Empowering Patients to Pursue Hearing Health Part II

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- Welcome, everyone. I'm Dr. Andrea Hannan-Dawkes, a member of the education and training team at Starkey. I'm delighted you've elected to join me today for part two of empowering patients to pursue hearing health. Before we begin, there are a few housekeeping items to cover. First of all, if you would like to ask a question during the presentation today, please click on the Q & A area, type in your question, and click Send. I'll make a point to look at the Q & A area at the end of the session today, but please feel free to enter questions at any point in time. Also, note that a PDF handout of this presentation is available for you either through your pending courses on AudiologyOnline, or by clicking on the link in the chat within the classroom today.

One CEU hour is available for this session if you participate in the CEU program offered by AudiologyOnline. After completing the course, just be sure to go to your pending courses on AO and pass the short multiple-choice exam. Keep in mind that you've got seven days to complete the quiz when viewing live courses and 30 days when viewing recorded courses. And then also, if you need any technical assistance, please stay logged in and request help by using the Q&A window, the chat, or by calling or emailing AudiologyOnline. The learning outcomes for this course include your ability to describe at least three things that facilitate technology adoption. You'll be able to discuss at least three primary objections to hearing aid use and how to overcome them.

And then finally, after completing this course, you will be able to list at least two professional counseling tips or considerations for empowering patients to pursue hearing health. Once again, thank you for joining me today for part two of this series on empowering patients that was designed to provide you with helpful strategies for encouraging patients to embark upon the journey to better hearing. Undoubtedly, the ability to educate and motivate patients with hearing loss in a manner that encourages them to pursue hearing health is an important skill for hearing care professionals. Part one of this series focused on establishing great provider-patient relationships, shared

some ideas on how to provide impactful education on the impact of hearing loss and the value of pursuing amplification sooner rather than later, and highlighted tools for identifying the unique listening needs of patients, all fundamental building blocks for empowering patients.

Part two of the course today will explore the importance of making an expert technology recommendation, address how to help patients overcome a variety of objections to amplification, and then conclude with professional tips for implementing the ideas shared throughout the series. Before we begin, I want to take just a moment to recap the key takeaways from part one. Research shows many positive changes with hearing aid use in multiple facets of day-to-day living. So we want to be sure patients know how much they stand to gain with amplification. The patient-provider relationship is foundational to empowering patients. Trust and credibility are essential. Be sure related attributes are evident in every aspect of your physical and digital office.

Keep in mind that first impressions matter and are made very quickly. So be sure to consider how your practice impacts all five senses. The halo effect works to our advantage. This is a cognitive bias that involves people seeing one good trait and making additional positive judgments about someone or perhaps a practice. The fundamental attribution error is actually something that ends up working against us. This can happen when a person fails to consider situational factors that can affect day-to-day flow or experiences, and then attribute actions to someone's character or personality. And then also we talked a little bit about testimonials. The best testimonials are ones that reveal how a life has been changed by technology or by your practice.

In part one, we also talked about how important patient education is and the fact that it should focus on the auditory system, consequences of untreated hearing loss, and the physical and mental comorbidities. We talked a bit about learning styles and those matter. Use a multimodality approach to counseling if primary and secondary learning

styles are unknown. And then we also talked about what effective discovery looks like. It's accomplished using motivational interviewing along with subjective and objective communication needs assessments to land at a personalized treatment recommendation. And of course, we want to be sure to include the third-party as well because we all know that hearing loss is a team sport. And the final takeaway from part one was to keep in mind that patient empowerment is really a cyclical process that involves the accumulation of knowledge, confidence, and self-determination to decide whether to accept treatment recommendations.

And we as professionals play a very key role in that. By educating, we provide knowledge that brings confidence, confidence facilitates motivation, and the patient's ability to truly share concerns and preferences that are going to be important for self-determination. And as a result, patients may take more responsibility for their health and be more involved in treatment. In fact, researchers have found that when people are motivated, they're more likely to achieve their health goals over time. Now let's go ahead and jump into part two of this series. Here we're going to cover the importance of an expert recommendation, how to overcome objections to amplification, and I'll share some professional tips for implementing the ideas shared throughout the series.

