



Tinnitus Care for Your Patients, Part 1

AUDACITY 2018

Marketing Tinnitus Specialty Care to Grow Your Practice

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American Tinnitus Association

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Learning Objective 1

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Participants will be able to discuss frequently asked questions and answers about tinnitus specialty care.

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Learning Objective 2

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Participants will be able to discuss marketing strategies for building a tinnitus specialty clinic.

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Learning Objective 3

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Participants will be able to describe the benefits of associating with the American Tinnitus Association.

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Other Objectives of this Session

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1. Is there a market for tinnitus management?
2. Should you specialize in tinnitus management?
3. Is there a need? **YES**
4. Is it financially desirable or feasible?
5. Why is it imperative to build your referral circle?
6. How do you market? How do you charge?
...Insurance? Or no insurance?
...Flat fee? Hourly?



AuDACITY

The ATA is Here for YOU

AUDACITY 2018

Founded in 1971

THE AMERICAN TINNITUS ASSOCIATION

New Mission 2017

**To promote relief, help prevent,
and find cures for tinnitus,
evidenced by its core values of**

compassion, credibility, and responsibility.

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THE AMERICAN TINNITUS ASSOCIATION

www.ATA.org

New Headquarters

December 1, 2017 to Washington, DC Metro Region

- **75,000+ patient community**
- **\$6 Million+ in research seed grants to-date**
- **TinnAP – Tinnitus Advisors Program (Beta)**
- ***Tinnitus Today* Magazine (digital and print)**
 - **Masking Sound Library**



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- **Tinnitus Today Archives by Subject**
- ***Conversations in Tinnitus* Podcasts**
- **Progressive Tinnitus Management (PTM) Workbook**
 - **40 Tinnitus Support Groups**
 - **100+ Support Network Volunteers**
 - **Scientific Advisory Committee**

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The ATA is Here for YOU

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HOW IS THE ATA FUNDED



By thousands of individual supporting members ...

By healthcare providers ... like you.

And by bequests ...

No government funding  No outside grants

*** Always seeking companies that wish to support and influence our mission, projects, research funding, and patient community .***



Poll Question #1

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Approximately ... **how many tinnitus patients do you see in a year?**

- ✓ **Very few, but am thinking of growing my tinnitus practice**
- ✓ **24 patients? (2 a month)**
- ✓ **60 patients? (5 a month)**
- ✓ **144 patients? (12 a month)**
- ✓ **More than 144 patients a year?**

SHOW OF HANDS

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Criticality of Tinnitus Management

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“If audiologists don’t own tinnitus management, some other profession will.”

Richard Tyler, PhD, University of Iowa

Professor of Otolaryngology

Professor of Communication Sciences and Disorders

April 2013 in Anaheim @

**ABA’s Practice Analysis in Clinical Audiology
SME Focus Group**



Why Audiologists?

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Audiologists are in a key position to provide tinnitus care.

- Why?
 - You listen and you care
 - You offer hope
 - You offer compassion
 - You educate
 - **You know the strategies & treatments to help**

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Why Audiologists?

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Audiologists can coordinate patient care.

- ENT
- Dentist
- Psychologist/ LCSW
- Psychiatrist
- Massage /other therapists
- Nutritionist

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Why Audiologists?

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Audiologists can have a Human Impact on Tinnitus.

- You can help patients lower their distress,
- their anxiety,
- their fear,
- their fatigue,
- their stress

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Poll Question #2

How many have read and use these recommendations?

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AAO-HNSF Clinical Practice Guideline: Tinnitus (2014)

Purpose to provide evidence-based recommendations for clinicians managing patients with tinnitus.

- 13 recommendations
 - evaluation
- selection and timing of diagnostic testing
 - specialty referral
- evaluation and treatment of patients with persistent primary tinnitus
 - determine most appropriate interventions to improve symptoms and quality of life for tinnitus sufferers.

Executive Summary: <http://journals.sagepub.com/doi/abs/10.1177/0194599814547475>



Tinnitus Prevalence

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- Tinnitus is the 3rd most common problem in the global population”
- 10-15% of adults worldwide have tinnitus that requires medical attention
- Approximately, 3/4 of patients who experience tinnitus are not bothered by it. However, for the remaining 25 percent, tinnitus has a significant impact on their daily life.

<https://www.futuremarketinsights.com/reports/tinnitus-management-market>



Tinnitus Prevalance

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World Health Organization (WHO)

- Prevalence of hearing impairment increasing exponentially.
- Prevalence rate at 5.3%, or approximately 360 million people in the year 2012. Out of those affected, 91% were adults and 9% were children.
- Approximately 1/3 of people over the age of 65 are affected by hearing impairment.

<https://www.futuremarketinsights.com/reports/tinnitus-management-market>

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Tinnitus Prevalence

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UN Dept. of Economics and Social Affairs

- In 2013 there were 841 million seniors (65 or >65)
- This is 4 times higher than figures of the geriatric population in 1950.
- Geriatric population expected to surpass 2 billion by 2050.

<https://www.futuremarketinsights.com/reports/tinnitus-management-market>

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Let's Talk Market Share: 2017-2025

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“Hearing Aids to Hold Largest Market Share Through Forecast Period”

According to *Future Market Insights*:
“the **increasing prevalence of tinnitus** and a **rising global geriatric population** are driving the growth of the global tinnitus management market.”

The report, Tinnitus Management Market: Hearing Aids to Hold Largest Market Share Throughout the Forecast Period: Global Industry Analysis and Opportunity Assessment 2017 – 2025, can be requested here:

<https://www.futuremarketinsights.com/reports/tinnitus-management-market>



Let's Talk Market Share: 2018-2023

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Tinnitus Management Market Size Will Escalate Rapidly in the Near Future

**According to *Coherent Marketing Insights*,
the tinnitus management market is expected to
have a highly positive outlook for the next 5 years.**

The report, *Tinnitus Management Market*, expects a highly positive outlook 2018-2026, and can be requested here:

<https://www.coherentmarketinsights.com/insight/request-pdf/1369>



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Audiologists Are First Responders

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**Now that we know the tinnitus management
market is real and growing:**

**why is it so important for Dr. Meltzer
and I, as representatives of ATA, to be here
in front of you, today?**

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Audiologists Are First Responders

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1. Because you are a first responder.

**You may not realize it,
but you set the stage for a
tinnitus patient's recovery.**

WORDS HEAL * COMPASSION HEALS * COUNSELING HEALS

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Audiologists Are First Responders

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2. You can reduce perceived threat through education.

- The ringing you hear is real.
- The way you feel now is not necessarily the way you will feel for the rest of your life.
- You're brain is reacting to a perceived threat.

WORDS HEAL * COMPASSION HEALS * COUNSELING HEALS

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Initial Dialogue with Patient

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ATA MISSION CRITICAL – Change the Dialogue

**“Right now there isn’t a medication I can prescribe
or a surgery I can perform, but there are ways
to get some relief.”**

This can make a patient feel:

- Relief because there is something that can be done
- Hope that they won’t always feel this way

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Promoting Tinnitus Management

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ATA MISSION CRITICAL – Expand the Pool of Qualified Healthcare Providers to Treat Tinnitus Patients

**“Can you help me find someone to help me, PLEASE?
I can’t find anyone in my area to help me.”**

~ Daily Calls to the ATA

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Should YOU see tinnitus patients?

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First ask yourself ...

Is a tinnitus management practice for me?

**Some audiologists avoid tinnitus patients
because there is no quick answer,
such as surgery, drugs, or a cookbook remedy.**

Plus every tinnitus patient is different.

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Should YOU see tinnitus patients?

AUDACITY 2018

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Is a tinnitus management practice for me?

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Should YOU see tinnitus patients?

