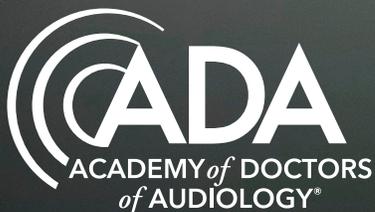


THE OFFICIAL PUBLICATION OF THE ACADEMY OF DOCTORS OF AUDIOLOGY®

# Audiology PRACTICES

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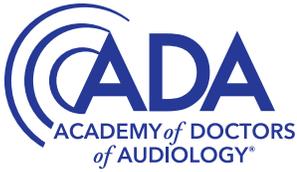
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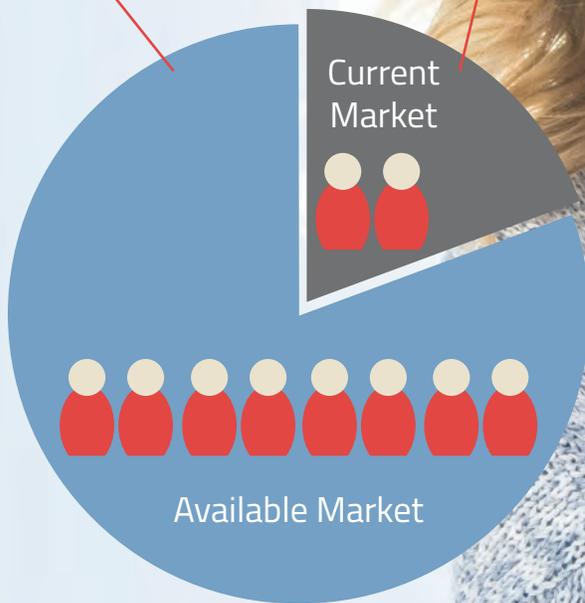
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\*As reported in Hearing Health Care for Adults: Priorities for Improving Access and Affordability National Academies of Sciences Engineering and Medicine



## 2020: New Year, New Decade, and New Opportunities

Standing on the precipice of a new year and a new decade, it also appears that we are standing on a professional precipice. This year we can envision MAASA passing after so many years of fractured attempts, finding out what the FDA Over-the-Counter guidance looks like and how the process of their sales will be realized, of seeing what new marriages/mergers will occur between large corporations and also with practices and for the continued impact Third Party Administrators will have on audiology practices. As Bob Dylan aptly wrote “the times, they are a changin’.” We must change with them.

The Academy of Doctors of Audiology has always been the leader for change; we will continue to be that for our members. We had the most successful Lobby Day in mid-November (2019) with 174 audiologists and students on Capitol Hill, but we cannot rest on our laurels. HR 4056 and S 2446 continue to build momentum in the 116th Congress with additional co-sponsors. As you know, this is the opportunity for Part B Medicare beneficiaries to have direct access to audiologists (removing the required physician order), be reimbursed for all of our services as determined by your state licensure laws which mandate scopes of practice and to be classified as “practitioners” and not “suppliers.” Please take a moment to reconnect with your members of Congress here: <https://www.house.gov/representatives/find-your-representative>. Plan a visit to see them in their home office when they are on recesses from Washington. Invite them to your office and have them see first hand all the services that we provide.

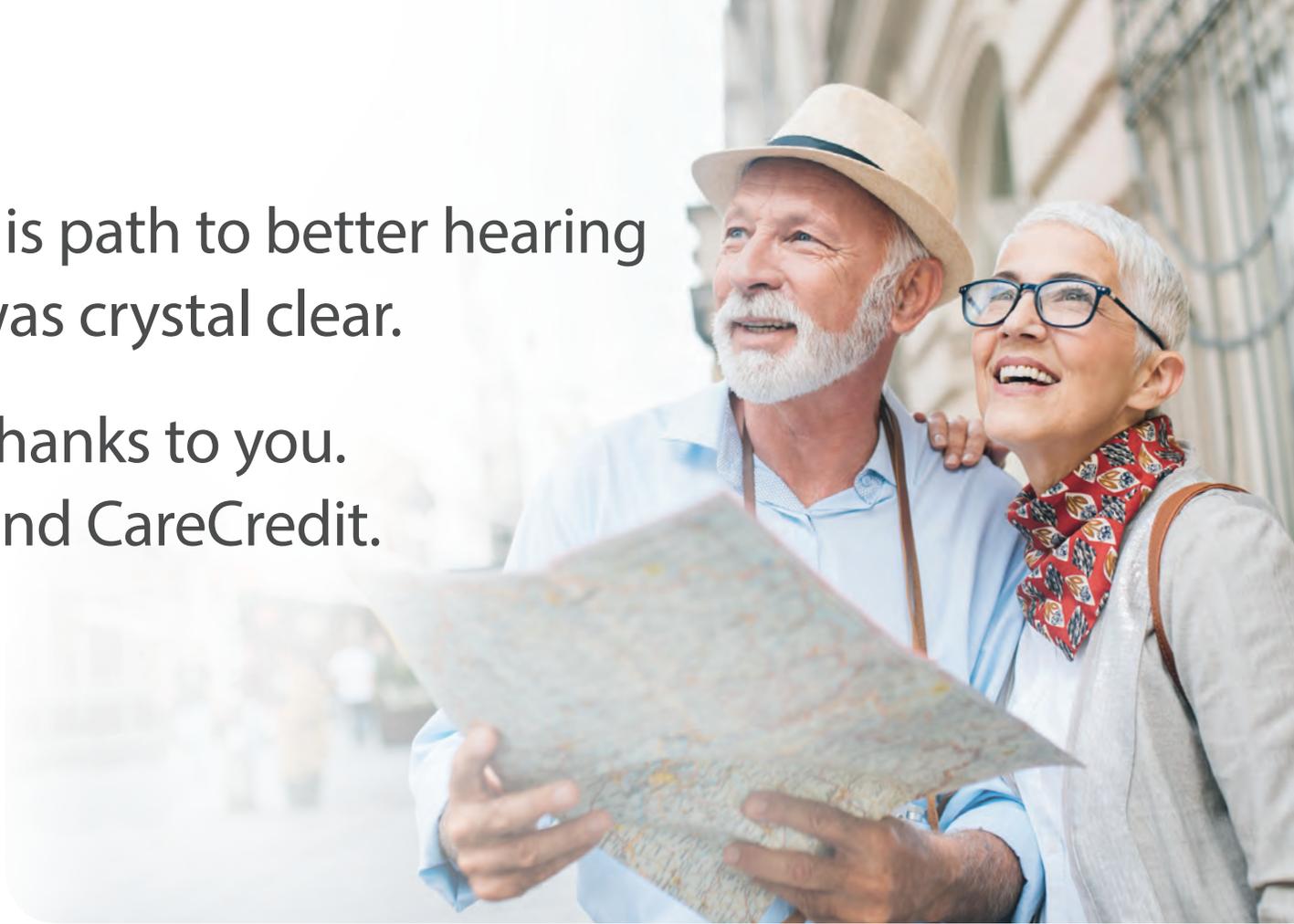
The 2020 Board is also looking forward to collaborating with and mentoring the Student Academy of Doctors of Audiology Board with a “match-up” of positions. I personally look forward to working with Kate Witham, especially as she nears the completion of her Au.D.

Finally, I want to thank the following: Ram Nileshwar, Au.D, for his leadership as President, Alicia Spoor, AuD, who will be rolling off the board as Past President, and Larry Schmidbauer, who acted as the Board Secretary for years. We are grateful for their steady, insightful and powerful leadership and willingness to do whatever it takes for the betterment of the profession and for those whom we serve. We wish them the best and hope they can enjoy a little more spare time. We welcome to the Board Victor Bray, PhD, as President-Elect and Stephanie Sjoblad, Au.D, as the director-at-large. This Board is always ready to listen as we truly are a member-driven organization and want you to let us know your thoughts and concerns. Please feel free to contact any of us at any time: <https://www.audiologist.org/leadership/board-of-directors>.

Wishing you and all of those in your professional and personal lives fulfillment, joy, good health, and much success in 2020. Here's toasting to us all with my ear mug...things just taste just a little better. ■

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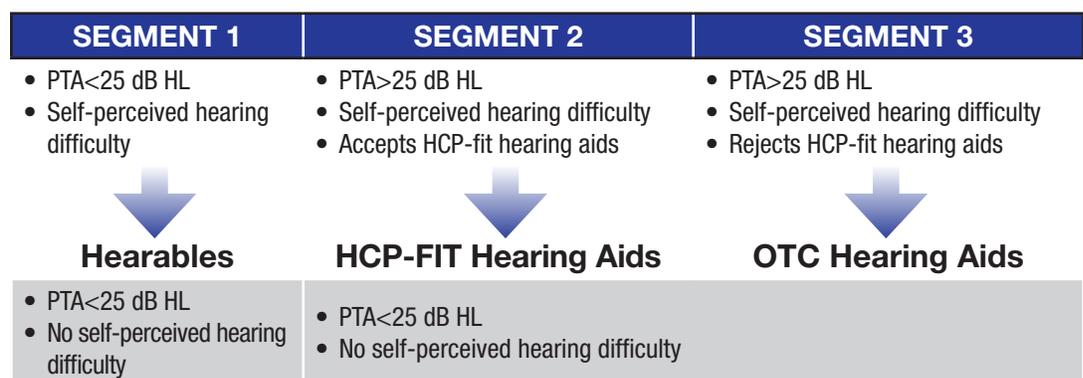
ADA2019AA



# Using Market Segmentation to Identify Underserved Populations

As 2019 comes to a close and we inch closer to the FDA's codification of over-the-counter (OTC) hearing aids, which is expected to occur in 2020, it's a good time for clinicians and business managers to create a strategic plan that addresses some of the potential disruption to the market for traditional hearing aids, sold through the professional channel. Several articles in this issue will provide some valuable food for thought as you develop your own strategic plan.

Let's take a closer look at who might benefit from devices sold directly to consumers. In addition to OTC hearing aids, consumers can purchase OTC hybrid devices, sometimes known as hearables. These hybrid devices combine the features of consumer headphones with some of the essential features of traditional hearing aids. Hybrid devices (hearables) usually have a core function and several secondary functions. The core function and the secondary functions vary with the person who is wearing the device to essentially make any hearable, by definition, a multi-tasking device. For example, the core feature of a hybrid device could be listening to music from a favorite streaming service on your smartphone several hours per week (this is the primary reason the consumer bought the device in this scenario). However, a few times per week the hybrid device is used to talk on the phone, measure steps while exercising and amplifying conversation in a crowded, noisy restaurant – all secondary functions. Similar to high-end consumer audio headphones, these hybrid devices range in price from around \$100 to over \$500 dollars, much less expensive than traditional hearing aids.



Source: Edwards, B. Understanding new and emerging categories of hearing devices. ENT and Audiology News, Nov/Dec 2019

**Figure 1. Segmentation of the population of people with auditory dysfunction. A PTA>25 dB HL indicates audiometric hearing loss. Population segments optimal for hearable devices, hearing care professional (HCP)-fit hearing aids, and OTC hearing aids are noted with arrows.**

The challenge for the business savvy audiologist is knowing if these hybrid devices are worth offering to patients in your practice. The first step to better understanding if you want to provide these type of low margin devices in your clinic is to segment the market for hearing loss. Figure 1 above,

*Continued on page 46*



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## ADA's 2020 Vision Should be Built from Members' Perspectives

ADA exists to connect members with the tools, resources, and relationships that will advance their practices, their professional skills, and the profession of audiology. Volunteers and staff strive to create and deliver the offerings that best align with member goals and priorities—and to do so at a pace that evolves with the rapidly changing professional landscape. Frequent and far-reaching member input is essential to this process.

There are multiple ways that you can help ensure that your opinion is counted. Here are three:

1. If you have not done so already, please take the ADA Member Strategic Planning Survey that was emailed to members. Individual responses are anonymous. ADA leaders will use information gleaned from the survey to evaluate and improve existing educational programming and member resources, and to make decisions about new activities and tools to develop. Please complete the survey by January 31st.
2. Please consider serving as an ADA volunteer. There is no better way to put your idea into action. ADA has an open committee service policy, which means that if you are interested in serving on a committee, you may. It's that simple—every member is welcome! There are several committees to choose from and committee service is a great way to put your ideas into action. ADA is in particular need of volunteers to serve on the Accreditation, Education, Advocacy, Early Career, and Physician Outreach committees/working groups. Please contact me at [sczuhajewski@audiologist.org](mailto:sczuhajewski@audiologist.org) for more information about ADA committees and to volunteer.
3. Call, text, tweet, post, email, fax, or mail your ideas to ADA. Many of ADA's most successful and valuable initiatives began with one idea from one ADA member. If you have a suggestion for how ADA can improve its service to members or the broader audiology community, please contact us anytime and through any means convenient to you and we will follow up with you as soon as possible for more information and to carry your idea forward. My contact information can be found below. Other volunteer and staff member contact information can be found at [www.audiologist.org](http://www.audiologist.org).

The greatest contribution that you can make to the profession of audiology is to share your knowledge and expertise with your peers. I look forward to working with you and learning from you in 2020 and the years to come.

Thank you for your dedication to ADA and to the profession of audiology. Please contact me anytime that I can be of service to you. ■

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# The Future of Healthcare Marketing

## It All Begins with Your Data

by Brad Dodson

As a business owner, you know more about your customers than you might think. When you make a sale or answer a phone call, you learn a little more about the people purchasing your products and services.

However, you're not only working in your practice every day, you're working on it — adjusting your operations, purchasing new equipment, or nurturing relationships with current customers. That leaves precious little time to hone your marketing and reduce spend on everything from appointment scheduling to fielding phone calls.

