

THE OFFICIAL PUBLICATION OF THE ACADEMY OF DOCTORS OF AUDIOLOGY®

Audiology PRACTICES



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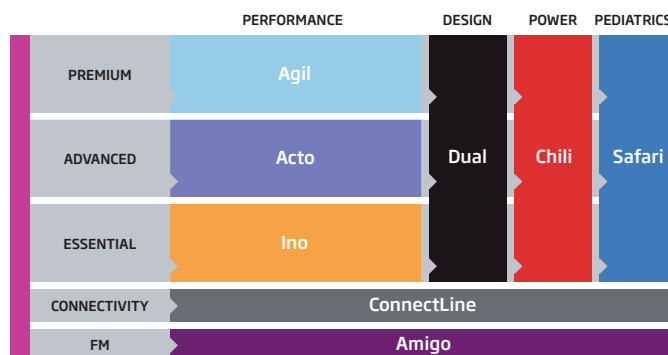
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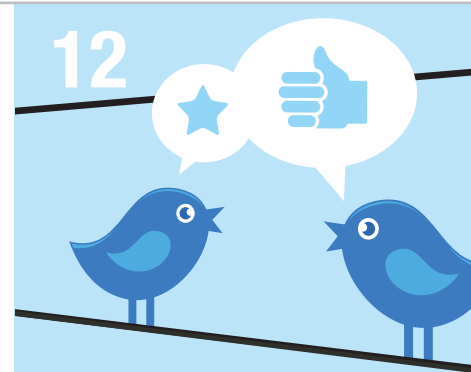
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Rock the Boat

With the ADA Convention just around the corner, I am already thinking about the balmy breezes, the sand between my toes and the sun clipping the water at dusk on the west coast of Florida.

As my term as ADA President comes to a close, I am also thinking about the choppy waters that we navigate every day as audiologists. The ADA Connect listserv has been flooded lately with professional issues such as coding and reimbursement, bundling vs unbundling, certification dilemmas, misguided state licensure laws, the misrepresentation of audiology to the general public and the omission of audiology altogether by journalists covering hearing and balance in the media.

ADA's 2011 convention theme, "Rock the Boat: How to Practice, Manage and Lead in Rough Waters," is a good match for the current economic and audiology markets. The convention program is stellar, packed with exceptional clinical and business education—and filled with tremendous opportunities to learn about the latest technologies and services offered by your industry partners.

But that isn't why you should come. There is something much more important.

It is my sincere hope that you will come to Bonita Springs on November 3rd to engage in a dialogue with your peers that will be so meaningful that it will forever change the way you practice and view your profession.

Whether you're struggling with a professional issue or looking for some new ideas to invigorate your practice, you will find your solution at ADA 2011. Why? Because you will find other audiologists there who have been where you've been—who understand (all too well) the obstacles that you face, and who will be more than happy to give you the advice that you need to overcome them.

ADA 2011 isn't just a conference—it's an experience. And ADA isn't just another association to join—it's a place where you belong. Our community of autonomous practitioners is growing rapidly—a groundswell of activity, now over 1,000 strong. We are changing audiology from the inside out, through professional development, peer mentoring, and grassroots efforts that are demolishing outdated paradigms, which have hindered the profession for too long.

We invite you to share your thoughts and ideas with people who share your passion for the profession, your dedication to autonomous practice, and your commitment to quality and patient care.

So come to ADA 2011. Earn some CEUs. Make some friends. Solve some problems. Walk on the beach. We're all in the same boat. Let's rock it together.

Visit ADA's new website at www.audiologist.org for more information about the 2011 convention and other upcoming initiatives. ■

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The Era of Low Hanging Fruit is Over

Not long ago it was possible for an audiology practice to thrive with a nominal investment in marketing. Through the late 1990s and well into the 2000s a practice could run a catchy promotional advertisement in the local newspaper, or offer a “digital” consumer seminar with a technical expert and capture a significant amount of business with relatively little effort or expense. That era of low hanging fruit is over.

Today, thanks to the Internet, websites, social media, iPads and other assorted gadgets, patients have access. They have access to more information, access to low cost alternatives to hearing aids (i.e., PSAPs) and access to the thoughts and outcomes of other patients (one example of this can be found at www.hearingmojo.com). Consequently, audiologists must be more sophisticated about how they connect with patients.

The Progression of Value

Most audiologists would agree that the way patients interact with your practice has undergone as remarkable transition over the past 3 to 5 years. Gone are the days when you could post an occasional promotional offer in your local newspaper and generate immediate sales. This issue of *Audiology Practices* is devoted to tools and tactics practice managers can use to generate office traffic and develop loyalty in today's more frenetic marketplace. Everything from mining your patient data base and using social media to conducting more memorable tests and measuring

patient satisfaction to generate more word-of-mouth referrals are touched upon in this issue.

It all starts with your ability to rethink how patients interact with your practice. In their landmark thesis “*The Experience Economy*” Joe Pine & James Gilmore introduced business managers to the concept of the progression of economic value. In essence, the more emotionally engaging and memorable the experience you provide patients, the more value you create and the more patients are willing to pay for your services. Recently, Pine & Gilmore released the 2nd edition of their influential book. The concepts outlined in the *Experience Economy* play directly into the wheel house of most audiologists, who are known to provide personalized care to their patients, as the book provides a wealth of enduring information about how to form a deeper relationship with patients.

The Loyalty Loop

Beyond the patient-audiologist interaction during an appointment, people connect with your practice in fundamentally new ways. This means traditional marketing strategies must be redesigned to account for how patients engage with your practice. David Edelman of McKinsey Global Digital Marketing, Inc. has created a starting point for how to plan your marketing strategy in an era when there is no longer any low hanging fruit. Called the “Loyalty Loop”, Edelman has found that customers consider

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Making it Easier to Make the Most of Your ADA Membership

ADA is focused on ensuring that its members receive continuing access to the information, education and relationships that reflect and support best clinical and business practices. To that end, we are continually working to develop new tools and resources that will be of most use to you.

Please be on the lookout for the ADA Member Needs Assessment Survey, which will be sent to you via e-mail in September. The results from this survey will be used to determine the direction of ADA programming priorities over the next year—and we really value your input!

Meanwhile, we have been hard at work to make it easier for you to make the most of your ADA membership in five key areas:

1. Enhanced Website Resources

The new ADA website www.audiologist.org launched on August 1st. The website is packed with the latest news and information plus numerous tools and resources for your practice. Don't forget to visit us on Facebook, follow us on Twitter and join us at Linked In!

2. Coding, Billing and Reimbursement Solutions

ADA contracts with Audiology Resources, Inc. to provide coding, billing and third party reimbursement advice for members. Dr. Kim Cavitt, a leading expert in audiology billing/coding and third party reimbursement, will be happy to answer your questions at no charge—please take advantage of this key ADA member

benefit. Please contact Dr. Cavitt at kim.cavitt@audiologyresources.com for more information.

3. Opportunities to Guide Strategic Initiatives, Share Your Expertise and Gain Knowledge

ADA offers several opportunities for committee and subcommittee service in the areas of membership, advocacy, mentoring, convention planning, awards, business resources, and education. Please contact ADA headquarters at info@audiologist.org for more information. All ADA members are eligible to serve on ADA committees.

If you have a great idea or best practice to share with your peers, please consider authoring an article for *Audiology Practices*, or submitting an abstract for an online webinar or the annual convention.

Members enjoy significant discounts on registration fees for the ADA Annual Convention and free webinars for CE credit throughout the year. Read about ADA's 2011 convention programming, including the new ADA Business Training Program on page 46.

4. Networking & Communication

The ADA Connect listserv provides an informal mechanism for members to solicit and provide peer-to-peer advice on business and clinical topics. Visit www.audiologist.org to get connected!

ADA disseminates e-news you can use. In addition to the ADA monthly e-newsletter, the *AuDiogram*, ADA releases member alerts whenever

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by Doug Richey

FACEBOOK 101

Understanding and utilizing Facebook is much easier when you are familiar with the jargon. Here's a quick run-down of some of the most common terms:

Profile

represents an individual on Facebook and must be held under that individual's name

Page

allows a business to maintain a professional presence on Facebook



DEMYSTIFYING SOCIAL MEDIA: 6 Things Every Audiologist Should Know About Facebook

The old way of doing things is no longer enough.

Gone are the days when you could rely on a splashy ad in the Yellow Pages or the newspaper to grow your business. Today more and more customers want to hear from a far more powerful resource: each other.

Facebook has over 700 million users and has become a ubiquitous part of our lives. As a practice owner, it presents a tremendous opportunity to spread the word about your business in an instant. But how does it work and what do you want to say?

ARE MY PATIENTS REALLY ON FACEBOOK?

The most common question posed by audiologists is, "Most of my patients are 50 and over. Are those folks really on Facebook?" The answer, which is surprising to some, is a resounding "yes". According to a recent Pew Report¹, social networking use among Internet users ages 50 and older nearly doubled from 22% in April 2009 to 42% in May 2010. Half (47%) of Internet users ages 50-64 and one in four (26%) users age 65 and older now use social networking sites. In the United States alone, there are approximately 19 million people over the age of 55 using Facebook.² The "stickiness" of the sites is also notable. Among the pool of adults ages 50 and older who use social networking sites, 44% used them on the day prior to their being contacted for the Pew Report survey.

¹Download the full report at <http://pewinternet.org/Reports/2010/Older-Adults-and-Social-Media.aspx>

²Based on real-time data provided at <http://www.checkfacebook.com/>

The primary reasons cited by older generations for using Facebook seem to be fairly consistent across those surveyed. Some users sign up for Facebook to see pictures of their grandchildren, while others are interested in reconnecting with people from their past to build a support network as they enter retirement. There are also increasing numbers of seniors who are taking advantage of digital literacy training programs being offered by groups such as AARP and the Center for Technology and Aging. For many of these seniors, the primary motivation for participating in a training course is to learn how to find support online to help deal with chronic illness such as hearing loss.

HOW DO I CREATE A FACEBOOK PAGE FOR MY PRACTICE?

Setting up a Facebook page for your practice couldn't be any easier – really. But before we dive into the details, let's first distinguish between a "Profile" and a "Page". "Profiles" represent individuals and must be held under an individual name. In contrast, "Pages" allow a business to maintain a professional presence on Facebook. You may only create a "Page" to represent a real organization of which you are an authorized representative.

To create a "Page" you first login to your personal Facebook "Profile" and click the "Profile" button in the upper left corner. Once you are on your main "Profile" page you scroll to the bottom of the page and select the link labeled "Create a Page". This will open up a separate page with 6 choices. You will select the first option, "Local Business or Place". From here, you will be asked to "Choose a category". The most likely choices are either "Health/Medical/Pharmacy" or "Hospital/Clinic". The additional information required is self-explanatory: Business Name, Address, Phone. The last step is to agree to the Facebook Pages Terms and click "Get Started"

Once you have created a "Page" you will be listed as an "Admin". It is important to understand that "Pages" are managed by "Admins" who have personal "Profiles". "Pages" are not separate Facebook accounts and therefore do not have separate login information. You access your business "Page" by logging into your personal "Profile".

HOW DO I BUILD A FAN BASE FOR MY PRACTICE?

Social networks work differently than traditional advertising. For most small business owners, one glowing recommendation from a patient can loom larger than an entire billboard. Therefore, the power of social media marketing is that it taps into these organic communities to sell and recommend your business. Offers and endorsements spread instantly through groups of friends. News stories and opinions rocket through communities in a flash. These "friend of friend" networks are deep, fast, and free.

To harness the power of social media you need to get in on the conversation, share your news, and broadcast special offers to the people best equipped to spread the word: your patients. But how do you build your initial fan base?

As part of the initial setup process, Facebook now allows "Admins" to "Invite Friends". For example, if John Smith is one of my friends, I can highlight his name and the tool will send a notification to John suggesting that he like my business "Page". This type of outreach can jumpstart growth for new "Pages" or help facilitate further viral growth for established "Pages."

Admin

an individual with a "Profile" on Facebook who also manages a "Page" for a business or group

Vanity URL

the abridged version of a Facebook web address that replaces the original Facebook web address, which includes a random string of alphanumeric characters

Wall

where friends and fans can post comments

Newsfeed

a constantly updating list of stories from "Profiles" and "Pages" that you follow on Facebook

Messages

a way of contacting another Facebook user privately via an email-based application

The other resource for generating awareness about your Facebook “Page” is called “Tell Your Fans.” Using this tool, “Admins” can upload their current patient email list and create a customized email that will be sent through Facebook to all patients with a personal Facebook “Profile.” Like the “Invite Friends” tool, the “Tell Your Fans” tool is a great way to recruit fans and spread the word about your new Facebook “Page”.

The final option for building a broad base of fans is to create incentives to encourage current or potential patients to “Like” your Facebook “Page.” The choice of incentives depends entirely on your preferences. Some might prefer to choose a more altruistic incentive such as offering to donate \$1 to a specified charity on behalf of each person who “Likes” the “Page.” Others might have more success with low-cost product giveaways such as “Like our page and receive a month’s worth of replacement batteries for free.” Whatever type of incentive you choose, the idea remains the same – there is value in having a broad base of followers and successful practices should be willing to offer nominal compensation to build their fan base.

MY WEBSITE IS WHAT COMES UP IN A GOOGLE SEARCH. WON’T PROSPECTIVE PATIENTS GO THERE FIRST?

Search engine optimization (SEO) confounds and confuses even the most savvy web marketers; however, it is critically important to the success of your business because it increases the visibility of your practice and drives engagement on your Facebook page. There are three ways to help ensure that your Facebook page will appear on page one of the search engine results for major search engines like Google and Bing.

The first strategy is to add links from your website to your Facebook page. Ideally, those links will appear not only on your home page, but also on your sub-pages. The easiest way to ensure that the links appear on multiple pages is to include the link as part of your standard website design template. Typically, this means placing the link in either the header or footer. You also want to make sure that your link includes your practice name (e.g., “Happy Hearing Solutions on Facebook”). Finally, you must link directly to your “Vanity URL”, which is simply the short version of your Facebook web address. To register your “Vanity URL” you first need to have 25 “Likes”. Once you meet that threshold, you can replace your original Facebook web address, which includes a random string of

alphanumeric characters, with a more succinct web address like www.facebook.com/HappyHearingSolutions. As with domain names, being able to secure your preferred “Vanity URL” depends entirely on availability, so the sooner you get 25 “Likes”, the better.

The second way to help ensure that search engines pick up your Facebook page is to include your practice name in your wall posts. This is critical because search engine algorithms analyze the content of Facebook pages to determine whether or not a particular Facebook page is a relevant match for the requested search. Therefore, the more times your practice name appears on your “Wall”, the higher likelihood that the search engine algorithm will consider the page relevant and post the link.

The final way to improve search engine performance for your Facebook page is to increase the number of “Likes” and the number of posts. Calculating the number of people who “Like” your Facebook page helps search engines evaluate the level of social engagement with your practice. For example, all of the people who “Like” your Facebook page also have a Facebook profile. The links to these user “Profiles” are picked up by “spiders” (i.e. web-crawlers used by search engines). Therefore, to increase the probability that these “spiders” find your “Page”, you want to have as many links to people who “Like” your page as possible. Similarly, you also want to post regularly to your “Wall” to ensure that these posts routinely appear in the “Newsfeed” for the people who “Like” your “Page”. This strategy is analogous to buying lottery tickets – would you rather have 1 lottery ticket or 1,000 lottery tickets?

HOW DO I ADVERTISE ON FACEBOOK?

Creating an advertisement on Facebook might sound like a daunting task, but, in fact, the process is both simple and intuitive. To get started, you simply login to Facebook and type www.facebook.com/ads in your browser.

Once you are on the “Advertise on Facebook” page, the first step is to choose a “Destination” for your ad. There is a dropdown menu next to “Destination” that allows you to select any of the “Pages” for which you are an “Admin”. After you’ve selected your “Destination” your next step is to design your “Facebook Ad”. You write your ad copy in the section labeled “Body” and you are limited to 135 characters. Next you will upload an image that appears alongside the ad copy.

The “Preview” space highlights how the ad will appear on the “Profile” pages for your target audience.

