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Leveraging Clinic Metrics in Diverse Audiology Settings in partnership with the American Academy of Audiology

Virginia Milne, AuD

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- It is the responsibility of course participants to critically evaluate the evidence from multiple sources to guide professional practice.

Learning Outcomes

After this course, participants will be able to:

- Describe appropriate clinic metrics for their practice setting.
- Explain how to collect and analyze their clinical data.
- Analyze how clinical data can impact practice decisions.

Importance of practice data in Audiology

- Audiology can be a hard business to understand for those outside of it such as ENTs or healthcare administrators.
- Administrators may assume that they understand how our practices work but when they dig into everything, it can quickly become clear how intricate our business operations are.
  - A lot of our income is retail or private pay
  - The payment model can be bundled or unbundled
  - Insurance coverage is different and variable compared to other healthcare industries
  - TPAs complicate this further
  - Our devices are often returnable for a period of time

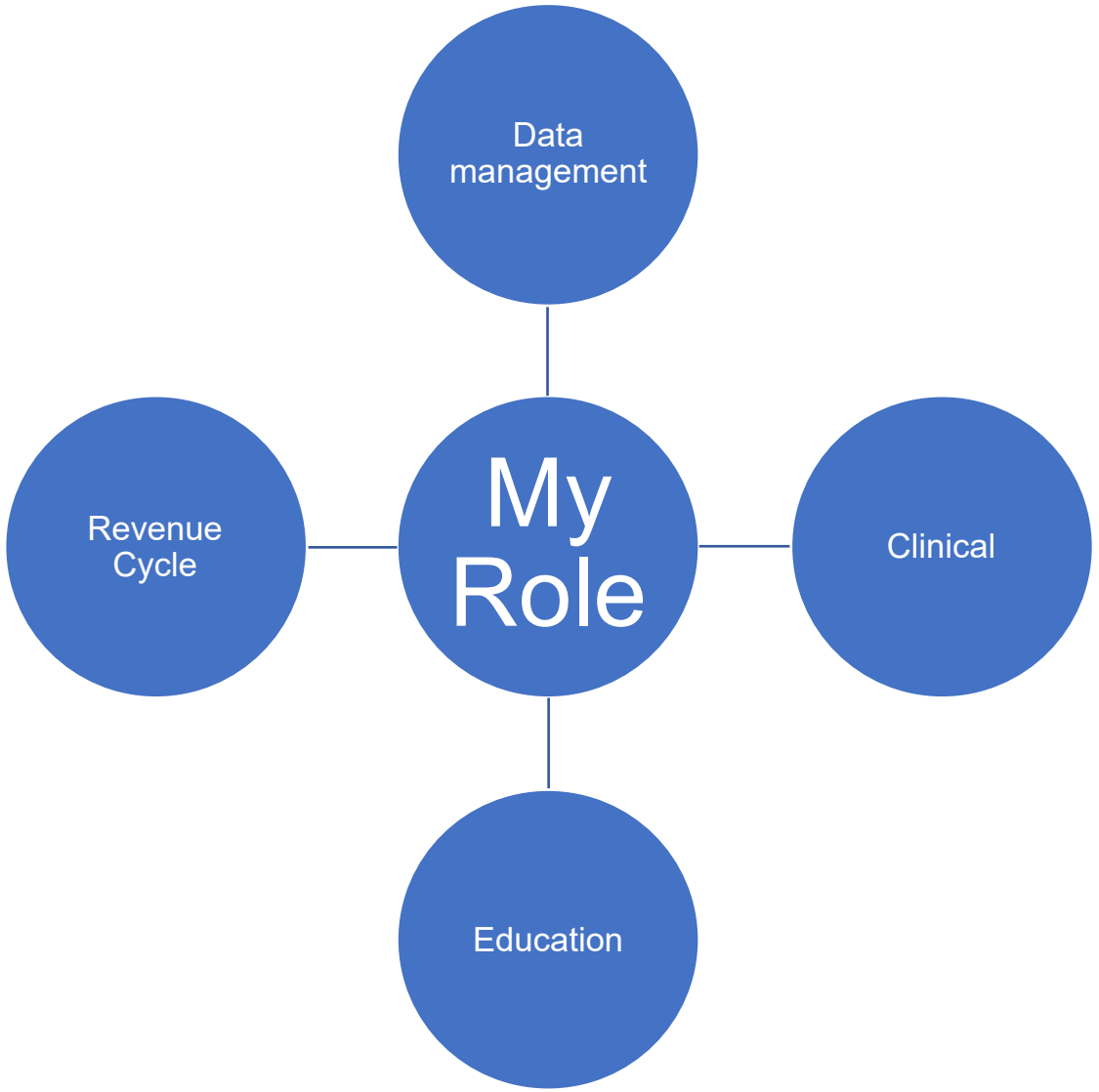
- As such, we need to understand and control our own clinical data as it can be challenging for administrators and others outside the field to fully grasp how to understand and manage this information.

