Lets Talk Money

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Hello and welcome to today's session, brought to you by CareCredit. We're thrilled to have you join us today for this year's Industry Innovation Summit on Audiology Online. Before we get started, I'm going to run through the housekeeping really quick. If you would like to ask a question, please do so using the Q and A. If you would like to get a handout for today, please use the Resources tab in Zoom or or the pending courses in Audiology Online.

If you need captions for today, you can turn those on using the CC button located at the bottom of the Zoom window. And if you're here to earn CEUs, please stay logged in for the entire session. After the webinar, go back to your pending courses and you can take and pass the five question multiple choice test. If you need any assistance, we've got our 1-800-number and our email on the screen for you to reach out to us. These are the learning outcomes that are associated with today's class, and these are the limitations and risks associated with today's class.

You can review those at a later time if you would like to. And now let's dive into today's course. Let's Talk Money, presented by Dr. Rose. Throughout this month, Audiology Online is showcasing groundbreaking advancements in the hearing industry with our 6th annual Industry Innovation Summit. Thank you for being here today.

We encourage you to explore our course library for other compelling Summit courses. A special thank you to our title sponsor, CareCredit, and all of the innovative companies participating in the 2026 summit. And now it is my distinct pleasure to turn today's course over to Dr. Rose. Thank you. So today we're going to talk about something that people don't really like to talk about, and that's sales.

When we hear the word sales, many of us feel uncomfortable, especially in healthcare. But what we really do in audiology is not sell devices. We sell solutions to very real problems that are very personal. Today I want to show you how reframing sales changes everything for you and your patients. We didn't get into this field to sell hearing aids.

We are in the field of audiology to help people. But here's the truth. If we don't learn how to sell well, patients don't get the help that they really need and they tend to delay. Their marriage suffers, they struggle in difficult listening environments, they their jobs suffer, and they walk out of our offices with not getting the care that they need. Today I want to show you how sales and audiology is not about convincing.

It's about clarifying. It's about helping patients see the connection between their hearing problem and their life. So let's get into it. So sales is often defined as exchanging a product for money. But in audiology, I think that definition is very incomplete.

What we really do is we help people solve problems that affect their relationships, their confidence, their careers, and even sometimes their safety. The hearing aid is just a tool. The solution is what we actually want. If I ask you what you sell, most of you would just say hearing aids. But no patient wakes up thinking, I want to go buy hearing aids.

What they wake up thinking is, my spouse is mad at me because I couldn't hear the TV at the same level as them last night. Or I'm tired of asking people to repeat. It's really starting to even get on my own nerves. I don't go out anymore because I can't be a part of the conversation. And sometimes they wake up thinking that they're scared that they're going to miss really important information at a doctor's appointment or.

Or something very personal in their lives. We have to remember that the hearing aid is the tool. The solution is actually getting their life back. And we're here to help them make that connection. We're trying to help them have clarity on exactly what the problem is and understanding that there is a solution.

Once we're able to do that, we are able to recommend a treatment plan that they will be willing to move forward with.

So what sales really means, we have to remember and reframe our thoughts that sales isn't pushing, it's guiding. Right? Patients decide to move forward when they see you as the expert who understands their situation. And then you can solve their problem, not just sell them something. When people hear the word sales, they think of being talked into something and typically talked into something that, you know, they don't want.

But in healthcare, and especially in audiology, sales is not persuasion. It's about clarification. Think about your best patients, the ones who are thrilled with their hearing aids, and they tell everyone about you and everyone about your practice. They didn't buy them because you were pushy with them. They bought hearing aids and moved forward with your treatment plan because they finally understood what was happening to them and had a solution to fix it.

Real sales really happens when the patient reaches the conclusion themselves. They think, I don't want to live like this, and oh, my gosh, this doctor can help me. It's not our job to convince. Our job is to help the patients come connect the dots between what they're experiencing in their life, what we see clinically, and then the last dot is what is possible with treatment. And that's what we really want to be doing.

