Telehealth & Tinnitus: A Sound Connection

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Presenter: Ben Thompson, AuD

- All right. Well, I'm excited for everyone to be here. My name is Ben. It's a pleasure to meet you. And I'm going to get things started with our, Telehealth and Tinnitus: A Sound Connection webinar. This is hosted by AudiologyOnline, and I am an audiologist myself from California. So really glad to be here with everyone.

- Hello, I am so happy to welcome Dr. Ben Thompson to this series. Dr. Thompson is the founder of Trouble Health. He previously has experience working at UCSF Medical Center in San Francisco, California. I became aware of Dr. Thompson as he began to launch Trouble Health. His telehealth based Tinnitus Treatment platform. As we know, tinnitus affects millions of Americans, but unfortunately, access to evidence-based tinnitus, evaluation management, and counseling and care from trained, skilled, passionate providers has been limited in many communities. There's been no one available to help them beyond the hearing aid. Dr. Thompson has harnessed technology to improve accessibility to expert tinnitus care and support. He recently brought experts together from around the globe to share research tips, tricks to expand scope and reach of tinnitus treatment.

I heard the event was amazing. Dr. Thompson is an innovator and out-of-the-box thinker and represents the best of the next generation of audiologists and industry leaders. I am honored to have him as part of this innovation series. Please welcome Dr. Ben Thompson, Dr of audiology and founder of Trouble Health.

- Thank you so much, Kim. I am glad to be here. For those of you who are here live, we see that there's 35 of you. I would love to learn more about you. So moderator, if you can open up the Q&A, open up the chat just to have some feedback, some live feedback would be great if possible. And if you guys have a questions, please ask during the chat, I'll try to address them. But we will have a Q&A section at the end as well. So I just really want to acknowledge you being here and try to make this as engaging as possible. Some disclosures, though, I'm the CEO of Treble Health. I

received an honorarium for presenting this course, and I have no relevant non-financial relationships to disclose.

Okay, so for this course, I tried to put myself in your perspective of I'm an audiologist who works in a clinic who sees patients. Some of them are tech savvy, some of them are open to telehealth. How can I provide something that's valuable to them and I'm saving and efficient to me? So after this course, I want you to be able to explain the steps needed to launch a telehealth service in your clinic. To discuss how to decide which kind of services you'll offer to your patients, and select the services you'll start with if you don't already do this. And then finally, describing how to select a pricing structure to use in your clinic, because we need to choose what you're offering, how you get paid for it, how much you're charging.

And then training your team to make it actually possible to launch it and start testing it. So we're gonna touch some elements of this, but right now, what is telehealth? You probably know this, but it's performing healthcare services through technology that can include video consultations, health monitoring, online health education. We saw it becoming increasingly popular during COVID, of course. And then there was a deflection in the adoption because many people just went back to their old habits and didn't necessarily build in further and further systems for telehealth in their clinics. The obvious benefits for the patients are they don't have to travel to appointments that aren't necessary for them. So it gives them convenience and accessibility.

If a patient was driving an hour to see you because they live in a more rural place. Now, they can do a follow-up session from their home. The benefit for you is increased efficiency, saving time on appointments, reducing administrative costs. All of these add up when you do telehealth at scale. But if you're just starting, it's important to recognize these benefits as well. I would say the main benefit of using telehealth is, it's never going to go away. It's never going to be less popular than it is right now, in my

opinion. Telehealth appointments, they offer a convenient and safe alternative to in-person medical visits as well. Okay, so for tinnitus. Now, I worked in multiple clinics, ENT setting, hospital setting, university setting, private practice setting, the VA, and a nonprofit.

So I actually, I've worked in almost every single, you know, clinical environment in audiology. Some of those were during residency in San Francisco. Some of that was work experience in the field, and some of that was in the university hospital where I went to my graduate program. Regardless, I know that telehealth has a place in all of those clinical settings. So I'm going to talk mostly about the private practice or the ENT or the private setting in this. But it really applies to all types of clinical settings here. Audiologists work most closely within these patients, ENT physicians as well. Psychologists, other specialists that can help, that can be your referral partners. They can all utilize telehealth, but the tinnitus patient, in my opinion, is the most telehealth friendly subset of audiology patients.

So if you can do telehealth and launch it with any group, it should be with tinnitus patients, in my opinion. Some basic terms. So there's two types of telehealth. One is live, one is, you know what's called asynchronous. So live called synchronous video calls, live hearing aid adjustments, remote fine tuning, realtime changes to devices, realtime counseling. Asynchronous is also called store-and-forward, where your patient might ask you to change something in the devices, you send an update through the app and boom. Not every hearing aid manufacturer can do it, but for the ones that can, it provides an advantage in the telehealth world for efficiency and satisfaction for the client. All right. So I see that there's 37 of you here.