Selecting a target audience is the next step, and Facebook allows you to be as general or as specific as you prefer. Under “Location” the options include “Country”, “State/Province”, “City”, or “Zip Code” with the most likely choice being zip code, which also allows you to specify a proximity range of 10, 25, or 50 miles. With “Demographics”, you select an age range and gender. For “Interests”, you are able to target specific interests based on user “Profiles”. For example, if you type “Hearing” as an interest you will notice that there are 2,880 people in the United States over the age of 18 who like “Hearing”. This information can be found on the right-hand side of the page listed under “Estimated Reach”. As you modify your target selections, the “Estimated Reach” will fluctuate dynamically. Finally, with “Connections”, you can choose whether to target people who already “Like” your page or people who do not yet “Like” your page. You can also decide to only show your ad to friends of people who “Like” your page.

The final step is to set a budget, outline a schedule, and choose your pricing model. When establishing your budget you can choose between a daily budget and a lifetime budget that will span the duration of the campaign. The schedule options are to either “Run my campaign continuously starting today” or specify a date range. In both cases, the schedule will be limited by your budget constraints. The final step is to choose your pricing model. Facebook offers two options: “Pay for Impressions (CPM)” and “Pay for Clicks (CPC)”. Most advertisers prefer the CPC model because they only pay when a user actually clicks on their ad and visits their “Page”. Yet, the ad still generates impressions even when users are not clicking. The bid price for either CPC or CPM is simply the maximum price you are willing to pay per click or per impression.

HOW DO I GENERATE REFERRALS AND CREATE EFFECTIVE WORD-OF-MOUTH PROMOTIONS?

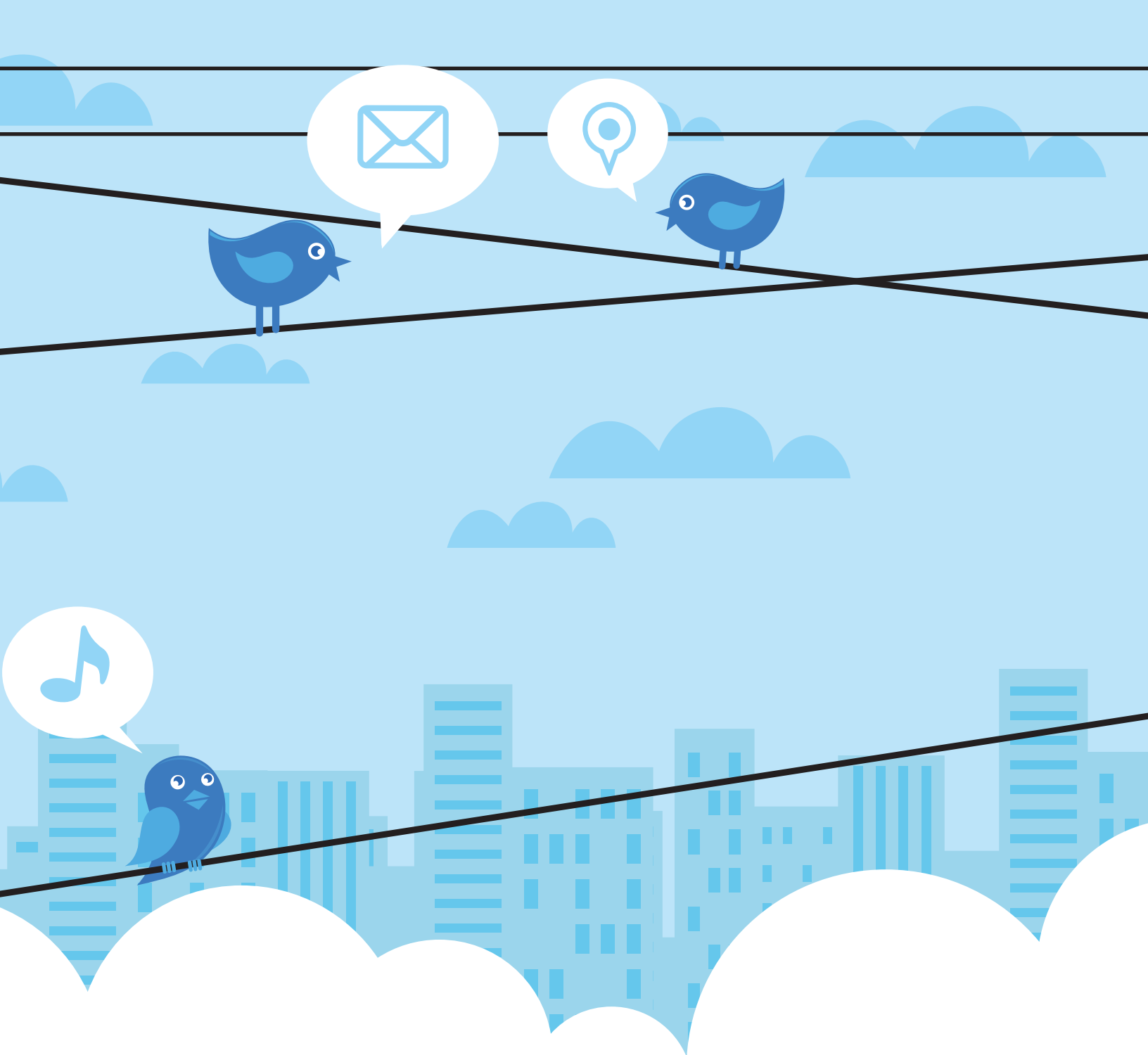
The real value of Facebook might be that it is arguably the easiest way to leverage the referral potential of your existing patient base. Existing patients that “Like” your page are going to receive your “Wall Posts” as part of their “Newsfeed”. If anything catches their eye (e.g., a 20% discount on a replacement

device or a free 6-month supply of batteries) they can easily share the post with their friends by clicking the “Share” button in the bottom right corner directly beneath the post.

When a user clicks the share button, a separate window opens up inviting them to write a message to accompany the post. Additionally, the user is given the option to share the post on their own wall, on a friend’s wall, in a group, or in a private message. In most cases, your existing patients will probably choose to either send a private message directly and discreetly to a friend or group of friends.

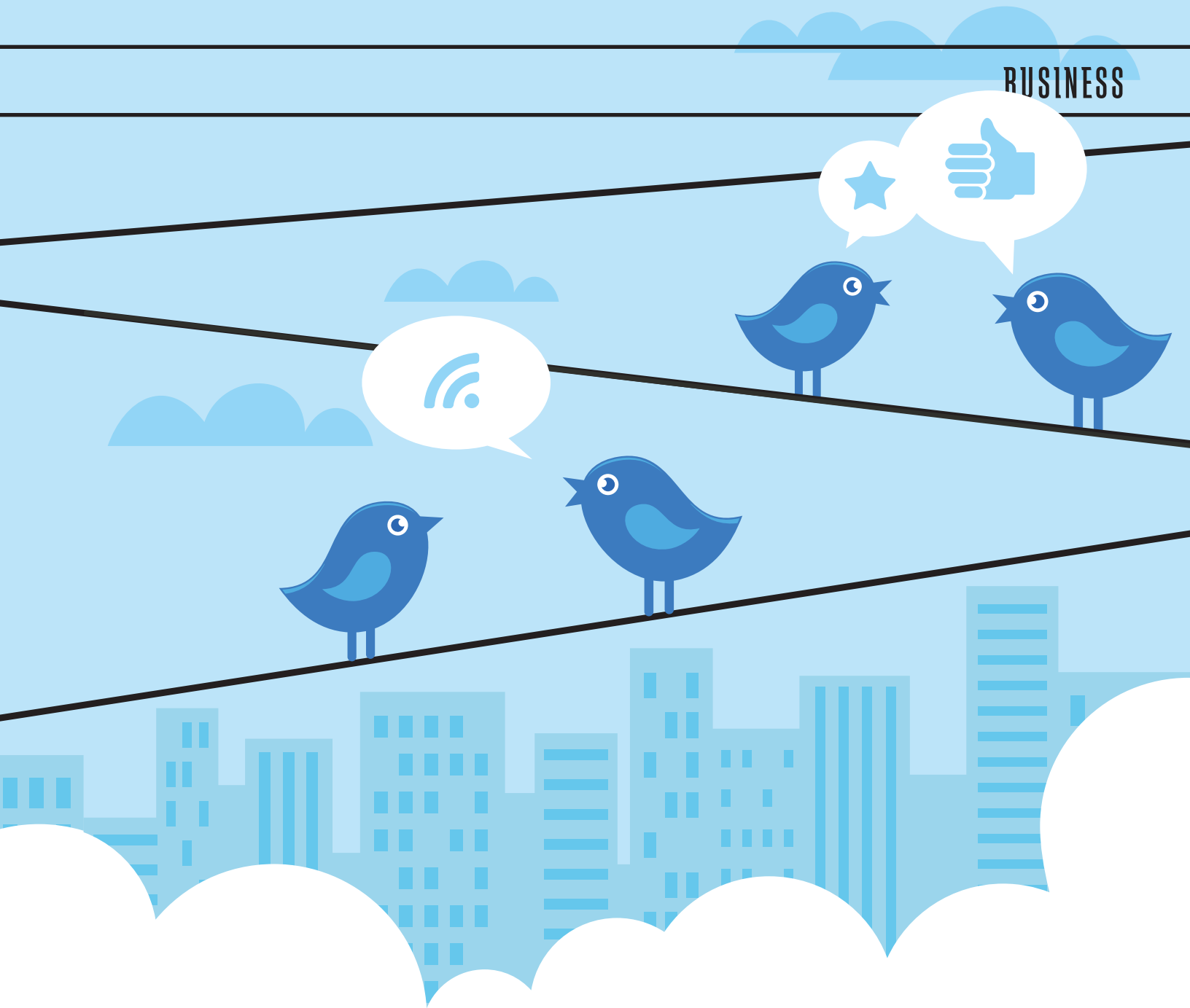
The great news is that the demographic profile of the people who are friends with your existing patients probably closely resembles the demographic profile of your existing patients. Age, income, and lifestyle all tend to be highly correlated within social networks. So in all likelihood, your ideal patient is probably going to have a lot of friends who are also ideal patients. And, who could be better to help validate your professionalism and quality of care than your most loyal advocates. ■

Doug Richey is the CEO & Co-Founder of DemandStreet, a firm that helps small businesses with social media. Doug has an MBA from Harvard Business School and a BS in Marketing and International Business from Indiana University. He can be contacted at doug@demandstreet.com



SEVEN REASONS TO RE-THINK SOCIAL MEDIA

BY CAROLYN SMAKA, Au.D.



Social media are transforming the way companies conduct business today in virtually every industry, from marketing and public relations, to pharmaceutical, politics and entertainment, to—yes, even healthcare. While it may have seemed like just a fad among teenagers a few years ago, social media continue to gain momentum and play an increasingly integral role in today's professional world.

Consumers are using social media to seek information about their health conditions, rate and review healthcare providers, get support and advice from others with similar health issues, learn about new products and treatments, and even to find organ donors. Due to the fact that more and more physicians are using social media, the American Medical Association has issued a policy on social media for its members (AMA, 2010).

Over 1,000 U.S. hospitals (including those in the Veteran's Administration) use Facebook and other social media tools for activities such as recruiting, community outreach, crisis communications, brand monitoring and customer service (Bennett, 2011) and the Ohio State University Medical Center made headlines recently for live-tweeting during surgery.

Social media are clearly transforming healthcare, but how does this apply to audiologists? Many audiologists have personal accounts on social sites to keep in touch with friends, but using them for business purposes is another story altogether. With no clear evidence or best practice guidelines to assist, audiologists are left to their own devices to navigate social media tools for their businesses.

This article will examine common concerns, list some compelling reasons why audiologists may want to actively participate in social media for themselves and their practices, and provide some unique considerations that need to be taken into account.

Definitions

Social media, also called new media, refers to online interactive media. With social media, a two-way (or multi-way) stream of engagement is essential; users not only receive information, but can participate by responding, creating, and/or curating their own content. For audiologists, participation in social media means interacting with clients or patients, who can respond to and share our content. In turn, patients' use of social media tools means they may well be creating their own content that could include their experiences with their audiologist's practice and services. Social media can take many forms – from blogs, microblogs (i.e. Twitter), Web forums, content communities (i.e. YouTube), social networking sites (Facebook, LinkedIn), and more.

Let's examine some reasons why audiologists may consider social media.

Reason #1: Data

A look to the most recent usage statistics will help answer the question, are my patients really using social media?

According to the latest Pew Internet Life Project (2011), 80% of Internet users look online for health information, making it the third most popular online activity. Most Internet searches for health information are done on behalf of someone else. So while some of your patients may not be online, their Boomer children surely are, in large numbers.

In 2010, Facebook surpassed Google as the most visited site in the U.S. (Reuters, 2010) and more than half of adults in

the U.S. currently has a Facebook account (Edison Research, 2011). Data by age show that 46% of Boomers (age 44 – 62) and 36% of Matures (those age 63 – 75) had a social network profile in 2009 (Phillips, 2010) and year over year the numbers continue to grow. One in five caregivers seeks health information on social sites. Those with a chronic condition or disability (i.e., hearing loss, tinnitus) are more likely to look for health information on social sites. In addition to information, social sites can also be a source of encouragement and support.

While individual sites continue to either gain or diminish in popularity, overall usage of social media is predicted to increase in all demographics for the foreseeable future (Phillips, 2010).

These data show that more and more patients and their caregivers are using social media tools for health reasons. If audiologists are not participating, where are people getting their information on hearing and balance?

Reason #2: Call to Action

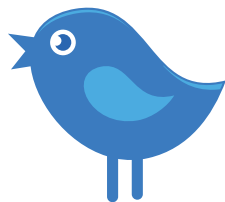
A look at some of the innovators in social media provides compelling evidence to the power and potential of social media in healthcare.

According to the Centers for Disease Control (CDC), social media can empower people to make safer and healthier decisions (CDC, 2010). The CDC embraces social media to inform the public as well as monitor public health information on topics such as H1N1, seasonal flu, teen pregnancy, Salmonella and emergency preparedness. Through the innovative use of a variety of new media including Facebook, Twitter, videos, podcasts, blogs and other tools, the CDC has had success in engaging a larger, more diverse audience than would be possible through traditional channels alone.

Mayo Clinic has also been at the forefront of social media innovation in healthcare. Mayo Clinic views it as their responsibility to help people make the best use of social media for their healthcare needs (Mayo Clinic, 2011). Mayo Clinic uses social media tools to collaborate on internal documents, inform and educate consumers and patients on a variety of health topics, and has experimented with online support groups. It recently launched its own social networking site to connect people with those who have had similar health issues treated at Mayo Clinic. This online community provides access to Mayo's vast resources of informational blogs, videos and articles, and features a consumer discussion forum.

Vanderbilt University Medical Center has had success using Facebook, Twitter, and YouTube for promoting events and

The investment in social media by trusted, venerable healthcare organizations is a testament to its legitimacy as a means of communication...



activities, and for engaging with free-lance journalists and other media such as trade publications (Manley, 2011).

The Cleveland Clinic uses LinkedIn for recruiting, Twitter to send daily wellness tips and promote seminars, YouTube to share patient stories and information on diseases and conditions, and has a new mobile app as well. These tools have enabled Cleveland Clinic to garner a global following.

The investment in social media by trusted, venerable healthcare organizations is a testament to its legitimacy as a means of communication, and its long term value in informing and empowering the public on health issues. These examples provide a call to action to audiologists to use social media to inform and empower the public on hearing, balance and other topics within their scope of practice.

Reason #3: Free Marketing

Social media tools can be a source of free marketing to current and potential patients. Unlike traditional one-way marketing (provider to patient), the interaction that defines the social media space provides audiologists with an opportunity to engage with patients in new ways.

Many social media sites such as Facebook and Twitter are free (excluding options like advertising) and can have a wide reach to current and potential patients, caregivers, opinion leaders in the community, colleagues, and the media. This has obvious applications for the private practice audiologist when it comes to marketing. By providing engaging, informative content that encourages sharing, such as information about open houses, new product releases, new office locations, health fair participation, hearing screening events, consumer seminars, and more, audiologists can extend their marketing reach, with the only investment being time in posting and monitoring these free sites.

