Promoting Hearing Care Literacy to the Medical Community

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Brian Taylor:
Hello, and welcome to another Signia podcast at AudiologyOnline. I'm Brian Taylor. Today's topic: promoting hearing care literacy to the medical community. Health Literacy is the ability to obtain, read, understand, and use healthcare information in order to make appropriate health decisions and follow instructions for treatment. Health literacy is an important consideration when it comes to content on our websites and social media accounts, in the brochures we hand to patients during an in-person appointment, and any conversation we may have with patients and their family in the clinic.

After all, if a patient doesn't under understand our recommendations or our guidance, they are unlikely to follow any of it. Believe it or not, a patient's health literacy is a big challenge, and one that often flies under the radar. We know, for example, about a landmark 2006 report that was published in JAMA suggesting that only about 12% of US adults had a proficient state of health literacy. 12% is a really low number, and it was really surprising to me to read that in that 2006 report.

Given that many of the individuals we serve are older and have hearing loss, and are also prone to vision and memory challenges, ensuring that we focus on improving health literacy is really important for all hearing care professionals. But there's something that I think makes this an even more pressing issue, and another consideration that we all have to think about, and it's this. Now that OTC devices are available in a range of places, we can expect that an even larger number of people with hearing loss are going to be searching for information.

In fact, I would venture to say that one of the primary drivers for revisiting this topic and creating effective hearing care literacy materials is the availability of over the counter devices today. And I think that's going to increase in the number of people that are shopping around for their hearing care options. What I really believe is that we're likely

to see a big increase in the number of people going online, talking to their family and friends, and raising questions with their primary care physicians about their hearing device options and where they might be able to purchase them.

Therefore, it is critical that we have given ample attention to what educational materials we see and we use in our clinics and how we share that educational material, how we use it to interact with our patients and with physicians and other people in the medical community. I believe that those materials that we use to educate patients and physicians need to be high quality, they need to be vetted, they must be easy to see, they must be aligned to the literacy level of a patient, and they must be available in a range of places from your waiting room to your website to your social media account, and any interaction you might have with others in the medical community.

So today our focus is going to be on how we promote hearing healthcare literacy with the medical community, meaning primary care physicians, nurse practitioners, and like, those folks who spend a lot of time with older adults that have hearing loss. What does the medical community need to know about the consequences of hearing loss and treatment options, and how can we promote better hearing health literacy among these gatekeepers?

That's our topic for today, and I can think of no better person to talk to about this than Bob Tysoe. Bob is a marketing consultant based in Portland, Oregon. He has his own company. He'll talk more about that during our podcast. And I want you to know that I've known Bob for almost 20 years. He's a great guy, fun to talk to. He's a wealth of information on all matters related to hearing loss comorbidities. Every time I talk to Bob, I learn something new. I'm sure today's not going to be any different. And there's nobody better to teach you how to effectively communicate with the medical community than Bob. So I want to take this time to welcome Bob Tysoe to the podcast. Welcome, Bob.

Robert Tysoe:
Thank you, Brian.

Brian Taylor:
Yeah, it's great to have you here with us. I'm glad that you're not traveling this week, because it seems like every time I talk to you you're in some location in the country. Anyway, I thought we could kick things off, if you could maybe tell us a little bit about yourself and how you got into the hearing care profession.

Robert Tysoe:
Yes, Brian, thanks for that kind introduction. I too enjoy working with you for the last 20 years. We continue to work together, and that makes me very happy. Brian, I transferred from the or pharmaceutical industry to the audiology industry about 20 years ago after some research that had been published that verified that the pharmaceutical company marketing method, or model, would be very useful to audiology practices if they were to implement the same strategies to gain audiences with primary care doctors and specialty physicians and nurse practitioners and physicians assistants, and educated them about our role in medicine.

And I started with the same company that you were working for, and from there, I left the pharmaceutical industry to join Dan Quall's team in the Pacific Northwest. And I fell in love with the idea of being more engaged with doctors, and the idea that I could actually help somebody become a hearing person again after potentially being ignored for various reasons, whether it was the medical community, whether it was parents, whether it was a teacher.

And I felt like the ability to educate in order to obligate people to seek out hearing healthcare just caught my heart, and I have not left it. So as a former pharmacy

company manager, trainer, educator, carry the bag, so to speak, after 25 years of doing that, I was ready to accept the challenge of joining the hearing healthcare industry to help people get the kind of care that they needed. And it has kept me busy working with audiology practices for the last 20 years, helping them create physician outreach, marketing programs, education programs so that more people get the care that they need. That's my main motivation.