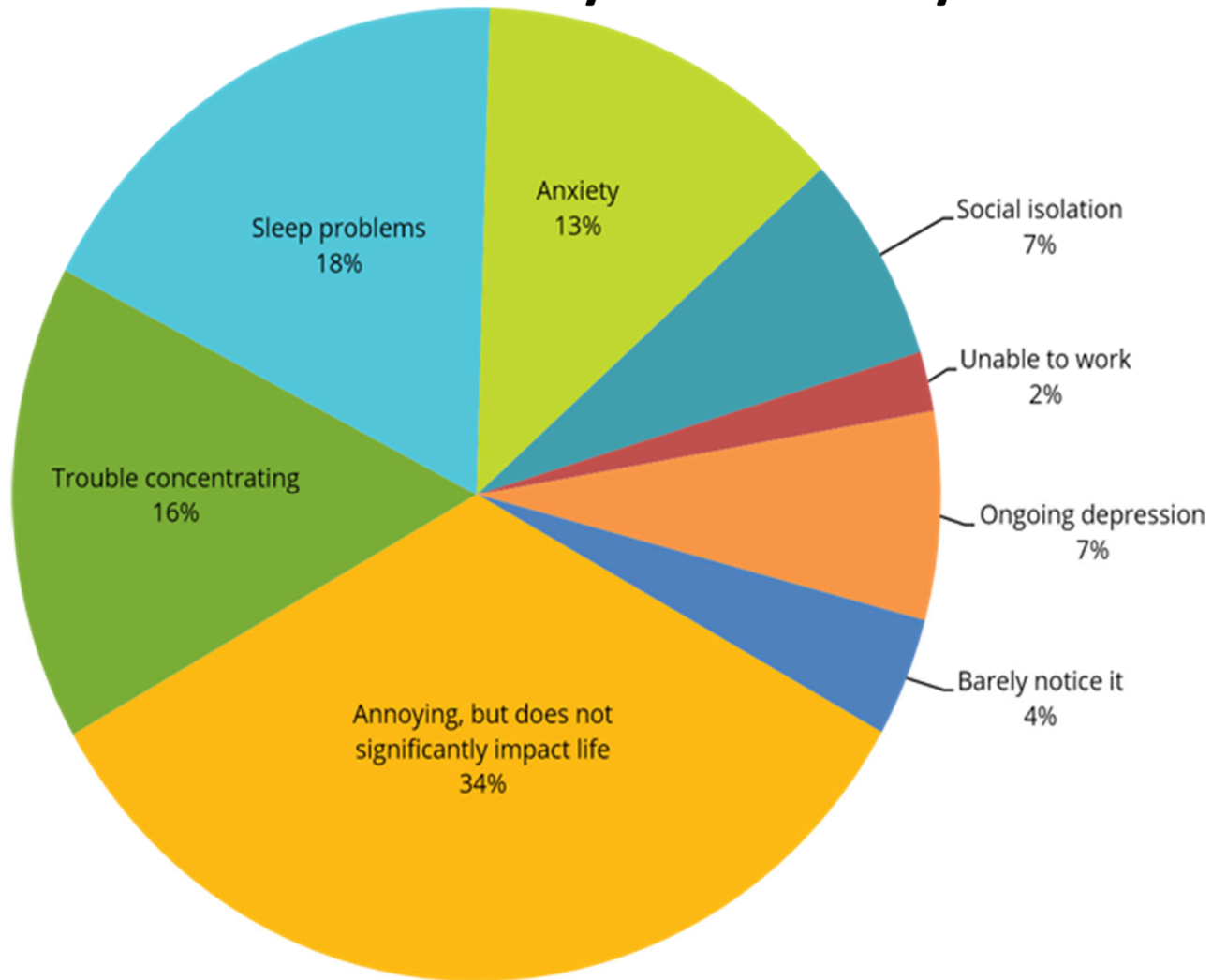
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- Distress
- Depression
- Anxiety
- Frequent mood swings
- Sleep disturbances
- Irritability or frustration
- Poor concentration
- Pain (particularly when assoc. with hyperacusis)

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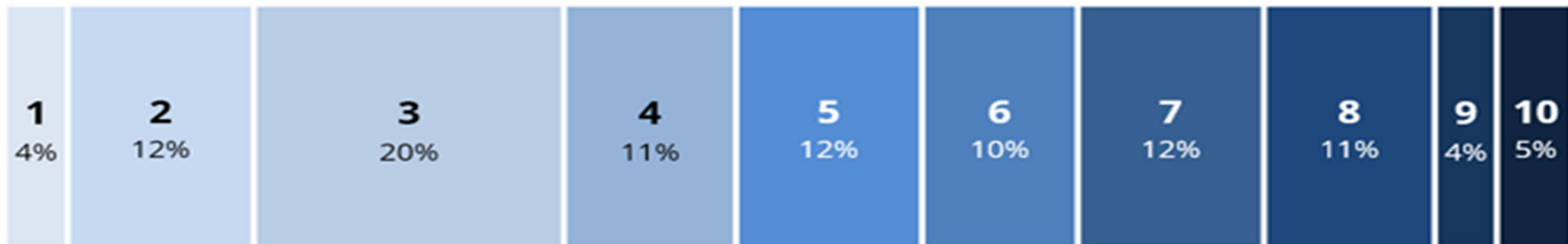
What best describes how tinnitus affects your daily life?



American Tinnitus Association: 2014 survey

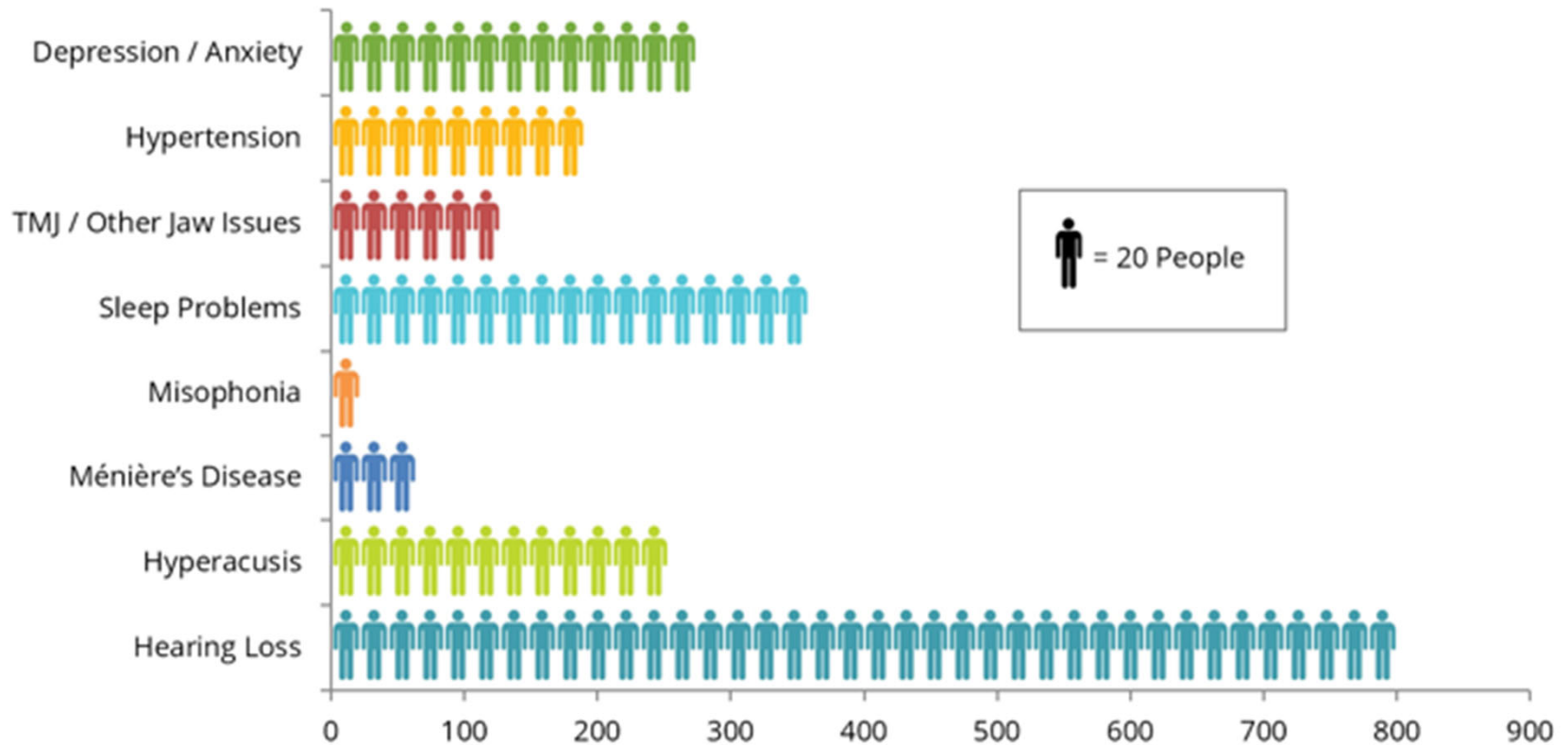
ATA 2014 Survey

On a scale of 1 (low) to 10 (high), how much does tinnitus impact your life



American Tinnitus Association: 1,100 Respondents to ATA survey

Do You Have Any of the Associated Health Conditions?