A business mindset is necessary

- In Private Practice
- In ENT settings
- In Hospital settings
- In University Clinics
- In VA/government settings

We need to balance evidence based clinical care with sustainable practice operations in all Audiology care settings.

My Role



How do we do this?
What metrics make sense for my setting?

Hearing Aid Units Sold

- Total number of devices sold per month/quarter/calendar year/fiscal year
- Can look at per office/per audiologist
- One of our primary metrics over time
- Can pull billing codes from EMR reports or track manually using spreadsheets
- Can do both as a double check
    - Allows you to make sure that all hearing aids are billed and all billed hearing aids are documented

Sample HA Inventory Spreadsheet

Pt Last Name	Pt First Name	Pt DOB	MRN	Audiologis	Date Delive	HA Manufact	HA Model	HA S e	Serial Nu	Level of Techno y	Insurance Type (e UPMC, Aetna)	Invoice Cost ($0.(Amplifon)	Pt's Responsibi to UPMC	Insurance Should Pay (include Amplifon fitt fee here)	Payment Due to Amplifon (if not an Amplifon pt please l blank)	Patient Email for Warranty Email	Warranty Expiration	Receipt of Patient Paym Verified (billi	Date of Patient Payment (billing)
DOE	Jane	1/23/2045	123456789	H	7/2/25	Phonak	Audeo I50-R	RIC	123456789	Standard	UPMC Amplifon	$0.00	$0.00				7/4/28		
				H	7/2/25	Phonak	Audeo I50-R	RIC		Standard	UPMC Amplifon						7/4/28		
				H	7/3/25	Phonak	Audeo I30-R	RIC		Basic	UPMC Amplifon						7/11/28		
				H	7/3/25	Phonak	Audeo CROS I-R	RIC		CROS	UPMC Amplifon						7/11/28		
				G	7/24/25	Phonak	Audeo I50-R	RIC		Standard	UPMC Amplifon						8/5/28		
				G	7/24/25	Phonak	Audeo I50-R	RIC		Standard	UPMC Amplifon						8/5/28		
				G	7/23/25	Phonak	Audeo I50-R	RIC		Standard	UPMC Amplifon						8/5/28		
				H	7/23/25	Phonak	Audeo I50-R	RIC		Standard	UPMC Amplifon						8/5/28		
				H	7/23/25	Phonak	Audeo L50-312	RIC		Standard	UPMC Amplifon						8/5/28		
				H	7/23/25	Phonak	Audeo L50-312	RIC		Standard	UPMC Amplifon						8/5/28		
				G	7/1/25	Starkey	Evolve AI 2000-R	ITE		Standard	UPMC Amplifon						7/8/28		
				G	7/1/25	Starkey	Evolve AI 2000-R	ITE		Standard	UPMC Amplifon						7/8/28		
				G	7/11/25	Phonak	Audeo I-70 R	RIC		Standard	UPMC Amplifon						7/15/28		
				G	7/11/25	Phonak	Audeo I-70 R	RIC		Standard	UPMC Amplifon						7/15/28		
				G	7/18/25	Phonak	Audeo L-70	RIC		Standard	UPMC Amplifon						7/17/28		
				G	7/18/25	Phonak	Audeo L-70	RIC		Standard	UPMC Amplifon						7/17/28		
				H	7/22/25	Starkey	Evolve AI 1000	ITE		Basic	UPMC Amplifon						8/6/28		
				H	7/22/25	Starkey	Evolve AI 1000	ITE		Basic	UPMC Amplifon						8/6/28		

