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What Never To Do With Objections If You Really Want Patient Cooperation

Presenters: Stephanie Wall Morrow, MBA, Steven Lozada, MBA, PCC, PMP, Sara Barnes, AuD

Hi, everybody. Thanks for coming today. I noticed we have over 50 people, which is super exciting today. My name is Sarah Barnes, and I am the senior manager of commercial programs at Widex, which mostly means I spend a lot of my day thinking about how to make your life easier as an HCP and what can we do to support you. So, thanks for joining today.

The idea for how to build this empathy and connection with your patients really comes from when I first got out of audiology school, and I walked in with my white coat, and I started recommending, actually, I didn't really wear a white coat, but, you know, and I started recommending hearing aids to patients because I really wanted them to hear better. And I was so excited. And I noticed maybe a little less than half the people would leave without getting hearing aids, which really confused me because they came in to get help, and then I couldn't help them. And so I talked to my boss about it, and I actually did a sales training. And the sales training gave me a script that I could read to my patients.

So I tried to read the script, and then it didn't come out as natural, and people didn't move forward with treatment that way either. So really, the idea came from, how can we build skills and give a framework to support providers without necessarily giving them a script, but also without letting people leave without treatment? So it's really important to us here, all of us on this panel, that you're able to help your patients and build that connection. And so that's really what we're here to talk about today. So in case you didn't know why you're here today, this is for what to never do with objections if you really want patient cooperation.

So today we're actually going to be following Betty Jo, who maybe you all have seen a patient that's looked like her before, maybe a little frustrated with the process. We're going to talk about how we can, what framework can we use to address her resistance or objections when we know that hearing aids are the best treatment for her. And hopefully, at the end, you'll have a nugget that you can take back for your next appointment. So I'm not going to be the only one talking today. We are blessed with

Stephanie.

She also works at Widex. She runs our practice development initiatives. So she works with practices and practice owners across the US, and she's even done work abroad, which is pretty cool. And she helps them grow their business in the right direction. And Steven is somebody we've been working with for a while here.

At Widex, he. What I like about Steven is he's worked in healthcare, but he's worked in a lot of different industries, so he brings a really unique perspective, and he has a real passion for connecting people and creating partnership with them. So all three of us are going to be talking today because we think that that'll be a better experience for you all. And we actually all really like each other, too. So it should be a fun presentation today.

So with that said, I'm going to turn this over to Stephanie. Excellent. Thank you, Sarah. Welcome, everybody. It's good to have you here.

We know that in having you say yes to this, you probably said no to something else. I know a lot of you probably said no to not having a working lunch, but we promise that we'll have some really great stuff for you to make it worth your while. So here at Widex, we designed a program that really helps you to better support your patients. We call the program achieving hearing success. And essentially what it does is look at how you can use connection to help to move patients forward.

Sarah brought up a great point already when she mentioned, you know, not knowing how to sell or not knowing what to do and being open minded enough to think, okay, what can I do next? But, you know, things aren't scripty. Things are not one size fits all when it comes to how we deal with our patients. And so what we look at here, going through the program, is how you can really transform what you're doing so that things don't sound pushy, so that things are impactful, they're powerful, and it's really continuing

on. What we know to be the most important is how we can help the patients.

So the conversations that we have are extremely patient focused and getting the patient involved in the process so that it's something that you are working through together, as opposed to feeling like this is something that you're trying to do to the patient or something that you're trying to do for the patient. It's something that you're doing together. When we go through the program, we focus on a few different things, and we really looked at it from the perspective of how do we empower you to make that recommendation as an expert, how do we make it an experience that really creates this trust and bond? And when you do run into situations where you get that objection, how do we use that as a connection and a way to move forward together?

If you look at why this program specifically versus other ones, this is something that, when we designed it, we looked at how do we set hcps up for success. So regardless of how many years experience you have with patients, regardless of what credentials you have, regardless of what trainings you've done in the past, we really look at people that are wanting to take things a step further. How do you elevate that relationship that you have with a patient? How do you become influential with your communication so that you can build that trust in that very first appointment that you have with patients? As you go through the program, everything that you're going to experience is practical, it's actionable, it's the type of things that you can leave today in this session and immediately start using it with your patients.

And the way that the conversational skills are tailored is that it's not just going to help you to move through those challenges that you're running through with patients on a daily basis, but the conversational skills are things that are transferable to other areas of your life, which really makes it easy for you to adapt to. In this program, we really focus on creating community. I know that a lot of you here today somewhat feel like you're on your own island, and it could be because you're the only provider in the practice, maybe you're the only provider in the location. So throughout the program, you

have an opportunity to really network and be part of something greater so that you are able to learn more things, not just from what we bring you, but from what you are able to learn from each other to help support long term success.

The process itself, you know, thinking about how you go through a hearing aid evaluation, hearing aid demonstration, we have it broken out into five different phases. So it is a longer program in terms of content than what we can cover today in this shorter session. So for illustrative purposes today we're going to focus on what we refer to as phase four. It's more of our consult phase. And the idea is to come out of it supporting the patient, solving the problems, being able to move through any of the resistance and the objections that they have at this point in time.