Fortunately, you have the tools to make this possible, all while focusing on the elements of your business where you can add the most value. The data you collect from customers on a daily basis — the data already at your fingertips — could be the key to unlocking valuable insights in your prospective market.

With this information, you have a clear understanding of your current customers; where they live, their demographics, and their shopping behaviors. By combining it with online digital marketing tools, you can create effective multi-channel, event-based marketing initiatives that drive higher results for your business.

In today's digital landscape, full-scale agency services and tools — data modeling, machine learning, artificial intelligence (AI) — are available to small and medium business, making it easier than ever before to find the ideal prospect, eliminate wasteful spending, and improve your response rates.

Let's open your file cabinets and get started.

## Your Data Drives Success

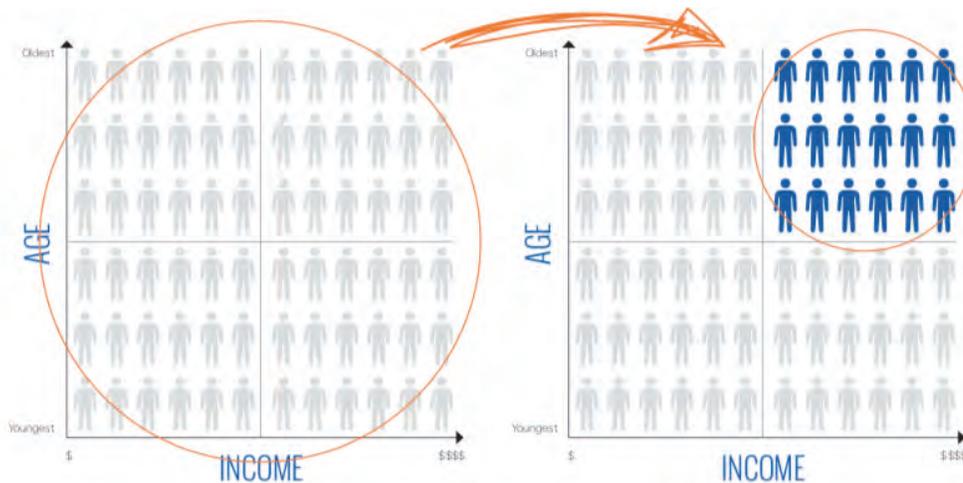
Big data, machine learning, and AI are swiftly shifting the marketing landscape. While consumers can still find the information they need on billboards, in pieces of direct mail, and via radio ads, avenues for communication continue to grow. Your patients and prospects are wearing smart devices, uploading personal information to healthcare apps, and sharing statuses on social media every day.

As your target market's behaviors evolve, so must your marketing efforts. This influx of data must be at the core of your omnichannel marketing plan. This way, people see your hearing care practice's name among multiple platforms — direct mail, targeted top prospect email, PPC, social media and outbound calling efforts — for the highest impact.

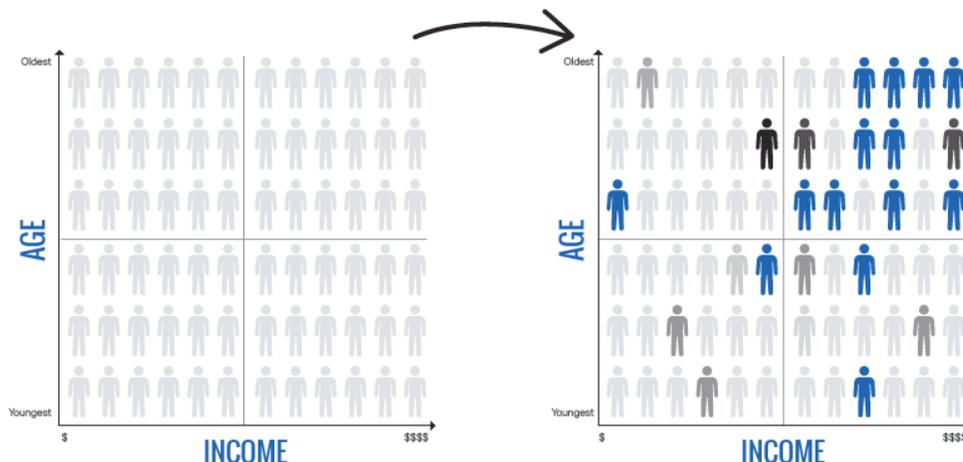
But where do you begin? Understanding your ideal customer and how they respond to marketing efforts is the first step to marketing more intelligently.

## The Data Model

Using geographic, demographic, financial, and behavioral attributes of your current customer base, AI can identify top responders in the market and optimize your marketing spend. These curated data models create segments, giving you a clear picture of surrounding competitors, community home values, and the population density around your practice's location. Figure 1 and Figure 2 contrast a traditional approach to identifying potential selecting customers (Figure 1) to a more targeted approach.



**Figure 1. Traditional Selection.** Traditional selections organize your market by a few key demographic filters.



**Figure 2. Modeled Selection.** The modeled approach applies the learnings from our in-depth analysis of your customer database to identify both top responders and importantly, non-responders. This approach lets us rank everyone in your target market by their propensity to respond.

Armed with such granular information, you can then market in an ordered, principal way, starting with those most likely to respond before hitting budget goals. As Figure 3 summarizes, data science makes this possible, as it can use the unique attributes of your current customers to find look-a-like patients in your market and surrounding zip codes. Thus, you're not only communicating with prospects who would have been targeted using traditional approaches but finding those who would have been missed without the help of segmentation.



Figure 3. A data-driven marketing approach identifies the most likely candidates for your services.

## Who, What, When, and Where

People who have already done business with you and trust you are the most important, most high-yield prospects for future services. With direct mail, you can reach them in a multitude of ways:

- One-to-one patient communications: Birthday greetings, service mailings, annual hearing test reminders, and warranty expiration notices.
- Trade-in and up events, special financing promotions, and buy-back events: For experienced hearing aid wearers who may benefit from new technology.
- Strategic communication: To people who have contacted your clinic, but have not ultimately sat for a hearing test and/or purchased hearing aids.
- Automated trigger-based marketing set to send pertinent messages based on flags “triggered” within your patient database.

Making these communications consistent can turn one-time buyers into loyal patients, maximizing the lifetime value for your practice. And using the data collected around your current customers, you can build custom mailing lists targeted to the aforementioned best prospects.

Equally as important as timing and the right message is consistently reaching out to your prospective and patient databases; you know who you want to mail to, but now you need to determine how often you want to correspond.

According to Bluewing Hearing Care’s benchmark data, you should be reaching out to your prospects at least four times per year at a minimum. The data further suggests that reaching each target and prospect at least six times per year will provide the best return on your investment.

Machine learning informs data models, allowing you to mail just enough to drive response without tiring the list or burning through precious marketing dollars. The higher quality prospects — those more likely to respond — are hit more frequently, while those who may live further away or don’t match your current customers’ profile are hit less frequently. Either way, both segments are given a chance to respond, extending the life of the list and touching all prospects as dictated by your dollars.

## Focus on Direct Mail, Complement with Digital

Direct mail has a **10 times higher response rate** than traditional paid searches, email marketing, and social media marketing. It is imperative you create a strong presence in your patient and prospect’s mailboxes, all while using data to target the most lucrative destinations.

In order to maximize effectiveness of direct mail marketing, you need to take a systematic approach to reinforce both online and offline efforts. Strategically implementing digital techniques with your direct mail campaigns ensures increased ROI, no matter the success metric you’re targeting or goal you’re trying to reach. The most widely used digital marketing tactics are shown in Figure 4.



Figure 4. Components of a systematic marketing strategy using digital tactics.

Here are a few ways to synthesize your digital and direct mail efforts.:

- **Email:** Campaigns that complement your direct mail to reach the right hearing care patients at the right time to increase campaign response. Whether you're announcing a new product, sending appointment reminders, or advertising a sale, well-designed email campaigns can capture attention and spur action.
- **Pay Per Click:** This form of search-engine advertising can drive more traffic to your website by local area patients who are actively searching for hearing care services. Using high-converting keywords, you can easily make your practice appear more visible, driving more hearing tests and appointments.
- **Retargeting ads:** When someone visits your website, they provide valuable data in the form of IP address. Running those addresses through a "reverse append" algorithm can determine their physical home address, making it easier to send interested prospects pieces of direct mail.
- **Display Ads:** Using the same IP technology, you can send digital display ads to direct mail prospects for increased exposure to your message.

These practices, in turn, help you better target your prospect and customer base. Knowing which content performs best on email, for example, also helps your messaging and image selection on physical mailers. Unified direct mail campaigns and digital efforts can serve healthcare providers and marketers in many different ways.

Digital marketing also gives you an easy way to pass on important information about events. Then, simultaneously,

direct mail, which is shown to be a more memorable medium than digital, can be used to create a buzz around the event.

## Final Thoughts

Unlike the "old" days, these practices aren't just happening in bigger firms or through larger retailers. When run consistently and cost-effectively, small and medium business marketing campaigns can drive just as much value as the ones coming from competing corporations.

While building a robust digital presence is important for just about every business, it's now evident that it's even more important to build it as a complement to a robust, consistent direct mail marketing plan. Gone are the days of blasting 10,000 mail pieces to your clientele with the hopes of booking as many appointments as possible; together, direct mail and data can elevate not only your marketing, but the bottom line of your business.

When used in conjunction with big data, machine learning, and AI, traditional channels for marketing only enhance your online marketing efforts. Direct mail marketing can trigger an emotional response, but also adds value to your overall campaign message. Together, they make your marketing efforts memorable, but more importantly, successful. ■

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# DOCTORPRENEURS

## A New Identity for Audiologists

*Ensuring Patient Care, Compassion, Business Acumen, and Professional Management in Audiology Through Mentoring*

By Donald W. Nielsen, Ph.D.



Corporations are being pushed to reduce their single-minded pursuit of financial gain and pay closer attention to their impact on society. They are building a commitment to both economic and social value into their core organizational values and activities (Battilanna, Pache, Sengul, and Kimsey, 2019).

In contrast, audiology is being pushed to modify its single-minded pursuit of patient outcomes and pay closer attention to business practices and incorporate them into their organizational values and activities. Of course, patient outcomes must be preserved, and constantly improved upon. Emerging value-based health care will reinforce this mantra. Notwithstanding, Audiology must broaden its single-minded approach to survive its rapid transition in the competitive new world of hearing health care by focusing on both patient outcomes and ethical business practices.

Given the rise of third-party insurance contracts and the sale of direct-to-consumer hearing devices, audiology is experiencing disruptive changes. As Eric Hoffer, in 1967, tells us in his classic treatise, *The Temper of Our Time*: “Drastic change creates estrangement from historic truths and generates a need for the birth of new truths and a new identity.” Here we hope to define some of those new truths and provide a glimpse at a new identity for audiologists. By doing so, we hope to help smooth the transition into a new world of hearing health care. This message is especially important for clinical and program managers within academic departments, responsible for developing students into well-rounded audiologists.

“In August, the Business Roundtable, a group representing the largest U.S. corporations, updated its mission statement. For more than 20 years, the powerful business lobby had argued that companies exist primarily to deliver value to their shareholders. Now, in keeping with the zeitgeist, it argues that firms have a broader set of responsibilities to a range of interested parties: customers, employees, suppliers, the communities in which the firms are based, and then, finally, to their owners.”

—Nicholas Lemann, 2019

## The New World of Audiology: A World in Transition

For the past three decades, Baby-boomers provided most of audiology’s leadership. Now, audiology is in a transition of leadership to the much smaller Generation X and the leading edge of Millennials who present with different outlooks. This new leadership faces a fresh set of problems and a fast-changing environment. Revolutions in health care and the growth of formidable business-sophisticated competition require that leaders, guiding the future of audiology, be more than great clinicians. “Boomers,” began as masters-level audiologists. Many, who wanted to become leaders in audiology went on to obtain a Ph.D. and/or an Au.D., terminal degrees for clinicians. That helped with critical thinking skills and assuring that audiology was an evidence-based medical profession. Earning a clinical doctorate was, and remains, important, but is inadequate for dealing with the New Era of Audiology. Increasingly, clinic directors and leaders of audiology must be able to balance both the business and clinical sides of the profession. The clinical aspect is patient-focused and includes clinical excellence and compassion. The business side includes a focus on profitability, application of innovative business skills, and people-focused management skills, such as leadership, change management, and strategic planning.

## Doctorpreneurship

We have found almost every high-performance clinic and academic program in audiology we have experienced was led by a professional audiologist. These professionals were not just expert clinicians; they also had other qualities that make them outstandingly effective. We call these individuals “Doctorpreneurs of Audiology.” Doctorpreneurs are crucial to fixing the growing contemporary problems in hearing health care. They go beyond viewing business strategy as positioning audiology clinics and hearing health care

services and products within today’s competitive environment. Figure 1 outlines the crucial skills needed to be a Doctorpreneur. While providing outstanding patient care, they compete for the future by reconfiguring audiology and hearing health care to their advantage. Doctorpreneurs consider what range of benefits patients will value in tomorrow’s services and products, and how they might, through innovation, preempt competitors in delivering those benefits to the marketplace. They are entrepreneurs who see the future in the intersection of change in technology, lifestyles, regulations, and demographics. They are curious about everything and look to other industries for new ideas to adapt. They do more than help patients; they continually amaze them by giving them something that does not yet exist. The profession needs many more Doctorpreneurs to flourish in the new fast-changing world of audiology. We must formally and



Figure 1. Doctorpreneurial Skills: The Merging of Disparate Aptitudes

informally educate Doctorpreneurs to be strategic thinkers who lead audiology in this new era. An important vehicle for teaching Doctorpreneurship is mentoring.

