



AUDACITY

Bolder than Ever



Relationships, Referrals and Resources: Best Practices in Physician Engagement

Thomas J. Tedeschi, Au.D. Moderator

Robert Tysoe, BSc.

Maryann Nikander, Au.D.

Stacy O'Brien, Au.D.

Nicole Pavol

David W. Billmeier, M.D.

Welcome

Panelists

Thomas Tedeschi, Au.D., Amplifon

Robert Tysoe, BSc, Hearing Healthcare Marketing Co.

Maryann Nikander, Au.D., Audiology & Hearing Center

Stacy O'Brien, Au.D., Atlantic Hearing, Balance & Tinnitus Center

Nicole Pavol, Atlantic Hearing, Balance & Tinnitus Center

David W. Billmeier, M.D., Family Practice

Industry Data

One of the top two referral sources for audiologists today are physician referrals

35% of new patient referrals are physician referrals

69% indicated that physician marketing was effective

Industry Data

Takes 4 – 6
conversations with the
physician or key staff
prior to receiving first
referral

Physician referrals have
a high appointment
rate

Physician referrals have
a higher conversion
rate than any other
type referral

Global View

Robert Tysoe, BSc.



Relationships, Referrals and Resources: Best Practices in Physician Engagement

OVERVIEW: Challenges and Opportunities

- In 2008, The World Health Organization, Based upon the “Global Burden of Disease: 2004 Update” stated that hearing loss is the third leading cause of years lost to disability worldwide. An estimated 299 million men and 239 million women globally have “moderate or worse” hearing loss
- The average age of the first time hearing aid user is between 63.3 - 74.0 years
- 36 % of Americans with hearing loss are below the age of 55, while 60 % are below age 65
- Hearing loss represents a major public health problem. It is the third most common chronic condition in older Americans after hypertension and arthritis, and it is strongly associated with functional decline and depression. However hearing loss is substantially under-detected and under-treated. Ref: S. T. Bogardus MD et al, Screening & Mgt of Adult Hearing Loss in Primary Care. JAMA April 16 2003, Vol 289, No 15

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OVERVIEW : Challenges and Opportunities.

US Census Bureau > 320 million US citizens. We estimate prevalence of hearing loss in individuals 12 years and older to be nearly 1 in 8 who has bilateral hearing loss, and nearly 1 in 5 who has unilateral hearing loss. Ref: Frank R. Lin MD PhD et al Johns Hopkins University. Arch Int Med/Vol Nov 14 2011.

Of the projected 48 million Americans who have a treatable loss, (>25 dB) approximately twenty percent have been treated

260,000 US Physicians influence approximately \$3.0 Trillion in healthcare spending, equal to 19 % of GDP

73 % Of the US population state they ask a primary care physician or ENT about their hearing loss first

Those clinics that do physician outreach well are generating between twenty to thirty percent of their gross revenue as a result of a physician referral. Ref: Phonak Benchmark Study 2011

PHYSICIAN REFERRALS TO AUDIOLOGY ARE THE LARGEST UNTAPPED SOURCE OF NEW AUDIOLOGY PATIENTS IN THE US AND WORLD WIDE



Relationships, Referrals and Resources: Best Practices in Physician Engagement.

OVERVIEW : Look to the past, find our future

- In 1910, Prof. Paul Ehrlich M.D. and Dr. Sahachiro Hata developed and patented first effective antibiotic, “Salvarsan” (arsphenamine) for the treatment of syphilis. This “landmark” discovery was called a “Silver Bullet”, a chemo-therapeutic breakthrough for millions of afflicted men and women
- Hoechst AG Pharmaceuticals of Germany, the company that sponsored the research on “Salvarsan” (arsphenamine) subsequently manufactured it, and thus created the foundations of mass Disease State Marketing and Relationship Marketing strategies, and implemented these large scale processes internationally in order to educate physicians about when and how to prescribe the drug



Relationships, Referrals and Resources: Best Practices in Physician Engagement

LOOKING AHEAD: Challenges & Opportunities. “Educate to obligate”™

- What Hoechst AG pharmaceuticals accomplished with Salvarsan, (arsphenamine) in Germany and worldwide, may be easily replicated by US Audiology . We must prioritize the development of broader disease state marketing and relationship marketing strategies, provide the latest educational resources, and best practices in physician engagement that may result in enlightened, obligated physicians who can partner in the delivery of the hearing care treatment that the physician believes will provide the most effective outcome for the patient.
- How does the physician benefit from a collaborative relationship with audiology?
- By treating the hearing loss, and potentially reducing the 12 % incidence of related depression, (in the WHO report, unipolar depression occupied first place for years lost due to disability worldwide), both of which are barriers to care, the audiologist may indeed help to improve the physician’s pursuit of efficacy, improved quality of life , enhance the potential for decreased cost of care, and possibly improve MD clinic profitability. All of which may mean an elevated and appreciated role for audiology in both medical and public health arenas whilst serving the greater good

Relationships, Referrals and Resources: Best Practices in Physician Engagement

BEST PRACTICES IN PHYSICIAN ENGAGEMENT: What should I do first?