And we typically know that no matter how great of a job we've done in those earlier phases, there's going to be some kind of objection. There's going to be some point of resistance, whether it's a big point or a small point. And the care model that Stephen is going to go through with us today is something that will help you to move through it with the patient together. We're going to take a look at that patient here for illustrative purposes. She has a fictitious name of Betty Jo Moses.

She came in today because she really wanted to see what was going on with her hearing. It wasn't necessarily her idea. Her son has been pointing it out to her. He thinks that something is going on and he's concerned about his mom and she loves her son. She's listening to his opinion enough to be able to come in for that appointment.

She has been able to share with you as the hearing care provider that she is having some challenges when it comes to concentrating. She has specifically described that when she is in her weekly golf league that it's not easy for her to hear with everything that's going on out there. When she can hear, it's using a lot of brain power and it is impeding some of that concentration. She also has described that when she's out to lunch, she has a harder time in those restaurants and she's somebody that's pretty

social. She's mentioned that she goes out to lunch almost every single day.

So she goes through the appointment with you, has a good meeting, is open to accept help. So she is not resistant completely, but she is not quite there yet in terms of saying yes and being ready to be fit.

Many of you have probably seen this. I know that some of you here with us today are already using it because I've seen you in action with it. This is what we refer to as our Widex selection guide. And this is a great visual that you can use with a patient to help support what your recommendation is. It's particularly helpful if you recognize that your patient is a visual learner.

And so in the circumstances and situations that Betty Jo has described to us, we can see here inside of these red boxes that we've got some strong points when it comes to being able to help her in those conversation and noise situations, like a restaurant when she's at lunch, conversation outdoors, and dealing with a lot of those wind noise situations. And then also looking around the table itself, no matter how many people are there, how we can help to set her up for success. So this is a visual tool that you are able to use if you do not have a copy of it. All you need to do is to reach out to your RSM, your ISR, any of us here on the Widex team, and we will make sure that you have this visual. So we've been able to use it with Betty Jo to support the recommendation that we are going to make.

We've got a video here to kind of show what that recommendation looks like. So as you watch this think about how you would respond if you were in this exact situation. Today I'm recommending the Widex SmartTrak 440 because this solution will provide you with the most successful results for your type of hearing loss and the unique listening situations you are in on a regular basis. So when you are on the golf course for your weekly league, the technology automatically adapts to the wind situation and will not distract you from your play when the wind gusts. You also mentioned you like to go out to lunch with your friends quite a bit.

Now when you are in noisier restaurants, you won't have to concentrate as hard to hear what everyone at the table is saying. It will be so much easier for you to stay engaged. Here's the design of the microphone cover dramatically cuts down on the bothersome wind noise that can occur on the golf course. And the angle of the microphone placement will focus your attention on the voices and sounds you want to hear when you are out to lunch. This treatment costs \$6,500.

Oh no, I don't think my hearing is bad enough, not at that price.

Pretty common situation that we run into with patients. Some of you have maybe heard it this week or maybe you've already heard it today. So I'm going to pass it off to Steven and he is going to bring you some great nuggets here that you can start to use with the very next patient you see this afternoon.

Thanks, Stephanie. So to kick us off here, I've just launched a poll.

I'm going to invite you all to go ahead and select all that apply here. So how do you feel when you get this objection, the price objection? How do you feel?

Thank you. For everybody who's voting, this is coming in fast. Appreciate your engagement.

All right, they still coming in?

Give it five more seconds here. It looks like. Oh, no, we'll let this play out. 73% have participated so far.

All right, let me go ahead and we got to that. Somebody said sympathetic, so we did not give them an open field. And I like that. Yeah. I also am not sure if a few people accidentally clicked on excited or if they actually are excited by that.

So we'll have to see. I like it. I think those are people that like a challenge. Yes, agreed. Agreed.

Yes. All right, and I'll go ahead and end the poll and let's share the results. Here is what we've got. The majority of us said curious, followed by frustrated, then annoyed, energized, excited and confused. So those are our results.

Friends, thank you for sharing your thoughts about this and what we're going to do is take you now through a process here for understanding why objections happen and then how you can handle those objections. I am sorry. Let me close that. All right. So why do objections happen?

This is a really philosophical question. It's also a psychological question. So I thought that maybe we'll find a different way of non philosophically answering this question by sharing you something that you've probably all seen before. So you've probably seen this before. Lucy makes an invitation for Charlie Brown, and immediately Charlie Brown says no.

She does a little convincing, some coaxing, makes him an offer that he just can't refuse. He accepts. He finally falls into this, and he goes to kick the ball. And Lucy pulls the ball away. This is interesting to me because in the comic strips, this happened 37 different times.

It happened in eleven animated shows and specials, and it happened in four of the Charlie Brown and Snoopy show episodes. This continually happened to Charlie Brown, and Charlie Brown fell for it each time. So, as you consider objections, I'd like for you to walk away with this concept of Charlie Brown and Lucy and the football, because your patients are consumers not only of your services, looking for treatment and medical care and hearing care, but they are also consumers of other products. And they've had experiences in other domains of making buying decisions that have sort of simulated what happens with Charlie Brown and Lucy. So they're bringing all of their previous buying experiences to your appointment, and they're protecting themselves from the real vulnerabilities of you not pulling the ball away from them.