That's why it's very important that the patients need to see you as knowledgeable, a valuable expert, and really focused on them and solving their problem and not the product. When they feel understood, price becomes secondary. And when they feel rushed or sold, even the lowest price that you offer to them is going to feel too high.

So I always say that sales with hearing aids and audiology, it's a process, it's not a script, it's not something that we can just memorize and say the exact same thing to every patient. It's a process. And if we skip the processes or do them out of order, patients get very confused, they get scared, they shut down. And when you do it right, it feels very natural and it feels very patient centered, which is exactly what we want. The process is critical because most of the time when a patient doesn't move forward, it's not because they don't care or that they don't want to.

It's because we've skipped a step in the process. So step one is understanding the problem that they think they have. We need to know what they are thinking, not just the outcome we have on the audiogram. If a patient comes in because their spouse is angry at them, that's the real problem. The hearing loss is just the cause.

And this is something we really need to remember. I like to use the COSI at this point. This is where it can be really beneficial to asking the patient a lot of questions and really understanding their problems and writing it down and letting them also see and verbalize that these are the things that they really want to fix. Step two is communicating results in a way that makes sense to the patient, not just showing them the audiogram, not just giving them numbers and using jargon that only we understand, but meaning we need to translate test results into a real world impact. This is why you're missing voices and noise.

This is why conversation feels exhausting. I like to do this by always plotting the patient's audiogram on the audiogram that has the little speech banana on it so they can really see what speech, speech sounds they're missing. This seems to really connect to the patient because they can visually see something. And then step three is recommending solutions that fit their lifestyle. Not what we like to fit, not what's easiest to fit, but what really solves the patient's problem.

And to do that, we have to know the problem. When we feel confident in recommending a certain hearing aid, the patient is able to recognize this was a thought out recommendation. And patients want our advice. I say this all the time. They are here for a reason.

So we need to give that advice in a very confident way. And then step four is sharing cost and payment at the same time. We don't want to say, here's the solution and then 10 minutes later say, oh, by the way, it cost this much much. We say, here's how we fix the problem and then here's how we're going to make this doable for you. And finally, we respond confidently to objections, because objections are simply means.

The patient needs more clarity, they need more reassurance, they need more support. And when you have all five of these standards steps happen in the correct order, patients won't feel sold, they will feel guided to the solution.

So the next thing we want to touch a little bit on that I think everybody obviously knows about is why patients struggle to move forward with care. Patients typically do not walk in really excited to buy hearing aids. Sometimes they walk in scared and nervous. Sometimes they're frustrated, they're embarrassed, or they're just exhausted dealing with it. If we don't understand what they're emotionally dealing with, we will never be able to close the gap to care.

So we sometimes assume that people truly understand their hearing loss and they would immediately want to fix it, but that's just not always the case. Hearing loss is not like having a broken arm. Hearing loss is invisible. It's very gradual and it's emotionally loaded. And we need to remember that patients sometimes delay because they don't want to feel old.

They don't want to feel like they're broken. They don't want to feel like they were taken advantage of because they don't know where to go and they don't know who they can trust. We want to be the

people they can trust. And then, you know, you add in ads for OTC devices, earbuds claiming to be hearing aids, and all this confusing marketing, and now they're just paralyzed and can't make a decision. So our job isn't to overwhelm them with more information.

It is to bring clarity and confidence.

So what is the real problem? You know, patients don't come in and say to us, oh, I have 45 decibels of hearing loss at 2K. That's not what they say. They don't know that they come in because they can't communicate with their grandchildren, or they're fighting with their spouse over something. Or sometimes we get patients that are worried they're going to lose their job because they can't hear at a sales meeting or a staff meeting, or they can't hear on the phone.

This is the real problem that we must solve. The audiogram tells us what they can hear, but it doesn't tell us how their hearing loss is affecting their life. This is the information we need to collect. Are they missing their grandkids and not able to communicate? Are they having arguments with their spouse over multiple things?