- First priority is to hire/appoint a mature, personable, results oriented, problem solving person who can develop long term relationships with the receptionist, medical assistant, referral coordinator, office manager, and physician, and make “The Total Office Call” to all staff members
- Create a database of primary care physicians & staff to whom you will reach out to on a monthly basis to provide scientific research articles for physicians, patient education information for nurses, and insurance and payment plan information for referral coordinators and office managers
- Mail out a “hand –addressed, lumpy” letter of introduction to your MD database, two to three weeks prior to your first face-to-face call
- Follow up in person every 30 – 60 days and provide both classic and new research articles related to hearing loss, co-morbidities, tinnitus, balance disorders, cochlear implants, and your comprehensive list of services
- Routinely send out a patient report to each patient’s primary care physician
- Direct mail sequenced information about you and your practice’s services every 90 Days to your database of physicians – so that you enhance brand name recognition and brand name loyalty

Relationships, Referrals and Resources: Best Practices in Physician Engagement



LOOKING AHEAD:



Create multi-channel marketing strategies



Understand Managed Care, Medicare & Medicaid reimbursement policies – Dr. Kim Cavitt's Boot Camp



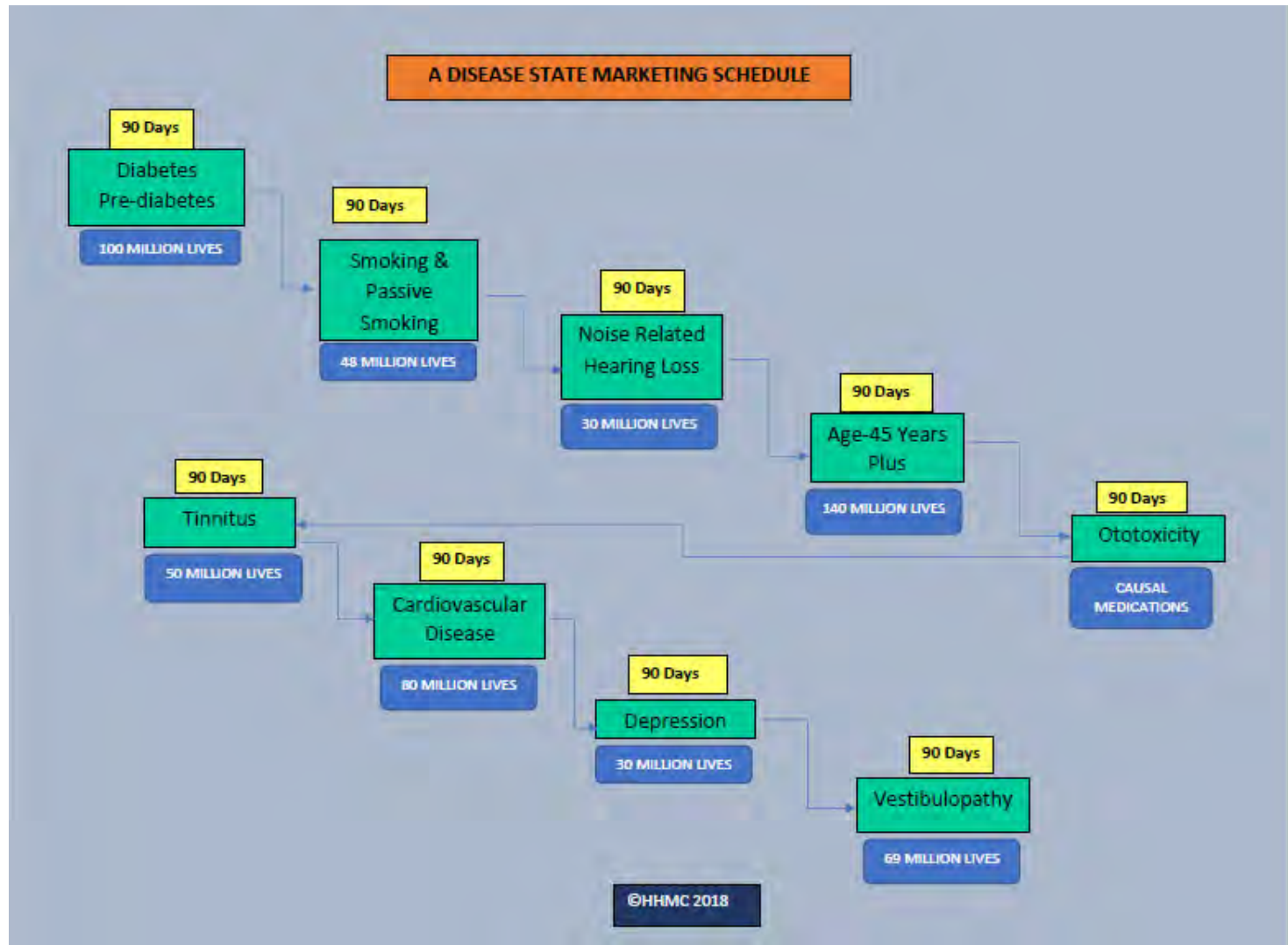
Implement an inter-disciplinary approach to your MD market list – choose physicians who have patients in common with your practice, eg endocrinologists, cardiologists, internists, nephrologists, podiatrists, ophthalmologists, neurologists, pediatricians, geriatricians, ear,nose,throat

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LOOKING AHEAD: Services Marketing

- **“Hearing Care Access? Focus on Clinical Services, Not Devices”**. Ref. Nicholas S. Reed, AuD et al Johns Hopkins University Bloomberg School of Public Health, JAMA online September 13 2018
- **Build a new pipeline of knowledge-based products, and new services-based products.** Eg Liz Rogers, AuD – Corbin, Kentucky – newborn to geriatric, pediatric specialist, cochlear implant mapping, ear wax removal specialist etc
- **Embrace new outcomes based co-morbidity research and share it with our peers, physicians, the public, and patients.** Eg dementia, obesity, nicotine addiction, cardiovascular disease, diabetes
- **Add new Staff and/or new Practice Partner, Physician Liaison, Speech Pathologist, Psychologist, Ophthalmologist; improve economies of scale, cross refer patients in common, practice interdisciplinary care**
- **Collaborate not compete - develop a 24/7 answering service; and on-call cycle with other audiology providers**
- **Collaborate not compete – develop a “Plan ‘B’ Option” relationship with your ENT’s, that has benefits for both practices and the patient**

A DISEASE STATE MARKETING SCHEDULE





Audiology's calls to action:


Increased efforts to strengthen cross-disciplinary training of individuals in both the hearing sciences and public health are needed to advance research and to support broad-based public information campaigns to educate consumers.