So I'd like to share two tips for approaching resistance and objections when they occur, because we know they will occur. And the first thing is, when you notice something, don't ignore it. Explore it. Don't ignore it. Explore it.

Now, the reason I have this here is because many times our patients may not vocalize their resistance or objections. Instead of talking it out, they'll act it out. So when you see it, if you see any type of fear, any type of uncertainty or doubt, you should address it. Don't push ahead with justifying your treatment recommendation. Don't push ahead with trying to prove to them why your recommendation is the best thing for them.

Remember that patient care is not something you do to the patient. It's something you do with them. So if you don't address their concern, you'll leave them behind, stuck in the conversation in their head while you forge ahead. And they don't feel empowered or ready to make a decision that accepts your recommendation for their care. So the first thing, don't ignore it.

Explore it. The second piece of advice here, or the second tip, is that when you do get the objection, when the patient does vocalize and express their resistance, don't get combative, get curious. And I love that the poll, most of the poll results came back at curious. The majority of you on the call get curious when this happens, and that's precisely where you want to be. Don't get combative, get curious.

This is too expensive. Might be what you hear or. No way. My hearing is not that bad. This is not at that price like Betty Jo just told us.

Well, what, what are we actually hearing? We may be hearing that the customer has never budgeted for something like this before, so it seems to them too expensive. Betty Jo has never worn hearing aids before, so she's never allocated a budget for this. So instead of trying to prove why this is the best solution, you may want to pause and address this moment of resistance and objection. Asking

questions like, tell me more about that Betty Jo, or what were you anticipating hearing aids would cost because the resistance is happening?

Because there was an assumption that was made and now her expectation does not match her current experience. That's what we call conflict. When our expectations don't match our experience, we create conflict. So in the chat box, if you would be so kind, what other questions might you ask to learn more about Betty Jo's resistance here? Right.

Tell me more about that Betty. Joel is one of them. What were you anticipating hearing aids would cost? Is another one. What else might you ask to learn more and stay curious with Betty Jo while they're typing.

Stephen, I just wanted to add that a few people have typed in the chat that there's some other feelings that come up, like being frustrated that insurance doesn't help, and understanding, which I like this because who wants to. Seriously, who wants to pay for hearing aids? Yeah, it's not anything fun. I mean, like, I know that we get it, like, reconnected with people. Obviously, I believe in it, audiologists, but I'm getting that.

Is anybody typing in the chat? I'm just not seeing it.

About other questions that they would want to ask Betty Jo. No.

Ok, we got one. Thanks, Cindy, on a scale of one to 1010, being most ready, how would you say that you're starting treatment for your hearing? How would you. How ready? I'm assuming.

Oh, how ready would you say that you were starting treatment for your hearing loss? Sorry? It's like being called on to read out loud in class, you know? Yeah. I love it, Cindy, thanks for that question.

I love scale questions. So as a professional coach, as a credentialed certified coach, I love the scale question because the scale question is an easy way to make what is invisible to us, that which is hiding in somebody's mind. It makes it visible conversationally in a safe way. And since you have a skill, you can picture where they are and then ask the right question that can follow, for instance. So what needs to happen for you to move from a five to a six?

It's a great way of segueing another question, or tell me, why didn't you choose a lower number is another way of approaching the scale question. So great. Thank you for that. Steve added in, I understand, is this the first time you've looked into hearing care treatment?

And Polina said, find out about family involvement. And Jess said, maybe if costs were not an issue, would you still be interested in hearing aids? How are you hoping the hearing aids will help you? Yeah. Yeah.

I just want to comment on Jess's two questions there. It's a great way of isolating what is really happening here. So staying in the moment, because if, if we don't ask the question, we may be answering the wrong question. Uh, so I love that she kind of isolated that. That's really good.

Um, Robert said, I tell my patients the priorities upfront and add, I don't know your loss, so I don't know your cost. I find surprising patients with four figure quotes is shocking to most elderly people. I love that. Well, and we're going to pick that up later. You're going to see in the care model how that fits.

But thank you for that, Robert. And then one last question and then maybe we can. But Laura said, what did you hope to accomplish today? Yeah. Yeah.

Always a great question, Laura, when you go through the achieving hearing success training program, that's a question that we put inside of the coach step where we're doing a little bit more discovery and motivational interviewing. So you want to. We're going to. That's a great question to ask early on because in the process that we have in achieving hearing success, that actually anticipates the objection from happening in the future, and we address it early on. And again, we're able to partner with the patient with what they're hoping to accomplish.

So that's a question we do ask early on in the process. And I love that you brought that up there. Yeah. Thank you for that. Thanks, friends.

Thanks for adding those questions to the chat box.

When handling patient resistance, one thing to keep in mind or there are four things here, three things, rather, to keep in mind when looking at resistance and objections. Number one, it's their issue. It's their concern. It's not personal. It is not an affront or an attack on your credential and your experience.

It is on your education. It's not an attack on you. It's not personal. It's their concern. And the good thing is that if they're able to express that concern, that now becomes a gift.