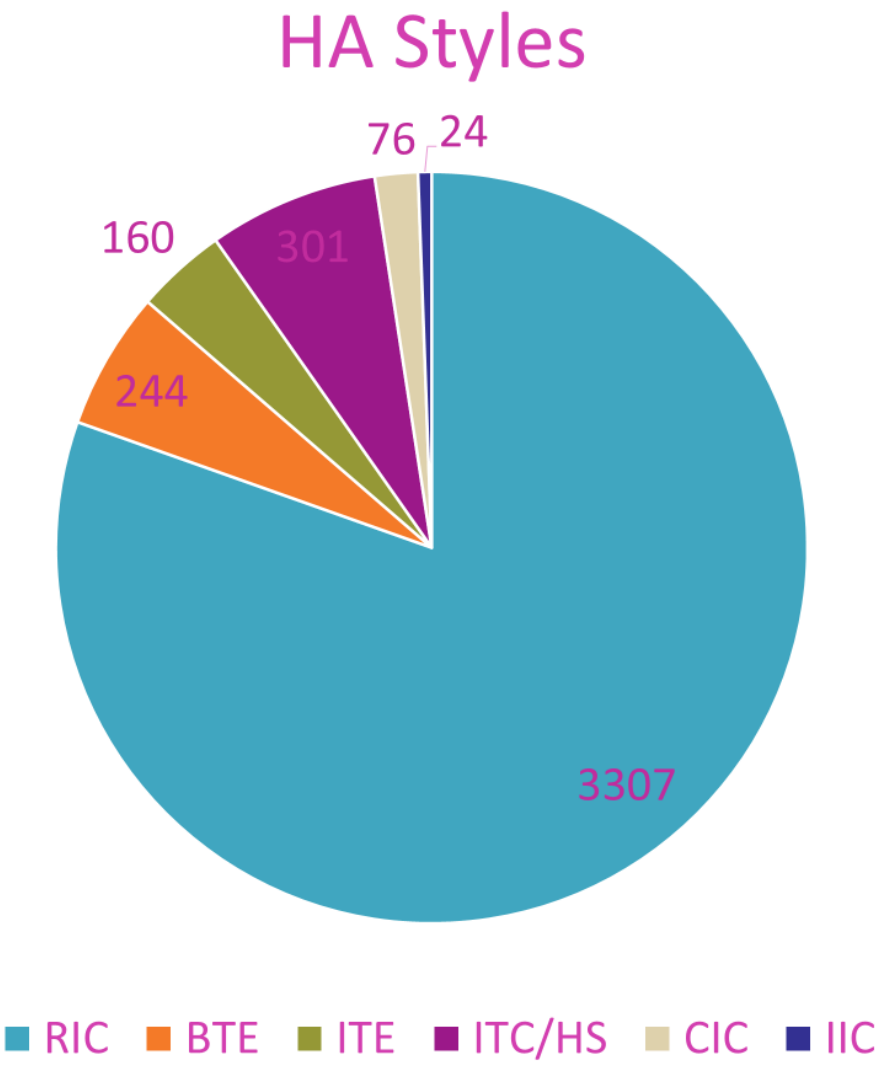
Behind the Scenes Data Collection

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Audiologist	COUNT	HA Manufacturer	COUNT	HA Style	COUNT	Level of Technology	COUNT	Insurance	COUNT	RFC	COUNT	
2	G	9	A	0	BTE	9	Economy	3	UPMC Amplifon	0	RFC	16	
3	H	5	B	0	RIC	186	Basic	39	Non-UPMC Amplifon	6			
4		0	C	0	ITE	14	Standard	128	UPMC (not Amplifon)	7			
5		0	D	0	ITC	6	Advanced	10	Fed BCBS	0			
6		0	E	0	CIC	0	Premium	32	BCBS/Highmark	11			
7		0	F	0	IIC	0	CROS	3	OVR	0			
8		0	G	0					LIONS	7			
9		0							Aetna	4			
10		0							Cigna	2			
11		0							UHC	4			
12									Worker's Comp	0			
13									Auto Claim	6			
14									Medicare	54			
15									Community Life	4			
16									Addison Gibson	0			
17									PA Health and Wellnes	0			
18									Tricare	0			
19									WPEE	0			
20													