Brian Taylor:
Yeah. Now, let me just say as a side note, you talk about educate to obligate. I think the idea here in a nutshell is the better you educate physicians about the consequences of untreated hearing loss, the more likely they are to refer patients to you as a trusted consultant, or a professional that's going to help their patients. Is that, in a nutshell, pretty accurate?

Robert Tysoe:
Yeah, it's my experience the physicians respond positively, and we'll talk more about that as we go through the presentation.

Brian Taylor:
Sounds good. So the topic today is health literacy. So maybe tell us how you would define health literacy, Bob, and what do you think hearing care professionals can do to ensure that it doesn't fall through the cracks, so to speak?

Robert Tysoe:
Well, I use pretty much the same reference that you did, which is Harvard Medical School's publications on the topic. When I think about health literacy, whether it's hearing health literacy or just the term hearing literacy or health literacy, I think about patients who have never been educated on how to understand what a doctor is saying verbally in an exam room. I think about a nurse PACE manager over the phone trying to

manage a patient and they've got not only health literacy issues, but they've got hearing issues, which makes it even more challenging.

So for me, there's a great necessity for improving the task that audiologists must undertake to help physicians understand what the audiologist brings to a patient care team, and how the services that audiology clinics provide can help improve health literacy in the exam room. And there are a number of challenges that occur in the exam room in which we can discuss as we go through the presentation.

Brian Taylor:
Sounds good. Now, I know that in your role as a marketing consultant in the hearing care industry, you've spent the better part of 20 years in and out of a lot of hearing care practices, and with respect to health literacy, what do you see practices out there doing well, and where do you see where they could improve?

Robert Tysoe:
There's a great question, Brian. I see the clinics that do it well from that first phone call that comes in, I see clinics that have their antenna up for quality communication over the phone, for being effective at helping a patient, doing something as simple as making an appointment that's convenient for them and fits in with the doctor's schedule. That's where it starts. It can break down with the receptionist not being aware that the patient on the other end of the line does indeed have a communication problem that may be related to their hearing loss. That's the very first thing that I coach audiology practices.

And then from there, the clinics that I see doing things well is I see videos in the waiting room that are educating the patient while they're sitting there about the disease state of hearing loss, and about the possible remedies that the patient can avail themselves of from the provider who they have made the appointment with. So I really like

educational videos in the waiting room. I really like educational areas set aside with printed material, like you talked about, that's easy to read that's from authoritative sources.

That serves the purpose of helping the patient understand the physician's verbal instructions after the diagnosis and the treatment plan has been worked out, and then it helps them feel like the physician's reason for referring them to an audiologist is practical and in their healthy best interest. So that waiting room is a vital part of educating patients about hearing healthcare. And audiologists who do it well, they invest in the printed material. It's expensive, but they invest in it because it can sometimes remove barriers to accepting the treatment plan that an audiologist recommends. So it starts with that first phone call, it gains momentum with the material that's in the waiting room, and then, Brian, with an audiology practice, we don't take vital signs.

But at the front desk, what I find is that if the front desk person is cognizant of engaging the patient and letting them know how welcome that they are, how much we appreciate that they show up, and maybe to describe their level of hearing loss so that everybody in the audiology practice is aware of their difficulties and communication can take place more effectively.

Brian Taylor:
That's good advice. I wanted to pick your brain about some of the content of the materials. So based on your experience, what would you say are some good basic educational materials that you could use to raise somebody's health literacy?

Robert Tysoe:
Yep. Two things. One is I think posters on the wall that show the anatomy of the ear so that when the patient gets in the exam room, if they see that same poster in the exam

room, they can begin asking questions from the audiologist during the conversation. I think that's important. Where I typically, for the last 15, 20 years, get quality educational material about the disease state of hearing loss, whether it's about a surgical implant, whether it's about noise induced hearing loss, whether it's about tinnitus, I get them from the National Institute of Health. They create material that is not written for audiologists. It's written for the lay public so that they can understand more about hearing loss, more about tinnitus, more about cochlear implants so that the conversation, again, in the exam room is understandable to them.