Consider social networks as the new word of mouth. The saying goes that a happy customer will tell one other person about their experience, while an unhappy customer will tell

fifteen. Now, both happy and unhappy customers are connected to large communities – the average Facebook user has 130 ‘friends’ – with which to share their experiences.

It’s easy to see the tremendous opportunity of social media’s wide reach, when it comes to marketing to happy customers. With unhappy customers, however, it may seem like a risk. Imagine a new hearing aid wearer who, rather than contact you for a fine-tuning adjustment, posts a comment about how much she hates the new instruments she purchased from your office. Since two-way engagement defines social media, this is par for the social media course. Consider negative feedback via social media as an opportunity. Being a part of the conversation allows you to listen, define your online image and that of your business, and provides you with the chance to quickly turn negative situations around.

Reason #4: Collaboration/Networking

Early in my career, I took a position as the sole audiologist at a speech-language pathology practice. When I encountered particularly interesting or challenging cases, I’d call colleagues across town or across the country to share my experience or to get advice. Today, many more opportunities for professional collaboration are available thanks to social media. While audiologists have yet to have a Sermo, a physician-only online network that enables members to collaborate on cases and share insights on new drugs and treatments, there are plenty of listservs, online forums and discussion groups available for audiologists. For example, I’ve picked up clinical tips on a AAA listserv, and through LinkedIn, I’ve been invited to give presentations, had an author submit an article for AudiologyOnline, and participated in group discussions about audiology clinical and business practices.

A social media strategy for your businesses can include use of tools such as these to further your professional growth and development and that of your staff. As a business owner, you can provide direction to your staff regarding those social media forums and tools that you have found helpful and learn about others that may be available.

Reason #5: Recruiting & Professional Issues

Recruiting new people into the audiology profession is more critical now than ever. Considering the demographics of the aging population, along with the incidence of hearing loss, the number of new audiologists entering the workforce each

year and the number of audiologists retiring, there is projected to be a very significant unmet demand for audiology services in the future (Freeman, 2008).

For individual practices, social media tools can help supplement other activities when recruiting staff for our practices. Consider this example: You post a job opening for an audiologist for your practice on AudiologyOnline's Career Center and receive resumes from potential candidates. You check out their LinkedIn profiles and see that one of the candidates has a LinkedIn recommendation from a respected and trusted colleague whom you contact for more information. In just a few minutes, you have good information in helping to determine if he or she may be a good fit. Social media can also be used to get tips from colleagues when hiring for a hard to fill position, and for engaging potential candidates with your business profile on a variety of social media sites.

Professional issues such as direct access, changes in Medicare reimbursement, and state licensure issues, often require the collective efforts of audiologists to support our lobbyists and professional organizations in order to have an impact. Social media can make a difference. Twitter, for example, has transformed lobbying, enabling grass-roots campaigns to take hold, providing an ear to the ground for the latest information from Capitol Hill, and enabling politicians to speak directly with their constituents. By engaging with professional organizations on social media in addition to traditional means of communication, audiologists can more effectively utilize their collective strength to help further their professional agenda.

Reason #6: Managing Misinformation

Unfortunately, in addition to the rapid dissemination of valid health information, social media can also potentially amplify misinformation at staggering rates. For example, a recent study in the American Journal of Infection Control

(Scanfeld, Scanfeld & Larson, 2010) analyzed Tweets and Twitter updates for evidence of health misinformation. There were plenty. In the sample of more than 52,000 updates, the most common update that contained misinformation related to 'antibiotics and flu', which reached more than 172,000 people. Other updates identified as having evidence of misinformation included those using the terms 'colds and antibiotics' (reaching more than 850,000 followers), 'sharing antibiotics' and 'using leftover antibiotics'.

The authors conclude that social sites have become integral to the ways people gather and disseminate health information and it is therefore crucial for today's health care professionals to have a basic understanding of the type of health-related information that is shared on them. Physician-blogger Kevin Pho urges medical professionals to become more active in Twitter and Facebook in order to "flood the Web" with legitimate health information, and provide consumers with reputable medical sources (Pho, 2010).


A quick search on Twitter for the words "tinnitus+cure" proves audiologists have their work cut out for them in this regard. The conversations about tinnitus, hearing, hearing loss, hearing aids, dizziness and other topics within the audiology scope of practice are already happening on social media and will continue to happen - either with professionals' involvement or without. As the experts in these areas, it is audiologists' responsibility to monitor and respond to the information and misinformation that is out there, or to acknowledge the consequences of other interested groups (such as physicians, ENTs, hearing aid dispensers, holistic practitioners, etc.) taking the responsibility instead.

Reason #7: Return on Investment

Return on investment (ROI) is often the first consideration we have when embarking on a new business initiative and the same is true for a social media strategy. What is the gain or outcome that can be expected, and is it worth the cost (including dollars, time and resources) invested?

Many social media tools, as previously mentioned, are free, with the main cost being the time investment. How much time to dedicate to social media will depend on you, and the needs/involvement of your practice's online community. After the initial set-up, social media monitoring and participation efforts can become part of your daily routine in as little as 10 minutes twice per day (Marketing Zen Group, personal communication).

The return will depend on your goals, and the effectiveness of your strategy. Goals may include new patient referrals,



Keep in mind that participation in social media requires patience, time and regular, active engagement before you see results...

meeting the needs of current patients and their caregivers through support and information, driving traffic to your website, attracting new job candidates to your practice, engaging with community organizations and local media, collaborating with colleagues, or others.

Keep in mind that participation in social media requires patience, time and regular, active engagement before you see results – it could take 3 to 6 months or more. Listening and monitoring are an important part of participation; be prepared to fine tune your strategy along the way based on the engagement of your audience in order to maximize your return.

Risk of ignoring

While contemplating the ROI of participation in social media, one must also consider the risk of not participating. In a recent AudiologyOnline interview, Lee Aase, Director of Social Media for Mayo Clinic, discussed social media ROI in terms of the Risk of Ignoring (Aase, 2011). Since blogs and other social sites often come up among the top online search results, are you willing to risk letting other people define you and your practice? Aase states, “What social platforms do is give you a chance to show who you are, what you’re motivated by, what you’re about and to just be real and genuine and human with your interactions. And that really pays off”.

Doctors who fail to embrace social media risk becoming irrelevant, as more patients go to the Web for health information, indicates Kevin Pho in kevinmd.com, and the same argument could be made for audiologists. In the future, Pho indicates, it’s conceivable that people will consult social media *first* with their health questions. When it comes to questions regarding hearing and balance, who will answer them?

GETTING STARTED

You may already be using social media tools, or interested in getting started. As a healthcare professional, participation in social media requires due diligence in a few areas.

Considerations for Audiologists

HIPAA and patient confidentiality.

HIPAA applies to social media, as it does to other media and communications in healthcare. If you are using social media for your practice, a written social media policy (reviewed by your attorney) and common sense will go a long way in ensuring social media endeavors are HIPAA-compliant as

well as aligned with state privacy laws. Just as you would not make a diagnosis via email, or share protected health information (PHI) in a newsletter (without the required permissions/procedures in place), the same goes for your conduct on social sites. Discussing patient issues by de-identifying PHI may not be enough; there are many examples of HIPAA violations in social media by well-intentioned healthcare providers who were sharing what they considered to be generic information. There are some unique questions raised by social media in regard to HIPAA-compliance, for example, Am I liable if someone from my staff shares a patient’s PHI on his or her personal blog? or, If a patient releases PHI, am I liable if I simply comment on it? These questions should not deter audiologists from participating, but a clear understanding of the laws as well as social tools is needed. Some resources to assist audiologists are listed in the Appendix.

Social media policy

For audiologists and other healthcare providers, a social media policy is essential to participation. In addition to ensuring your practice’s social media activities are HIPAA-compliant, a written policy establishes clear rules for your social media participation and can limit your liabilities. The policy can include: social media roles within your practice (who is responsible for posting and monitoring); expectations (what types of posts are and are not allowed, ensuring proprietary or confidential information is not shared, etc.); and guidelines for posting, such as when it is appropriate or not appropriate to respond to a user’s post, delete a post, or take the conversation offline. It can also include your expectations regarding your staff’s personal use of social sites, and a section on crisis management. Your policy provides the basis for training, and should be reviewed and updated regularly along with your other business policies. In addition, having a specific policy for each social site (i.e. Facebook policy, Twitter policy, etc.) and posting them to your profile can provide your patients with the terms of engagement including disclaimers and warnings about sharing PHI, so that they can make informed choices about participating (Harlow & Hinman, 2010).

Website

Your website is your virtual office and the foundation of all your online marketing efforts, including use of social media. Your website will likely have many more visitors than will ever walk through the door of your practice. It is often the first impression a customer will have of your business, and that impression is typically made in as little as 1/20th of a

second (Lindgaard, Fernandes, Dudek, & Brown, 2006). Before embarking on a social media initiative for your practice, be sure that your website is state-of-the-art. In the past, good websites were acceptable for professional businesses; today, great websites are required. In the book, the Zen of Social Media Marketing, Kabani (2010) lists five elements of a great website: an impeccable design; clear structure/navigation; engaging, fresh content; optimization (internal optimization and search engine optimization); and maintenance. Invest in making your website great, and you will have a solid foundation on which to build your other online activities, like participation in social media.

Tips

While you contemplate the right fit for social media for you and your practice, here are some tips I've found helpful in staying informed:

- Participate in social sites personally before engaging professionally or on behalf of your business. You can become familiar with the audience, features and etiquette on various sites with little or no risk as compared to participating on behalf of your practice.
- Subscribe to blogs or newsletters that discuss social media and healthcare, such as the ones listed in the Appendix.
- Talk to colleagues to share social media best practices and find out what has and hasn't worked for others.
- Ask our professional organizations to provide guidance for social media participation as the AMA has done for its members.
- Don't dabble in social media for your business. Without having a dedicated long-term strategy and social media policy in place, you can hurt your reputation and increase your liability.
- Consider starting with some of the most popular social media sites first: Facebook, LinkedIn, Twitter, YouTube along with a blog and any professional group forums. As audiologists, we do not need to be early adopters of emerging social media tools as our patients likely are not. Focus on your business and professional goals and evaluate new tools based on the potential impact they might have on those goals.
- Connect to professional associations, respected healthcare organizations such as the CDC, and colleagues on social media. Build relationships by showing genuine interest and interacting. Dovetail on their social media marketing and consumer outreach efforts.

Conclusion

Although social media are playing an increasingly important role in healthcare, audiologists have no best practices or evidenced-based guidelines. There are many compelling reasons to get in the game, yet with the opportunities also come risk and liability. A long-term strategy, clear goals and a comprehensive social media policy are required prerequisites for participation. While there are not yet resources available exclusively for audiologists, we can look to other areas of healthcare to assist our efforts in this area.

As social media constantly evolve and new tools emerge, I'd be very interested in hearing your opinions and experience. Please feel free to contact me at csmaka@audiologyonline.com to continue the conversation. ■

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Appendix – Resources

- **Found in Cache: Social Media Resources for Health Professionals from Ed Bennett.** <http://ebennett.org>. Ed Bennett manages Web operations for the University of Maryland Medical Center. His blog focuses on social media and healthcare and includes interesting research into how hospitals are using social media.
- **The Health Communicator's Social Media Toolkit.** Guide available from the Centers for Disease Control (download from: <http://www.cdc.gov/SocialMedia/>). This 52-page free download is a comprehensive A – Z of social media for healthcare marketers. It is full of practical advice and examples, and would be helpful for novices as well as the most experienced social media marketers.
- **Hive Strategies blog:** <http://www.hivestrategies.com/social-media-strategy-blog>. Hive Strategies is a PR firm that specializes in social media for hospitals and their blog contains many applicable topics to audiologists interested in social media. A helpful e-book entitled "9 No-nonsense rules to ensure a HIPAA-compliant social media strategy" is also available for download.
- **Kevinmd.com,** <http://www.kevinmd.com/blog>. Blogger-physician Kevin Pho, M.D. and his guest bloggers provide insight and commentary on a variety of healthcare topics, including social media and healthcare.

- **The Marketing Zen Group:** <http://www.marketingzen.com>. An online marketing agency who literally wrote the book on social media marketing, *The Zen of Social Media Marketing*. Although the book is not focused on health-care professionals, it is a practically-written, common sense approach to using social media to market any business. They also blog on a variety of topics, including social media and healthcare.
- **Mayo Clinic Center for Social Media:** <http://socialmedia.mayoclinic.org>. Mayo Clinic has a social media blog, and a network that provides access to further resources. Membership in the network involves a fee and they would be interested in talking to groups of audiologists (state associations, professional organizations such as ADA) to determine a fee based on the size of the group and other factors.
- **Social Media and HIPAA are not Enemies.** CD from Ragan Communications. Available for purchase from <http://ragan.com>. This 1-hour presentation is a 'must-view' for audiologists contemplating social media participation. It outlines many of the obvious and not-so-obvious risks and liabilities and includes considerations for developing a social media policy.
- **Social Networking and the Medical Practice.** Guide available from The Ohio State Medical Association (download from www.osma.org). This document outlines some of the risks of social media for physicians, office staff and patients and provides general guidelines and suggestions, many of which are applicable to audiologists.
- **Other useful blogs regarding general social media trends** and hot topics: mashable.com, techcrunch.com, socialtimes.com, socialmediatoday.com.

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TESTIMONIALS DEMYSTIFIED



How to harness the power of positive reviews to build consumer confidence and boost search engine ranking

By Scott Gaulin



Today, consumers scour the web for recommendations and testimonials. Searching reviews on Amazon before buying a summer book to read, checking Google before buying a new car, and even taking a peek at Yelp or Urban Spoon before trying out that new local diner has become a common event in everyone's daily life. Customers are informed and getting better informed all the time. They are socially connected through Twitter and Facebook and many won't waste their time or money on a product, service, movie or meal without doing a quick search on the web.

Customer-generated comments and reviews are here to stay. Consumers love them. They save time, energy and money and with America's free time evaporating faster than a raindrop in the Mohave Desert, who could blame them? Imagine a dad with kids in tow going into a "big box" retail chain and setting up every tent on the sales floor, so he can see which one is the easiest to pitch. Think of the ruckus and the rolling eyes of the sales clerk as he pulls each tent off the shelf and out of its box. Today, he's more likely to make his choice online, while in the comfort of his own home by relying on those customers who have boldly gone before him, used the product in real life conditions and were generous enough to post a glowing review - *"So easy the kids can do it all by themselves."* Sold! ... And, thank you kind sir for making my life just that much easier.

The same holds true for service providers, but at an even more magnified degree. How does one judge or rate a service before purchasing, especially when it can't be touched, tested or tasted prior to making a big commitment? Simply put, one cannot try on that new haircut before walking out the door and no one would ever ask their home builder to "go ahead with just the garage first and let's see how you do." Of course not, consumers do their due diligence beforehand, searching reviews on sites like Google and Angie's List.

In a business that emphasizes technical expertise and service combined with the products they deliver, such as Audiology, the need for client reviews is of paramount importance. Your potential future patients are evaluating not only the products you offer, but the overall experience of your past clients making great reviews doubly important.

Having positive reviews are critical in today's online social world. But what more can a business do to harness the power of those reviews? How can one collect, manage and leverage a steady flow of supportive testimonials? And even more importantly, how can a business utilize services like Facebook and Twitter, Google Places and even their own website as a foundation to an integrated reputation management solution? To answer these questions, it is necessary to gain a better understanding of the psychology behind a customer-generated review and the online resources typically in use today.

The Unquestioned Power of the Review

There are several reasons a consumer goes to the Internet, clicks on a few web sites and diligently read some reviews before picking up the phone or getting in their car to do some shopping. Let's explore the most common reasons in more detail.