I really want you guys to just think about what are the main takeaways that you need from this webinar? I want to give you something that's valuable and I'm sharing some basic information, but I'll go in depth and I'll try to leave time for Q&A at the end,

because often that's where the most helpful information is. So really what you need, these are things that you probably already have, and if you don't have anything here, it's probably just a nice webcam. Costs about $150 to get a nice webcam. You can put either on your desktop, on the top of your monitor or on a laptop, and then you can have these sessions, video sessions. It's preferred over Zoom.

For example, for the hardware, just the web camera, you probably have everything else here. Maybe a nice headset with a nice microphone that's optional. But even the Logitech webcam that you would put on top, that microphone is good enough, I used that for a long time. The software needed. In your clinic, you must have HIPAA compliant, Zoom, Gmail or other mail services and scheduling tools. Depending on what kind of software you have for your scheduling tools, they may offer a telehealth option. Don't make this more complicated than it has to be. As long as the patient can have the link to the session, the link to the telehealth session sent to them in an automated fashion.

That is what you should design. That is what you should build out. Work with a technology person, work with an IT person if you need to. If you're just getting started, it's okay to just manually send. Have your support staff manually send a Zoom link so you're sure that the patient gets it. But that's the point of friction here is are they going to show up to a Zoom session? I think most people know how to do it. You just need to make sure you get the right messaging to them so that they have the link, they can press it and boom. For your patients, what they need is either a laptop or a smartphone, and they need Zoom.

If you're doing these telehealth sessions and you're working with devices, right? If you're doing programming or fine tuning of devices live, then you don't want the patient to be doing a Zoom on their smartphone at the same time that you're connecting to their hearing aids through their smartphone. So you want them to be

doing the sessions on the laptop, and then if it's a follow-up session or something simple, they can do it from their smartphone. Any newer smartphones should be able to run Zoom, for example and that's the system that we're currently using with our team. What about otoscopy? So otoscopy is absolutely required at the time of the hearing test. We wanna rule out medical red flags.

We wanna rule out a medical cause of tinnitus, as this is focused on tinnitus. So 99% of cases of tinnitus are not fixed with a surgery or a medication. That's the ENT's job to rule that out. You may be doing the hearing test as a part of that ENT evaluation. Once you have the physical ears checked for ear wax, ear infection, otologic concerns, middle ear pathology and anything abnormal in the ears, then it's, we're moving that tinnitus patient into more of the therapies and treatments path. And if you work with hearing aids and you offer that to your tinnitus patients, then you're already offering one of the principal treatment approaches for tinnitus. When you're working with these tinnitus patients, they might not want a hearing aid for their tinnitus.

So use your language carefully and we'll get into more of that in a little bit. Telehealth appointments cannot look into the ear for otoscopy. That's one of the big negatives or the important considerations with telehealth. We're not looking into the ear, but when there's a need for otoscopy depending on the situation, that patient must go to a local audiologist or a physician in ENT clinic for that inspection. Remote hearing aid programming. It often sounds intimidating and maybe learning and doing the trainings for how to press all the buttons and set the software can be, but once you get into the flow of it, it's pretty simple. So if you're, I imagine most of you have dabbled or considered it because during COVID you sort of were expected to.

And what I've seen is that people were using this, or at least training on it and being more familiar with it during COVID, but then once COVID stopped, the use of this kind of dropped. And really the only way the patient is going to know about this is if you talk

about it. It's unlikely that they're contacting your clinic looking for an online solution. They're contacting your clinic expecting an in-person solution. So at the in-person appointment, it's the best time for your role of being a clinical audiologist, in my opinion, to bring up the functionality of remote hearing aid programming and setting up the software so that you could activate it for that patient if needed.

You get to decide, you know, what is your criteria. How tech savvy did the patient have to be for you to bring it up? Obviously, you're not gonna bring this up to every single patient that walked in the door, but for those that could benefit from it, it's a feature that really separates you from others. So to do this, you just need internet connection. You need the hearing aid programming software. You need Zoom or some form of video conferencing software. I work with a team of eight audiologists, including myself, and we do remote hearing aid, programming adjustments every day. And we work with a few hearing aid manufacturers. Some they have their pros and cons based on what they can do.

Some can only do live, synchronous adjustments. Others can do the store-and-forward asynchronous adjustment through the app. So that's noteworthy to understand which manufacturers can, which can't. If you guys have questions about that, you can ask me and I'll answer in the Q&A. And then some of the manufacturers offer the video conferencing software in their hearing aid software, and that just gets a little confusing to me. What we typically do is, if we're considering a hearing aid adjustment live, right? We would have the patient log in through their laptop, just start the Zoom session through your laptop, and then you'll have your phone that we can look at and use on the side, just separate those two or any possible hearing aid programming sessions.