And objections, generally in sales conversations are gifts. Why? Number two, because it's an indicator that your patient is impacted by the findings and they're considering the recommendation. They're right now essentially at a cross road or they're on a cliff trying to figure out whether they're going to cross the bridge to accept the treatment here. That's the concern right now.

It's an indicator for you to know they're taking this seriously. There's something that's emotionally and psychologically happening, sometimes even physically, and you're gonna address it because you know that they're taking this seriously. And then finally, you want to address it because it's an opportunity to

build partnership and trust with your patient. So if you are willing to stand in discomfort with them, if you're willing to stand compassionately in their concerns, it demonstrates that you're not doing something to me. You're doing something with me in my best interest.

And I can trust that if we're handling this moment of perhaps negativity and uncertainty together, I can trust that in the future, if something comes up, when something comes up, you'll be here with me in the same manner. So this is why, when you look at objections and resistance, it's not personal. It's their concern. What you want to do is position yourself to be able to handle it in an empathetic way. And so for that, we've created the care model, and like we like to call this handle with care.

There are a couple of steps. This is not going to be a script. Like Sarah mentioned earlier, we don't want to give you a script to memorize. This should be organic. This should be conversational.

This should be really authentic to your voice and in your tone. What we are offering here is a framework, and you can fill in with your language, the framework here. So the first thing you want to do in a care model is call out this situation. You want to empathetically call out the situational reality. It sounds like this is a little difficult for you.

It sounds like you have a concern around price. It sounds like you might be a little sensitive to this right now. Call out the situation because you are shifting the conversation for just a moment to address a concern. You've come out of the sales conversation for just a moment to support them in their moment of need and curiosity. The second thing you want to do is affirm the patient's expressed reality.

And earlier, the comment in the chat I mentioned earlier from Robert would be essentially what we would put here. You want to affirm them. We don't want to argue with them. Well, there's no need to feel that way. We've got thousands of patients who come up with the money.

If they can bring their family together, they can. They can fix this. This is not a moment of argumentation. This is a moment of trust building. So you want to affirm that what they're sharing is their reality and you're willing to go to come together with them in that reality.

The third thing, after affirming their reality, is to now review and research. So in a previous step of our sales process, in the empathic sales conversation model, we've done some coaching and motivational interviewing. Hopefully you've done a good job there to extract and uncover what's really important to them, what they hope to achieve, what are their challenges, what are their pains, what is it that they desire. Hopefully you've extracted that and realized that and helped them realize that this is important for them to make a decision on. And so you want to review that, see if that's still a reality, and then stay curious because there may be something else that they didn't disclose in the previous part of your conversation.

That's why the objection is good, because it's something that probably didn't come up in a previous step in the model. And once we've done our review and our research, then we move to that final step, which is going to be to explore the possibilities and make a final recommendation. It might be a final, it might be additional recommendations, but you want to explore with the patient what else is possible for us to get you the treatment that you need in order to improve. You're hearing. So this is the care model.

What we're going to do now is transition back to that video, watch it one more time now that you've seen the care model, and then we're going to give you some, a conversational path for navigating the care model and then some other examples. And one thing to keep in mind, so you'll watch the video again under the resources that they mentioned at the beginning there is a worksheet if you wanted to fill this out or follow along with it too.

I'm recommending the Widex SmartTrak 440 because this solution will provide you with the most successful results for your type of hearing loss and the unique listening situations you are in on a

regular basis. So when you are on the golf course for your weekly league, the technology automatically adapts to the wind situation and will not distract you from your play when the wind gusts. You also mentioned you like to go out to lunch with your friends quite a bit of now, when you are in noisier restaurants, you won't have to concentrate as hard to hear what everyone at the table is saying. It will be so much easier for you to stay engaged. Here's why.

The design of the microphone cover dramatically cuts down on the bothersome wind noise that can occur on the golf course, and the angle of the microphone placement will focus your attention on the voices and sounds you want to hear when you are out to lunch. This treatment costs \$6,500. Oh no, I don't think my hearing is bad enough, not at that price.

So you can see how if you start to use the care model, you've got a way to break this down and to cover everything with Betty Jo or whatever patient it is that you are working with. So by starting out, we call it out directly, simply saying something along lines of, I can see that you want to make the best decision.

We then look at how we can affirm it. \$6,500 is a significant investment, especially when you've never invested in this area of your health before. I want you to get the most out of your investment.

The r is review and maybe also research. You mentioned that your hearing loss is stopping you from participating on the golf course and at lunch, which is leaving you feeling isolated.

This is why I'm recommending the SmartTrak 440 and then lean into it. Explore more. Without devices, you won't be able to fully participate in your life. How would it feel to be more connected with your friends during golf?

Based on that, how would you like to proceed?

So, Stephanie, what I really like about this, I mean, these are the frameworks. There was several of us that looked at this language and what we've talked to patients about and went through it. But obviously, people can take this and make the words their own as long as you're following the concept. But what works about this one for me is I really like how you say when you've never invested in your area of health before in this area of health before, because it is a really surprising experience for a lot of people, especially if you don't know what your expectations were. And I think just acknowledging, like,

Cause I think, I mean, not. This is. This is not an expensive amount, but I remember the first time I went to, like, a big city and got a latte and it was like \$9 or something. I had sticker shock there, too. So, I mean, I know I'm not comparing the same, but, you know, like, there is, like, when you haven't invested in that, in something new, everything seems, you know, like a lot of.

