eAudiology: Mobile Audiology Workshop: Is Launching a Successful Mobile Practice a Pipe Dream, or Is It Your Untapped Key to True Brand Differentiation?

Presenter: Bradley Stewart, AuD

Awesome. Thanks so much. Thank you guys for attending. I am excited to share this today. I'm going to get a little bit into my background in a few minutes and why this is something that I am taking my time working with people on.

But I think ultimately what I want you to get out of today is I want you to leave today's workshop with a better sense of if this business model is right for you, whether you are in an existing audiology practice and considering adding mobile audiology, or if you're currently an employee somewhere and you're thinking about starting your own mobile audiology program. So you should have received the worksheets via email for this presentation. So if you haven't already, I would encourage you to print those out or you can see I have them on my iPad right now so that I can write and you guys can work alongside with me because this truly will be an interactive workshop, workshop style presentation. So you will want to be actually actively writing notes and following along. All right, so let's kind of start at the beginning when we talk about mobile audiology or in particular when I'm talking about mobile audiology today, what am I talking about?

I think that a lot of people, when they think mobile audiology, what comes to mind for them is a big RV bus that's been retrofit into a mobile audiology clinic, which certainly is a model that you can do in mobile audiology, but it's actually not my number one recommended model in my experience in my clinic, mobile audiology was simply me or my other audiologists with a travel domiciliary bag in our audiology equipment, going out to facilities, senior living facilities, and serving people in those populations. So really low overhead, kind of minimalist, but effective approach to serving a population of people that need, need access to care and can't always easily get access to that care.

So the question becomes, where are we practicing? Where are we seeing patients Again? I think that a lot of people when they think mobile, they think house calls and when they think house calls, they think going to one off patients, homes, people that are homebound, that sort of thing, which certainly is

something that you can do. But as you'll find as we talk today, one of the most important criteria for success in a mobile audiology practice is efficiency, scheduling efficiency. And the biggest way that we can become efficient is by seeing a large number of patients in a small geographic area.

So in other words, minimizing driving time and windshield time, maximizing patient care time. So when I think about where would I prefer to Practice. And again, you guys have these worksheets, so I would encourage you to work along with me. Independent living is kind of the very best case because with independent living you're getting people who are, you know, in our age bracket of people that we tend to serve, that tend to need our services, but they tend to be more either cognitively capable or physically capable as opposed to people that are in assisted living, which is kind of our second category of types of facilities that we can serve in this model. I apologize in advance for my handwriting.

Also, you're going to get to benefit from seeing it for the rest of the presentation. But assisted living is also good. You also have a large number of people that are our target audience in a small area. But we do have more issues because of cognitive, physical disabilities, that kind of thing. Another opportunity are skilled nursing facilities or SNFs.

Skilled nursing facilities are more like the traditional nursing home. In some cases, like I live in Texas, in some cases with skilled nursing, you actually have to have a contract with the facility. And often you have to be a Medicaid provider. And so in our practice, we didn't take Medicaid and so we didn't work in skilled nursing facilities very often. And then finally, you know, private, private homes are an option or residential care homes, which are kind of like an assisted living facility inside of a private house.

Private homes can be interesting because you can position yourself as concierge and start work if you have any high. Like I'm in the Dallas market again. So like there are high income areas in Dallas where CEOs, you know, very busy people are willing to pay a premium to have somebody come to them and provide the care to them. So if there's a market for that, there's an opportunity there as well to maybe

create a little bit more profitability because you're serving people that are willing to exchange money for convenience.

So let me give you the context of my story. I started my audiology practice in 2014. At the time, I was a relatively new grad. I graduated in 2012, been working in a private practice for a couple years and decided to start my own practice. I had no money, I had student debt.

I had a wife that was three months pregnant. When I left my job in mobile, audiology made a lot of sense for me because of the amount of the low overhead. I was able to get started by taking a loan from my grandfather for $30,000 and I was able to start an entire audiology practice just off of that small amount of money. I didn't even use all of it. So it was a really awesome low overhead way for me to start building my practice from scratch.

Over time, I hired several audiologists and we grew to serving about 100 facilities around our area. Pretty quickly crossed the seven figure mark in revenue. Over the years, I kind of grew my business and we served other demographics. We had a couple of locations, we served vestibular, but throughout we provided mobile audiology services and it was always kind of one of the key differentiators in our business. So when I sold my practice last year, it made a lot of sense for me because I had so many conversations with audiologists wanting to start a mobile practice.