What you don't need for remote hearing aid programming. You don't need otoscopy, you don't need earlier measures, and you don't need VNG equipment. I mean, obviously you're not using any of these during the remote programming sessions, but

you do need all the tools listed above. If we could run really your measurement remotely, we absolutely would. It's just that technically speaking, you can't at this time. Hopefully that changes. And there's ways to verify. We have institute audiometry with the different manufacturers of these hearing aids. So when you're programming tinnitus masters, when you're getting in there and setting sound therapy for tinnitus, when you're programming hearing aids for tinnitus or hearing loss, being able to run into do audiometry is an important step.

From there you can deduce what's happening here. If things aren't going well based on patient response, you can understand what that test is. Is it something in the device? Is it something potentially in the patient's ear that would warrant an in-person visit to confirm and verify? Or is it smooth sailing? And you can do your adjustments and get your positive feedback from the patient live. Here are some benefits that you may expect from using telehealth or tinnitus. Number one, just differentiation amongst your competitors. You know, like a hearing aid clinic that just sells hearing aids and has some specialists who don't go the extra mile. They're probably not offering this. So you have that specialty care, the concierge service.

For the patient, you're giving extra accessibility, continuity of care. You're able to reach more patients because you can reach them with a wider geographic area. And I would think of this for most people that come into the clinic, it's kind of a bonus. Unless you're really advertising this on your website. Which I don't imagine many in-person clinics do, then it's a bonus for the patient. They come in, they say, "Okay, I'm here to get help with tinnitus. I want tinnitus treatment. You provide the treatment?" Part of that's going to be devices. That's what we do as audiologists. No one else does that as well as us. We need to keep offering that to our patients.

They really benefit from it. And then you give them this bonus of the remote care adjustments of, "Oh yeah, you don't need to come in for a follow-up visit. We'll make

sure the devices are working well. We can have a Zoom session and you can stay at home and save an hour of travel time." Maybe you don't have to take a half day off of work. Giving them that option. And if they want it, then that's you serving the patient. You can also involve family members at home and prevent unnecessary trips to the clinic. Here are some risks of telehealth for tinnitus. You're risking that you blocked out 15 minutes, 30 minutes on your schedule to meet with this patient, but there was issues with connectivity.

Their phone didn't work or the internet was down. So there's issues with connectivity. Potential unauthorized access by third parties, and knowing that some problems can only be solved with an in-person appointment, but that's expected. Those are the risks or things to watch out for as you're implementing more telehealth. Clinical training for tinnitus treatment as an audiologist. You are one of the most highly trained professionals in the world of tinnitus. So when you see a patient who has tinnitus, never say there's nothing you can do. Never respond to them immediately after you tell them the results of the hearing test by saying, "Sorry, there's no cure for tinnitus and I can't do anything for you." That creates a worst state of tinnitus.

If there's any message I have is, is to explain to patients, "Yes, you have tinnitus. Here's what the hearing test found. We have solutions for you whether you have hearing loss or not. Here they are. Here are some considerations. And I'm here to help you." That really calms down the limbic system. Gets that person out of that fight or flight state. Where they're going to your clinic looking for answers for tinnitus. Maybe they've already been told by other doctors, there's nothing they can do. So give them hope. Realistic science backed hope. Yeah. CBT, cognitive behavioral therapy. That's performed typically by a psychologist or therapists. There's a study that found that internet-based CBT care can be supported by audiologists or performed by audiologists and has shown success with patient outcomes.

So what does CBT really mean? Well, that's for you to, you know, take a training, take an online course. Go to some webinars like this. Go to some courses. Look at some YouTube videos of CBT for tinnitus. Just get a basic understanding of what you can provide as an audiologist. And then you can consider, do I wanna offer this style approach or do I wanna offer a tinnitus retraining therapy style approach? Regardless, both, I recommend that you as an audiologist, recommend sound therapy treatment plus one-on-one coaching and counseling. That's the foundational approach to helping patients with tinnitus. But there are these two protocols that you can study and follow and understand what's within your scope of practice, what do you feel comfortable doing?

And if you can provide these to the highest level of your ability, then the patient will be very grateful. If you're reaching your limits with certain populations, certain patients, maybe moderate to severe tinnitus, then have a referral partner. Either have an audiologist that specializes in tinnitus or another service or some resource that is hands-on and is going to really help people that you can refer these patients to. Psychologist, audiologist. Really someone who can take it from there and serve the patient. We measure tinnitus improvement through the tinnitus functional index or tinnitus handicap inventory. Here's an example of how frequently we test the questionnaire with our patients. This is the ideal frequency. At the beginning, 3, 6, 12 months after or during treatment.