American Tinnitus Association: 2014 Survey



What training do I need to have?

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**YOU JUST CAN'T
OPEN A STORE AND
HANG OUT A
SHINGLE.**

QUOTEHD.COM

Paul Montgomery

Second, ask yourself ...

**Do I need training in
order to treat
tinnitus patients?**

YES, YES, & YES

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Tinnitus Mgmt. Training Programs

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Tinnitus Practitioners Association (TPA)

Associate Course (1.5 Tier 1 CEUs)

2-day course, 6 months experience with tinnitus patients required,
no learning assessment

Tinnitus Practitioners Association (TPA)

Fellow Course (1.5 Tier 1 CEUs)

2-day course, TRT or TPA Associate course plus 6 months experience
with tinnitus patients recommended, no learning assessment

Tinnitus Retraining Therapy Workshop – Jastreboff Course

November 4-6, 2018 - Columbia MD

Followed by an add-on workshop on Sound Sensitivity, November 7-8



Tinnitus Mgmt. Training Programs

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Tinnitus Retraining Therapy (TRT) Course

3-day course, no eligibility criteria, no learning assessment

ABA Certificate Holder—Tinnitus Management (CH-TM™)

(1.4 Tier 1 CEUs)

7 self-study modules, includes learning assessments

IHS Tinnitus Care Provider Certificate Program

(1.6 Tier 1 CEUs) 2-day workshop, 2 years post licensure experience required, includes learning assessment



More Training

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There are many other CE offerings related to tinnitus that provide useful training for audiologists seeking to bolster their knowledge and skills in tinnitus.

Audiology Online – 111 courses on “tinnitus” search

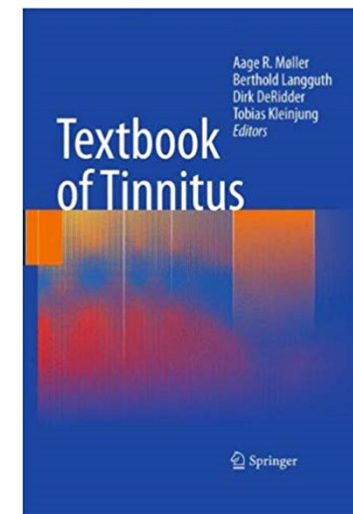
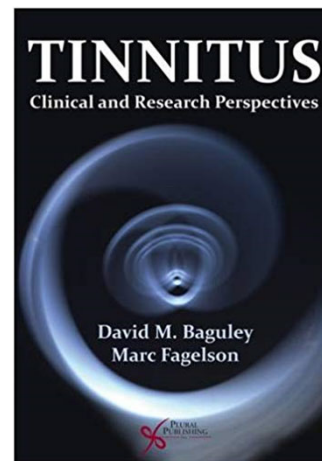
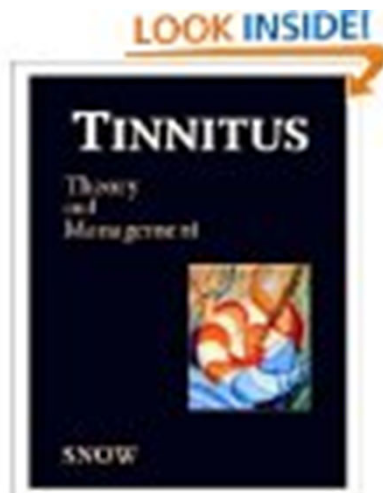
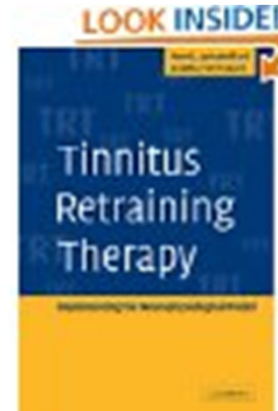
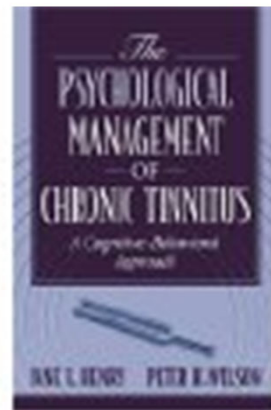
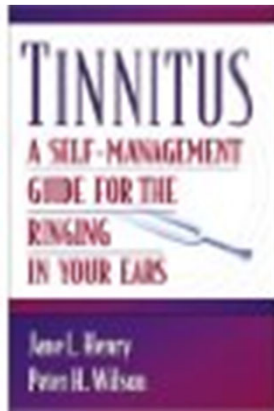
ASHA – Webinars, Self-Study Courses

AAA – eAudology

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Books



Just to name a few.



