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The Value of Professional Person- Centered Hearing Care

Virginia Ramachandran, AuD, PhD
Vice President of Audiology, Oticon, Inc.

oticon
life-changing technology

Disclosures

- Vice President of Audiology, Oticon, Inc.
- Author & Associate Editor, Plural Publishing, Inc.
- Adjunct Assistant Professor, Wayne State University

Learner Outcomes

1. After this course, participants will be able to describe scientific evidence demonstrating the patient benefits of audiology care, above and beyond the provision of hearing technology.
2. After this course, participants will be able to recommend hearing solutions focused on addressing patient-specific needs and preferences.
3. After this course, participants will be able to create person-centered care plans that integrate patient preferences with the audiological benefits necessary for optimal outcomes.

Risks / benefits

- The applicability and accuracy of the course content may vary by the clinical, geographical, and cultural context; you should evaluate the course accordingly.
- As healthcare is rapidly evolving, new findings may change the validity of the information presented in this course. Providers should always consult the latest research and guidelines from professional associations.
- The interventions discussed in this course may be limited in generalizability, requiring practitioners to consider specific individual and population factors.
- The course may not cover all possible risk factors, diagnostic methods, or treatment options, and complex cases may require additional considerations.
- Healthcare providers should apply cultural competence and sensitivity to ensure effective and respectful care based on their patients' diverse needs.
- Providers should always evaluate the limitations of diagnostic and screening tools, considering their potential for false results as well as any ethical implications.
- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Q: How important is
the care that you
provide?

JAMA Otolaryngology–Head & Neck Surgery | Original Investigation

Hearing Aid Service Models, Technology, and Patient Outcomes A Randomized Clinical Trial

Yu-Hsiang Wu, MD, PhD; Elizabeth Stangl, AuD; Kjersten Branscome, AuD; Jacob Oleson, PhD; Todd Ricketts, PhD

Wu, Y.-H., Stangl, E., Branscome, K., Oleson, J., & Ricketts, T. (2025). Hearing aid service models, technology, and patient outcomes: A randomized clinical trial. *JAMA Otolaryngology–Head & Neck Surgery*. Advance online publication. <https://doi.org/10.1001/jamaoto.2025.1008>

How to understand this?
Same devices!

AUD

- ▶ Pure-tone audiogram
- ▶ Hearing aid fitting session: mean time of 92 min
- ▶ COSI
- ▶ Unaided QuickSIN
- ▶ LDL
- ▶ Audiologist selected acoustic coupling
- ▶ Aids
 - ▶ Programmed to NAL-NL2
 - ▶ REM verification
- ▶ Orientation & Counseling
- ▶ Written instructions & website-based support
- ▶ 1 week follow up
- ▶ Additional support as needed

OTC+

- ▶ Pure-tone audiogram
- ▶ Hearing aid fitting session limited to 30 min
- ▶ Audiologist selected from preset programs in hearing aids (set to different gain levels)
- ▶ Audiologist selected acoustic coupling
- ▶ HA adjustments made by patient using smart phone app
- ▶ Written instructions & website-based support
- ▶ 2 15 minute follow up appointments allowed

OTC

- ▶ Preset programs in HA
- ▶ Used kiosk application on tablet computer to listen to sounds from presets to select
- ▶ After choosing a preset, participants received a pair of HAs and accessories
- ▶ During trial, participants could request a preset reselection or ask for HA replacements if they encountered device-related issues.
- ▶ Written instructions & website-based support

Subjects (Wu et al, 2025)

Inclusion Criteria:

- Adults between 55 and 85 years old
- Adult-onset, bilateral, mild-to-moderate sensorineural hearing loss
- Pure-tone average across 500, 1000, 2000, and 4000 Hz between 25 and 55 dB HL
- Thresholds from 500-4000 Hz no poorer than 65 dB HL, with up to 2 thresholds 80 outside this criterion by < 10 dB still being eligible.

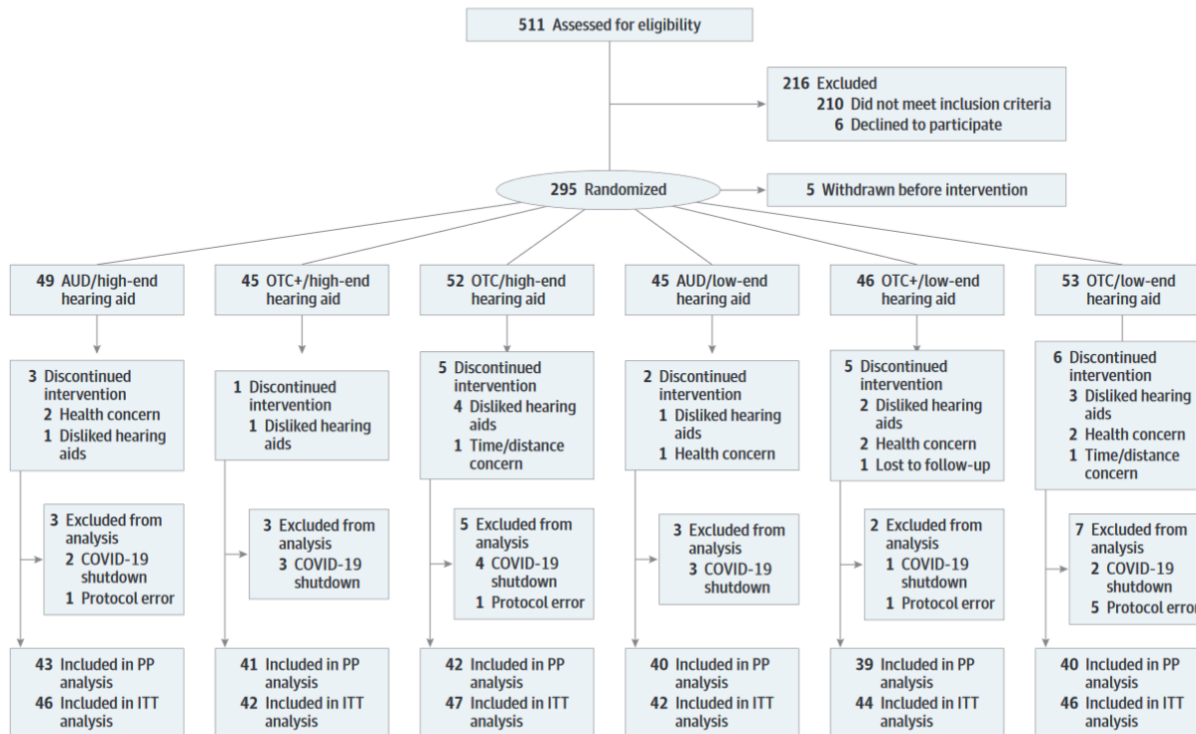
Exclusion criteria:

- Non-native speaker of English
- Had prior HA experience

Subjects (Wu et al, 2025)

**41% of
potential
subjects
excluded due
to not
meeting
criteria**

Figure 1. CONSORT Flowchart of Participants Through the Study



AUD indicates audiologist service model; OTC, over the counter; OTC+, hybrid OTC model; PP, per-protocol analysis; ITT, intention-to-treat analysis.