You can understand how they're improving and use that as a counseling point. You'd be amazed how much better these patients can get. And the TFI is a way to capture that. It's very common multiple times per week that we have people who graduate from working with us in our program and they have highly effective treatment outcomes. That can be going from an 80 to an 80 out of 100 on the TFI to a 3 out of 100. So from a very big problem to not a problem at all, and having moments of quiet that can happen within six months. And that's the message that needs to be shared with

patients because leaving it, having a simple response, not really offering a solution, you're sending the patient out to kind of try it on their own and those results are not as effective as what you can likely provide them.

All right, great. So we do have a live question. I'm going to just check the time to make sure, yeah, we're doing great on time. So the question is, "Could you recommend some licensed providers on CBT and TRT exclusive for tinnitus?" Absolutely. So the Gasroparesis do a course. I can link that below or I can link that to you guys. The Gasroparesis offer a course that's like a three or four eight training on Zoom. I did that one, that one was great. And then there are other courses. There's online CBT based course for tinnitus by a man from England. And that's where I would start. I would start with one of those two courses. If you're looking to go deep, I would start there.

If you're looking to just get some general information. There's a lot of YouTube videos that are very friendly and helpful with this. But to get certified TRT tend retraining therapy or CBT cognitive behavioral therapy for tinnitus. For audiologists, that's where I would go. Thank you, Agnes. If you guys have other questions, please do ask in the Q&A, just anything. I've been spending the last five years of my life a hundred percent focused on tinnitus and interacted in some capacity with thousands of patients who give a lot of feedback. So if you have a clinical question, what do I do with this kind of case? What do I do with a patient with normal hearing and tinnitus?

Ask me in the Q&A, I can respond. If you have a question, something like, how do I program hearing aids for tinnitus and how do I communicate that to the patient? I'd love to talk about that too. So I just really wanna understand what you guys have in mind in the Q&A, and I'll answer that. All right, next step to launch your program. So next week or the week after, could it be possible that a patient comes to you with tinnitus and that's their chief complaint? You do the hearing test, chose mild hearing

loss. They don't really have a problem with hearing loss, but then you are able to counsel them and explain, you have tinnitus, I specialize in tinnitus.

Here's my program that has helped people like you, and this is the system that I'm following and this is what I recommend you try. That's a very powerful recommendation for someone who's struggling, who's in most cases desperate. This is going to be a helpful tool for them. So if you don't offer them this treatment, then what are they doing? They're trying to figure it out on their own. So I think with your experience as an audiologist, you're very qualified to start seeing patients if you are not already. And if you are, then that's great. Hopefully this presentation gives you some more insights. But what do you need to really get this started? If you wanna take a screenshot, a photo on your phone of this page, I think this would be helpful, right?

I don't wanna buldge you with information. You can go really deep in the world of tinnitus, but we just wanna get started if we're not already. So the next step to launch telehealth for tinnitus may include getting your video conferencing tool set up. Do you have Zoom? Is it linked to your scheduling software? If you wanted to schedule a tinnitus telehealth patient, how would you do it? Could you even do it right now? What's missing? Most likely the Zoom link, integrating with the software, the scheduling software, the auto reminders, making sure the patient shows up. They have the Zoom link in their email, et cetera. If you can handle that part of it, then you're golden.

You need to create certain appointment types for telehealth. That shouldn't be too hard. You need to train your staff on how to use video conferencing tools and how to communicate that with patients. Yeah, you can't just start this tomorrow and expect your front office staff to know what it is and what is not. You need to give them a little training, try to tell them, "Hey, this isn't anything crazy. It's just that we're seeing some patients over Zoom." So when patients ask about it, that's what it is. Just try to keep it

really simple for them. And then this is an important one, determine the cost of your services. We'll talk more about this, but we've tested different things with patients who have tinnitus and a bundled treatment offer, I find to be very powerful.

Offering devices for tinnitus plus a number of appointments over a period of time. And you can offer that as the treatment for tinnitus. So if I am working at a clinic called Forest Pine Audiology, then maybe I'll brand it. Maybe I'll say, this is the Forest Pine Tinnitus treatment. Here's what is included. Here's the total cost. I'm ready to help you. I'm excited. Here's the research of why I believe this will work. There's a 45 day money back guarantee because of the trial of these devices. That's the angle I would take, right? You have nothing to lose. You're really struggling with tinnitus. You need help. Here's what I offer. That's more or less the quick, you know, counseling of inspiring someone to see hope and to get help with tinnitus.

Because the help you can provide can dramatically change their life. They may not it, you may not believe it at this time, or you may not have had that many experiences where someone like dramatically changed because of your tinnitus treatment. But that happens all the time for those of us who specialize in this, and maybe it already happened for you as well. All right, so let me do a quick time check. It's about halfway through the presentation. We're doing fine on time. I do want you guys to ask random questions in the Q&A, whatever you're seeing and I'll answer them as we go. So we have a question that says, "I'm in a VA setting.