I think it's really nice to make people feel heard there. And I also really like the last, like, how would it feel to be more connected with your friends? Because that's really, like, the reason that we do this job is to help connect to people, to one another. And I think it's giving them. I think sometimes in hearing healthcare, we focus on the negative, like, oh, well, you're not gonna be able to hear everything.

You're not gonna be able to. You might still miss things and. But I really like that this focuses on a positive feeling related to hearing. And I think, like, it would make me feel good if I was a patient. So that's kind of, like, for me in the clinic.

Why, I wish I would have had this framework. Like, I think I could have used some of those questions.

It's not like, it's not a script. You know, it's hitting through these talking points in a way that is unique to every patient scenario and also makes it sound like the way you normally communicate. And that's really important. Yeah, yeah. And I'll just add here, especially in the review and the explore step.

I loved what the language that's here. You mentioned, as soon as you hit, you mentioned you're staying in the same conversation. You're not starting something new, you're not introducing another thing that's going to maybe confuse the patient and figure out why are we talking about the price of chicken? Right. You mentioned, and you utilize their language because you did your due diligence to get that information earlier.

And then the last part on the explore, based on that, how would you like to proceed? I love that question, by the way. I didn't write this, so I'm looking at this externally. I love that question because, again, it's inviting the patient to cooperate in what happens next. I love that last question.

So we have another. So I think that kind of sets us up for Betty Jo. We're going to say goodbye. To Betty Jo for today. Oh, Stephanie, I'll let you.

I'll let you read the next one. We have a new. We didn't give him a name, so if you guys have any suggestions, feel free to type it in the chat for this guy's name.

He's looking frustrated there. Okay, we've all heard this one, right? This is too expensive, especially compared to what I can get at Costco. We know from big box we can't compete on price, nor should we. We also have the advantage that a Widex device is not available at Costco.

So now we can look at how we power through using the care model to address this type of objection, which is all too common. So let's call it out. What I'm hearing you say is that you're looking to save money by going to Costco. Is that correct? This gives them a chance right then and there to go ahead and dispute it.

We then look at how we can affirm it. We're referencing that cost and that investment. \$6,500 is a significant investment. I want you to get the most out of your investment, which is not just for the hearing aids themselves, but also for the hearing healthcare and what we are going to do when we work together.

We've got that chance to review and to tie in what we've already researched. These Widex hearing aids are not available from Costco or from any other big box store. Only highly dedicated hearing healthcare professionals committed to exceptional outcomes can fit you with these types of devices. Now, you have a few options with Widex hearing aids that are less expensive, and there are some that are more comparable to Costco prices.

Then we look at how do we explore it. I could fit you with a lower technology hearing aid that will save you some money. But I need you to be able to tell me what you're willing to accept in that trade off. Now that you know your options, tell me which hearing Aidan is going to give you what you want the most. I really like this one, too.

As a, you know, as a, like, as a hearing healthcare provider, as an audiologist, like, I love the first question, number one, because I could see 50% of my patients say, well, actually, no, I don't want to go to Costco, but I just wanted to, like, hear the difference, or I just wanted more information. So I think when people are saying that, it's just a comment, sometimes more so than an actual objection, and I think you're inviting them to tell you more. And I really also like the last, the explore. Well, I like I like them all, but I really like the part of the affirm in the review and research. I'll let Stephen talk about the explore, but I like the part in the affirmative review and research that it highlights you as a professional, as somebody that's available to them and wants to be working on outcomes comes with them, because we know, you know, that there can be a difference in the care obviously provided.

So. And what you're providing is head and shoulders. So I like this one a lot, too. So, Steven, I'll let you. I'll let you take it from there.

If you have any comments on any of it, I'd love to hear that. I also love the explore step, and I think I'm going to love all the explore step ones for a number of reasons. Number one, I need you to tell me what you're willing to accept in the trade off. I love that transition, because the alternative would be, well, if I give you a lower technology, then you lose the ability to do this, and you lose the ability to do that, and you won't be able to enjoy those noisy restaurants like you said you were. It's almost too combative and adversarial.

So trying to, instead of planting that, asking what are you willing to accept in a trade off, again, involves them in the decision that's best, in their best interest. And, of course, we're going to provide some options. Tell me which hearing aids give you what you want most. I love, love, love that question. It wasn't tell me which hearing aids help you hear better, because that is a product focused conversation.

We know that they're giving them. We're making the best recommendation with the smart RiC 440, but to have them disclose which one gives them what they want is head and shoulders above anything else you probably could say or ask in this step. Stephen, we did get a comment in that I want to address two questions. Robert said, how do you address the question? What's the difference between you and Costco?

Robert, I'm going to tell you, you can come to the full session, and we'll definitely go into that in detail. But for time today, we probably can't dig into that. But I think Ashley had a comment that we don't offer different levels of technology because we want our patients to have the best possible hearing in all situations all day. And I agree with that. I love that.