Results

Results

Table 2. Estimated Effect of Service Model on Outcome Scores

Variable	OR (95% CI)					
	AUD	OTC+	OTC	AUD vs OTC ^a	AUD vs OTC ^b	OTC+ vs OTC ^b
Per-protocol analysis (n = 245)						
EMA-GHABP, use score ^a	8.33 (5.42 to 12.94)	2.56 (1.68 to 3.90)	3.35 (2.20 to 5.10)	3.25 (1.60 to 6.69) ★	2.51 (1.22 to 5.10) ★	0.76 (0.38 to 1.55)
EMA-GHABP, global score	4.16 (4.05 to 4.27)	3.83 (3.72 to 3.94)	3.85 (3.73 to 3.96)	0.33 (0.14 to 0.52) ★	0.32 (0.13 to 0.51) ★	-0.02 (-0.21 to 0.18)
Retro-GHABP, use score ^a	0.61 (0.39 to 0.97)	0.24 (0.13 to 0.42)	0.33 (0.20 to 0.56)	2.61 (1.08 to 6.23)	1.84 (0.81 to 4.18)	0.70 (0.28 to 1.77)
Retro-GHABP, global score	3.93 (3.82 to 4.05)	3.58 (3.46 to 3.69)	3.66 (3.54 to 3.78)	0.36 (0.16 to 0.55)	0.27 (0.08 to 0.47)	-0.08 (-0.28 to 0.11)
PHAP, benefit score	16.91 (13.48 to 20.35)	14.03 (10.50 to 17.55)	14.09 (10.61 to 17.56)	2.89 (-3.01 to 8.78)	2.83 (-3.03 to 8.68)	-0.06 (-5.99 to 5.87)
HHIE/HHIA, benefit score	20.49 (16.55 to 24.44)	14.16 (10.15 to 18.18)	13.87 (9.83 to 17.92)	6.33 (-0.41 to 13.07)	6.62 (-0.15 to 13.38)	0.29 (-6.54 to 7.11)
SADL	5.40 (5.20 to 5.59)	4.87 (4.67 to 5.06)	4.79 (4.59 to 4.98)	0.53 (0.20 to 0.86) ★	0.61 (0.28 to 0.94) ★	0.08 (-0.25 to 0.41)
CST, benefit score	7.55 (4.50 to 10.62)	3.73 (0.56 to 6.91)	6.97 (3.79 to 10.14)	3.82 (-1.46 to 9.10)	0.59 (-4.69 to 5.86)	-3.23 (-8.60 to 2.14)
Intention-to-treat analysis (n = 267)						
EMA-GHABP, use score ^a	6.69 (3.74 to 11.82)	1.77 (1.01 to 3.10)	1.77 (1.03 to 3.06)	3.78 (1.45 to 9.87) ★	3.74 (1.45 to 9.78) ★	0.99 (0.39 to 2.53)

Abbreviations: AUD, audiologist service model; CST, connected speech test; EMA, ecological momentary assessment; GHABP, Glasgow hearing aid benefit profile; HHIA, handicap inventory for adults; HHIE, handicap inventory for the elderly; OR, odds ratio; OTC, over the counter; OTC+, hybrid OTC model; PHAP, profile of hearing aid performance; retro, retrospective;

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^a Odds ratio.

^b Confidence level adjustment: Tukey method for comparing a family of 3 estimates.

Q: How important is the care that you provide?

A: It CAN matter.

Q: How important is the care that you provide?

A: It CAN matter.

Q: Does your care matter?

Does your care matter?

- Do you know?
- Can you prove it?
- Can you explain your approach to care?
- Is it unique?
- Do some payors interrupt this process?

Q: Do patients care about care?

Research Note

Benefit–Cost Analyses of Hearing Aids, Over-the-Counter Hearing Devices, and Hearing Care Services

Anna Marie Jilla,^{a,b}  Carole E. Johnson,^b Jonathan D. Baldwin,^c and Nick Huntington-Klein^d

^aDepartment of Speech and Hearing Sciences, Lamar University, Beaumont, TX ^bDepartment of Communication Sciences and Disorders, University of Oklahoma Health Sciences Center ^cDepartment of Biostatistics and Epidemiology, University of Oklahoma Health Sciences Center ^dDepartment of Economics, Seattle University, WA

Figure 2. Responses to payment scale willingness to pay for an over-the-counter hearing device. OTC = over the counter.

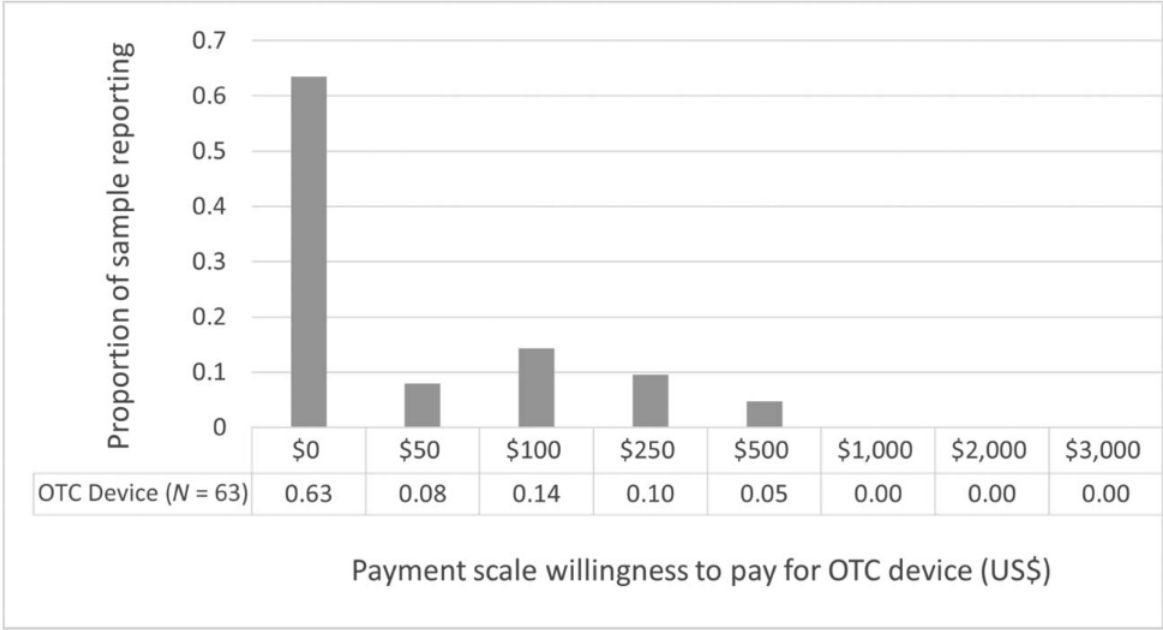


Figure 1. Responses to payment scale willingness to pay for a prescription advanced digital technology hearing aid. ADT HA = advanced digital technology hearing aid.

