# When the Dentist Becomes the Patient: Hearing Protection, Leadership, and Lessons for Private Practice HCPs

**Presenters: Blaise Delfino, MS, HIS, Jamie Myers Hand, AuD, Michael Walker, DDS**

Hello and welcome to today's session brought to you by CareCredit. We are thrilled to have you join us for this year's Industry Innovation Summit on Audiology Online. Before we get started, I do want to run through the webinar FAQs with everybody. If you would like to ask a question, please use the Q and A. If you are looking for the handout, those are located both in the Resources tab in Zoom and in the Pending courses.

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Our learner outcomes for today are on the screen right now. You can find them in your handout that you can read through at another time. And these are our limitations and risks. And this is also in your handout that you can read through later on as you need to and now let's dive into today's course when the Dentist Becomes the Patient Hearing Protection, Leadership and Lessons for Private Practice Hearing Healthcare Practitioners throughout this month, Audiology Online is showcasing groundbreaking advancements in the hearing industry with our 6th annual Industry Innovation Summit. Thank you so much for being here today and 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 our presenter, Blaise Delfino. You're tuned in to the Hearing Matters Podcast, the show that discusses hearing technology best practices in a global epidemic hearing loss. I'm your host, Blaise Delfino and welcome to the 2026

Audiology Online Summit. We first want to thank Synchrony for inviting us to this year's summit and celebrating better hearing.

And I am so excited to have my colleague, my friend and my dentist. Yes, he is my dentist, Dr. Michael Walker, back on the Hearing Matters podcast. That's right. Thanks for having me back, Michael. Today we're going to be talking about the dentist becoming the patient because when you and I first connected and met each other, you actually told me oh yeah, I wear hearing protection when I use the suction or the drill.

And I couldn't believe it because not many dentists do. But before we dive into today's CEU course, I want to make the link between dentistry and hearing health care. Michael, I am very excited to be talking with you today because we've had countless conversations about the parallels between the dental industry and hearing healthcare. And I truly do believe that hearing care professionals, not only if you are a private practice owner, but if you're a clinician, can learn from the dental industry. Dentistry and hearing healthcare both address essential lifelong health needs, but they kind of operate on different industry foundations.

So dentistry has 100% built a prevention first routine based model that really does train patients behavior over time. You know, this is supported by widespread coverage recall systems and the expectation of regular care. I mean, I remember when I was in elementary school learning about the importance of, of brushing and flossing. Right. But roughly 63% of US adults visit a dentist annually and nearly 90% do have dental coverage, making prevention the norm rather than the exception.

Hearing healthcare, by contrast, if we kind of dive into this, has historically functioned as a delayed adoption model. Only 20 to 30% of adults roughly who could benefit from hearing aids actually use them. And many will wait seven to 10 years or more after noticing hearing difficulty even before seeking care. So this gap is driven not by clinician failure, but by systemic factors like limited coverage, stigma,

invisible symptoms, and sort of a high stakes purchase decision. Right.

So the opportunity that we have today is clear by borrowing from dentistry's playbook, normalizing prevention, embedding education into workflows, aligning teams, and really reframing hearing care as ongoing health maintenance. Right. This overall health and wellness, rather than a one time transaction, hearing healthcare can fundamentally reshape patient expectations and outcomes. For sure. We're going to lead into the noise problem in dentistry and we're actually going to bring in my friend and colleague, Dr. Jamie Hand.

Dr. Hand, welcome back to the Hearing Matters podcast. It's so great to have you on. Dr. Hand, pleasure to meet you. Thanks for having me. Happy to be here.

Jamie, my first question for you. During this AO 2026 summit, PubMed published research that you and your grad school colleagues conducted. And the name of the study is prevalence of tinnitus and noise induced hearing loss in dentists. So it's very fitting today. Michael, I know we briefly discussed the research that Dr. Hand and her colleagues conducted.

Jamie, what originally led you to study noise exposure and and hearing outcomes in dentists Yeah, I, it was my part time job in grad school. I was a assistant for the dental hygiene department. So they needed just somebody to enter in the dental hygiene students clinical hours. And so that's all I did. I would walk over to the dental college and sit there at a computer and type in all the teeth they cleaned that day.

And through that I was able to talk to the dental hygiene professors who brought up, they're like, oh, you're an audiology student? I have you ever been down to our lab? It's so noisy. We're all telling each other we're getting hearing loss, you know, we've never measured it. And so that led me down the rabbit hole of doing the meta analysis on what has been studied.

And at the time the data was pretty equivalent. Some studies said yes, the instruments were loud enough to cause damage, some said no. So perfect opportunity to do more research. So connected with a dental professor who really just opened the door and said, yeah, what do you need? And worked with him to get a bunch of measurements.

Both just him drilling as well as he led us into a dental exam with 60 students all drilling at the same time. And we're able to, you know, really see the peak noise of those high speed handpieces. Yeah. Dr. Hand, I have a question for you as well. Why was the dental population so important for you to study?

I mean it's, it's both the, the dentist, the hygienist, the assistant, the patient sitting there. So many people are impacted. And you know, we're all told, I think every six months you're going twice a year from, you know, your pediatrics all the way through adulthood. You know, we're all being exposed to it. So it seems like a very common occurrence.

And so if there is harm being done, especially to the people that are in that scenario eight hours a day, then we should advocate for them to seek help. Michael, when you and I had first met, we were talking about careers, right? And being in hearing healthcare, you in the dental industry, and of course Dr. Hand's research that I was familiar with. Of course, I asked you, I'm like, you know what, whenever you use the drill and, or the suction, are you wearing hearing protection? And Michael, I can't even make this up.

