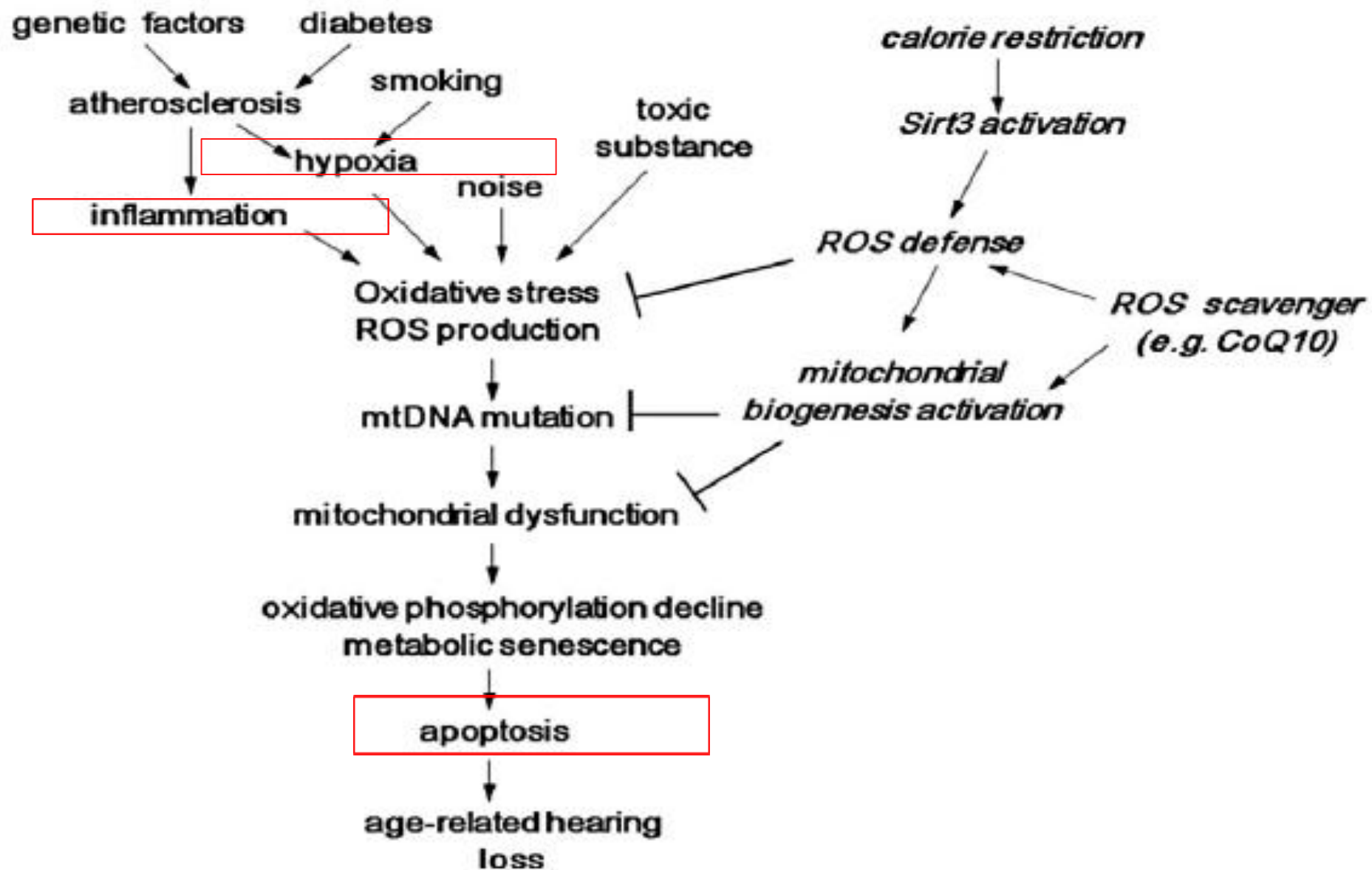


# The Common Soil Description





**Fig. 2.** Conceptual model of the development of age-related hearing loss.



**Fig. 2.** Conceptual model of the development of age-related hearing loss.

# 7 Articles

Hearing Loss and Cognitive Decline in Older Adults. Lin et al (2012)  
*JAMA Internal Medicine*

Impairments in Hearing and Vision Impact on Mortality in Older People. Fisher et al (2014). *Age and Aging*

The Association between Hearing Loss and Social Isolation in Older Adults. Mick et al (2013). *Otolaryngology-Head & Neck Surgery*

Hearing Impairment with Depression in US Adult, NHANES 2005-2010. (2014). *Otolaryngology-Head & Neck Surgery*

Association of hearing impairment with brain volume changes in older adults. Lin et al (2014) *Neuroimage*