So if somebody didn't want. So, Ashley, I love that you brought that up, because that's the point of the framework, is that it can be flexible for what you do. Within your practice. And so, Stephen, to you or Stephanie or me, do we have any recommendations for somebody that might not want to offer a lower level of technology under the excitement floor section, but for somebody that's recommended committing or that indicated that they don't want to spend as much money? So if you think back to the video that we watched, you notice that the HCP in it made one recommendation, right?

Like, wasn't using a menu, wasn't going through. What happens if you have a 440 versus a 330 versus a 220? So the best practice there is always sticking to one single recommendation based on what you know that patient is going to be successful with and leaving costs out of it, which I know is tricky because we don't know if the patient is going to have an insurance benefit, do they not? There's all of these different options when it comes to payment. What we're trying to do is build so much value in what we're doing with the patient that the amount of the price tag is less than the total value that they're experiencing.

And I wanted to kind of link this to something that Steve had mentioned a few moments ago. Thank you for saying this, Steve. He had said, we try to close early, not late, in terms of the appointment. And so what we're trying to do in those earlier phases, which will be covered in the full achieving hearing success program, is to get to the point where we are building so much value and taking steps to close along the way that when you get to that objection, if you move through this model, you're going to be able to move past that resistance and move forward to partnering and going forward. And this is actually a question that I wanted to ask Stephen, because I know that this comes up a lot from time to time.

Steven, with the care model itself, is it. I need to hit every one of the points to CA, the r, the e. What happens if I go from, like, c to r? Could you kind of speak to that of how it's going to set the provider up

for success? Yeah, I love that question.

If we skip any of these steps, we actually might miss one of the most emotional, important triggers emotionally that are happening with the patient. When we call it out, we're telling the patient, this conversation is important enough for me to stop everything else to address this with you. So the patient is still at the center, affirming lets the patient know, hey, I'm hearing you. I'm not ignoring you, and I'm not going to try to convince you you're wrong again. We're trying to build partnership and trust with them.

So being with them and affirming them is going to be key. The review and the research is necessary because we don't really know what is at the heart of the objection. Right. So we want to review what they told us in the pre, in a previous discussion, or we want to dig in deeper to undercounted what really might be happening here. If we don't do that, we again maybe answering the wrong question or the wrong objection and then finally get to explore, which is inviting them to now address their own concern.

If that's what we really want. We want them to come up with their own answer because people do things for their own reasons, not ours. So every one of these steps is necessary. It doesn't need to be verbosely, but it does need to hit those triggers in order for you to influence and help your patient make a good buying decision. Stephen, back to Ashley's original question.

If you didn't want to talk about different levels of technology under explore, do you have any suggestions for something else you could bring up that might still be able to invite a conversation about price, but without actually offering that lower level? And if you don't have anything, I know I'm totally putting you on the spot. Ashley, we did rehearse a lot of these slides, but we didn't go through everything that you guys could possibly tell us. So, yeah, that would be impossible. But we could be pretty good here.

And I don't have an answer, but I always have a response. That's my disclaimer. That's always my disclaimer. A couple things I agree. You don't actually have to offer another technology.

One recommendation, as Sarah mentioned earlier, is probably the right way to go. What I would do, though, in this response is I could fit you. It's tentative because your patient knows that there are other options. So don't even go. I wouldn't even kind of gloss over it.

I would put this as a tentative, just the way it's here. I could fit you with lore technology, but tell me, you tell me, what trade off are you willing to accept? You should be able to show them. You told me you wanted x, y and z. These are the things that you said are important to you, and this is the device that best suits those needs and give them the power to make the choice.

Right. But as a consumer, I know I have options. So don't hide the ball from me, because the moment you hide the ball from me, I'm thinking you're trying to pull the ball away from me like Lucy did to Charlie Brown. Just so you're saying in a general sense, without getting into the weeds. Yeah, without getting into the weeds.

Because I think Catherine had another interesting comment from a patient. It seems pretty competitive. Catherine, she said, I told the patient that you will lose this and this if we, if we go down in technology levels. And he told me that I'll find another brand with a lower price and all these benefits. Yeah.

And that, that's, that's precisely what's happening because of kind of, it could be interpreted as a combative response. Instead of trying to elicit them to come up with this, they're going to come up with a wise guy response to then get out of that conversation. They're trying to get away because they feel like you're trying to pull the ball away from them. So getting them to tell you, and if we've done our due diligence, especially inside of the two steps that precede this one in the achieving hearing success

model, we've done our motivational interviewing. We've delivered our patient value proposition.

Now we've shown them this is what you said you want, this is how you are going to get it. And it's with this particular device and this set of treatment. At that point they should be able to make a determination. If they really want that level of care and treatment, then they're going to say yes. But again, I'm inviting you all to consider not to be adversarial because it's not a fight.

We want to support them and to realize that you can give them one option and invite them to opine and explore what are their possibilities. They want control. Of course, I have toddlers, so I really understand that. I also, but I mean, even as an adult, obviously I want control, too. So, I mean, you know, we all want that and it's hard to not take that first.

I struggled to not take that personally. I guess maybe other people are better at it than me. Do you guys, I think we have time for one more if. What do you think? Otherwise, we do have a few comments I haven't had a chance to read.