In turn, developing strategies to promote core competencies among primary care physicians in how to address hearing loss is critical so patient concerns about hearing that are expressed at primary care visits can be acted upon. *Ref: Frank R. Lin MD et al. Jama August 23/30 2016 Vol 316, Number 8*

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Why you will succeed:

- **Commitment and Consistency are hallmarks of integrity. “Integrity” – Stephen L. Carter Ph D.1996**
- **“I’ve missed more than 9000 shots in my career. I’ve lost almost 300 games. 26 times I’ve been trusted to take the game-winning shot and missed. I’ve failed over and over and over again in my life. And that is why I succeed”. – Michael Jordan**
- **“Fall seven times. Stand up eight”. Anonymous Japanese proverb**
- **Thank you for your kind attention, Bob Tysoe, Marketing & Training, Hearing Healthcare Marketing Company, King City, OR 503 863 9250. robert.tysoe@netzero.net, www.audiologypracticemarketing.com**





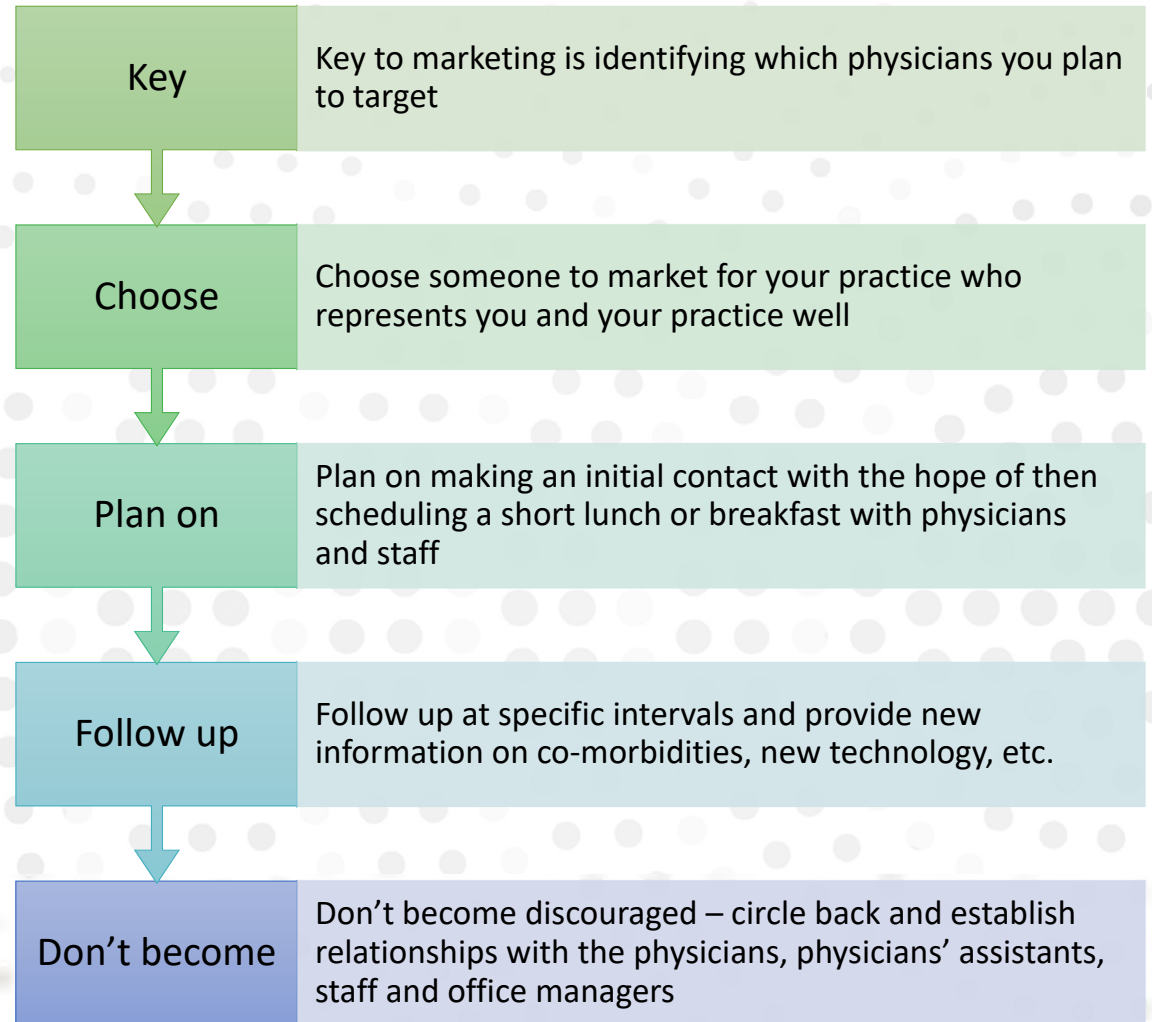
Success & Lessons Learned

Maryann McCullough Nikander, Au.D.,
Audiology and Hearing Aid Center in
Warminster, PA

