Audiology Assistants and Hearing Instrument Specialists - The Key to Efficiency in the Audiology Practice, in partnership with the American Academy of Audiology

Presenters: Nichole Kingham, AuD, ABA, Kristin Davis, AuD

You hello and thank you for joining today's webinar Audiology Assistance and Hearing Instrument, the Key to Efficiency in the Audiology Practice, which is presented in partnership with the American Academy of Audiology. It's my pleasure to introduce our presenters today, Dr. Nichole Kingham and Dr. Kristin Davis. Dr. Kingham has worked in private practice since 2003 where she hired the very first audiology assistant in Washington State. She has been training and promoting audiology assistance since 2009. She is currently a member at large of the Washington Department's the Washington Department of Health Speech and hearing board.

Dr. Davis has been in the audiology profession for more than 25 years. She worked in ENT, hospital and nonprofit settings before opening her own private practice in 2008. Dr. Davis currently serves on the Academy of Doctors of Audiology Board of Directors. You can read more information about our presenters on the Audiology online course page. Dr. Davis and Dr. Kingham, the floor is yours.

Well, thank you very much Christy for that kind introduction. And I just want to reiterate what you already said. If any of you have ever seen Dr. Kingham and I present we are very much about interaction and engagement, so please do put your questions in the chat. We've saved plenty of time at the end to get to them and if we don't get to them, we'll certainly respond later. So I encourage you to ask away and now we're going to see a brief message from our AAA President, Tish Gaffney.

Welcome. I'm Tish Gaffney, the President of the American Academy of Audiology, and I'm here to share important information about the organization. The Academy is dedicated to achieving recognition of audiologists as the experts in hearing and balance care and the field of audiology as an independent clinical special that is integral to the healthcare team. Through our partnership with Audiology Online, we're excited to offer courses like this one to help you broaden your knowledge and skills. We also offer the latest resources in practice management and evidence based clinical practice so you can grow professionally and improve patient care.

We advocate for our members in Washington and across the country to ensure that the voices of audiologists are heard and we help connect audiologists to one another through our valuable networking opportunities like our annual convention. To learn more about the Academy, make sure to visit audiology.org and now I'll turn it over to our moderator to introduce today's presenter. Thank you.

So we're going to go right over our disclosures. I'm not going to read through all these, but my Disclosures are available here as well as Dr. Kingham's. And then we have a few housekeeping slides for disclosures for content limitations and risks and then last but not least, our learning outcomes. So we're going to dive right into the presentation here to talk about what is an audiology extender. It can be an audiology assistant.

Some people call them an audiology tech, obviously an his hearing instrument specialist supervised by an audiologist. The goal of using extenders is to improve practice efficiency and be able to deliver that elevated level of patient care. Audiologists are able then to focus on a higher level of their scope of practice and save the routine services and administration, streamline those for the extenders. And that way time is maximized across all of the team and we've been referring to for a while. Doctors Brayan and Lonnie did a research article a couple years ago and it presented some dire findings that the workforce for audiology is dwindling, is shrinking and that we are not going to be able to serve the growing population.

For people that want hearing health care, there's definitely outpacing of his there are more of them than there are of audiologists, which is just speaking to needing to work to meet the needs of this growing public. And Dr. Reed from Johns Hopkins also refers to this study and describes the shrinking profession of audiology and how are we going to fill that gap? There aren't. Even though there are more hearing instrument specialists, there certainly aren't enough to fill the gap. So what are we going to do to up our game to continue to be able to serve the population that needs us?

And Kristin, I think that you and I both have experienced that with trying to hire and I'm sure a lot of you out there have experienced that as well. It's becoming harder to find audiologists. It's becoming harder to entice them to come into private practice. Have you noticed that? Yes, most definitely.

And you know, we may touch on this later, but I also would like to add that I think this is a great recruiting tool for your practice, not for audiologists but for for those support team members. A lot of times in our practice we will promote a patient care coordinator or front office person and put them through training. And when you are looking for those individuals and they know they have that growth opportunity with your practice, it does help set your practice apart in some of the candidates that you get. So definitely have to be thinking about all different angles of the workforce and how it's going to work for your practice to meet the needs in your community.

Okay, so how are we going to do this there, There are many examples in other healthcare arenas, but I think we need to, as audiologists, need to embrace the mindset of a different business model to be able to maintain our growth, maintain our access to patients for the care that they need. You can look at the dental profession, you can look at pt, chiropractors, primary care. They're all using extenders in some form or another, whether it be nurses, PAs or, you know, assistants, hygienists. And I also, I think what comes up a lot with our team that we talk about is, you know, the front office maybe get some pushback, but you don't push back to those other healthcare providers when they tell you, okay, you're going to see the hygienist and then you're, and then the dentist is going to pop in or you're going to see the PA or the nurse. So I think we need to do a better job of framing our mindset into that new business model and taking control of a newer service delivery model to be able to do right by our patients, do right by our team so they don't get burned out and do right by the public so they don't have to wait forever to get in for an appointment.

Right. Anything you want to add there, Nichole? I think that's great. I think you handled that okay. So I think this was handed over to you at this point.