I decided it made a lot of sense for me to create a comprehensive training program to teach people how to do what I had done. All right, so again, the goal of today is to determine if this model makes sense for you and if it's what you want. So, um, if you're an employee right now, I have a few questions that you should reflect on when you're thinking about if this makes sense. First off, do you, do you want to be a practice owner? Is that something that you, you want and desire?

Because if you don't really want it, then it's not worth the amount of energy and effort and stress that goes along with being a practice owner. Are you willing to do boots on the ground marketing and develop a program? If you're not willing to get out in the community and get your hands dirty and actually be the person out in front of people doing some grassroots marketing, you're going to have a hard time building the program. If you love that kind of thing, you're going to love the program, you're going to love a mobile practice. In my model primarily we're focused on serving seniors and the senior population.

The geriatric population has, as I'm sure everybody on this call knows, has benefits. But there are also, you know, drawbacks to working with seniors. So you really want to be somebody that's passionate about working with the senior population. And then finally, do you have sales, marketing or business operations experience? If you're kind of like coming from a completely non private practice setting, if you're coming from academics, if you're coming from va, you can do it.

It's just going to be a bigger learning curve to launch your own mobile practice. Now, if you already own a practice, there are some questions that you should ask yourself about adding mobile to your existing services. So the first one is, do you want to grow your practice without adding new rent or without too much new capital expenditures. Now, I would assume that the answer for most people to that question would be yes. The next question is important.

Do you have someone on your team that would be a good champion of the program? That might be you. If you're the practice owner. It might be a staff provider, but you need somebody that's going to build this program for you. And then finally, are you willing to develop a program that operates cohesively with your existing practice?

You know, there's the option and we'll actually talk about this. There is the option of running this as a secondary business. But I think for most people, if we can make it cohesive with their existing practice,

it's going to be just a much more simple business system.

Let's talk about some pros and cons. So as we think about launching mobile, one of the biggest pros, one of the biggest reasons I started this way is because the startup costs and operating overhead are so low. Really. You need your basic testing equipment, some clinical supplies, maybe some demonstration devices on a laptop, and you can pretty much launch a practice. You can serve a large geographic area without multiple offices.

So like I'm in the Dallas market, which is very dense. So if I wanted to serve the entire, like say north Dallas market where I was serving my audiology practice, I would have had to have, you know, eight to 10 locations. But because we did mobile, we were able to serve that demographic, that geographic market without needing all of those physical locations. It's uniquely differentiated. In a world where we're facing the risk of becoming commoditized, having a service offering that's truly unique is really valuable.

You're serving an at risk population that needs ethical best practice providers. You have a captive audience. They're there, they're needing the service, and they're in the facility waiting for you. It's really easy to grow with word of mouth marketing costs are very low. You don't have to be an in network insurance provider.

So if you don't want to mess with being in network, which as we all know, like, if we could get out of network with insurance, that's kind of the golden ticket right now. Potentially, I guess it depends on your model. But in my opinion, I think that that's a really good approach, trying to get out of network and you can do it with this. You'll see challenging and interesting cases. You'll see cases of people who have severe physical or cognitive deficits where we have to come up with creative solutions.

Then a final thing is you can treat A hearing loss in the environment that they're living in. Which if somebody's having trouble hearing the TV and you can turn the TV on with them in the room, that's super valuable. Cons. It can be time intensive, especially if you don't set up your schedule effectively. Many of your patients will not be buying another set of hearing aids.

By the nature of the people that you're serving, many of them are on their last set of hearing aids. You're going to have to continually grow your database. You're dealing with cognitive and physical limitations. Complexity of dealing with seniors who might need family support, but the family might be hard to reach or not collaborative. You have to be very organized or have staff that are very organized.

And then the geriatric patient pays, which can be a pro or con.

And again, as we go, guys, please do. Don't be shy. Put your questions in the chat as we go and I'll answer questions as we go. All right, so this is our kind of first really interactive worksheet. So I would like you to pull this out because it's something that you're going to want to reference back to if you end up launching your own mobile program.

So this framework, a lot of the lessons that I'm showing you here are lessons from it that we use inside of our program. But this framework is basically taking someone from being interested in mobile to being a successful mobile practice owner.