## Informal Education: The Importance of Mentoring

A crucial, often informal role, in developing Doctorpreneurs is mentoring. When we address groups of successful leaders, we always ask whose careers have been meaningfully influenced by a mentor. No matter what the group size or focus, everyone eagerly raises their hand. People consider mentors important. Mentors are crucial to leadership development and organizational change and success. But, as noted by Rick Woolworth (2019), “Aspiring leaders need more and better mentoring than they are getting today”.

One reason not everyone has a mentor is that mentoring relationships usually develop naturally in the workplace. They are often left to chance and may not carry from one job to the next. Leaders who have evolved from traditional audiologists to Doctorpreneurs offer the best mentoring for aspiring leaders. Doctorpreneurs’ future-focus and their experiences accumulated transitioning from traditional audiologists to Doctorpreneurs provide rich sources of knowledge for aspiring leaders. Their mentoring helps protégés avoid error-prone paths going forward. But there are too few Doctorpreneurs, so Doctorpreneurs must approach mentoring more purposefully and systematically mentor many more young audiologists. Woolworth’s article provides helpful mentoring tips. Potential Doctorpreneurs also succeed by actively pursuing the competencies they will need to capture a significant share of future revenues, besides improving patient care and experience. Given the importance of the mentor-protégé relationship to the evolution of the profession, let’s examine some competencies that a mentor must encourage to transition a mentee to Doctorpreneurship.

### Competencies Required for Doctorpreneurship (Audiologists’ New Identity)

**Clinical Excellence.** The ability to follow best practices that maximize clinic outcomes, will continue to be required in the new world of audiology. Its importance is well understood, and we will not discuss it further in this limited space.

**Compassion.** In the new era of hearing health care, compassion must also be a prominent and integral part of audiology.

Doctorpreneurs consider what range of benefits patients will value in tomorrow’s services and products, and how they might, through innovation, preempt competitors in delivering those benefits to the marketplace.

What makes Doctorpreneurs of Audiology compassionate is they are professionals who believe they have the responsibility to use their education and expertise to serve as many people as possible. This responsibility motivates them to be concerned about access and affordability. They view hearing health care as a human right, and if a solution is not affordable or accessible, it is not a solution.

**Leadership.** Leadership may be the most critical need of a profession facing monumental change. According to leadership expert, Noel Tichy, “The scarcest resource in the world today is leadership talent capable of continuously transforming organizations to win tomorrow’s world.” (Tichy, 1998). In the new world of audiology, leaders are finding themselves in circumstances for which they did not sign up, and responsible for things with which they never wanted to deal. New leaders must be authentic, courageous, and provide clarity of purpose. By earning trust, these leaders energize their followers, and gain their commitment. Ideally, leaders should have some essential attributes such as - a vision, integrity, trust, selflessness, dedication, creative ability, toughness, communication ability, risk-taking, and visibility” (Capowski, 1994). But few people are born with these leadership attributes, and we do not educate enough audiologists about leadership. Audiology professional organizations have wisely cultivated leadership in select young members. This elite training is necessary but inadequate. All people have leadership potential and can learn leadership. For audiology to continue to succeed, we must develop additional leaders at all levels; leaders whose ambition is for the patient, organization, profession, or institution to succeed--not just themselves. Leadership training should be available to audiologists early as an essential component of their Au.D. training and continue as a regular component of their continuing education, in order for the profession to grow and be competitive in today’s hearing health care marketplace.

**Change Management.** Because Doctorpreneurs are crucial to resolving many of the mounting contemporary problems

in hearing health care, they must become agents of change and experts in change management who realize that transformation is a process, not an event. Transformation advances through stages that build on each other. It is not a quick process and often takes years. By understanding the stages of change and the pitfalls unique to each stage, you boost your chances of a successful transformation. John Kotter, a leading authority on change management, tells us that to transform a business (or in this case a profession), a leader must do eight things and do them right and in the right order (Kotter, 2007). We recommend learning and practicing Kotter’s Eight Steps to Transformation and sharing that knowledge with everyone involved in the change process. Kotter’s eight steps work to manage transformations at any management level: business, clinic, department, or staff.

**Strategy Development.** A coherent and actionable strategy pertains to what we will do now to shape the future to our advantage. Further, a strategy is essential to transforming audiology to succeed in the modern world of hearing health care. It is a framework for decision making and a set of guiding principles that can be applied as the situation evolves. It is an indispensable tool for the Doctorpreneur. Strategic planning uses a SWOT analysis, see Figure 2, as a foundation to elucidate how the business, the clinic, the academic department, or the profession works. It reveals the business fundamentals: the sources of value creation, the drivers of cost, and the basis of competition. Successful strategic planning is not superficial but goes into great depth. Modern successful companies like Amazon plan strategies that create multiple advantages that make them difficult to unseat, an approach that could benefit audiology. Strategies encourage you to think about how you can deploy your current capabilities and how to build and deploy new ones to defend or expand your competitive position. Your strategies will allow rapid resource allocation decisions, help anticipate unexpected events, and identify opportunities you can exploit. Audiology is under enormous pressure. Strategy facilitates acting under the most difficult high-pressure conditions.

**Cultural Awareness.** People in the modern workplace come from a range of divergent cultural backgrounds. Doctorpreneurs recognize how culture shapes behavior, and they ensure every person in the organization, although part of a larger staff, feels valued and respected as an individual. A respect for cultural differences among staff and patients enhances patient-centered outcomes.

**People Development.** Also known as human resource management, Doctorpreneurs intuitively understand that people want to work in organizations that value their individualism, understand what makes their skill-set unique and support the honing of these skills to meet future challenges. Being part of a dynamic organization requires that Doctorpreneurs have a vision for the future and collaborate with staff on developing new skills that can be used to define a clear career path for each employee or staff member.

**Business Acumen.** Starting in the 1980s, as the profession of audiology entered the realm of private practice, basic business knowledge became critical to success. By the turn of the century, the competition increased, and virtually all clinical audiologists began to be more cognizant of the importance of business discipline in creating and sustaining a viable audiology practice, regardless of the specific practice setting. Currently, to maintain accreditation, university Au.D. programs must introduce practice management to their academic curricula.



Figure 2. The four components of a SWOT analysis

Many students graduate thinking if they know audiology patient care, they understand an audiology clinic that performs patient care.

**This is a myth.** They are two different, interconnected skills. Doctorpreneurs inherently understand that business performance and clinical outcomes are intertwined.

## Multi-Purpose Audiology

Audiology is being pressured to pay closer attention to finance, business economics, and professional management. Awareness of this pressure is growing. A recent Fuel Medical poll revealed that more than 90 percent of responding university clients believe that there is a need for more business education in Au.D. academic programs. It is difficult for audiology to focus on both business and patient care, because we have been taught that clinical and business needs are opposing goals. Business and clinical needs should not be viewed as opposing goals. This dual focus, however, requires linking business and clinic goals, and broadening the existing clinic model through these four processes.

### 1. Setting Multi-Purpose Goals and Monitoring Progress

- a. Set multi-purpose goals. We must set goals for clinical excellence, compassion, business success, and professional management development. Setting these multi-purpose goals communicates that they all matter, highlights what's working and what's not, and enables accountability. But before setting goals, do the research to understand business and patient needs, how they interact, and how they have been in conflict in the past. Your revised goals must be explicit and enduring.
- b. Monitor progress. Key performance indicators (KPIs) have been used routinely by successful audiologists to monitor business progress. Here we suggest identifying and adapting KPIs to measure specific targets for each goal, clinical excellence, compassion, business progress, and professional management accomplishments. Make the time to develop a practicable number of trackable metrics for each goal and review them regularly with all stakeholders to communicate progress and assess their continuing relevance and adequacy. KPIs tell you what needs to change and recognizes successes to celebrate. Including multi-purpose goals and maintaining transparency are crucial to monitoring and measuring progress and success as your clinic broadens its approaches to hearing health care.

### 2. Structure the Clinic to Support Multiple Goals

It is impossible to succeed with multiple diverse goals if the clinic is not designed to support them all. Create a clinic structure that aligns with business and patient care goals. Create structures and processes for identifying and working through tensions between competing goals. Emphasize teamwork and an appreciation of diverse points of view throughout the clinic. Discuss progress on business and patient-care goals at clinic meetings.

### 3. Hiring and Broadening Employee Outlook

Every employee needs to understand, value, and become capable of contributing to financial, patient care, compassion, and professional management goals in some form. So, provide formal training sessions to train business managers to acquire more clinic expertise and clinicians to better understand and appreciate clinic business goals and processes. Hire managers and clinicians with both business and clinical expertise.

### 4. Practice Multipurpose Leadership

As you abandon a single-minded focus, strategic decisions should embody all goals. Tensions will be created involving competition for resources and divergent views about how to reach goals. How we resolve those decisions, and how we allocate resources, provide a measure of the commitment to achieving the diverse goals. So those decisions must be made with this commitment indicator in mind. At regular clinic meetings, allow anyone to pose a question if they feel practices don't align with mission, values, and balance among all goals.

## Incorporating Doctorpreneurship in Academic Audiology

To adjust to the New Era of Audiology, academic programs must fight the inertia of inherited ways of thinking and behaving. Long-term change in audiology requires the enthusiastic endorsement and participation of academia.

Historically, Au.D. education equips students to work “in” their practice, not “on” their practice. It is our responsibility to educate Au.D. students to work both in and on a practice. We accomplish this by incorporating the competencies reviewed above into Au.D. education. We must educate Au.D. students to be Doctorpreneurs, strategic thinkers who lead audiology in this New Era of Audiology.

### Modeling Doctorpreneurship in the Academic Clinic

Academic clinics may be the most difficult setting to focus on both business and patient care because they have taught that business and patient care are opposing goals. To overcome this struggle, academic clinics must vigorously incorporate the multipurpose goals outlined above and make the students aware of the necessity to adopt a multi-purpose strategy. As a multi-purpose clinic, the academic clinic becomes an ideal role model for students to replicate, and in which they can grow and mature into Doctors of Audiology well prepared for the environment in which they must operate.

Traditionally, academic audiology clinics, frequently offering free services, have been the most compassionate. This legacy of compassion is noteworthy, because compassion, a necessary component of Doctorpreneurship, has generally been viewed as at odds with proper business practices, which are also needed to succeed. Being concerned about access and affordability does not necessitate free services, and complimentary services do not necessarily negate good business practices. Some academic clinics still can offer free diagnostic services because their universities underwrite them. They earn the university required profit from hearing aid sales. Developing a more innovative approach to affordability is the preferred path for Doctorpreneurs. We know of at least one university clinic able to increase patient flow, hearing aid sales, and profits by offering a “pay what you want” approach to diagnostic services.

### 38 million people in the U.S. have hearing loss that interferes with their communication

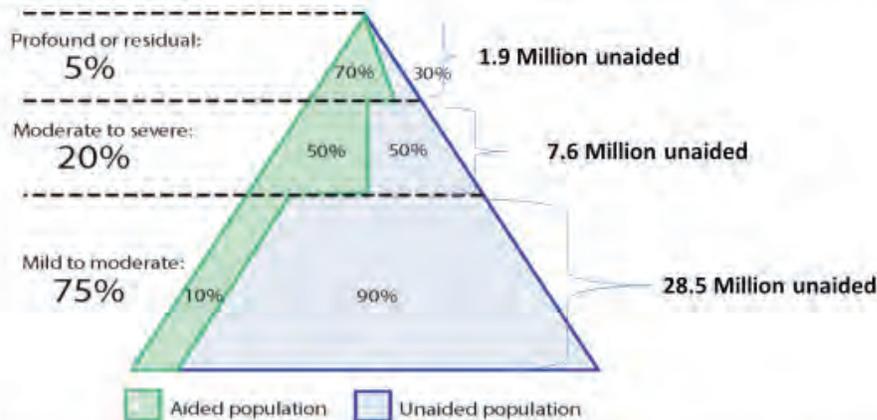


Figure 3. Hearing aid ownership as a function of degree of hearing loss. Data from June 2016 NASEM Report.

Figure 3 presents another timely opportunity to be innovative and serve as many people as possible. Note that 1.9 million unaided people have profound or residual hearing loss requiring powerful hearing aids or cochlear implants. Another 7.6 million unaided individuals have moderate-to-severe hearing difficulties and are most likely best served with moderately priced hearing aids. The remaining 28.5 million unaided individuals with hearing difficulties have mild-to-moderate hearing difficulties and may be well served by emerging high quality, lower-priced personal sound amplifiers (PSAPs) or over-the-counter (OTC) hearing aids, when they become available. Doctorpreneurs will seize the opportunity to establish trust with new, potential long-term, patients and help low-income people, by incorporating a PSAP or an OTC strategy in their clinics. Academic

training clinics should copy this Doctorpreneur strategy and in doing so, provide a good model and training opportunity for their students.

## Recruiting & Involving Students

Students must understand the shared values between patient care, compassion, and finances and the necessity of professional management to succeed in the New Era of Audiology. To build this shared value, recruit Au.D. students with business, education, and other diverse backgrounds and provide them opportunities to learn the importance of business and education, by involving them in the following activities:

- Department quarterly meetings to discuss clinic goals, milestones, and KPIs
- Meetings & business lectures with your business development partner
- Marketing project designs and ROI measures of success (Capstone project?)
- Job shadowing of non-audiology positions such as business manager and the receptionist
- PCP visits and lunch and learns.
- Teaching first-year Au.D. students basic business principles
- Training undergraduate students interested in audiology to be audiology assistants.