So the National Institute of Health will supply as much literature as you order as many times as you order it, and it costs you nothing. Tax payers fund it, but you can put your own label on it and put your own phone number, fax number, address, and make sure that that's in your exam room. And it can be used for distribution in any physician outreach marketing strategy that they might decide to implement.

Brian Taylor:
So is that easy to find online? I'm assuming if you Google National Institutes of Health, you might be able to find that pretty easily.

Robert Tysoe:
Actually, it is easy to find online, pardon me, Brian, but I would make that readily available to anybody who contacts me at my email address.

Brian Taylor:
Okay. We'll share that at the end here. You've already alluded to this term patient engagement, and that's a term that you hear pretty often anytime health literacy is discussed. I would suppose that patient care in general is helped by patient engagement. I guess my question to you, Bob, is how would you describe or how would you define patient engagement and why it's important?

Robert Tysoe:
You know, Brian, the question itself provides some of the answers, to tell you the truth, and I have a nice definition here that I think you'll like and the audience will appreciate. Now, the definition of patient engagement is providers and patients working together to improve health. A patient's engagement in healthcare contributes to improved patient outcomes, excuse me. And information technologies can support patient engagement. Patients who want to be engaged in their healthcare decision making process, and those who are engaged as decision makers in their care, tend to be healthier and have better outcomes.

So we can't make the assumption that people don't want to be engaged in a conversation with a doctor. They do not want to be engaged in a decision with a doctor if they can't understand the doctor and they can't hear the doctor, or that they have poor healthcare literacy, of which you alluded to. Only 12% of the US population understands what the doctor's talking about. So there are a number of barriers there that we need to overcome, especially if there are mental health issues that are barriers to hearing healthcare providers.

Brian Taylor:
Yeah, that's really interesting because what you're saying, I think, is that it's almost like a chicken and egg thing. Without good health literacy, you can't engage the patient, and you can't engage the patient unless there's a starting point when it comes to health literacy. They go hand in hand, I see, in a really interesting way. We'll talk more about that. What I'd like to do now, Bob, is maybe shift our focus and talk about health literacy in the physician's office, and what are some of the obstacles to healthcare that hearing impaired patients face when they're with their physician?

Robert Tysoe:

That's another great question, Brian. I think the first obstacle is lack of education at the tertiary level for physicians, nurse practitioners, nurses, medical assistants about the disease state of hearing loss, and them not being able to anticipate problems for the patient. For example, giving a patient, regardless of who they are or their background, the only option of making an appointment is by telephone. Healthcare institutions tend to rely on patient on these portals, and that's a barrier there because not everybody is computer literate and not everybody is functionally medically literate.

So the challenge is in the communication process, and the other challenges in the educational process. A nurse practitioner will tell you they've never been trained in how to diagnose and treat hearing loss, and most physicians will tell you the same thing. They've had a two hour presentation in medical school on the anatomy and physiology of the ear, but not about the disease state of hearing loss, and how we go about taking care of it. So it's a huge barrier that audiology can overcome by seizing the high ground and introducing themselves to the medical community with quality educational material.

Brian Taylor:
Yeah. So tell us more about that. What role do you see the hearing care professional, the audiologist playing with respect to health literacy inside a physician or nurse practitioner's office?

Robert Tysoe:
There are two statistics that I see influencing the role of audiologists taking action to reach out to the medical community, Brian. One is that one in five Americans over the age of 12 years of age cannot pass a 25 DB hearing screening test. So that means one in five patients in any doctor's practice may have a communication disorder related to a hearing health issue.

The second statistic is that approximately 15% of the hearing aids that are fitted in the United States right now come fitted because of a physician referral. But it's also a disturbing statistic. What about the other 85%? How are those people's lives being impacted by untreated hearing loss? And that's where I see a major goal is to bridge that information gap between an audiologist and a nurse or a medical assistant and a physician.

If we undertake a physician outreach marketing program, not just for a week, not just for a month, not just for a year, but for the ownership life of the practice, the more interaction that we have where the physician and the nurse accepts the audiologist as being part of their patient care team, the more patients will get the hearing healthcare that they need.

Brian Taylor:
Yeah. Maybe share a little more practical advice on how a hearing care professional could set up such a program in a physician's office.