Are they avoiding social situations? We need to know what they're avoiding and how to get them back into it. Are they worried about work? Those emotional and social consequences are the true motivators for the patient. And if we only talk about decibel levels and hearing aids, we miss the real reason that they're sitting in our chair.

We need to figure out the emotional and social consequences of each patient.

This one I want to spend just an extra little minute on because I feel very, very strongly about it, which is communicate and educate. The way we present ourselves, how we speak matters as much as what we say, and this is very important. Silence allows patients to process, and rushing fills the space but

loses the sale. We have to remember that in sales, everything is communicated. Your tone, your pace, your confidence, and even your silence.

When you slow down and pause, it lets people process, and it also shows your confidence and your authority. When you rush or over explain things, it actually creates doubt. So silence is very powerful. It gives the patient time to connect emotionally to what you just said, and that's where decisions are actually made. So if I could only teach one thing about sales and audiology, it would actually be this.

People do not decide based on information. They decide based on how they feel when they received that information. So you can have two clinicians say the exact same words, and they can get completely different outcomes because of tone, pace, and presence. It changes everything. So let's talk about tone and confidence.

When you sound rushed or uncertain or even apologetic, the patient subconsciously thinks, well, if they're not confident, why should I be? But when you sound very calm, very steady, and very grounded, the patient feels safe and safely creates the environment for them to say yes and move forward with your treatment plan. Now let's talk about cadence. How fast or slow you speak. Fast talking feels like sales.

But slow, intentional speech actually feels like leadership. It tells the patient, I am not nervous. I'm not trying to push you into anything. I know where this is going to go. We also have to remember that our patients have hearing loss, and we need to slow down so that they can comprehend what we are saying.

We need to be very careful about how fast we are speaking. And then back to silence, which I think this is probably the hardest skill to learn. Most of us want to rush to feel silence because the reality is silent. Silence feels uncomfortable. Right.

But silence is where the patient is processing what you said. So when you explain their hearing loss or the impact the hearing loss is having on their life and then you pause, that's where their brain connects to the response. This is when it connects to, oh, yeah, that's what's happening with my spouse. Yep. This is what's happening with my job.

And it's the emotional connection that moves them forward, not more talking. Another critical piece is word choice. If you say your hearing isn't bad, you just killed the cell. Right. Because you've already told them that what they feel is a problem isn't real.

But it is real. And if you say, wow, this explains why you've been struggling and now they feel validated and understood. Our job is not to minimize. It is to validate. And finally, education.

Education is not dumping a ton of information on a patient. Education is helping someone say, oh, that's why this is happening to me. When a patient understands what is happening and feels emotionally safe with you, the decision to move forward becomes very natural and. And not pressured. And that's what we want to achieve.

So we don't present products. We present solutions that match a patient's life. This is very important. A teacher versus somebody that only leaves their house once a month. They clearly do not need the same hearing aid, even if their audiogram looks identical.

Right. When we present options, we should never make it about technology. First, we should make it about their life so they can connect to it. So instead of saying something like, this one has Bluetooth, we say something that creates connection. This hearing aid will help you FaceTime with your grandchildren on your phone.

That creates an emotional connection, not the words. This hearing aid has Bluetooth. So we want to learn how to present these things and in ways that really connects with the patient. We don't want to sell features of hearing aids. We want to sell solutions to the problems the patients have just given us.

We can only do this if we have taken the time to really understand the problems we're trying to solve for each individual patient, share costs, sharing cost and payment options. I believe they should always very much go together. We have to remember that People do not buy what they don't value. If cost feels like the barrier, it's usually because we didn't make the value clear enough. I always say when someone doesn't move forward, it's not because they didn't want to or they wouldn't be here.

Right. It's because we have not provided enough information clearly for them to make a decision. So let's talk about the moment that most clinicians are uncomfortable. Cost. And here's what we need to understand first, cost is rarely the real objection.