Actively involving students in business or professional management experiences is crucial to them gaining a realistic understanding of Doctorpreneurship.

## Formalize the Transition Process

Academic departments best serve their profession by setting planning goals with timelines and holding people accountable for creating their ground-breaking ideas. Confer with your colleagues at other academic institutions, borrow ideas from other professions, form advisory boards, and hire consultants to spur you on to discovering innovative solutions to modern problems in audiology. At your faculty meetings, regularly discuss innovative new clinical and training approaches. Incorporate the best ideas and share your results at the Council of Academic Programs in Communication Sciences and Disorders (CAPCSD) annual meetings and other professional meetings. Use this article, and other sources, to convince the university administration of the necessity of transformation to a broader Doctorpreneurship education focus and to win needed resources.

## Roles for Senior Audiologists

We have focused here on who will lead audiology going forward and therefore have concentrated mainly on reshaping the culture of students and audiologists new to the profession. But senior audiologists, especially those who are mentors or models for less experienced audiologists, must also transform themselves. As Lee Iacocca famously asserted, “Lead, follow, or get out of the way!” Those are three functional roles for senior audiologists, who may be set in their ways, to consider. *To lead* is to establish a direction for a more prosperous future, align people to promising new strategies, and motivate and inspire people to execute needed change. *To follow* is to be inspired by leaders and supervised by managers. *To get out of the way* may be the most difficult. It is sometimes difficult for senior audiologists to have a fresh outlook on their profession. In a fast-moving world, the best single thing a senior audiologist, who wants to contribute, can do is to get out of her comfort zone. Get out and stay out. The comfort zone discourages the appetite for more and the desire to improve, to try new things, see new truths, and seek a new professional identity. Once free of the comfort zone, acquire the courage to find the joy in creativity, risk-taking, and continuously transforming audiology to win tomorrow’s world.

## The Future of Audiology

Over two decades ago, audiology established the Doctor of Audiology degree to meet the needs of that era. For audiology to survive and thrive through the current era of rapid change, growing competition, and disruptive technical innovations, audiology needs Doctorpreneurs who will skillfully lead audiology through changing times based on excellence in patient care, compassion, and in-depth business and professional management knowledge. Now is the time to commit to Doctorpreneurship in audiology and to involve academic programs in this cause and grow the ranks of Doctorpreneurs of Audiology in all audiology specialties, not as a formal degree, but as the new *status quo* identity for audiologists. This new identity will empower required change, increase audiology’s standing, and facilitate transactions in health care’s medical and business communities. ■

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## ADA's Practice Resource Catalog: The Tools You Need for Your Practice



**ADA's Practice Resource Catalog** offers a comprehensive library of off-the-shelf forms, office forms, bills of sale, HIPAA compliance documents, and guidance materials. These materials can assist audiologists and their staffs with practice operations, compliance, and patient management.

Visit [audiologist.org/prc](http://audiologist.org/prc) for more information!

# Overcoming the Ideology of Convenience

How Leaders Solidify the Core of a Business

By Bryan Hanson



*In uncertain times, solidifying the core of your business means finding that leaders work to align staff on executing a mission and vision.*

We live in a world where it is easier to order your next meal, your favorite article of clothing, or any home improvement supply from the comforts of your couch, as you watch TV, than it is to jump in your car and drive to a local store to purchase the same said items. Clicking on a product from the comforts of home might seem more convenient – and the expedient nature of that purchase – often has more influence on our buying behavior than alternatives such as personalized service or cheaper prices.

The convenience of on-line buying, which for the past decade has been, more or less, confined to common goods like books, clothing, and food, has now moved into professional services. Tune into any televised sporting event and you can witness this transition first hand: Male pattern baldness, erectile dysfunction, orthodontics, and carefully tailored nutrition & diet plans are among the services, historically in need of some type of face-to-face interaction with a licensed professional prior to purchase, that are now sold direct to consumers online.

Audiology, like other medical professions, is not immune to this ideology of convenience. Even though the proposed FDA over-the-counter (OTC) hearing aid regulations, which have yet to take effect, restrict OTC candidacy to persons with perceived mild-to-moderate hearing loss, it is the ideology of convenience that reminds us degree of hearing loss is not a barrier to buying hearing aids online. Audiologists should expect anybody who is already ordering products from Amazon, or who is smitten with the convenience of avoiding a face-to-face visit with a licensed professional, may be easily enticed to try OTC hearing aids. Likewise, audiologists should expect many individuals, who buy hearing aids without first seeing a licensed professional, will be likely to need some type of face-to-face care at some point in the future.

The purpose of this article is to help clinical audiologists prepare their practices for changes in the way persons with hearing loss are likely to interact with them. Faced with the online availability of hearing aids, the ideology of convenience suggests a growing number of individuals will first seek solutions to improve their hearing on their own, run into problems or dissatisfaction and then, eventually and reluctantly, turn to a licensed professional to unravel their predicament.

These changes in the way persons with hearing loss find their way to a clinic warrant practice owners and managers to reexamine their value in the marketplace. Rather than

dispensing products, audiologists may find themselves, instead, providing services to people who have already purchased a quality product but need to learn how to use it more effectively. Imagine, for example, how you might handle a situation where a family of Millennials have pooled their money to buy, direct from Amazon, a pair of expensive hearing aids for their 90-year old grandmother as a Christmas gift. After everyone has returned from their visit with Grandma, she is left to fend for herself, trying to figure out how to use these sophisticated hearing devices. Eventually, through one her friends, who you fitted with hearing aids several years ago, Grandma finds her way to your office for service and support. Will you attempt to re-sell her another set of hearing aids, even though the set she currently possesses is working perfectly fine? What type of service will you provide to her? And, how much will you charge for helping her?

These are all questions that address the core function of your business. Most audiologists would argue they are in the business of helping people. Historically, that help has been predicated on the sale of a pair of devices. Now that some individuals will opt to first purchase hearing devices direct, how will your business change with the times?

Regardless of the specific type of business, at the core of any successful enterprise are the people that interact directly with their customers. If you find yourself at or near the top of a business' hierarchy, you are responsible for finding the right people to fill key roles within the organization and ensuring everyone in the clinic is working toward the same result. Here are three tactics that owners and managers can use to bring their staff together to face some of the expected turbulence associated with the arrival of OTC hearing devices and other potential disruptions in the market. After all, the cool-headed, logical, and thoughtful responses of organizational leaders will overcome even the biggest disruption to any business.

## 1 ARTICULATING A VISION

In short, articulating a vision starts with a simple question: For what do you want your business to be known? Given your background and training, we might assume the answer to this question for most audiology practices rests with their ability to deliver consistently high patient outcomes, regardless of the type of hearing device patients are wearing, or where the hearing aids were purchased.

As you roll up your sleeves and begin the process of implementing a strategy for your practice, remember that articulating a vision is a dynamic process that requires you to balance the daily needs of the business, such as cash flow and filling a schedule with patient appointments, with how the future may alter profitability. Articulating a vision for tomorrow must be balanced for the practical needs of today. At a minimum, leaders assume that over any five-year period, changes in consumer buying behavior, shifts in competitive forces, fluctuations in the economy, or updates to government regulations will create uncertainty and turbulence within their business. By boldly talking about how any of these forces could upturn your business, you can create an atmosphere in which staff is engaged in the process of proactively meeting future challenges faced by the practice.

Leaders within your organization must be familiar with future trends that might be affecting the overall profitability of the practice. With respect to audiology practices, this means becoming familiar with how OTC hearing aids, big-box retailers, and third-party managed care contracts could impact your business over the next two-to-five

### ACTIONABLE TIP

Informally during lunch time conversations or more formally during monthly staff meetings, ask all members of the staff how they expect OTC hearing aids, big-box retail and managed care third party contracts to change today's business. These conversations allow you to engage all staff in strategic planning efforts, educate them on future trends and test assumptions about how to overcome these potential challenges.

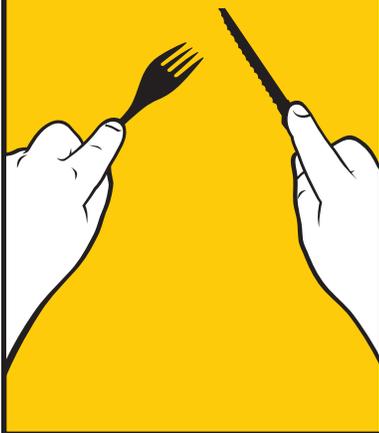


## **ACTIONABLE TIP**

Alignment among staff is unlikely to occur without trust between staff.

Trust blossoms when the leader truly values the opinion of each staff member and takes the time to get to know each member of the staff as a person.

Informal lunch time “shop talk” and more formal, weekly one-on-one meetings with each person on the staff go a long way toward getting buy-in on any strategy plan or new business venture.



years. Since no one has access to a crystal ball, it is helpful to engage with professional organizations (e.g., ADA), academic institutions, and investment reports (e.g., Bernstein Reports) to learn more from experts who study business trends, demographic changes, new products and channels, and other issues that could unsettle the existing market.

Finally, a big part of articulating a vision, is continually talking with staff about what sets your practice apart from competitors and why you are in business. “Why we are different?” “Why we must make the world a better place?” These are some of the basic questions that necessitate the need for articulating a vision in your own practice. Given some of the market forces discussed above, it makes good sense to articulate a vision within an audiology practice that emphasizes effective patient counseling and patient centered communication – skills not dependent upon the sale of hearing devices inside your clinic.

## **2 CREATING ALIGNMENT**

Building alignment among staff is the next logical step after articulating a vision for your practice. Creating alignment among staff is the act of gaining buy-in from them and, because it is dependent on the interaction of various personalities, it is akin to herding cats. Assuming staff is engaged in the process of helping persons with hearing loss become more effective communicators, and equally committed to the objectives of the practice, getting buy-in from your team on a vision for the practice becomes at little less stressful. The objective of the leader is to create an atmosphere where all staff members feel comfortable sharing their opinions and personally invested in the process of “owning” their roles within the practice.

Beyond dealing with the daily minutiae of running a practice, leaders must deliberately work to create alignment on executing a vision. This process starts with ensuring that everyone working within the practice, from back office scheduler to front line clinician, understands their contribution to patient care and why it is important to the success of the practice.

The essential ingredient, to building alignment within a practice, is clear and consistent communication. Leaders facilitate clear and consistent communication by being present every day, showing a passion for incremental improvement in all areas affecting the business, and showing respect and concern for every member of the staff. Starting with this mindset, enables the leader to allow for honest dialogue among the staff and ensures everyone has a say in planning for the future.

Through this dialogue, it is more likely that staff members understand and own the vision. Focus on clear, simple themes and messages that resonate with everyone on the team and you will be more likely to generate buy-in from staff on a consistent basis.

## **3 CHAMPIONING EXECUTION**

Execution is the process of taking a vision, which is often expressed on a formal strategic plan, and turning it into reality. Without the commitment and active championing of a leader’s vision, the ideas, no matter how great, won’t be turned into an executable plan. Let’s look at how leaders within an organization turn visions into results. When it comes to execution, leading by example, best described as never asking someone of the staff to do something you would not agree to do yourself, means you are breaking

strategic plans into smaller actionable chunks. The role of the leader is to reduce the goals of the strategic plan, from seemingly insurmountable, to small actionable steps that can be executed on a weekly or monthly basis by staff. Further, it is the responsibility of leaders to follow up with staff in a systematic manner to ensure they have the necessary resources to complete each step of the plan.

It is normal human behavior to be preoccupied with the daily grind of managing a clinic. The job of leaders is to rise above the routine work within the clinic to help staff visualize what needs to be executed today for the clinic to be successful a year or two into the future. By conducting organized staff meetings with a planned agenda, routinely talking about trends that might impact their business, and infusing trust into their relationships across the entire staff, leaders provide the structure for executing strategic plans.

## LEADERS HELPS OTHERS PLAN FOR THE FUTURE

Many facets of healthcare are at a crossroads, and audiology is certainly one of them. Audiology practices can expect substantial challenges to their current business model, including a growing number of individuals choosing to self-direct their care by purchasing hearing aids without the assistance of a licensed professional. From a consumer's perspective, the ability to self-direct care, from the comforts of home or from behind the counter at the drugstore, has many benefits. The ideology of convenience suggests that purchasing OTC hearing devices is more convenient and less expensive. However, audiologists know that many people who choose to self-direct their hearing care are likely to encounter complicating factors that require a face-to-face appointment with a licensed professional. This scenario is one example of how future challenges faced by the profession require the work of leaders with use vision, alignment, and execution to refocus their business to meet these changing forces.

A few good leaders within any organization can create an atmosphere where any obstacle can be overcome. The task is simple to discuss but it can be difficult to implement. If you strive to be a leader within your practice, show up every day ready to tackle any task, strive to become knowledgeable about trends in audiology and the hearing industry that could disrupt your current business model, and enthusiastically engage staff in the process of creating a plan that addresses how your business will meet changes and challenges. Use vision, alignment, and execution to help achieve desired results now and in the future.

To learn more about how leaders within an organization create favorable results, see *The Work of Leaders: How Vision, Alignment and Execution Will Change the Way You Lead* by Julie Straw, Mark Scullard, Susie Kukkonen and Barry Davis, published by Wiley Press, San Francisco, CA in 2013. ■

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### ACTIONABLE TIP

Establish a daily rhythm for discussion and actions around short term goals and key performance metrics (KPIs) that drive success in your practice. Strive to make discussion around these items as non-judgmental and enthusiastic as small talk about your favorite television show or sporting event.