You literally had your hearing protection on you. So why was hearing protection so important to you? Like was this something that you learned in graduate school or kind of bring us through that? Yeah, it was discussed quite a bit by a few of my professors in school. Funny enough, I don't know if they either wore the hearing protection throughout their career and, you know, saw the benefits of it or didn't wear the hearing protection to their career and saw the result of it that I'm suspecting was more of it because

a lot of people talked about it, but it still wasn't, you know, I didn't see, like, classmates starting to wear hearing protection in the clinic or anything like that.

So, you know, it was enough to spark that question in my head, like, should this be something that we're all doing? Why are we not doing it? And it really just resonated with me that I don't want to be practicing for, you know, only 10, 15 years, something like that, and already start having hearing loss, hearing issues. Because it's certainly a career that I expect to be in for quite a while, obviously, and just wanted to get ahead of that issue in the first place. Michael, thank you.

Because as a hearing care professional, I am sure I'm speaking for all of you tuned in right now. That is music to our ears, my friend. As a hearing care professional, the prevention aspect is so important. We all get our eyes checked and our teeth clean, majority of us, but hearing is sort of after the fact. That's why we want to tap into this dental model.

Jamie, another question that I have that I've been really meaning to ask you is what did your noise measurements really reveal about the dental equipment in and of itself, and how do those noise levels compare to what us as hearing care professionals consider safe? Over. Over a workday? Yeah. We measured the high speed handpieces, and it was my hypothesis that they weren't actually going to be noisy enough because we all heard them.

They're really annoying, really high pitched drills. And I was just thinking, you know, I think it's going to be too high frequency. And so I had already started doing some meta analysis on the high frequencies as well as the super low frequencies. So first I started going down that rabbit hole, but then Dr. Terry Fruits, who was the dentist that helped us with all the measurements, he said, well, yeah, you know, this thing is really annoying, but what's really loud is what we have to use in conjunction with it that sucks up all the stuff we're drilling so it doesn't fall into the patient's mouth. He's like, that's what's really loud.

And we went, oh, okay, well, let's measure that too. And that's really what blew the door open on the really noisy part, which is that suction that they use in conjunction with the drill, Dr. Hand. It's fascinating because before I read the research a couple of years ago, I absolutely thought that the drill was actually going to be the equipment that caused that potential high frequency or noise induced, I should say hearing loss. But it was actually the suction. So my hypothesis was totally incorrect there.

And when you do visit the table in the research, it was the suction tool, unobstructed, that did cause or has potential to cause that noise induced hearing loss. I mean, Michael, what are your clinical experiences with the suction unobstructed? Is it pretty loud? It is. And it makes sense too, because even hygienists have, have reported hearing loss.

There's a whole kind of division there. And yeah, some of their instruments can also have a high frequency, but they're almost always using the suction as well. So that does add up and I'm sure, you know, a lot of factors to it. I'm sure the, the handpiece, the drill isn't ideal for it either. But I'm not surprised to hear that the suction tool is actually responsible for some of the issues.

Jamie, talk to us a little bit about exposure over time. Well, and so there's the, the trade off. So it starts at 85 for eight hours, but as you exceed that, and there's the OSHA and the NIOSH standards. But if we do the more conservative NIOSH standards, it's every 3 decibels that exceeds 85, you have the time limit that you can be in that noise. So at 94 and 96, that's one hour that you should be in that noise without wearing hearing protection.

And when we surveyed the dentists, the vast majority of everyone said at least four hours of their day, they're in that noise. So that just shows regular use of hearing protection really needs to be done to get that noise level to a safe level in their daily work environment unobstructed, which, you know, I just wanted to touch on that and Michael might be able to speak to this more. But what Dr. Fruits had told

us is as you're suctioning, there's a little like thumb lever that he could control. And you very rarely want that full open.

You know, you're never going full throttle suction. Oftentimes he's, he's pushing the lever down so it's not, you know, really sucking in the mouth. And so that's really the loudest one. And he was like, that's where I have it most of the time is mostly or, you know, halfway obstructed. So Dr. Walker, Dr. Hand just touched on the suction unobstructed, full throttle.

Tell me what your experience has been like wearing the sound gear phantoms while working with the drill and the suction to back up a little bit. The. The earplugs, really, that I was used to wearing definitely worked in a total different fashion, right, as basically just blocking out some part of the. The noise and just reducing that, you know, high frequency transmission. But with the phantoms, you know, not blocking the communication has been amazing.

A little bit of adjusting, just kind of getting used to wearing a different device. But how cool is it that it's almost cutting out the noise completely of the handpiece and the suction? But I can hear the patient just fine. I can hear my assistant just fine. It actually, you know, increases that volume a little bit, so I can hear them better, without a doubt, than with wearing my plugs and just kind of blocking everything.

And, yeah, I could still communicate, but it definitely was not as clear as wearing the phantoms. Let me ask you from a communication standpoint. You can actually, because usually when we all go to dentists, they have the tools in our mouth and they're trying to talk to us, Michael. So now what you're saying is you can hear our mumbles a little bit clearer, a little bit there. And, you know, the communication with the assistance is very important, as you can imagine, through, you know, any procedure, for that matter.

But there's also checking in with the patient and giving them a break here and there and stuff like that. And, you know, to. To ask that question and say, oh, hold on, let me de. Glove, let me take this out or something. I want to, you know, what were you saying again?

I don't have to do that anymore. I can literally just, you know, give them a break, ask a simple question and hear them just fine and get right back to work. You mentioned D glove, because that's. That's a whole, like, disinfection and sanitation aspect where your sound gear phantoms are in your ears. How.