I really believe this cost is simply the safest thing for the patient to say when they feel uncertain or afraid or overwhelmed. When a patient says this is expensive, what they're really saying is I'm not sure yet if this is worth it to me. That's why we never separate value from price. That's why we don't say, oh, here's a Solution. And then 10 minutes later, give the patient the price of a hearing aid.

We don't want to separate all of them out and create some kind of shock. Here's how this solves the problem you told me about and here is how we're going to make it doable. That is how we want to present it to the patient. We want to present the solution and then we immediately want to say that we have options to make this doable for you. People don't buy hearing aids.

They invest in being able to hear their spouse, their children, their grandchildren, staying engaged at work and not feeling isolated. And when the value is very clear to them, our job becomes making the money part, not be a barrier. That's where payment solutions come in. We don't know our patients

financial situations and we do not know their priorities. So we never want to assume that they can or cannot afford.

Instead, we want to present options. Some patients choose to pay in full by credit card or check. Some patients prefer monthly payments using the CareCredit credit card or their financing. And in our case, some patients would want to do our 48 month membership plan to make it easier. So when you present payment options, present them confidently and without apology.

So you are then telling the patient this is very normal. People do this every day. You are not doing anything unusual by choosing to use a financing plan. Finances, we have to remember doesn't mean that somebody can't afford something. Sometimes it just means they prefer to manage cash flow just like people do with cars, phones and other types of medical care.

And when we pair here's how to solve the hearing problem with here's how we make this financially comfortable. Together, we remove the obstacle between the patient and better hearing. This is not selling. This is caring in a way that actually gets people treated.

I just wanted to touch real briefly on this that team alignment very much matters. Patients are looking for validation from your staff from the second they make a call here and they walk in our door. If the front desk or a tech person undermines the value, the sale is already lost. So patients don't just listen to you and they watch your whole team. So we need to be mindful of the whole team.

One simple comment like they're expensive or most people don't choose this option or buy these can undo everything that you've already done. So your entire team must believe in the value of hearing care or the patient won't either. I believe all team members should have some level of sales training so they can also understand how they say things to patients. Even though they're not the direct provider, it does matter to the outcome for that patient.

And then overcoming objections. When patients object, it doesn't mean that they don't want help, right? It means they don't yet understand enough to feel safe in saying yes. That's how I view objections. One of the biggest myths in sales is that objections means the patient isn't interested.

But in reality, objections mean the patient is interested, but they don't feel safe. Yet. If they didn't truly care, one, they probably wouldn't be here, and two, they would just say no, thanks and leave. But if they're creating an actual objection, it's because they do care. They.

They just don't have enough information. So I think most objections fall into three categories. Fear of making the wrong decision, confusion about what they're buying, or anxiety about the money. And here's the key. Every objection is a request for more information.

It's not a rejection. We need to change our minds. And how we think about these conversations. Sometimes objections are voiced directly to us, right? They'll say, oh, it's too expensive.

I need to talk to my spouse. I'm just not ready yet. But often they're hidden and we need to be aware of that. They'll say things like, well, what if it doesn't work? What if I look old?

What if I'm wasting my money? And when we argue with objections, we will automatically lose. But when we get curious about them and ask questions, we win. One of the most powerful questions that I ask every patient that tells me what path to go down is, what's your biggest concern about hearing aids? Is it cosmetics, is it cost?

Or you just really don't know anything about them and you're unsure about what to choose? This will give you a lot of information about what the patient is thinking. So once they tell you the real concern, you don't push, you solve. So if it's money, it's very simple. You review your financing options.

If it's fear, you explain to them your process and assure them that you are going to be here to help them through their entire journey. And if it's confusion, you simplify the technology too much, too many options. When patients feel heard, objections melt because what they really wanted was reassurance. And that's how we really should think about objections. So here's something I want everybody to hear.