So let's go ahead and begin with the fourth step in empowering patients to pursue hearing healthcare, which is making an expert technology recommendation. This quote from Dr. Jerry Northern captures the essence of the goal in hearing aid selection and fitting within the important framework of patient-centered care. "The goal in hearing aid selection and fitting is to provide comfortable hearing instruments that will meet the lifestyle needs of the patient while easing the patient's communication difficulties and maximizing performance in different listening environments." Our ability to make the right technology recommendation for each patient is based on their unique assessment outcomes. The best product family, technology tier, style of device, matrix, coupling,

and venting, and even the need for advanced features are determined using things like this, right?

So the audiometric test results. Of course, we've got our air conduction, bone conduction, we've got MCLs, we've got UCLs. We always want to consider the patient's preferences, their lifestyle, unique listening needs and goals, and their expectations. And we always want to consider the opinions of loved ones whenever possible. We also want to consider word or sentence recognition ability in quiet and in noise. We want to take into account any previous experiences with amplification. Also, consider cognitive or memory acuity, and of course, physical dexterity as well. With many hearing aid options available, we need to guide patients to the best technology choice with an expert recommendation and not let them try to figure it out on their own by looking at hearing aid brochures for example.

And there are a couple of good reasons for this. First, humans are naturally indecisive, especially if we have too few or too many choices. If there are too few choices, there's nothing for comparison. However, if there are too many choices, the decision can become actually debilitating to the point where some people might walk away because of the anxiety. And this is known as decision paralysis, and we certainly don't want that to happen. In society today, it's commonly accepted that autonomy or the ability to make one's own decisions is a good thing. Dr. Barry Schwartz, however, challenges the myth that giving people more choice is positive, you know, and makes them feel in control. Rather, he suggests that the paradox of choice is that too much choice creates anxiety and reduces satisfaction with the choices we make.

He says that the human brain simply isn't designed to process and compare the sheer amount of information it's often given. And while consumers say they want choices, the need to select between endless options can become a cognitive burden rather than a delight. He says that choice overload also results in people freezing and not making

any decision because they fear making a bad one. That notion of decision paralysis again. I came across a Dilbert cartoon recently in which he's holding a gadget from a salesperson who is explaining that the product comes in 20 plus models with over 9,000 options. And while I don't think we have quite that many options in hearing aids today, I would argue that an expert hearing aid recommendation by the professional is essential because patients are not hearing an amplification experts and we really don't want to, in the words of Dr.

Schwartz even, you know, shift the burden and responsibility of decision making from someone who knows something, namely the doctor, to someone who knows little to nothing and is not in the best position to make the decision. So this doesn't mean that we simply tell patients what to do. This means that we guide them with our expertise. Clinicians supply information and advice based on their scientific expertise in treatment and intervention options, along with potential outcomes. Patients, family members, and perhaps caregivers bring personal knowledge on the suitability of different treatments for the patient's circumstances and preferences. It's the professional's job to marry all of this together to provide the best technology recommendation. After all, we are the experts.

Also, keep in mind that while patient-centered care is the cornerstone principle in healthcare today, and it's very important to ensure that each patient receives comprehensive care and exceptional personalized experience. Patient-centered care does not mean that we simply agree to every request an individual has. Rather it's going to involve meaningful engagement between the professional and the patient on the evidence, the options that are available, and the decisions that need to be made with consideration for a variety of factors. So what should we keep in mind? Oh, let me back up one step. We have to know the technology and how features can be used to meet the unique needs and goals of each patient. And we have to avoid something called the Einstellung effect.

This is an effect in which the brain's, it kind of goes along with the brain's tendency to stick with the most familiar solution to a problem and ignore alternatives even when better or more appropriate solutions exist. So as an example here, this is Starkey's latest technology family, Genesis AI. Industry-wide technology is always changing, always improving. So be sure to invest time in keeping up on what's available and how it works and how it stands to benefit individuals. There are certainly many tools to support us as professionals. There are white papers, websites, and of course, both virtual and in-person training opportunities to name just a few. So be sure to take advantage of all of the tools that are available.

And we have to know the patient as well and what's important to them and their loved ones. And we talked about several tools to do this in part one of the series. We also benefit by knowing what influences technology adoption. You want to consider how improved the hearing aid you have in mind is over the previous generation of technology or simply in comparison to other devices. This is an important consideration if the patient knows something about hearing aids or is looking to replace their current amplification system. You want to ensure that the technology can meet individual needs and goals and be easily integrated into daily life. Consider ease of use. You want the hearing aids in their ears and not in the drawer.