So there are a number of things and fears and concerns that we have to overcome in order to get to where we want to go if we want to launch a mobile practice. So some of the concerns that people have before starting a program or even once they've started a program, challenging service delivery is a big one. How do I serve these people in a way that's profitable for me and fair for them and keeps me from driving across town and changing a wax guard for free every other day. Right. You have to really be thoughtful about the service delivery model because otherwise it can end up becoming very time

intensive and very unproductive.

How do I market it? So, marketing uncertainty.

Maybe you have some ideas of how you would market, but traditional marketing doesn't work as well. You know, sending out mailers or Facebook ads or Google pay per click, that stuff doesn't work as well with mobile. So how do we. How do we market? And then finally, inefficient staffing and scheduling.

And this was one that I really had to learn how to do the hard way, because scheduling in particular for this model can really be challenging. And you have to have kind of a framework to use to make the scheduling efficient. So what we need is a proven and simple business model where we know that every time we provide service, we're getting paid. And we know that our patients are happy and satisfied and feel like they're taken care of. With marketing.

We need a confident marketing strategy that we know we can replicate. We can do more of it if we need more patients, and we can do less of it if we need fewer patients. Kind of like a spigot on a water hose. And then finally, we need efficient staffing and scheduling.

So just to kind of give you the framework of what is included under these different categories, and then we'll move on.

You've got. Under this business model, the first thing which we're going to do today is you want to define your dream practice. We want to say, this is what I would love to own and operate. Because if you're not clear on what you're building, you're going to build something, but it's probably not going to be what you wanted. Need to structure your program with a model that works and you need to set up for success, which basically just means we need to get the equipment and the collaterals and the all of the stuff that you need to run the business.

You know, the legal setup and all of that stuff.

Confident marketing strategy is actually super simple inside of a mobile practice. So first step, you need a clear marketing plan. But then really, clinics. Free hearing clinics. Whoops.

Free hearing clinics and seminars. If you do those two things effectively inside of facilities, you're going to stay busy. And you can do more of them, you can do less of them, depending on what type of patient flow you need. And then over here, we need to have a system to hire for simplicity. So when we hire somebody, we don't want to make it more complex and less profitable.

We want to make things simpler and equally or more profitable. We need to use blocks. Oh my goodness. I keep deleting my lines. We need block scheduling.

So we need a painless block scheduling system, and we need to have a system to train our team.

Okay, so once we have all of these things in place, then we have a successful mobile audiology practice, which seems like a lot, and it is. But let's be honest, we're building a new business here. Right? Okay. So this is the first exercise where I really want you to actually take some time to work on it independently.

When we talk about building a business of any kind, what I see happen a lot is I see people get the idea to launch a business. And they have the idea, they think it'll work. So they just go and they start working on building this business off of a good idea that they had. So this is kind of frankly what I did when I launched the mobile audiology program that I built. I had the idea and I said, I'm just going to grow it.

And the problem with that is if you're not clear on what you're trying to develop, then you're going to get somewhere, but not necessarily where you want to be. So we need to identify where we're trying to go in order to get there. So I would like for you to do this along with me. And if you don't have this worksheet, you can just do it on a sheet of paper. But imagine if you were to wave a magic wand and one year from now, you've been running your mobile audiology practice for a year.

What is your income? How many days off a month do you take? How many genius days a month do you take? A genius day is a day where you're working on your business, not in your business. And then what is your role in your business?

So let's say your income goal is 100k. You want to take four days off a month, you want to do two genius days per month. And at that point you think it'll be realistic for you to kind of wear all the hats. So you're the provider, you're the marketer. And again, this is just my example.

You don't need to copy me. You need to do this for yourself. And what you want your business to be, right. So you're wearing all the hats.

What I'm representing here is how I started.

And then let's say in three years, you want to make $250,000 a year, you want eight days off a month, you want to keep your two genius days per month. Maybe you want to still do some patient care. Maybe you want to do like one day a week as a provider and then the rest of the time your CEO visionary.

And you're doing biz dev again. I'm showing you this is what I did. Okay? So I'm going to actually take three minutes and I'm going to let you work on this on your own. So I'm going to just stop talking and I'm going to give you three minutes to write out your one year and three year vision for what you would imagine you would like to create.

All right? Yep.

Again, any questions that come up, put them in the chat.

And as we're going, if you. If there's anything that's exciting about this to you or anything that's maybe like lighting a light bulb above your head, can you share it in the chat? I would love to see kind of what's coming up for you guys as you're working on this it.

And if you finish, if you want to type done in the chat, that would be great as well as you guys work. Trent had a question. Do I have any experience with community senior centers? So, like, senior activity centers, that type of thing? I'm assuming you mean if that's the case, yeah.