Save Time. Consumers that shop based on reviews know that they save time, energy and money--time to research and shop, money on gas, even disappointing or lackluster products. The Internet has changed the way the world shops and retailers strive to make the process even quicker and easier. Highlighting the best reviewed products is typically the first step. In fact, most major online retailers will now allow users to sort or filter results according to the highest ratings. This is a great option for those wanting to save the time of researching through each feature or benefit of a particular product. Does anyone want to spend a Saturday driving to each electronics store and testing every new 32" LCD? No, no one does! Consumers look for the features that are important to them and then browse through the customer reviews. Once a decision is made customers often purchase from whoever has the best combination of price, customer service and availability. Would anyone buy a set with zero reviews? Probably not. Here are a couple of additional points to consider:

- When making purchase decisions, North American Internet users trust recommendations from people they know and opinions posted by unknown consumers online more than advertisements on television, on the radio, in magazines and newspapers, or in other traditional media. (Nielsen Online, April 2009)
- 91% of millionaires say they always or often look at reviews before buying luxury goods; 68% of ultra-affluent shoppers use consumer reviews. (Unity Marketing/Google study, reported in AdAge, October 2008)

- 90% of consumers online trust recommendations from people they know; 70% trust opinions of unknown users. (Econsultancy, July 2009)

Build Confidence. Having glowing reviews builds consumer confidence. And it's this same consumer-generated confidence that results in less returns, refunds and customer service issues. Customers are happier and less likely complain or request a refund if they believe that others have had success with a product or service. They are also still likely to recommend that same service to others, even if they have had a less than stellar experience. Chalk it up to human psychology and the social nature of humanity--people like to feel accepted and no one wants to be the odd man out, even if the group is someone they've never met. How often have people recommended a restaurant, saying "Well I didn't really care for what I had, but everyone else loved it. So I would try it again." As long as the majority of consumers had a positive experience and raved about that experience, so too will the minority. Customers who had a negative experience will often feel as though it was somehow their fault, like that they didn't understand the product or directions fully.

Increase Sales. An increase in positive reviews also leads to increased spending. With a highly rated product or service, the risk of disappointment and the stress of the unknown are removed. Consumers know what they are getting for their money and are willing to relax the purse strings a bit for a higher priced albeit more positively reviewed item. With the risk of having to return the product diminished consumers are generally willing to spend more on additional accessories or related services during the original sale. If you are trying to lower your return for credit rate or average selling price for hearing aids, consider the following:

- Products with reviews have a 20.4% lower return rate than those without reviews. (Bazaarvoice PETCO Case Study, 2007)
- 92% shoppers have more confidence in info sought online vs. anything from a sales clerk or other source. (Wall Street Journal, January 2009)
- 67% of shoppers spend more online after recommendations from online community of friends. (Internet Retailer, September 2009)
- Consumers were willing to pay between 20 to 99% more for a 5-star rated product than for a 4-star rated product,

depending on the product category. (see comScore/Kelsey, October 2007)

- High product rating will increase likelihood of purchase for 55% of consumers. (eConsultancy, July 2010)

Get Reviews to Get Found

More reviews will likely lead to more sales, less returns and higher margins once customers find what they are looking for, but how can reviews help consumers find a business in the first place? This is where search engines work their mathematical magic. Any search engine, be it Google, Yahoo or Bing, works to categorize fresh and relevant content. If clients are consistently leaving reviews and testimonials about a particular service or product, each individual review creates a new link with to that business. The more links, the easier it is for the business to be found. With the demise of print advertising, newspapers and phone directories, no one can afford to take the power of search engines, review sites or social media profiles lightly. Here are some proven ways to get your practice out to the masses of people looking for hearing aid and audiology services.

🔍 *Search Engines*

Spending the time and resources on claiming and fully optimizing Google Places, Bing and Yahoo listings has become as essential today as it once was to place an ad in the Yellow Pages or local newspaper. Each search engine offers a local business listing page that serves as not only a business directory but also a mini-landing page for their products or services. Here businesses can post their basic information such as hours of operation and services rendered as well as add photographs and in some cases even short video clips. All three sites allow consumers to post reviews and seem to include these reviews as part of their ranking algorithms. Additionally, with the recent implementation of Google+, the new social communication network from search giant Google, more reviews will certainly lead to better overall Google placement.

Directing your clients to these sites to leave a review can be tricky though, as each site requires that the reviewer have an e-mail account with that specific search engine. Many consumers won't create the additional account in order to simply leave a testimonial. If a consumer does leave a review, the business owner is typically allowed to comment on that review. Negative reviews or comments cannot be removed or edited. They can, however, be pushed down or "washed away" by consistently requesting clients to add more reviews.

Claiming and optimizing these pages typically involves creating and verifying a free account and can take business owners anywhere from one to two hours of set-up per site depending on the amount and type of information uploaded.

🔍 *Industry Review Sites*

Depending on the type of business, industry specific review sites such as Urban Spoon or Angie's List can be a boon to local merchants. Restaurants or plumbers should be putting significant effort into each site respectively. These sites enjoy a large following and millions of users, but they do come with several major caveats.

- Listing is only accessible within their main site and is branded foremost for their service
- Site content is typically not found by outside search engines
- Users must have an account with each individual service to leave a review
- Businesses are not typically allowed to manage or delete comments
- Reviews typically are not able to be posted to outside website or social media channels

🔍 *Website SEO*

Along with claiming search engine listings, a properly search engine optimized (SEO) website or blog is another key resource to promoting any local business or product in the recommendation age. Search engines love fresh and relevant content and what better way to create constant buzz and links about a business than to host powerful positive client testimonials and reviews within a businesses' own website? With a system in place that will update the site as new reviews come in, each review a client posts not only fosters greater consumer confidence, it also gives the site an edge when the search engines come looking for new linkable content. While updating a website with fresh reviews can be a challenge for those not familiar with web design, utilizing a site with a built-in content management system, such as Wordpress, can alleviate the cost of adding fresh content.

🔍 *Social Media*

You might be asking, what about Facebook, LinkedIn, Twitter and the plethora of other popular social sharing sites? Social media is another critical distribution and search tool for any company's positive reviews. A recent article in The Telegraph (UK) found that traditional social network ads fail to engage 96% of users because users of social media sites such as

Facebook “are looking for buyer reviews.” A review of a business left on Facebook, for instance, is not only seen by the reviewer’s friends, but also by anyone who is a fan of the page. From here it can be shared with any number of users in a matter of moments and spread outside of Facebook via Twitter or LinkedIn to even more potential clients.

Social media is certainly becoming the all important and encompassing marketing tool, especially on the local level. Social media users are increasingly interacting with corporations and businesses in a way that was never possible even just a few years ago. Companies have capitalized on this by creating “Fan Pages” and engaging users with contests and “Fan-only” discounts or exclusive content. In fact, social media sites, including the video sharing site YouTube has been credited with not only the meteoric rise of many brands, but also has contributed to severe and catastrophic PR nightmares for several others.

To take advantage of the social media phenomena there can be quite an investment in time and learning to set-up the individual profiles and to build and maintain content on each of the major sites. Additionally, anytime a new service comes online it will need to be evaluated and researched for its business potential. Google+, with its search parentage, will be a critical site once the business pages are released. With the sheer numbers of people using some form of social media daily, can a company really afford not to have a social presence? Think about the following facts:

- The majority of consumers (74%) rely on social networks to guide purchase decisions. (Gartner, July 2010)
- Forty-four percent of Moms use social media for brand/product recommendations; seventy three percent trust online community recommendations. (BabyCenter LLC, July 2009)
- Facebook, blogs, Twitter and customer reviews are considered the most effective tactics for mobilizing consumers to talk up products online. (Etailing survey of 117 companies, September 2009)
- Users put great trust in their social networks. Fifty percent of respondents said they considered information shared on their networks when making a decision—and the proportion was higher among users ages 18 to 24, at 65%. (eMarketer, October 2009)
- In a study of online UK retailers, 59% reported that the consumer-generated activity leads to better search engine optimization. (eMarketer, 2007).

What do audiologists need to know?

So, how does an audiology practice put all these pieces together and start harnessing the power of positive reviews? Besides claiming and optimizing their search engine listings, profiles need to be created and maintained on the major social networking sites and directory listings. Additionally, a business would need a process to collect and vet reviews and finally, a way to post them to their website in a timely manner—a time consuming and expensive venture for a business whose primary focus should be on servicing their patients, rather than building and maintaining web solutions. The ideal solution would be an application that combines all these elements into one system that is taken care of for you.

Currently, there are not many firms managing all facets of search engine optimization and reputation management. One such firm, however, is Third River Marketing in Salem, Oregon, which developed the system whirLocal. WhirLocal is a reputation management and search engine optimization web application that makes it easy for a business to gather, manage and share their positive customer testimonials automatically on Facebook, Twitter, LinkedIn and even their own website or blog. The innovation of whirLocal is that the business owner can now manage, approve and selectively share only those testimonials that will further their message. They can also respond privately to any negative review or criticism via e-mail without it going publicly online. The system is as easy to use as an e-mail client, and unlike Yelp, Dex or Angie’s List, whirLocal is branded specifically for individual specific businesses, giving the practice owner additional online presence. It is this keyword optimized branding, in addition to the multiple links created with each new review, which has a profound positive impact on the businesses’ search engine rankings.

While the whirLocal system can drastically improve a business’ search engine ranking and consumer confidence, it is still up to the business owner themselves to provide not only a great product or service, but to simply ask their satisfied clients to leave a review on their whirLocal.com site. ■

Scott Gaulin is the Social Media Manager for Third River Marketing and a 2010 Kiplinger Fellow in Social Media Journalism at the John Glenn School of Public Affairs at The Ohio State University. Third River Marketing, located in Salem, Oregon is a digital marketing agency and the developers of the whirLocal Review Engine. Their website is www.whirlocal.com.

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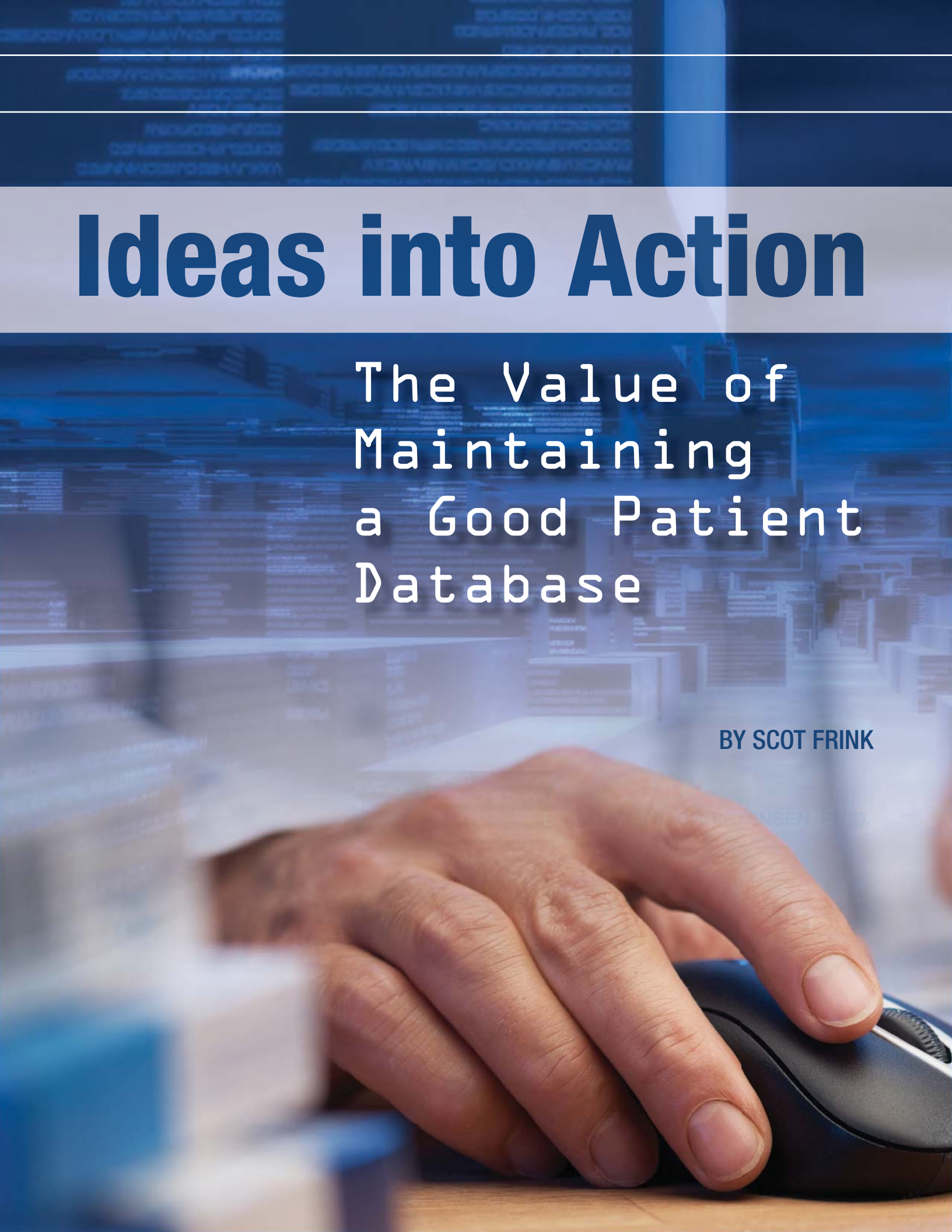
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Ideas into Action

The Value of
Maintaining
a Good Patient
Database

BY SCOT FRINK



Some of the most valuable assets in a private practice are its patient files, and in the 21st Century, the best way to manage these files is through the use of a well-managed database. It is important that as much data as possible be kept on each patient within the database, so when an opportunity presents itself, you can capitalize on what you know about your previous patients and offer them the opportunity to keep them up-to-date on new technology.

Case in point: I was taught when I was in graduate school that patients with unilateral hearing loss (Single Sided Deafness) rarely experienced successful outcomes with CROS-type devices. I also was taught that I would probably fit one or two CROS systems a year. I now know those figures are a little misleading.

Since the introduction of new CROS technology in 2004, I have fitted over 270 CROS or BiCROS systems. When these systems were introduced, our office initiated internal studies to evaluate this technology, fitting over 35 people in a 90 day period. How did we come up with the candidates? We mined our database.

In our practice, we categorize patients with hearing loss in our database as follows: *Normal, High Frequency, Mild, Moderate, Severe, Profound*, and *CROS* (which includes BiCROS). During the initial data mining process, we ran a quick search of our database for the *CROS* category, and came up with approximately 235 candidates. I had each patient file pulled and further narrowed the list to 160. We sent out invitations to each of the candidates, asking for them to return to our office for a hearing re-evaluation. Forty responded, but only 35 followed through on a trial with a CROS-type device. Still, as any direct mail expert will tell you, a 22% response rate is almost unheard of, and with the resulting sales of approximately \$105,000 after only spending about \$200 on the mailing, that's a return on investment I would love to see every day!

From that point forward, I became more aware of patients who would potentially benefit from CROS technology. Likewise, every time I saw the introduction of another potential solution, I dove into evaluating it for the potential benefit of my patients. An added bonus to fitting all these cases of Single Sided Deafness over the years is that my staff and I have become extremely proficient at fitting CROS and BiCROS devices. Consequently, it takes my practice less time to complete these fittings, thus freeing up more time to see other patients.

We continue to conduct similar internal studies, one or two each year, since that time, with excellent return on the marketing investment. We are currently in the process of evaluating the new CROS technology introduced in the last 12 months, with about 26 participants at this time, and later this year we'll be initiating a study comparing instruments with built-in tinnitus solutions. Internal studies are only one example of how you can mine your database to keep your patient informed and obtain great results from every direct mail program you use.



Planning Your Work and Working Your Plan

Brian Taylor, AP Editor

Scot's example illustrates how an easy-to-use computerized office management system can be used to drive office traffic, improve marketing return on investment (ROI), and ultimately, increase practice revenue. It wasn't that many years ago that data mining consisted of alphabetized patient files languishing for months in a large metal cabinet, until the patient called to schedule an appointment, at which time their "chart" was pulled by the receptionist. Those times are rapidly changing. Today, audiologists and practice owners realize the importance of mining their existing database, which is a critical element of any relationship marketing strategy. Owners and managers now have access to a wide range of computerized office management systems and appointment schedulers that can be used in their relationship marketing plan. In an extremely cost effective manner, audiologists can select specific groups of patients, reach out to them quickly and get them scheduled with one automated system. This month we are fortunate to feature experts from two leading office management systems in the audiology business. Both experts bring a wealth of knowledge and experience to their respective companies.