How many hours per day would you say that you are practicing with them and working with patients with them? Yeah, yeah, it's definitely procedure dependent. You know, for any restorative procedure, I'm typically wearing them because I have the handpiece going, the suction, so on. Um, we do a decent amount of surgery at the office, and there's not quite that high frequency, you know, tools being used, depending on what we're doing. So, you know, it certainly varies by the day, case by case, case by case, for sure.

Michael, we're going to touch a little bit on tinnitus with Dr. Hand. So, Jamie, let's talk tinnitus for a little bit. One of the most striking findings in your research was that tinnitus prevalence was actually higher than expected, even though measured hearing loss looked fairly average. As a hearing care professional, how should we interpret that? Yeah, so on top of the noise measurements, Dr.

Fruits was a part of the Oklahoma Dental association and had the mailing list. So we were able to get a grant to get the prepaid postage that we could put both to send it. But that also encouraged them to send back the survey, mailed that out to over 300 Oklahoma dentists and almost 400. And we got a 36% response rate, which, which is unheard of in surveys. So that also shows me that I think dentists are really interested in this.

You know, they're all in it every day. They're all annoyed by the sounds probably. So I think it's a topic that is ripe to be explored because they know they're in noisy environments every day anyway. So this was a part of the survey and we just simply asked, you know, do you have diagnosed hearing loss? And so that is a weakness in the, in the study, we weren't able to actually measure their hearing loss.

I think if we were, we probably would have found more than was reported. As we all know as hearing professionals, takes seven years sometimes for people to have their hearing loss, to actually get it measured, to actually then get it treated. So I think there is a gap here in the data, which is why that tinnitus we all know is oftentimes a symptom of hearing loss. So I believe that's why it was louder. Also, you know, when tinnitus practice, there is the ultra high frequencies that are impacted first that can cause that tinnitus.

So if they haven't had that done, which is, you know, more rare to have in practices, I think it's becoming a little more common as people dive into more tinnitus treatment. But it could be also that it's still in those ultra high frequencies hasn't quite crept down into that audiometric range yet. Jamie, regarding the mailer that you sent out, the data you collected was self reported hearing loss. But what I found so interesting in this research was that the majority of those who did report as having self reported hearing loss, 28 and a half percent of the participants were aged 50 to 59. Okay.

Which is our target demographic. And ages 60 to 69, 40.8% had reported self Reported hearing loss. Jamie, what are, what are those numbers telling us? Because it really does parallel what we're seeing in the industry today. Yeah, I mean, those are kind of target demos.

You know, it's, it's, that's the population. And when we compared it to those age ranges with the general population, that's really where the comparison data was in line. It wasn't statistically significant a difference or it was in line with the general population. So that's what kind of showed us that, oh, it didn't seem like hearing loss was running rampant in dentists. But again, I still have that itch in the back

of my brain that again, the tinnitus self reports are telling us a little different story.

And we didn't ask, have you been seen for a hearing evaluation? It was just, do you have hearing loss? So I think if I could do it again, that was when P1 little. Dr. Han from the data, we really do talk about exposure over time, and we've touched on that a little bit. Of course, Michael, you're wearing your sound gear phantoms case by case, but I love to hear that you are wearing them when you're using the drill and the suction at the same time, or even just solo.

But Jamie, with dentists in general, is this more so peak events or, you know, cumulative daily exposure over the years of practice? Because there are some practices, Michael, like yours that do have an open concept plan so you can have drills and suction working at the same time. Oh, yeah, yeah. I mean, that's definitely the. It's a compound effect over years.

You know, it's. I think we've all experienced a, a single noisy event. A concert is usually what happens where you have that temporary threshold shift and three days later you're kind of back to normal. And that certainly causes damage. But as long as it's, you know, those one events every now and then, we're all kind of okay.

But when you're exposed to that every day, that just takes a beating on your hair cells. And really, I'm so pleased to hear that Michael wears hearing protection. I think there was one respondent from the survey that said they were hearing protection when I asked. So I'm hoping that maybe the younger generation is more in tune with preventative care. And maybe, like he said, he heard it from one of his professors.

If we can really get in on the ground level, you know, in dental school and I know at the University of Oklahoma, I mean, the College of Allied Health, where I was, was right across the street from the dental school. And so just those cross collaborations on those medical campuses to say, like, hey, we

have audiology students, hey, we have dental students. We need to practice taking ear mold impressions. Like, how can we work together to get your dental students just even, you know, simple pull in, pull out earplugs would help. But I know Michael has been wearing much more fun.

So, Dr. Hand, given all of this research in your clinical recommendation, phantoms will cost more than solid silicone plugs. What is the best option here for our dentists? Like, is it the active hearing protection? Is it the passive hearing protection? What is the best product to utilize based on your findings but also your clinical recommendation?

I mean, the best product, I think, as we've all seen in dental practices, you know, being the patient, in my experience, there's a lot of talking going on. You know, it's, it's a drill and then it's a, hey, I need this or a note to the assistant or you know, whatever. And so there's that communication that still needs to be happening, which is where that active hearing protection really plays a role. You know, as the sound goes down, the mics are picking it up. He doesn't have to reach up and touch and remove and insert and remove and insert.

Well, that's certainly an option. And that's, I think my recommendation in the study was just those semi insert earplugs that we've all seen. I think mowing especially is what people use them for. You know, they hang around your neck and those are fine. That's great.

I think, especially for maybe an assistant that's in and out, that isn't always going to be around the noise perhaps. But for those providers that are around it eight hours a day, I think that something like the phantom is a great opportunity. Dr. Hand, I really do like that hybrid mixed approach. So, Michael, share with us. Overall, you're utilizing the phantoms.

Have you. And when did you utilize these silicone plugs? Because I did ask you, hey, can you kind of like flip flop here and there? Yeah. When did you find yourself using the silicone plugs?