Gotta make sure that technology we're recommending is not too difficult for them to use. We need to ensure that patients can experience features that will be valuable to them during the trial period. And an effective discovery process should help identify what will be meaningful and then from there, pick one or two things and make sure that the patient experiences the benefits of those features. And with observability, this can extend beyond physically seeing the hearing aid. This is ensuring that the hearing aids you recommend allow the patient and the people important to them to notice enhanced communication abilities and an overall improvement in quality of life because

that will lead to a positive reaction. When it comes to technology adoption, patients will be in different stages of their hearing journey.

And while there are some innovators and early adopters, we need certainly to be prepared to cater to everyone in their journey. So that means offering services and education that helps bring further awareness about hearing healthcare in our communities and remaining educated and a resource to our patients for available treatments, including both clinician-directed and patient-directed care. The fifth step for empowering patients to pursue hearing healthcare pertains to overcoming objections they may have to amplification.

And unfortunately, there are quite a few objections to hearing aid use. I'm showing some of the common ones here. "It doesn't really matter if I can hear perfectly." "What's the problem? I can just turn the television up." "She always talks to me from the other room." "I'm too young for hearing aids and I don't want to look old." "Hearing aids are expensive." "I can hear fine." "It's not me, it's you who speak too softly." Or perhaps, "I don't go out anyway so why does it matter?"

And I'm sure you could probably add a couple of more to the list that I've got here. So if you have a moment or if you'll up to taking a moment to navigate over to the chat window, I would love to hear the most common objection you hear or maybe you've got something that's not shown here that's maybe a favorite or a memorable objection that you've received in the past. We could all benefit from hearing from one another on those common objections or even those unique objections.

The goal in overcoming objections is to alleviate the concerns an individual may have and help them move forward. And I want to point out that objections aren't bad before we dive into tackling some of them. They often mean that the patient is engaged, the mere fact that they're sharing versus walking out the door means there is still interest

and hope for a successful outcome. Objections provide an opportunity to find a solution. Once an objection is identified, you can find a solution that will meet the patient's needs. They provide direction on what's needed to assist the patient with moving forward. And they also foster an environment of collaboration, which is very important as well. So now let's go ahead and jump into a few of these objections and ways of addressing them.

And first up is going to be stigma and the fear of looking old with hearing aids. It can be helpful to try to shift the person's perspective of associating the look of hearing aids with being old by pointing out that communication mishaps or the disappointment others feel when they don't respond properly or not at all is more noticeable than a hearing aid. Also, ensure the patient knows that hearing aid technology is no longer big and bulky. There are sleek, stylish, and inconspicuous options available today. So be sure to show them hearing aid models and images and how good hearing aids can look. It's quite perplexing how we can have so much fun with glasses, right, and the frames of glasses, but for some reason, hearing aids still conjure up this notion of feeling old.

Well, it's definitely a new day, right? And we really can try to help shift that perspective by showing them the technology and how good it looks and how good it can look on them as well. The cost of hearing aids is a common objection, but it's important to know that it's also voiced by patients who have every intention of moving forward. So let's jump into this one. Why is cost the most common objection? Because all purchases come with some level of risk. What you'll want to do is turn the conversation into one about risk versus reward. Demonstrate and measure the value the technology brings. Show the individual that the rewards justify the risk. If the patient comments that they can get a cheaper hearing aid somewhere else, or you know, kind of suggest to you that you're in a competitive situation with another practice or entity, or if the patient thinks that a similar cheaper product can do everything they need, always

provide your best pricing and emphasize that the features that make your technology recommendation and practice superior.

What are those features that make the technology you are suggesting and your practice superior? So share some of those thoughts. Shift the conversation of cost to one of worth. That will be very helpful. Verification and validation measures are extremely helpful for overcoming objections that center around the cost of hearing aids. Research shows that real-ear measurements, speech mapping, and speech-in-noise testing can be used to justify your recommendation. Verification and validation measures, including speech-in-noise testing, can help facilitate the right experience for patients and ensure that amplification is doing what the patient needs it to do. These tools can also help facilitate patient buy-in, which refers to the ability of a patient to wholeheartedly believe in you and the recommendation you're making.

Verification and validation measures can also increase closure rates. Hearing aid closure rate is defined as the number of opportunities to fit a hearing aid divided by the number of hearing aids actually fit. Hearing Instrument Association data from several years ago showed that patients are more likely to be extremely satisfied when tests have the perception of being high-tech. And at that time, leaders of the HIA said that they couldn't think of a better example of high-tech pre-fitting measures than speech-in-noise test. So be sure to check out part one of this series for a conversation on speech-in-noise testing. I dive into a couple of easy-to-implement clinical tools, the ANL test and the QuickSIN in part one.