ASSOCIATION BETWEEN HEARING IMPAIRMENT AND FRAILITY IN OLDER ADULTS. *Kamil et al (2014) JAGS, 62, 6.*

ASSOCIATION BETWEEN HEARING LOSS AND HEALTHCARE EXPENDITURES IN OLDER ADULTS. *Foley et al (2014) JAGS, 62, 6.*

# Better Hearing is Better Living

No. 2

## Experience the Independent Difference

When you make a referral to an independent hearing care professional you can expect your patients to be treated with care and respect. You can also expect to receive a detailed and timely report of assessment results. Independent practitioners stake their reputation on word-of-mouth referrals from individuals in your community. By developing a personalized and comprehensive "communication plan," independent practitioners are better-equipped to deliver thorough care to patients of a variety of ages and backgrounds. In addition to high quality, personalized care, you can expect:

- A comfortable, professional and no-pressure environment
- Timely service without long waits
- Direct access to experienced clinicians
- Use of latest diagnostic equipment and assessment techniques
- Wide range of hearing devices and therapeutic approaches
- Private pay and many insurances accepted

## The Triple Threat of Hearing Loss

Hearing loss is the second leading cause of years living with disability (YLD), second only to depression. John Bakke, MD of Zolo Healthcare Solutions, refers to acquired hearing loss of adult onset as a triple threat to patients. Here is why:

1. Clinically significant hearing impairment is itself a disability, and is an indication for effective remediation in its own right.
2. Hearing loss interferes with a patient's ability to be treated for other medical conditions because it hinders an individual's ability to engage with physicians and understand treatment advice and directives.
3. Emerging research suggests that hearing loss may actually accelerate some disabilities such as cognitive dysfunction and vestibular impairment. The prevalence, co-morbidity and disabling effects of hearing loss underscore the need for aggressive preventive programs that identify conditions such as hearing loss which threaten health outcomes.

**Conclusion:** Encourage your patients to have their hearing screened and to actively participate in the appropriate auditory treatment program, if necessary.

### References

- Mathers, C. et al (2003). Global burden of hearing loss in the year 2000. Geneva: World Health Organization. [www.who.int/healthcareinfo/statistics/bod\\_hearingloss.pdf](http://www.who.int/healthcareinfo/statistics/bod_hearingloss.pdf). (Accessed September 3, 2013).
- Weinstein, B. (2011) Screening for otological functional impairments in the elderly: whose job is it anyway? *Audiology Research*. 1:e12,42-48.

# Hearing healthcare tool kit for use in primary and geriatric care

Barbara E. Weinstein, Ph.D., The Graduate Center, City University of New York

Brian Taylor Au.D., Director of Practice Development & Clinical Affairs,  
Unitron, Plymouth, MN

**THE  
GRADUATE  
CENTER**  
CITY UNIVERSITY  
OF NEW YORK

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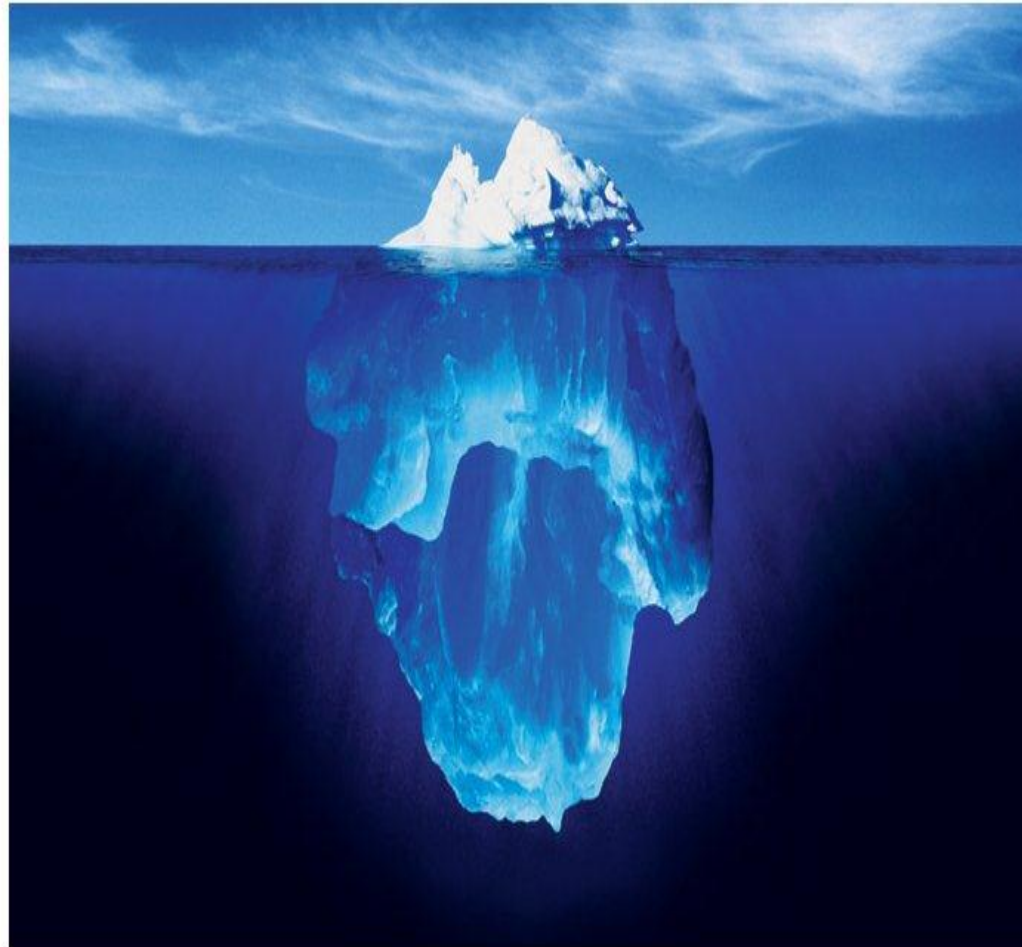
Figure 3. Why Identify and Refer At-Risk Older Adults

