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Empowering Patients to Pursue Hearing Health Part I

ANDREA HANNAN DAWKES, Au.D. SR. EDUCATION AND TRAINING AUDIOLOGIST

Learning Outcomes

After this course, participants will be able to:

1. List at least three things that help create great patient-provider relationships.
2. Discuss at least three effective ways to educate patients on the impact of hearing loss.
3. Describe at least two tools for identifying the unique listening needs and goals of patients.

Empowering Patients to Pursue Hearing Health

Part I

1. Provider-Patient Relationship
2. Patient Education
3. Identify Unique Listening Needs and Goals

Part II

4. Expert Recommendations
5. Overcoming Objections
6. Pro Tips

Empowering Patients to Pursue Hearing Health Part I

Patient-Provider Relationship

Patient Education

Identifying Unique Listening Needs and Goals

HEARING LOSS

Third Most Prevalent

chronic condition in the world

2020

430 Million

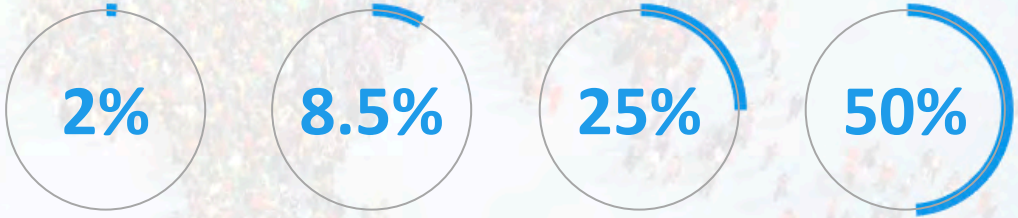
have disabling **hearing loss**

2050

700 Million

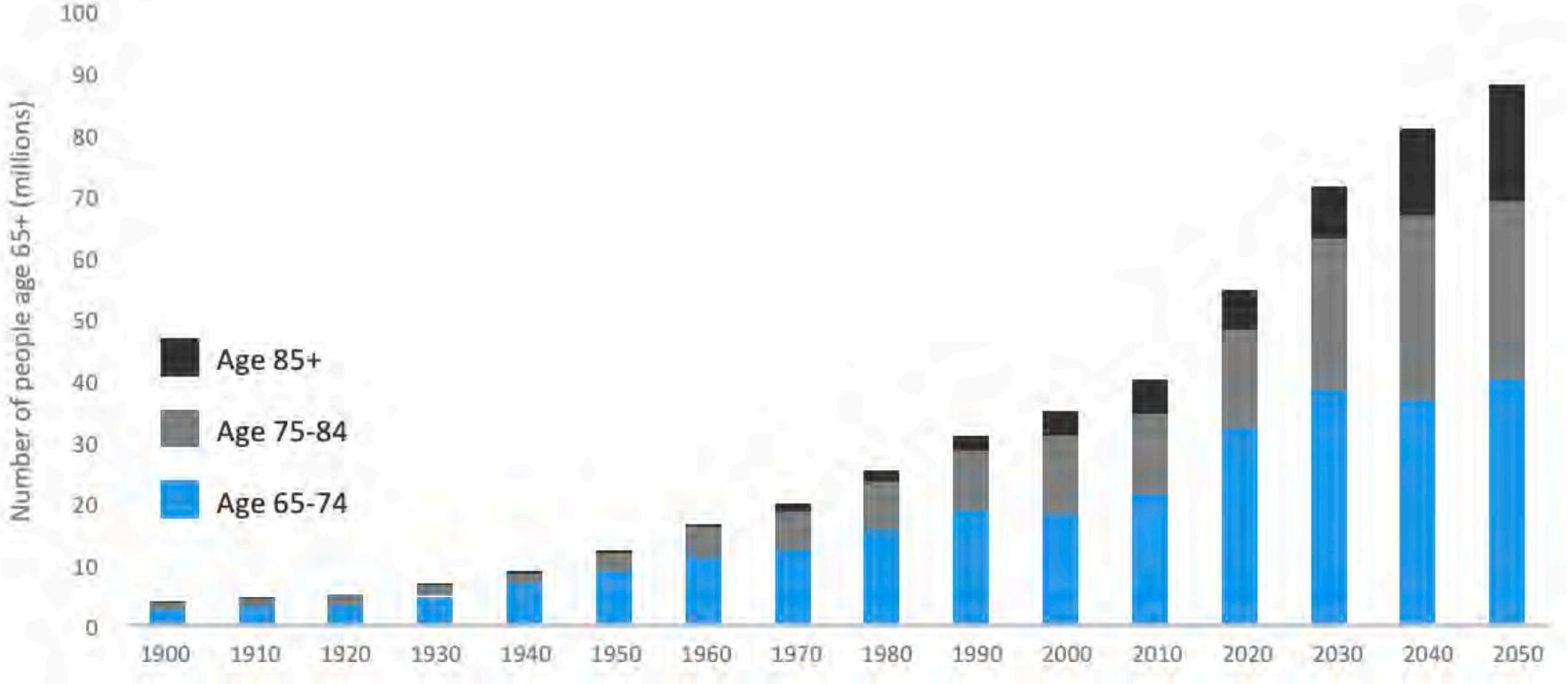
will have disabling **hearing loss**

AGE IS THE STRONGEST PREDICTOR OF HEARING LOSS



The Aging Population

Population of Americans age 65+, 1900-2050



On average, people wait

4.8 years

until initial professional hearing evaluation…

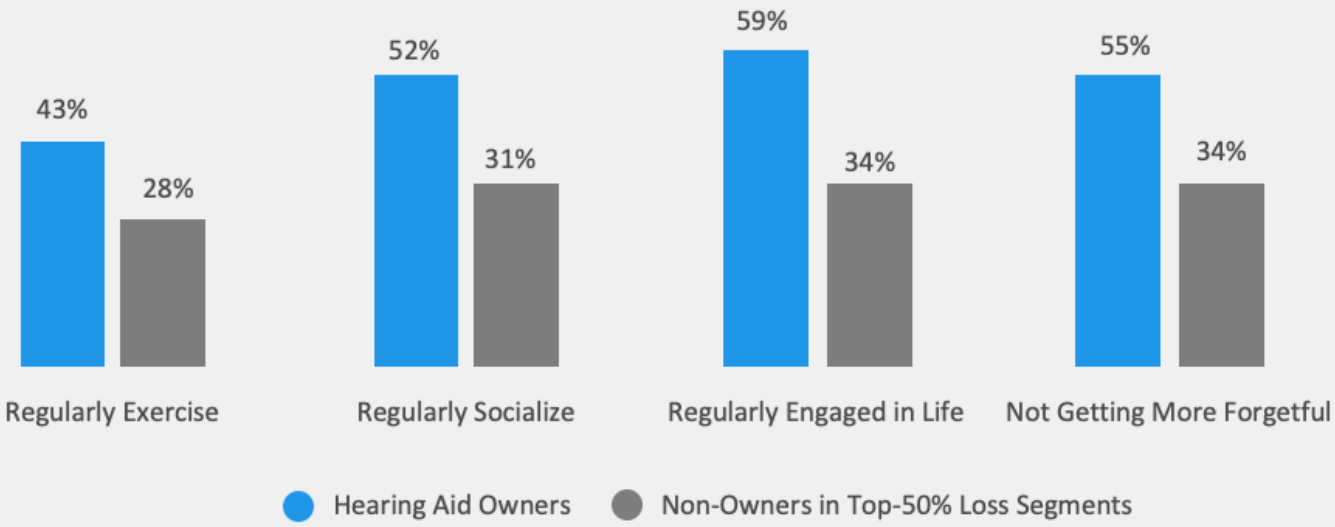
…and then wait another

7-10 years

before taking action

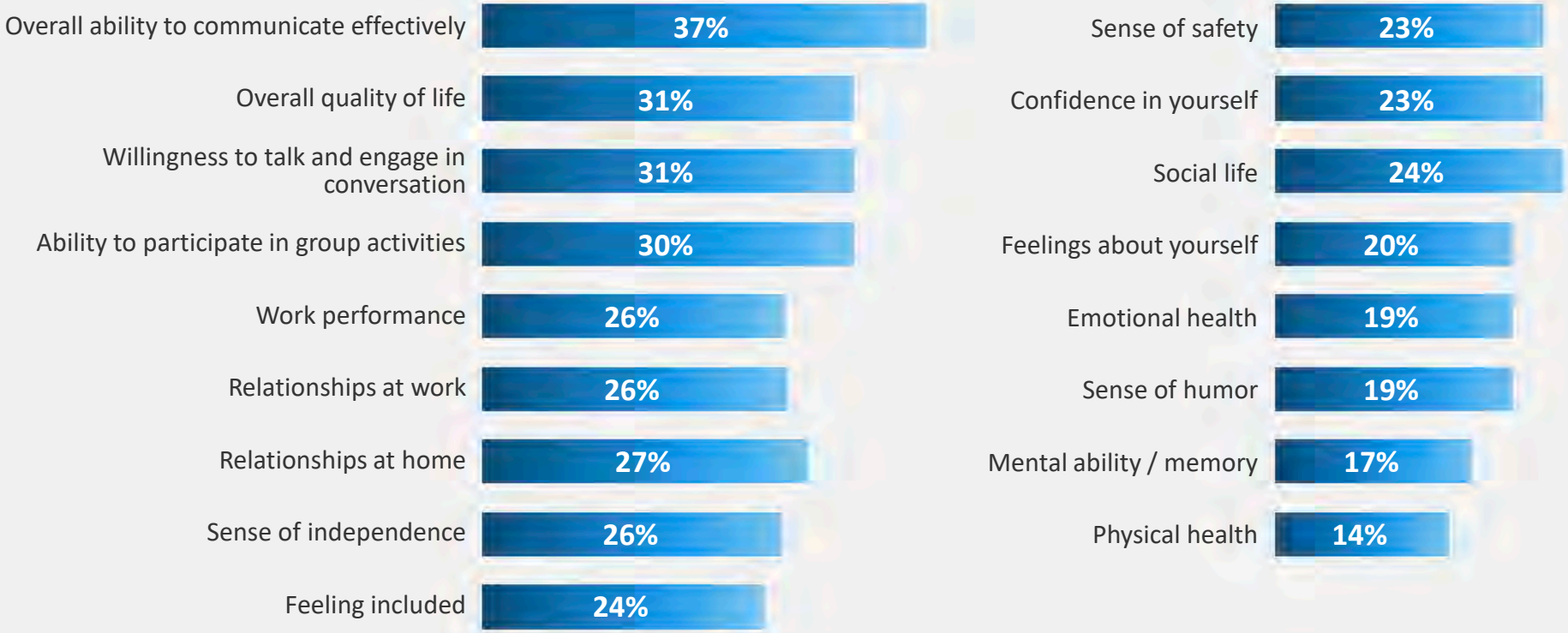
Living More Fully

Hearing aid owners show more signs of living fully compared to non-owners with comparable levels of hearing loss

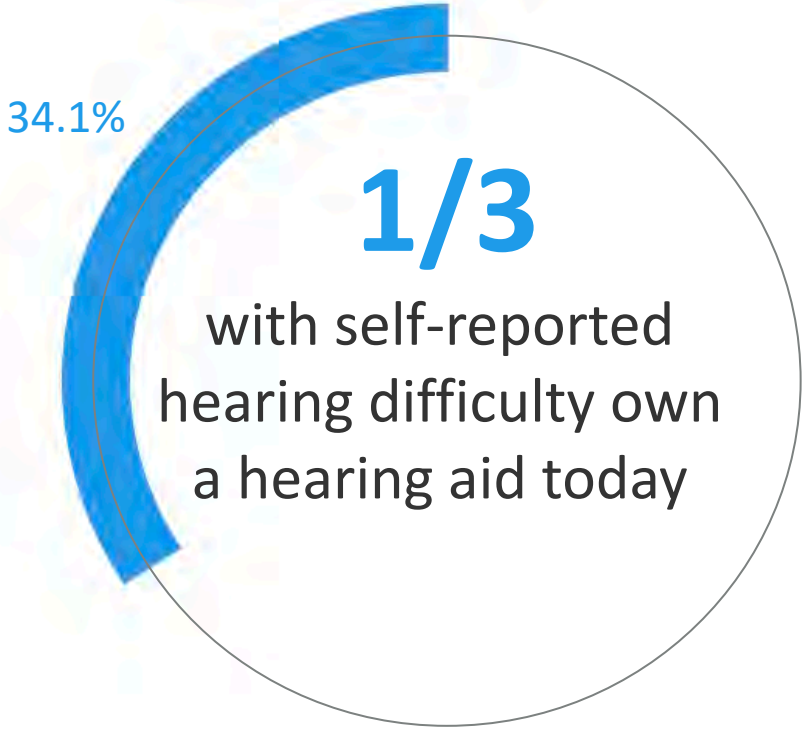


MarkeTrak 10 / Hearing Industries Association, 2019

Positive Changes with Hearing Aid Use

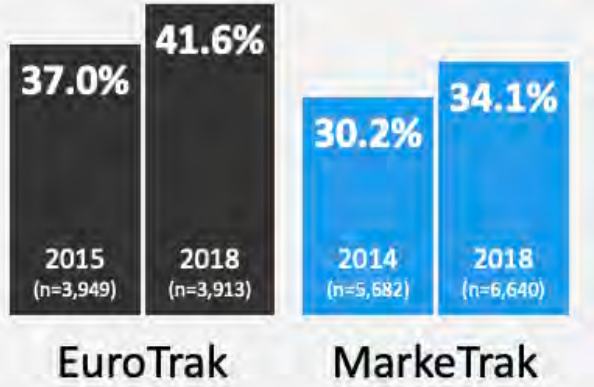


MarkeTrak 10 / Hearing Industries Association, 2019



Hearing Aid Adoption Rate
(Individuals with Hearing Difficulty, N=6,650)

Hearing Aid Adoption Rates by Study



MarkeTrak 10 / Hearing Industries Association, 2019

“I can hear fine.”

“Hearing aids are expensive.”

“It doesn’t really matter if I can hear perfectly."

“It’s not me, it’s you. You speak too softly.”

“She always talks to me from the other room.”

“What’s the problem? I can just turn up the TV volume.”