I'm having trouble figuring out which procedure codes to use for fitting of non-hearing aid devices and follow-up visits, both in person and remote." I'm not gonna be able to answer that question just because if you want to add a follow-up, what kind of non non-hearing aid devices are you trying to bill for? I'm not quite sure what you mean by that sound machines and then theres maskers. Patients with normal hearing, just give me a little more clarification and I can try to help with that. Okay, so how this all started

for me is that I was working as an audiology resident, as an extern in San Francisco at UCSF Hospital, which is a University of California Hospital.

And on my schedule to have a tinnitus appointment, to have a tinnitus consultation, 90 minute tinnitus consultation, which included diagnostic hearing test plus initial counseling. We charged private pay for those visits. You can basically take your hourly rate and you can say, "Okay, what's my hourly rate times one and a half hours." That's more or less what we charged at the clinic and the patients would pay it. That's one way to operate the cost, which I'll get into in a little bit. So I saw in my schedule that this patient in San Francisco, they're in their chart note, it said they were from Lake Tahoe. And if anyone knows California, you know that Lake Tahoe is maybe three and a half or four hours from San Francisco.

So I asked this patient, is it true that you live in Lake Tahoe? And she said, "Yeah, I went to an ENT doctor. I went to an audiologist. They told me they didn't have anything that they could give me. They said that there wasn't anything seriously wrong and they gave me a pamphlet and that didn't help so much. So I went online and I started looking for options for help with tinnitus. And I saw that in San Francisco there was a center that specialized in it so I drove here to get help." Other than the hearing test, the entire appointment was talking. The entire appointment was counseling. We didn't do a device fitting in that first appointment.

When that patient left, she was very satisfied. She got clear information on what's causing the tinnitus what she can do about it. A toolkit that she can use so that when she leaves, she knows how to manage this what to do is a timeline, she has hope. She knows this isn't something that's going to, you know, be a major problem in her life much longer. And she left very grateful and very hopeful. Really, after that moment, I asked myself if a patient will drive four hours to get help with tinnitus and all I did in the

appointment was counseling, then why not just do this over Zoom? This was in 2017, 2018. So that really stuck with me.

And being in California, there's a lot of technology, a lot of progressive technology conversations. So I just, I sort of put that in my back pocket and said, "Wow, there's a real opportunity here if this patient will drive four hours." Since then, I've offered telehealth services. Started working with medical devices for tinnitus, programming hearing aids, and doing remote fine-tuning of devices. Our model has changed over time, but pretty much how it is right now is, and anyone can learn this by, just going online and seeing what we do. We offer a one-on-one consultation to learn about tinnitus treatment. We offer a bundle of devices which include the hearing aids, sound machine, a Bluetooth sleep headband, and then we include a number of appointments.

We also include email, text service that's part of this. And we have a group coaching program. So that's our bundle of the tinnitus treatment. And that's what we currently offer. And the patients make a decision and then they work with us for, on average between two and three months. That's about what the bundle includes. And then at that point it's 50/50, some people, half the group can self-manage the condition and don't really need us anymore. Or they check in every now and then. And then the other half of the group want more one-on-one sessions and appointments. So it's a semi unbundled offering, but it's mostly it's bundle, this tinnitus treatment bundle. Hopefully that was helpful just to kind of lay out the example and put yourself in the position of the patient.

They're looking for a solution. Can you offer a solution that's science backed, that's convincing? Do they have confidence that you're gonna help them? And can you show relief for their tinnitus during the manufacturer trial period of the device? I mean, if you can do all those things, and you have good skills within dealing with patients patients, then you absolutely will succeed at this, I have no doubts. All right, there's a follow-up

question from anonymous that with explaining how there's some questions about how do you bill insurance for visits including counseling? So most people don't bill insurance for counseling. That's you at the VA, so it's a bit different. I don't know. That's a good question to ask some VA colleagues.

Thank you for asking and if anyone else has any questions, please, please do ask. Okay. Pretty much spoken about all this. But you know, my advice is just start with something. Just offer a tin treatment solution and go with that. And bundling the devices with the services is a great approach. Okay, so what are the things that I've tried but didn't work? Lots of them. I've tried lots of things. I tried a group coaching program very early at a low cost, just offering the group coaching at a cost. I wouldn't do that, I wouldn't do that again. Now we offer the group coaching to our active patients. That's a much better model. It's sort of like a bonus instead of having someone pay a small fee, you can offer as a bonus if they sign up for your treatment.

That might not make much sense to a clinic that sees a handful of tinnitus patients a month. But for us, it makes sense. All right, we have a question again from Agnes. Great. Thank you. Agnes asks, "Do you follow any specific protocol in AX and TX?" If you can clarify what that means, I'm not quite sure what that means, AX or TX. Okay, other things that I've tried and it didn't work. At the very beginning, I was structuring my appointments like other sister profession, like psychology or therapists. I thought, well, tinnitus patients need a lot of counseling, so maybe I should just follow the appointment structure that other counseling professions have. But I started offering 50 minute sessions or hour sessions with patients, and that was too long.