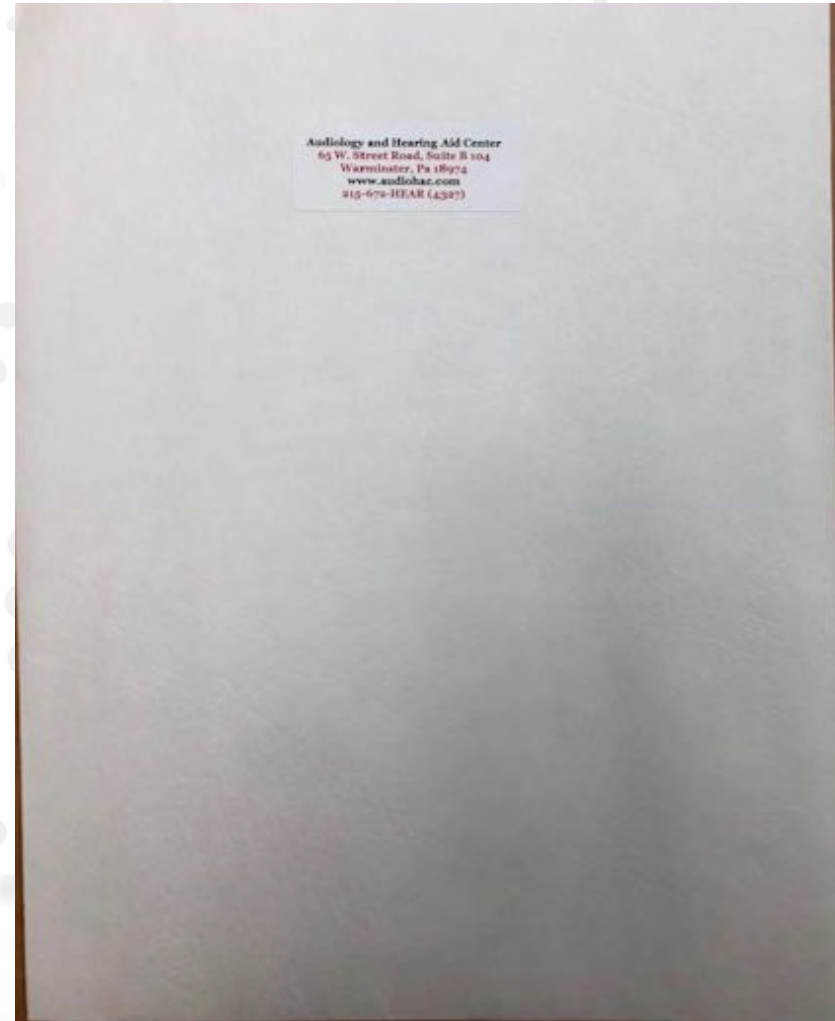
AHAC
Audiology & Hearing Aid Center, LLC

Maryann McCullough Nikander, AuD.
Holli Lish, AuD.

Physician Marketing is a process....



What do we
bring?



What's inside that folder?



Examples of
brochures
included at
follow up visits

Diabetes

Increases Your Risk
of Having a
Hearing Loss



Medical research has uncovered
a link you should know about.

Getting Help For
Your Hearing Loss May

Reduce the Risk of Dementia



Medical research has uncovered
a link you should know about.

Inside those brochures...

If you have diabetes, you may be at greater risk of developing a hearing loss as early as age 30.

According to a study funded by the National Institutes of Health (NIH), hearing loss is about twice as common in adults with diabetes compared to those who do not have the disease. ("Hearing Loss is Common in People with Diabetes," National Institutes of Health, June 15, 2018)

Researchers discovered the higher rate of hearing loss after analyzing the results of hearing tests given to a nationally representative sample of U.S. adults, age 20 to 89 years old. This study found a strong and consistent link between hearing impairment and diabetes, evident as early as ages 30 to 40, even after accounting for major factors known to affect hearing -- including age, race, ethnicity, income level, noise exposure, and certain medications.

For details and more about the link between hearing loss and diabetes, visit <http://www.nidcd.nih.gov/health/conditions/diabetes-and-hearing-loss>.

If you're concerned about the possibility of developing dementia during your senior years, there's something you can do right now that may lower your risk.

According to a study by Johns Hopkins and Harvard Institute on Aging, seniors with hearing loss are significantly more likely to develop dementia over time than those who retain their hearing. ("Hearing Loss and Dementia Linked in Study," Johns Hopkins Medicine, February 14, 2017)

In fact, hearing loss and dementia were strongly linked even after the researchers took into account other factors associated with risk of dementia, including diabetes, high blood pressure, age, sex and race.

The reason why hearing loss would affect the risk of dementia is still unknown. One theory is that, for people with hearing loss, the years of strain in decoding sounds may overwhelm their brains, leaving them more vulnerable to dementia. It's also possible that the social isolation that often accompanies hearing loss is a related social isolation is a known risk factor for dementia and other cognitive disorders.

The primary reason for a hearing aid is still to enhance the quality of your life and your ability to stay engaged with others. But as a secondary benefit, a hearing aid may help delay or prevent dementia.

If you or a loved one has diabetes, or shows signs of hearing loss, call us today to set up a hearing evaluation. Complete contact information on back.



"As diabetes becomes more common, the disease may become a more significant contributor to hearing loss."