Objection. Handling is not about being clever. It's about being comfortable knowing what you're going to say when a patient says, I don't know, that's a lot of money, or I need to think about it. Most clinicians feel this surge of anxiety, and we want to get past that. And when anxiety shows up, our brain shuts down and we can't think.

And what happens is we start talking too much or we actually just freeze. And we don't want that to happen. And this is where I believe role playing is so powerful. I think everybody should role play at every single level and practice how to overcome objections. If you're not practicing, you are not going to be able to do it on the fly, especially if you're feeling a little bit anxious.

You cannot expect a clinician or someone to stay calm, confident and compassionate in a patient conversation if they've never practiced the words out loud. I mean, think about sports. We don't just read the plays, they run the plays right? So in audiology, we need to be doing the same thing. Role playing allows your team to practice hearing objections without flinching, without having anxiety, and then learn how to pause instead of panic.

So we need to get comfortable asking the hard questions and feel confident in offering what our solutions are. When a clinician in a role playing scenario has said, I understand it's a lot to take in today. Tell me what you're thinking. And they've done that 50 times in practice. They won't be afraid to say it to a patient.

It'll be expected and just very, very natural. And that's where your team becomes confident, and that's where patients feel safe because you're able to have these conversations. And that's when objections stop being roadblocks for you and they actually start Becoming opportunities to deepen trust with the patient, because that's really what objections are. It's all in how we think about it.

And then we of course wanted to touch on the fact that we will always occasionally have the patients, no matter what we have done, that will say they need time. And for a patient to say this, we have to remember that it's also normal. Our job is to make sure they are thinking with clarity, not fear. Some patients are just simply not wired to make decisions in the moment, and it doesn't mean they don't want help. Many of our patients have never worn hearing aids, they've never spent this kind of money on healthcare, and some of them have never admitted out loud that they're struggling.

And it's really just becoming a realization at this appointment. So when they say I need to think about it, what they're really saying is, I'm overwhelmed and I don't want to make a mistake. And that's how we need to think about it, because that's really what they're saying. And this is why. Follow up is not pressure, it's part of the care process.

If we let patients walk out without any continued education or connection, fear will fill that gap. Right, because they're going to go home, they're going to get on the Internet, look at Google, they're going to go look at different ads, they're going to talk to friends who may have had bad experiences. But when the follow up is positive, when you follow up with video messages, emails or personal outreach, we're keeping the value of care alive and that's how we want to approach it. Video is especially powerful because now the spouse, the adult child, or the friend can hear the same explanation that the patient heard in the clinic. And a lot of times, having other people involved will lead to a better outcome where they say, you know what, this really makes sense.

Yes, let's move forward. And that's what we're trying to achieve. So I really believe follow ups are not about chasing patients. It's walking alongside of them until they feel ready to say yes. And when you do that consistently, fewer people will disappear from your clinics and more people get the hearing care that they really, really need.

So. So sales and audiology is not about pushing devices. It's about helping people move forward from confusion to clarity, from frustration to hope. So when we slow down, listen deeply and communicate with confidence, patients don't feel sold, they feel cared for. And when you do this consistently, not only do your sales improve your outcomes, your referrals and your reputation also improves.

And the last thing I wanted to touch on that will be available is I did put together a very, very simple solution cell framework that you can go over. It's a really, it's a really good tool for, for role playing. So it has on there, you know, it kind of makes you think, right, you want to write these things out, write out what the real problem is, what the results are and then you can even do I put on here for you the value of the language, the solution, what is it you're trying to help them with? What payment options do you have? And then I even put on here follow up plan.

So this was built just to give you an idea to take everything that we talked about today that you can physically take into your clinic and you can have a fake patient, whatever you want to do. And you can write down all of these things and you can use this to role play with other members of your staff until this becomes very, very natural. Because that's the goal that we're trying to get to, is that this becomes a natural process for everybody in the clinic. So I want to thank you very much for attending today. If you have any questions at all, you can reach out to me.

My email address is. There it is. Melissaearingwv.com thank you.