Yes. Yeah, I'm glad to. So I am also, I'm an owner of a private practice. We have four clinics. But I also own a business called Audiology Academy.

We did a survey of private practice audiologists and asked them, what are your goals just overall in business? Like what do you want to do for patients, what do you want to do for yourself in business? What, what are your goals long term? And then we also asked this, what would be your goal in hiring an audiology assistant in particular? And the goals that came out of that were to improve patient care by increasing the time that you have available on the schedule for patients to get in.

So not making patients wait. Just like Kristin was just saying, providing more time for generating revenue so providers get to see more of those generating appointments, having more walk in time so that you don't have to as a provider yourself do that. If you have a full schedule, having someone walk in on and have to be seen can, is great for them, can be really disrupting for the team. So having some time to actually build in, walk in times was one of the goals to do more marketing. Having someone else to help with the marketing process, controlling the paperwork that we have to do.

So we know that we love to fill out all of the repair forms and order forms, but having someone else to help is really a great thing. Goal 6 decreasing non essential appointments for providers. So again, Bluetooth connection. Answering questions about apps. Answering questions about insurance.

The simple things that patients need to know and want to know. But takes up time in our day, having someone else to help with that is crucial. Adding RL rehab to our clinic offerings. I know that we all know we should have oral rehab, but the number one thing we hear is we just don't have time to do it. So how can we add somebody like an extender to help with that process?

Goal eight, have someone else to answer the phones. So we know that if the phone rings more than three times that people are going to hang up and call your competitor. So having someone there to answer the phone other than your front desk person is actually very helpful. Provide more accessories and point of sale items. So these are things that are beneficial to the patient, but we don't generally have time to spend to talk about all the little things that could be connected to hearing instruments that could then benefit the patient.

And then the big one was that people really wanted to make sure that they had more time and that the time means that you get home at a decent time. So these were the major goals that people told us that they would like to achieve by having someone else on their staff. But we know that a goal without a plan is just a wish. So we're going to talk a little bit about how to plan to add these type of extenders onto your practice. I do also want to say that once you have a plan, it really takes small daily actions to perfect that plan.

So it's not just making the plan. You then have to decide that you're going to take small steps to get to the end point of actually creating the plan, but then doing the plan. So when we're talking about plans, the goal of adding an audiology extender, we if we just take those 10 and we put them into a specific, we want to meet revenue goals, we want to create efficiency and that means bandwidth capacity for patients to be added onto the schedule. We want to create an environment focused on customer service. So we don't want them to wait two weeks.

That's not good customer service. And it's not even best patient care when someone is you're booked out two weeks and they can't get in, that actually can cause stress for everyone, not just your team, but the patient, and amplifying your message. So getting people on board that they're raving fans and will tell other people what great service they get because they can get that service quickly. And then obviously adding time to your schedule, meaning time that you use to build the practice, to make sure

that you're meeting your goals. And I wanted to tell a little bit of a story here about how this sort of all came about.

These two pictures, the little girl on the left of your screen in the brown skirt, that is my youngest daughter. I have eight children, and this one just turned 20, so this picture is a little bit older. But the picture is because I, at this point of my life where I had eight children and the youngest was I. I didn't put her in daycare. I actually was able to have my mom and my sister help during the day while I was at work. And my mom had Morgan, and I came home to pick her up and my mom was sort of jumping around with her and yay.

And I was like, oh, what happened? And just like, my mom's face just fell and she just was like, nothing, nothing. Everything's no nothing. And I was like, no, really? What?

What happened? And she was like, oh. She just said her first word and it wasn't Mommy. And it. It was fine that it wasn't, but I was really just sort of devastated that I had missed that.

And I actually missed pretty much all of her firsts. I missed her crawling, I missed her walking. And that's because I wasn't there. And I wanted to create more time to be with my family. And in the practice that I was at, I was the only dispensing audiologist.

The other audiologist that was on staff was the owner, and he was a diagnostician. So it was really me and a front desk person. And I said to him, I really think we need to hire another audiologist. And he just was looking at the numbers and was like, oh, I just don't think we can handle the salary of another audiologist. So at that point is where I started looking at adding an audiology assistant.

At that point, there was no training for an audiology assistant. There was no sort of pathway of how you do that well. So I created one. And that's where this sort of all started. The little girl with the red ribbon,

that's my first grandbaby.

Her name is Laura. She's now almost six. But I heard her first word. I watched her walk, I listened to her little stories. When she started to babble all the little things, I got to watch because I was able to be there.

So she was sort of my litmus. I was, I finally had figured things out. And I think we have created a good way to work together with a large team that has both audiologists as providers, hearing instrument specialists as providers and audiology assistants. So every clinic that we have has both an audiologist and a hearing instrument specialist and an audiology assistant. So I think we have figured out a good way to do it and that's what we're going to sort of talk through today.

So what is your plan? What do you want to do? So if your goal is to retire early, if your goal is to get out of the practice and have someone else who can see patients for you, if your goal is to see more patients, if your goal is to become a million dollar practice, those things you have to create a strong plan for. So when you are going to add staff, a good plan is you need to define their role, figure out what they do and what you want them to do. You need to create clinic protocols and best practices.