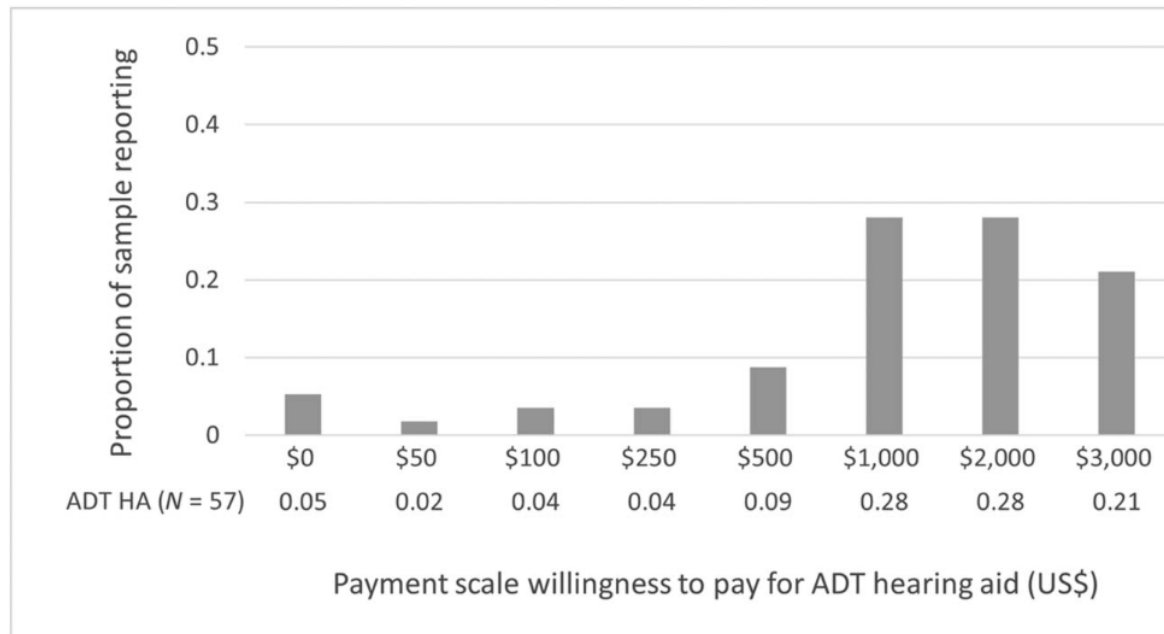
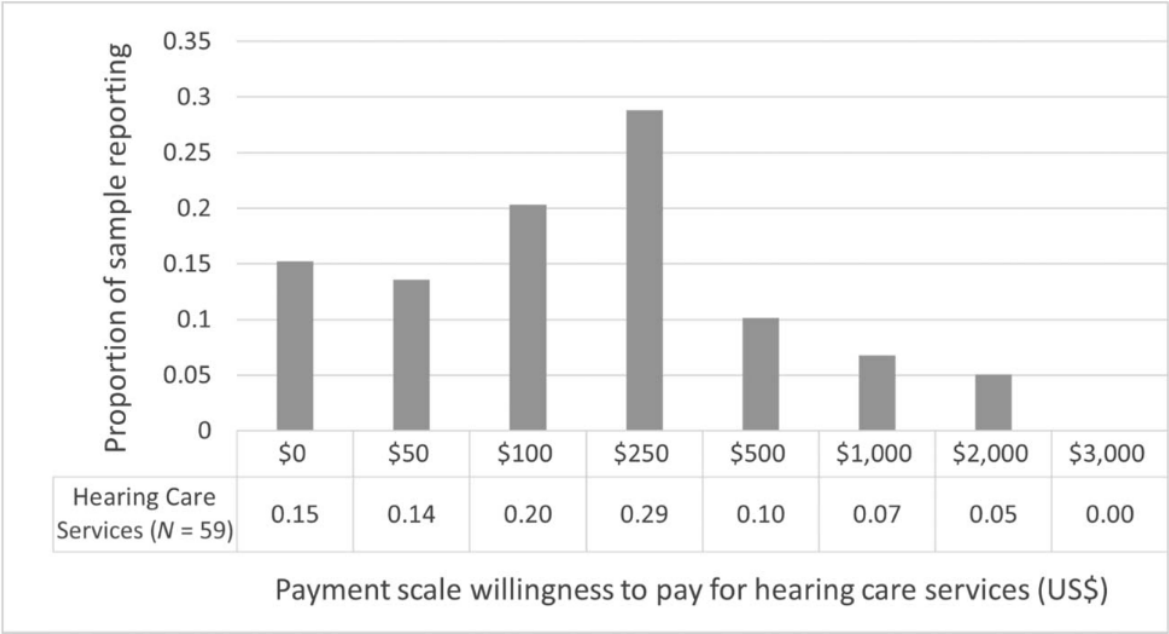


Figure 3. Responses to payment scale willingness to pay for hearing rehabilitative services.



Q: Do patients care about care?

A: They don't until they do.

But do they know it when they see it?

Be explicit!

Why should new patients choose you?



Have a
philosophy that
you can
describe

A close-up photograph of a young Black woman with her hair in a bun, wearing a green t-shirt, smiling warmly at an older Black man. The man is wearing glasses and a light blue button-down shirt, and is also smiling. They appear to be in a bright, indoor setting. A semi-transparent blue banner is overlaid at the bottom of the image.

Person-centered care



Person-centered care (PPC) ensures people are equal and active partners in the management of their hearing difficulties. Designed around the individual, PCC focuses on and is respectful to people's preferences, involves family and other communication partners and includes shared decision-making and goal-setting.