“I’m too young for hearing aids and I don't want to look old.”

“I don’t go out anyway so why does it matter?”

Empowering Patients to Pursue Hearing Health Part I

Patient-Provider Relationship

Patient Education

Identifying Unique Listening Needs and Goals

Steps for Empowering Patients Pursue Hearing Health I

1. Provider-Patient Relationship
2. Patient Education
3. Identify Unique Listening Needs and Goals

“The provider-patient relationship is a foundation of clinical care…it has been shown to positively influence health outcomes by increasing patient satisfaction, leading to greater patient understanding of health problems and treatments available, and contributing to better adherence to treatment plans.”

Duke Center for Personalized Health Care

Trust and Credibility

Integrity

Engagement

Honesty

Expertise

Genuine

Sincerity

Empathy

Respectful

First Impressions

< 30 seconds
to cement a
first impression

Show genuine interest

Smile

Refer to each person by name

Be a good listener

Encourage others to talk about themselves

Focus on their interests

Sincerely make each person feel important

Halo Effect

A cognitive bias in which people see one good trait in another person and then make additional positive judgments about the person as a result.

Fundamental Attribution Error

The tendency to attribute another's actions to their character or personality

Example:

- Long wait to be seen
- Patient may assume they're not a priority for the professional
- Extend attribution error to the entire practice and assume the practice doesn't care about its patients – the practice isn't good

Gain Consumer Trust & Confidence

Provide the best customer service

Share positive reviews and testimonials

Be honest and transparent

Ask for and act on feedback

Be reachable

Best Testimonials

How a life has been changed as a result of working with you and wearing hearing aids

What was your main concern about getting a hearing aid? How was it overcome?

What were you feeling at that time? How do you feel now?

What was life like before you started wearing a hearing aid? What is your life like now?

What made you choose our practice?

If you were to recommend your hearing aid (our practice) to a friend, what would you tell them?

What surprised you about hearing better?