So be sure to check that out. Verification and validation measures can also be used. There's data to show that they can reduce the number of office visits that are required. Speech-in-noise testing when used on its own or in conjunction with verification measures can reduce the number of visits required to effectively fit amplification. So that certainly is beneficial to the patient. That is also beneficial to you as the

professional. Also, know that by implementing verification and validation members, you can also increase customer satisfaction and increase customer loyalty as well. Data from several years ago showed that the use of validation measures, like, again, speech-in-noise testing, can increase the patient's willingness to recommend the hearing healthcare professional on the order of 18%.

And hearing healthcare professionals who used both verification and validation tools achieved loyalty ratings of almost well 84, little more than 84%. So all wins here. You've heard speech-in-noise testing mentioned a few times, and I definitely want to encourage everyone to get on board with doing speech-in-noise testing if you're not already. Not only can it help patients overcome objections they may have to amplification and the cost of hearing aids, it's just foundationally important for us to measure the most common complaint of patients with hearing loss because we know, right, it's been proven that hearing in noise can't be predicted by the audiogram and suprathreshold word-recognition testing. SIN testing is easy, it's fast, it's reliable.

It can be used to predict hearing aid use. It can be used to help you make technology and feature choices and justify those. It can be used to assess hearing aid benefit once the patient is fit, and allows us to be compliant with best practice guidelines as well. So a lot of advantages to implementing and using speech-in-noise testing. I mentioned before in part one, I dive into a couple of useful tools that are easy to implement clinically. I talk about the acceptable noise level test by Anna Nabelek. This tool is designed to measure a patient's tolerance for background noise. Willingness to tolerate background noise is related to hearing aid use. So the ANL can help predict if patients are actually going to wear their hearing aids and can even help validate the need for noise reduction technology, directional microphones, remote mics, or even the need for additional counseling because patients who are noise intolerant are going to need more support and more encouragement along the way.

And the ANL can be completed in as little as three minutes. In part one, I also talked about the QuickSIN. There are a variety of applications for this test. You can use it to measure unaided performance in noise to help determine technology needs. You can compare the patient's performance with their old technology versus their new technology, the technology you're recommending. You can also use it to quantify performance with omnidirectional versus directional microphones. You can tap into the benefit of directional or remote microphones as well. The QuickSIN can also help you prioritize your listening demos, right? Time is precious. And if you can kind of hone in on the most impactful listening demonstration to do, that can be a big win.

And the QuickSIN can also be used to help justify the expensive amplification as well. And less than five minutes with the QuickSIN, depending on the number of applications that you do. So really here, you know, a minimal investment in time rewards us with all kinds of valuable information that can help determine amplification choices, help facilitate realistic expectations, and even help overcome objections as well. And one of the very best things about speech-in-noise testing is that people don't argue with their own data. I love this quote from Bob Pike. If hearing aids provide a measurable advantage, it's difficult for an individual to dismiss them as not worth the cost. So keep that in mind as well.

Another tool that exists to help justify the cost of hearing aids are health and wellness options that provide an opportunity for hearing aids to expand beyond the domain of better hearing to support the whole person. Features like activity tracking, fall alerts, and audible reminders, perhaps for medication as one example. You know, having those audible alerts or reminders through the hearing aids really provide a way to meet the needs and interests of patients and their families. And while it's beyond the scope of this course, two final thoughts on overcoming objections are to implement promotions, kind of provide opportunities that may be interesting to engage patients and also consider unbundling your services as well. And again, beyond the scope of

the talk today, but these are a couple of considerations for overcoming objections as well.

So the next objection we'll talk about here is the objection of getting by. So we hear this sometimes in a couple of, you know, a variety of different ways, but with statements like, "I don't need a hearing aid, right? I can just turn up the television volume." So let's take a look at what we can do to help address patients who present thoughts around the fact that they are just getting by. So if presented with this objection, what you want to do is revisit the unique needs and goals the person has and remind them of the value you measured or demonstrated. Also, be sure they know that good hearing is not only important for good communication, but overall health and well-being as well.