Benefits of person-centered care

Clinician outcomes

- Improved knowledge of patient/family management plan
- Improved communication skills
- Increased engagement
- Greater job satisfaction
- Reduced burnout

Service outcomes

- Improved communication
- Improved continuity of care
- Better consumer satisfaction and experience ratings
- Improved efficiency
- Higher employee retention rates
- Increased market share

Meyer, Scarinci & Hickson (2019)

Benefits of person-centered care

Patient outcomes

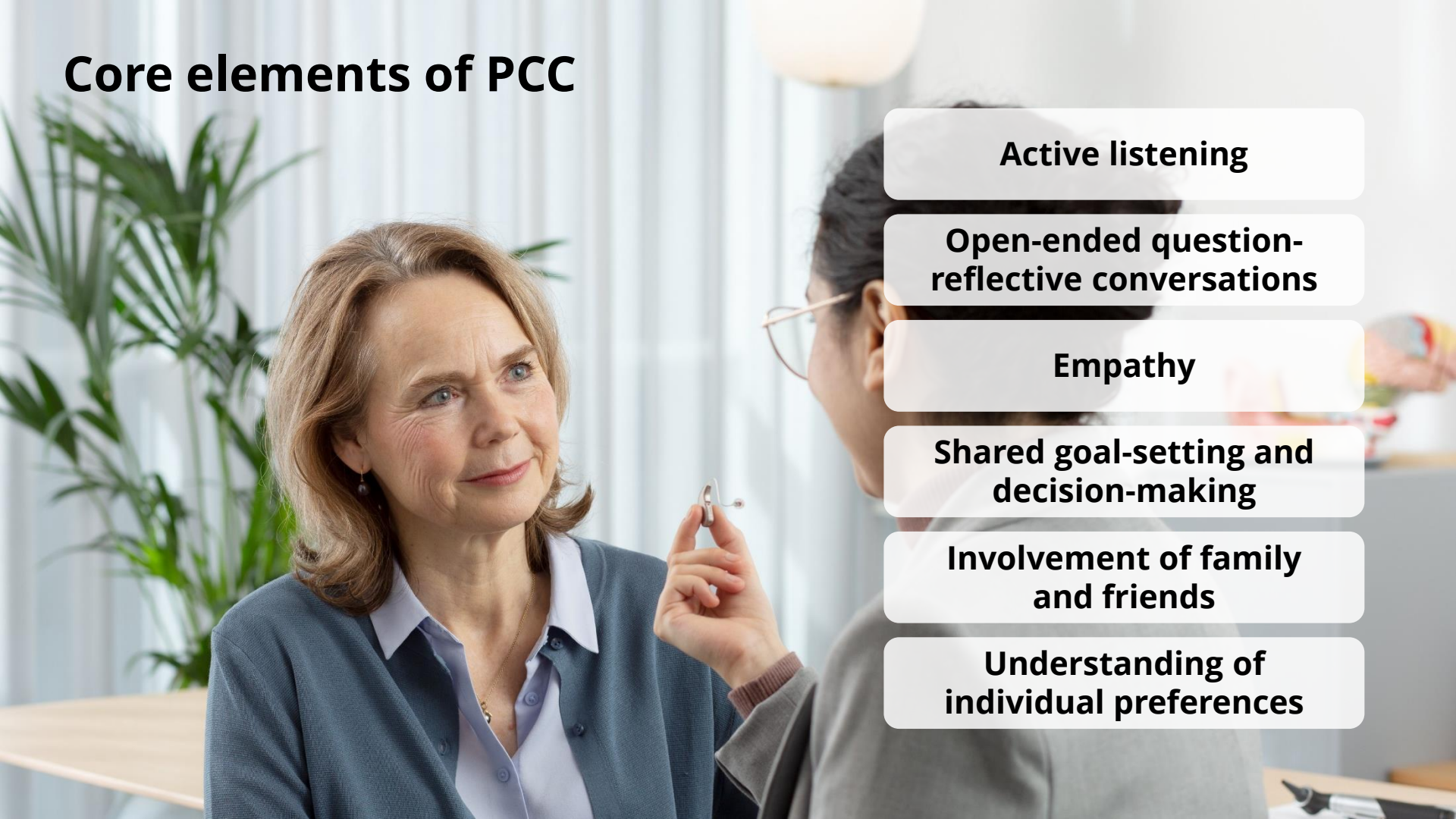
- Improved health status
- Better psychosocial health & quality of life
- Increased knowledge and improved attitudes
- Positive behavioral changes
- Better treatment adherence
- Greater satisfaction with care

Family outcomes

- Reduced anxiety and depression
- Improved coping skills
- Increased quality of life and psychosocial well-being
- Enhanced knowledge, skills, attitudes and confidence towards health
- Lower caregiver burden

Meyer, Scarinci & Hickson (2019)

Core elements of PCC

A photograph of a woman with short, wavy brown hair, wearing a blue cardigan over a light blue button-down shirt. She is looking towards the right with a slight smile. In the background, a doctor with dark hair and glasses is seen from the side, holding a stethoscope. The setting appears to be a modern medical office with large windows and a green plant on the left.

Active listening

**Open-ended question-
reflective conversations**

Empathy

**Shared goal-setting and
decision-making**

**Involvement of family
and friends**

**Understanding of
individual preferences**

Have a formal
treatment plan

“Strategy without tactics is the slowest route to victory.

Tactics without strategy is the noise before defeat”.

Sun Tzu, The Art of War



Successful hearing solutions start with choosing the right partner...

Where you get your hearing healthcare matters

Preparation



Comprehensive hearing evaluation

- Get a thorough test using precisely calibrated equipment to help determine the nature, type and severity of your hearing loss.
- Referral for additional medical care if necessary.

Professional counseling

Your trusted partner to:

- Explain your hearing test results
- Listen and understand your needs
- Help you set goals

Your hearing aids



Hearing aids fitting

Skilled hearing care professional to:

- Tailor the physical fit of the aids to ensure proper fit and comfort
- Personalize the programming of the aids to match your unique hearing needs

Fine tuning & follow up

- Ability and expertise to personalize the hearing aid to precisely match your hearing loss and needs including ability to reprogram the aids as hearing or patient needs change.