Trust and Credibility

- Staff
- Office
- Website
- Social Media
- Marketing

Integrity | Engagement | Honesty | Expertise

Genuine | Sincerity | Empathy | Respectful

Steps for Empowering Patients to Pursue Hearing Healthcare

1. Provider-Patient Relationship
2. Patient Education
3. Identify Unique Listening Needs and Goals

Consequences of Untreated Hearing Loss

Avoidance or withdrawal
from social situations

Impaired memory
and ability to learn new tasks

Fatigue, tension, stress and depression

Higher healthcare costs

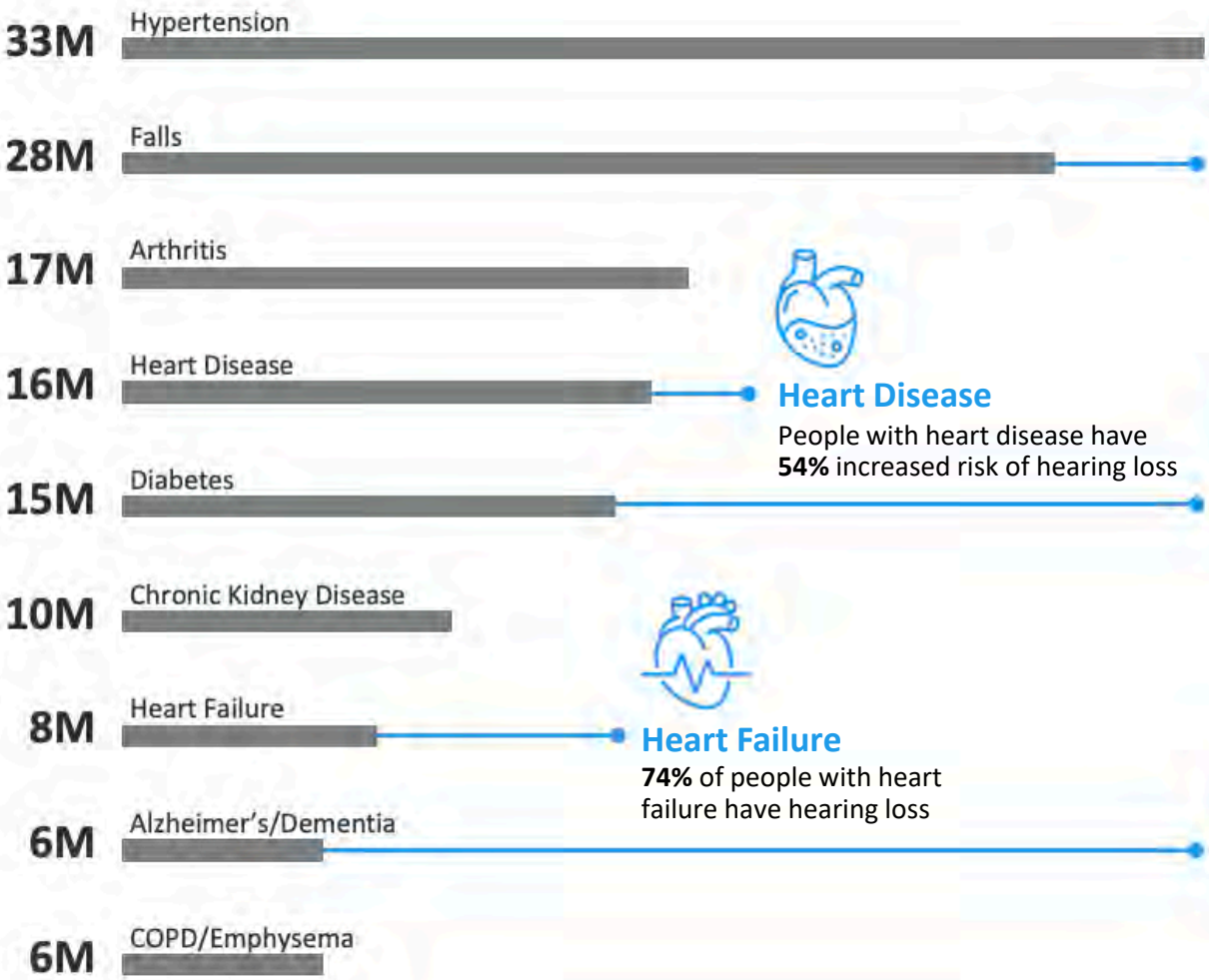
Reduced alertness
and increased risk to personal safety

Mood changes
including irritability, negativism and anger

Diminished psychological and overall health

Reduced job performance
and earning power

Hearing Loss is **Correlated** with Most Common Chronic Conditions



Safety/Balance

People with mild hearing loss are **3x more** likely fall

Heart Disease

People with heart disease have **54%** increased risk of hearing loss

Diabetes

Hearing loss is **2X** as common in people with diabetes as their peers without.

Heart Failure

74% of people with heart failure have hearing loss

Cognitive Impairment

Mild hearing loss increases the risk of cognitive impairment by **2X**; severe: **5X**

Hearing loss and brain health

Hearing Loss

Older adults with hearing loss experience a **30-40% faster decline in cognitive abilities** than peers with normal hearing