You want to communicate urgency in treating the hearing loss because there is urgency. And why is there urgency? Because hearing loss is correlated with a number of chronic health conditions. And individuals with even a mild hearing loss are three times more likely to fall than those with normal hearing. Mild hearing loss also increases the risk of cognitive impairment by two times, and that jumps to five times with a severe degree of hearing loss. The literature also tells us that older adults with hearing loss experience a 30 to 40% faster decline in cognitive abilities, and seniors with hearing loss are significantly more likely to develop dementia. And this is a topic that the baby boomers are really concerned about.

It's in their top 5, 10 list of things that they're concerned about. The Lancet Commission on dementia published a report a couple of years ago that showed that 40% of dementia is potentially modifiable and that hearing loss is the largest modifiable risk factor in midlife, not end of life. So hearing loss should be addressed as soon as possible. Some more evidence for that. And then finally, there was a large study done at the University of Oxford that showed that people with a moderate degree of

speech-in-noise impairment had a 61% increase in the risk of developing dementia and those with a severe degree at an 80% chance. So we want to be sure to educate patients about these things and communicate urgency because there is urgency.

Statements like this one, "I should probably wait and talk with my spouse," are consistent with what we call the need to consult objection. This one occurs when the patient wants to discuss the recommendation you've made with one or more family members that are not present at the appointment or have not been part of the evaluation and counseling process. So what can you do here? An important part of the discovery process is identifying the patient's requirements for action. Should a hearing loss be identified during assessment? In part one of this series, I explained that a successful discovery process, sometimes called the case history, is one that empowers the patient to understand the impact of their hearing loss and to be able to identify their personal goals and priorities so that a personalized treatment recommendation can be made.

By including the patient's requirements for action, you set yourself up for success because you know right out of the gate what's going to be needed to help get that patient on board with better hearing. So is it that they're going to want to talk to their spouse before making a decision? Is it that they want to get another opinion or price quote perhaps? As I'm sure you know, patients will often want to consult with a family member or a trusted advisor before making an investment. I think we all do this, right? So, therefore, try to make sure that that important third-party is at the first appointment. Only 17% of appointments without that important third-party individual will lead to action.

So it's very important to have all relevant parties present because that's going to save an additional visit and repetitive counseling down the road. Your office staff can absolutely assist with this during appointment scheduling. Here's an example of what I

mean by that. Perhaps that patient care coordinator or that assistant says something along the lines of, "Mrs. Jones, I have an opening on Tuesday morning at 9:00 AM, will your husband be available to come with you then? If not, let's find a day and time that will work well for both of you." And that's just one example of possible phrasing, right? There are several possibilities out there, but really help, you know, between yourselves and your staff, really steer appointments to include those significant others and those loved ones.

And what would hearing aid fittings be like without a frequent dose of, "I need to think about it." So if presented with this objection, recognize that the patient isn't saying, "No, I don't want the technology or your service." What they're probably really saying is, "No or a form of no because you haven't given them enough of a compelling reason to buy from you or have satisfied all of their concerns or priorities." So this objection, the I need to think about it, is usually a combination of things. It's usually a combination of cost, wanting to consult with a family member or trusted third-party, and event timeliness. It may, unfortunately, potentially also communicate a lack of trust in you or the technology you're offering.

So my point is just that multiple factors are usually involved when someone says they need to think about it. So we don't want to get to the finish line and not be able to cross it, right? So keep in mind that by identifying the patient's expectations for hearing aids and their requirements for action during the discovery process, by tapping into those things, you can be intentional with the procedures and the counseling you do to avoid this objection. And here are a couple of examples or a few examples of questions that you can use to help tap into a person's expectations for amplification that, again, are going to help you develop a mental framework for assessment and counseling so that objections don't surprise you later on.

Considering expectations on the front end of the evaluation process can also help you address unrealistic expectations from the first moment on. So by way of a few examples, 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 or your children or your colleagues, right, or your friends better? Have you read about or researched hearing aid technology? Right? Again, just a few examples of questions you can use to tap into those expectations and plan your course of assessment and counseling.

You also want to identify the patient's requirements for action right at the very beginning of your interaction with them. And this is a topic that's often overlooked, but really crucial to understanding the patient and for preparing to overcome objections to be able to move or help encourage the patient to move forward. And I've just got one example here for you. One way to probe this is to ask something along the lines of, "If the test results indicate that a hearing aid would be helpful, are you prepared to move forward with that decision today?" You know, that will tell you a lot. And once again, their answer can help you be intentional with your testing and your counseling, planning further meetings even or appointments.