Continued care



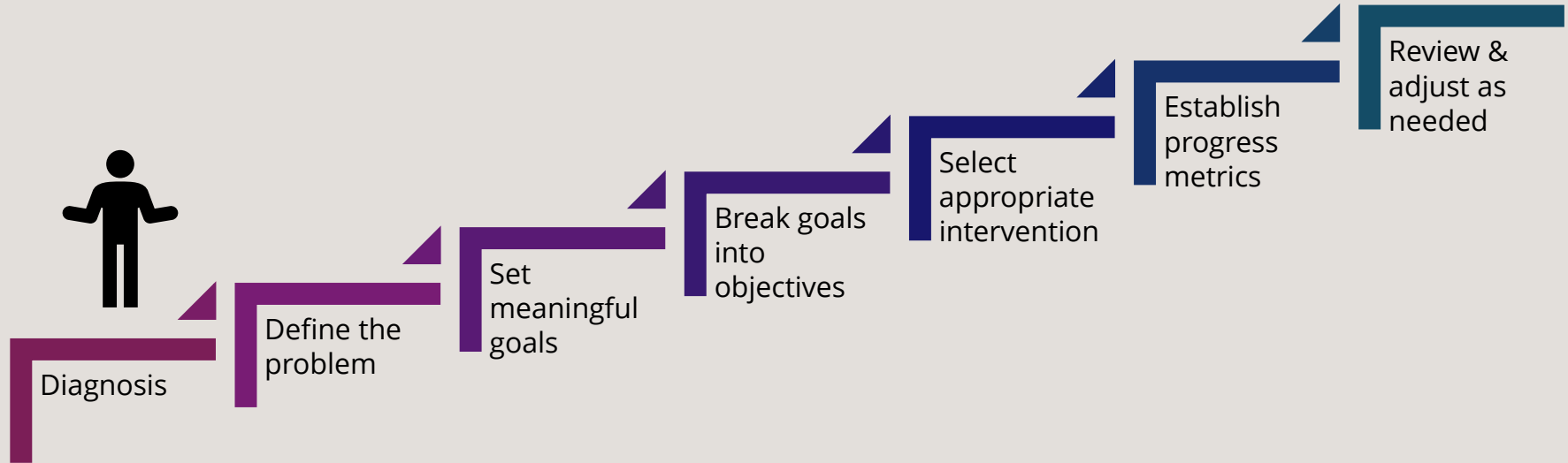
Ongoing care, service & education

- Continuous care from a dedicated professional to support you throughout your hearing care journey.
- Backed by an experienced professional for routine maintenance, repairs, and other hearing services.

Offer Life-changing technology

- Utilize the best available technology from Oticon.
- All of Oticon's hearing solutions are built with our BrainHearing™ technology and designed to provide access to the full sound scene, which allows the brain to work in a more natural way.
- Oticon offers reliable products and dependable customer support.

Treatment Planning



Diagnosis

Active listening and open-ended questions

A photograph of two women sitting at a wooden table in a bright, modern office or clinic. The woman on the left, with blonde hair, is wearing a blue cardigan over a white shirt and is looking towards the other woman. The woman on the right, with dark hair and glasses, is wearing a grey blazer over a pink turtleneck and is smiling while gesturing with her hands. On the table, there is a tray with several small hearing aid devices. In the background, there is a computer monitor, a potted plant, and framed posters on the wall, one of which has the 'oticon' logo.

Let them tell their story first

Hearing
Diagnosis

Communication
Disorder

Audible Contrast Threshold (ACT™)

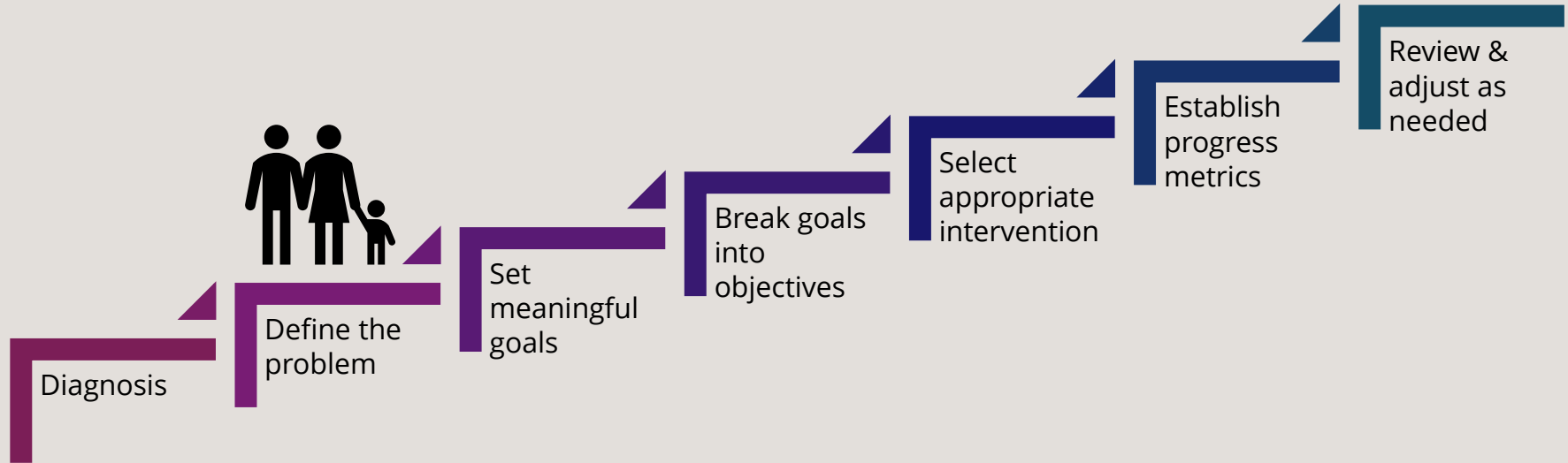


What information is important to them?





Treatment Planning



Define the problem

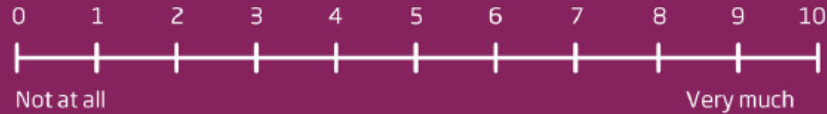
Finding the right solution for your hearing needs



Your communication needs

What made you decide to seek hearing care? Find 3-4 situations most important for you to improve your hearing in and answer the below questions for each situation.

How important is it for you to improve your hearing in this situation?



Why did you choose that number on the scale?

How difficult is it for you to communicate in the situation?



Hard



Medium



Easy



Restaurant



Family dinner



Large group settings



Shopping malls and supermarkets



Outdoors



Office



One-on-one conversations



Phone calls



Cinema



Watching TV



Other

Your communication needs

Patient name: _____ Clinician name: _____ Date: _____

Choose 3-4 situations you want to hear better in.

How difficult is it for you to communicate in the situation?

How important is it for you to improve your hearing in this situation?

Why did you place the mark where you did on the scale?