What does it look like when you're not around? What are the rules that they need to be following for best patient care for your practice? You have to create a training plan. You don't want to just train by rote, just by passing in the hallway. You need to have a sort of written plan for what you're going to do to make sure training is completed.

And then you need to track that that training is happening and what progress that they've made since they're higher. And then meas measure what outcomes. So outcomes can be that they are talking to people about point of sale items, they are getting people into the practice that your wait times are lower. So all sorts of key performance indicators that you can use for measuring outcomes and all of those

together. You know, we want to use the smart goals.

When you're creating those goals, be specific about them, make sure that they're measurable, attainable. So you don't want to put this out as a year from now I'm going to have an audiology assistant make a goal for. Let me create a role that can be your first goal and then make it relevant for your where you are right now and then make it time based. So make it short time period. You can have long term goals, but short term time period make those goals attainable very quickly.

For me, the S really stands for sanity. Audiology assistants really changed my life, probably saved my marriage, really. Our Audiology assistants have become so ingrained in our team that our patients ask for them instead of the providers, which is amazing and, and really has made it much more easy to have a day that is eight minutes or eight to five so we, we can get home to our families. All right, so I'm going to hand it back to Kristin. Yes.

So I think, you know, thinking about the goals that you just put and before we dive into this, I would say, you know, in retrospect, if I knew what I know, if I knew then what I know now, before I hired another audiologist, I would hire an extender to help support me. So I think, you know, we probably have people on this call that are at all different levels in their practice, maybe new, newly open clinics, maybe they've been doing it for years. So I think hopefully by the end of this presentation, you'll see different. There's so many different scenarios that you need to really look at what's going to work for you. But when you look at the ability of an extender and what they can do for your practice and like you mentioned going to your, your boss, I guess at that time, several, all those years ago, it really does make best practice sense for the practice and the patients to think about that extender before you add another provider.

For a lot of people. Yep, it just salary wise makes sense and really frees up your time to do the planning to get an audiologist on staff. If you don't have best practices, for instance, when are you going to create those? You can't unless you take time after hours. You're not going to do it unless you have

someone that frees up your time.

Especially again, if you're the owner, if you're the solo owner and the solo provider for those people in that position now, it can be life changing. Right. So let's talk about an his or an audiology assistant. What, what is the difference? So an audiology assistant is going to perform tasks that are a little less specialized, they are more general, more administrative.

You really, you're going to hear us say this over and over. You are going to have to check your state and laws because, you know, Nichole's on the west coast and I'm on the east coast, obviously in different states. And there's great variability across all the states. So you have to be on top of that to know when you're doing your plan, to look at what your plan can be legally.

These tasks are really going to increase the bandwidth of your providers. It's going to help prevent Burnout. It's going to open up that schedule. There are a lot of times non revenue generating tasks, administrative hearing instrument tasks like cleaning equipment, maintenance, patient education and training, lots of support functions. I was going to share a little bit of what we do in our practice.

Again, it's going to depend on your state and your setup for your practice, what you want. But it definitely has increased our bandwidth. We now have several full time dedicated audiology assistants just like Dr. Kingham. They have their own block schedule and they literally have again, patients request them now that they understand the role and the accessibility. And they also, you know, there's kind of a running joke in our offices that if you have a Bluetooth issue, you don't want to see an audiologist, you want to see the audiology assistant because they actually know more about the Bluetooth and all the intricacies of all the different hearing aid manufacturers to be able to help you in a more efficient manner.

In our practice, they also see walk in hours, second half of hearing aid fittings, six month hearing aid clean and checks. And in our practice, again, depending on how you have your setup, we do have revenue generation by some of our, by our audiology assistants. They are charged for an office visit with our audiology assistant at a lesser rate than the audiologist. But if they don't have any type of service plan with our practice, then they, they do pay an office visit fee for that audiology assistance time. Yeah, and I think that we do the same thing and I think that patients actually like that they have a choice.

So you can see the audiologist, but if you'd like to just have a cleaning, for instance, you can see another provider that is at a lesser amount and that gives them the choice. You know, I, I don't need to see the audiologist today and I don't have to pay the higher level. So I think that's a good choice. Exactly. That is something that our front office understands and is able to explain well.

So it is a team effort. But also the lower cost. But also when you tell them you can't see, you know, Dr. Davis until three weeks from now or two weeks from now, but you can see Rachel, our audiology assistant, tomorrow. Well, there's a, there's lots of benefit to that financially and time wise. Yep.

Okay, so we'll talk about the his. These are going to be tasks more focused around the actual device itself and there will be variability across states as to what his can do in varying states. These also increase the bandwidth of the audiologist. These tend to be more revenue generating tasks because they can program the hearing aid. They can actually do fittings and troubleshooting and feedback management and a lot of those programming type things that your audiology assistant generally can't do.