Lorraine Truitt, Ph.D., Director, Institute of Diabetes and Obesity and Johns Hopkins, JHU

Audiology and Hearing Aid Center, LLC
215-672-4327 | 215-672-4327 (fax)

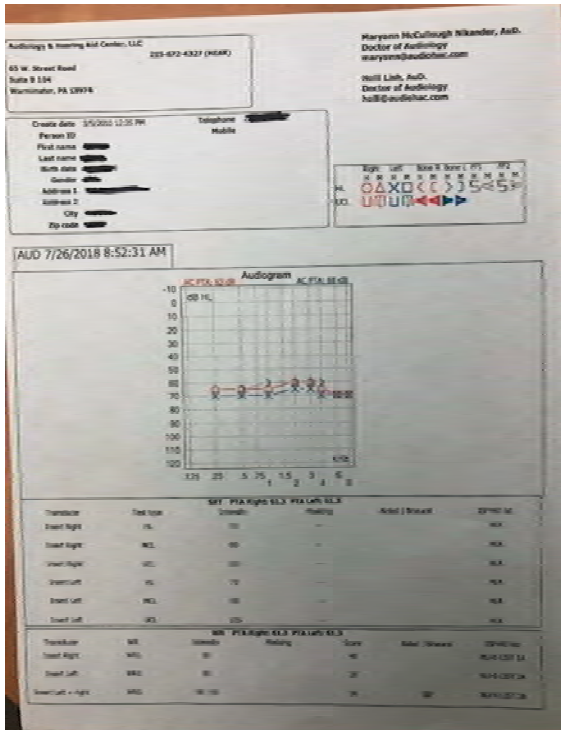
If you or a loved one shows signs of hearing loss, call us today to set up a hearing evaluation. Complete contact information on back.



"Even if people feel as if they are not affected [by hearing loss], we're showing that it may well be a more serious problem."

Heidi G. McDonald, Ph.D., Assistant Professor of the Division of Geriatric and Adult Psychiatry, University of Michigan

Audiology and Hearing Aid Center, LLC
215-672-4327 | 215-672-4327 (fax)



Follow up with the physician is key....
 What NOT to send after patient is evaluated....a poorly written report....

What our
physicians want to
see....
A well written
report with
detailed history,
results and
recommendations

Maryann McCullough Nikander, AuD.
Doctor of Audiology
Holl Jinh, AuD.
Doctor of Audiology

AHAC
Audiology & Hearing Aid Center, LLC

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Warminster, PA 18974
215-672-4327
www.audiohar.com

Patient: (Last Name) [REDACTED] (First Name) [REDACTED] (Initial) [REDACTED] (Date of Birth) [REDACTED]
Address: [REDACTED] City [REDACTED] Province/State [REDACTED] PK [REDACTED]
Phone Code [REDACTED] Title [REDACTED] Extension Number [REDACTED] Home or Office [REDACTED] [REDACTED]
Insurance Code [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

Thank you for referring Carmen Amato. We are committed to providing the highest level of hearing healthcare to your patients and sincerely appreciate your confidence in us.

Puretone Audiometry

COMPLIANCE

Audiometer	Interacoustics AC40
Calibration	03/09/2018
Reliability	Excellent
Test Method	Inserts

Key: Air (Unmasked) / Bone Unmasked / No Response / Masked / Air (Masked) / Bone Masked

SPEECH AUDIOMETRY (Word List: Spondee)

	SAT	SAT	Mask	MCL	UCL
Right	70	90	110		
Left	75	65	100		
Binaural					

TYMPANOMETRY (225 Hz)

	Right	Left
Type		
Pressure (daPa)		
Compliance (ml)		
BCV (ml)		
Gradient (daPa)		
Width (daPa)		

QUICKSOUND

	SWR Loss (masked)	SWR Loss (unmasked)
Right		
Left		
Sum		

0-1 dB - normal; 2-1 dB - Mild; 1-15 dB - Moderate; >15 dB - Severe; (200 Hz) UP - Low Loss (PE) > 3.4 dB - Significant; N - Not A.

WORD RECOGNITION (Presentation Recorded / Word List: CD W-32)

	dBHL	%	Mask	dBHL	%	Mask
Right	90	45				
Left	90	20				
Binaural	90	50				

Background:
Chief Complaint: Possible decrease in hearing sensitivity bilaterally. He has been wearing his current hearing aids for approximately 4 years with limited success. History of noise exposure in the workplace/military. History of measles, mumps. He denies any aural fullness, tinnitus, otalgia, fluctuations in hearing, vertigo, history of ear surgery or a family history of hearing loss. Last evaluation was in 2015.

Results:
Otoscopy: Clear ear canals, bilaterally. A comprehensive hearing evaluation was completed to determine the patient's hearing sensitivity and speech recognition abilities. Pure tone audiometry revealed a moderately severe sensorineural hearing loss bilaterally. Speech reception thresholds were in good agreement with pure tone findings. Word recognition scores were poor in each ear at 80dBHL. These results were reviewed with the patient and his wife and show a slight decline in hearing since the previous evaluation.

Summary/Recommendations:

1. Follow-up with [REDACTED] at next visit to review today's results.
2. Patient having difficulty with current hearing aids. Wants to pursue a trial with new amplification. Patient will consider and return if decides to proceed.
3. Utilize strategies for improving speech understanding (i.e. encourage face-to-face conversation, reduce background noise, enhance room lighting, etc).
4. Repeat audiologic evaluation if any vertigo, otalgia, tinnitus or changes in hearing are noted.

If you have any questions, please do not hesitate to call our office to discuss at 215-672-4327

Assessment Completed By
Maryann McCullough Nikander, AuD.
Maryann McCullough Nikander, AuD.