Other Learning Opportunities

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ADA – AuDACITY

Tinnitus Care for Your Patients, Parts 1 & 2

Hearing Journal

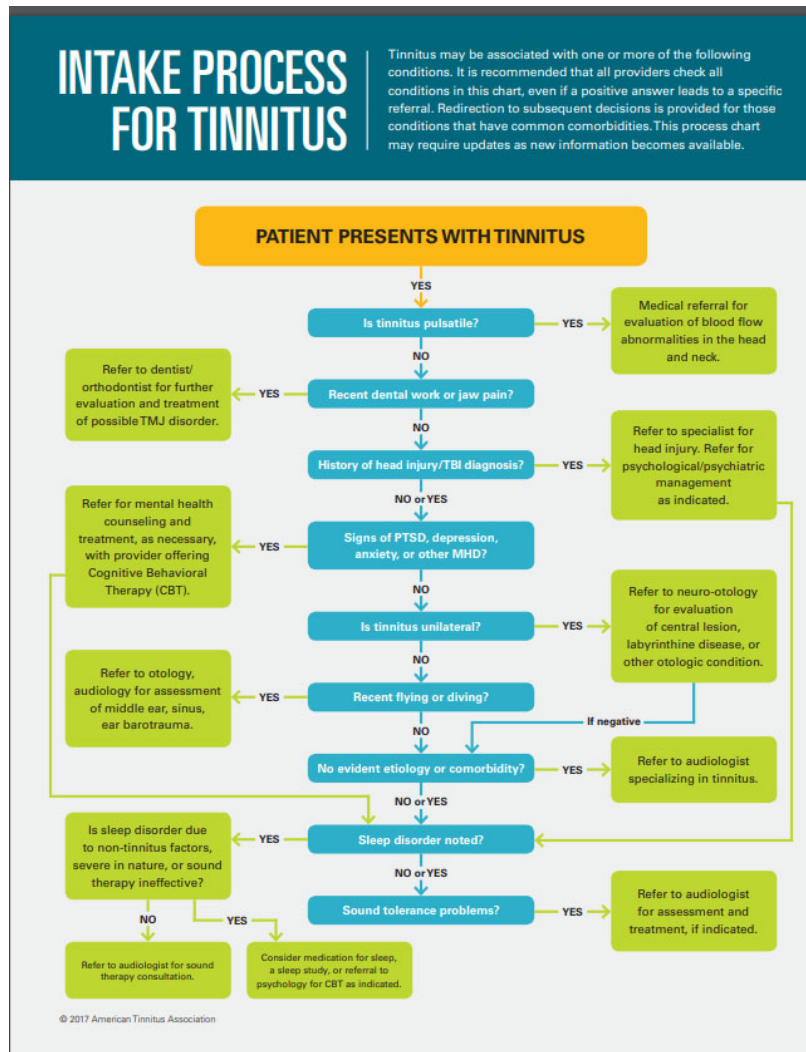
Hearing Review

Tinnitus Tools @ American Tinnitus Association

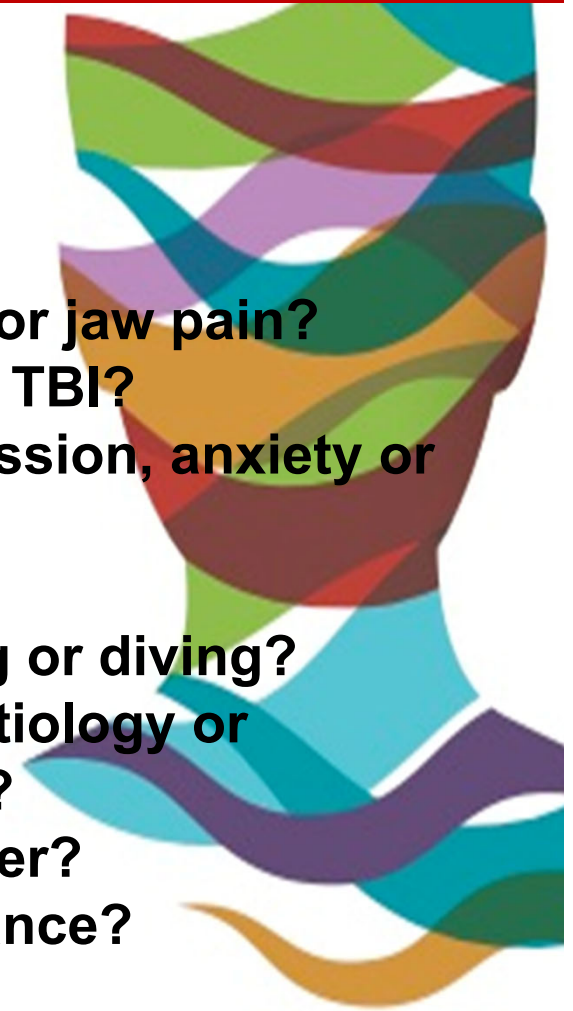
www.ATA.org

1. Intake Process for Tinnitus .pdf
2. Patient Navigator .pdf
3. Tinnitus Options Grid .pdf

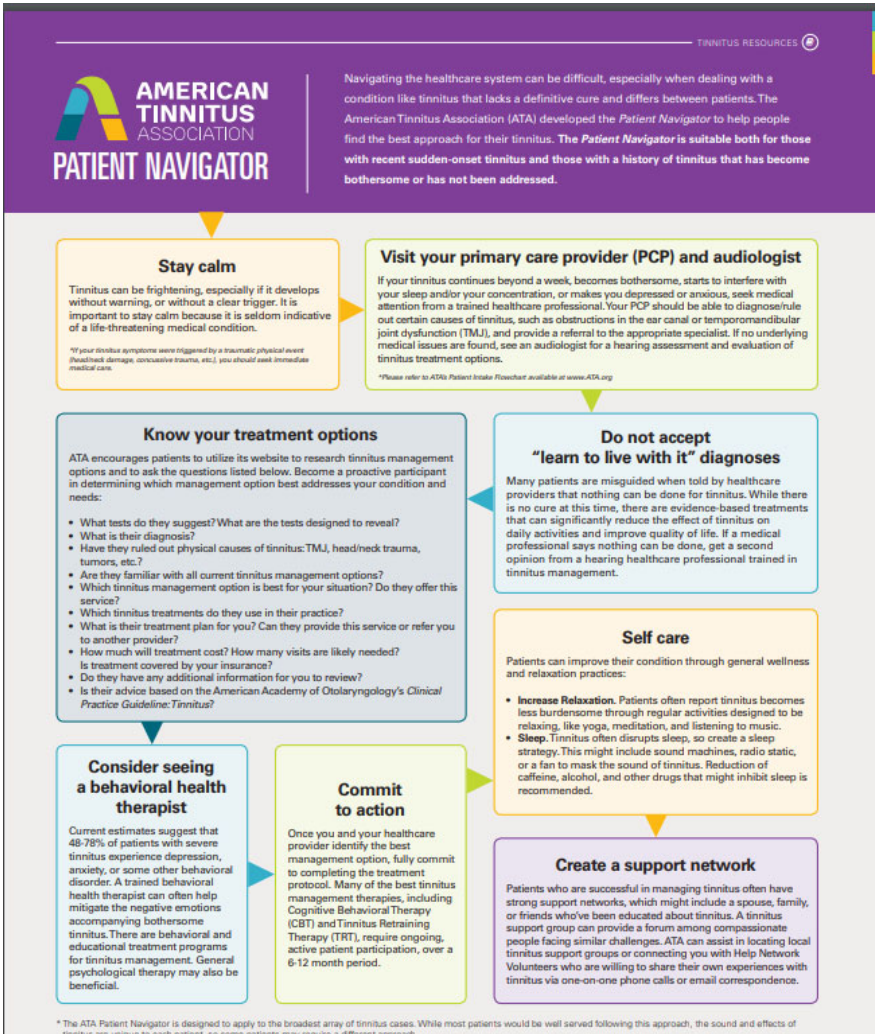
Intake Process for Tinnitus



- Pulsatile?
- Dental work or jaw pain?
- Head Injury / TBI?
- PTSD, depression, anxiety or other MHD?
- Unilateral?
- Recent flying or diving?
- No evident etiology or comorbidity?
- Sleep disorder?
- Sound tolerance?



Patient Navigator



TINNITUS RESOURCES

AMERICAN TINNITUS ASSOCIATION
PATIENT NAVIGATOR

Navigating the healthcare system can be difficult, especially when dealing with a condition like tinnitus that lacks a definitive cure and differs between patients. The American Tinnitus Association (ATA) developed the *Patient Navigator* to help people find the best approach for their tinnitus. The *Patient Navigator* is suitable both for those with recent sudden-onset tinnitus and those with a history of tinnitus that has become bothersome or has not been addressed.

Stay calm
Tinnitus can be frightening, especially if it develops without warning, or without a clear trigger. It is important to stay calm because it is seldom indicative of a life-threatening medical condition.
*If your tinnitus symptoms were triggered by a traumatic physical event (head/neck trauma, concussive trauma, etc.), you should seek immediate medical care.

Visit your primary care provider (PCP) and audiologist
If your tinnitus continues beyond a week, becomes bothersome, starts to interfere with your sleep and/or your concentration, or makes you depressed or anxious, seek medical attention from a trained healthcare professional. Your PCP should be able to diagnose/rule out certain causes of tinnitus, such as obstructions in the ear canal or temporomandibular joint dysfunction (TMJ), and provide a referral to the appropriate specialist. If no underlying medical issues are found, see an audiologist for a hearing assessment and evaluation of tinnitus treatment options.
*Please refer to ATA's Patient Intake Flowchart available at www.ata.org

Know your treatment options
ATA encourages patients to utilize its website to research tinnitus management options and to ask the questions listed below. Become a proactive participant in determining which management option best addresses your condition and needs:

- What tests do they suggest? What are the tests designed to reveal?
- What is their diagnosis?
- Have they ruled out physical causes of tinnitus: TMJ, head/neck trauma, tumors, etc.?
- Are they familiar with all current tinnitus management options?
- Which tinnitus management option is best for your situation? Do they offer this service?
- Which tinnitus treatments do they use in their practice?
- What is their treatment plan for you? Can they provide this service or refer you to another provider?
- How much will treatment cost? How many visits are likely needed?
- Is treatment covered by your insurance?
- Do they have any additional information for you to review?
- Is their advice based on the American Academy of Otolaryngology's Clinical Practice Guideline: Tinnitus?

Do not accept "learn to live with it" diagnoses
Many patients are misguided when told by healthcare providers that nothing can be done for tinnitus. While there is no cure at this time, there are evidence-based treatments that can significantly reduce the effect of tinnitus on daily activities and improve quality of life. If a medical professional says nothing can be done, get a second opinion from a hearing healthcare professional trained in tinnitus management.