Robert Tysoe:
More practical advice? It would start with defining a geographical target market and Googling the physicians by specialty within, say, a five mile radius of where their practice is, or a 10 mile radius. In a rural area, maybe a 15 to 20 mile radius. But you start by building a population of potential physician clinics that have patient types in common with an audiology practice, Brian. And that would be family practice, internal medicine, geriatricians, endocrinologists, cardiologists, pulmonologists, and people who take care of them. You might not think so, but allergists see outpatient types in common. You might not think see an allergist as somebody that we need to educate, but they see a lot of people who smoke, and we know that cigarette smoke causes hearing loss, and those smokers show up in allergy clinics in droves.

So it's a matter of educating audiologists about which specialists have patient types in common, not just patients in common. When I say patients in common, I mean patients who have already been treated for that particular physician. But the physician also has patient types in his or her practice, and they may not be aware of the comorbidities that they have that are driving the pandemic of hearing loss.

Brian Taylor:
Right. It's good to know. I guess as we wrap things up here, Bob, I'd like to pick your brain about some of the goals around developing a physician marketing program, a hearing health literacy program for physicians. And I would assume that in addition to adding the audiologist or the hearing care provider to their care team and provide better patient outcomes and generate more referrals for the medical community, those would be some of the main goals. Is that about right?

Robert Tysoe:
Yeah, absolutely.

Brian Taylor:
Any other goals that come to mind?

Robert Tysoe:
Well, Pamela Packer, MD from University of Arizona, in an article published about 10 years ago on the comorbidity of diabetes and hearing loss advocated clearly that audiologists should be part of the physician's patient care team. They should be collaborating in the comprehensive care of the patient so that you minimize impairment and maximize function. So I think that it's important that audiologists know that they're already empowered by their peers in medicine, and are welcome to join in with the medical community and partnering in the overall healthcare of the patient.

So we start by defining that target market, and then putting promotional materials together that educate the whole staff. Everybody in a doctor's office contributes to the patient care outcome, whether it's the physician, the medical assistant, the nurse, the clinic manager, the referral coordinator, even the receptionist. She takes that call when somebody calls in and says, "I saw the doctor yesterday. He gave me some samples of medication to try to see if it would work or see if there are any adverse effects, and today I cannot hear."

And there we have an emergency that needs to be handled appropriately, and so I say that if audiologists takes a responsibility of sharing clinical research about comorbidities and what is urgent and what chronic care needs to be taken care of by an audiologist, if we share our information, then more appropriate referrals are made to the specialist like an audiologist who can help solve the problem on behalf of the patient and the doctor.

Brian Taylor:
Let me just add to what you said, Bob. I think that it seems like every week there's another peer reviewed article out there that talks about the link between untreated hearing loss and the increased risk of dementia, cognitive decline, or some other chronic condition. And all of those articles really need to be shared with the medical community, the folks that you mentioned a few minutes ago. And I know, just to wet people's appetite, on the bookshelf behind me I have a three ring binder from you that's about six inches thick that has probably 50 or more peer-reviewed articles in it that you can drop off at a physician or a nurse practitioner's office just to raise their awareness around this link. So with that all said, is there any other final thoughts, any other comments you want to leave our listeners with on this important topic?

Robert Tysoe:

Yeah, Brian, as far as patient engagement in the audiology practice, I would like to point out some research that was conducted in the United Kingdom about customer retention. The UK has been called a nation of shopkeepers, and they've also been called a nation of customers of those shopkeepers. Shopkeepers in the face of major retailers competing with them, people wonder how do they stay in business? How does an audiologist stay in business with the challenges that they are facing with over the counter hearing aids, with more competitors out there where patients can go and get care?

And I think the answer is in the marketing research that was done with the UK customers. And when people were asked, "Why do you keep going to your little neighborhood shop that's in a garage with just minimal products like sugar and salt and pepper and milk and bread, why do you keep going there?" And the answers is astounding. It's so simple, but it's astounding. 25% of all of the shopkeepers patient's stay with them for the whole of their lives for two reasons.

One, he or she always smiles at me. Two, he or she always uses my first name. So if we're talking about how audiologists can hold onto patients, can get those patients engaged in their care, then it starts with those emotional interactions that create intimacy and encourage people to keep coming back to a person that they like, respect, and trust. I think one more thing, and then I'm finished for the day, Brian, is price is a barrier to care. But let's simplify what we mean by price. Not cost. Price is the ratio of benefits to value.