Yeah, I definitely tried those as well. Just kind of alternated between the two. See how I felt about it. It's definitely a similar concept as kind of the universal ones I had been using for years. Obviously a much better fit being that they were custom fit to my ear.

So almost like a total kind of blockout situation, which obviously I could see the benefits of for the hearing protection. A little trickier with the communication side of things. So I could still, you know, hear, but it was just a little difficult to navigate with that communication. Now, Michael, when I delivered your hearing protection to you, your, your phantoms and the solid plugs, I did meet a couple of your colleagues, the other doctors in the practice. I can say that they were a little jealous that you were, you were trialing these hearing.

Hearing protective devices. But actually they were, they were saying like, oh, wow, like I want to get a pair or I need a pair. And they see the value in it. Which again, today's about prevention, tapping into dentists playbook. Yeah, that's so cool.

Yeah, it is. And funny enough, they both mentioned to me we're all about the same age, so we've all been practicing about the same, you know, amount of years that they have noticed a little bit of hearing issues. Huh. And yeah, and one of the doctors as well has actually gotten some hearing plugs. She was like, I want to start out with these just to see if I can, you know, kind of tolerate this.

Definitely sees the value in it. That's not it just wants to make sure it's like a comfort thing. Sure. And she's been wearing them pretty religiously too, which has been cool to see. So you've had a good effect on the practice.

I love to hear that. I love to hear that. Jamie, how can we as hearing care professionals really continue to raise awareness of hearing healthcare not only in our industry, but also in our community? And

should we, as hearing care professionals be printing out this research and bringing it to our six month dental cleaning checks? Yeah, I was gonna say, I think that's a great opportunity to get connected in your community and, you know, print it out, take it to them with a box of donuts, you know, do some community reach out and say, you know, here's a study I thought you'd be interested in.

I think a lot of our providers maybe are private practice owners. They have a clinic that's mostly focused on hearing aids, but really making it known. You know, I don't just do hearing aids. I do hearing protection. We do custom ear molds.

We do, we have a lot of options of varying price ranges that could help prevent hearing loss and tinnitus in the future for you and your staff. Can we connect that? And Dr. Hand, lastly, if there's one message that you want hearing care professionals to take away from your research and the findings, what are they? I mean, I really think it is that community outreach. Oftentimes these dentists that are the private practice owners, like Michael, you know, they're not going to be in your age demographic quite yet that are going to really know about a hearing aid clinic or know about audiology or no, you know, so it's really on you as the, as the audiologist, as the hearing instrument specialist, as the, you know, owner, what have you to reach out and make it known that, you know, hey, we offer more than just hearing aids.

We offer more than just hearing tests. We have hearing protection as well and really making your presence known in your community. Well, Dr. Hand, thanks again for joining us on the Hearing Matters podcast and celebrating the 2026 Audiology Online Summit with myself and Dr. Walker. And again, thank you for all that you continue to do for the hearing healthcare industry. Michael.

Dentistry has really quietly mastered patient behavior, prevention, case acceptance, really, without relying on pressure or urgency. We're in elementary school. We understand and learn the importance of brushing our teeth and flossing. But I want to unpack what dentistry gets, right, and translate that and

share that knowledge with our hearing care professionals, because hearing healthcare is one of the greatest fields, I believe. Obviously, I love what, what we do and we're able to help so many people.

But I want to start with prevention first. Care. And you had brought up before we started talking on, well, Blaze, we're all about prevention, but why aren't more dentists wearing hearing protection? Let's unpack that a little bit first. Yeah, yeah.

It's interesting, right? We're ingrained, like you said, from elementary school, that prevention is key when it comes to dentistry. So once you go into that field, you kind of already have that mindset and then you see it every day. So it's definite, you know, at the core of our beliefs. So it's kind of interesting that that doesn't translate to all other fields in healthcare within us.

Meaning why aren't all dentists, you know, realizing that hearing loss prevention is at the same level of tooth decay and other oral health issues? So it's an interesting subject to unpack. Maybe it comes down to education, the stigma, I don't know. But I think this is certainly a good step in spreading awareness. And like I said, as I've discussed with people, I haven't had much pushback at all.

People see the value right away. They're interested. They want to, you know, start that hearing protection immediately. So it's been interesting to help avoid a little bit. Is it peer to peer, though, Michael?

Like, meaning, are you a trendsetter? Right? It's like, oh, well, Michael wears it, so I should be wearing it as well. And I remember being younger and learning the drums and playing music and it was like, your tools are your drumsticks and your hearing protection. So automatically, in a young age, growing up in hearing healthcare, being taught the importance of protecting your hearing in dentistry, is that maybe a model that we as hearing care professionals can support where when you know, you are in dental school, these are the tools you need to do a root canal, but also you need to wear your hearing

protection when you're using these tools.

Because Dr. Hands and her colleagues research does show that, you know, suction full throttle over time does have the potential of causing noise induced hearing loss. Yeah, absolutely. I think if that connection is made from an earlier stage, then absolutely. I mean, why, why would you not?

Right. Nobody wants to be facing hearing issues later on in life. So starting it when you're just getting started in your career, I think makes the most sense and a great opportunity for our hearing care professionals tuned in today to really make the connection and reach out to maybe your local dental, dental schools. So prevention first care dentistry, fundamentally preventative care. We have cleanings, exams.

It's not even every six months. I'm going to see you. How is that mindset baked into the dental industry from day one? Yeah, yeah. I think a couple different avenues there, like you've touched on, you know, starting young.

You know, most parents want to, of course, do what's best for their kids, so they're starting them every six months. So it's just kind of ingrained from an early age that, you know, every six months, checkup, cleaning, X rays when you're due, that sort of thing is just the best model. And it's just been the tried and true model for so long that that certainly makes the conversation easier on our side of things. And there's not a lot of convincing involved. Most people know this type of thing already by the time they get to the adult years and, you know, they're seeing you.