## Untreated Hearing Loss is a Potentially Modifiable Midlife Dementia Risk Factor

### **About the Lancet:**

#### **Best Science for Better Lives**

*The Lancet* began as an independent, international weekly general medical journal founded in 1823 by Thomas Wakley. Since its first issue (October 5, 1823), the journal has strived to make science widely available so that medicine can serve, and transform society, and positively impact the lives of people.

Over the past two centuries, *The Lancet* has sought to address urgent topics in our society, initiate debate, put science into context, and influence decision makers around the world.

*The Lancet* has evolved as a family of journals (across Child and Adolescent Health, Diabetes and Endocrinology, Digital Health, Gastroenterology and Hepatology, Global Health, Haematology, HIV, Infectious Diseases, Neurology, Oncology, Planetary Health, Psychiatry, Public Health, Respiratory Medicine, Biomedicine, Clinical Medicine), but retains at its core the belief that medicine must serve society, that knowledge must transform society, that the best science must lead to better lives.

In July 2017, the British medical journal, *The Lancet*, published a landmark compendium on the risk factors associated with dementia. These risk factors linked to dementia were separated into two categories: unmodifiable and modifiable. As these terms suggest, modifiable risk factors can be shaped by changes in behavior or lifestyle. Additionally, the article divided risk factors into early, mid, and late life.

**The research found that hearing loss in midlife is the most consequential potentially modifiable risk factor associated with dementia.** Audiologists are encouraged to leverage the findings of this British meta-analysis in their interaction with consumers and other healthcare providers, as it provides compelling evidence that early intervention is effective. The Figure tells a persuasive story of the positive impact audiology can have on broader health outcomes, beyond improving communication for persons with hearing loss. That is, early intervention to identify and remediate hearing loss may make a substantial difference on other downstream health-related outcomes, such as cognitive ability.

Worldwide, about 50 million individuals have dementia and that number is expected to triple within the next 30 years. In the United States alone, nearly six million adults have the condition and, given its relationship to aging, hearing loss is an expected co-morbid factor that has garnered considerable attention in the hearing care professions over the past six or seven years. The Lancet Commission on dementia, who created and published this figure, reviewed the best available evidence and produced recommendations on how to best manage, or even prevent, the dementia epidemic. The figure on the next page probably most effectively summarizes various potentially modifiable factors throughout the lifecycle, as well as the effect untreated hearing loss may have on dementia.

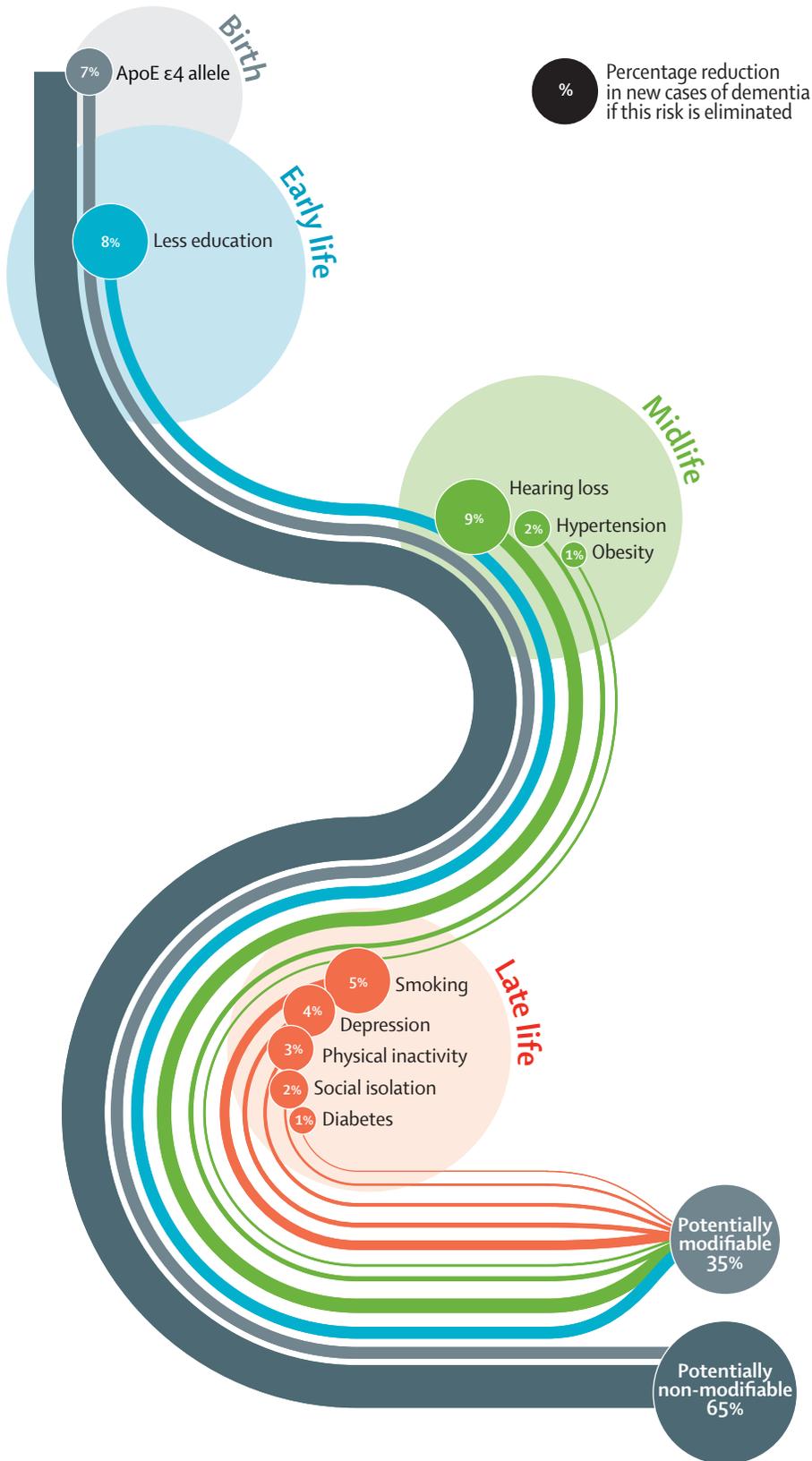
One key message from the Lancet Commission's work is that dementia is not an inevitable consequence of aging. The Commission identified nine potentially modifiable health and lifestyle factors from different phases of life that, if eliminated or reduced, might prevent dementia. Although medical cures are currently not available to modify the underlying disease process, the Commission outlined pharmacological and social interventions that are able to help manage the manifestations of dementia.

One of these interventions, as the Figure clearly depicts, is minimizing the effects of hearing loss. Since hearing loss commonly begins to become a problem after the age of 50 years old, hearing loss is considered a midlife risk factor. Given the fact that hearing loss can be easily assessed, and minimal intervention involves the use of hearing protection and basic amplification technology, audiologists play an essential role in the care of adults at risk for developing dementia. Beyond hearing loss prevention and intervention, the Figure also underscores the interconnected role of audiology within the larger preventive healthcare system.

To read this open access article in its entirety, go to <https://www.thelancet.com/commissions/dementia2017>.

# Risk factors for dementia

The Lancet Commission presents a new life-course model showing potentially modifiable, and non-modifiable, risk factors for dementia.



Source: Dementia prevention, intervention, and care. Authors: Gill Livingston, Andrew Sommerlad, Vasiliki Orgeta, Sergi G Costafreda, Jonathan Huntley, David Ames, Clive Ballard, Sube Banerjee, Alistair Burns, Jiska Cohen-Mansfield, Claudia Cooper, Nick Fox, Laura N Gitlin, Robert Howard, Helen C Kales, Eric B Larson, Karen Ritchie, Kenneth Rockwood, Elizabeth L Sampson, Quincy Samus, Lon S Schneider, Geir Selbæk, Linda Teri, Naaheed Mukadam

The Lancet, Vol. 390, No. 10113, Published on-line (open access): July 19, 2017.



Every modern audiology practice relies on computers and Internet to function. Whether it's scheduling, chart reports, or social media, technology can make or break a business. The cost of downtime—from equipment failure, hackers, disgruntled employees, or accidents—disrupts essential business functions that could cost you hundreds or thousands of dollars an hour. Hackers target everyone's accounts, machines, and data. Some hackers want to steal personal information that they can sell (identity theft), some want to extort money (ransomware), and others want to use your computer to send spam (botnets). Now is a perfect time to review how you can best protect yourself in the new year and new decade.

In some cases, security is more than a good idea to protect essential business functions, it is also the law. As a healthcare provider, you are subject to laws and requirements to safeguard protected health information (PHI). The Health Insurance Portability and Accountability Act (HIPAA) Security Rule requires implementation of administrative, physical, and technical safeguards for electronic PHI. Compliance with HIPAA is mandatory and carries financial penalties for noncompliance. If you accept credit card payments like most businesses, other security standards—such as Payment Card Industry Data Security Standard (PCI DSS)—also govern the protection of sensitive financial information. PCI DSS is not a federal law, but a common contractual obligation with payment card processing companies.

# PROTECTING YOUR BUSINESS WITH CYBERSECURITY IN 2020 AND BEYOND

By Josiah Dykstra, Ph.D.

Cybersecurity can seem difficult to understand, and implementation can feel overwhelming... even for doctors of audiology! Media, software vendors, and cybersecurity professionals sometimes focus on fear and alarm around insecurity, but protection is a positive component of keeping people and businesses safe and successful. Below is a very brief self-assessment to help gauge your security practices today and to identify areas where improvement may be needed. Go down the list and add up the number of boxes you can check. If you're unsure about a question, leave it blank.

- We have a cross-cut shredder and use it regularly.
- We have a Business Associate Agreement (BAA) with all third-party partners (hearing aid, earmold, cochlear implant, equipment manufacturers, office management system companies, accountant, etc.).
- Every employee using a computer has an individual account and private password.
- We have a password policy in our Employee Handbook.
- Passwords are kept confidential and not shared with others.
- My business email password is different from all my other passwords.
- Computers are kept updated and patched at regular intervals (e.g. weekly).
- Anti-virus is installed and running on all computers.
- Computer screens lock automatically after 5 minutes of inactivity.
- We log activity on our network and have the capability to identify suspicious behavior.
- Data backup is performed regularly (e.g. weekly).
- Annual training for identifying spam and phishing emails is conducted with all employees.
- Our practice website is secured with SSL (e.g. HTTPS).
- We have an annual vulnerability assessment or penetration test conducted on our network and website.
- Employees are not allowed to access the Office Management System (EHR/EMR) from home.

Your score: \_\_\_\_\_

- **If you scored 12-15**, congratulations! Consider yourself savvy about security risks and countermeasures; continue your proactive steps. It's important that you audit your cyber situation on an on-going basis and remain persistent with training and updates.
- **If you scored 8-11**, you've made some effort to secure your business against security incidents and cyber attacks. However, you need to consider your risk factors more closely and take some corrective actions.
- **If you scored below 8**, you are at high risk, without necessary measures to protect your business. Take immediate action to become more informed about security threats and the steps you can take to minimize your risk.

Whatever your score, security requires continuous vigilance because threats are persistent and evolving. There are many mitigations you can take to protect yourself and your business, including policy, process, and technology. Three critical actions should be first for business owners to protect your essential functions: policies, updates, and training.

- 1. Create and Enforce Company Policies.** Every employee plays a role in protecting the business. Employee manuals describe the appropriate conduct and behavior for employees, and cybersecurity is an essential component. These policies are the first line of defense to protect the business from dangerous behavior. Policy is a low-cost and legally-defensible guard against cyber incidents. You should consider a remote access policy, a wireless communication policy, password protection policy, email policy, and digital signature policy. The SANS Institute and cybersecurity professionals can offer templates for these policies.<sup>1</sup>
- 2. Enable and Run Software Updates.** Nothing in life is static or perfect, and computer programs are no exception. Hackers routinely exploit known vulnerabilities in common software. Software is very complex, and even the best vendors routinely find and fix bugs. Updates patch these known security holes, but also provide improved performance and new features. Many programs, including Windows and web browsers, offer automatic updates that can make security easy.<sup>2</sup>
- 3. Provide Annual Security Training.** Hackers often target human weaknesses to break into computers, including malicious email attachments and links. This is known as social engineering and there is no 100%, foolproof way to prevent criminals from attempting it. But there are ways to protect against it, including strong policies, consistent and persistent training and awareness, and vigilant system maintenance. These are only effective if they are consistently implemented and reinforced; one click, one divulged password, or one employee wanting to be helpful can undermine your efforts. You can add this annual security training to your annual HIPAA training.

This year, make a resolution to fully evaluate where cybersecurity is needed to protect your business. If needed, hire a security professional who can provide advice and implementation tailored to your situation. Then take concrete steps to ensure that you are adequately protected. Schedule one hour this month for all employees to take basic or refresher training on good cyber hygiene. Keeping your practice safe and secure is achievable! ■

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*Josiah Dykstra, Ph.D. is Founder and Cybersecurity Consultant at Designer Security. He has more than 15 years' experience in cybersecurity research, practice, and education. He can be contacted at [josiah@DesignerSecurity.com](mailto:josiah@DesignerSecurity.com).*

# A **Bold** Perspective on Self-fitting Hearing Aids

An interview with biomedical engineer and aspiring business entrepreneur, Logan Grado

Originally from Iowa, Logan Grado is a PhD student in biomedical engineering at the University of Minnesota. Logan is an example of how individuals outside the profession of audiology are bringing fresh and innovative ideas to clinicians and consumers. His work on self-fitting hearing aid interface systems—a software-driven app that allows the hearing aid wearer to adjust their own hearing aid using their smartphone—may eventually find their way into commercial devices. Read his brief interview with AP Editor, Brian Taylor below.