So being intentional can really help ward off a roadblock later on and really help with time efficiency and being most impactful throughout each and every visit. Trust. This is an important topic. There's a fundamental rule of business that states people do business with people they know, they like, and trust. And we talked about some of the things that help build great patient-provider relationships in part one of this series. So definitely be sure to be communicating attributes related to trust in every aspect of your physical office and your digital office, right? And I would actually say here, even that some would argue that this rule actually is missing a word and that word would be value.

So keep in mind or think about, you know, is your mission statement and value proposition evident literally where people can see it and figuratively in every aspect of both, again, the physical and digital office. Make sure you have a mission statement and a value proposition. And make sure that that is, again, apparent and evident and easily accessed. You want to come across certainly as professional, knowledgeable, and credible with the right skill set to provide the very best patient care possible. And of course, your actions and your reputation are everything. Maya Angelou famously said something along the lines of, "I've learned that people will forget what you said, they'll forget what you did, but people will never forget how you made them feel."

And be sure to measure or at least demonstrate the benefit a person can expect with hearing aids. If hearing in background noise is the patient's biggest problem and the very reason they came in to see you in the first place, then you can actually measure, for example, that they hear 30% better in noise with the hearing aids that you recommended, there's much, much less to think about. And remember what I said earlier, people don't argue with their own data, right? So if you consider this notion of trust and your physical digital office and all of those things and the items that go into a great patient-provider relationship, if you dive into that and really, you know, have a solid approach to that, you're not going to run into an objection of the patient not trusting you or your recommendation.

So here are a couple of, or final consideration when it comes to, "I need to think about it." If the patient can't move forward with your treatment recommendation, remind them of how much you want to help them and then encourage them to contact you if anything changes. Also, I would recommend logging a follow-up call on your calendar, you know, maybe two to four weeks down the road to check in with them. Actions speak louder than words, right? And if you reach out at a later date, that's going to show that you really do care. Regardless of the objection you're presented with, keep

these guidelines in mind. When you're handling objections, you want to acknowledge that you understand how the patient feels.

You want to thank them for sharing their reservations with you. You want to get to the core of the objection and provide a solution. You want to reassure them that they are making the right decision at the right time and with the right individual, the right provider. You want to educate but not defend your position, the technology, or your practice. You want to definitely avoid an adversarial posture and you want to invite the patient to enjoy better hearing and a better quality of life. Now let's take a look at some professional tips for empowering patients that can be applied to really all that we've discussed throughout this series. The first tip I want to share with you is to understand generational differences.

The information you share and the overall tone, style of communication, and the language you use should vary based on the generation of the person you're talking with. And here I've just got a comparison, you know, kind of a general one here between older patients and younger patients. But, you know, here are a couple of thoughts, right? Older patients rely on gut instincts, whereas younger patients rely more on analytical skills. Older patients are going to prefer that face-to-face interaction and telephone calls whereas younger patients like text and email messages. Older patients are value aware, whereas younger patients are price aware. And so really just the takeaway here is to be sure to consider how you are discovering and hearing aid counseling processes should differ, right, to potentially be most impactful.

Here's another important tip for you or consideration, and I mentioned this already actually. Define and communicate your value proposition. What differentiates you from other practices? Why should the patient spend money on hearing aids with you? Your value proposition tells people why they should do business with you rather than your competitors, and makes the benefits of your products or services crystal clear from the

outset. So identify what is special about your practice and incorporate that into every step of the patient experience. So they should hear it, they should see it, and they should feel it. And keep in mind that your value proposition needs to evolve over time. You can't keep doing things the same way forever.

There's really a lot of information out there on consumer behavior. So just want to encourage everyone to occasionally look into that, read on that a bit. Studies also show that people remember 10% of what they hear, 20% of what they read, and 80% of what they see. So the human brain processes visual cues better than written language. So be sure to incorporate visual tools into your counseling. In part one, I talked about multimodality learning styles and well, there are a variety of learning styles. We've got five primary learning styles to consider and two secondary ones. And so a safe call is to just incorporate a multimodality approach to your counseling. So I've got a few examples here from Starkey's Pro Fit software.