That was not good for my mental health and it wasn't really productive for the patients either. We're not providing therapy. We're not providing psychology based intervention. We're providing audiology based intervention. Mostly informational counseling and sound therapy, guidance, and then coaching around sleep and stress and just calming

the mind and calming the body in relationship to tinnitus. So that was an important lesson where once we switched to half hour appointments for our follow-up sessions, then it is just more sustainable for our providers and for the patients themselves. There's other things that I've learned and failed along the way, but you know, some of the big ones being, I don't recommend offering your treatment. As we have hearing aids for tinnitus, if someone comes in and they say... If someone came into a doctor and said, "I have a headache, my head really hurts."

And then the doctor responded with, "Well, why don't you take these vertigo pills?" You would say, "I don't need vertigo pills. I just need headache treatment. Is there headache pills?" I mean, I want something that's specific for my symptom. And the doctor says, and this is not medically accurate, but the doctor would say, "Oh, well, these vertigo pills actually are the best treatment for headaches." And the patient would be confused, maybe not trust them. It's a similar thing that's happening for many of us audiologists in a clinic with hearing aids. The patient says, I have tinnitus, I have this loud sound in my head or in my ears.

You do a hearing test, you find a hearing loss you. That's the opportunity where you're in control. You're in the driver's seat and focus the consultation, focus the appointment, focus the results, focus all of the appointments on tinnitus. Especially when you're reviewing the results. Of course you acknowledge a hearing loss and discuss how that's related to the cause of tinnitus, but not the only cause. And then you focus back on the tinnitus. The reason we're recommending tinnitus maskers, which is a phrase you can use, the reason I'm recommending tinnitus maskers is because they're one of the best treatments for tinnitus. If they ask specifics, of course you'll say, yes, these are Bluetooth, medical grade hearing aids that are programmed for tinnitus.

There's special programming that I do that makes them very effective tools for tinnitus. Notice how different that is than to just say, well, you have tinnitus and we can do a few things as audiologists. We could try hearing aids, right? Using that lang, we could try is a bit. And there's not much confidence in that, right? So there's subtle things here, but just know that someone with tinnitus is desperate. They probably have done a lot of research. They probably don't know what an audiologist does, and they don't really know what sound therapy is. So just keep it really simple. Lean on research, lean on examples. I like where this is going. I think this is really helpful.

Hopefully this is valuable, but some of these counseling tips are super, super important. All right, very good. So Agnes, you're asking about assessment and treatment. Assessment. Do a comprehensive hearing test. Don't do acoustic reflexes on tinnitus patients because loud noise sensitivity, hyperacute. Test OAEs, test high frequency audiometry perhaps, and use that information to diagnose their tinnitus and to recommend a tinnitus treatment solution, which I had spoken about earlier. That's it. Don't overcomplicate it. I think many of us, myself included at the beginning or when I didn't feel so confident in working with tinnitus patients, I thought I had to know everything. I thought I had to become a therapist. I thought I had to know every single possible question that the tinnitus patient would ask, but not true.

I just needed to help them in the highest ability I could with my current knowledge and understanding, which happened to be better than anyone else in my local area. Because I'm an audiologist who understands the year and understands tinnitus. All right, I'm gonna move forward. We'll have time for Q&A. For those of you who manage your practice, for those of you who are private practice owners or have an interest in business, private practice marketing. These things, which I personally do. What I've learned about reimbursement is that few insurances offer direct tinnitus treatment codes. The insurance billing here, if there is an insurance benefit for hearing aids, then it can be used as part of your tinnitus treatment.

If there is a hearing loss diagnosed on the hearing test, then you can bill for hearing aids, and that's part of your tinnitus treatment. We might use the term tinnitus maskers or even ear level sound generators or sound generators. But practically speaking from a diagnosis standpoint, from a medical billing standpoint, their hearing aid. Reimbursement for just counseling, for just the one-on-one coaching or the counseling. It's rare to find that from any specialists. So don't expect that. Charge private pay for this. You can see the bottom of this slide says, can you bill for it? Or do you have to do private pay? So some clinics, this is getting into the technical piece of this, don't get overwhelmed by this, but sometimes if you're charging private pay for certain services, you might have to do so under a separate business entity within the same sort of organization.

Just be mindful of that. And this is stepping a bit outside of my area of your expertise, but just be mindful of, can your clinic charge private pay for hearing aids or for certain services like tinnitus treatment? And just make sure that you counsel your team and the powers that be at your organization that you're able to. Marketing and branding. So is your clinic perceived as a clinic that can help someone with tinnitus? Really zoom out here and put yourself in the shoes of someone who has tinnitus tomorrow. Well, maybe Monday, who on Monday they have tinnitus and they decide, I need to get help with this. What's the first thing they do? They'll go on their phone.