A Practice Approach

Stacy O'Brien, Au.D.,
Nicole Pavol,
Atlantic Hearing Balance & Tinnitus
Center



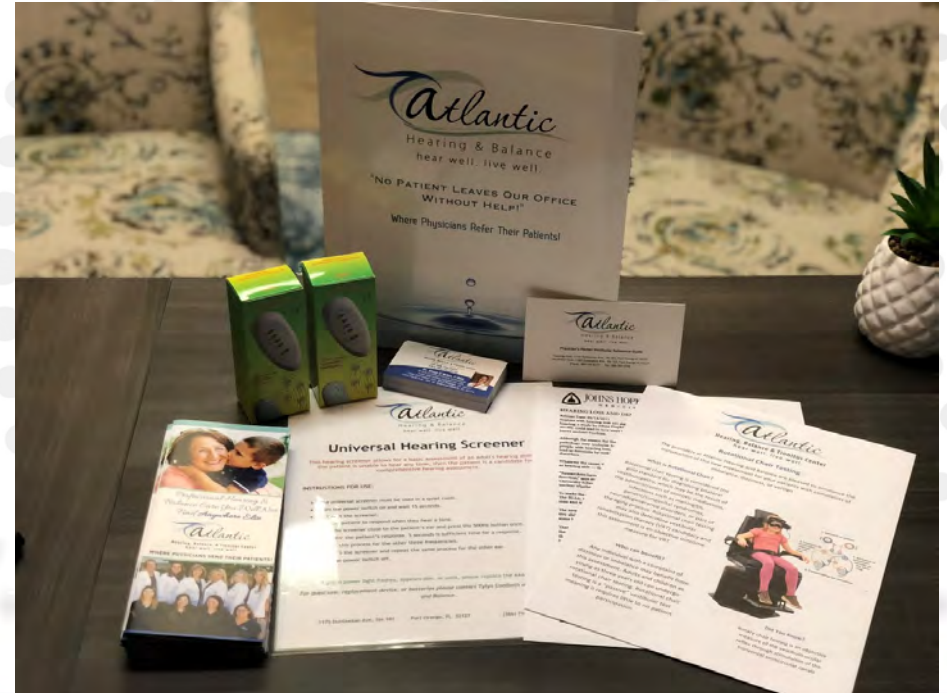
Physicians Marketing & Outreach Prep Work &
Documentation

Atlantic Hearing, Balance, & Tinnitus Center



Hearing, Balance & Tinnitus Center
hear well. live well.

Physicians Folders



Thank the Physicians' offices for their time!



Thank you for helping us
GROW!



Have fun with the holidays!



Thank you for letting us get to know you S'more!!!



Creating a main gift with our brand that can be used for many things over and over again

- Our logo printed mason jar cups go out as a gift to everyone!
- They can be filled with candy, HEARING PROTECTION, hot cocoa during the holidays, etc.
- We use them for Physicians Marketing, Demo Days, Door Prizes, etc.
- They are useful and can be seen everywhere and anywhere!



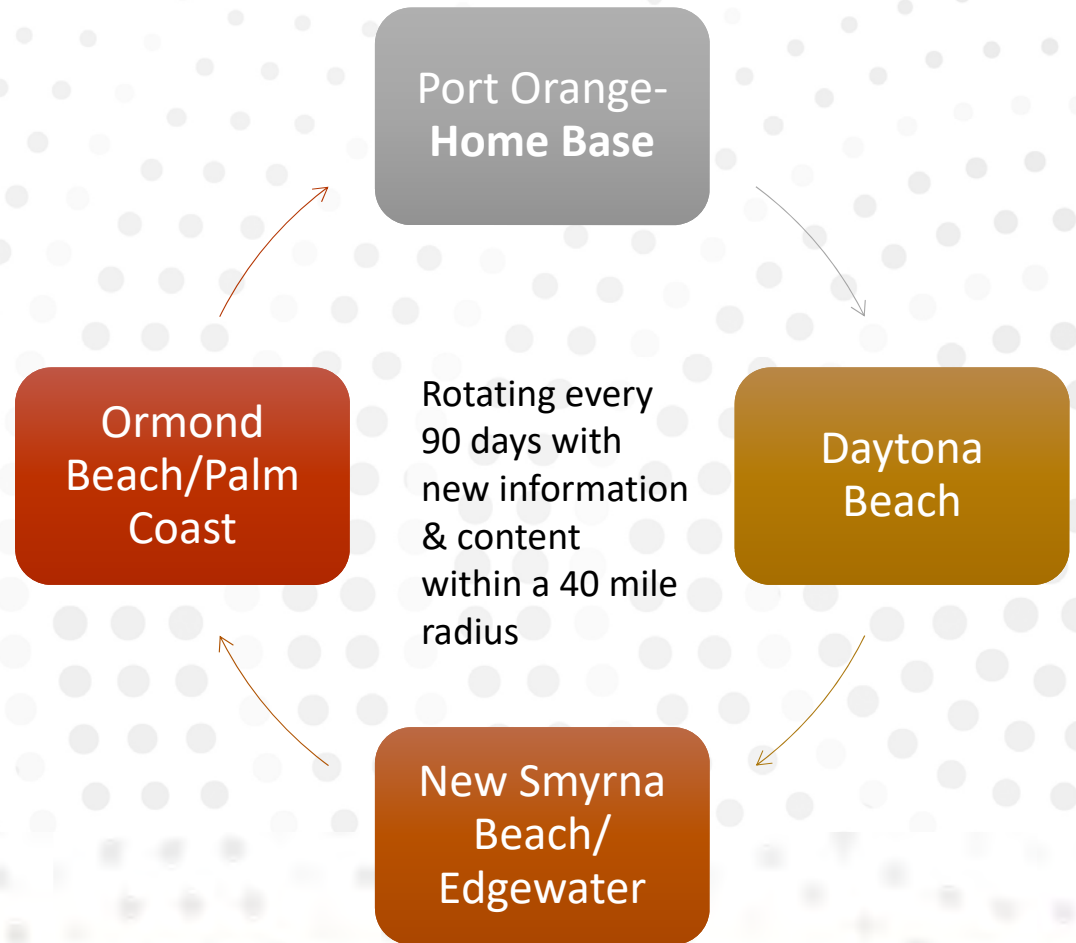
How do you measure success?