**BT** Please tell us about yourself, Logan.

**LG:** I am a 5th year PhD candidate in Biomedical Engineering at the University of Minnesota, concentrating on deep brain stimulation (DBS) for Parkinson's disease. I've focused on developing machine learning algorithms to tune DBS devices in order to improve outcomes for patients.

**BT** How did you become interested in the hearing device industry?

**LG:** I only really became aware of the hearing device industry over the past few years, as my father has aged and has begun wearing hearing aids himself. As we've spoken more about his experiences, I've realized there's potential to take some of the skills I've developed for DBS to help improve hearing device technology as well.

**BT** I know you were involved in developing an innovative technology through an I-Corps grant. What is I-Corp?

**LG:** The I-Corps program is a National Science Foundation (NSF) program designed to get scientists such as myself out of the lab and talking to actual people in our fields of study. Essentially, it's a 7-week crash course in entrepreneurship. The end goal of the program is for participants to identify real, unmet needs in their field through more than 100 in-person interviews. After finishing the program, most participants return to their labs with new ideas, hopefully more relevant to solving real-world problems, while other participants start companies around a product idea generated and validated through the I-Corps program. Here is the link to NSF I-Corps program from those readers interested in learning more about it.

Link: [https://www.nsf.gov/news/special\\_reports/i-corps/](https://www.nsf.gov/news/special_reports/i-corps/)

**BT** What can you share with about the technology you developed?

**LG:** One of the biggest challenges we've identified with hearing devices through our I-Corps experience is the fitting process for hearing devices, especially considering the potential upcoming FDA de-regulation of hearing devices. As hearing devices become available over the counter, users likely will need a simple and effective way to fit their own

device. Essentially, taking all the controls clinicians use to fit and adjust hearing aids, making them more user-friendly for the typical consumer and placing these controls in the hands of the person who wants to self-fit their hearing aids. In simple terms, we're working to develop a self-fitting hearing aid with a simple and intuitive interface that anyone can use to fit their device, independent from a licensed professional.

**BT**

I know that part of the grant process involved collecting data from consumers and hearing care professionals. What did you learn from both groups?

**LG:** From consumers, I learned that there's a wide variety of needs and wants both from their hearing device, as well as their hearing care professional. Some consumers really enjoy going to the audiologist and value having an expert to help them tune their devices, while others want more autonomy and control over their devices. For health care providers, I learned that fitting hearing devices is only a small part of their jobs. There are so many other important services that audiologists provide, such as counseling, education, expectation management, etc.

**BT**

How do you see your technology and other similar innovations changing the market for hearing devices and services?

**LG:** I envision that over the counter devices, and associated technologies (such as self-fitting hearing aids and other types of consumer audio, so-called hybrid devices that provide some amount of amplification) will greatly expand access to hearing care, as well as lower retail prices. Additionally, considering the groundswell of activity around artificial intelligence and machine learning occurring within all of healthcare, these newer devices will learn from and adapt to users to best serve them and provide the best user experience possible.

**BT**

As an engineer with a background in biomedical science, what advice do you have for audiologists?

**LG:** For audiologists I'd say, don't be too worried about over the counter (OTC) devices – they're not going to replace you. Audiologists perform many vital functions that an OTC device cannot replicate, including personal interaction, educating wearers and loved ones about hearing loss and hearing devices, and helping consumers navigate a complex landscape. OTC devices have the potential to free up audiologists to focus on these more important activities, as well as to lower the barrier to entry, allowing audiologists to help more people. Based on dozens of I-Corps interviews with consumers, clinicians and advocates for persons with hearing loss, successfully treating hearing loss is often complex and requires more than simply buying and wearing a pair of hearing aids. I know I am probably preaching to the choir when I say that, but I've also interviewed a lot of audiologists and hearing aid dispensers who seem to believe that technology is the sole answer to helping people with hearing loss. In my opinion, technology is just a small part of the value that audiologists provide persons with hearing loss. Teaching people how to cope and to eventually improve their ability to hear is some combination of user friendly technology and impeccable counseling skills, which is a very human undertaking and cannot be duplicated by the best computers.

**BT**

With your biomedical engineering background, any final thoughts to share with our readers?

**LG:** Three things come to mind.

One, beef up your counseling skills. People that buy products on-line, at some point in time, are likely to need some type of service and support from an expert. Whatever you can do to help people maximize the device they choose to buy will be a service many will pay for. I'd think about offering a wider



...don't be too worried about over the counter (OTC) devices – they're not going to replace you. Audiologists perform many vital functions that an OTC device cannot replicate, including personal interaction, educating wearers and loved ones about hearing loss and hearing devices, and helping consumers navigate a complex landscape.



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...technology is just a small part of the value that audiologists provide persons with hearing loss. Teaching people how to cope and to eventually improve their ability to hear is some combination of user friendly technology and impeccable counseling skills, which is a very human undertaking and cannot be duplicated by the best computers.



range of counseling services that help people navigate their choices of hearing devices, maximize the quality of their life with hearing loss and become more effecting communicators. Be a beacon for quality control and do it with a human face.

Two, stay abreast of technology advances both inside and outside the hearing aid industry. Of course, hearing aid manufacturers provide a continually improving device and eventually they might offer self-fitting capability in the future. Likewise, pay attention to what consumer audio devices are bringing to the market, as I believe you will see more multi-tasking devices that have a primary feature, like amplification and several secondary functions, like language translation, biometrics, hands-free cell phone use, music streaming and Siri-like voice detection algorithms that allow you to surf the internet without using a keyboard. Also, I believe many of these hybrid devices will be less expensive than a pair of hearing aids.

Three, consistent with my second point, I would identify underserved populations that could potentially benefit from these emerging hybrid products. For example, I know from my I-Corps work there are several million people in the US, many under the age of 60, that have normal audiograms but struggle in noisy listening environments. Given the relatively high cost of a set of hearing aids and their situational hearing problems, most don't consider themselves hearing aid wearers, and they seldom even seek out the service of an audiologist. I'd identify quality products that are true multi-taskers that could be marketed to those with normal audiograms but perceived hearing problems. Of course, from a business perspective these hybrid devices don't carry the margins that traditional hearing aids do, but I think it would be a good way to build good will within the community and generates some revenue if done in an efficient way.

**BT** Thanks for your insights. It's good to have a perspective from outside our profession.

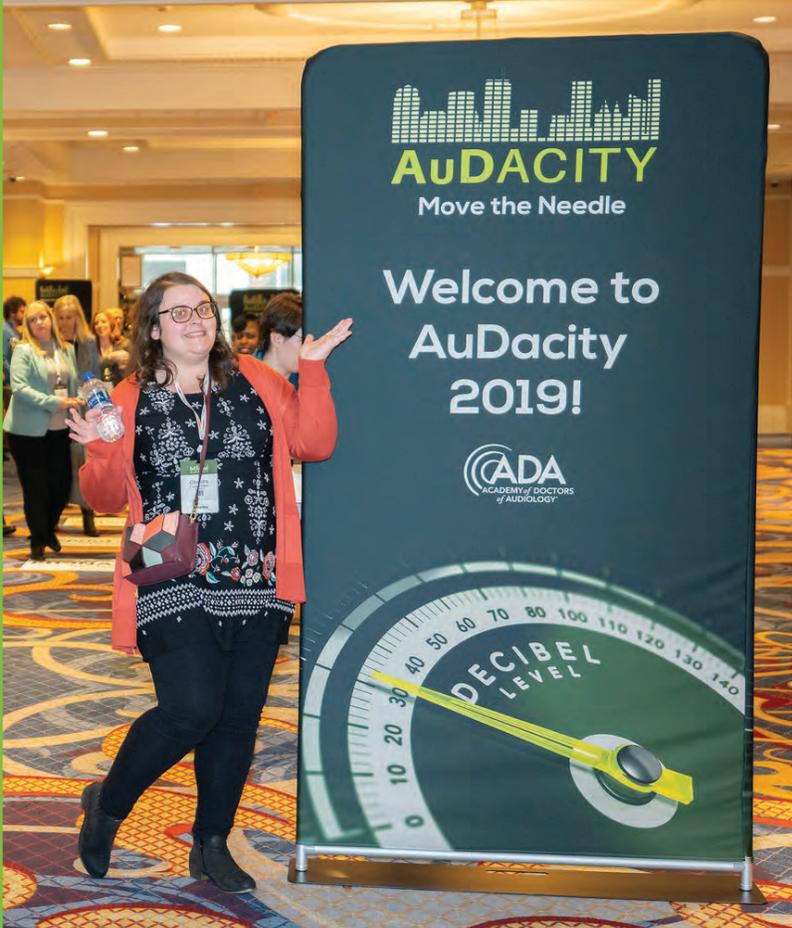
**LG:** My pleasure. ■



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*Logan Grado is a Ph.D. candidate at the University of Minnesota.  
He can be reached at [grado@umn.edu](mailto:grado@umn.edu).*

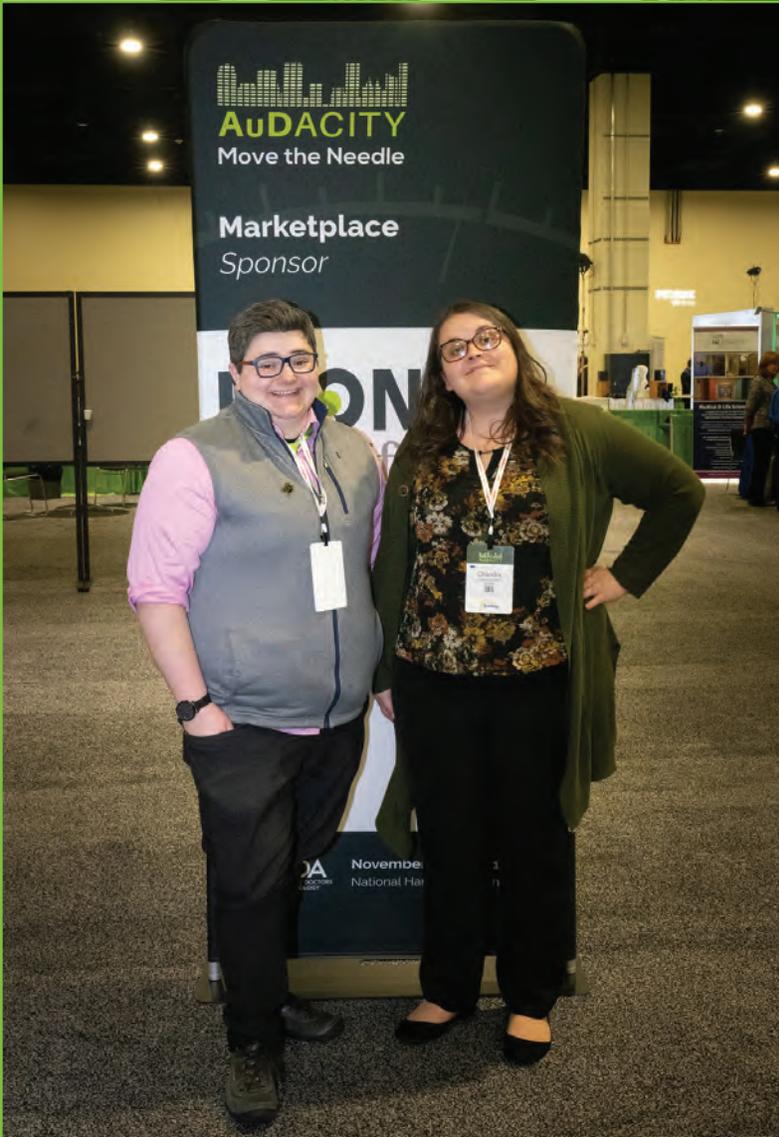












# New MIPS Measures for 2020

BY KIM CAVITT, Au.D.

## **MERIT BASED INCENTIVE PAYMENT SYSTEM (MIPS)**

The 2020 Medicare Final Rule maintained the 2019 low volume thresholds (\$90,000 in Medicare Part B covered professional services, providing covered care to 200 or more Medicare beneficiaries and providing 200 or more covered Medicare services). As a result, most audiologists will continue to be voluntary MIPS reporters, with the exception of those working within a Medicare Alternative Payment Model (APM; this is uncommon in private audiology practices with no medical practice or hospital affiliation).

Audiology will be eligible to report on nine total quality measures and will continue to be eligible to attest to clinical improvement activities. The quality measures are:

- Documentation of Current Medications in the Medical Record
- Preventive Care and Screening: Screening for Depression and Follow-Up Plan
- Falls: Risk Assessment
- Falls: Plan of Care
- Referral for Otologic Evaluation for Patients with Acute or Chronic Dizziness
- Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention

These six measures were available in MIPS in 2019 and were also available in the 2016 Physician Quality Reporting System (PQRS).