Percentage of Each HA Style Sold

- Compare your office to industry benchmarks
  - See Marketrak Data and Industry publications
- Look for trends
- Can inform your inventory needs, patient counseling and marketing

Sample



Style	% at UPMC	% HA industry
RIC	80.42	79
BTE	5.93	8
ITE	3.89	5
ITC	7.30	5
CIC	1.85	3
IIC	0.58	

Industry data from: Strom KE. Trends in hearing aid styles. *Hearing Review*. 2021;28(7):6,31.

RFC Rate

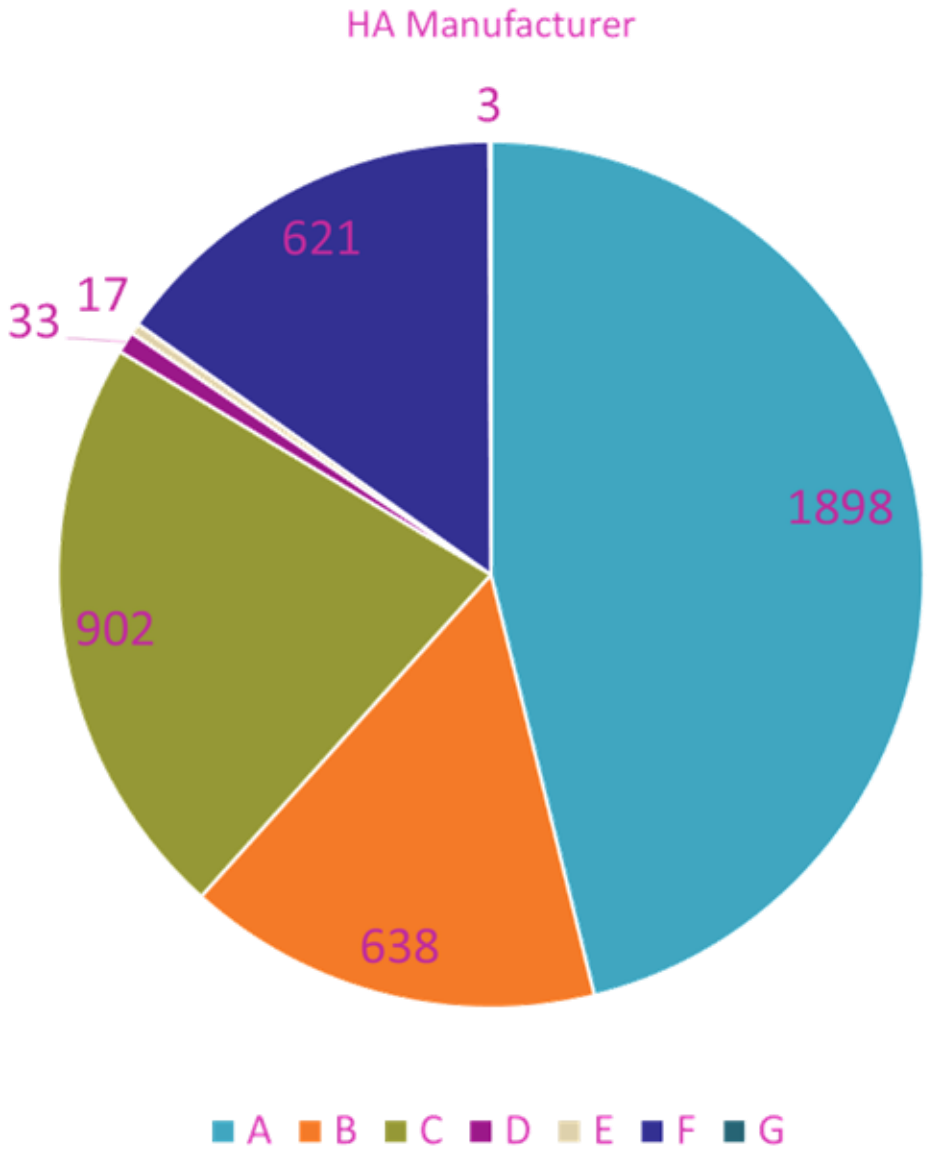
- Percentage of HAs sold that are returned for credit
- Can compare to industry benchmarks
  - Average in the industry is most often cited as between 13-20%
- Can compare office to office or clinician to clinician
- Add as a simple column on HA inventory spreadsheet
  - Also report to Revenue Cycle
- A High RFC can be a sign to look for problems
  - Counseling
  - Improper fitting
  - Poor service
  - Long wait times