Identifying Targets

Territory

Plan of Action

4 Territories





- Try to take the first available appointment but also make it work with your schedule.
- Find out how many people are on staff, if they have any food allergies, how long their lunches run (some are on block schedules and you may get to see multiple physicians, but you need to know when they will be in and how long to block yourself out for).
- Bring back more information to the Lunch and Learn, as you are more than likely going to give it directly to the physician.

Lunch and Learns

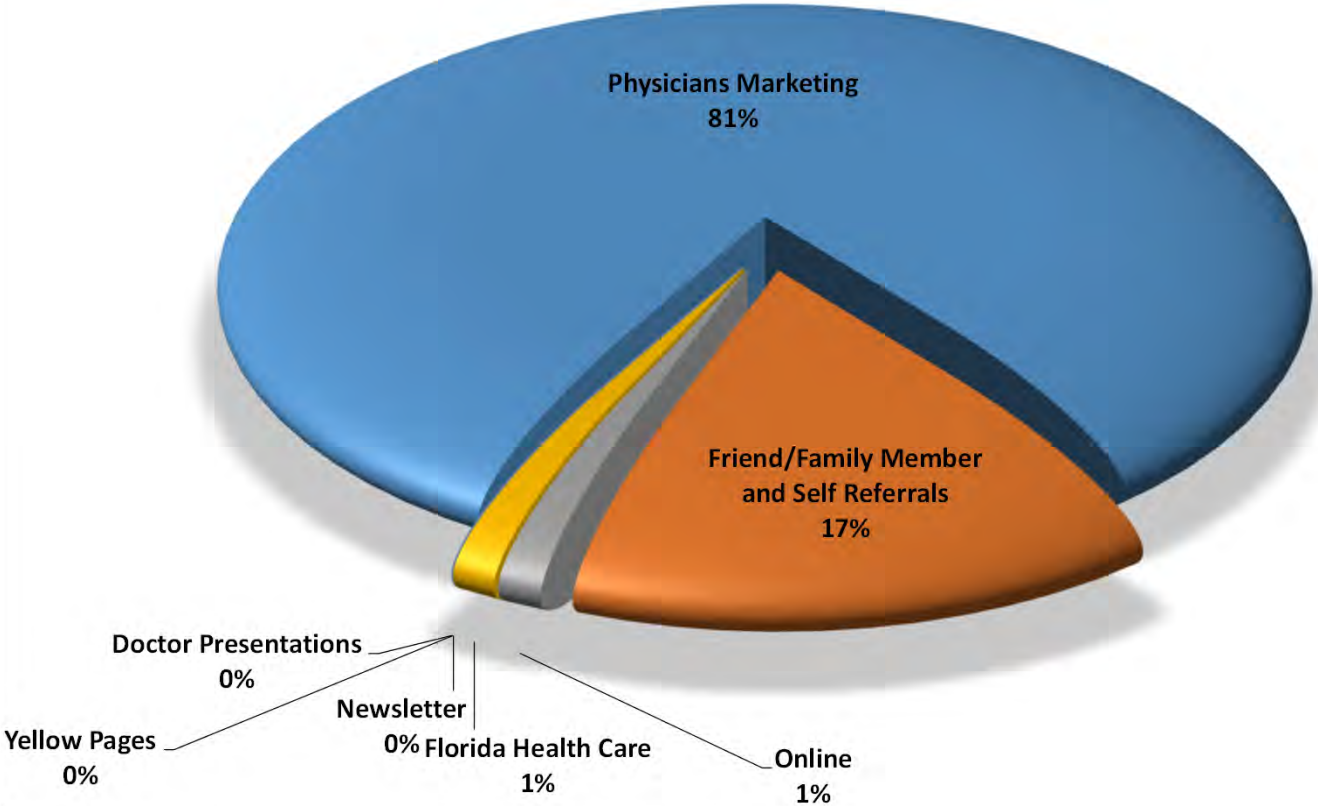
Reaching out to the community

- Become members with the Chamber of Commerce, Rotary, and anything else you see as an asset to the community.
- Health Fairs and Lifestyle Events.
- Get involved with all local Assisted Living Facilities to help facilitate all of their cleaning, hearing, balance, and tinnitus needs. A lot of physician's are in these ALF's as well.
- Promote healthy hearing through outlets like social media marketing, Facebook, Instagram, your website, radio, the newspaper, the yellow pages, and of course by word of mouth & testimonials!



Marketing Categories	New Patients Seen
Physicians Marketing	63
Friend/Family Member and Self Referrals	13
Online	1
Florida Health Care	1
Newsletter	0
Yellow Pages	0
Doctor Presentations	0

July 2018 Marketing Analysis





Be Yourself & have fun with it!
They will see your passion for the patients & entrust their patients with you!