So thanks, Susan. Susan, anything exciting come up for you when you did that? Any big ideas? Any permission to think bigger than you thought in the past or differently than you thought in the past? Trent, I think that senior community centers can be a really good place to do marketing.

I think the thing that you just have to be cognizant of is that they don't live there. Right? So if you do a seminar at a senior center and you get three people registered for a house call, consultation or hearing evaluation, then probably if they live in their own home, you're going to have to go out to them.

So you're just going to be a little bit less efficient. You know what I mean? Like, you're going to have to. You're going to have to travel to individual people's homes as opposed to seeing them all in the same community. Not a huge deal, but just something to be cognizant of.

Susan said that her pie in the sky dream job is mobile audiology plus baking classes. I freaking love that. I think that's amazing. I love when we can integrate, like, a lot of our passions into our life. We

don't just have to be audiologists.

Right. So the cool thing about building this dream business is it can. It can serve the purpose of acting as a platform for you to do stuff that you're passionate about. Um, so I think that's amazing. I love that.

Uh, and then Susan said she's not sure if it's doable in three years, maybe five or six. Listen, I. I think that anything that we intend to do is possible. Um, I think that individual people have individual competency and capability. And so for some people, it might be that you're more like.

You prefer a slower pace. But, you know, I have friends right now that are opening five clinics a year. Like, you can do whatever you want to do. It's just about being clear with what you want and clear and having the self awareness to know what you're capable of. All right, so giving you guys time.

Any other comments on that? If not, I will move on. Okay, so here's the next step. This is going to be the groundwork that we do to determine if our market is viable for mobile audiology practice.

So the first thing you need to get clear on is how much you're willing to drive. Okay, so if I'm in Dallas and I'm willing to drive 45 minutes in Dallas, that's, you know, maybe only 15 mile radius. Right. So when I'm doing this assessment, what I want to do is I want to find in my radius, I want to find all of the senior living facilities, all of the recreational and community facilities, and then also all the geriatric physicians. These two are more like marketing and referral sources.

And this one is, that's the bread and butter. That's where you're going to get patients from and actually serve them on site. So let's do a little exercise here. I'm going to hop over to a new screen. All right, so what I would like for you to do as we're talking is I'd like for you to hop on Google Maps and identify what your radius is like.

For me, really, if I was just wanting to stay within 45 minutes of where I live, like I kind of know what that geographic area is. If I was doing this in a more in depth way, I would actually print off the map and I would draw the physical borders and then I would start to do the research. But we're just going to do a kind of quick and dirty version of this research right now. So what you want to look for is you want to get inside of your market and you want to first search for independent living facilities. Now here's the tricky thing when you're doing this work is you might find as you click on some of these that they're actually assisted living facilities that pop up when you type independent living.

So you do have to do a little bit of research to know if they're assisted or independent. But what I would like for you to do on that worksheet is just write in a list, a quick list. Let's say, let's take like two minutes to make a quick list. Or you could even, it might be more effective for us to count. So you might do me jump over here.

So what you might do is independent living and then you can do a tally and assisted living. And you can do a tally. Right, because what we're going to do in a minute is we're going to jump over to a calculator that's going to show us what the market opportunity. Opportunity looks like. So I'm going to give you guys a couple of minutes here and as you're doing that research, I'm going to drop a link in our chat so that once you kind of have your numbers, you can go over to this calculator.

So, and you guys have already gotten this link big again, I'm going to drop it in the chat here so that you guys can have it handy.

And what you're going to want to do when you click into there is you're going to want to go to file, make a copy and then name it, whatever you want to name it, and make a copy. And that will let you edit it. You're not going to be able to edit on my original spreadsheet here.

So what I've done, and I'm going to talk about this as you do your research there, what I've done is I have kind of identified some assumptions that we can make about how many consultations you can expect per type of activity that you're doing at a facility each year. So like, for example, if we're looking at assisted living facilities and we're doing hearing clinics, we can expect on average about one consultation per clinic. Okay. Or two consultations per seminar. Similarly, with independent living, two consultations per clinic is to be expected in three per seminar.

So what I would like for you to do once you've kind of gotten your rough numbers, is put in how many assisted living facilities you have in your market and put in how many independent living facilities you have in the market.