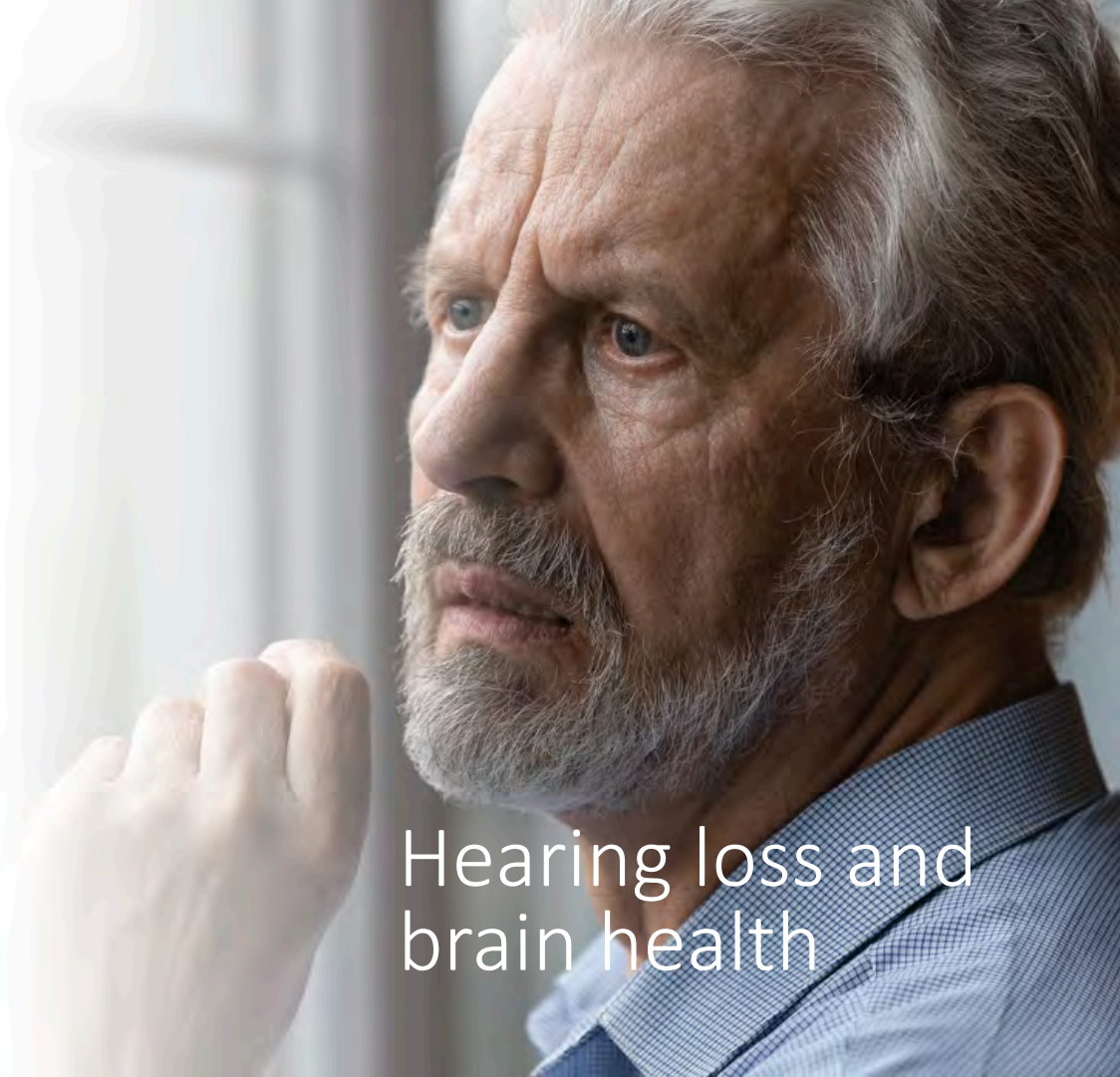
Source: John Hopkins Medicine

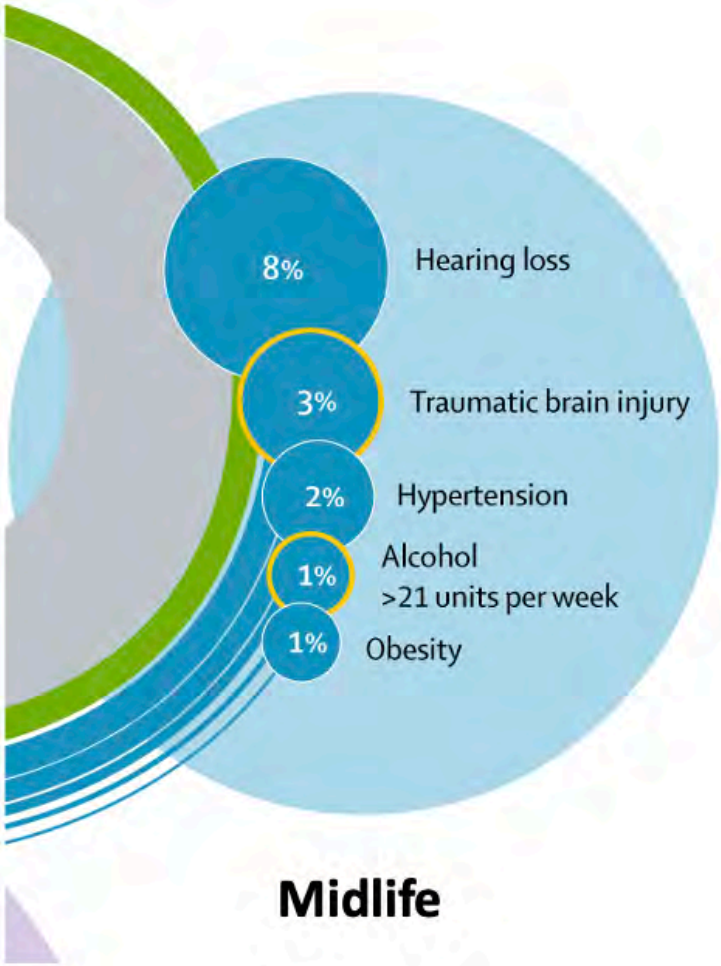
Dementia

Seniors with hearing loss are significantly more likely to develop dementia than those who retain their hearing

Isolation

Untreated hearing loss can contribute to social isolation, anxiety, depression and cognitive decline





Dementia Prevention, Intervention and Care

Lancet Commission 2020

40%
of dementia
Potentially modifiable

Hearing impairment
Single largest modifiable risk factor

12 risk factors

Education
Hypertension
Hearing impairment
Smoking
Obesity
Depression
Physical inactivity
Diabetes
Low social contact
Alcohol consumption
Traumatic brain injury
Air pollution

Speech-in-noise hearing impairment associated with

INCREASED RISK OF DEMENTIA

Moderate Degree of Speech in Noise Impairment

61%

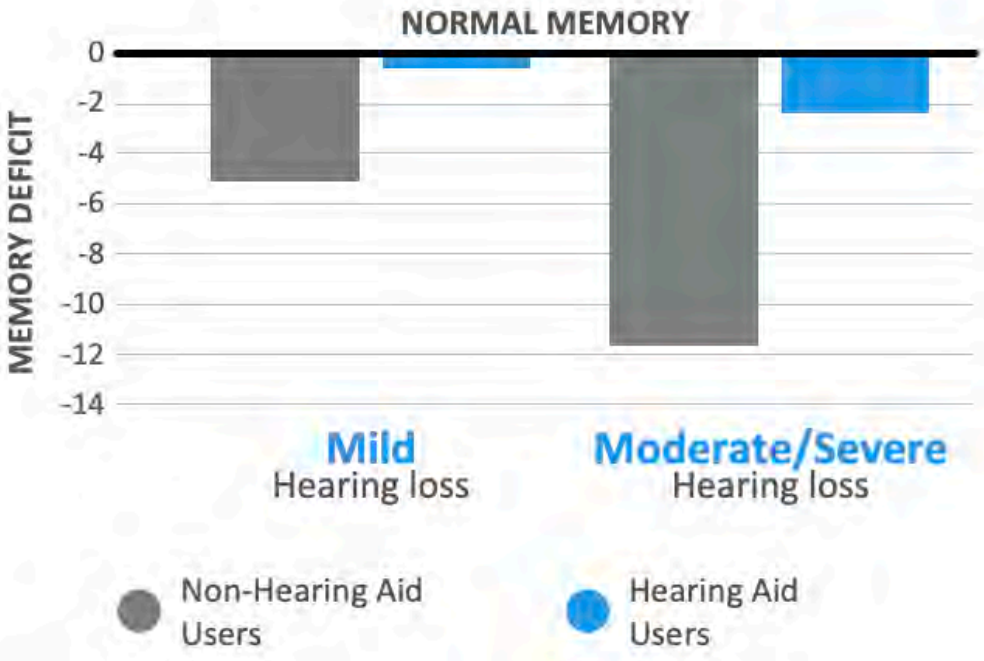
Severe Degree of Speech in Noise Impairment

80%

Journal of the Alzheimer's Association; 2021.

Silent Risk of Hearing Loss

Value of Hearing Aids



Source: *JAMA Otolaryngol Head Neck Surg*. 2018 Oct; 144(10): 876–882.

Poll

Do you administer formal cognitive screening?

YES

NO

Cognitive Screening Tools

Screening Instrument	Percentage Using	
Mini-Mental State Exam (MMSE)	42.3%	5 to 10 minutes
Montreal Cognitive Assessment (MoCA)	38.2%	
Clock-Drawing Test	17.1%	
Mini-Cog Test	16.3%	
Three-Word Recall Test	13.8%	
Six-Item Cognitive Impairment Test (6CIT)	10.6%	

Sarah Black and Pamela Souza, 2020

Learning Styles

May be impacted by age, culture and medical condition

Primary Learning Style

Visual-spatial

Auditory

Physical-kinesthetic

Verbal-linguistic

Logical-mathematical

Secondary Learning Style

Social-interpersonal

Solitary-intrapersonal

Primary Learning Styles

Visual

Understand best by seeing information presented in a visual rather than written form

Auditory

Process new information by hearing and repeating back the explanation for validation

Kinesthetic

Absorb information by touching and by active participation through demonstration

Verbal/Linguistic

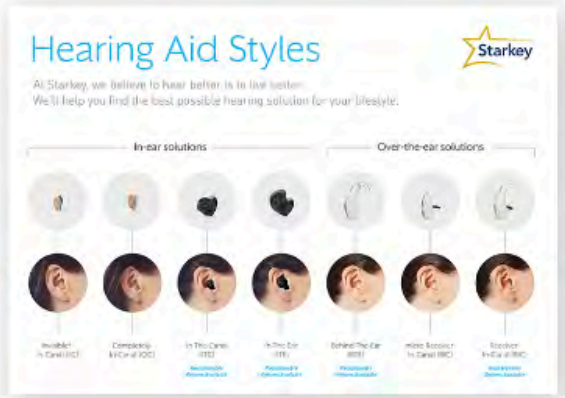
Understand information by writing it down as words and text