# Random 72 year-old man



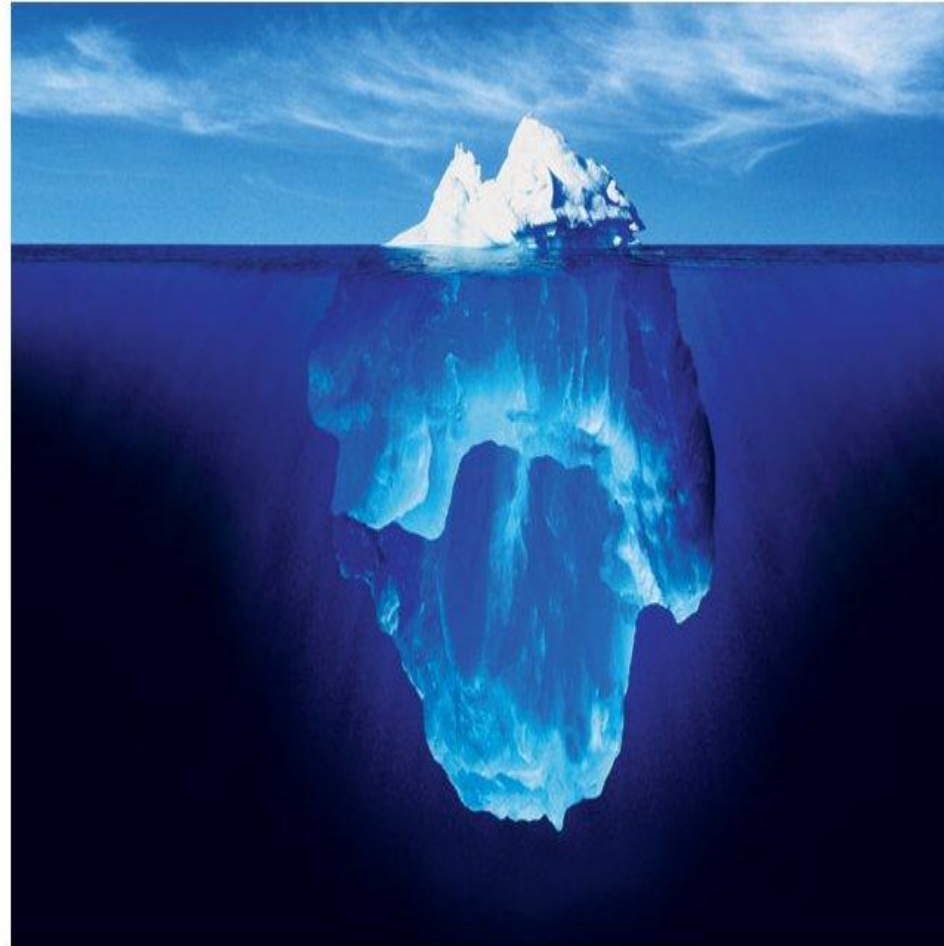
# Random 72 year-old man

- ❑ Type II diabetes
- ❑ Mild, sensorineural hearing loss



# Below the surface....

- ❑ Hesitates to make appointments with his PCP because he has trouble hearing on the telephone.
- ❑ Avoids going to the doctor
- ❑ Once he goes to the doctor, he misunderstands medication instructions, & suffers a complication with his diabetes...ends up in the ER



# Imagine if audiology had intervened at 62, rather than 72

- More confident communicator
- Better able to follow instructions
- More active lifestyle
- Actively participant in medical care



# Interventional Audiology

Gets below the surface:

Using latest science to educate physicians to encourage patients to act at a younger age

How?

Introducing Mr.  
Bob Tysoe.....