If you know your current treatment conversion rate, if you know the percentage of people that are candidates for treatment, that move forward with treatment, then put that in. If you don't know or you're not confident, if you don't know or you're not confident, then put it at 55 because that's industry average. Same thing with your average sales price. If you don't know for sure, leave it where it is. Okay?

And so then what we see when we put those numbers in is we see our annual revenue opportunity in that market. So even with a relatively small market of 10 assisted and 12 independent facilities, we still have almost a million dollar opportunity. That's not even counting. If we improve our conversion rates right now, we're $100,000 higher opportunity. If we improve the lifetime value of our patients now it's over a Million dollar opportunity.

So this, and this is rough. This is not a, like, guarantee that this is the opportunity in your market, but it should give you a good idea because if you are really rural and you have three assisted in one independent facility, your revenue opportunity is $145,000 gross. So if you're assuming like a 20% profit margin, then probably not a huge opportunity. Okay, so this is why we want to know what we're

trying to create, because we need to know if there's the opportunity to create that thing inside of our market.

As you guys finish that, do you mind dropping in the chat what your market opportunity looks like?

I think this is where things get exciting because you start to see that there's actually a real business opportunity around this and you can start to do some strategic thinking around whether this is a model that you want to pursue. But you can go in with a bit more validation.

Did anybody finish that exercise yet? Are y'all still working?

Okay, cool. So Trent has a little under a half a million dollar opportunity, which is cool. So, Trent, when you're thinking about that, what you want to take into consideration is like an average mobile audiology practice that's operating efficiently should have around a 30% profit margin, and it's going to take probably a couple of years for you to reach that full market opportunity. So with that knowledge, does that revenue opportunity makes sense as something that you would want to pursue? Does it make sense as something that you would want to, like, supplement with a brick and mortar office?

This is the way that we need to be thinking about these things.

Anybody else complete that exercise?

Our very high level, very quick and dirty version.

All right, if I'm not hearing from you guys, I'm just going to keep moving. So if you want me to wait, let me know. Okay, I'm going to keep moving. All right, so the next thing that as I'm guiding people that are in my program through this exercise of kind of developing the foundation and framework of your

business, we need to make some strategic decisions about the type of business that we would like to create. And so I've developed a decision making framework that we can use to help us make better business decisions around the type of business that you want.

And so I call this the complexity profitability quadrant. And so basically what we're looking at here is any business decision or like business model, we can rate it on a scale of profitability. So is it profitable or unprofitable? And where does it fall in that matrix? And is it complex or is it simple.

And where does it fall on that matrix? Okay, so like for example, if you have a business model that's complex and unprofitable, how are you going to feel? You're probably going to feel like you're beating your head against the wall.

I don't think that anyone wants a complex and unprofitable business model. Right? Is that kind of a fair, fair assumption. So probably this is not where we want to be.

If it's profitable, but it's complex, you know, that's okay because you're profitable, but the problem is this is the road to burnout.

Alternatively, if you're unprofitable, but you're simple doing work, it's not hard work to do, but you're not very profitable. So you're just doing busy work. Right. I think that a lot of people live in one of these two quadrants because they don't know how to create a business model that's profitable and simple. But if you can create a profitable and simple model, what you have is growth with ease.

So not just growth, but growth with ease, which that's the ideal, right?

So if we already have a business, then we want to think about how do we get here and if we're building a business, we want to think about how do we start here so that we don't have to change. Right?

Is that fair? Is that reasonable? Am I crazy that we want to be able to build a business that can grow with ease?

All right, so when we're thinking about this, we can use this same framework, you know, profitable, unprofitable, complex and simple.

And so here's what I would advise doing. So what I've done is I've kind of identified the primary decisions that we have to make inside of a mobile practice as we're, as we're building it. So first decision, do I go full time mobile or is it. So am I just doing house calls as needed or am I doing it as a distinct standalone full time business? So this is number one and this is number two.

What we want to do is we want to go down to our matrix and we want to say for number one, house calls available as needed, would that be profitable? Probably would be pretty profitable. Would it be complex? Like the reason it might be complex is if we don't do it consistently, we might not have really clear cut systems that make sure it works effectively. Right.

So it might be profitable, but it might be a little bit on the complex side. But if we have a distinct standalone, full time mobile audiology practice, and that's what we're doing and that's what we're focused on. And we're not distracted by a bunch of different things. It's going to be probably more profitable because the more focused we are, the more profitable we tend to be. And it's probably going to be simpler because there's just less, fewer moving parts.