Strom KE. *Hearing Aid Sales Increase by 37% in 2021*. The Hearing Review. https://hearingreview.com/practice-building/marketing/surveys-statistics/hearing-aid-sales-increase-by-37-in-2021-and-by-12-over-2019

Manufacturer Mix

- Percentage of your sales that come from each manufacturer
- Can be HA, CI, OID, ALDs, etc
- Can provide data that is useful for:
  - Looking at trends and changes over time
  - Negotiating with manufacturers
  - Comparing offices and clinicians

Sample

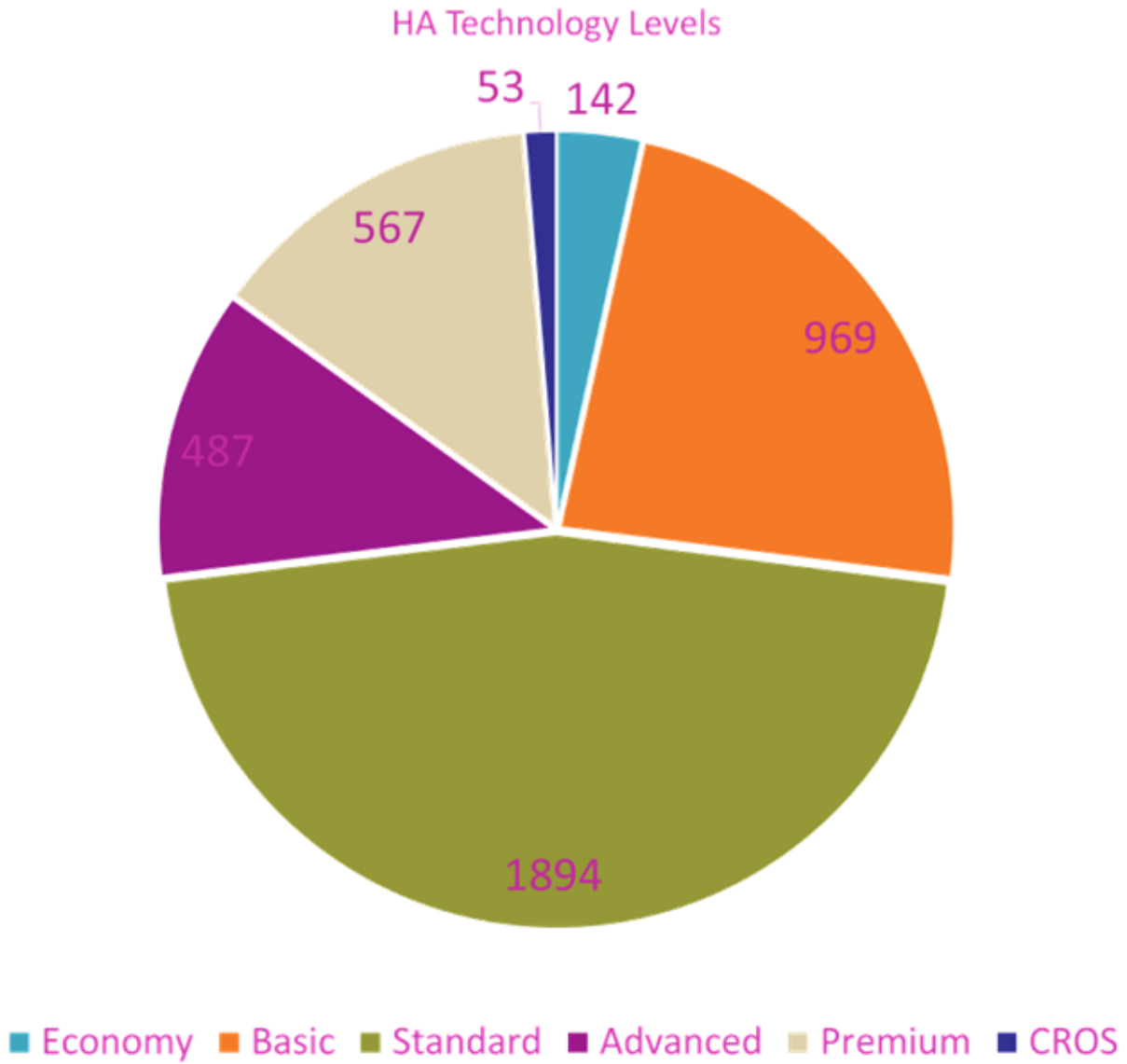