We have in triage also that way, you know, we're not if there's somebody's having a hearing aid issue, maybe they can't get in with the audiologist that fit them or that they usually see, but there's an HIS available again just like the previous example that can see them in a couple of days versus a couple of

weeks. I know a lot of practices use his and we did this in the past. They are specifically credentialed, the only credentialed provider with a third party and do all of that. So I know they are used that way in a lot of practices. Also there, you know, will be insurance issues that you have to deal with and Dr. Kingham is going to touch on that in just a little bit.

But I think which ones do you use? I think you evaluate your practice and your state laws and decide what's going to work best for your culture and your team and your patients.

More about hearing instrument related tasks. This could be an audiology assistant or an his, depending on your state regs and laws. Some of these things, the ones that you see with the asterisk generally maybe require a little bit more. Some states are more restrictive than others on that.

The initial program to first fit I would think would need to be a hearing instrument specialist. We're talking about again time savings to the audiologist to the provider of about 15 hours per week. On this specific slide we're going to talk about total time savings too. Some of the examples that we have. I know the audiology academy did a survey for clinics who optimize audiology extenders and the average was about 15 hours a week for time saving for the audiology providers.

I can tell you in our practice with a dedicated audiology assistant with everything that they do, it's easily a time savings of 25 plus hours a week. They do all the walk in hours. So there's five hours a week for each hour each day. They do many of the second half of hearing aid fittings. They do lots of other appointments, pick up repair, hearing aid clean and checks some minor office repairs, triaging, like maybe it's just a wax filter that needs to be replaced or a speaker that needs to be replaced.

Nothing that's changing or the acoustics of the device but something that just needs to be replaced. Exactly with the broken part. So when you add up all those hours easily, one audiology Assistant can save 25 plus hours a week in your practice, depending on what you're allocating their duties as.

Patient education and training is another very valuable thing that either can do. Again, depending on your state, there is usually more restriction on ear mold impressions. Usually in general, an audiology assistant can't do that. And then that would be more under the the purview, the scope of a hearing instrument specialist.

I think one thing I would say is our audiology assistants do a great job at looking back at the audiologist recommendations. So maybe they've already talked to them about lace and then they reinforce that they can, you know, help them get the app loaded and help them do that so they can do those types of technical things. So lots of time saving there. Also another nine hours a week in this area. And also revenue generating because depending on how you're billing for these things, if they're helping complete the process that the doctor started, then they are helping generate that revenue for those specific things.

Turn it back over to you, Nichole. Yeah. Testing support. This is an interesting conversation. It tends to be a little bit of a conversation starter.

Let me say it that way. Lots of people have opinions about whether you should have your audiology assistant, for instance, doing fixed protocol admittance testing at all, even as a screening. And then also should you have your hearing instrument specialist doing those sorts of things. And we'll talk about this in the next slide. Really about scope creep.

So can a fix can fixed protocol mittens testing be done by a hearing instrument specialist? It's definitely under their scope of practice. So are otoscopic checks and et cetera. So those things, these things can be taught to an audiology assistant can definitely be part of the job description of a hearing instrument specialist as well. Hearing screenings, this is another one of those things is sort of a button to push that should should audiology assistant be doing a hearing screening?

And what does that, what is the definition of a screening? So we're not going to get into that much. But hearing screening for sure is under the licensure of a hearing instrument specialist. Where you need to be careful is if are you actually doing a full hearing evaluation for the purpose of fitting hearing aids and calling it a screening? And then is that patient a Medicare patient?

And Medicare is very clear that hearing evaluations 92557 if billed to Medicare must be done by an audiologist, not by someone else, hearing instrument specialist or otherwise. But I do see a lot of Practices using hearing instrument specialists to do hearing screenings for third parties, just like Kristin was mentioning, because a lot of our contracts with third parties include 92557 in the fitting fee. And so you're not really getting paid for 92557, you're getting paid to do a hearing screening that again, sort of fulfills the requirements of the state law to have a hearing test for the purpose of fitting hearing aids. But a lot of us have issues with that in terms of are we actually treating patients differently if we are not charging insurance for hearing tests in one case and we are in another? So there are some things to consider.

But third party hearing screenings by a hearing instrument specialist makes perfect sense to me. If we're not technically getting paid if it's included in a fitting fee, we're technically, technically not getting paid for hearing screening. Having a hearing instrument specialist perform that because they are a lower cost to the practice is a good use of our revenue then billing issues. Getting a hearing instrument specialist credentialed with insurance is a nightmare. I can tell you from my own experience, not many insurances will accept them as providers.

Some will and some won't. So the billing issues can be an interesting thing to consider. So for instance, if you have somebody scheduled for a hearing test, hearing aid eval with a hearing instrument specialist is you're not able to bill for that service if that person is not credentialed. So do you split it? So you do the hearing test with the audiologist, hearing aid evaluation with the hearing instrument specialist, but

then you have to make sure that you have teamwork in that.