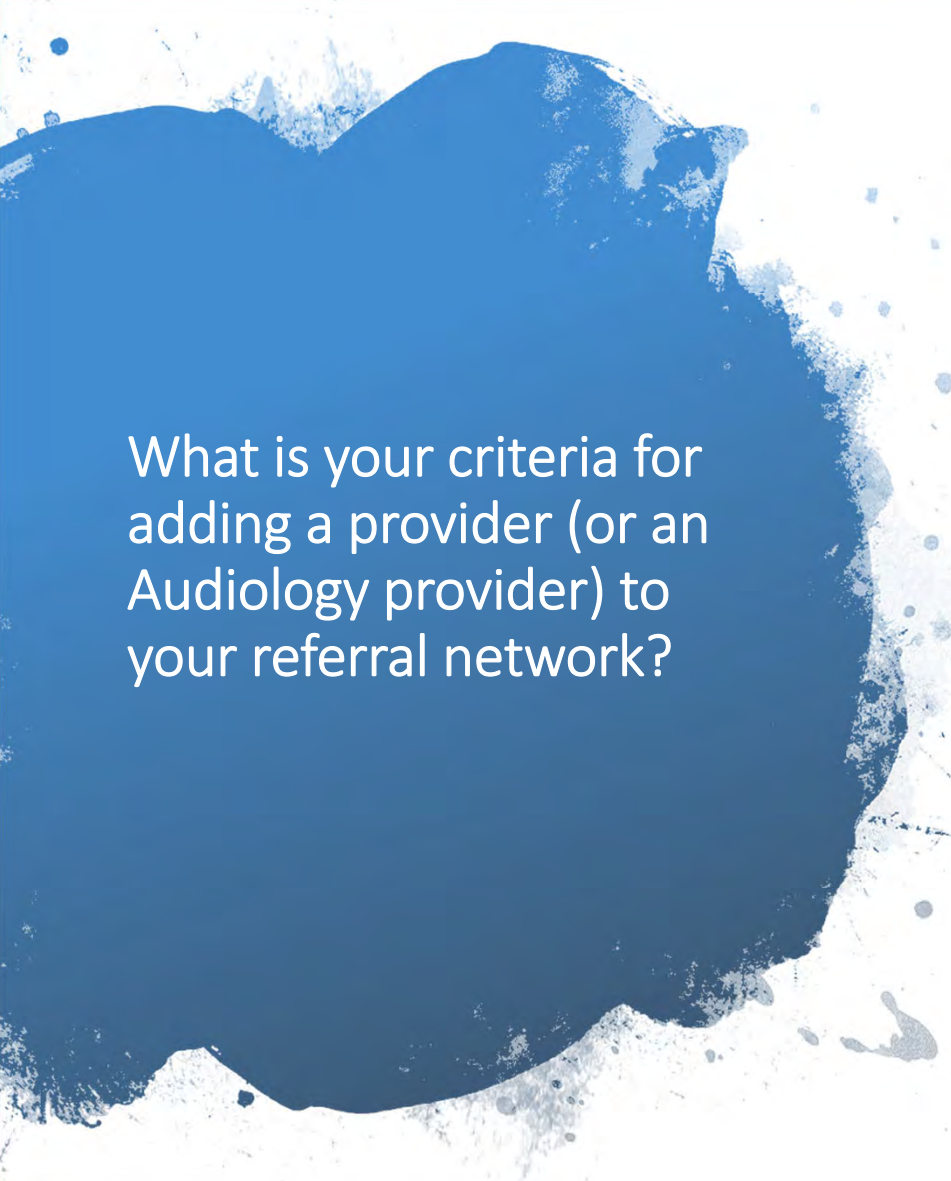


What do physicians
want to know?

David W. Billmeier, MD

Family Practice





What is your criteria for adding a provider (or an Audiology provider) to your referral network?

I don't have specific criteria but attributes that are necessary to would be *competence, honesty, and fairness*. The patient expects the same with very clear communication. In the past, audiology was purely self referral on the part of the patient, at least from me. Now, I'm finding more and more patients looking to me for guidance. This may be a reflection of any combination of our increasing population age, noise pollution, and competition amongst audiology providers/technology.

How do you as a physician measure patient outcomes from a referral provider (documentation, patient feedback etc.).

Outcomes are crucial. For audiology, we can only rely on patient satisfaction as I have never heard of an audiologist doing a post test audiogram after an therapeutic trial or sale of a device. Since the vast majority of patients have self referred, they do not even mention it most often. When I inquire about their satisfaction, their response can range from happy and pleased to dissatisfied and embarrassed to have spent the money.

What is it you would like to see from a referral provider?

When treating or addressing issues like pain, depression, and functional capacity, we often use written surveys or questionnaires, pre and post treatment, in order to add some objectivity to the overall treatment. I realize audiology can use a test that measures loss and gain of frequencies but a helpful tool would be to add a measurement of functional improvement. Sending a compliance report to the physician (as required with sleep apnea CPAP machines) would help to substantiate the therapy as well.



Do you prefer to be consistently updated by the audiologist on new research/technology/etc. regarding audiology/hearing devices/tinnitus/vertigo/etc.?



I would love updates on evidence based advances in the industry and also improvements with technology. I'd like to be kept abreast of costs of hearing devices. As we are all aware, our older population is growing larger and poorer. The percentage of retiree aged people who cannot afford to retire is skyrocketing so competitive options to treat hearing loss is a HUGE appeal for primary providers.



Before your relationship with audiologist Dr. Stacy O'Brien, what were your thoughts on hearing loss/tinnitus/hearing devices/etc.?

- I sent patients to one person I know who is honest and knowledgeable. She practices too far away for most people so I told them, sadly, to do their homework. I didn't know where to send them.

Any additional
comments/suggestions
you would like to give:

Offer pre and post objective tests with background noise and real life sound situations. I clearly see how the standard audiogram measurements in a soundproof environment is essential. It would be great to test with prescribed devices in simulated “real life” situations. Thankfully, Stacy is working to accomplish this with great follow up.



Panel Questions

What do You
Estimate is the
Cost for Physician
Marketing?



The background features a white central area with a light gray dot pattern. This is framed by dark gray and light gray geometric shapes at the top, and a red and yellow geometric shape at the bottom.

What are the advantages of using an outside agency or doing it yourself or employee

How do you establish your physician targets, and what specialties do you include?

How many
physicians should
you target?



Questions





AUDACITY

Bolder than Ever