Manufacturer	%
A	46.16
B	15.52
C	21.94
D	0.80
E	0.41
F	15.10
G	0.07

Average Selling Price or Technology Level

- What you look at depends on how you price hearing aids and how you manage reimbursement
- May vary with TPA involvement
- We look at technology level as our pricing is such that our bundled service charge is reasonably consistent from technology level to technology level

Sample



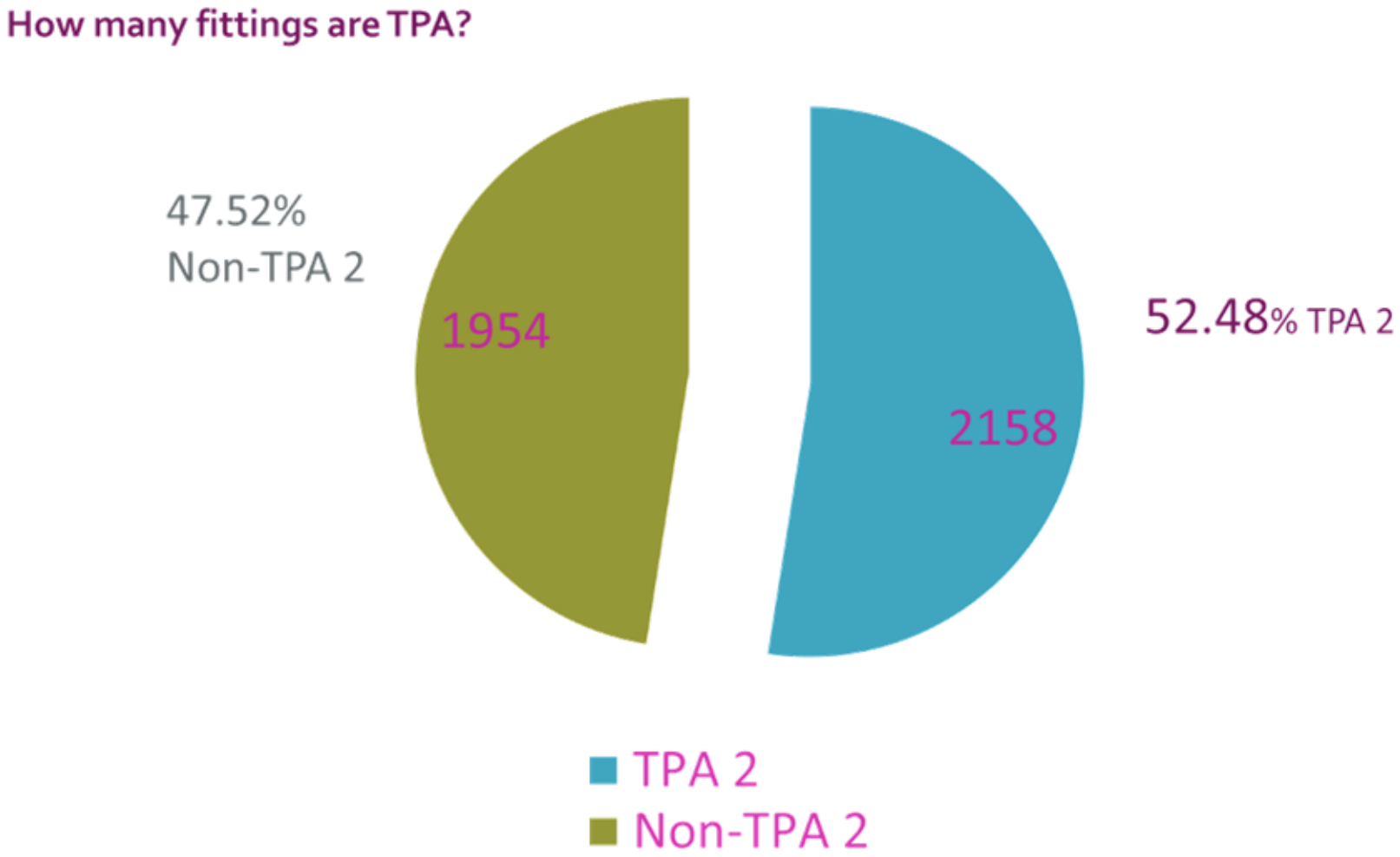
Tech level	%
Economy	3.45
Basic	23.56
Standard	46.06
Advanced	11.84
Premium	13.79
CROS	1.29