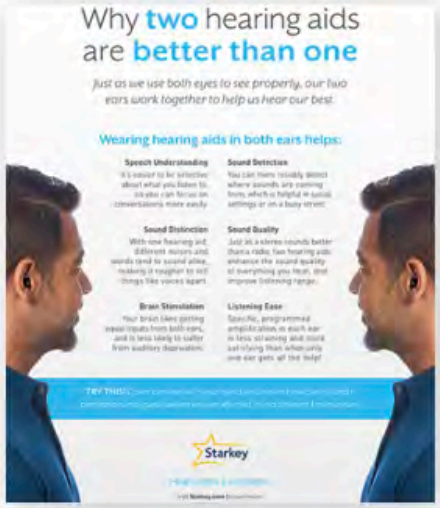
Logical-mathematical

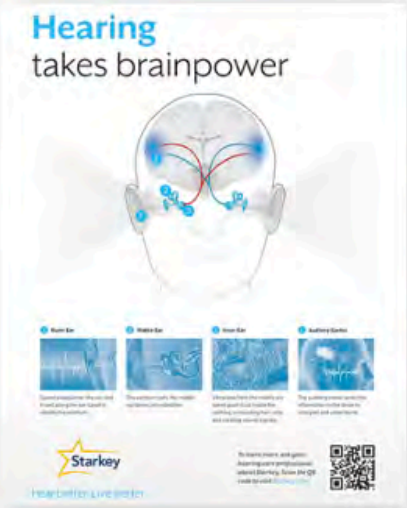
Succeed by using order, steps and logic - prefer cutting to the chase and focusing on facts

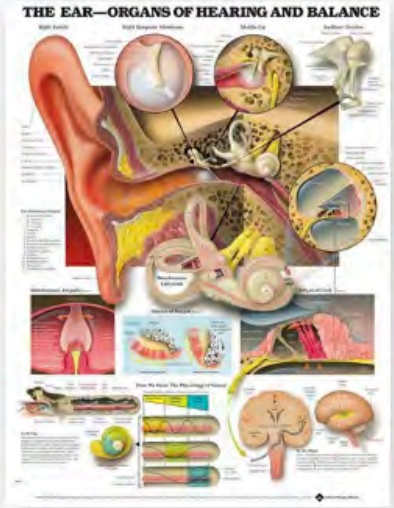
Visual

Understand best by *seeing* information presented in a visual rather than written form







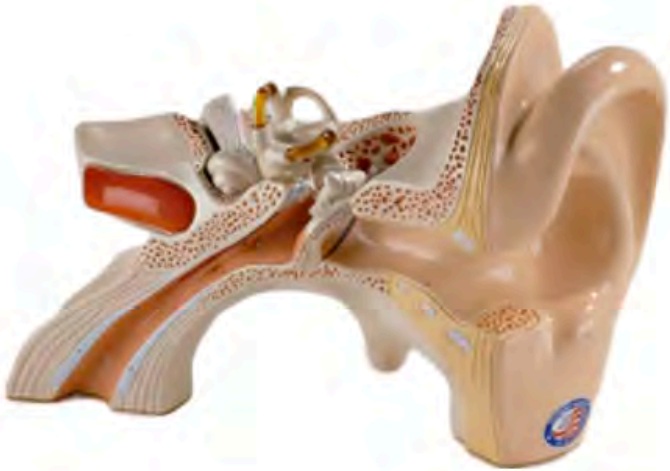


Auditory

Process new information by hearing and repeating back the explanation for validation

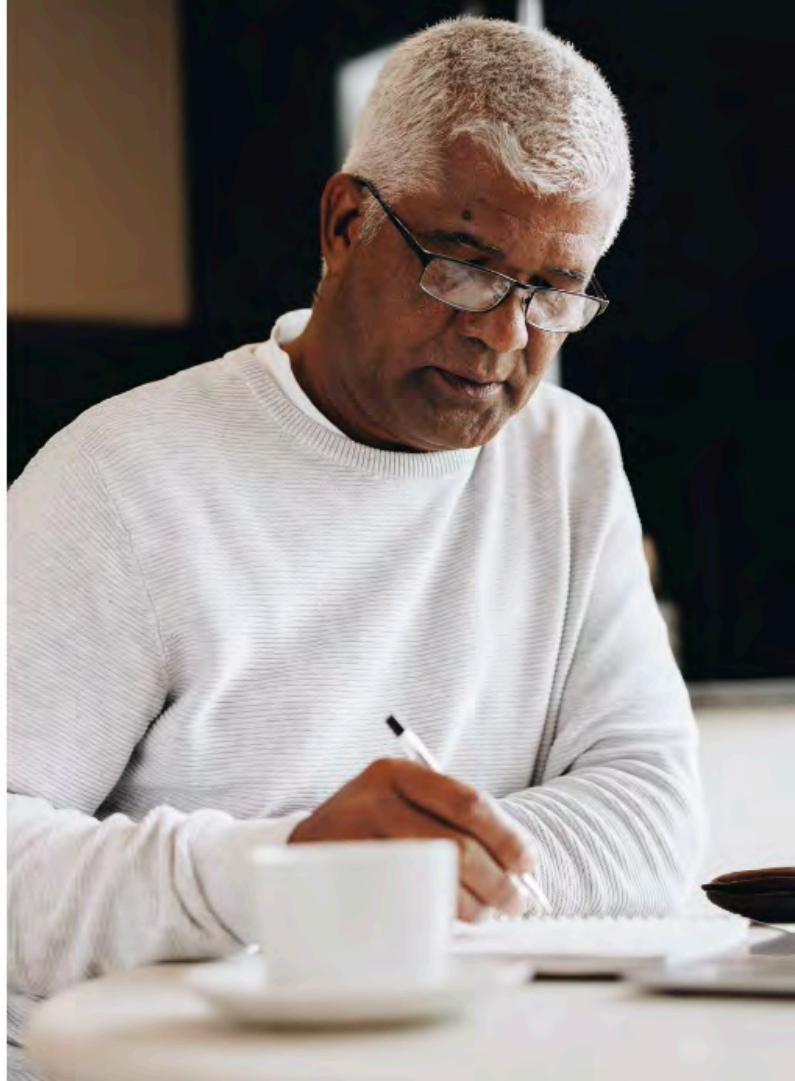
Kinesthetic

Absorb information by touching and by active participation through demonstration



Verbal/Linguistic

Understand information by writing it down as words and text



Logical/ Mathematical

Succeed by using order, steps and logic - prefer cutting to the chase and focusing on facts

Secondary Learning Styles

Social-interpersonal

Learn best through communication with others - verbally or non-verbally

Solitary-intrapersonal

Prefers learning on their own

Support System

Family members are a critical influence on patient care and advocacy

Steps for Empowering Patients to Pursue Hearing Healthcare

1. Provider-Patient Relationship
2. Patient Education
3. Identify Unique Listening Needs and Goals

Ask. Listen. Observe.