Although these office systems are incredibly robust, it's important to remember that motivated, goal-oriented people are still needed to optimize the effectiveness of even the most sophisticated office management system. I am reminded of the work of business leaders Larry Bossidy and Ram Charan, authors of the book *Execution: The Discipline of Getting Things Done*. In their seminal work, Bossidy and Charan outline seven essential steps to getting things done (notice their list doesn't include a new piece of equipment, software or a catchy newspaper ad).

- Know your people and your business
- Insist on realism
- Set clear goals and priorities
- Follow through
- Reward the doers
- Expand people's capabilities
- Know yourself

When your office management system, marketing plan or new product offering are placed in the context of these seven disciplines you can drive significant growth in your practice. Scot's plan was effective for two reasons. One, he had an automated system for mining his patient database. Two, he diligently worked his plan, using many of these seven disciplines. A computerized office management system is essential, but it simply will not replace great people, who you hire and train to run it. Great people can overcome average systems; average people won't live up to great systems.

Office Management System Software Must-Haves

Peter Adams, Director of Marketing, Sycle.net

Today hearing care professionals are turning to office management software to harness the power of their existing database. However, the way office management software functions today is quite different from 5 or 10 years ago. Today's solutions are more than a spread sheet of names with an appointment book. They are fully-functional office suites offering an endless menu of reporting and marketing features as well as integrations with other systems. Is your practice management system providing you with the information you need to grow your practice, or is it simply housing data?

Here is a checklist of “must have” capabilities to look for when shopping for office management software:

- Online Access:** If there is one feature the modern day provider can't live without it is a web-accessible system. The ability to share data between offices and staff members as well as the ability to access key data from the road and from any computer, smart phone and tablet is critical.
- Reporting:** As the old adage states, “One can only manage what they can measure.” This definitely holds true today. Take a close look at the metrics and visibility that any potential software solution provides. Are the reports showing you real time information that is allowing you to make key decisions in a timely manner?
- Marketing:** Any office management solution worth its weight needs to have features designed to allow you to easily target market both current and prospective patients. Look for automated patient mail, direct mail generation, easy access to patient mailing lists and referral tracking, as well as reports that allow you to see the return on your marketing dollars.
- System Integrations:** Double-entry is becoming a pain from our pasts thanks to robust software solutions that interface with other systems the hearing healthcare industry depends on. You will want a system that allows you to bill claims electronically, interfaces with QuickBooks, synchronizes with NOAH, has integrated patient financing solutions and produces professional physician reports. The less time you spend hopping between systems, the more time you can spend with your patients.

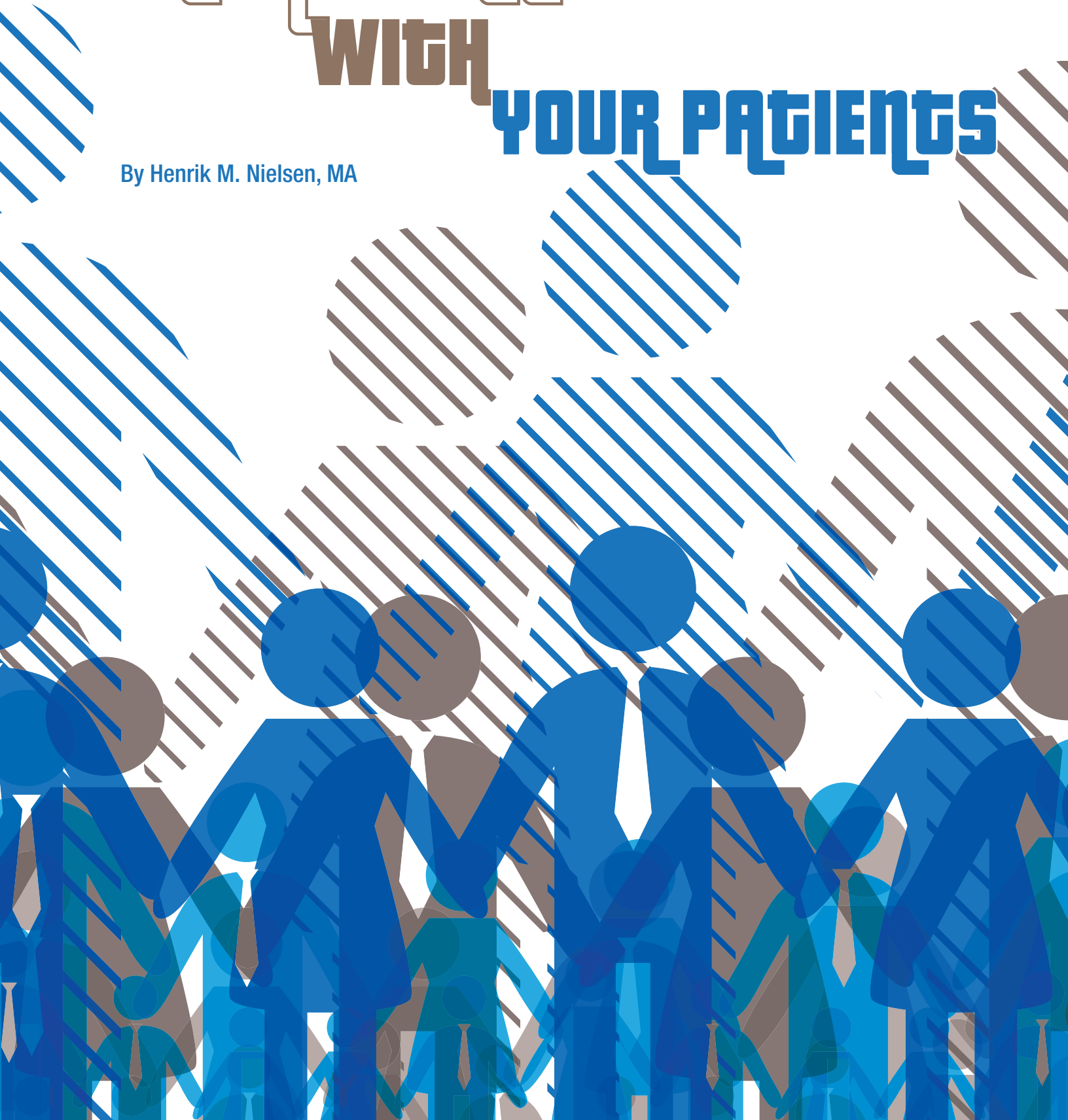
Sounds like a lot? Rest assured there's a system on the market that does all this and more! Simply put, the more features and the more integrations, the better! You want to ensure that the system you implement has the power to grow with your business—whether you plan on operating one office, or 100. Taking the time to choose the right system to match your practice will ensure you are able to provide your patients with the best care possible and that your business will thrive. ■

Peter Adams can be reached at peter@sycle.net



STAYING CONNECTED WITH YOUR PATIENTS

By Henrik M. Nielsen, MA



Over the years I estimate that I have visited over 500 hearing healthcare clinics and practices in the USA, in all kinds of settings. I have talked to even more hearing professionals. I have helped many of these hearing professionals with tactics for generating patient traffic and executing consumer marketing activities ranging from direct mail, radio, TV, advertising and even a few billboards. Some experience better results than others, but all of them are good initiatives for building a practice.

One area that I often have seen ignored is the use of consumer marketing strategies to reach existing patients. Many hearing clinics do little or nothing to reach out to their active patients on a regular basis. Such outreach could be for annual hearing evaluation recalls, hearing aid warranty expiration notifications, newsletters, new technology letters, birthday cards, holiday greetings and invitations for consumer events such as open houses or lunch and learns. These invitations or letters are especially important for targeting patients with hearing aids that are four years or older. The objective obviously is to upgrade these patients to current technology. Many hearing clinics do little to leverage resell opportunities to patients with old hearing aids and they are more or less relying on the patient herself to take action to buy a new hearing aid.

There are two main objectives when reaching out to existing patients. Number one is to leverage resell opportunities—not just in terms of selling a hearing aid to an existing patient, but also to leverage sales opportunities for other services and items such as extended warranties, batteries, clean and check fees, assistive listening devices and annual hearing evaluations.

The second objective is to maintain high patient retention. In other words you want to ensure that your patients do not forget about your clinic as their primary point for hearing health care. Failure to do this will result in your patients being lost to a competitor in your area. One key element to successful patient retention is to create regular ‘touch points’ or contacts that remind your patient about you and your clinic. In essence, creating and maintaining the relationship between you and your patients. This again will in part be accomplished with some of the type of mailings mentioned before.

The key to effective patient marketing is the ability to deliver the right *message* to the right *patients* at the right *time*. Here’s an example of this: In the middle of the current month, you want to send a mailing to all your patients that have a hearing aid where the warranty expires the following month. Those are all the patients that have an interest in receiving a letter about the warranty status on their hearing aids. The letter should have a call to action and could potentially be followed up with a phone call. Patients will respond and a certain percentage will decide to extend their warranty for peace of mind and in return provide an additional revenue stream for the practice.

Instead of doing mass mailings, the approach should be to do small and frequent mailings to a select subset of your patients meeting specific criteria that makes your message relevant to them. In the warranty mailing example, had we done a massive mailing to all patients about extended warranties and the peace of mind it provides, it would most likely have resulted in a limited response, especially from patients that have a relatively new hearing aid with many months of warranty coverage still in place. The message is simply not relevant to those patients.

How do you target such small patient segments on a frequent basis? An office management system with an effective marketing module is the answer. And it should be easy and effective to execute mailings, so that it gets done. Every month, every quarter or holiday season; whatever the frequency is for the specific mailing you decide to execute.

Selected patients **Selection criteria**

Primary filter: Warranty letters ▼

Filter parameters

Description	Operator	Value
Warranty expiration date	BETWEEN	

Figure 1. Example of template for a warranty letter. User simply specifies date range.

A number of office management systems, specifically developed for hearing health care clinics, are available. The one that I am familiar with is Blueprint OMS from Blueprint Solutions. Blueprint OMS offers a very easy to use marketing module with a number of predefined templates for common mailings. Let's take a look at the warranty mailing example again. In Blueprint OMS you simply select the warranty mailing template, specify the warranty expiration date range, like next month, and select print. Blueprint OMS will generate a personalized letter to each of the patients with a hearing aid where the warranty expires the following month. The letter can be clinic specific and also reference the hearing aid make, model and serial number as well as the actual warranty expiration date.

Examples of other easy and relevant campaigns available in Blueprint OMS are mailings to patients based on 'last appointment,' 'last hearing evaluation,' 'age of hearing aid' or 'hearing loss severity'. A wide range of data fields can be used for building specific queries and multiple selection criteria can be combined in one query. The key is to be able to target specific patients with a message or for the purpose of recalling specific patients for an appointment.

There is a wide range of output options, such as printing labels or envelopes, export to file for mail merge or using custom letters that are incorporated into Blueprint OMS, so that your practice-specific message can be used.

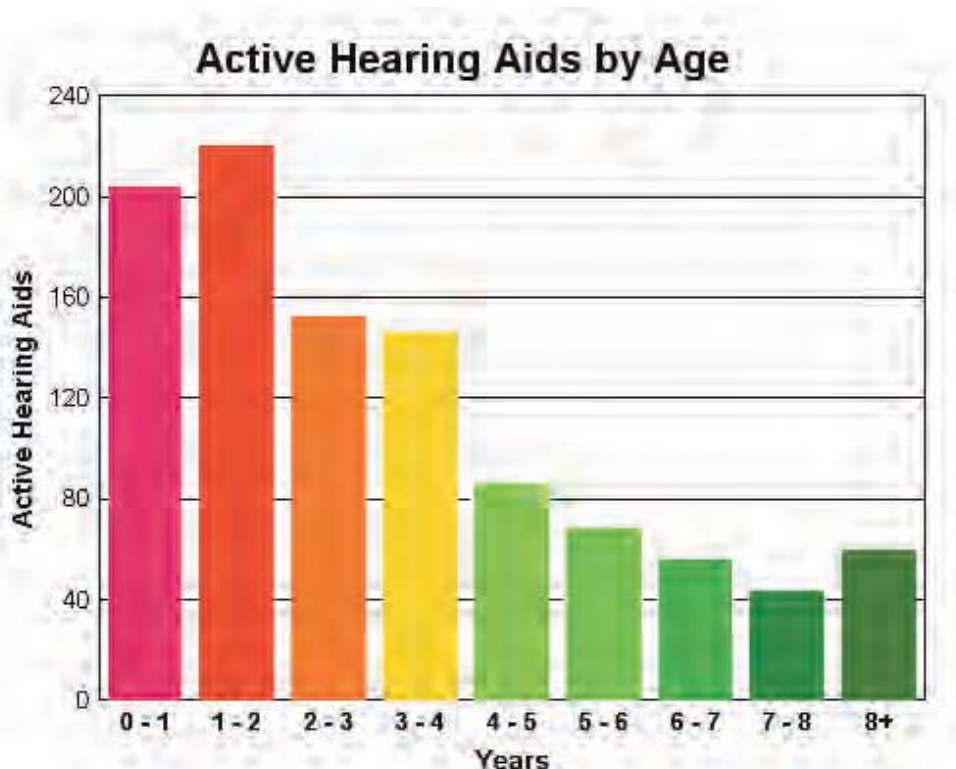
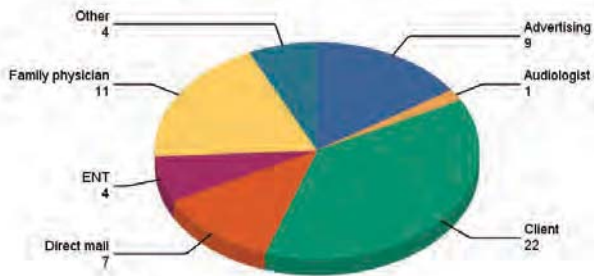


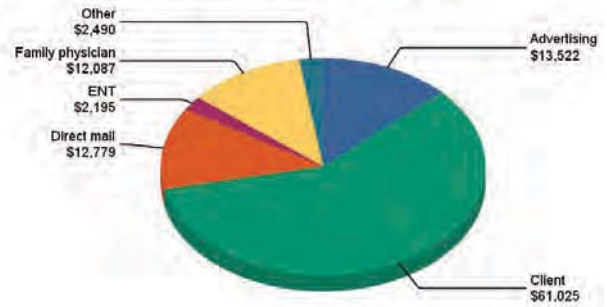
Figure 2. The number of active hearing aids in a clinic as a function of hearing aid age

So, what is the potential when targeting patients with old hearing aids? Most clinics probably do not keep track of the average hearing aid age for patients buying a new hearing aid. However, let's use a simple example for targeting patients with old hearing aids: if we can move the average hearing aid age re-purchase point, say from five and a half years to five years we just increased sales to existing patients by 10%. It is important to notice that this is a revenue increase that did not require adding a single new patient or require an expensive consumer marketing activity to generate the revenue increase. It was a simple outcome of targeting certain patients with a specific message.

New patients by referrer type



HA sales by referrer type



Company summary

	#Client	#HAClient	#HA	\$HA	\$Service	%Client
Advertising						
Newspaper ad	4	2	4	\$9,337		9%
Yellow pages	3	2	3	\$4,185	\$125	7%
Advertising Total:	7	4	7	\$13,522	\$125	16%

Figure 3. Sample report providing insight into referral sources and their effectiveness in generating revenue.

In an established average clinic this could easily result in incremental sales of about 5 to 10 units per month.

An office management system can easily analyze the age of all active hearing aids in a clinic and provide insight into potential up-sell opportunities. In the example in Figure 2, the graph shows the number of hearing aids in one year age intervals. A similar graph can be generated showing number of patients with hearing aids a certain age. With basic assumptions about average sales price, gross profit and upgrade percentage of total target, a revenue and profit report is generated by the OMS as well.