Self care
Patients can improve their condition through general wellness and relaxation practices:

- **Increase Relaxation.** Patients often report tinnitus becomes less burdensome through regular activities designed to be relaxing, like yoga, meditation, and listening to music.
- **Sleep.** Tinnitus often disrupts sleep, so create a sleep strategy. This might include sound machines, radio static, or a fan to mask the sound of tinnitus. Reduction of caffeine, alcohol, and other drugs that might inhibit sleep is recommended.

Consider seeing a behavioral health therapist
Current estimates suggest that 48-78% of patients with severe tinnitus experience depression, anxiety, or some other behavioral disorder. A trained behavioral health therapist can often help mitigate the negative emotions accompanying bothersome tinnitus. There are behavioral and educational treatment programs for tinnitus management. General psychological therapy may also be beneficial.

Commit to action
Once you and your healthcare provider identify the best management option, fully commit to completing the treatment protocol. Many of the best tinnitus management therapies, including Cognitive Behavioral Therapy (CBT) and Tinnitus Retraining Therapy (TRT), require ongoing, active patient participation, over a 6-12 month period.

Create a support network
Patients who are successful in managing tinnitus often have strong support networks, which might include a spouse, family, or friends who've been educated about tinnitus. A tinnitus support group can provide a forum among compassionate people facing similar challenges. ATA can assist in locating local tinnitus support groups or connecting you with Help Network Volunteers who are willing to share their own experiences with tinnitus via one-on-one phone calls or email correspondence.

* The ATA Patient Navigator is designed to apply to the broadest array of tinnitus cases. While most patients would be well served following this approach, the sound and effects of tinnitus are unique to each patient, so some patients may require a different approach.

- 
- Stay calm
 - Visit PCP and AuD
 - Do not accept “learn to live with it” diagnosis
 - Know your treatment options
 - Consider seeing a behavioral health therapist
 - Commit to action
 - Self care
 - Create a support network

Tinnitus Care Options

TINNITUS CARE OPTIONS

Use this decision aid to help you and your healthcare professional(s) talk about evidence based tinnitus care options. If you have a hearing loss as well, see the Hearing loss: hearing technology options Option Grid www.optiongrid.com

Frequently asked questions	Options for tinnitus care			
	Understanding tinnitus	Talking therapies	Using sound	Group support
Will this option mean I hear my tinnitus less or cure it?	Understanding tinnitus may not make it go away, but getting a better grasp of tinnitus can mean that you notice it less.	Following talking therapy, some people don't hear tinnitus as much. Whilst some people may find that they hear it just as much, others often describe their tinnitus as becoming less bothersome.	Some people find playing sound through various devices helps them hear the tinnitus less. Sound is unlikely to make your tinnitus go away completely. If you have hearing loss and tinnitus some people find hearing aids can help reduce awareness - see the Hearing loss: hearing technology options Option Grid.	This probably won't mean that you hear your tinnitus less, but sharing experiences can be supportive, especially in helping you to understand tinnitus and feel less alone. This may mean that you notice tinnitus less.
What does this do to tinnitus?	Tinnitus is often made worse by worrying about what it is and what it means. Understanding tinnitus and what influences it can help you manage tinnitus better.	Tinnitus is often made worse by higher levels of stress, and talking therapies can help by reducing stress. Talking therapies also focus on changing how you respond to tinnitus. You learn to change how you think and act and how much attention you give to it.	Tinnitus is influenced by other sounds around you. By listening to external sounds, you're likely to hear your tinnitus less. It can be helpful to focus your attention onto another sound.	Groups can help people find support from others. People swap ideas about what helps them with their tinnitus.
How does this approach help tinnitus?	Making sense of the causes of tinnitus and what keeps people noticing it, can help people cope with tinnitus. Most people find discussing tinnitus information with an Audiologist or Hearing Therapist is helpful.	Talking therapies have been shown to reduce distress caused by tinnitus. People who have talking therapy for tinnitus can find that they notice it less.	Some people find it helpful to put a radio on in the background when they come into a quiet setting. Others may use relaxing sounds to help get to sleep at night. Various devices and apps are available for this.	Many people find it helpful to meet others who are in the same position. Groups provide information and support. Groups are unlikely to make tinnitus go away but understanding that you are not alone might help.
How do I access this option?	You can get tailored advice from your Hearing Therapist or Audiologist. Your GP can refer you to these services. The British Tinnitus Association produce clear information on all aspects of tinnitus.	There are different types of talking therapies. You can access this type of help from a psychologist, therapist or even online. Talk to your GP about referral.	An Audiologist or Hearing Therapist can advise on this. Your GP can arrange a referral.	The British Tinnitus Association have information on tinnitus groups in the UK. Alternatively your local audiology service may be able to guide you to a group.
Can I choose more than one option?	Yes	Yes	Yes	Yes

(T) British Tinnitus Association

Editors: Helen Pryce, Elizabeth Marks, Sarah Swift, Melanie Ward, Amanda Hall, Rachel Shaw, Beth-Anne Culhane, Jean Straus, Katie Chilvers.
The British Tinnitus Association. Registered charity no: 1011145



Should YOU See Tinnitus Patients?

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**Still want to expand / market
your tinnitus management clinic
or start a tinnitus
management practice?**

GREAT! Here's Jill!

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Tinnitus Myths

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Let's start with some tinnitus myths:

- Tinnitus causes hearing loss/deafness
- Tinnitus only affects those with hearing loss
- Tinnitus is a disease
- Tinnitus gets progressively worse over time
- Tinnitus always sounds like *'ringing'* in the ear
- There's nothing that can be done for tinnitus
- Severing the Auditory Nerve will end tinnitus



Tinnitus Facts



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- Stress and anxiety can exacerbate tinnitus
- The distress of tinnitus can vary
- Tinnitus perception is not equal to tinnitus distress
- While there is no cures for tinnitus, **YET**, much can be done to alleviate its negative effects



Tinnitus Facts

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- People of any age can have tinnitus
- Therapies can help
 - TRT 
 - CBT
 - Sound Enrichment 
 - Hearing Aids
- Tinnitus incidence increases with age
 - Not necessarily disturbance of tinnitus



How to Start Building a Tinnitus Management Clinic

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**So...how do you start to build
& market a tinnitus management clinic?**

**Know and accept that
tinnitus patients are different.**

They can be needy, concerned, anxious,
depressed, many Type A personalities,
and sometimes
you are their last hope.

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Every Patient Has their Own Story

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Every patient bothered by tinnitus has a unique story that needs to be heard and validated before discussing treatment options.

Tinnitus often causes:



Sleepless Nights,
Constant **Anxiety**,
Crazy **Mood Swings**,
Helpless **Depression**,
Energy Sapping **Exhaustion**,
Overall **Stress in Your Life**.

“The Ringing Just Won’t Stop!!!”



Step #1: First Impressions

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Key First Impressions: Front Office



It starts with front desk staff answering the phone:

- ✓ Show empathy
- ✓ Have patience – don't rush
- ✓ Ensure the patient that they have called the right place

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Step #1: First Impressions

AUDACITY 2018

Key First Impressions: You

Check your body language.

- ✓ Be open and warm – not arms crossed
- ✓ Acknowledge the patient's feelings about their loss of silence.
- ✓ Pay attention to your patient. Don't look at EMR. Don't look at the data or questionnaires.
- ✓ **Hear your patient. REALLY listen.**



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Step #1: First Impressions

AUDACITY 2018

Key First Impressions: You

Set expectations & create a collaborative relationship.



- ✓ Ask: “What are you hoping that I can do for you?”
- ✓ Create realistic expectations:

“Better” is not the elimination of the tinnitus sound.

“Better” means you control it; it doesn't control you.

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Step #2: Counseling

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3 Key Concepts in Real Estate: Location Location Location

Counseling * Counseling * Counseling!

➔ **Directive Counseling** – “I’m going to teach you about your tinnitus”.

TRT (Tinnitus Retraining Therapy) - Teaching or training session, where information and knowledge about tinnitus and sound sensitivity are given to the patient. This is a key part of TRT.

➔ **Collaborative Counseling** -- Lead the patient on a journey to understand their tinnitus to lessen its negative impact.