I mean, what's the first thing that you would do? Would you contact friends? Would you go to your primary doctor? Would you search on Google Maps? Would you just search on Google? Would you search on YouTube? Go through that patient journey and ask yourself, however someone ends up learning about your clinic, is there information that suggests you're going to help them with tinnitus? So for most of you, that mean the referral partnerships you have with your doctors, with the physicians, with ENTs. Do they know you can help someone with tinnitus? Do they believe there is

any help for tinnitus? Do they have physical materials like a simple brochure or a simple pamphlet, or even a one page printout that has your logo at the bottom and your phone number that they can give to those patients and say, Hey, I don't have anything for you, but you're gonna be in good hands.

Go to Forest Grove Audiology because they have success treating tinnitus patients and they can help you. That's probably the most realistic place to start in terms of marketing and branding. And then on your website, maybe on the first page, maybe in the menu, have something that mentions tinnitus treatment and have a face of one of the doctors on your team on that page. That is a great place to start. That's probably the low hanging fruit for some of you. Staffing, so it's been known that sometimes you can hire audiologists who specialize in tinnitus, and they can start a program at a clinic. But then after a few years, they move on. They leave the clinic and then the tinnitus program just falls off a cliff.

So try to have a go-to person, a go-to audiologist on your team that says, yep, I see the challenging tinnitus patients. Yep, I see the moderate or severe tinnitus patients. Or maybe you don't see severe tinnitus patients, but you at least see the ones that need help. And then you have somewhere to send those severe patients to either an in-person referral or a telehealth referral. What have you. Your front office staff needs to know about this program. Your front office staff needs to also have a few simple lines of, yes, there are things you can do for tinnitus, and our program consists of certain medical devices that we program, or your tinnitus and one-on-one expert care from our audiologist.

Would you like to book a preconsultation to learn more? If someone's struggling and desperate, they'll say, yes, can I come in today? Right, so have that training with your front office staff. And then the length of the appointments. Talked about that earlier, but you don't need to give a crazy amount of time if you know what you're doing. I think

that a lot of clinics give too much time of just counseling and education on their schedule. It can lead to challenges like the patient, no-shows. Well, that's a 90 minute block that now nothing's happening. I would recommend like more frequent visits using telehealth, right? The initial visit in person, most likely. Keep that short and sweet.

Offer your program. If they wanna say yes, move forward with it. If they aren't sure, then schedule a follow-up visit over telehealth, that's a great option. More frequent visits is possible with telehealth. So you don't need super long appointments. If you have more frequent visits over telehealth. Once the patient's sort of in the cruising speed every two weeks, checking in with them is a good model for the first few months. Meeting every two weeks after the fitting is all set up. Meeting every two weeks is typically good frequency, because you're not a therapist, you're not performing, you know, hour long counseling sessions every week. We're not doing psychotherapy, we're doing audiology. All right, so sales and profitability.

You need this program to be profitable, meaning that you need to make more money than you spend on it. Expenses include the doctor's time, your time, the cost of goods for the devices, anything else that goes into it. Offering tinnitus treatment can help the sales, the device sales of your clinic. And if you do it right, maybe you can become the go-to place for tinnitus in your local community. Here's some more information. I'm not gonna go too deep into this. I want to give time for Q&A and we're just coming up on about 10 minutes left. I'll take this time to say, while you're all here, that if anyone wants to connect with me on LinkedIn, feel free, reach out, let me know if I can answer any follow-up questions on this.

Some people do create a separate business entity to separate your hearing aid practice so that you can build private pay for tinnitus. That's not my area of expertise. I've never done this, but just keep that in mind. Licensure in multiple states, telehealth. So let's say you're an audiologist in California. You must be licensed in California to see your

patient who's in California for a telehealth session. If your patient is in Arizona or a trip or maybe they moved to Arizona, you cannot perform telehealth to that patient. You can have an occasional phone call. We're not saying you can't contact them at all, but you can't have a formal telehealth appointment. So check your state's regulations. If you're in an area that's that patients come from multiple states, maybe you're like a tri-state area or something, then it may be in your best interest to consider getting a license in those other states.

But don't complicate this, just focus on your estate chart and you should be fine. What can be billed? Counseling a patient, adjusting hearing aids. Those are potentially billable services that you can charge for. Here are all the services you can perform via telehealth. Doing remote fitting of devices is incredible. I mean, this didn't exist 10 years ago, right? So we're the first group of audiologists that's ever been able to use this. If you don't see a high enough quantity of patients justify it, that's totally understandable why you're not doing it. But at least have one manufacturer where you say, Hey, I know this manufacturer is gonna rock it with tinnitus, it's gonna be smooth. So anytime I get a tinnitus patient or a potential tinnitus patient with hearing aids, I'm going to use this manufacturer because I know how to do the telehealth and it has good tinnitus masking, good sound therapy solution.