Communication challenges

Listening Needs & Goals

Lifestyle

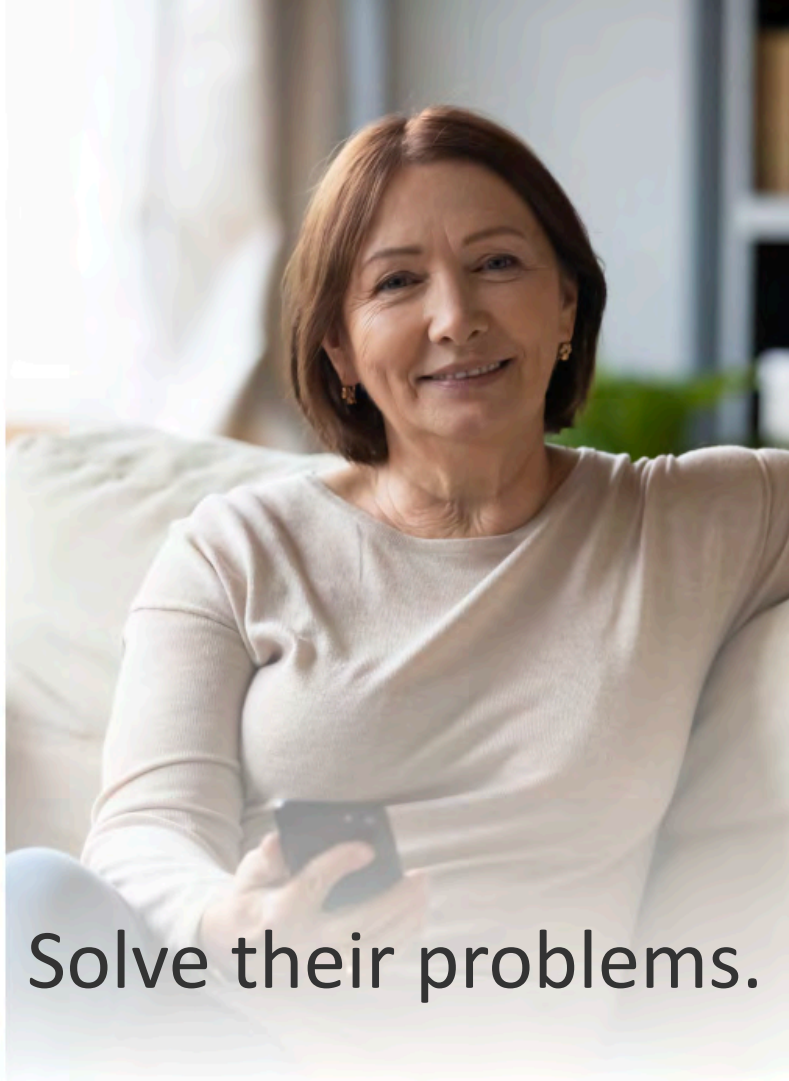
Expectations

Preferences

Previous Experiences

Cognition/Memory

Physical Dexterity



A Successful Discovery Process

Empowers the patient to understand the impact of their hearing loss and identify their personal goals and priorities so you can provide a personal recommendation

Be Present

Show your patients they have your **full attention**
good eye contact

Focus and actively listen to what they are saying

Don’t be afraid to ask a follow up question or for clarification in order to fully **understand their needs**

Motivational Interviewing

"A method for changing the direction of a conversation in order to stimulate the patient's desire to change and give him or her the confidence to do so."

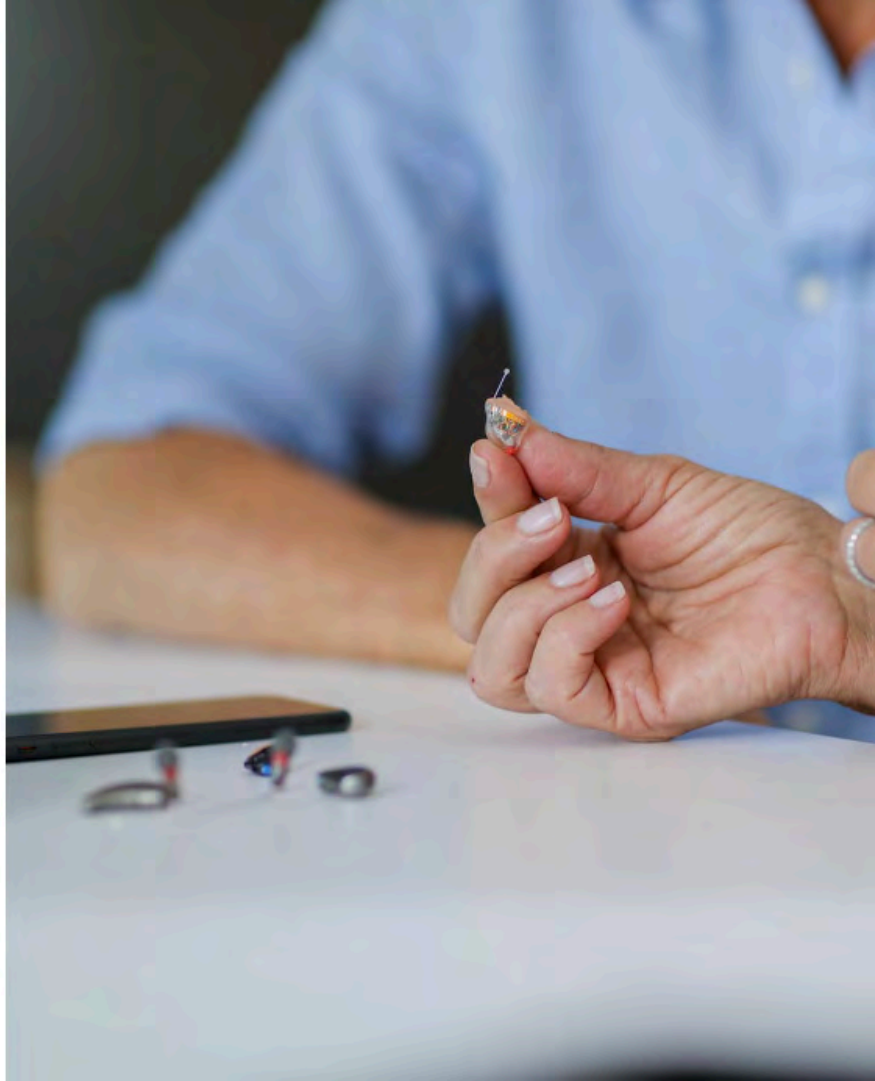
American Academy of Family Physicians (AAFP)

Discovery

Language matters

- Communication challenges
- Goals and priorities
- Expectations
- Requirements for action

And the opinions of a valued third party



Interview-style or written questionnaire

Closed-ended:

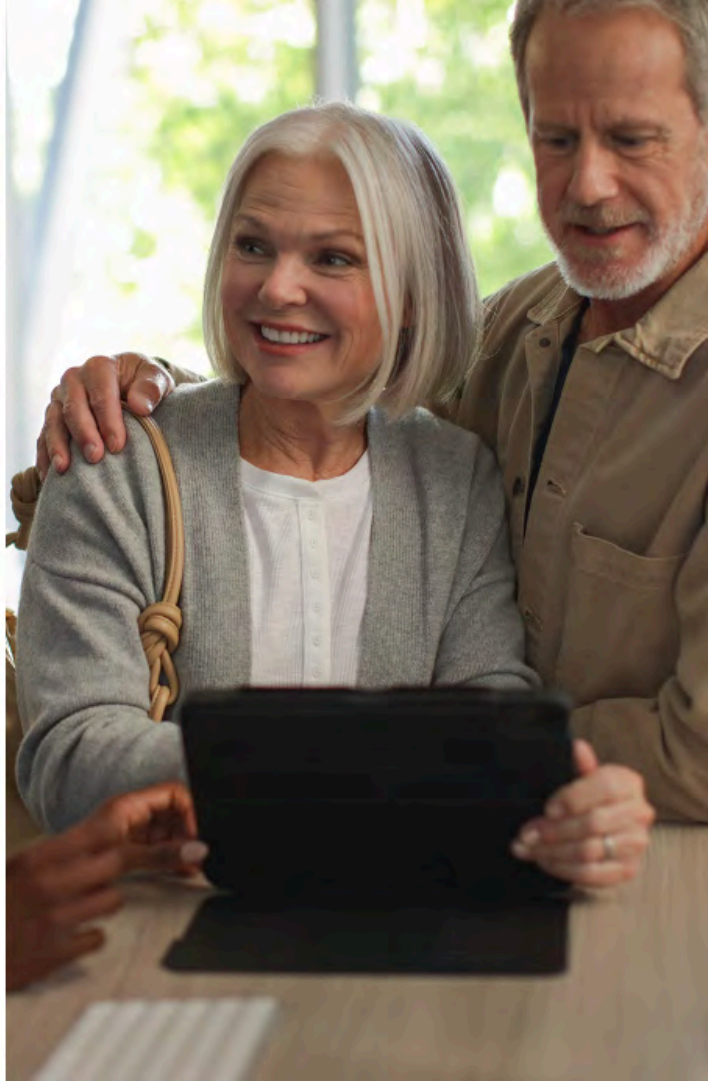
Yes

No

Open-ended:

Requires an explanation

Include the 3rd Party



Language Matters

"What **motivated** you to get your hearing tested?"

"How long have you been **struggling** to hear well?"

"What **impact** does hearing loss have on your life?

"Are there any **specific incidents** that come to mind?"

"How did you **feel** when that happened?"

"How did you or others **react**?"

Communication Challenges

"**Who/Where/When** do you have difficulty hearing?"

"Have **other people expressed concern** about your hearing loss?"