The three new audiology measures for 2020 are:

- Elder Maltreatment Screen and Follow-Up Plan
- Functional Outcome Assessment
- Falls: Screening for Future Falls Risk

## **ELDER MALTREATMENT MEASURE SPECIFICS**

- Report at least once per calendar year for 50% of eligible patients.
- Requires care plan.
- Eligible for CPT Codes:
  - 92540, 92541, 92542, 92550, 92557, 92567, 92570, 92587, 92588, and 92625
- ICD 10 Codes
  - None specified (so all included)

### **What is Elder Maltreatment?**

- Physical Abuse
- Psychological Abuse
- Neglect
  - By a caregiver or family member; not self neglect
    - Active – Behavior that is willful or when the caregiver intentionally withholds care or the neglect may be motivated by financial gain or reflect interpersonal conflicts.
    - Passive – Situations where the caregiver is unable to fulfill his or her care giving responsibilities as a result of illness, disability, stress, ignorance, lack of maturity, or lack of
- Sexual Abuse
- Elder Abandonment
  - Desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.
- Financial or Material Exploitation
- Unwarranted Control
  - Controlling a person's ability to make choices about living situations, household finances, and medical care.
- Elder Maltreatment Screening tools, Including but not limited to:
- Elder Abuse Suspicion Index (EASI)
  - [https://www.mcgill.ca/familymed/files/familymed/easi\\_english\\_january\\_2013.pdf](https://www.mcgill.ca/familymed/files/familymed/easi_english_january_2013.pdf)
- Vulnerability to Abuse Screening Scale (VASS)
  - [https://medicine.uiowa.edu/familymedicine/sites/medicine.uiowa.edu.familymedicine/files/wysiwyg\\_uploads/VASS.pdf](https://medicine.uiowa.edu/familymedicine/sites/medicine.uiowa.edu.familymedicine/files/wysiwyg_uploads/VASS.pdf)
- Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)
  - [https://medicine.uiowa.edu/familymedicine/sites/medicine.uiowa.edu.familymedicine/files/wysiwyg\\_uploads/HS\\_EAST.pdf](https://medicine.uiowa.edu/familymedicine/sites/medicine.uiowa.edu.familymedicine/files/wysiwyg_uploads/HS_EAST.pdf)

### **Elder Maltreatment Care Plan**

- Have a plan if your patient is in immediate, life threatening danger.
- Call 911.
- Must include a documented report to state or local Adult Protective Services (APS) or the appropriate state agency.

### **Resources**

- National Adult Protective Services Association: <http://www.napsa-now.org/get-help/help-in-your-area/>
- ElderCare locator:
  - <https://www.hhs.gov/answers/programs-for-families-and-children/how-do-i-report-elder-abuse/index.html>
  - <https://eldercare.acl.gov/Public/Index.aspx>
- National Center on Elder Abuse: <https://ncea.acl.gov/>

### G codes:

- G8733: Elder maltreatment screen documented as positive AND a follow-up plan is documented.
- G8734: Elder maltreatment screen documented as negative, follow-up is not required.
- G8735: Elder maltreatment screen not documented; documentation that patient is not eligible for the elder maltreatment screen at the time of the encounter.
  - Patient refuses to participate and has reasonable decisional capacity for self-protection.
  - Patient is in an urgent or emergent situation.
- G8941: Elder maltreatment screen documented as positive, follow-up plan not documented, documentation the patient is not eligible for follow-up plan at the time of the encounter.
- G8536: No documentation of an elder maltreatment screen, reason not given.
- G8735: Elder maltreatment screen documented as positive, follow-up plan not documented, reason not given.

### FUNCTIONAL OUTCOME ASSESSMENT

- Report at least once per calendar year for 50% of eligible patients.
- Requires care plan.
- CPT Codes:
  - 92540, 92541, 92542, and 92548
- ICD 10 Codes
  - None specified (so all included)
- Functional Outcome Assessment Screening tools, including, but are not limited to:
  - Select measure(s) that are appropriate for your patient population.
  - Dizziness Handicap Inventory (DHI)
    - [http://www.rehab.msu.edu/\\_files/\\_docs/Dizziness\\_Handicap\\_Inventory.pdf](http://www.rehab.msu.edu/_files/_docs/Dizziness_Handicap_Inventory.pdf)
  - Berg Functional Balance Scale
    - <https://cdn.ymaws.com/www.fpta.org/resource/resmgr/imported/Balance%20Assessments.pdf>
  - Activities Specific Balance Confidence Scale (ABC)
    - [http://www.pro-pt.net/files/pdf/Outcome%20Measures/ABC\\_Scale-Final.pdf](http://www.pro-pt.net/files/pdf/Outcome%20Measures/ABC_Scale-Final.pdf)
  - Patient-Reported Outcomes Measurement Information System (PROMIS)
    - <http://www.healthmeasures.net/explore-measurement-systems/promis/obtain-administer-measures>
- G codes:
  - G8539: Functional outcome assessment documented as positive using a standardized tool AND a care plan based, on identified deficiencies on the date of the functional outcome assessment, is documented.
  - G8542: Functional outcome assessment using a standardized tool is documented; no functional deficiencies identified, care plan not required.
  - G8942: Functional outcome assessment using a standardized tool is documented within the previous 30 days and a care plan, based on identified deficiencies on the date of the functional outcome assessment, is documented.
  - G8540: Functional outcome assessment NOT documented as being performed, documentation the patient is not eligible for a functional outcome assessment using a standardized tool at the time of the encounter

- G9227: Functional outcome assessment documented, care plan not documented, documentation the patient is not eligible for a care plan at the time of the encounter.
  - Patient refuses to participate.
  - Patient unable to complete questionnaire.
  - Patient is in an urgent or emergent medical situation.
- G8541: Functional outcome assessment using a standardized tool not documented, reason not given.
- G8543: Documentation of a positive functional outcome assessment using a standardized tool; care plan not documented, reason not given.

#### **FALLS RISK: FUTURE FALLS RISK**

- This measure is for registry or CMS Web Interface/EHR reporting only. It is not eligible for CMS 1500 claims reporting.

If ADA members have further questions or would like to learn more, please contact Kim Cavitt at [kim.cavitt@audiologyresources.com](mailto:kim.cavitt@audiologyresources.com) or 773-960-6625 (text or call). ■

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*Dr. Kim Cavitt was a clinical audiologist and preceptor at The Ohio State University and Northwestern University for the first ten years of her career. Since 2001, Dr. Cavitt has operated her own Audiology consulting firm, Audiology Resources, Inc. She currently serves on the State of Illinois Speech Pathology and Audiology Licensure Board. She also serves on committees through AAA and ASHA and is an Adjunct Lecturer at Northwestern University.*





# HAVE YOU HEARD?

## Exceptional Audiologists Honored at AuDacity 2019

AuDacity brought together some of audiology's most exceptional practitioners. On November 15th, several outstanding audiologists and one practice were recognized for incredible clinical, educational, and advocacy contributions to the profession, patients, and the community.

ADA President, Dr. Ram Nileswhar, presented **Stacey Baldwin, Au.D. of Associated Audiologists** with the **Craig W. Johnson Award** in recognition of her state and national advocacy efforts, including the development of a state organization advocacy contact database and recruitment of physician support for streamlined access to audiology services for Medicare beneficiaries.

"Dr. Baldwin is a tireless advocate for her patients and an inspiration to her colleagues and to us all," said Dr. Nileswhar.



Dr. Nileswhar presented **Robert Traynor, Ed.D.** with the **Joel Wernick Award** in recognition of his outstanding educational contributions within the profession of audiology. Dr. Traynor has committed more than four decades to teaching students and training clinicians within the profession of audiology, with an emphasis on hearing and tinnitus rehabilitation. In addition, he authored *Strategic Practice Management*, the most widely used textbook for audiology practice management classes in the United States.

“It is no surprise that Dr. Traynor is also a preeminent resource on the business of audiology,” noted Dr. Nileshwar, “since he achieved his educational accomplishments all the while owning and operating a private practice.”



Dr. Nileshwar presented **Jane Baxter, Au.D.** and **Deborah Clark, Au.D.**, along with their entire practice, **Pacific Hearing Service**, with the **Leo Doerfler Award**, the ADA’s most prestigious honor, which recognizes a private practice audiologist who has demonstrated outstanding clinical services in the community.

“For the first time in history, the Leo Doerfler Award is being presented to an entire practice,” said Dr. Nileshwar. “Dr. Clark, Dr. Baxter, and Pacific Hearing Service have made unrivaled clinical contributions within their community and around the world. The innovative team at Pacific Hearing Service is leading the way in delivering evidence-based care, while going out of its way to make sure that everyone can get it. The model of care that they have developed has markedly increased access to affordable audiology services, without sacrificing quality or efficacy.”

► **Please contact Stephanie Czuhajewski at [sczuhajewski@audiologist.org](mailto:sczuhajewski@audiologist.org) for more information about ADA, ADA membership, and opportunities for advancing your audiology career through involvement with ADA.**

## Ring in the New Decade in Style— Chime in on the ADA Strategic Plan

ADA is committed to advancing high-value, member-driven initiatives. To that end, we need your help and input. Please take the following link to the ADA 2020 Strategic Planning Member Input Survey: <https://www.surveymonkey.com/r/ADA2020Plan>.

Please complete the survey by January 31, 2020 and you will receive a separate link to register for your chance to win free registration to AuDacity 2020 and other great prizes.



## A Healthy Paranoia: Top Focus Areas for HIPAA and Security Today Webinar Now Available for Download

Presented by Joe Gellatly, CEO of Medcurity, this webinar provides insight about some of the most prevalent threats today, including the Office of Civil Rights’ focus areas on recent penalties, and covers best practices for your HIPAA compliance program, including how to develop a culture of compliance within your organization. Learn where to start, what to prioritize, and the documentation to maintain in case of an audit. View now (you must be logged in): <https://www.audiologist.org/item/a-healthy-paranoia-top-focus-areas-for-hipaa-and-security-today>.

## MAASA Gains Momentum: Let's Keep it Going in 2020

Thanks to the tenacious and spirited efforts of AuDvocates nationwide, the Medicare Audiologist Access and Services Act (MAASA), H.R. 4056 and S. 2446, picked up a lot of steam and a lot of co-sponsors during the second half of 2019. At this time, H.R. 4056 has nearly 60 co-sponsors in the U.S. House of Representatives and S. 2446 has seven (7) cosponsors in the U.S. Senate. Many of these co-sponsors were added as a result of strong participation in ADA Lobby Day and diligent follow up activities during November and December.

2020 offers even more opportunities to advance this common-sense, bi-partisan legislation—and with your continued commitment, MAASA will undoubtedly secure the additional Congressional support it needs for passage. Make your New Year's resolution to **AuDvocate for AuDiology!** Here are five things you can do right away:

1. Please take the following link to Congressional Connect to remind your legislators to support H.R. 4056 and S. 2446: <http://chooseaudiology.org/resources/congressional-connect>.
2. Organize a reverse-fly-in: <http://chooseaudiology.org/resources/maasa> and invite a member of Congress to your practice!
3. Ask your state audiology organization(s) to endorse the Medicare Audiologist Access and Services Act if they have not done so already. Please take the following link to view the list of endorsing organizations: <http://chooseaudiology.org/about-maasa/endorsements>.
4. If you attended ADA Lobby Day and your legislator has not co-sponsored yet, please follow up with the staff person that you met with and ask again for the legislator's support.
5. Tell your patients to use Congressional Connect to contact their legislators as well! ■

## EDITOR'S MESSAGE

*Continued from page 7*

created by Dr. Brent Edwards of NAL, shows three different devices that correspond with three different segments of the market. (Note in Figure 1 there are actually five segments of the market with the bottom two segments depicted in the figure perceiving no difficulty with their hearing and thus not yet in the market for purchasing any type of hearing device – even though one may be needed.) Segment 1 are individuals with pure tone averages better than 25 dB HL and self-perceived hearing difficulty. According to some research, published in 2015 at Ear and Hearing, about 26 million Americans fall into this segment: They have essentially a normal audiogram but complain of an inability to hear, primarily in noisy places. Historically, because they have normal hearing, audiologists do not fit them with hearing aids, but with the advent of hearables, this could be a market segment worth pursuing.

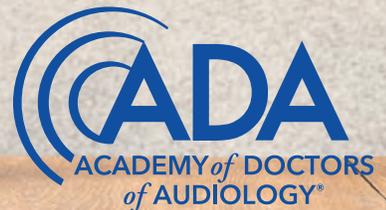
Segment 2 is comprised of individuals with worse than a 25 dB HL pure tone average with a self-perceived hearing problem. These are the 10-12 million Americans, hearing care specialists around the country are already serving quite well, according to the recently published Marketrak 10 report. Segment 3 are individuals with the same degree of hearing loss as those in Segment 2, but for some reason, reject the services of an audiologist. This is the segment of the population that may gravitate toward OTC hearing aids. It is likely another 8-10 million Americans might fall into Segment 3. Experienced clinicians also know that a relatively large number of people within Segment 3 have complex communication problems and will eventually need counseling, as well as other types of professional services provided by audiologists. Perhaps many of the individuals comprised of Segment 3 will prefer to dabble with amplification from the comforts of home and seek the services of an audiologist after experiencing some difficulties with their OTC device.

The upshot of Edward's segmentation schematic is there are three segments of the existing market for amplification devices and audiologists today have build businesses that address just one of them (Segment 2). For some practices, this may be enough to stay busy and generate a sustainable profit; for others their strategic plan needs to account for fresh marketing tactics that resonate with a different group of consumers, the provision of hearables and unbundled professional services for those who first choose to purchase OTC and then find themselves in need of service and support. ■



# Contact Your Legislators!

Urge them to support the **Medicare Audiologist Access and Services Act** (H.R. 4056/S. 2446)



The Medicare Audiologist Access and Services Act of 2019 (H.R. 4056/S. 2446) will remove unnecessary barriers, allowing patients to receive appropriate, timely, and cost-effective audiologic care. This legislation can improve outcomes for beneficiaries by allowing direct access to audiologic services and streamlining Medicare coverage policies so that audiologists can provide the full range of Medicare-covered diagnostic and treatment services that

correspond to their scope of practice. The legislation would also reclassify audiologists as practitioners, which is consistent with the way Medicare recognizes other non-physician providers, such as clinical psychologists, clinical social workers, and advanced practice registered nurses.