There are a number of visual tools that can be impactful for counseling patients on the need for and even the benefits of amplification. So here you're seeing the hearing loss simulator where you can populate the patient's hearing loss, you can populate the speech sounds, common environmental sounds, you can explain what they're missing and can be a very helpful visual tool. Also, this is the integrated speech mapping that's available with Starkey technology. So when we can add, again, this visual element in, we can show them what the impact is without amplification, we can show them then with gain added what things look like, how we can easily meet those soft, average, and low targets, for example. And then also keep in mind really your measurements as well.

Very important. This is a visual here for the REM target match feature that's available through the Pro Fit software. So a nice visual tools here for you as well. And then also, know and keep in mind of course that hearing aid brochures can be very useful, but they should be consistent with the expert recommendation you are making. So also

have those available. Hearing aid brochures should be given out by you, not just something that patients can kind of, you know, randomly access in your waiting room, for example. And so, yeah, let's talk about the waiting room a little bit. What you want to do with your waiting room, you want to focus on patient education and helping individuals learn more about your practice.

And as I just said, right, don't have the hearing aid brochures there. You want visuals and informational material that will help them learn about the ear, about hearing, about you, about your practice, things that will help them prepare for your expert recommendation and identify you and your team as experts in the community. So consider sharing information on topics like ear anatomy, the impact of hearing loss, those comorbidities of hearing loss, right? We were talking about before the benefits of amplification and what I like to call epic testimonials, which we talked about in part one of this series. And don't forget that baby boomers really care about cognitive decline as well. Be prepared to demonstrate hearing aids and accessories.

This is going to allow patients and their loved ones to experience the benefits of amplification and can really help motivate them to action. One of my favorite things to do is to counsel on the hearing test results while the patient wears demo devices. They're able to follow the conversation more easily and family members can't believe how well they're interacting and tracking with me all before I've done any formal counseling on amplification. You know, I might say something along the lines of, "You know, Mrs. Smith, I'm going to have you wear these while I explain your test results and my recommendations for your next steps." You know, we all vary in what our appointment length looks like and kind of the flow of appointments, right?

I've worked in a lot of medical centers and busy ENT environments. You know, sometimes it's a quick assessment, or an assessment, and then they go off to the doctor, right, and we don't actually talk about hearing aids at that exact moment in

time. So just, you know, I'm planting a seed before I've even said much about hearing aids at all. So lots of ways to demo and if you have time, program the hearing aids to the patient's hearing loss. If not, you can set up your demo devices in a pre-programmed manner for different degrees of hearing loss and configurations and then just move to the memory environment or program that comes the closest for the individual.

You know, think about pairing your demo hearing aids with a smartphone to let them experience a streamed binaural phone call, for example. Streaming usually sounds better with more occlusion. So that's why I am suggesting occluded earbuds here. Another idea, have the demo hearing aids paired to a remote microphone, right? And then walk away or turn around and ask them a question. So the whole point of a listening demo is to let the patient and their loved ones experience amplification. And there are a number of ways to demo effectively. Just wanted to share a few ideas with you. A strong support system has many positive benefits. Research shows that having an active social support network can contribute to both emotional and physical health.

So you definitely want to involve loved ones to provide support and encouragement on the journey to better hearing. For many individuals, having a family member or friend with them gives them security and confidence. It also can ensure that more questions are asked, more discussion about the care takes place potentially, and that a family member acting as a carer or caregiver can ask how to best care for and support the patient as well. And as I mentioned before, right, involve these individuals from the very beginning of the process. And part one of the series I mentioned a helpful tool offered by Starkey. So I'm sharing an example here. This is the Hear Share app. This is an app that's actually used by loved ones, individuals who are invited by the patient to view things like hearing aid use, the amount of physical activity, and degrees of social engagement on a daily basis.

So loved ones can open the app to check in on the individual wearing the hearing aids at any point in time, or elect to receive notifications of met or missed goals, which then allows them to reach out and support the individual wearing the hearing aids. So just an example of a tool that's available to help bring those loved ones into the mix. Appointment length. This is an important topic. Invest the amount of time that will allow for proper discovery, needs assessment, and counseling. Shortcuts are not going to benefit the patient or you. In fact, research shows that short healthcare visits can impact the patient-doctor relationship, can increase patient frustration, and increase the likelihood that the patient leaves with a prescription rather than what's truly necessary for actual change.