So probably that one lives up there. Now. That's not to say that for every business, this is the answer. And it's just a decision making framework that we can use to make these decisions. So when you're building a mobile audiology practice, you're having to decide on your treatment plan packaging.

Are we doing bundled, unbundled or hybrid on service plans, specifically around house calls. So this is one of the things that I found in my model, is that you need to have a house call service plan, whether it's a membership model or pay as you go. I personally think the membership model is the cleanest way to do it. Many of my colleagues who have existing practices have to make the decision about whether they want to use their existing business entity or a separate llc. And then the big question, are we accepting insurance, some insurance, all insurance or no insurance?

Okay, so with each one of these, what I recommend is, is you go in and you put them on that matrix and you let that guide the decision making process. All right, we're not going to go through all of this today, but on your own time, especially if this is a model that you're looking to pursue, this is going to help you a lot in guiding the decision making around the type of business that you're building.

So I hope that this gives you some context around what it's like to operate a mobile audiology practice, what some of the pros and cons are for your benefit. If you guys are interested in starting to explore this opportunity more, I started a free Facebook group called the Mobile Audiology Collective. So I would suggest everybody on this call join the Mobile Audiology Collective. Facebook group. I'm, I'm posting free trainings in there.

We've got a lot of people who are already operating successful mobile practices that are sharing their information. We've got people that are starting, people that are thinking about starting kind of the whole, every stage of the process. And then I of course, do have my training. So if you're interested in launching this thing, then send me an email. But for right now, what questions do you have?

Stuart, you need to have your slide go down just a little bit. We're not seeing all of It a little bit more. You did it the lowest it goes. Yeah. Oh, there you go.

Now we can see it.

All right, cool. So I am open for questions. Yeah, feel free to drop them in the chat here. So Trent asks, can I talk about the type of equipment that I use? So yes.

So I used the Medrex audiometer and real ear integrated portable, like laptop based system. But I think any laptop based system works. Anything that's portable and mobile works specifically for mobile. I think there are more systems like Kudu Wave, for example, is a. It's been designed for like field audiology for mission projects and that kind of thing.

But I'm seeing more people using Kudu Wave because it uses like ambient sound monitoring and sound cancellation to get more accurate testing outside of the booth. So really the biggest thing is that you want to make sure that your equipment is mobile. In most cases, you're going to be doing testing in a quiet room. You can bring a handheld sound level meter if you want to. But generally what I would do is use insert earphones and then put earmuffs on top of the earphones.

And we would test retest with patients in their home and then in our clinic. And we would always be within plus or minus five. So we were always fine on test retest, even without specialty equipment.

Yeah, awesome question.

What other questions do you guys have and do and do know that if you have something that's more of a complex issue or question you want to ask do again, feel free to shoot me an email, but I would be happy to answer it here in the chat as well.

All right, I am not seeing any more questions come through. Okay, we got another one from Trent here. Any other services besides hearing aids and audiometry? You know, I mean, you could for sure. I think definitely tinnitus would be a service that you could offer.

Your cleaning is a service that you can offer. You know, I think even some. I haven't done any apd and I don't know about working with an older population, but certainly oral rehab classes would be something that would be really feasible. And you could even do paid oral rehab classes if you had like a facility that you were working with. That's another concept.

But I would say bread and butter of the practice was real ear, was hearing aids and audiometry. So treating hearing loss. But I think tinnitus is a really effective service to offer as well to that population. A lot of people that have lived with tinnitus for a long time and would be happy to have some relief.

Yeah, yeah. Oral rehab is good. I mean, you know, you can eat. That's even the type of free service you could offer as a value add just to kind of build credibility inside of a community. It's just like a quarterly or a rehab group.

That kind of thing is another type of concept. Again, you do start getting into, like, complexity. I think starting with the clinics and seminars first is kind of the. I'm always a fan of starting simple and then considering adding complexity as you go.

All right, any other questions from anybody?

Okay. Well, thank you so much, Dr. Stewart. We really appreciate your time this afternoon and it's been a great session. It looks like some people felt that way too.

Got some posts in the chat thanking you. Just a reminder, you need to in order to get CEUs for this today, you need to go back to the webpage, do the assessment questions and the evaluation, and you can access that through the dashboard of the of your E. Audiology. Account. And if anyone has any questions, please feel free to.

As he said, contact Dr. Stewart. If you have any questions about audiology, Feel free to contact continuing education at audiology. Org. We thank you for your time today.

Thanks again, Dr. Stewart. Thank you guys.