So how do you hand that off? So there's a lot of thinking about how are you going to work with a hearing instrument specialist with that teamwork mentality where I'm going to do part of the work as the audiologist and now the hearing instrument specialist is doing the other part of that work and then the nose. These are things that again, probably in the purview of a hearing instrument specialist in some cases, but still not part of the what we would suggest as part of the scope of practice for a hearing instrument specialist inside an audiology clinic. So we are concerned that there is the possibility that if we suggests that a hearing instrument specialist can do things like a balance evaluation, that that then changes the scope of practice down the road. So that again is something for you to decide in terms of your practice.

A lot of those things cannot be billed under insurance if the hearing instrument specialist is performing those tasks. All right, an audiology assistant for sure cannot perform diagnostic testing at all in a private practice is in parentheses. Because technically there is a term called audio audiology tech. Audiology techs have a little bit of difference in their scope of practice. They're usually inside a hospital working with an ent and in that case they technically could do a diagnostic hearing evaluation under the ENTS npi, but not for Medicare patients, because Medicare patients, if you're going to bill insurance, have to be an audiologist.

They can't interpret test findings. They cannot provide counseling regarding the diagnosis that they've received from a provider. So for instance, if a patient said, can you review your hearing. My hearing test with me. Your audiology assistant needs to be trained that they need to pass that on to the provider.

They can't select or recommend hearing instruments. They should not be making referrals for additional testing, especially outside of your practice. They can't modify a hearing aid or an ear mold if it affects the output of the hearing aid at the eardrum. So changing domes, for instance, if somebody comes in

and says, I have a dome and I feel really plugged, audiology assistant probably knows that they could add a different dome that has more venting. Should they though or leave that to the provider?

That's where they bring in the hearing instrument specialist or the audiologist. And in most states, ear cleaning or ear wash is not something that an audiology assistant would do.

All right, this goes back to you. Yes. So just a few disclaimers like we've been talking about. You need to make sure that you're checking your health websites, your state regs, and find out what you are legally able to do with the different extenders in your state, what they are legally able to do.

And then we'll go on to training and how we're going to ensure that excellent patient care is maintained. We definitely want to hire the right person and also be have a clear understanding that we communicate to them and the team about what their job functions are, where their scope, where their duties end and where the his or the audiologist begins. And that everybody understands that. And be transparent when discussing business goals. How can they contribute to the business goals?

Make sure that they understand that and are comfortable with those goals and that constant and consistent training is very important. I would under the hiring, I would just stress that hiring the right person, even if they don't have any experience hiring the person that is going to be the right fit for your team, your culture and your patients, because as we've been talking about, are going to continue to talk about we can train the right. The right person. So not to be looking necessarily for someone that has experience in that area. If you can train that person, oftentimes that works out better.

Yeah. So we just hired an audiology assistant who has a physics degree. Wow. No experience at all. But he's the right person for our team.

So. Yeah. And I don't think that you use personality tests in your hiring. Is that right? Do I remember that correctly?

We don't use it in hiring. We use it. We have. We use it on the back end to. So the team knows each other's strengths and weaknesses and communication.

So very quickly after someone is onboarded, they go through. We use insights and they go through that evaluation. And then we do a new team wheel. So everybody sees where everybody falls on the wheel and yeah, try to have them be cognizant of communication preferences. So we use it a little bit differently, but definitely rely on it.

We do it at the front end and then we do the same thing. We train all the staff again when we hire somebody new so that they know where they fall on the wheel. It's the same exact thing. So one of the most common personality tests to use is the disc. This is not one of.

This is one of many, but this one I have found works really well. It's not terribly expensive. And I just wanted to give you an example of how the personality test, this disc training or the disc personality test works. And there are actually some groups in audiology that have done some studies to show that the majority of owner audiologists are in the D category. And most providers who are staff audiologists are actually in the C and S category.

So we have found that to be true as well in our practice. And I just wanted to give you an example of how we use this in our hiring process. So this was one of our teams. So we had five people and right there, very smack in the middle of cns. And the.

The C's are sort of the. The kind, gentle, spoken people. The S's are the supportive, tend to be the peacemaker sort of patient or people. And we had two people that we were hiring for an audiology

assistant position. And both of them were very strong.

One had audiology assistant experience. She was coming from another clinic, had already been trained, and the other was coming out of a bachelor's degree with speech and hearing science. Didn't know if he wanted to go on to school to become an audiologist yet and so. But had no experience. So if you just looked on paper, hiring the one that already was trained looked like it probably would have been the better choice.

However, we did the disc with both of them and the, the woman with experience was a high I and it looks good, outgoing, people oriented. But the other with the four year degree in speech and hearing science, no experience was more in the CS and it's not bad to have people sort of all in all four quadrants. But I felt like having someone that was sort of in the mix with others that were in that team would probably be a better fit. And he is actually who we hired and he is still in our practice. He started as an audiology assistant, we trained him up.

He's now a hearing instrument specialist in our practice. So just like you were talking about Kristin, starting someone at front desk, if they're the right people and giving them the opportunity to move to audiology, assisting and then hearing instrument specialist I think is a great way forward. We also use Enneagram. Enneagram for me is a little bit more touchy feely, a little bit more on the emotion side and we work with a lot of women so it tends to sit a little bit better I think than disc. So we've sort of switched over to Enneagram.