☐

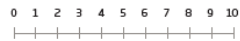

Restaurant


☐

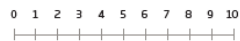

Family dinner


☐

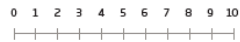

Large group settings


☐

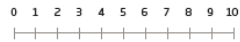

Shopping malls and supermarkets


☐

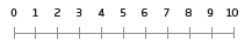

Outdoors


☐

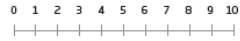
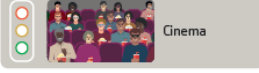

Office


☐

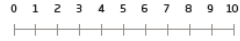

1:1 conversations


☐

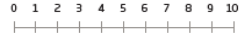

Phone calls


☐


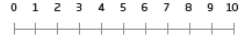
Cinema


☐


Watching TV


☐


Other:



Your hearing aid preferences

Choose the top three to five items that are most important to you when choosing a hearing aid. Rank them from 1-5

☐

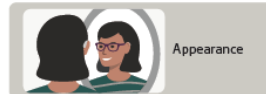

Clarity

☐


Sound quality

☐


Reliability and durability

☐


Appearance

☐


Ability to control device with smart phone

☐


Accessories

☐


Dexterity

☐

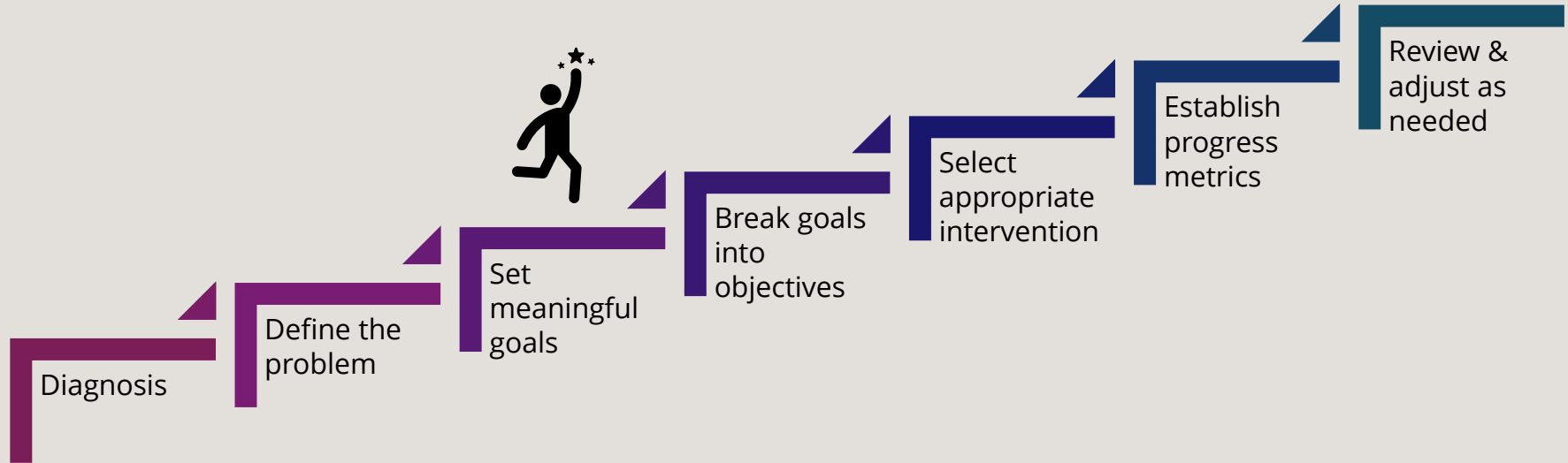

Connectivity to your devices

☐


Budget

Notes:

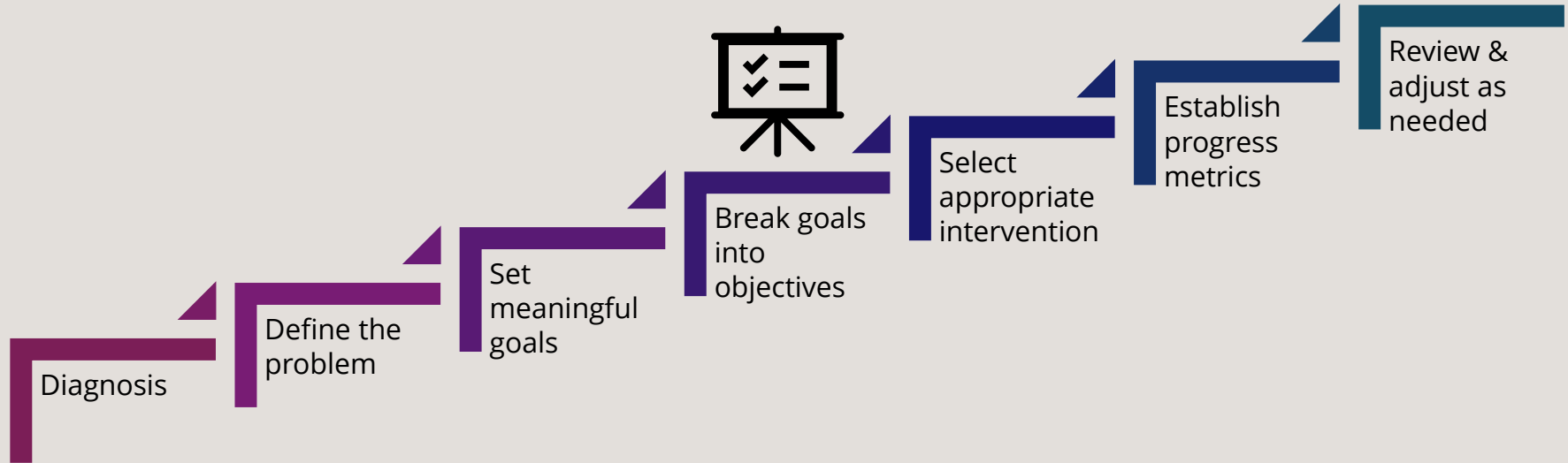
Treatment Planning



Set meaningful goals



Treatment Planning



**Break goals into
objectives**

SMART GOALS

S

SPECIFIC

M

MEASURABLE

A

ACHIEVABLE

R

REALISTIC

T

TIMELY

COSI®, Client Oriented Scale of Improvement

Name: Date of Birth: Professional: Hearing Instrument: Date: Needs established Date: Outcome assessed

Specific Needs:

	<	>
	<	>
	<	>
	<	>
	<	>

Priority:

	<	>
	<	>
	<	>
	<	>
	<	>

Notes:

	<	>
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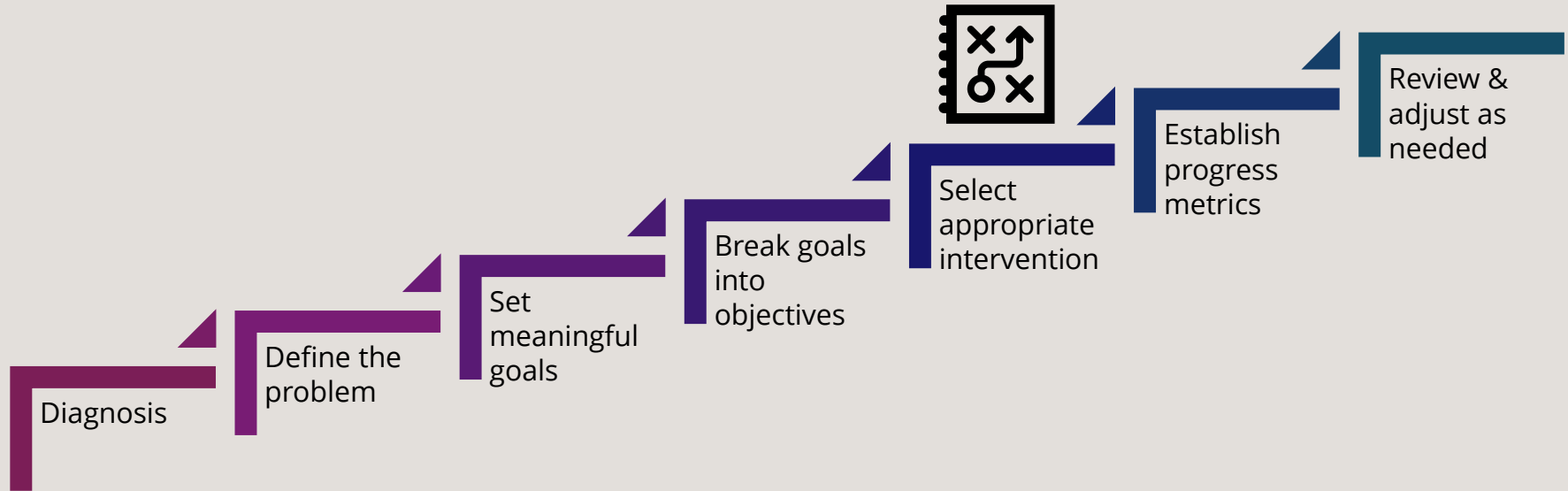
Degree of change
Because of the new hearing instrument, I now hear...

Worse	No difference	Slightly better	Better	Much Better
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

Final Ability
I can hear satisfactorily...

10 % (Hardly ever)	25 % (Occasionally)	50 % (Half the Time)	75 % (Most of Time)	95 % (Almost Always)
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

Treatment Planning



**Select appropriate
intervention**

Your hearing aid preferences

Which of these factors are most important for you when it comes to choosing a hearing aid? Choose the top 3-5 items that are most important to you and rank them.





Clarity



Sound quality



Reliability and durability



Appearance



Ability to control device with
smartphone



Accessories



Dexterity



Connectivity to your devices



Budget

The paradox of choices



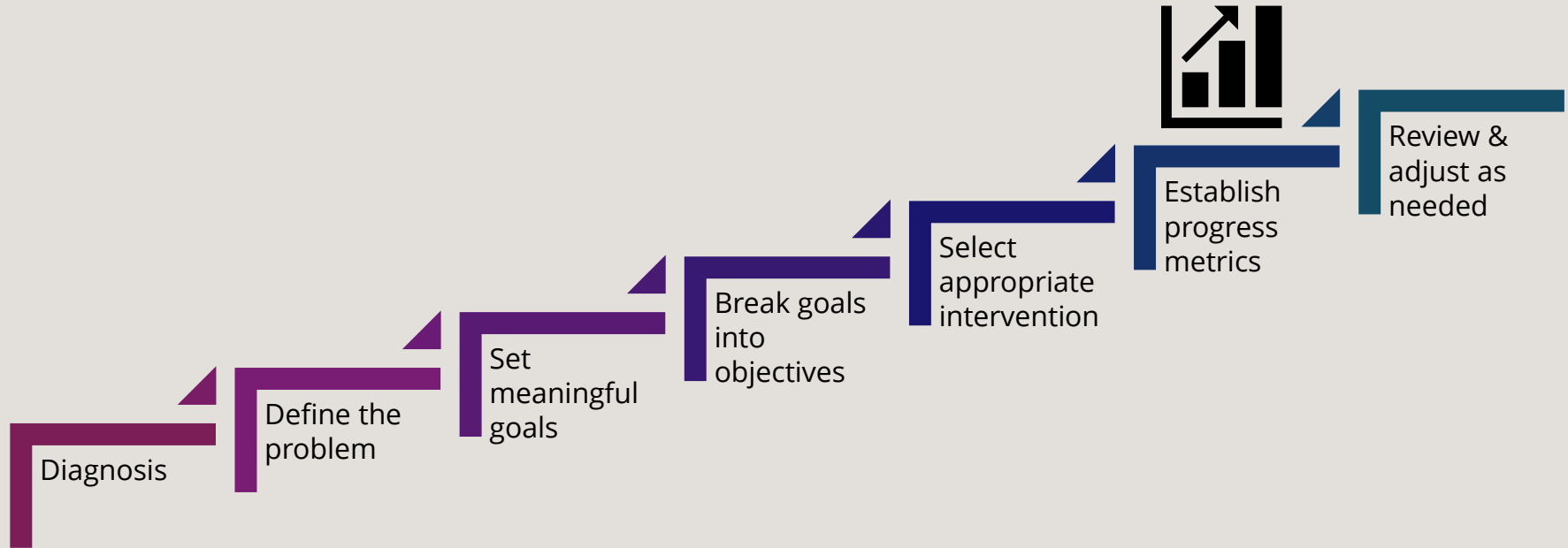
How do you feel about this plan?

How confident do you feel about your ability to manage this?

Do you foresee any barriers we should address?