Amount of TPA or VR activity

- Look at clinic health
- Assess if it is too much or too little of your clinic activity
- Compare to previous data to see impact of participating/not participating with TPA on clinic finances/activity

- Can allow for negotiation of contracts with TPA or VR

Sample


How many fittings are TPA?
47.52%
Non-TPA 2
1954
52.48% TPA 2
2158
TPA 2
Non-TPA 2

Conversion Rate

- A measurement of how many patients “Converted”
- Different ways to look at and calculate
  - Tested to Sale
  - Discussion to Sale
- May choose to measure one way or another depending on your clinic specifics
  - We measure discussion to sale as in a medical setting, many of our tests are not related to hearing aids. May want to look at both ways in a private practice or ENT setting.

Metrics

Sample

	A	B	C	D	E
1	Office	HA discussions	HA delivery	Conversion Rate	
2	A	3	2	66.67%	
3	B	157	132	84.08%	
4	C	26	114	438.46%	
5	D	70	114	162.86%	
6	E	45	54	120.00%	
7	F	118	77	65.25%	
8	G	271	215	79.34%	
9	H	385	458	118.96%	
10	I	243	213	87.65%	
11	J	208	120	57.69%	
12	K	13	8	61.54%	
13	L	280	203	72.50%	
14	M	182	115	63.19%	
15	N	268	231	86.19%	
16					
17	Total	951	677	71.19%	
18					
19					
20					
21					
22	*dates from 7/1/23-6/30/24				

Follow-up Compliance

- How many patients return for their post fitting check?
- How many are lost to follow-up?
- What percentage attend auditory training or group aural rehab classes?

- What other follow-up measurements might be useful?

Metrics

Amount of Charitable Activity

Do you participate with:

- Lion's Club?
- Free Clinics?
- Special Olympics?
- Donating hearing aids?

Tax implications for

- non-profit entities
- private practices



Amount of XYZ type of appointment

- Data pulled from EMR
- Can also maintain patient spreadsheets
- Can allow us to look at how busy various specialties are
  - Is your CI program growing at the rate you want?
  - Should you add in a specialty service at a new location?
- Can also allow us to look at reimbursement for these services
- Run reports by
  - Billing code
  - Appt type
  - Provider
  - Diagnostic code

Inpatient Activity

- Can be tracked via spreadsheet or EMR
- Need to be visible on the inpatient side to matter in a hospital system
- Can be testing, amplifiers or other services
- Track reimbursement from hospitals
  - And renegotiate rates when appropriate
- Determine staffing needs