And what's interesting about Enneagram is that we have a very well, well rounded Enneagram. So our, our providers sort of are throughout the entire list. But Enneagram is a great, easy, really inexpensive. I think it's like $19 per test that you give and gives a great report, easy to use. And then we use this as training once the staff members entered our practice.

So how much should you pay your audiology assistant? I think the average nationally is $20 per hour. But there's going to be a great variability across states and regions, whether you're in a city, whether you're more rural, the amount of experience and then so I think you just kind of need to look at your local market and make a determination of that value in your area using a bonus system. I, I highly encourage that we use a team bonus system. And I think every member of the team then gets rewarded for the effort because that front office person is making the appointment, that audiology assistant is supporting the audiologist.

So I, you know, that can be developed in many ways, but I think it's an important component to look at. And then the higher degree, the higher pay, just like Dr. Kingham just mentioned. I'm, I'm assuming maybe that that person with the physics degree maybe has started at a little bit higher rate than maybe someone that was just out of high school that you had to train. So there's those factors to look at. Right.

And I think a good way to look at what's perfect for your area is if you look at medical assistants. That tends to be a pretty close starting level for an audiology assistant in your area. And I think another factor is whether or not in your state they can be revenue generating because that does affect your business model. So if they can be revenue generating, then that's another level of how they can contribute. So then let's look at the his.

How much should you pay your his? Again, national average is about $31 an hour. All the same variables apply here. Your region, you know, rural city salary and commission is, is the most general, the most widely accepted way that we are compensating our his. And then again with their level of training, if they are board certified, then they usually should have a higher level of pay.

I would say, like I mentioned before, our audiology assistants, if we can, we promote them from within because it's almost like a year long interview in a way for us, seeing if they're going to make a good fit for a full time clinic facing patient, facing audiology assistant. If they have, if they want to do that, if they

have the right personality for that. But you can't always do that. And so we've had success both ways. If we hire, if we promote from within or if they haven't had training, we pay for their training.

And then with the his again a very important state consideration in South Carolina, unfortunately an audiologist can't train and supervise an his. So we have a little bit more obstacles in our way of hiring an his. In our state we can't train from within or promote from within. And so then you have to find a very unique person that wants to maybe come to an audiology private practice. It's a little bit more challenging, but it can be done.

We've done it successfully in the past. So different considerations depending on your state. Yeah, I think Florida is the same that you that audiologists can't. Can't supervise for training. In Washington state we actually have a pretty strict licensure rule for a hearing instrument specialist.

You have to have a two year degree minimum and then nine months program after that. Or you have to have a degree that it could be outside of the audiology, could be physics. Physics. And then you have to be inside a clinic for nine months, 500 hours of experience. So we only have one program that trains hearing instrument specialists.

Spokane Falls in Eastern Washington so that that we have a hard time getting hearing instrument specialists trained in state. Here in Washington state. Yes. So definitely want to look at your state and what obstacles that there might be, but definitely worth investigating.

So ensuring that excellent patient care is maintained. We've already talked about hiring the right person and the clear understanding of job functions. I think that's important for the whole team, as I think I mentioned it. So there's no blurry areas. Everybody knows where they're duties stop and the next providers begins.

And those business goals understanding, I think that's also very important for the whole team to understand. You know, in our case, when do they charge for an office visit with an audiology assistant? When do they not? What is the different fee for an audiology assistant versus an audiologist? Make sure you're being consistent with that across all patients.

That you know the warranty, understanding how often patients should be seen. Those are all things that you set up individually in your practice, what you want. But you need to make sure that your whole team, front office to audiologist and everybody in between is on the same page and understands. So there's no ambiguity or patients receiving different information at different times. And always consistent training and constant training because there's everything evolving not only with technology to make sure everybody's up to date with that, but just with how the practice is growing and protocols have to change as you grow.

Training's available. There are quite a few different options. The two that are considered independent are Audiology Academy which has a 10 week course and then Nova Southeastern has two different courses, a didactic and practical or lab training. So there is training for audiology assistants for hearing instrument specialists. International Hearing Society is a great resource for making sure that hearing instrument specialists are getting good training.

And they have a very strict national testing as well. And I've given that test and it's not an easy test. So I think that they do a pretty good job at making sure that hearing instrument specialists are ready to go once they have the ability to get licensure. When you create your own training, you can use ChatGPT like really put something in there like how do I train somebody on basic audiometry? And it's going to come up with really great information.

This is just an example of our what I've created for our team for if we're going to train a hearing instrument specialist. So just for very quickly, like for air and bone conduction testing, here are the

things that we want to make sure we're covering and then here's a training activity that we might be doing. And then here is for instance, hearing aid selection and consultation. What are we going to do to make sure that the hearing instrument specialist is trained well and giving our secret sauce to patients by treating them or following the protocols that we've put in place into our practice? And then here's an example training activity.