Another group of patients that should not be ignored is the group that was diagnosed with a hearing loss, but chose not to get hearing aids at the time of their initial appointment. These patients will most likely at some point in time buy hearing aids when sufficiently motivated. Once they reach that point, the objective is to have them come back and purchase from your clinic and not from the competitor down the street. The key is to create a relationship with these patients and create touch points. This can be done with newsletters, invitations to events or recalls.

Another important element of an office management system is its ability to track all consumer marketing activities and referral sources. These could be a specific ad in a newspaper, a specific mailing or a referral source such as physicians. This will provide valuable information about the effectiveness of a specific consumer marketing activity, such as a mailing.

A report can show the number of new patients gained from a specific mailing and how many hearing aids were sold to these new patients, along with total revenue. If the cost of the marketing activity is known, a return on investment calculation can easily be performed. This will provide insight into what marketing activities are effective, and will be instrumental in fine tuning a clinic’s consumer marketing tactics.

In today’s competitive environment, it is essential that a hearing health practice maintain a relationship with its patients, leverage resell opportunities and track effectiveness of marketing activities. An office management system can make this task very easy and worthwhile. With a typical cost per clinic for an office management system of around two thousand dollars per year, it will pay for itself over and over again in incremental revenue. This does not even take into account savings that result from plain efficiency improvements that an office management system can provide. ■



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Thanks to Laura Prigge, Au.D. for input and ideas for this article.



PATIENT SATISFACTION SURVEYS:

A Key to Word-of-Mouth Referrals



BY GYL A. KASEWURM, Au.D.

While hearing aid technology, fitting science, and professional education have all improved dramatically in the last 10 years, Sergei Kochkin's MarkeTrak studies indicate little progress in the percentage of patients who are "satisfied" or "very satisfied" with their hearing aids (Kochkin, 2010). Additional Kochkin data suggests that more than 4 million people in this country alone who need hearing aids will not purchase them because of a negative report from someone they know (Kochkin, 2007). The potential financial impact of these statistics on the industry as a whole is staggering. The possible impact of such negative word of mouth advertising could be fatal to a practice considering that dissatisfied patients share their tales of woe with many more people than satisfied patients do. In addition, market research indicates that satisfied patients pay less attention to the competition, are less price sensitive and cost less to serve than dissatisfied patients. Therefore, one can conclude that focusing on patient satisfaction is good for patients and good for business.

You may have heard the expression "never assume" and this adage definitely applies to patient satisfaction. It has been my experience that you don't know how satisfied a patient is until you actually ask them. In my practice, we have made it a policy to send a satisfaction survey to patients three to six months after purchasing new hearing aids. A blank copy of this survey is shown in Figure 1. *Audiology Practices* encourages you to copy and use this patient satisfaction survey in your own practice. Satisfaction surveys can identify ways of improving patient care as well as show patients that you care and are looking for ways to improve their hearing and your service.

While we have used many different surveys over the years, we have found the most success by using an abbreviated version of Kochkin's MarkeTrak survey. This also affords the opportunity to benchmark your practice against proven standards in the industry. The Satisfaction with Amplification in Daily Life (SADL) is another scale that can be used to assess patient satisfaction. However, surveying patients is only helpful if you actually pay attention to patient's answers and respond to them. You may be surprised at how many patients have their hearing aids in a drawer or the number who would NOT recommend hearing aids and/or your organization to others.

When complaints do occur, it is important to deal with them *immediately* and resolve them *completely*. It doesn't really matter whether you feel you are at fault. The only thing that matters is that the patient is satisfied. The best way to turn an unhappy patient into a raving fan is to solve their complaint quickly and completely. It's been my experience that in most cases, the resolution requires much less than I was willing to do.

Of course, hearing aid performance alone does not guarantee that your patients will be happy. While we must know *conclusively* that patients are deriving adequate benefit from their hearing aids by conducting outcome measures, we also must insure that every patient is treated in a warm, courteous and professional manner during every step of the patient journey. Asking patient's opinions via a survey can be the key to unlocking a new level of satisfaction for your patients. After all, you can't manage unless you first measure. Take the time to measure patient satisfaction in your own clinic with this survey. You might be surprised what great things you find out about your practice. ■

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Dr. Gyl Kasewurm is the owner of Professional Hearing Services in St. Joseph, MI. She can be reached at gyl@prohear.net

Patient Satisfaction Survey

1. Overall, **how satisfied are you with the hearing aids** you purchased from Professional Hearing Services?
 (The term 'Neutral' indicates you are neither satisfied or dissatisfied)

 Very Dissatisfied Dissatisfied Neutral Satisfied Very Satisfied

2. Please **rate the following features** of your hearing device. (The term 'Neutral' indicates you are neither satisfied or dissatisfied)

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Overall fit/comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not visible to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of changing battery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Length of battery life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearness of tone and sound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of whistling/feedback/buzzing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of adjusting volume	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reliability of hearing device	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement to your hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use in noisy situations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-going expense (hearing aid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Value (performance vs money spent)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Natural sounding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to tell locations of sound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Frequency of cleaning required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Warranty on the hearing aid(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Packaging of the hearing aid(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The sound of your own voice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to hear soft sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comfort with loud sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Figure 1. A patient satisfaction survey used by Dr. Gyl Kasewurm. Reprinted with permission.

Patient Satisfaction Survey

3. Please **rate the following listening situations** in which you are using your current hearing devices.
(The term 'Neutral' indicates you are neither satisfied or dissatisfied)

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Conversation with one person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In small groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outdoors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In large groups	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At a concert/movie	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a place of worship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching TV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a restaurant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Riding in a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On a cell phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening to music	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please **rate the following service factors** that you experienced at Professional Hearing Services.
(The term 'Neutral' indicates you are neither satisfied or dissatisfied)

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Professionalism of dispenser	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dispenser's knowledge of hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation on use and care of your hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of what to expect from your hearing aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of service during hearing aid fitting period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of service after purchase	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Patient Satisfaction Survey

5. How likely is it that you would **recommend the use of a hearing aid** to a friend or colleague?
(The term 'Neutral' indicates you are neither likely or unlikely to recommend)

- Very Unlikely Unlikely Neutral Likely Very Likely

6. How likely is it that you would **recommend Professional Hearing Services** to a friend or colleague?
(The term 'Neutral' indicates you are neither likely or unlikely to recommend)

- Very Unlikely Unlikely Neutral Likely Very Likely

7. Do you have any other comments you would like to share with us?

More on Patient Surveys from the AP Editor

A well constructed survey is a great way to gather actionable information about your practice. Low scores (Very Dissatisfied, Dissatisfied or Neutral on Dr. Kasewurm's survey) would be a red flag for a very unhappy patient that would likely trigger a call from you to resolve the problem. Research has shown that a "neutral" rating is just as likely to be upset or unhappy as someone giving you a rating of "extremely dissatisfied". Fortunately, relative to many other businesses we don't see that many patients, therefore, it is feasible to place a phone call to patients giving you a low score, if they choose to provide their name. Even if patients do not provide a name, this information is very valuable. By collecting and analyzing data on a representative sample of patients (that is, about 25 to 30 surveys collected every 90 days), you can identify some service trends in your practice. Armed with survey data, you can make better decisions about how to improve service delivery in your practice.

On the flip side, it's also valuable to gather and analyze positive (i.e., Satisfied or Very Satisfied) findings from a survey.

Using Dr. Kasewurm's survey, we can be fairly certain that someone checking the "very satisfied" box on the majority of questions is a promoter of your practice. It may be worth your time to talk to the promoters of your practice to find out what they love about it, so you can replicate their office experience with more patients.

In this age of evidence-based practice, audiologists must embrace quality assurance programs that place patients in the center of decision making processes. Implementing a patient satisfaction survey is a necessity. Of course, there are many details that need to be addressed, such as how you plan to get the survey in the hands of your patients, along what point in the patient journey you plan to survey them and how often you plan to analyze the data you collect. I've been involved with patient satisfaction programs for several years and would be happy to address specific questions any of our AP readers may have.

Regardless of the details, you simply need to start. No matter how you look at it, routinely surveying your patients between one and six months post fitting is a great way to better understand how your practice is perceived by it's most precious resource – patients. It all starts by getting a survey in their hands. You can simply make copies of Dr. Kasewurm's survey, found on pages 36-38 of this issue of AP and ask your patients to complete it. ■

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THE RED FLAG MATRIX

Using the
QuickSIN and
the ANL Tests

By Brian Taylor, Au.D.
and Jill Bernstein, Au.D.

A matrix is a simple tool, commonly used by managers to analyze their business. Typically, a matrix consists of two dimensions and four quadrants. One dimension is mapped on the horizontal axis and the second dimension is mapped on the vertical axis. A matrix is an effective way to isolate a problem or prioritize resources. By charting information along two dimensions, powerful insights about business challenges can be uncovered.

A common term used by medical professionals is “red flag.” Although the term sounds pretty ominous, it’s a descriptive way to warn people about something. The term “red flag” is actually quite common in many professions, including meteorology, telecommunications, and the military. Since it’s such a descriptive term, we thought the term “red flag” can be applied to the hearing aid selection process as a way to provide both patients and audiologists with some advanced warning of a challenging situation involving the selection and use of hearing aids. By plotting the scores of two speech-in-noise tests on a matrix, important “real world” information about a patient’s communication ability can be quickly obtained and used in the hearing aid decision making process.

WHY USE SPEECH-IN-NOISE TESTS

Difficulty in background noise is the primary complaint of many hearing impaired patients and hearing aid users. Among the difficulties these patients experience are poor speech intelligibility in noise and annoyance from sound. Over the past several decades audiologists have relied on the standard battery of pre-fitting tests (i.e., word recognition in quiet and the pure tone audiogram) to make a determination about hearing aid candidacy and to help establish expectations with amplification. Although the standard pre-fitting battery of audiological tests are useful for quantifying the degree and type of hearing loss, their relatively poor face validity suggests these tests have substantial limitations in the counseling process. Specifically, the results of both pure tone and speech in quiet audiometry have been shown to have a weak relationship at best to real world hearing aid outcome. (See Taylor, 2007 for a literature review).

According to Margolis (2004) up to 80% of the information a clinician shares with a patient is forgotten immediately. An important ingredient of effective communication is the clinician’s ability to convey technical information in a clear and concise manner. By combining two test scores as a single

point on a matrix, clinicians have the ability to communicate test results more effectively, which may lead to improved patient retention of the test results and clinical recommendations.

An inability on the part of the audiologist to measure these “real world” problems with the traditional battery of pre-fitting tests, combined with poor patient retention of these results may contribute to non-use, returns for credit and lower than expected real world hearing aid benefit.

The purpose of this article is show how a four quadrant matrix can be used to plot the results of two commercially available tests, the Quick Speech in Noise (QuickSIN) and Acceptable Noise Level (ANL) tests. Our working hypothesis is that measuring speech intelligibility in noise with the QuickSIN and annoyance from sound with the ANL during the pre-fitting appointment, before patients begin using amplification, helps establish precise realistic expectations with each patient prior to their initial trial with hearing aids. Taken a step further, providing the patient with insight on their ability to understand speech in noisy listening conditions and annoyance from various environmental sounds, may actually contribute to a more successful hearing aid outcome. This concept is similar to how a surgeon would discuss a prognosis with a patient using pre-operation test results. Audiologists could use the results of the QuickSIN and ANL plotted as a single point of the Red Flag matrix to set the stage for those patients “at-risk” for non-use and poor benefit in noise.

THE QUICKSIN AND ACCEPTABLE NOISE LEVEL TESTS

Although various speech-in-noise tests have been commercially available for several years, survey data indicates they are seldom used by clinicians. Several reports have suggested that incorporating speech-in-noise tests into a routine battery of pre-fitting tests has both clinical value. Wilson and McArdle (2005) and Wilson (2004) have reported that speech in noise scores cannot be predicted from speech in quiet scores for many patients; and concluded that speech in noise testing should be part of a clinician’s routine battery of audiological tests. Wilson and McArdle’s thread of research in this area would suggest that the scores on speech-in-noise tests provide valuable insight into speech understanding ability in everyday listening situations.

In addition to speech-in-noise tests being used to objectively measure speech understanding ability, these tests can also be employed to measure other facets of communication, such as annoyance

from noise and subjective ability to understand speech. The Acceptable Noise Level test has been studied extensively. (See Freyaldenhoven et al 2007 for a review). Nabelek et al (2006) have reported that annoyance is a predictor of hearing aid non-use.

Expert opinion suggests the routine use of speech-in-noise tests. The Hearing Instrument Associations Top 10 Reasons for Hearing Aid Delight study (Rogin, 2009) reveals a relationship between computer-based testing and patient satisfaction. In addition, Sweetow et al (2010) has proposed the use of a “functional communication assessment”, in which two objective and two subjective measures of the residual auditory system are used. For these reasons, routine testing of speech intelligibility in noise and annoyance from sound would be warranted prior to prescribing amplification.

THE RED FLAG MATRIX

An earlier publication (Taylor and Bernstein, 2011) reviewed results of 47 patients on the QuickSIN and ANL tests, collected during the pre-fitting evaluation. Using the published normative results of QuickSIN and ANL tests in the unaided condition, the Red Flag Matrix was developed in order to more precisely identify patients who might be “at-risk” for struggling with speech intelligibility in noise or annoyance from sound prior to receiving hearing aids. The point of intersection of the four quadrants is 7 dB. (See Figure 1) This intersection point is based on QuickSIN and ANL research. According to Killion & Niquette (2000) QuickSIN scores 7 dB or less indicate a near-normal or mild SNR loss and well fitted directional microphones is thought to bring their aided speech intelligibility scores back to into the normal or near-normal range. ANL scores 7 dB or less is considered a predictor for full time hearing aid use Nabelak et al (2006).

After the results of the two tests are obtained, the clinician can plot a single dot on the matrix, which represents the QuickSIN and ANL score as a single point. The lower left hand column of Figure 1 (Q1) is labeled the “in the clear” zone because both the unaided Quick SIN and ANL scores are in the “near normal” or mild SNR loss range. When results fall into this quadrant patient would expect minimal problems with intelligibility and annoyance in background noise when amplification is used.

The upper left hand quadrant of Figure 1 (Q2) are patients with “near normal” or mild SNR loss QuickSIN scores and an elevated ANL score (<7 dB ANL). Hearing aid users falling into this quadrant are “at-risk” for experiencing difficulties with annoyance from sounds, which correlates with non-use.

Although research indicates that a score of greater than 13 dB on the ANL equates with non-use of hearing aids, we decided to use 7 dB as the cut off, as score below 7 dB on the ANL correlate with full time hearing aid use.

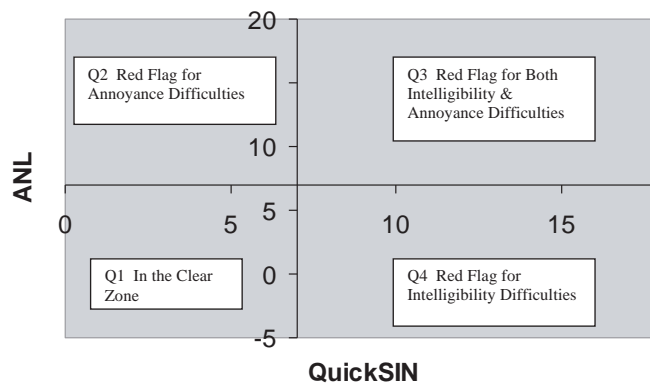


Figure 1. The Four Quadrants of the Red Flag Matrix

The upper right corner (Q3) of the Red Flag Matrix denotes patients with significant SNR loss on the QuickSIN (>7 dB) and a significant ANL scores (>7 dB). Based on some published research hearing aid users falling into Q3 might be “at-risk” for difficulties with annoyance and speech intelligibility in noise. Finally, the lower right hand corner (Q4) are patients with no measurable annoyance problems, but a significant SNR loss. Q4 patients would be “at-risk” for having difficulties with speech intelligibility in noise, but no indication of a problem with sound annoyance.