* Patient Centered



Step #2: Counseling

AUDACITY 2018

Counseling * Counseling * Counseling

- ➔ **CBT/ other counseling** – Ensure a therapist is well established and will have a positive impact on the patient.
 - Offer yourself to the patient's therapist to ensure that the therapist and you are on the same page.
 - Affiliate with allied professionals. A good place to start maybe at pain clinics in the area to find a therapist
 - See psychologytoday.com to search for a CBT therapist or a mindfulness therapist in their area

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Step #3: Initial Evaluation

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Length of time? 1, 2, 3 hours?

— After completing and reviewing a patient's completed questionnaires, the clinician has a clearer vision of this tinnitus patient.

- Tinnitus Questionnaires



- What makes Tinnitus better or provides some measure of relief?
- What exacerbates tinnitus?
- Where is tinnitus perceived?
- Hearing loss?

- Patient expectation

- Greatest concern (“If I had a magic wand, which would you want me to improve first?”)

— Tinnitus

Sound Sensitivity

Hearing Loss



Step #3: The Initial Evaluation

AUDACITY 2018

**An evaluation doesn't start in the booth ...
... it starts with a conversation.**

- Grief over the loss of silence
- Guilt because they sat too close to the speaker at a concert
- Beating themselves up over taking a drug (scrip or “recreational”)

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What Has Your Patient Been Told?

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- What have you been told?
 - By whom?
- What have you tried?
- Hearing Loss?
 - Hearing aids?
- Noise exposure
- Earplug use
- Medications
 - Rx and OTC





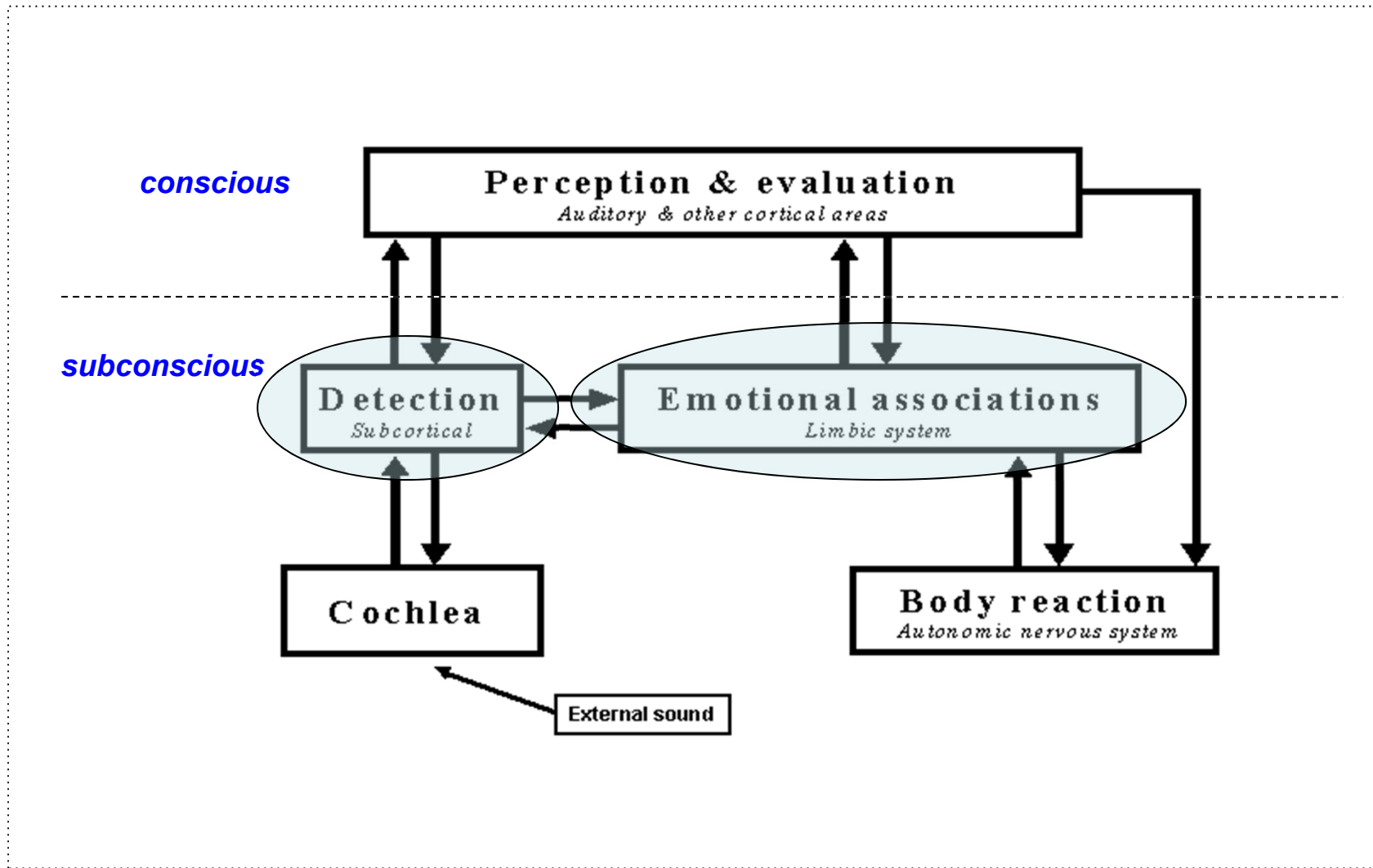
Condition of Your Patient

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- Original onset of tinnitus
- When did it become disturbing?
- What does the tinnitus sound like?
 - Where is it perceived?
- Pulsatile or steady?
- What makes it worse?
- What provides relief?
- Who have you consulted?
 - ENT
 - GP