Hearing aid manufacturers, automobile manufacturers, cell phone manufacturers, they market features, but patients, they don't want to buy a feature. They want to buy what's in it for them, which are the benefits of the treatment that they're going to get. And the more we explain the benefits of the care that we are going to provide so that

the patient understands the value, then they're more likely to pay the price. And I encourage everybody to focus more on benefits more than they do features.

Brian Taylor:
I think that's really good advice, especially in light of all hearing aid manufacturers, it seems like, about every six to nine months launch a new feature, and it's easy to get caught up into the cycle of technology.

Robert Tysoe:
When people buy a hot water jug to make hot coffee in a hurry, they don't care about the jug. They care about what the jug does for them. I get my coffee sooner. I can drink it in the car. I can get to work on time. That's what they're buying. They're buying the benefit. They don't really care about the jug. They're buying the value that the jug provides.

Brian Taylor:
Mm-hmm. Exactly. So just to summarize here, Bob, this has been a great very informative conversation, and I want to remind our listeners that I think the benefit to their practice, or maybe the goal of focusing on boosting hearing health literacy and physician marketing, is that the medical community will add you, your clinic to their care team of specialists who's a go-to person when it comes to hearing care. I think another benefit of hearing healthcare literacy programs is that it leads to better patient outcomes for obvious reasons. Better patient engagement leads to better outcomes, because people can actually understand what you're trying to convey to them. I think another byproduct of focusing on hearing health literacy programs is you get more referrals from the medical community.

And I think a fourth one I learned from you today, basically, from what you just said, is that when you focus on patient engagement and on hearing held literacy, you create a

place your clinic where everyone knows your name, like the old "Cheers" sitcom. So thank you for that. You're the Norm of physician marketing, if anyone knows the show "Cheers" from 30 years ago. Anyway, I want to make sure that people know how to get in contact with you, Bob. So if you could tell us your website, your email. How can people get in contact with you and learn more about your incredibly effective program?

Robert Tysoe:
Thank you, Brian. People can contact me at robert.tysoeo, T-Y-S-O-E, @netzero.net, and they can contact me at my cell phone, 503-863-9250. I do have a website, www.audiologypracticemarketing.com. And Brian, thank you very much for the opportunity to talk here. It's an opportunity to change that 15% number in the face of over the counter competition, and it's an opportunity to grow the value of the practice. It's an opportunity for stability of the practice, and people who went who develop hearing healthcare education programs that enhance patient literacy and patient engagement, people who do that will benefit from it, Brian. I have been doing this for over 20 years, and I would say that my success rate in adding new patients to an audiology practice with a physician outreach program is somewhere between 85 and 95%. So doctors and nurses are just waiting for the audiologist to show up.

Brian Taylor:
Exactly. That's been my experience as well, going back 20 years or more, when I was heavily involved in clinical practice, just showing up and being knowledgeable and making sure that you take a good efficient care of their patients. You don't try to pressure them into buying things, but you take good care of them and you're honest and your forthright in your approach goes a long, long way. And I think all the things we're talking about today are so timely, because, as I mentioned in my opening monologue, I really do believe as OTC gains more awareness and traction out in the marketplace, more and more people are going to be searching around for their options, and having good, high quality, vetted educational material that's aligned to the

person's health literacy is going to be more important than ever before. And in a lot of ways, you're about 20 years ahead of your time here, Bob, with all the stuff you talked about that I first learned about back in 2004.

Robert Tysoe:
Brian, over the counter manufacturers won't help a doctor improve the patient's healthcare literacy. Audiology practices will do that. They will not help improve patient engagement. Audiology practices will do that. Audiologists know how to overcome depression in an exam room. They know how to overcome poor health literacy in an exam room. They know how to overcome depression and other mental issues that the physician is struggling with that may be alleviated by the treatment of tinnitus or the treatment of a hearing imbalance disorder. Audiologists have it within their power to change the dynamic of healthcare, not just hearing healthcare in the United States. And I couldn't be more excited for them by the challenge and by the opportunity in the years ahead.

Brian Taylor:
Well, I think that's a great place to end our conversation, Bob. Thanks again. Bob Tysoe, a marketing consultant owner of Audiology Practice Marketing. And all of your contact information, bob, I'll put in the notes that go along with the podcast so people can click on the link. Some of the articles we talked about, I'll make sure those are linked in there as well. So great to see you, Bob, and thanks again for your time. Really appreciate it.

Robert Tysoe:
Thanks very much, Brian.