So a couple of ideas, right? Because again, depending on the length of time we have with an individual, you know, here are a few thoughts. Try to do some of the discovery ahead of time. You know, including those subjective communication needs assessments. Use your team to their fullest potential. Your patient care coordinator, audiology assistants. Have some educational materials ready to go. Use remote programming to provide counseling, programming, and even fine-tuning assistance at any point in time. There was a study done actually by Starkey not long ago that showed, just over 37% of participants I think it was, yeah, that the availability of remote programming would actually have encouraged them to pursue hearing healthcare sooner. So food for thought there.

If you're not on board with remote programming, which is widely available across the industry, definitely consider getting on board with that. There is so much that you can do with remote programming. You know, it's fast, it's convenient. You know, if the patient has health challenges, if they live a long distance away, maybe there are obstacles like bad weather or transportation issues to overcome. So lots of possible benefits there. Pro tip, don't forget to recommend accessories for patients who could benefit from them, maybe to reduce the effects of distance and reverberation to or from

a sound source, to improve the audibility or potential sound quality given the dynamic in the room, like with a TV streamer, or to improve the signal-to-noise ratio with a remote microphone.

So here I've got some data for you that looks at the improvement on the hearing in noise test with Starkey's table mic as one example. So the lower the number, the better the performance on the hint. And while not every patient is going to need an accessory, some will really benefit from them. So in conclusion today, when it comes to hearing aid satisfaction, know that research indicates that the effectiveness of the hearing care professional is actually second behind hearing aid performance and sound quality by way of factors that impact satisfaction with the amplification. We are more important than the physical attributes of the hearing aid, maintenance, and even the cost of amplification. And therefore, keep in mind that professionalism, efficiency, and quality of counseling all matter.

People want to feel their needs are your priority and appreciate when their expectations are managed properly. Individuals want evaluations and processes that are comprehensive and yet still easy to understand and they want leading edge technology and data-driven techniques that demonstrate the benefit and value of hearing aid technology. So I just want to leave you with one final thought that I think really captures the essence of all that we've talked about during this series on empowering patients to pursue hearing health. This from Walt Disney. "Do what you do so well that they will want to see it again and bring their friends." So if you have not seen part one of this series, I'd like to invite you to register for that course.

Again, it's going to focus on how to enhance patient-provider relationships, provide effective patient education, and identify the unique needs of each patient. All very important building blocks for empowering patients. And with that, I would like to thank everyone for joining me today. At this point, I'm going to go ahead and launch the Q&A

window to see if there were any questions during the presentation. If you need to log off, I completely understand. If you can hang in there for a few more minutes, please do so. So let me go ahead and access the Q&A area. Oh, yes. Okay, I see a couple of comments from earlier in the talk when I asked about, you know, common objections or your favorite unique objection that patients provide.

And one response here is, "I don't need to hear my wife." Yikes. Right? One time my brother-in-law asked me to reach out to his mother to talk with her about her hearing loss and about hearing aids. And when I was talking with her, I heard something similar. She ended up telling me that she wasn't interested in what they had to say. I mean, oh my goodness. Right? And then another comment here, "I need to talk to my spouse first." Yeah, right, a common objection that individuals might share. So, okay, very good. I think that's it. Well, here's something that popped up. What are you referring to when speaking about technology approachability? So this is the notion of, you know, how easily can an individual engage with the technology?

So is it something that they're going to be able to easily embrace? Is it something that they can use and feel confident with? So a couple of different considerations when it comes to the approachability. I wonder if, you know, when we think about approachability, kind of when I, you know, in talking about the adoption, I think I mentioned those elements of the advantage they bring, how compatible they're going to be, the complexity, right, tying into that, trialability, making sure that they experience the benefits that are most important to them during the trial period and having positive observable outcomes as well. So, I hope that helped. And then I see, "I'm already very old. Why do I need to hear better?" I mean, right by way of an objection, a concern. Isn't that just so sad? There's so much.

And you know, that in part one, if you haven't seen that yet in the beginning of that talk, I share a lot of data around the positive attributes and outcomes with hearing aid use

and I guess maybe I'd even say that some individuals are actually going to need counseling outside of our expertise, right? They're going to need that emotional support, that overall kind of life journey counseling. So don't forget or fail to recommend or refer individuals when they kind of doubt the overall quality of life left or you know, that they're okay with missing out, right? Potentially. That kind of idea. All right, well that is all that I see there. If there's any additional questions, I will be sure to get those from the AO team. Once again, thanks, everyone. I really appreciate you joining me today. Enjoy the rest of the day.