Use Visuals



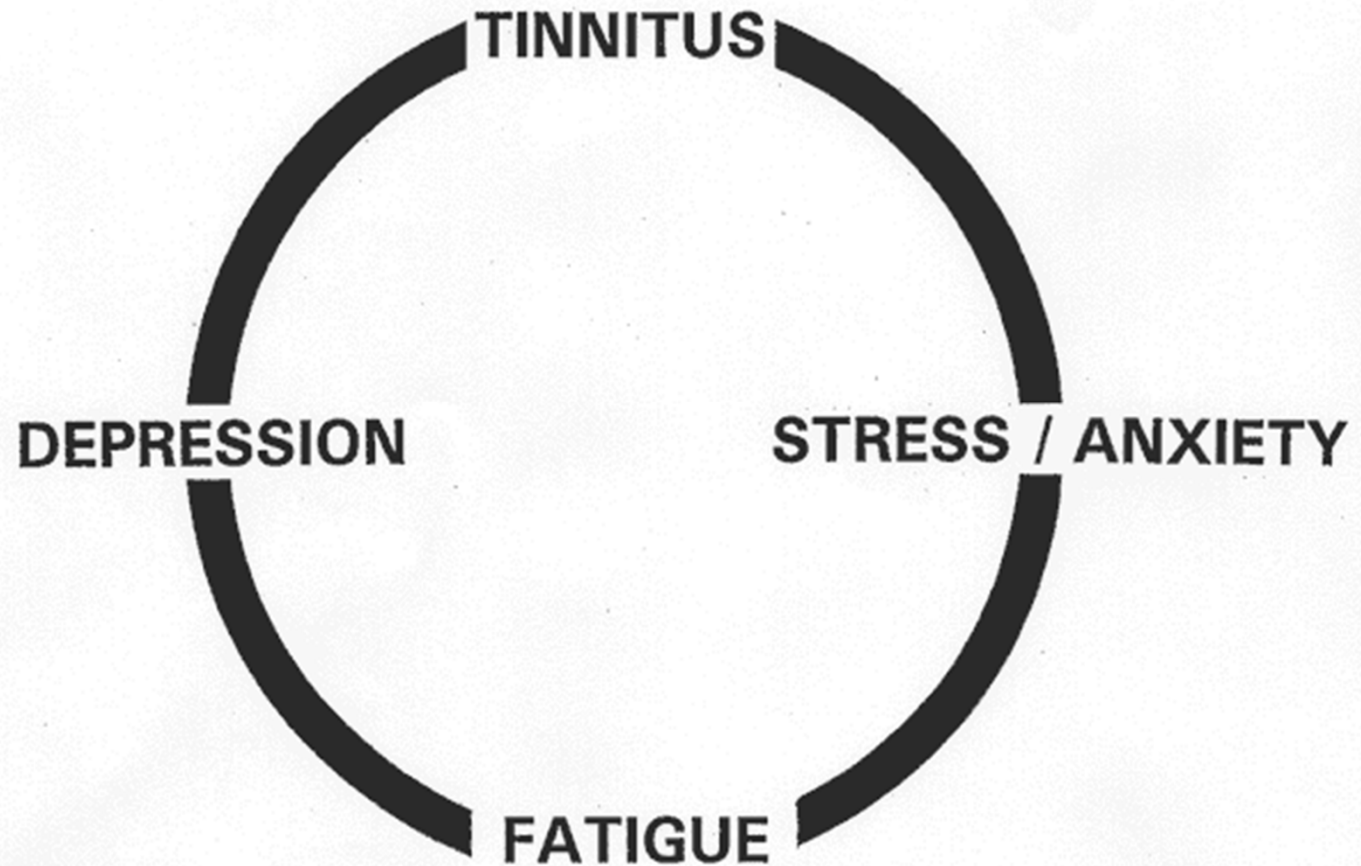


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Step #4: Educate

Cycle of Symptoms

Figure 1. A Vicious Circle of Symptoms



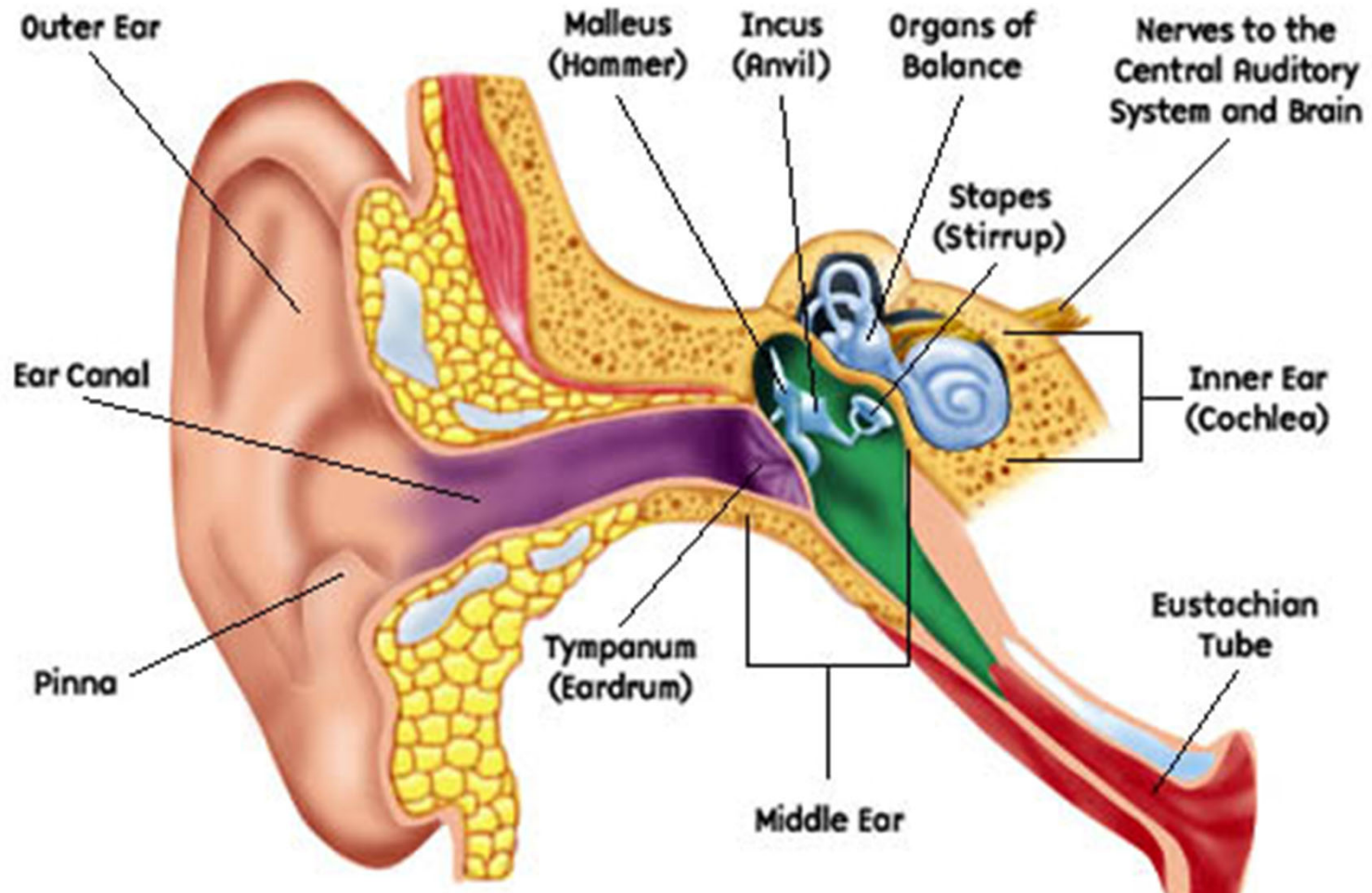
R. Folmer



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Step #4: Educate

Ear Anatomy



Tinnitus Becomes a Problem

- The brain pays attention to novel stimuli
- Perceived as threatening
- It's annoying
- It's persistent, unending, inescapable



Tinnitus Causes Emotional Reactions

- Initially sound mildly distracting
- Distraction turns to *ANNOYANCE*
- Annoyance is an Emotional issue
 - Emotional response can lead to frustration, anger, depression, sleeplessness, despair



QUICK TIPS TO LESSEN THE IMPACT OF TINNITUS

- Avoid exposure to loud sounds and noises
- Get your blood pressure checked. If it is high, get your doctor's help to control it
- Exercise daily to improve your circulation
- Get adequate rest and avoid fatigue
- Use physical (sound machine) and mental techniques to push the perception of tinnitus to the background; the more you think about the tinnitus, the louder it will seem. If you cannot do this on your own, seek help as outlined above.

Perception Influences Reaction



Hanging Lake, Glenwood Canyon, CO



Hanging Lake, Glenwood Canyon, Colorado

Bora Bora, French Polynesia



Sunset



No. No. No ~~Negative Counseling~~

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- “Tinnitus is common; You just have to live with it.”
- “There’s nothing to do about tinnitus.”
- “Tinnitus is incurable.”
- “Toughen up: It’s not cancer.”
- True story, *“You’re the 3rd ENT I’ve seen and no one can help me or given me any hope”*
ENT response, *“Then you should get the message and just deal with it!”*



PHOTOGRAPH BY THOMAS P.
PESCHAK

AND YOU THINK YOU'RE HAVING A BAD DAY AT WORK !!

Although this looks like a picture taken from a Hollywood movie, it is in fact a real photo, taken near the South African coast during a military exercise by the British Navy.

It has been nominated by National Geographic as "THE photo of the year".