Let's see. Let's try to maybe get through the last one and we'll see what other comments are coming up, maybe wrap it up. We appreciate. I wasn't so just Ashley said she loves the approach of adding as much value as possible because if the focus goes to the level of technology, it can go to the direction of price shopping, other brand comparisons rather than how you can provide them. So I think what I'm hearing you say, Ashley, is keeping the value on, like, what you're bringing and not necessarily the actual value of the device or like, what the device is bringing, I think sets you up for success.

And then somebody said, Steven, do you interchange the words want and need? For example, you've. I like this a lot. You've told me that you need to hear this, this and this, and maybe you want to save money. I'm assuming that's where you go.

You only want to spend this much or whatever. You want to hear these things even. I think, Stephen, I don't know if you have a comment on that. I do. I like the word want above need because want feels and sounds more powerful.

It makes you a little more assertive and more grounded versus need, as if there is a gap and there's scarcity in me, and I have to try to find a way to cover that. It's almost letting you know that you have a loss, a deficient, or loss of control. So I like the word want. Really? I was almost thinking the other way, Stephen, like you told me, you need to hear in the restaurants, you need to hear your grandkids, and you really want to hear on the golf course.

Well, by getting, you know, this device and working with me, you're going to be able to hear in those situations that you need. But it almost sounds like you're saying by using the word need, that it creates, like, a scarcity or a fear in somebody, which is exactly what we're trying not to do. Yeah. And again, want also is future pacing. They're getting something that they don't currently have right now.

And so there's nothing to defend in the future when we future pace. I can't defend the future. I can defend the past and the present, but I can only co create the future. And so giving them that desire, using the word want in the right tone, in the right way, I think, is a really strategic use of the word. I love that question, Patti.

I think that's a really fun discussion that I wouldn't have that I'm learning. So thank you. Last one, I don't think my hearing is. Oh, sorry, Stephanie. Just a chatterbox.

Well, this is exciting stuff to talk about. I think it is. So we'll name her Gladys. Common one. We hear a lot.

I don't think my hearing is bad enough. I can get by. Happens with a lot of first time users. Right? Like, they have no idea exactly what's going on.

Their loss changes over time, so they don't realize exactly how bad it is. They're just thinking, okay, I've made it this long, I can keep going. And in doing that, I'm obviously going to save a lot of money. But if we address it using the model, we're going to call it what it is. It sounds like, you know, you have hearing loss, Gladys, but now is not the time to make it better.

Then we move into how we can affirm it. A lot of my best patients who've never worn hearing aids anxiously wonder whether to act or if they can delay to the decision. Then we look at how we can review. Oftentimes, patients do wait to make the choice. But with every passing year, the brain starts to reorganize and it makes treatment with hearing aids more challenging.

No one benefits with taking more time. Here we explore it. What do you need in order to avoid delaying improving your hearing today? Let them respond, let's see what they have to say, and then take it further and say, when do you think you'll absolutely be certain that it's time to do something?

Do you have any favorites in there, Stephanie?

I think the overlying theme that I'm thinking of is these are things that are very common to us as an HCP. Right. You know, we see a lot of patients like this. We see a lot of patients that wait, like we're telling those stories because we see it every day. But Gladys doesn't know that.

Right? Like, she doesn't do this every day. Even if she accepts help today, she's still only going to be fit three to five times over the lifespan of her wearing devices. So we're trying to recognize the fact that this is different for her, but this is something that we see all of the time. And so I think that in each one of the letters that we're looking at in this acronym, it's something that we see all the time.

But how can we relay that to her?

I really love the review and research part this time, mostly because I just saw doctor Anu Sharma talk and she spends a lot of, this is like where we, this kind of prompted the review and research section when some of us were writing it because she talks a lot about how the brain reorganizes, even with mild losses, even after hearing loss for a short amount of time. And so I know as somebody who struggled to get my, to motivate my dad to wear his hearing aids, that that was kind of, it was a YDe renewal for me to continue to work with patients to get them to do it. Yeah. Sarah I also love the review and research. You could play around with this as well.

Talking about the brain starts to reorganize and makes treatment with hearing aids more challenging over time. You've just introduced some new information and gave me some education just with that. If you wanted to ask a question, I may ask a question around that specific line around what have you heard? Or what do you know about how the brain reorganizes itself over time due to hearing loss? That's cool.

It gives me a way to respond with, I've heard a little bit, or if I'm honest, I'm like, well, I haven't heard much, but I'd love to hear more. There's an easy way to address this. It gives you, again, another chance to partner with the patient and give them education so that they feel a little more empowered to making this decision. And then right next to the explore step. So what would you need to have in order to not delay this?

Now that you know this, when will it be the absolute? When will you know for certain that it is time for you to be fitted with hearing devices? I love. I just love everything from review to explore. It just plays really nicely again, empathy, compassion, and seeking understanding.

So Steve has a comment that's near and dear to all of our hearts, which is presenting the value of the hearing loss correction at the beginning of your appointment or throughout, I think, too, like, this isn't the first time you should be having the conversation about what benefits, you know, like what value that you can bring to the patient. So I think that's near and dear to all of our hearts. Alexis, I love this. I know we keep saying I love this so much, but Alexis says, I feel the term, or that the anxiously in the affirmed section has negative connotations and gives the patient an outlandish instead of sitting and discussing how we can preserve brain health and WRS scores. I think that there are so many words that Alexis, that I personally don't like to use.