So that definitely helps. And then I think there's also a fear of pain, you know, component to it as well. Meaning somebody has one tooth problem at some point, you know, in their, maybe early adult years were in some sort of tooth pain. They're like, that's it. I'm definitely taking this more serious from now on because I don't want to be in that position ever again.

And if it's as simple as just catching things early on by being in every six months, that's a heck of a lot easier than waiting for a toothache, dealing with that and going from there. Let me ask you, when you were in dental school, did your professors talk about the importance of emphasizing prevention first care, like, when your patient leaves, make sure that you strongly encourage them to come in six months. Yeah, yeah, it's definitely a component to it. Not just from, and to be transparent here, not just from a financial aspect, right? Oh, 100%.

This is preventative health because we know comorbidity is linked to untreated hearing loss. We know comorbidity is linked to untreated dentition challenges. Yeah, well, and the funny thing you said there about, you know, the financial aspect of it that I see what you're saying, as far as the financial aspect of the practice and running a business, but there's also a financial aspect to the patient, right. Paying for two clean. Well, most people have insurance so that it's maybe covered anyway.

But even if you don't, paying for, you know, two cleanings, exams, and maybe X rays just once a year is a lot cheaper than paying for one root canal and crown. So the financial aspect, I've, I've discussed this with patients in the past, for sure, like, you know, maybe there's some financial struggles, whatever the case is. And, you know, we go through that toothache situation one time and they see the, what can be the price tag associated with some of those treatment options, and then discussing, hey, this is the only, you know, the charge for those cleanings, exams is only this. And it's going to be preventative, healthier for you, of course, and avoid these situations in the long term. It's really saving the patient's money.

And, and it's, and it's easy to see that, you know, once you explain it that way. So I typically don't have patients think like, oh, yeah, like, no wonder you want me to come twice a year. Like, that's feeding your business. It's, it's honestly better for them, of course, health wise, but also financially just to stay ahead of these issues. And this is why you're my dentist, Michael, because.

And just for the record, I drive 72 miles round trip to not only support you as a friend in your practice, but I trust you. And that is when we first met, we aligned so much on standard of care, patient outcomes. It's so, so important. So let me ask you, in dentistry, is prevention positioned as optional or is it standard of care? It's standard of care.

No doubt about it. Now, in, at least in the dental field, that standard of care word gets thrown around a lot in, like, legal terms. And, you know, insurance Stuff like that. But just from almost like a common sense standpoint, you know, standard of care, it's what we should be advocating for, is keeping our patients healthier. It's really a no brainer when you think about it that way.

When we talk about standard of care and hearing healthcare, one of the big buzzwords that is associated with standard of care is something called real ear measurement, which, which is an objective way to verify that the hearing aids are programmed to the patient's type and degree of hearing loss. Now it is a standard of care. It's not the gold standard of care because we also have subjectivity that goes into fitting a patient with hearing technology. My point, there is a small percentage of hearing care professionals are implementing real ear measurement. And this is not me saying you need to do real ear.

Like I strongly encourage every single one of our hearing care professionals to implement real ear measurement because we know that patients that do receive real ear measurement are going to, in tandem with counseling and their subjective feedback, do better keep their hearing aids, have a better listening experience. But from your perspective, what can we as hearing care professionals borrow from you and your industry to make preventative health care in hearing health care feel, feel normal instead of elective? Right. Keeping, you know, what's best for the patient in mind definitely goes a long way. So keeping that at the forefront of all of your decisions throughout that exact process that you were explaining, you know, really just eliminates that whole question, right?

If we're doing what's best for the patient, yes, there could be some advancements in technology and you're utilizing them now. And, and it's easy for that to seem like maybe something gimmicky at the start, until the education is more widespread, something like that. But in reality, just as technology advances and new things are available in our field, if it's still better for the patient, just focusing on that's why we're implementing it. And even if that translates to more of a prevention, then that's just a win win. Hearing loss is gradual.

As we had reviewed Dr. Hand's research, the self reported hearing loss findings were really interesting. And it was those within that age demographic that we typically serve. You know, hearing loss doesn't know an age. I'm curious to know, being that majority of cases that we as hearing care professionals see it is that gradual noise induced hearing loss. From your perspective, what could we as hearing care professionals in this industry do differently to educate our patients earlier and more effectively?

Because most times they're coming to us during that painful quote, moment. You don't want patients coming to you when they're in so much pain. You want to be preventative. What could we do from an educational aspect? Yeah.

Discovering early stages of hearing loss better that testing is more widespread and then seeing those first changes, I feel like it'll be an easier buy in from everyone's patients to say, oh, wow, it's already starting and I'm 35, or whatever the case is. We're going to stop this right in its tracks because you're already seeing, here, here's the, here's the data, here's how your hearing loss is already progressing. If we don't act now, we're going to be in trouble in 10, 15 plus years. So I would think as the technology gets more advanced and is more widespread, that as long if it can start getting detected earlier, then we'll see more buy in from people to act sooner. Michael, I want to go into case acceptance with confidence.

You know your stuff, but you're humble and you love to educate your patients. And I think that is so admirable about you as a professional. Dentists are usually very confident when making their treatment plan presentation. Where does that confidence come from? Is that from school or is that.

It's funny to hear you say that because, you know, on my side of things, seeing all the, you know, ces that are out there and different categories that people are needing to, you know, work on, treatment plan presentation has to be up there. You know, I can't tell you how many ads I see on Instagram and get emails about and stuff like that, you know, you know, is your case acceptance struggling? Is your treatment plan presentation, you know, not where you want it? Take these courses to learn about. So we get, we do take treatment planning classes in school, but like anything in the educational sense, that's a foundation.