Treatment Planning



**Establish progress
metrics**

COSI®, Client Oriented Scale of Improvement

Name: Date of Birth: Professional: Hearing Instrument: Date: Needs established Date: Outcome assessed

Specific Needs:

	<	>
	<	>
	<	>
	<	>
	<	>

Priority:

-	▼
-	▼
-	▼
-	▼
-	▼

Notes:

	<	>
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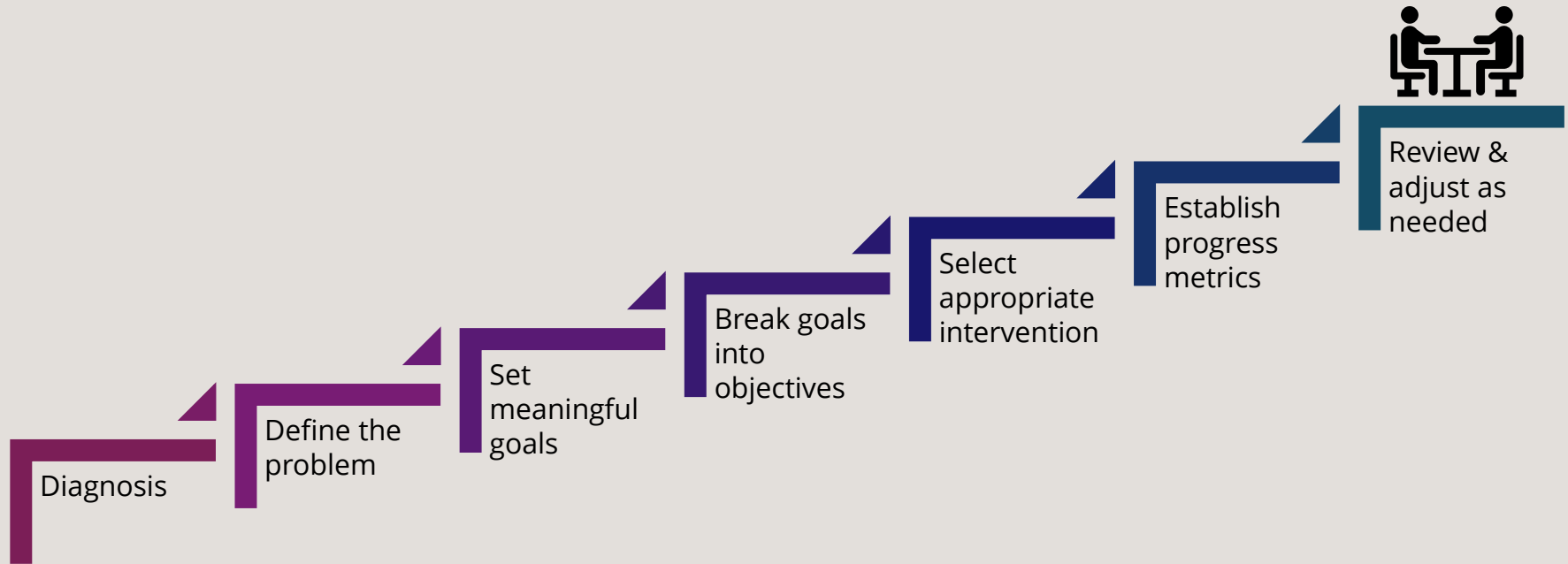
Degree of change
Because of the new hearing instrument, I now hear...

Worse	No difference	Slightly better	Better	Much Better
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

Final Ability
I can hear satisfactorily...

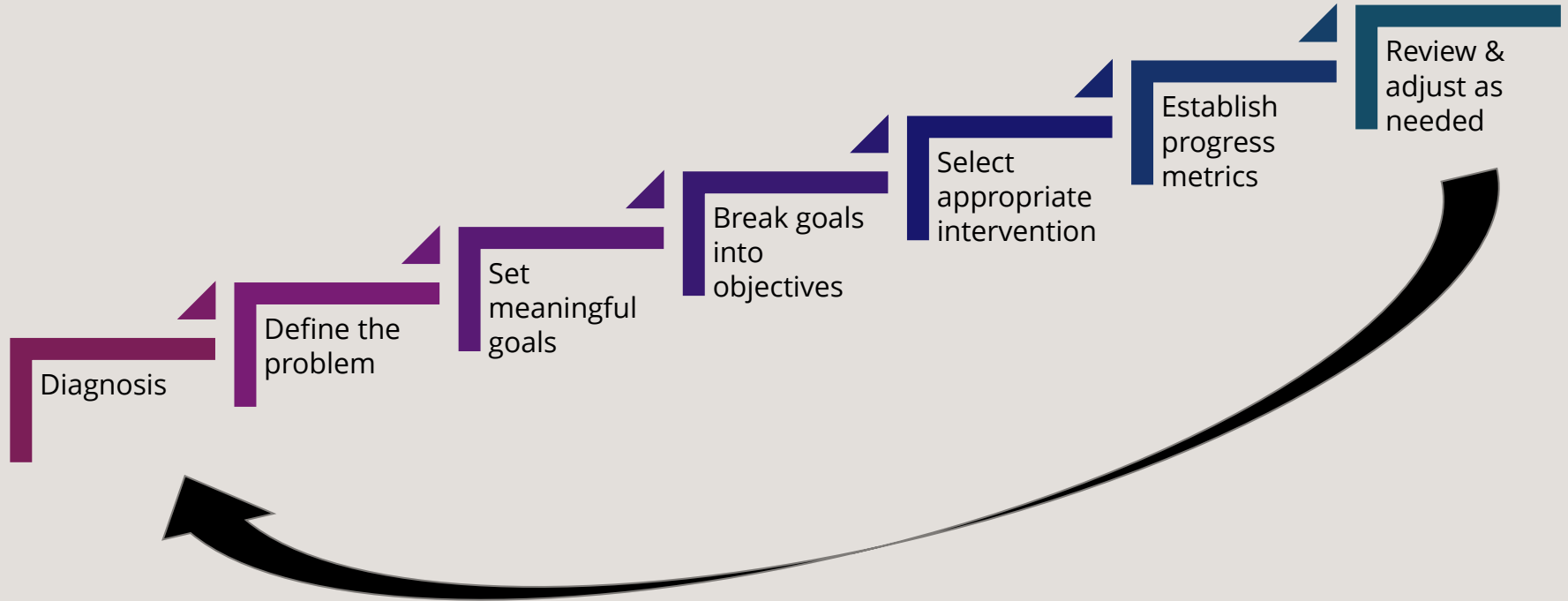
10 % (Hardly ever)	25 % (Occasionally)	50 % (Half the Time)	75 % (Most of Time)	95 % (Almost Always)
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐
☐	☐	☐	☐	☐

Treatment Planning



**Review & adjust as
needed**

Treatment Planning



References

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- Wu, Y.-H., Stangl, E., Branscome, K., et al. (2025). Hearing aid service models, technology, and patient outcomes: A randomized clinical trial. *JAMA Otolaryngology-Head & Neck Surgery*. Advance online publication. <https://doi.org/10.1001/jamaoto.2025.1008>



Person-centered Treatment Planning

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oticon
life-changing technology