Questionnaires

- Tinnitus Reaction Questionnaire TRQ
 - <http://neuromonics.com/trq/>
 - A scale designed to assess the psychological distress of tinnitus
- Tinnitus Handicap Inventory THI
 - https://www.ata.org/sites/default/files/Tinnitus_Handicap_Inventory.pdf
 - Purpose is to identify, quantify, and evaluate difficulties due to tinnitus
- Iowa Tinnitus Handicap Questionnaire THQ
 - <http://webfiles.widex.com/WebFiles/9%20502%203106%20001%2001.pdf>
 - Identify specific areas of patients life affected by tinnitus

Questionnaires

- Tinnitus Severity Index (TSI)
 - Meikle, Greist, Stewart, 1995
- Tinnitus Functional Index (TFI)
 - http://download.lww.com/wolterskluwer_vitalstream_com/PermaLink/EANDH/A/EANDH_2011_09_27_HENRY_200593_SDC15.pdf
 - Looks at severity and impact of tinnitus and hearing when looking at distress of tinnitus
 - Looks at multiple domains of aspects of tinnitus

Questionnaires

- Tinnitus Reaction Questionnaire TRQ
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8 Subscales of TFI

- I: Intrusive
 - Unpleasantness, persistence
- SC: Sense of Control
 - Reduced sense of control
- C: Cognitive
 - Cognitive interference
- SL: Sleep
 - Sleep disturbance



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TFI

- A: Auditory
 - Auditory difficulties attributed to tinnitus
- R: Relaxation
 - Interference with relaxation
- Q: Quality of Life (QOL)
 - Reduced quality of life
- E: Emotional
 - Emotional distress

Other Questionnaires

- Modified Khalfa Hyperacusis Questionnaire
 - <http://csd.wp.uncg.edu/wp-content/uploads/sites/6/2014/01/Hyperacusis-Qx1.pdf>
- Hospital Anxiety and Depression Scale (HADS)
 - <http://www.svri.org/sites/default/files/attachments/2016-01-13/HADS.pdf>
 - Yes definitely, yes sometimes, no not much, no not at all
- Own Clinic Questionnaire



The Audiological Evaluation

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After reviewing paperwork:

Decide what may or may not need to be done in the evaluation:

- Hearing loss?
- Middle ear function ETD?
- Otoacoustic Emissions
- Speech in Noise Testing
 - Quick SIN
- Loudness Discomfort Levels

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Step #4: The Evaluation

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Environmental Sound



Hearing Aids Sound Generators





Step #5: After Evaluation

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- Email sent that includes pertinent articles about tinnitus, (library of articles and personalize them to type of tinnitus hat they present)
- Include apps that were mentioned and Websites

GOALS: Don't want the patient to take notes.

You want them interacting with you

- In the email, include any websites or sleep apps discussed
 - Also, let them know “now you have an email contact for me”.
- “Let me know how you're doing – keep in touch, I want to be on your team.”



\$\$ TIME IS MONEY \$\$

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If you're counting on insurance reimbursement to:

- 1) pay your bills,**
- 2) adequately cover your salary, and**
- 3) sustain a tinnitus management clinic,**

we have some news.

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Coding and Billing

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- Billing 92557 (comprehensive audiometry)
- CPT 92550 or 92570 (immittance)
- CPT 92587 / 92588 (Otoacoustic emissions)



Coding and Billing

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- CPT 92625
 - Tinnitus assessment includes **pitch** and **loudness matching, minimum masking level (MML)**
- CPT 92626 (medicare does not pay)
 - Eval of auditory rehab status 1st hour
- CPT 92627 (medicare does not pay)
 - Each additional 15 minutes

* Medicare CPT Coding Rules for Audiology Services

CPT Information

Is your value worth more than \$76 to \$97 / hour?

CPT	Description	Medicare	BC-BS
92557	Air Bone Speech	\$ 40.16	\$ 58.68
92567	Tympanometry	\$ 15.41	\$ 22.45
92550	Tymp. & Reflex	\$ 22.94	\$ 27.07
92570	Tymp. Reflex & Decay	\$ 34.18	\$ 41.02
92587 / 92588	OAE's	\$ 22.94 / \$ 34.75	\$ 27.51 / \$ 42.35
92625	Tinnitus Eval.	\$ 74.54	\$ 85.05
92626	Eval. Audit. Rehab. 1 st hour	\$ 95.37	\$ 107.98
92627	Each add'l. 15 min.	\$ 23.92	\$ 26.60
92557 + 92567 +92587 + 92625	Air bone speech, Tymp. Tinnitus eval	\$ 153.05 = TWO HOURS	\$ 193.69 = TWO HOURS



EXAMPLE #1

Private Pay Model

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Office Call Received

1. Caller is told that the clinic does not take insurance
2. An evaluation will take approximately two (2) hours
3. Consultation fee is between \$400-\$600, but likely around \$500
4. Questionnaires are mailed to patient:
(THI, TRQ, TFI, Impact Grid, HADS)
5. Patient provides completed questionnaires upon arrival
6. Patient pays fee and signs off on a financial agreement that the clinic does not participate with any insurance.
7. Audiologist begins consultation & evaluation process.
8. Collaborative plan of action / treatment(s) decided.

*** May need to create a separate LLC or S Corporation*

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EXAMPLE #2

Private Pay Model

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Office Call Received

1. Caller told that the clinic does not take insurance.
2. An initial consult will take approximately 30 minutes at \$75-\$100
3. Each additional consult/evaluation ½ hour is \$58 – like a “co-pay”
4. Patients can pay \$58 each 30 minute visit, or in blocks of 6 consults
5. Patient pays fee(s) and signs off on a financial agreement that the clinic does not participate with any insurance.
6. Questionnaires are completed by patient in the lobby
7. Staff score the questionnaires
7. Audiologist begins consultation & evaluation process.
8. Over time, collaborative plan of action / treatment(s) decided.

*** May need to create a separate LLC or S Corporation*

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EXAMPLE

Private Pay + Medicare (or Hybrid)

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Office Call Received

1. Caller told a 30-minute consult is \$75-\$120 (patient pays with check or charge card / then patient submits to insurance directly)
2. A one-hour hearing exam is \$195 (same pay structure as above)
3. A two-hour tinnitus evaluation is \$295 (same pay structure as above)
4. Patient completes questionnaires
5. Patient pays fee(s) and signs off on a financial agreement that the clinic does not participate with any insurance except Medicare.
7. Audiologist begins consultation & evaluation process.
8. Collaborative plan of action / treatment(s) decided.



Last Step? Marketing

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BOTTOM LINE?

Word of Mouth – Word of Mouth – Word of Mouth

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Building the Tinnitus Practice

- First Sleeps



- Then Creeps



- Then Leaps





Why Market Tinnitus

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- Underserved population
- Tinnitus services are valuable
- Practice stands out
- Increase referrals for tinnitus management
 - Many with tinnitus have Hearing Loss
 - Those with HL purchase hearing aids
- Community acknowledgement

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Marketing Ideas

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ADVERTISING CHANNELS

- Direct Mail to Public –
Announcing Seminars on Tinnitus / Hearing
- Addresses may be purchased from a clearing house with selected demographics, i.e. 55+, geography, etc.
- Pay for an insert in local newspaper

WAITING ROOM

Tinnitus Today Magazines

ATA Tinnitus Tools .pdf's at www.ATA.org

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Marketing Ideas

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EDUCATION REFERRAL CHANNELS

- Educate hospital healthcare providers about tinnitus – 30-minute seminar at their place of work
- Educate Rotary club, et. al.
- ATA's Healthcare Provider Listing at www.ATA.org

PATIENT MEDICAL INFORMATION FORM

Where did you hear about us?

One audiologist sends a thank you letter to the person who referred with a thank you gift card.



MARKETING

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MARKET YOUR TRAINING / EDUCATION

One audiologist sends her patient and prospect lists an announcement every time she completes a tinnitus training. ABA CH-TM and TPA.

She also announces her attendance at a tinnitus conference.

YOUR PRACTICE WEBSITE

Highlight tinnitus services!

Provide recommendation / review / endorsement quotes from patients.

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MARKETING

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BUILD YOUR REFERRAL CHANNELS

GP

Psychologist / Social Worker

ENT

Psychiatrist

Dentist

Physical Therapist

Massage Therapist

Physical Therapist

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MARKETING

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COLLATERAL DISTRIBUTION

Leave tinnitus flyers and business cards:

- local ENT
- local GP
- Pain management clinics
- Rehabilitation center
- Fitness centers
- Senior centers
- Music schools
- Rotary club, et. al.

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If You Build It Right...



Will They Come?



They **Will** Come



References

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- TRI: www.tinnitusresearch.org
- AAA: www.audiology.org
- Hyperacusis Network: www.hyperacusis.net
- Jastreboff: www.tinnitus-pjj.com
- BTA: www.tinnitus.org.uk
- [TPA](#)
- [Iowa 2019 Conference](#)
- [ASHA](#)
- [Audiology Online](#)
- [Psychology Today – search CBT therapists, biofeedback](#)