"Do you **avoid certain activities or situations** because of the difficulty you have?"

"Do you find yourself **relying on someone else** to make sure you don't miss anything?"

Goals and Priorities

"In what **situations** would you like to communicate better?"

"Are there **certain people** you want to hear better?"

"Who do you wish it was **easier to talk to**?"

"What would **family and friends** list as priorities?"

"What are your **healthy living / lifestyle goals**?

Expectations

"What would you like a hearing aid to **do for you?**"

"**How much benefit** do you think hearing aids can provide?"

"If I can help you hear better, is that
something you would look forward to?"

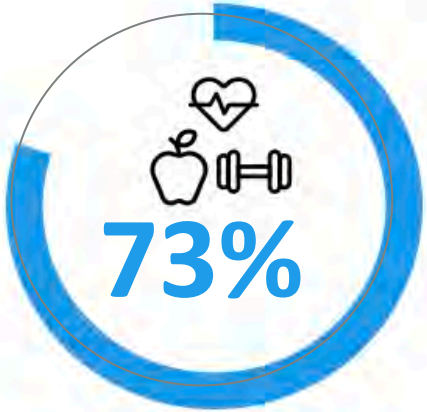
"What would it mean to you to be able to
hear your grandchildren better?"

"Have you **read about or researched** hearing aid technology?"

Why Seniors Turn to Digital

Staying in touch with friends and family

Organizing their finances



Improving health and wellness

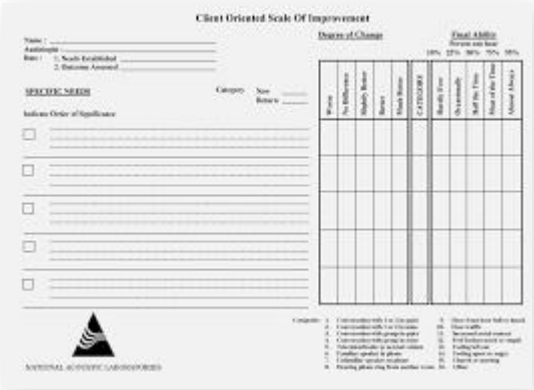
Google/Known, U.S., Digital Seniors, n=4,415 A55+, 2020.

Communication Needs Assessments

Subjective Measures

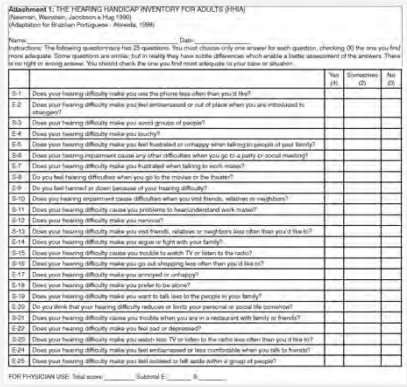
Abbreviated Profile of Hearing Aid Benefit (APHAB)

APHAB



Client Oriented Scale Of Improvement

COSI



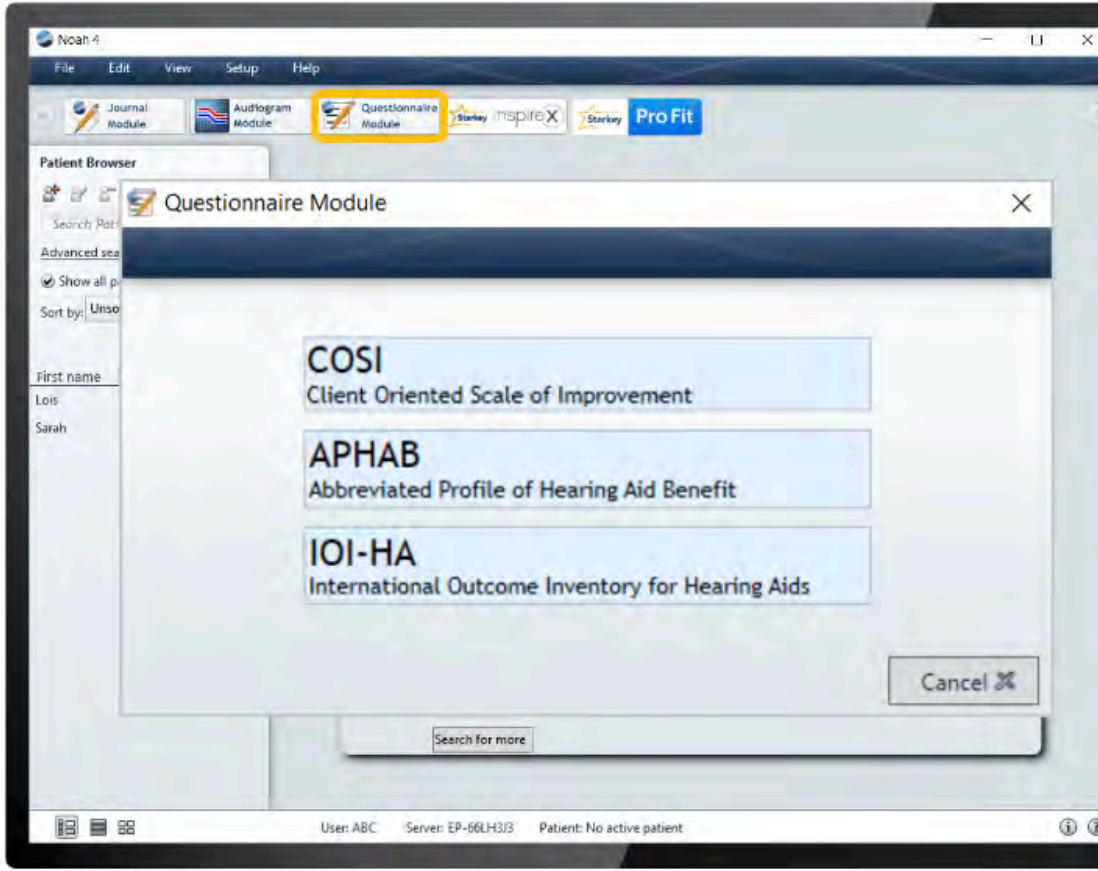
Attachment 1: THE HEARING HANDICAP INVENTORY FOR ADULTS (HHIA)

HHIA

Patient Database Tools

NOAH

- Define Needs
- Measure of Unaided/Aided Performance
- Outcome Inventory



Communication Needs Assessments

Objective Measures

- Acceptable Noise Levels (ANL)
- QuickSIN

Speech in Noise Testing

Tolerance for noise and performance in noise can't be reliably predicted from the pure tone audiogram or other standard audiometric tests.

- Easy, fast and reliable
- Predict hearing aid use
- Assist with technology choices
- Assess hearing aid benefit
- Compliance with best practice guidelines

Poll

How long does it take to do Speech in Noise Testing?

- A. 5-10 minutes
- C. 15-20 minutes
- B. 10-15 minutes
- D. 30+ minutes

Acceptable Noise Level Test

- Measures tolerance for background noise
- Predicts acceptance of amplification / hearing aid use
- Validates need for noise reduction, directional microphones, remote microphones, and need for additional counseling
- 3 minutes

ANL Clinical Application

Low ANL

NOISE **TOLERANT**

- Willing to listen at poor SNRs
- Likely to be a successful hearing aid wearer
- Focus on intelligibility of speech

Directional and Remote Microphones

Nabelek et al. (2006)

High ANL

NOISE **INTOLERANT**

- Only willing to listen at high SNRs
- Likely to be an unsuccessful hearing aid wearer
- Focus on listening effort or loudness

Directional and Remote Microphones

Noise Reduction Technology

Counseling

Recker et al. (2011)