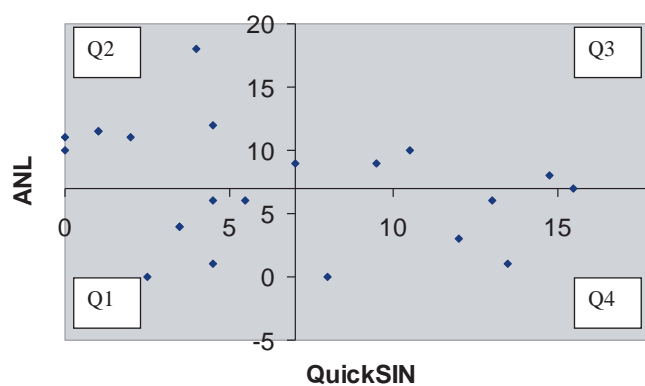


Figure 2. Current Hearing Aid Users

Figure 2 shows the results for 22 current hearing aid users on the Red Flag Matrix. Although hearing aid benefit and satisfaction was not measured, considering all 22 patients are full time hearing aid users, we can presume some level of satisfaction and/or benefit is being achieved. Results plotted on the

red flag matrix for each of the 22 hearing aid users would suggest that a poor score (red flag) on either test is not necessarily equated with poor outcomes.

POTENTIAL USES OF RED FLAG MATRIX

The purpose of this study was to evaluate the feasibility of conducting the QuickSIN and ANL during the pre-fitting appointment and plotting the results as a single point on a four quadrant matrix. Based on our preliminary experience with the Red Flag Matrix it is a tool that provides specific insights into common communication problems not readily quantified by the traditional battery of pre-fitting tests. Additionally, the two tests take less than 10 minutes of clinical time to conduct. We believe it has the potential to be an essential tool for dispensing audiologists.

Plotting the scores from the QuickSIN and ANL as a single point on a matrix can lead to more precise patient counseling. By plotting the score as a single point and placing that single point in one of four points on the matrix, patients have an easy-to-understand visual of their results in relation to other patients.

Using this approach, patients can be informed of being “at-risk” for non-use or less than expected benefit in noise with amplification *prior* to using hearing aids. Because the results of the individual patient can be compared to the normative data collected on the QuickSIN and ANL tests, patients are informed of their results using an evidence-based approach. If a red flag is present for problems with sound annoyance or speech intelligibility in noise, implications can be discussed in a straightforward manner with patients.

More precise or systematic decisions about hearing aid technology and special features can be made during the selection process. In theory, patients who fall into Q4 are challenged by both annoyance and intelligibility issues. Currently, to our knowledge there are no hearing aids with automatic switching algorithms, which have the ability to simultaneously optimize performance for both comfort and clarity. Therefore, patients who fall into Q4 might be strongly advised to use manual or remote control of their instruments. Patients with scores in Q4 would be encouraged to utilize manual control allowing for manipulation of multiple features that optimize for both comfort and clarity in background noise.

Note: The Quick SIN can be obtained from Etymotic Research, Elk Grove Village, IL (www.etymotic.com) and the ANL test can be obtained from Frye Electronics, Tigard, OR (www.frye.com).

HOW TO USE SPEECH IN NOISE TESTING IN YOUR CLINIC

An interview with Clinical Audiologist Dr. Jill Bernstein

Why is it important to routinely conduct speech in noise testing?

Dr. Bernstein: The primary complaint for many patients, especially younger ones in their 40's, 50's, and 60's, is difficulty hearing in background noise and not one-on-one communication situations. It comes as no surprise that their pure tone audiogram often shows a mild high frequency hearing loss and word recognition in quiet is in the normal range. This kind of testing doesn't have a lot of face validity to the patient because we aren't actually testing them under the conditions that they are complaining about. In our practice we test both a patient's performance in and annoyance of background noise using the QuickSIN test and Acceptable Noise Level test, respectively. We have found that these tests provide different kinds of insight into how the patient is affected by noise, which helps us in the counseling process and in recommending the right hearing aid technology.

My own personal experience has shown that you can't predict how much noise someone will tolerate based on just traditional audiometric test results. There are patients who tolerate high levels of noise even though their performance is poor and vice versa. Understanding all these pieces of the puzzle are essential is developing an aural rehabilitation package for the patient.

How do the test results help you make better clinical decisions?

Dr. Bernstein: We don't follow a “one size fits all” approach in our practice and so we use the individual patient history, audiogram, speech-in-noise test results, and COSI to help formulate a plan to help them achieve their hearing goals. Based on their lifestyle and test results, we can determine if basic or more advanced technology is most appropriate to meet the patient's listening needs. If they are in very diverse and challenging noisy environments, we can also use the speech-in-noise test results to counsel the patient about realistic expectations and compensatory strategies. In general, having speech-in-noise test results helps us counsel the patient more effectively because we have objective test results that speak directly to their complaint of difficulty hearing in noise.

Continued on page 50

Bundling vs. Unbundling

BY KIM CAVITT, Au.D.

The current typical hearing aid pricing model in the United States is a bundled model, where everything that goes into the evaluation of purchase and fitting of, and long-term service related to a given hearing aid is included in and billed under a singular HCPCS code and price. This model is one that has been successfully used by both audiologists and hearing aid dealers over the past 30 plus years.

This pricing model was created in an era in which there was little to no third-party payment of hearing aids in the marketplace. An ever increasing portion of the hearing aids dispensed in this country either have a discount available or some type of funded benefit from a third-party payer or insurer. Also, while there were mail order hearing aid companies, who have historically shipped products directly to consumers, most patients still continued to go directly to a hearing aid dispenser to obtain their amplification. Now, with the prevalence of Internet sales, discount retailers (such as Costco, which offer markedly reduced hearing aid costs), the existence of national consumer driven discount programs (such as the AARP/HearUSA program), and the current national employment and economic situation, our current, bundled pricing model offers challenges in these changing, often difficult times.

Our current bundled pricing model has several positives. First, the bundled model is easy. All of the goods and services associated with the evaluation, procurement, fitting, verification, maintenance, and service for a defined period (often the life of the hearing aid) are covered under a singular code and price. It is this ease and service driven approach that make it popular. Audiologists choose this model because it is how everyone else (hearing aid dealers, discount retailers, and other audiologists) prices their products.

The bundling price model, however, has several negatives as well. First, third-party payers are not intrinsically set up to pay for items and services, such as the three years or lifetime service, which is built into the bundled pricing model. They cannot pay for items or services that have not been provided or have not occurred. Yet, that is what we are asking them to do in a bundled pricing model. Second, bundled pricing is not transparent. The consumer has no clear idea what they are paying for and why. It does not illustrate what the individual professional services are that go into a hearing aid fitting, why those services are important, and what items can be omitted at the patient's request. Third, bundling can also increase prices for consumers, who never fully utilize some of the services they are buying. Experienced users may not need to utilize the same level or amount of professional services, yet their bundled price is the same. This is why the Hearing Loss Association of America (AHLAA) is advocating for a more transparent, unbundled pricing approach.

Unbundling, or breaking the costs into the individual items or services that are provided as part of the evaluation, fitting and service associated with hearing aid dispensing and care, should be evaluated by all private practice audiologists in this changing environment. In an unbundled model, pricing would be based on what is required to cover your overhead (the results of a breakeven analysis) and make a profit. This

model allows for the separation of the hearing aid (product) from the professional services, making it a viable option for dealing with many difficult managed care situations. The clinic could bill the third-party payer for the evaluation (even if the patient does not receive a hearing aid), fitting and verification and bill the patient for the long-term, post-fitting services. Furthermore, unbundling would allow you to better manage those patients who procure their hearing aids by alternate means (Internet, gift, discount retailer, mail order, eBay) and want you to provide fitting and service. It makes a clinic price competitive and allows for several marketing advantages, as it allows the patient to have better control over their costs and level of service.

Finally, unbundling has the potential to increase long-term revenues. It could allow a clinic to see more patients, where the cost each patient pays at each visit better reflects the financial needs of the clinic. Data from the audiology staff at the University of North Carolina-Chapel Hill Hearing and Communication Center suggests unbundling increases clinic revenues, while maintaining high quality patient care (the September/October issue of *Audiology Today* will contain an article from Stephanie Sjoblad, AuD and Barbara Winslow Warren, Au.D discussing their experience with unbundling and the results to date).

Many audiologists ask, “What would an unbundled model look like?” First, an audiologist would need to charge every patient for a hearing aid evaluation (92990, 92991 or V5010), regardless of whether they proceed with amplification or not. This hearing aid evaluation could be billed to third-party payers, even if the patient does not receive a hearing aid, where the service is a covered benefit.

On the date of a hearing aid fitting, the patient and/or third-party payer could be billed for the following services:

- Hearing aid(s)
- Electroacoustic evaluation (92592/3; if provided)
- Dispensing Fee
- Fitting and Orientation (V5011)
- Conformity Evaluation (V5020)
- Earmold Impression (V5275)
- Custom Earmold (V5264; if applicable)
- Domes (V5265; if applicable)
- Batteries (per battery; V5266)
- Accessories and Supplies (each; V5267)

- Aural Rehabilitation and/or LACE (92630/33; if provided)

As allowed by state hearing aid dispensing laws, if the aid(s) is/are returned for credit, the patient would only be reimbursed for the costs of the hearing aid(s) and any returnable items (i.e. batteries, unused or unopened accessories, rehabilitation that has not been provided).

On each of the hearing aid follow-up appointments during the trial period, the patient and/or third-party payer would be billed for a hearing aid check (92593/4). The patient would be informed of these potential charges during the hearing aid evaluation appointment and discussion.

On the date of acceptance of the hearing aid(s), the patient could be afforded the opportunity to choose how they want to manage their long-term service. The patient could be offered:

- A “pay as you go” service pricing model, where the consumer pays a defined service visit fee, even if the aid is under a manufacturer warranty, every time they are seen for a hearing aid service visit, in-house repair appointment, hearing aid adjustment, and/or reprogramming
- A service package model, where the consumer pays a defined dollar amount to receive unlimited service, in-house repairs, hearing aid adjustments, and re-programming for a defined period of time. This option affords a clinic a mechanism for continuing to offer their patients a service-driven option for long-term care.

Bundled versus unbundled pricing models will be something that will be discussed as we continue to see changes in the marketplace and competition. It is important that audiologists educate themselves on their pricing options and make an informed decision about what is best for them and their practice. ■

References

Hearing Loss Association of America website: (http://www.hearingloss.org/docs/Battat_columns/Battat_Column_JulAug_2011_HLM.pdf and http://www.hearingloss.org/SpringAppeal_2011.asp)

Kim Cavitt, Au.D. is currently the owner of her own Audiology consulting firm, Audiology Resources, Inc., which provides comprehensive operational and reimbursement consulting services to hearing healthcare clinics, providers, buying groups, and manufacturers. She also currently serves as the Co-VP of Governmental Affairs for the Illinois Academy of Audiology and is a contributor to ADA.



HAVE YOU HEARD?

ADA Convention Will Rock the Boat

ADA's 2011 Annual Convention, *Rock the Boat: How to Practice Manage and Lead in Rough Waters*, scheduled for November 3-5, 2011 at the Hyatt Coconut Point Resort and Spa in Bonita Springs, FL, will provide audiologists with access to information, education and relationships that reflect and support best clinical and business practice.

Important Convention Deadlines:

Hotel Reservation Deadline: Monday, September 26, 2011 or while supplies last

Deadline for early registration: Tuesday, October 4, 2011

Visit <http://www.audiologist.org/events.html> for more information.

Don't Forget to Sign-up for a Preconvention Workshop

ADA Business Management Training Program Module I: Financial Management, presented by Harris Darver, CPA and Elton Bordenave, M.Ed., with a panel featuring Deborah Price, Au.D. Dena Riso, Au.D. and Kenneth Smith, Ph.D.

ADA is pleased to introduce the Audiology Business Management Training Program, designed to equip audiologists with the tools and training needed to effectively manage the business components of a private practice. Module I: Financial Management will provide attendees with knowledge about accounting principles and controls, practice tax law, budgeting and forecasting and reporting and analysis. (6 hour)

Billing & Coding/Pricing Hearing Aids for the 21st Century, presented by Kim Cavitt, Au.D.

This course will include an extensive bottom-to-top review of coding and the problems that it creates. The course will also discuss the differences between unbundled and bundled hearing aid pricing models and explore options for hearing aid pricing. (6 hour)

High Tech, High Touch Hearing Aid Selection & Fitting, presented by Wendy Switalski, Au.D. and Brian Taylor, Au.D.

Attendees of this workshop will learn how to understand the relationship between quality of care and execution of a standard clinical process; utilize innovative tests and tools that drive quality of care, patient satisfaction. (6 hour)

CAOHC Professional Supervisor Workshop

ADA is pleased to announce that it has partnered with The Council for Accreditation in Occupational Hearing Conservation (CAOHC) to bring CAOHC's Professional Supervisor Workshop to the ADA Annual Convention. Please contact CAOHC directly at www.caohc.org to register for this course (CAOHC will be managing the continuing education credit for this session, submissions cannot be made through ADA) (7.5 hour)

2011 Course Schedule-At-A-Glance

Register for the ADA 2011 Convention at www.audiologist.org/events/2011-convention.html.
Early registration ends Tuesday, October 4, 2011.

THURSDAY, NOVEMBER 3, 2011				
PRE-CONFERENCE WORKSHOPS - 8:00 A.M. - 3:15 P.M.				
Billing & Coding - Kim Cavitt, Au.D. (3 hour)				
Pricing Hearing Aids for the 21st Century - Kim Cavitt, Au.D. (3 hour)				
ADA Business Certificate Program: Financial Management - (6 hour)				
High Tech, High Touch Hearing Aid Selection & Fitting - Wendy Switalski Au.D.; Dr. Brian Taylor Au.D. (6 hour)				
CAOHC Professional Supervisors Course (7.5 hour)				
GENERAL SESSION & KEYNOTE SPEAKER: MICHAEL STAYER - 3:30 P.M. - 5:30 P.M.				
FRIDAY, NOVEMBER 4, 2011				
8:00 A.M. - 9:30 A.M.	Five New Studies from BHI to Promote Audiology Sergei Kochkin, Ph.D.	Industrial Audiology 101: The "How to" Manual Nancy N. Green, Au.D.	Motivational Influence Part I Douglas Beck, Au.D. Michael Harvey, Ph.D.	High Frequency Audiometry: an Underutilized Clinical Tool Linda Remensnyder Au.D. Carly Smith, Au.D.
10:00 A.M. - 11:30 A.M.	Know the Ropes of Being a Preceptor and Avoid Getting Lost in the Sea Tricia Dabrowski, Au.D. Thomas Goynes, Au.D.	Internet Marketing & Hearing Aids III: Utilizing Social Media to Grow Your Practice Kevin St. Clergy, M.S.	Motivational Influence Part II Douglas Beck, Au.D. Michael Harvey, Ph.D.	Patient Management for Primary Care Audiology Adam Weinstein, MD Craig Johnson, Au.D.
1:00 P.M. - 2:30 P.M.	Improved Patient Care through Lawsuit Protection and Prevention for Audiologists Larry Oxenham, CFP	Marketing to the Mature Marketplace: 10 Pathways to Success in 2011 and Beyond Don Marsh, B.A.	Caring about Counseling: The Journey for Families and Professionals Johnnie Sexton, Au.D.	Tinnitus: Radiators, Chickenpox and Keys to Success Part I Stephen Nagler, M.D.
3:00 P.M. - 4:30 P.M.	Asking the Right Questions So You Can Document the Best Answers Kim Cavitt, Au.D. Brian Urban, Au.D.	Current Tax and Financial Implications for Practice Owners Anna Fink, CPA	Verification of Advanced Hearing Aid Features: Good for Your Patients and Your Practice Elizabeth Thompson, Au.D. Jessica Zellmer, Au.D.	Tinnitus: Radiators, Chickenpox and Keys to Success Part II Stephen Nagler, M.D.
SATURDAY, NOVEMBER 5, 2011				
1:00 P.M. - 2:30 P.M.	Doctors of Audiology: Moving Out of the Shadow of the Elephant Nancy N. Green, Au.D.	Performance Enhancement through Quality Feedback: Handling Difficult Employees Ryan Setzer Viki Ryan, RN	How to Enhance Patient Involvement in the Treatment Process Kenneth Smith Ph.D. Beth Ehrlich, Au.D.	Symptomatic Vestibular and Auditory Dysfunction at 25: A Case Study Pertaining to Significance of Early Detection and Care Lisa Mariello-Baiada, M.S. Darius Zamani, B.S.
2:45 P.M. - 4:15 P.M.	Looping America William Peyton, M.A.	Fewer Audiologists and More Patients: So What, How Will that Affect my Practice? Barry Freeman, Ph.D. Ian Windmill, Ph.D.	Vestibular Rehabilitation for Primary Care Audiology Craig Johnson, Au.D.	Diabetes Update for the Audiologist Pamela Parker, M.D.
4:30 P.M. - 6:00 P.M.	How Hearing Loops Invigorate your Patients, your Practice and the Profession Linda Remensnyder, Au.D. Juliette Sterkens, Au.D.	Surfing 101: Catch the Wave of the Future and Successfully Incorporate an Audiology Assistant into Your Practice Nichole Kingham, Au.D. Kevin St. Clergy, M.S.	Tinnitus Evaluation and Management Using Combined Modalities Erin Walborn, Au.D.	An Analysis of Internet Websites for Accurate Drug Information Robert DiSogra, Au.D.



