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

Gawande, 2013
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, 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
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
The rise of the healthy aging movement
When did we go from this.....
To this....
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
Interventional Audiology Tactics
Cracking the code

Exert more social pressure to get non-consulters to act sooner.
Positive Triggers to Action
Draw attention to a perceptible occurrence that people can relate to.

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

Highlight the hidden risk.

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

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.
Contact an audiologist in your area and take charge of your hearing.
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.
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 actiohear.org
Pilliar-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

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

- Profound or residual: Aided population 5%, Unaided population 90%
- Moderate to Severe: Aided population 70%, Unaided population 30%
- Mild to Moderate: Aided population 10%, Unaided population 90%
The Unmet Need

- **Profound or residual:**
  - Aided population: 5%
  - Unaided population: 95%

- **Moderate to Severe:**
  - Aided population: 70%
  - Unaided population: 30%

- **Mild to Moderate:**
  - Aided population: 10%
  - Unaided population: 90%
Age when hearing loss is first noticed

NIDCD, 2012
Cracking the code

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

It’s not about dispensing a medical device
Dr. Carson’s Spiral of Decision Making
Self-Assessment

Contrasting & Comparing

Cost vs. Benefit

Control
In-clinic success

Contrasting & Comparing

Cost vs. Benefit

Control

Motivational interviewing

Individual Behaviors

Cues to take action
- Family & Friends
- Physician
- Community
Motivational interviewing
Why MI?

Show medical community our profession does not revolve around device
MI: Respects Stages of Change

- **Pre-contemplation**
  - problem doesn’t exist?

- **Contemplative**
  - problem may exist

- **Preparation**
  - problem exists
  - not ready to change

- **Action**
  - problem exists
  - ready to 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.
Traditionally, disability is viewed as caused by impairment. The individual is impaired and is considered the problem. The focus of the medical profession is to cure or alleviate the effect of the 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 professionals 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
Cracking the code

Leverage changes in healthcare system to partner directly with primary care physicians and other medical gatekeepers
Pit Crews, Not Cowboys

Gawande, 2013
The Common Soil Description

Hearing Loss

Cognitive Load

Changes in Brain Structure & Function

Reduced Social Engagement

Common Etiology (e.g., aging, microvascular disease)

Impaired Cognitive Functioning

Poorer Physical Functioning

Poorer QoL & Health Economic Outcomes

Lin 2014
Fig. 2. Conceptual model of the development of age-related hearing loss.

T. Yamasoba et al. / Hearing Research 303 (2013) 30–38
Fig. 2. Conceptual model of the development of age-related hearing loss.

T. Yamasoba et al. / Hearing Research 303 (2013) 30–38
Hearing Loss and Cognitive Decline in Older Adults. Lin et al (2012) *JAMA Internal Medicine*


**ASSOCIATION BETWEEN HEARING IMPAIRMENT AND FRAILTY 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.**

Request a copy of these - brian.taylor@unitron.com
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

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
Promote more effective transitions in care

Improve quality of health care delivery

Promote patient-centered care

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......