Right. And then applying that to the real world is, is a jump. So what's interesting, what I'm hearing now is treatment plan presentation maybe talked about a little bit in dental school. Yep. And then up to you, no matter what setting you're going into to get better at.

Right. And not only that, but the treatment planning in school is more so the educational of, you know, how to diagnose more so than how do I communicate to the patient, make that connection. Because you can diagnose things all day long. If you're not explaining it in a way that makes sense to a patient and you draw that connection, you're not going to have great case acceptance. It's interesting to see the parallels and I did not know that until talking to you today about case presentation.

Sort of talked about in school mostly needs to be something that you take a CE course for. Let me ask you, when a patient says, I want to wait, how do you, as a dentist and practice owner respond to that? As the, the expert? Right. In this conversation of patient and dentist, it's our job and our responsibility to, to accurately explain the priorities, the risks of waiting, when that's applicable.

Right. So if someone said, if I can see a very urgent need on a patient, and, you know, I think they're literally weeks or months away from pain, like we're close there, and someone says, yeah, you know, I'll get the question a lot like, can this wait? Or what's, you know, I got a trip coming up or something like, what are the risks of waiting until after that? If it's something that I truly feel should not wait or we're going to be in a bad situation, I will be very honest with the patient. You know, I work hard on communicating that still in an effective way.

You know, I don't want to be preaching to the patient. I don't want to be, you know, necessarily telling them what to do, but I want to convey my knowledge about the situation in a way that's going to be beneficial to them and let them know that I'm looking at this, you know, with you. I'm on your side here. So it's all about just how you present it. I've found that, you know, you want to create the urgency when it's necessary because at the end of the day, you don't want a patient coming back in two weeks and saying, you told me I had probably a couple of months here and this thing's keeping me up overnight.

Like, you know, that wasn't the best advice. You don't want to be in that situation. That's a no win across the board. So again, going back to just how you present whatever the situation is, what you're recommending, and just giving them your honest opinion on the urgency is really all you need to do when you have a patient. So let's say it's urgent, they have to do, they really should do something about this within the next week.

And they say, Dr. Walker, I can't afford this. Yeah, what financing are you offering in the practice? And is financing in your practice the last resort? Or are your team members talking about it even in the early stages, during maybe a check in or. Of course, there's a financial aspect to it in everything we Do.

Right. So there it certainly plays a role. I try to focus on what's going to be the best outcome and then discuss options from there. Right. So if there's an option that can save the patient's tooth, we can do it.

You know, tomorrow we'll make it work for you. We'll move some things around on the schedule. Even if that's not the cheapest option for the patient, if it's truly the best option, I typically like to start there, explain that to them and then give them alternatives. You have to. Right.

Have to give them. And a lot of times those alternatives can certainly be different, you know, costs of treatment. So, you know, I start there and then finding out what the barrier to getting that ideal treatment is. Sometimes it's financials, of course, and then we can go into that conversation. If it's fear, usually just explaining the situation a little bit better eases that and then of course delivering on it the next day, you know, there's probably a barrier somewhere.

If that barrier happens to be financials, then of course we can discuss that in more, more detail with them. We do work with CareCredit for patient financing. That just has worked the best in my experience. Rather than in office financing, you would really need a team member dedicated to that and it kind of opens up just a whole different scenario. We tried that once.

Yeah. For two weeks. Did you? Yeah. See, there you go.

Yeah, it just is. It's open. It opens a can of worms. I do think offering financing is very important. Right.

There's. You don't want someone who can't afford it day of to not get the treatment they want. So working with someone like CareCredit has been great where they kind of third party financing and they handle it from there. And we can start on that treatment. Treatment as soon as they're approved, which a lot of times is just about instant.

Again, this is why I love your philosophy as a practice owner, holding yourself and your team to that high standard of care. But again, standard of care isn't just the tools and the patient care that you're implementing. It's standard of care from a business aspect of. Well, that is going to help the patient's

dentition. Exactly.

In our case, their hearing health. And Michael, I love the fact that you're saying that financing should not be treated as this last minute solution or a response to, you know, patient hesitation when it is introduced early. Even when the patient walks into the office and they see information about third party financing, it really does become a tool to reducing anxiety Normalizing affordability of your services and your career. And it's really supportive of better decision making. And we've found that high performing private practices really do set expectations upfront by framing the care in ranges and acknowledging that patients approach cost differently.

I mean, simple language such as most patients invest somewhere between X and Y and many will choose monthly payment plans really does help prevent that, that sticker shock. And it really does signal that financial considerations are a part of that patient centered care model. So financing options like you said, including third party health care solutions like CareCredit, when available, should be positioned, I want to say as choices but not as pressure points. That's how you communicate to the patient in terms of that case acceptance with confidence. I want to talk about team based communication.

Dental practices operate as this team. I mean, when I walked into your practice, it is a well oiled machine. Now, I'm not discrediting you at all when I say this, you acquired the practice. But what I love that you said a couple of months ago is you said the biggest change I'm going to implement is no change at first. First.

So I just want to preface that. Yes. Now, how aligned is the messaging at your practice? Yeah, across that team. Yeah, it's everything.

It absolutely sends the message that we are aligned and from everyone, from the front to the back and everywhere in between. So like you said, you know, acquiring the practice, having the team already in place, that's one thing they did a great job with already. But it's been fun in all honesty to, you know, dial that in even a little bit more just because there's always room for improvement. And having everyone buy into that has been really cool to see. Because the thing too in dentistry, and I'm sure in hearing healthcare as well, is there's going to be team members that aren't clinical, you know, Yes.