Having that go-to option that you can recommend. Look at the last point here. Can't stress this enough. Convey a strong recommendation that sound therapy devices on the ears are really needed. If you're using language like, this might work, or we could try this. The patient's gonna sniff that out and they're not gonna be interested in it. If you believe it works, if you are familiar with the science, if you're trained on how to provide the treatment. If you know how to program hearing aids for tinnitus, if you've helped patients before, then be confident about that because there's not many professionals who've done any of those things, so we're the go-to folks. All right. Just reflect on these questions and then we're gonna open it up for Q&A.

So start typing your questions in the Q&A if you have them, and I'm gonna be here to answer them. But these are really the questions for you to reflect on. What do you need to improve on? How confident are you that you can help someone? Here's some good first steps. Keep it really simple. Don't overcomplicate this. You don't have to become a therapist. You're not a psychologist. Just provide some basic tools that can help this person. I talked to a lot of people. Sometimes people say, "I went to an audiologist and they were just trying to sell me hearing aids." Now that might not be true. You might not have had that intention, but that's how they left feeling.

So for them, that's the reality. And if you were trying to help them with a tinnitus treatment, and it wasn't so much hearing aids sales, hearing aids sales, but if it was tinnitus treatment, maybe that would be a different experience. Maybe they would've worked with you. Here are some important points about how to educate your patients sound therapy. Other resources for education, give them what they need and referrals. So understand the different causes of tinnitus, hearing loss, stress-induced, central nervous system, tinnitus, thematic tinnitus, meta sensory, jaw, neck, TMJ. Those kinds of issues can cause tinnitus. So having doctors to refer them to for an evaluation, it's not your job to figure out if the jaw is their primary cause of tinnitus.

It's your job to say, "Maybe it could be." And I'm gonna send them to a jaw specialist who sends me a who I get a report back either through the patient or through the doctor that tinnitus may be a problem, likely a problem or not a problem related to the jaw. The dentists takes care of the jaw and TMJ problems. An osteopath takes care of neck issues. A psychologist or psychiatrist takes care of mental health issues. And thank you so much. I really enjoyed this. And it is kind of strange to do this with very little feedback from the audience. I'm a very social person, so hopefully we get the nice questions coming in. And if anyone wants to reach out to me, you can find me on LinkedIn and I'm happy to help with any further questions you have.

All right, so first question here is from Emily. Thanks Emily. Emily asks, "Do I have any thoughts on over-the-counter piece-up devices for masking solutions?" Absolutely. So most of the over-the-counter hearing aids did not register as tinnitus treatment solutions. So pretty much with over-the-counter hearing aids, any benefits someone would get from tinnitus would either be from amplification of sound, because hearing aids themselves can help someone with tinnitus or from Bluetooth streaming of sound therapy. You might think, "Oh, well that's great. Maybe I'm gonna, oh no, maybe I'm in trouble. Maybe the patient will." No, not at all. What all these over-the-counter hearings are missing is onboard sound therapy that you can customize and you don't need Bluetooth or tinnitus.

So sound therapy for tinnitus is missing in the inboard, you know, chip on these devices most over-the-counter, if not all over the counter hearing aids. So I don't recommend any over the counter hearing aids for tinnitus, but if someone does use over-the-counter hearing aids and they have hearing loss and tinnitus, the amplification for their hearing loss is likely to benefit their tinnitus perception. Thank you. Agnes asks, "I feel like we have to be very strong with counseling. In a world where everyone looks for direct treatment, we have to be competent enough to convince them for the rehabilitative treatment." It's true, but think of their other options. Where else are they going? Herbal supplements.

Who in your area would provide a tinnitus treatment other than you? ENT doctor? Psychologists? None of those options are very convincing to me. So it's not like you have to change the patient's minds. You simply have to, you know, create a package of what you offer, communicate it, let them respond with questions. Yeah, so love your question here, and thanks for asking it. All right, Christy, did I miss anything? I think these guys are good to go, unless they have any follow-up questions here.

- [Christy] I think we're good, Dr. Thompson. I don't see any other questions or comments in the queue. And just on behalf of AudiologyOnline, we just wanna thank you for your time and your expertise. You know, tinnitus is a really important topic, and I don't think that we have enough CEU content on it or just people talking about it, so we really value you. And Agnes just had a nice note, she said, "Thank you so much for this innovative session." And I agree. Thank you Dr. Thompson.

- Yeah, you're welcome guys. Really appreciate it. Nice to meet you and hope to see you or connect soon, thanks.