YOUR STORY

Peer-to-peer exchanges provide exceptional opportunities for knowledge transfer but more importantly for the discovery or rediscovery of camaraderie and common purpose within our profession. For this reason, ADA facilitates the sharing of member experiences through “Your Story”. This month we feature Chris Hamilton.

I am the current owner of The Hearing Center of Asheville (www.thehearingcenter.com), in Asheville, NC, a patient-focused audiology clinic primarily providing hearing aid services. I began working here in the final stage of my externship year in 2006 following a combination of serendipity and persistence. One thing led to another and the opportunity to purchase the business arrived towards the end of 2008. As far as I can tell, I’m still open for business....

AP: Tell us a little about your professional journey and how you ended up in private practice.

CH: This was a short trip from the classroom into private practice. I had notions of private practice in my head as a student, partly through exposure to different practice settings and partly due to being independently minded (I think that’s the nice way of saying it). I had decided with my wife that we wanted to return home to raise a family and I had limited options for finishing my training and seeking employment. Following an unsuccessful stint at an ENT clinic I managed to secure the final stage of my training with a highly respected private practice audiologist (David Berkey, Au.D.). A more permanent position in the clinic serendipitously came available which I eagerly embraced. That was a short 5 years ago...

AP: Can you speak to your ideas on professional autonomy and what it means to you in your current position?

CH: Professional autonomy allows the professional to build the profession. As an audiologist,



it allows me to build a superior patient experience and structure the clinic process in a way that maximizes outcomes. I am able to change and respond to the operating environment in a way that is best for the practice and for patients. Above all else, I am able to build the value of what I provide to patients and build the value of audiology as a profession.

AP: For audiologists in private practice, what do you see as the biggest challenge?

CH: I see the primary challenge for private practice audiology as the same primary challenge audiology faces as a profession nationally: establishing ourselves as valued professionals. We

need to raise the value of what we do in diagnostics and in working with hearing aids so that the professional and intellectual components are valued. Looking at reimbursement rates from insurance providers and realizing we have no recognition for intellectual work in the eyes of Medicare leaves much to be desired. With hearing aids, having all of the value of our professional services wrapped into the price of a physical retail product presents an additional uphill battle.

As private practice audiologists, we must set the bar high and take necessary risks to further the profession which are not likely to be done in corporate or institutional settings. The position of gatekeepers of hearing healthcare is not something we will command by entitlement, rather by distinguishing ourselves as a highly valued contributor to the healthcare community.

AP: What has been your greatest lesson learned from your experiences as a business owner?

CH: Build and *use* a support network. It seems obvious, but it has been easy as a rookie to get lost in the details and overwhelmed with the long to-do list. I may have grown a few early grey hairs as a result.

AP: If you could advise a new graduate deciding on a professional setting, what advice would you give them?

CH: Be diligent in seeking and pursuing a work environment that reinforces your aspirations as a professional. A litany of Rolling Stones songs is running through my head... Remember that what you want may not be what you need – eagerly grasp the challenges as they become available and listen for the things that resonate the strongest.

AP: What do you like best about being an audiologist?

CH: I help people hear better. I reconnect people to the rich audio landscape of life. My lifelong fascination with sound can be applied in a helping profession and that is truly rewarding.

AP: What do you find the most challenging about being an audiologist in private practice?

CH: Striking balance. I am 2.5 years (and counting) into wearing the owner/audiologist mantle and feel like I am just now learning the first lessons in balancing time and energy in a healthy way. Learning to delegate responsibilities, allocate time to the different tasks of running a business and seeing patients, and somehow see my children before they graduate high school has been a tricky process.

AP: Tell us about your most memorable patient.

CH: I had the pleasure of working with a patient (in her 90s) that still wore cowboy boots and worked with horses and brought me a stunning Japanese watercolor painting she had done (still hanging on the clinic wall). She reminds me that behind each “patient” is a person that we connect with and build a relationship with, which is the bedrock of our business.

AP: Was there any one person in your life that was influential in your career choice/path?

CH: I took a class in my second year of undergraduate courses titled “Music and the Human Organism”. I had been weighing options for career paths at the time, deciding how I could weave sound or music into a future profession. The professors for the class were phenomenal; both were experimental musicians and progressive thinkers. That single class expanded my understanding of sound and how it influences people and was my first exposure to audiology as a career choice. That was the point at which I realized I could help people hear and there didn’t seem to be a better choice.

AP: When you are not busy seeing patients or running your business, what are some things you like to do in your spare time?

CH: My family (3 incredible girls and beautiful wife) is the happy focus of most of my non-work hours. I indulge in playing guitar or piano on occasion and, if I’m feeling really adventurous, field recording. Most recently I’ve been learning sound design for films which is an interesting parallel to what we do for patients every day. Free time for me is playgrounds, doll houses, and soundtracks!

AP: What’s one thing you want other audiologists to know about your practice or how you take care of your patients?

CH: I love what I do and how I am able to help patients. Each patient is a new challenge and we have a remarkable range of tools and resources to help people hear their best. I think this bubbles to the surface with our practice and helps us raise the bar for audiology. I’d implore all of my colleagues to stay in touch with that core element, or if needed, rediscover it for themselves. ■



Figure 1

many alternatives prior to making a purchase. And, once they do make a purchase, customers often enter into an extended open-ended phase with a business. The Loyalty Loop is shown above in Figure 1.

According to Edelman, businesses often overemphasize the “consider” and “buy” stages, allocating more resources than necessary to build awareness and encourage purchase. With the advent of Facebook, Web 2.0 and other new media, the “evaluate” and “advocate” stages become more relevant. Marketing investments that help consumers navigate the evaluation process and spread positive word-of-mouth about your practice can be as important to the productivity of a business as building awareness and driving purchases. The end result, of course, is to create an emotional bond with your patient. Using the Loyalty Loop as a roadmap ensures you are accounting for all the stages of the patient’s interaction with your practice. Your website, Facebook page, clinical protocol and office management system are simply tools designed to assist you in creating that engaging patient experience. It all begins and ends with the timeless art of connecting with people – the natural “sweet spot” for many audiologists. ■

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news breaks. These member alerts will keep you up to date on legal, event and advocacy issues.

5. Off the Shelf, Customizable Marketing Materials for Your Practice

ADA’s *Hear for You* program is designed to help you market at a grass roots level, where it matters most. *Hear for You* materials include Power Point slide templates, press release templates, a brochure template and an F.A.Q. sheet along with recommended ideas for community outreach activities. *Hear for You* is ideal for communicating with multiple audiences including physicians and prospective patients. ■

RED FLAG MATRIX *Continued from page 43*

How has the use of these tests made a difference in your practice?

Dr. Bernstein: We recently added the Acceptable Noise Level test to our audiometric test battery and realized immediate benefits from both business and patient care standpoints. The first patient that we performed the test on was a working physician who was an experienced hearing aid user and established patient in our practice. He commented after the evaluation that it was the most thorough evaluation they have ever had. The next day we had a call from another physician that this patient referred to us after their positive experience. I’m happy to say that both of the patients are extremely satisfied with their new hearing aids. We have also seen a greater acceptance by patients to try more advanced hearing aids after we help them understand how their test results reflect their everyday listening needs and how the right technology can really help them improve their hearing. I truly believe that they enter their hearing aid trial period more knowledgeable about their hearing loss, how noise impacts them, and how their hearing aids can and cannot help them. Being educated about their hearing health helps them have a greater sense of control over how they are addressing their hearing loss and this increased empowerment translates to higher overall satisfaction. ■

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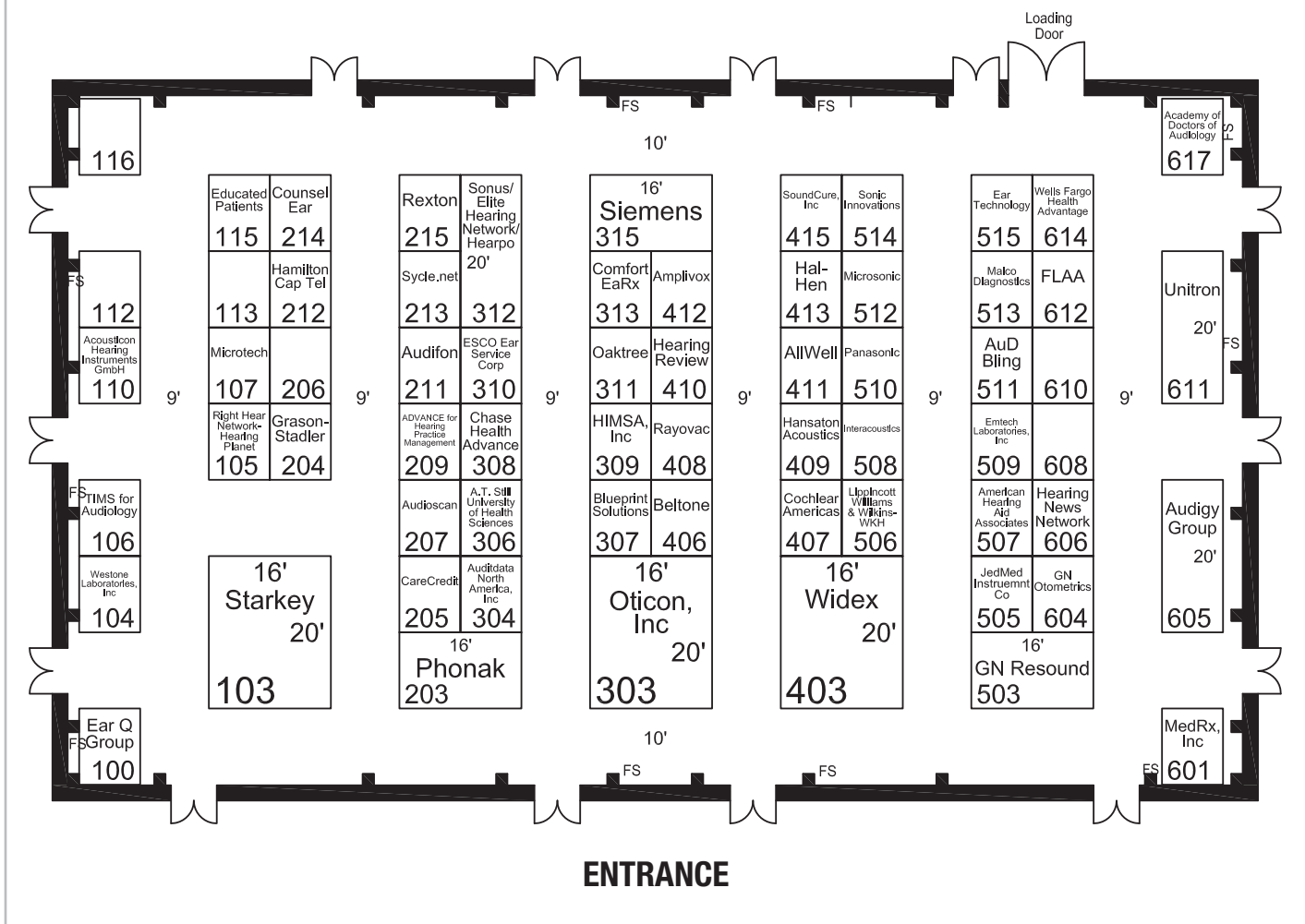
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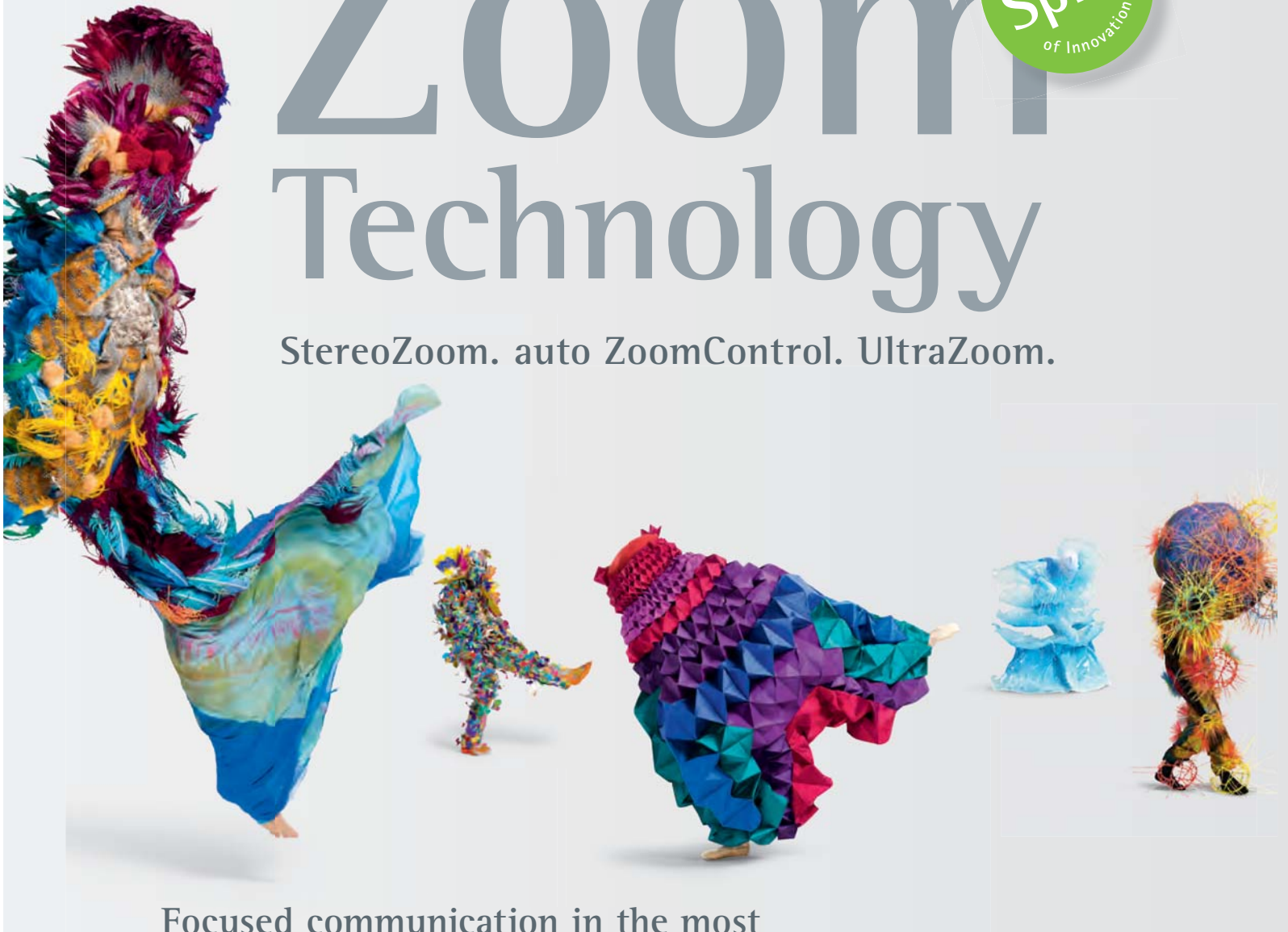
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