A lot as they're, as they've been exposed to the field for several years, whatever the case is, have had different jobs in dentistry, you kind of gain a lot of that knowledge. But having someone say, start at a position at the front desk, no previous dental history whatsoever knowledge really whatsoever, you really have to bring them up to speed rather quickly so that even though they can, and they can, they're okay to say, hey, I'm not clinical, but here's what you know, Dr. Walker is recommending or whoever, you know, in this particular situation when we talk about treatment philosophy. So for example, let's just say in hearing healthcare's sake, you have one practice and two clinicians in that practice? One clinician says, yes, really? Or measurement, gold standard, very important.

The other says, maybe not so much case by case basis. There's a, there's a challenge there in treatment philosophy. Yes. How important is treatment philosophy at your practice specifically? Yeah, extremely important.

Especially as, you know, having three providers there. There's certainly a good part of the patient base who have seen multiple, you know, different providers. Just say someone's out one day, something like that. Oh, last time I saw this other doctor for my exam, this time it's you. You better be pretty aligned on a treatment plan.

Otherwise you're opening up a whole situation with, you know, patient's perspective of, well, why do you have a differing philosophy? You know, it comes down to is it a cavity or not sometimes? You know

what I mean? So, yes, especially in dentistry, there are a lot of opinions and everyone's got a different, you know, way of treatment planning and there's nothing wrong with that. But as far as the core values, they have to be aligned or else it's going to be obvious very quickly and it's just not the best look for a practice.

So what lessons can hearing care professionals learn from your practice and dental industry as a whole in terms of the importance of that one team, one dream team based communication because it helps patient outcomes. It does, yeah. And I think communication is the biggest thing there, of course. Right. Even if it's behind the scenes spending time, you know, doing treatment plans together, just kind of aligning yourselves.

It's easier than it probably sounds. Once you kind of go through a few cases to together. Hey, how would you, you know, how would you treatment plan this? How would you diagnose this? What are your thoughts on this overall?

Just spending that time together and, and discussing it. You know, you get a feel for how someone else would treatment plan. And especially as you've been in the field for a while and you see differing opinions on things, you kind of see where people's gauges are on those particular issues and you can, you can meet in the middle sometimes. You know, again, there are multiple ways to attack certain situations. So meeting in the middle, just having an understanding of how, how someone else treatment plans and getting it as cohesive as possible usually is not a problem.

I had the opportunity to do an interview with Audiology online on what hearing healthcare looks like 10 years from now. And I had said that we are going to have, in my professional opinion, a cross collaborative approach with other professions. I mean, we have to. Yeah. Michael, we're nearing the end of the continuing ED course today.

And again, thank you so much for celebrating the 2020 Audiology Online Summit with us. But I want to talk about practice acquisition and what hearing care professionals need to know. Let's start at the beginning. Why did you decide to buy a dental practice instead of remaining maybe an associate of someone else's practice? Yeah, yeah, I knew it's always what I wanted to do.

Ever since I went to dental school. I knew at some point I would want to own my own practice. Just a personal goal, what I thought would be best for just overall kind of work, life balance, that sort of thing. But like I touched earlier, you know, a lot of the skills you learn in dental school, they're, they're a foundation. So you really need to spend time working on those clinical skills and enhancing them.

That I wanted to make sure I had. And I should say that takes an entire career. You know, I certainly consider myself a lifelong learner and always want to be expanding my clinical skill set. With that being said, I wanted to get proficient at the basics before having to spend so much time worrying about owning a business, everything that goes with that. So although I knew it was my ultimate goal, it's not something I wanted to do right off the bat.

Some people do, some people build a practice, you know, day one out of dental school, just not what I felt comfortable doing. There are some hearing care professionals that are tuned in today who may be right now they are employed at a practice and maybe they have the opportunity to acquire the practice that they're at because maybe said current owner wants to retire. Let's just use that as an example. What advice could you share with them? Maybe going from a formal clinical role to now a leadership owner role.

And there's a couple avenues to do it. You know, like you said, if you are already essentially an associate at that practice and then maybe take over that practice, I think that's a great route to go. You're already familiar, depending on how long you've been there with, you know, the processes of how it works, you're familiar with the culture as you're in charge. Maybe you're have your opportunity

now to shift that culture, which again, can take time, but can certainly be done. So that's one avenue.

I think that's a great avenue. The route that I went was finding a whole new practice just because again, person I worked for just wasn't retiring. It just was a different kind of, you know, situation. So pros and cons to that approach as well, you know, finding a practice that's for Sale, one you haven't been associated with at all, certainly has its own challenges. Right.

You're definitely at the mercy of that culture originally before you can spend the time to maybe change things that you want to change. But I think part of the biggest thing with that is practice selection. You know, this practice I purchased didn't have a cultural problem, so certainly not saying it did, but there are practices that do, I'm sure. And if you come across that, then that could be a red flag where, hey, maybe this isn't the best thing to best practice to purchase, you know, so there selection is definitely big. There are a lot of factors that play, a lot of variables that, you know, keeping those at a minimum is certainly a lot easier.

Meaning choose a practice where, sure, there can be room for improvement. Things, you know, right off the bat you can implement to make this practice better. There's nothing wrong with that because you're never going to find a practice that's absolutely perfect or else it probably wouldn't be available to buy. Sure. But you know, certainly finding those red flag practices and passing on those is probably one of the best decisions you can make.

Now when we talk about culture, Simon Sinek I believe one of the best definitions I've heard is culture is a common set of values and beliefs. So you have culture, you have a strong culture, you bought a culture practice. I feel that when I walk in, but I want to talk about setting standards because we usually fall to our systems or beliefs or the standard that we hold ourselves to when we talk about standard of care. How did you decide what standards were non negotiable? Yeah.