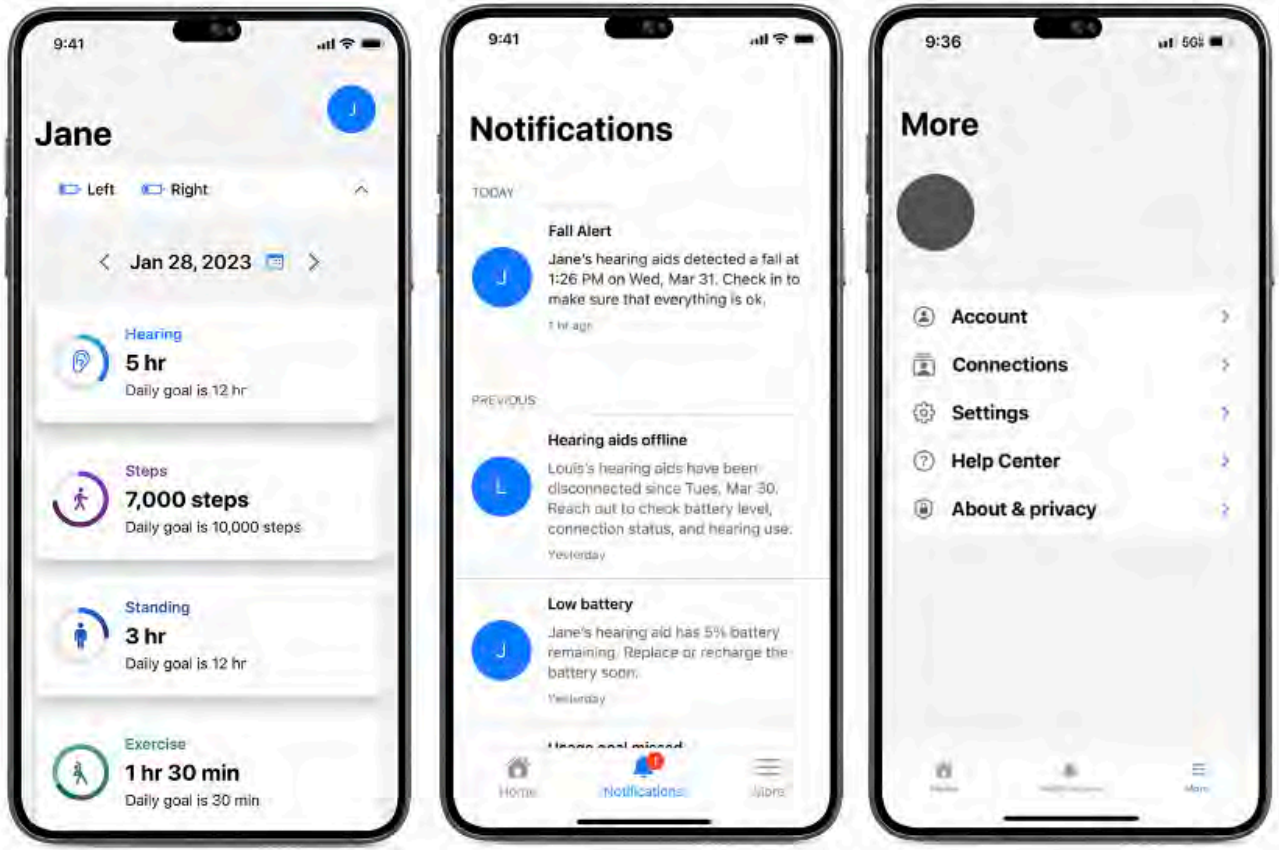
Patients With a High ANL Score

- Directional / remote microphones and noise reduction technology
- Auditory training / Aural rehabilitation
- Structured adjustment to amplification process (wear time and situations)
- Auto Experience Manager
- Realistic expectations
- Involve the family
- Additional counseling and encouragement
- Bring them back sooner

HEAR Share

Navigation bar

- Home
- Notifications
- More



QuickSIN Applications

2-4 minutes!

Unaided to determine difficulty and needs

Unaided vs. Aided

Compare old and new technology

Omnidirectional vs. Directional microphone

Benefit of Directional or Remote microphones

Prioritize demos

Justify expense

Technology Selection & Expectations

SNR LOSS	TECHNOLOGY NEEDS
0 - 3 dB	Omni-directional microphones
3 – 7 dB	Directional microphones
7 – 15 dB	Directional microphones + Noise Reduction
> 15 dB	Directional microphones + Noise Reduction + Remote Microphone or FM system

“People don’t argue with their own data.”

Bob Pike, 1994

Frye Electronics, Inc.

FRYE'S AUDIOLOGICAL TEST EQUIPMENT PARTS AND ACCESSORIES

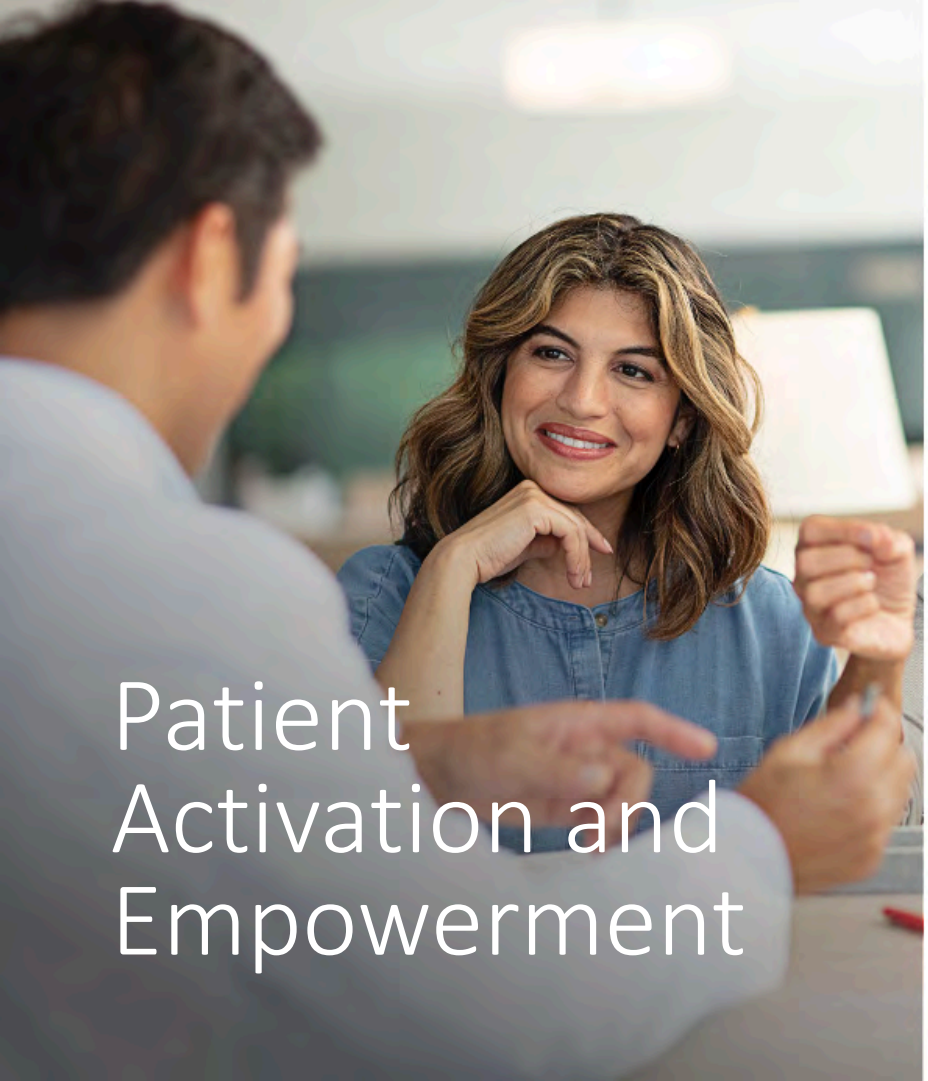
Acceptable Noise Level Test

etymotic®

QuickSIN Test

“Patient activation and empowerment can be viewed as a cyclical process defined through patient accumulation of knowledge, confidence, and self-determination for their own health and health care.”

Chen J, Mullins CD, Novak P, Thomas SB.
Personalized Strategies to Activate and Empower Patients in Health Care and Reduce Health Disparities
Health Education & Behavior Journal, 2015



Patient Activation and Empowerment

Professional plays a key role

Knowledge brings confidence

Confidence facilitates motivation and ability to express concerns and preferences (self-determination)

Patients may take more responsibility for their health and be more involved in treatment

Learn More

Empowering Patients to Pursue Hearing Health Part II

July 2023

Making an Expert Recommendation

Factors that Influence Technology Adoption

Objections to Hearing Aid Use and Strategies for Overcoming Them

Professional Tips

Thank you