So we have this listed out. When someone is hired, we're going to go through each of these steps before they actually are seeing patients independently. So the same thing, you know, think of all the different ways your patient will be interacted with hearing aid programming, ear molds and impressions, and make sure that you have a list of things that you want to see before the person is seeing patients. Hearing aid maintenance and troubleshooting is another one. Competency check is the final step.

So making sure that you're looking to make sure that the person that you've hired is completing tasks and seeing patients in the manner that you want them to be completed. There are some courses out there that actually go through things like masking and there are others that are coming on how to walk through counseling with patients. So you can use those other tools as well during training.

So why should you supervise training? I think the one I would like to touch on here, and the most important, I think you should look at it as an investment in your practice and in that person. And the one I think about is what if I train them well and then they leave. I feel like, you know, for me personally, I feel good about that because while they're with us, they're doing a great job and a service to their patients. And then we have set someone up for success in the future to go somewhere else to be helpful and to do something that they maybe never thought they would have the chance to do, working with the public in a healthcare capacity like this.

So I would encourage you to think open mindedly like that. And I think if you don't train them and they stay, what's, what is it going to do to your practice? So, right. So definitely an investment. Like we think

about it for all of our, our providers and our team, it's just a different investment level that can really make a difference in your practice.

Agreed. And then how to successfully train an audiology extender. I'm not going to read through all of this, but just as we've been talking about, it's important to have a plan, an onboarding plan, how you're going to have, if you're training them, whatever program you're using, make sure that they have time for. Are hands on that they have time for, you know, online portal. What we, what we do is we have a lot of shadowing also in with that where they're shadowing every level of the practice so they understand the front office, the, the other providers, audiologists.

And then when they're with the audiology assistants, they are shadowing. But then that flips and there's no set time because we're constantly checking in with them on their progress. So some people progress quicker than others. But when we and they feel confident that they're ready, that shadowing flips and the audiology assistant is then shadowing them and they're taking the lead in appointments and that audiology assistant is pulling back more and to eventually not even being in the room, but being accessible for questions until they have a confidence and comfort level that they're ready to be completely independent. And if you do it well, I think an audiology assistant can be seeing patients with supervision within about three weeks of joining your practice and then independently probably 10 weeks after joining a practice.

But they won't be fully autonomous. And audiology assistants are never fully autonomous. Autonomous but seeing patients by themselves within six months. So that's sort of the timeline. 100% agree and then make a plan to find success.

So we kind of just bring this all back together. You're going to define the role, look for the right person, protocols and best practices. Have your training plan in place, make sure that you the training is guided and the supervisors checking in. And again that end goal of streamlined workflow to help you get home

to your family sooner.

So business growth strategies. I just want to reiterate that the hearing healthcare professionals need to work together to ensure that we're able to meet the growing demand for the hearing health care aging population on the horizon. And if we don't all find a way to pull together and start embracing this new model on different levels for different people. But we're going to be overwhelmed and not able to meet the need and someone else is going to fill that gap for us.

So spread the word. If you're on this call today, if you're on this talk today and you have colleagues that you think would benefit from it, please make sure they know, you know, to think about an audiology extender and where they can find resources and to share all the important reasons that could help them in their practice.

So now we're going to have a few minutes left for discussion Q and A and we're going to open that up. So if you haven't already entered a question, feel free to do so. And if we run out of time, I promise you'll be able to reach out to us and we'll definitely get back to you.

And while we're waiting, I think this would be a great time. We talked before we started this morning about one of the deliverables that we both have created for. For giving to patients, if you want to talk about that. Yes. So how to roll it out to your patients.

So if you're a practice, no matter how big or how small, and you've never used this, you know, you're going to have to, to think about how to introduce it to your patients and your team. We, you know, obviously sat down with our team first and got everybody on board, understanding. But then they were very nervous and had a little bit of anxiety about how do we talk to patients about this. So we created, and I know a lot of practices have done this and we're happy to share, Dr. Kingham and I, but we created a team sheet for our different locations. So who the people in that office are that are part of

their hearing healthcare team and have.

And here's Dr. Kingham's example, who they're going to see in their journey at our office. The doctor, the audiologist, maybe a hearing instrument specialist, an audiology assistant, and their picture in their bio. So they feel like they know them and they understand their experience and their role in the practice. We also, for my practice, created, we give them a hearing aid fitting packet and we have a sheet, a flyer in there dedicated to what is an audiology assistant? A kitchen, because most patients have never heard of that before.

And then what is their role in our practice? What would you see them for as a patient at Davis Audiology? So there's some clear expectations set there at the beginning. And that worked well for new patients. There was a little bit of more of a transition for existing patients that had been with us and they're like, wait a minute, what?

You know. But once we explained it thoroughly and they. And then once they started to see the benefits of being able to get in more efficiently and have their questions answered quickly. And a lot of times our audiology assistants, we listed the things they can't do. But even though they can't do some of those things, they can be the communicator between the audiologist and the patient.

Because, you know, I'm sure at all of our practices, the audiologists don't have a lot of time in the day to return phone calls, return emails, they're busy all day long. So that audiology assistant can be that go between to get the answer to. To tell the doctor, you know, they're wanting this referral or they have another question about the device you recommended or they can actually help. You know what? I see that when you saw Dr. Davis, she recommended this hearing aid and this color lengths all there.