**Support the future of audiology!**

Contact Congress today and express your support for H.R. 4056/S. 2446.

Visit [chooseaudiology.org/support](https://chooseaudiology.org/support) and contact your congressperson today!



## INSIGHTS FROM THE OUTSIDE

# The Financial Conversation — Enabling Patients to Get Care

*Insights from the Outside* is a group of practicing clinician-owners. They are a diverse group from many medical specialties, including dentistry, veterinary medicine, cosmetic surgery, ophthalmology, audiology and optometry. Uniquely created by CareCredit, the group's purpose is to capture and share “best practices” to some of the common challenges all healthcare business owners face, such as attracting new patients, patient barriers to care, care acceptance, patient retention, social media, team training and empowerment, and much more. This article features Nola Aronson M.A., CCC-A, owner of Advanced Audiology, veterinarian Dr. Kathy Wentworth, Medical Director and owner of PetPoint Medical Center and Resort, and dentist Dr. Howard Ong, owner of Seal Beach Dentistry.



*The financial conversation has been called one of the most important dialogues in the practice. Why is this conversation so important?*

**MS. ARONSON** It costs money to buy a hearing aid. As hearing professionals we have to make patients understand the value that hearing aids can bring to their lives, why it's important and why it costs what it does. It's getting harder and harder to talk about price in audiology today because there are a lot of competitors out there who only talk about price — making hearing aids seem more like a commodity instead of a medical device.

**DR. WENTWORTH** I think it's very important that patients understand the value of the recommendation. We don't make price or cost the primary focus of the conversation — we focus on the necessity of the care needed by the client or patient. I tend to find that clients are not as concerned with the total price if they understand the overall value of what is being recommended. That takes good communication about recommendation and the outcomes expected.

**DR. ONG** In our practice the financial conversation is important because it's part of the “trust building” between our patients and team. It's not so much the conversation that takes place; it's what happens after the conversation. It's actually doing what you say — making a plan or a financial arrangement and sticking to it. You don't add on and you don't have surprise fees or additional treatment that you didn't discuss. I have found over the years, trust builds with patients when you actually do the treatment that was discussed, and the financial arrangement was exactly what they anticipated.



*Why do you think it's uncomfortable for some team members to talk about money?*

**DR. ONG** Whether it's personality or training, some team members are simply not equipped to discuss financial arrangements or financial conversations effectively. I believe — at least in dentistry — there should be a bit of a buffer or a little distance between the medical recommendation and the financial discussion. That's why we focus our training on the front office team, making sure that they are equipped and able to have those important money conversations.

**MS. ARONSON** I think when team members are uncomfortable having the financial conversation it's usually because they themselves don't feel comfortable about money or they might not believe in themselves, or have confidence in themselves as the expert. I remember when I started in the field 40 years ago and I thought, "Oh, my God, how am I going to do this?" But I learned to believe in what I'm doing, and believe that I'm helping people.

**DR. WENTWORTH** That's so true. Look, discussing financial concerns is sometimes uncomfortable for almost everyone. Team members may have their own financial concerns but at the end of the day, clients or patients need to make their own decisions. We should never assume our clients or patients are not able to afford what is appropriately recommended.



*Do you think it's even more uncomfortable to talk about money because you're talking healthcare?*

**DR. WENTWORTH** Yes. Of course everyone wants the best outcome. In veterinary medicine, for example, if clients don't have enough money to get what is needed for the pet, they can feel guilty about not approving recommended care. That's why it's so important to provide the information necessary for the client or patient to prioritize care and then to offer them a financially viable option.

**MS. ARONSON** When it's time to talk about money in healthcare, I always say, "I'm not selling you something. I'm solving your problem." I say that because it's not about the money. Yes, it is about the money from a financial standpoint — but it's not about the money when it comes to the help that is being provided. So I try to emphasize that I care about them and want the best for them, so that it's not just about money.

**DR. ONG** I think in healthcare, obviously, the unique thing about healthcare is the person treating is the person that could benefit most directly from the financial aspect of the treatment. So, that's where it becomes a little bit uncomfortable but with proper training, proper protocols in the practice and proper verbiage, the conversation can actually be remarkably easy because it's straightforward. It's facts, it's treatment and cost and the patient can decide if that cost is a value or appropriate.



*What do you do to make it more comfortable for your team to talk about money?*

**MS. ARONSON** We have sales meetings in our office to review how we approach patients and what we say. I also try and help the team understand they are the experts and they're there to help and solve problems. Luckily today hearing aids help you in all kinds of communication environments. You can communicate on the phone, listen to music or listen to TV. They're more than just a hearing aid. They're solving people's communication problems and that's one of the most important things in people's lives - to be able to communicate and be in social situations.

**DR. WENTWORTH** We try and make it as comfortable as possible for the team and the client or patient by putting together a plan for the most appropriate treatment recommendations and, if possible, a more conservative approach. Then we work with the client on a solution that fits within their budget. This is also the time we usually discuss various financial solutions like the CareCredit healthcare credit card.

**DR. ONG** It's important to us that the team member having the financial discussion is familiar with each aspect of the treatment. So we ensure that they understand the clinical situation. We say to them exactly what we've said to the patient from the standpoint of the treatment itself, the value of treatment, its benefits, the consequence of doing no treatment and anything from time constraints to anxiety so that they feel like they know what's going on and can confidently have the financial conversation.



*Where along the patient journey does the money conversation come up?*

**DR. ONG** Right away. First the clinical team discusses all aspects of treatment with the patient. Then we invite the administrative person to come in and after they've been informed of everything that we've talked about with the patient, they have the financial conversation.

**MS. ARONSON** We usually have the financial conversation after testing, once we've gone over the results and the patient has agreed they need help.

**DR. WENTWORTH** The approach we use in our practice is to first discuss what we are recommending and why. Then we provide an actual estimate of the costs. This gives the client a sense of medical necessity along with the reality of price. They can then make a decision to decide to move forward or to ask for an alternative. This approach allows us to place value ahead of actual cost.



*Do you feel that "cost" or money is the "real" reason patients don't move forward with care? Or is it more of a personal prioritization?*

**DR. WENTWORTH** Cost and the perception of what is needed are the biggest concerns I see. Clients need to trust the recommendations to move ahead — whether it is an emergency procedure or an elective procedure. Many times clients have surprised me — knowing they are on a budget — with wanting to do what is really recommended, even though they may have shared financial concerns.

**MS. ARONSON** We try and address the cost associated with hearing aids by introducing them as a possible solution early in the patient interaction. We start by asking questions related to needing a hearing aid and what they think about it. When we do our testing we gear it towards showing the patient how a hearing aid might benefit them. If you have someone who is in denial about hearing loss and they are only there because their spouse sent them there, it's going to be really hard to convince them they have a problem in the first place. So price comes in at the end and frankly I don't think that's usually the real reason patients don't buy. I think they don't buy because they aren't convinced that they have a hearing problem. That's why we let people try hearing aids in their own environment without buying them first so they can see for themselves how the hearing aid works.

**DR. ONG** I agree. I don't think cost is the only reason or not the main reason. It's one of the reasons. But in dentistry it's more about weighing the personal desire, the time investment and the value. There are two categories when it comes to care — care that's urgent and care that's not urgent. Care that's urgent is obviously a much easier conversation. When care is not urgent the conversation is more about the patient fitting treatment into their lifestyle at the moment. It becomes more of a personal choice — is this the right treatment for them at this time and what are the benefits and the consequence of no treatment.



*Often cost and money are “uncovered barriers to care” because people don’t want to talk about it. What are ways to gently but effectively uncover patient cost concerns?*

**MS. ARONSON** Most of the time when it comes to hearing loss, people really don't feel they have that bad of a hearing loss. So often it's about convincing and showing the patient the impact that their hearing is having on their lives. Once you've done that, I think it's very important to let the patient have a trial. A lot of people just try the hearing aid out in the office, but I don't think that's effective because the office is not a real situation. So I don't do trials in the office. I just let the patient take the device home. Now, if they're willing to put a hearing aid on, then they're willing to agree that they do need some help. And that's the gentle way of uncovering the costs concerns. Showing them that you're not just in it for their money. You're not just trying to sell them the highest price hearing aid. You're trying to do what's best for them.

**DR. ONG** I go with the straightforward approach by talking to the patient directly and just asking them. We ask patients if the treatment recommended is the right treatment for them at this time. We also ask if there's any barrier to care like money and if there is, then we address it. We provide the patient with options like financing through CareCredit or other means. But I think asking the patient directly is probably the easiest and most professional and gentle way to effectively uncover cost concerns.

**DR. WENTWORTH** We initially offer a treatment plan and if the client expresses a concern about the amount, we offer a more conservative plan if possible, along with payment options.



*What are some money dos and don'ts? What should you say? What should you never say?*

**DR. ONG** I think you should always say how the finances are related to the benefits, how it will make them feel better, look better or get out of pain. Plus, it will probably save the patient time and money in the future. I think that those are all dos. The biggest don't is to imply that treatment costs will be completely covered by this program or that program or this insurance or discount fee because that can be a gray area. Being direct and letting the patient know their portion is important because it helps to get them invested in their care as much as you are. And it keeps the value of the treatment upfront.

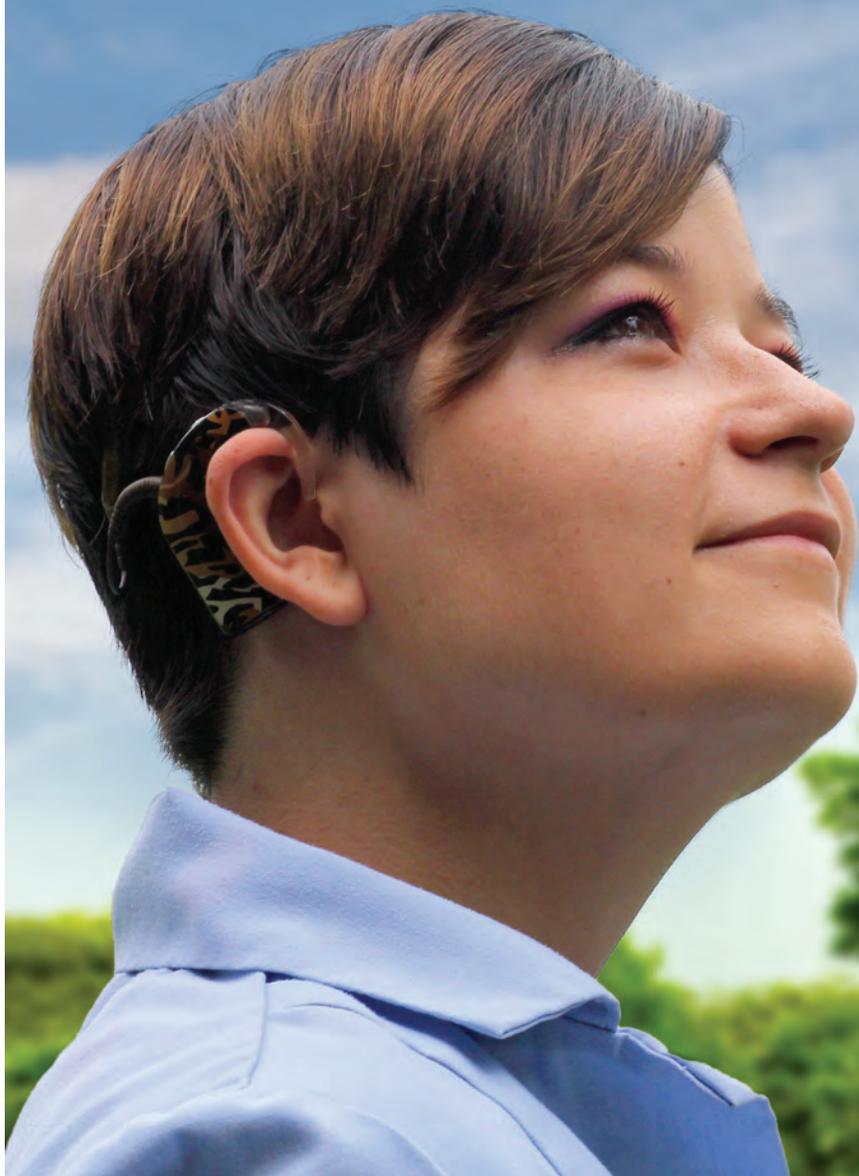
**DR. WENTWORTH** I agree and would add that the recommendations for treatments and procedures should always be sincere — no matter the amount. It is up to the client to decide the value and ability to pay. We also never make someone feel guilty about not being able to spend what is medically recommended — and we always try to work within what they can afford, whether it's through financing or a revised treatment plan.

**MS. ARONSON** What should you say? You should always say that you're there to help them. What should you never say? You should never say, “Well, you need this, and this is what it costs,” period. You have to explain to the patient why you're charging what you're charging and if you say it in the right way, like, “Well, if you make this investment now, you're not going to have to spend more money later to replace a lesser quality device that won't help you in noisy environments and that won't provide the clear sound you desire. This is the device you really need and we are here to try and help you figure out how to make it happen.” Lastly, when patients bring up Costco or some other big-box retailer, you should never say, “Well, Costco is bad.” Instead I say, “Well I'm not in competition with them on price, because I can't compete. But do you want individual and personalized service? Do you want someone who knows you, knows your hearing concerns and challenges and knows how to program your hearing aid to provide optimal results? If you want that level of knowledge, care, expertise and service, that's what we provide.” ■

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