And alignment of team on. No, we, we from a, from a patient outcome standpoint, I know the research. This is what's best for the patient. Maybe that. So, so bring me through that.

Yes, you nailed it right there with what's best for the patient has to be at the forefront of everything we do. Because if you keep that in mind, everything else just kind of comes easy. Right. If it's what's best for the patient, then what is that initial conversation like when someone walks through the door, is that going to be a nice welcome? Welcoming, you know, how are you doing today?

Welcome. In starting that process like that, or if it's not the forefront, you know, oh, we'll be with you in a second. Something along those lines. Right. So if you're keeping that in the forefront of your mind, that what's best for the patient and ultimately the patient experience, everything just kind of falls in line.

So with that Being said, personnel has to be you. You have to have the right people in. There's no doubt about that. But if you have good people in these positions who are bought into that simple mindset, then it's a lot easier than it sounds like. How are you going to build a culture?

Some, some offices have, you know, 15, 20 plus team members. How are you going to align everybody? That's pretty hard, right? There's always going to be differing personalities, but if you have good people in these roles, you make sure of that. First off, have everyone bought into the patient experience and what's best for the patient at all times?

Everything can kind of fall in line right off of that. Did you find it challenging at first balancing clinician and business owner slash leader? Yes. Yeah, definitely a change, right? Like I said, when you're an associate, you get to focus on the dentistry.

It's great. You don't have to worry about the business for the most part. So transitioning into a practice owner, that's definitely the biggest challenge. That's for everybody, not just me. My situation was very

cool where we had have two doctors at the practice already who have been doing the clinical work.

So, yes, as I purchased the practice and, you know, was in addition to the team, it could be kind of a gradual transition into the clinical side, bringing some procedures to the practice that we weren't previously doing. So just by bringing those that opened up enough patients to, you know, keep me busy enough on the clinical side because I enjoy doing it. That's I what. What I want to be doing for at least a good portion of my time, of course, but allowed me the time through the transition to spend enough time on the business to make sure everything was good in that sense as well. I love that.

Michael, let me ask you for hearing care professionals tuned in who may say, you know what, I never want to own a practice, but how can they apply these leadership principles and patient outcome principles tomorrow? Yeah, yeah. And you, you definitely don't have to be a practice owner to just have leadership in the dental field. At least, you know, you're typically working with an assistant every day. There's interactions with hygienists, of course, the front desk.

As I was an associate for six years, I definitely had, you know, was able to grow my leadership skills and I didn't have a practice ownership stake at all there. So just kind of how you're, you know, operating daily, working with your peers, you can certainly express those leadership skills as an associate, just knowing the leader that you are. I'm sure there were days that even though you didn't. When you were an associate, you didn't own the business, but you still practiced like you owned it. Oh, 100%.

How important is that? Yeah, I mean, it's. It really is, like you said, extremely important. I mean, just having that kind of pride factor, even if it's not your business per se, you are representing that business, right? As any person in audiology or dentistry is.

You're representing whoever you're working for, the practice you're working for. So just, you know, having that personal pride and doing your best every day is just a good look for. For everybody

involved. Where does prevention show up in scheduling and language in your practice? A lot of aspects to it, of course, but, you know, having people schedule before they leave from, say, their cleaning.

My. The office does a great job with scheduling them for their next six months already. And people always joke like, well, I don't know exactly what I'm doing on, you know, July 10, but, yeah, sure, that date seems fine to me, but it's still just getting them scheduled, giving them a reminder they're on the books already. You know, send them home with a postcard or the note card for the. For the fridge, you know, whatever the case is.

Getting them scheduled before they leave. 100%. Yeah. Keeping them on that same recall just builds good habits for everyone involved. And then, you know, there's not much question.

Sure, someone can reschedule, but they're gonna be, you know, on that schedule for the most part. So what I'm hearing more so is that even for hearing care professionals, before that patient leaves, get them scheduled on the books. Because what I'm hearing is that prevention does become normal when it really is embedded in those workflows. Yep, yep. Absolutely.

And you know, dentistry is no different from any other profession. Right. Once a patient leaves, it's out of sight, out of mind. Life goes on. Life gets hectic.

You don't know, you may. You may never see the patient again, Right? It happens sometimes. So being a little more proactive, like you said, and getting that next appointment scheduled again, it all comes back to, is that what's best for the patient? Absolutely.

Right. Keeping them on schedule. Oh, we got half your fillings done today. We should get you back within a reasonable amount of time to get these other ones done. What's your next, you know, Thursday look like we've got an opening?

Something like that. It's. It's helping the patient get to where they need to be. If a hearing care professional listening Today could change just one thing tomorrow. Where would you tell them to start?

I would say focusing on drawing that connection with the patient. Finding a way to connect, no matter what it is, in some way, shape or form would be something I'd make sure I'm implementing right away. Right. Because everything can come secondary to that. Once you're drawing that connection with a patient, you know your treatment or your case presentation suddenly is much improved.

Right. They're kind of bought in already because it's more of a peer to peer interaction. So you touched base on it perfectly before. Having that empathy really goes a long way. It just shows that you truly care and anything you're recommending to them is in their best interest.

Well, Michael, I appreciate you sharing all of your insights. I wish you the best of luck. I mean, you're coming up on Own the practice almost a year, so congratulations. Thank you for sharing your knowledge with me and all of my colleagues today during the audiology online summit. And I wish you the best of luck anytime.

Thanks for having me. You're tuned in to the Hearing Matters podcast. I'm your host, Blaise Delfino. Again, we would like to thank Dr. Michael Walker and Dr. Jamie Hand joining us on today's continuing ed course. Until next time, hear life's story.