So they can help process the order. They can help process the order for an accessory. So there's so many different things. And once the patients understand that value and that you're doing this to better

their patient experience, we had no issue. You.

Yeah. And you brought up something that was interesting and something that I have just recently come up against and was sort of an interesting thing, like I don't know how to deal with this. I think that talking with your staff about hiring new type of extenders, audiology assistants and hearing instrument specialists both is a thing to sort of. You need to sit and think about how you're going to present that first. And I think because audiologists in general, we have not had great relationship with hearing instrument specialists, so how do we create good relationship inside our practice?

And the reason I'm saying I don't know how to deal with this, just recently I hired a new audiologist and a new hearing instrument specialist into the same practice at the same time. And from the audiologist I got, well, I don't want the hearing instrument specialist seeing my patients. And I was like, wait, you don't have any patients yet. What, What? What are you talking about?

And from the hearing instrument specialist I got, well, I don't want her taking all the patients. And I just was like, whoa, wait a minute, guys. We work as a team. And I did not have that sort of training ahead of time because I didn't expect it because I hadn't seen it yet. But I think that might be something to consider as a just given the landscape of us in the past not having good working relationships with hearing instrument specialists.

And I certainly don't think that's necessary inside your practice. And I think you have to speak to it before it becomes an issue. Yes, I can totally empathize with that. We had that come up and we had a great his. But she wasn't, we weren't because of we.

How we had to triage the patients because of insurance and things. Things. She just wasn't getting enough patience. So she didn't feel like she. She was bored.

She wanted to work more, she wanted to see more patients. So it just didn't end up Working out. So I think you have. You should be thinking about that on the front end of how that's going to work. And some, and a lot of us, we try things and it, you know, we have to pivot.

So you don't always know ahead of time. Right. And I think talking about pivoting is important, too. That's what I've learned. Like, you can go into it like, we have sort of a goal, we have a plan.

We know we're going this direction, but if it doesn't work, being able to say to your team, okay, that didn't work, we're going to do this and sort of building that interior culture that we're going to try new things. If it doesn't work, though, we're going to figure out something else. Absolutely. I would. I think we just have a couple minutes left.

I think one of the questions we get a lot of times is how do you implement actual. The actual schedule? And I think a lot of people do this, but maybe some people still don't know why it's. Or we don't see the value of a block schedule. But we could not function without a block schedule at our practice because, like I said, our audiology assistants are full time.

They all see the second half of a hearing aid fitting, so their schedule has to line up very succinctly with the audiologist schedule so that handoff can happen without any wait time, ideally. So a block schedule is your best friend when you're. In my opinion, from what I've seen, if we're going to implement extenders and utilize them with a dedicated schedule. Yes, we use a modified block schedule. So just like you, if we are going to do a fitting, we schedule the first 45 minutes with the audiologist or hearing instrument specialist, the next 45 minutes with the audiology assistant to do all the paperwork, to review the app to.

To get it connected to the phone, et cetera. And the paperwork is important part. I think it's really being able to have someone who's dedicated to going over the details is a good thing. Anyhow, if you don't do

that 45, 45, you're not going to get a fitting in easily. So we don't do block scheduling in the typical way where you don't have a fitting that's on the schedule for Tuesday that you can only block or only fit with a fitting.

We just, we're scheduling them out 10 days and we're blocking the schedule for both people so that they both can see the patient and Then we do have block scheduling for lab time. So we want to make sure that our audiology assistants see patients, but we also want them to get to the important work in the lab. So we do block scheduling that way. Yes, we block schedule administrative tasks and things to make sure that they don't get overwhelmed with patient tasks. One thing I think we both wanted to bring up, and I think you already did a little bit, is that, you know, this is grow.

The support for this is growing. So our national organizations, you know, are having tracks for audiology assistants at the national conference. That and there are more training opportunities vendors are recognizing. You know, they can provide training for the audiology assistants to help support the providers. So there are going to be more and more resources available to support this if you're thinking about implementing it in your practice.

Yeah. Very good. All right. I think if we don't have any other questions, we're going to move forward.

This is our contact information. So if you'd like to have a look at Dr. Davis or my handout to patients, we're glad to send those to you. And I think we're going to also make those available in the recording for future and otherwise. If you have questions or you'd like to talk to us specifically, feel free to reach out. We're glad to help at any time, give you our input, input or support in any way.

And Christy? Yes? Thank you. If you wouldn't mind advancing to the last slide for me, I'd appreciate that. Thank you.

Well, I'd really like to thank you, Dr. Davis, and Dr. Kingham, for sharing your time and expertise with us today. And I'd like to thank everyone who came to participate in today's webinar. Just a reminder that the exam for the webinar will appear on your pending courses page in the next 15 minutes or so, and you do need to complete that within seven days in order to earn CEU for the course. We look forward to hearing your feedback and the course evaluations, and we hope to see you in future courses here on Audiology Online. So this concludes today's webinar.

Have a great rest of your day. Thanks.