They just don't make me feel good. I guess as the youth, as the young kids say, they give you the ick, like those words are not your favorite. And so that's like the point of this. I think you could take the word anxiously out. You could use this.

The point is, how can you affirm that the patient is unsure whether they should move forward or not today, and whether you use the word anxious or you don't use it at all, or you come up with a different statement, as long as that affirm as you know, just even's point is there, like, that's so I. Alexis, even though I think you're saying I don't like what you guys did here, I love that you pointed that out. Yeah. Yep. Anybody?

Okay. Yeah. And the anxiously, again, it, it ties whatever you're noticing or whatever you've heard, it ties the emotion. Anxious is an emotion, and people make decisions based on emotion and then justify them with logic. So to the extent that you can continue connecting with their emotions using any other word, that doesn't cause angst, but something that addresses an emotion and addresses the emotion they're feeling, that's what we're trying to do here, is affirm their reality, their emotional reality, and make that connection.

But point well made. Love it. Okay, Stephen, I'm going to let you kind of close it out here and then I'm going to. And then we'll. We've got a few housekeeping things at the end.

Yeah, perfect. So again, just to keep in mind objections and resistance, those are gifts. They're indicators that your patient is impacted by your findings and the recommendation, and they are considering making the change because they've been moved from where they are to where they could be. There's a gap there and you want to stand with them in the gap. It's an opportunity there, as you stand with them to build partnership and trust.

And by using this care framework, again, it gives you a systematic way of having this really crucial conversation without being scripted. You can use the right language that's more natural and organic to you, but it's their concern. And with this model, it at least gives you an opportunity to address it instead of avoid it. So here's the challenge. What's one takeaway?

You using your next hearing aid. Consult, appointment in the future. So now that you've seen the care model, what might you do differently? Or what might you add to what you're currently doing? Now, in order to address this in a partnering way with your patients, I'd love for anybody to type it in the chat, just so we kind of get a feel for what resonated with you all today.

What you're thinking is going to be helpful if you want to type it in there. What's one thing? Maybe it's a phrase, maybe it's just reminding yourself that we need to be empathetic, which, you know, it's hard. Sometimes you just see seven patients, you know, you got a text from your kids school. There's a lot of things going on.

So if you just want to type in the chat once challenge you'll take away. And if you're enjoying. So if you're enjoying conversations like this, I love the people that typed into the chat. Thank you. If you enjoy these types of conversations, if you want to take this and continue the discussion, because

there's so many objections we didn't get to, including about third parties, including what's the actual difference between me and Costco?

Like so many other things. And as you can see, we're pretty fluid in the way that we interact together. And that's really the point of achieving hearing success. The longer program is for us to continue these types of conversations. We know as much as this 1 hour course was helpful as you guys are typing in the chat was helpful to you that real behavior change comes from time and talking to people and committing to that.

So that's why we have the longer session. And what do I mean by longer? This is the next one coming up. What we've decided what we know that we need for true behavior change. The two part is time together.

So we need the two part workshop, which happens over two days. It's 4 hours for each session, which I say only feels like 3 hours virtually, which is great because most virtual sessions feel like 8 hours. So it goes by really fast. It's a lot of chatting, a lot of interacting for application sessions. So you go out, you learn these concepts similar to what we did today.

You practice them, and then we come back and say, that didn't work, I didn't like that. Or I tried this and it did work and we share with people. And so that's really a fun part of it. And we try to give you guys resources across, we give you resources along the way. So if this sounds like something you want to do, whether either in the September session or even in the future, you can scan this QR code.

I will. I can also put the link in the chat for you and you'll be getting an email later. You can block your schedule and you'll attend all sessions. This is an investment in you, in your connection with your patients. And we also do have a special display, so if you sign up and go through the program, you'll be eligible for a special display at the end.

So I like the displays for our smart brick if you are interested in it. Today I didn't get a chance to read all of the comments, but I wanted to wrap it up right on time for everybody. And I will post that link for the form in the chat. And then if you have any, Steve and Stephanie, if you have any favorites of the chat, of the chat that's popped up, feel free to call it out. But thank you guys for everything.

Thank you all. Yeah, thanks, everybody, for being so active in the chat. When you go through the full session, we've got everybody on camera and audio, so you don't have to type stuff in. Everything is very conversational. So if you like being interactive like that, there's going to be a lot that you get out of the program, and we hope to see some of you all there.

And I'm going to go ahead. I'm going to add that link in there if you don't want to scan the QR code, so you can scan the QR code or click on that link. And thanks, everybody, for your time. Thanks for taking time out of your day. And like Stephanie said, you said no to something else to come to this.

So.

All right, thank you all so much for this fantastic presentation, for sharing your insight and knowledge, and also thanks to all the participants. We had a very engaged chat and we loved hearing some of y'all's thoughts and insight as well. That link is there in the chat for everyone to see now. And Sarah, Stephen, Stephanie, thank you all for being here today. And we hope to see y'all and all of the participants back on audiology online soon.

Have a great day, everyone.