Sample

Last Name	First Name	Hospital Unit	Account Number (MRN)	Financial Identification Number (FIN)	Date of Birth	Date of Service	CODE	Procedure	Units	Value
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		Cranberry ED				7/1/2025	HA148	Listenaider	4	77.08
		NHO ED				7/1/2025	HA148	Listenaider	4	77.08
		NHO ED				7/1/2025	HA148	Listenaider	4	77.08
		NHO ED				7/1/2025	HA148	Listenaider	4	77.08
		NHO ED				7/1/2025	HA148	Listenaider	4	77.08
		NHO ED				7/1/2025	HA148	Listenaider	4	77.08

**Listenaider is the code in our billing system for a Super Ear 5000

Quiz Hint

Q4

Trends over Time/Rate of Change

- Compare one fiscal year to another for any metric
- Calculate percentage change/percentage increase for any metric
- How to calculate:

Percent Change

$$\text{Percent Change} = \frac{\text{New Value} - \text{Old Value}}{\text{Old Value}} \times 100\%$$

If the result is positive, it is an increase.
If the result is negative, it is a decrease.

- Allows you to look for offices with significant growth, see the impact of staffing changes and compare with industry benchmarking data
  - Benchmarking data exists for HA industry growth
- Can also see changes related to adding or removing participation with specific payors

Example 1:

Total Hearing Aids overtime

Location	2024-2025	2023-2024	2022-2023
A	272	N/A	N/A
B	75	N/A	N/A
C	267	187	53
D	215	219	167
E	95	N/A	N/A
F	106	130	152
G	147	144	160
H	396	442	250
I	782	968	947
J	359	N/A	N/A
K	71	29	N/A
L	222	224	144
M	427	395	182
N	155	212	145
O	523	N/A	N/A

Example 2:

TPA over time

Location	2024-2025	2023-2024	2022-2023
A	150 (55.15%)	N/A	N/A
B	2 (2.67%)	N/A	N/A
C	128 (47.94%)	64 (34.22%)	12 (22.64%)
D	123 (57.21%)	63 (28.77%)	52 (31.14%)
E	19 (20%)	N/A	N/A
F	40 (37.74%)	26 (20%)	16 (10.53%)
G	115 (78.23%)	62 (43.06%)	40 (25%)
H	235 (59.34%)	262 (59.28%)	70 (28%)
I	409 (52.30%)	347 (35.85%)	193 (20.38%)
J	208 (57.94%)	N/A	N/A
K	25 (35.21%)	15 (51.72%)	N/A
L	134 (60.36%)	117 (52.23%)	28 (19.44%)
M	222 (51.99%)	237 (60%)	4 (2.19%)
N	108 (69.68%)	129 (60.85%)	62 (42.75%)
O	240 (45.89%)	N/A	N/A

Example 3:

Percent of increase/decrease for all offices



Location	Percent increase
A	N/A
B	N/A
C	42.78%
D	-1.83%
E	N/A
F	-18.46%
G	2.08%
H	-10.41%
I	-19.21%
J	N/A
K	145%
L	-0.89%
M	8.10%
N	-26.89%
O	N/A
Total	1.72%

How to collect and organize data

Spreadsheets

- HA Inventory
- Repair/Mail Tracking
- CI or OID
- Inpatient Activity
- APD results
- Clinical Outcomes (tinnitus questionnaires, IOIHA questions, etc)

EMR

- Scheduling Reports
- Billing Codes
- Reimbursement Reports
- Undistributed Funds
- Tinnitus Services
- New Codes (AB modifier/new HA service codes)
    - Especially checking reimbursement
- CI or OID Services
    - Especially checking reimbursement
- Vestibular Testing
    - Especially checking reimbursement

Do Both



Collect HA data in spreadsheet and run report of HA data using billing codes from EMR



Allows for a double check

Makes sure all HAs received in the clinic are billed

Makes sure that all billed for HAs are documented appropriately

Organizing it all

- Make accessible to all via internal network
  - Microsoft Teams
  - Dropbox
- Powerpoint
  - Present data in a digestible format for administrators and clinicians
- Graphs
  - Visual aids help!

Analyzing and Using Data to make informed decisions

What data do I need to collect?

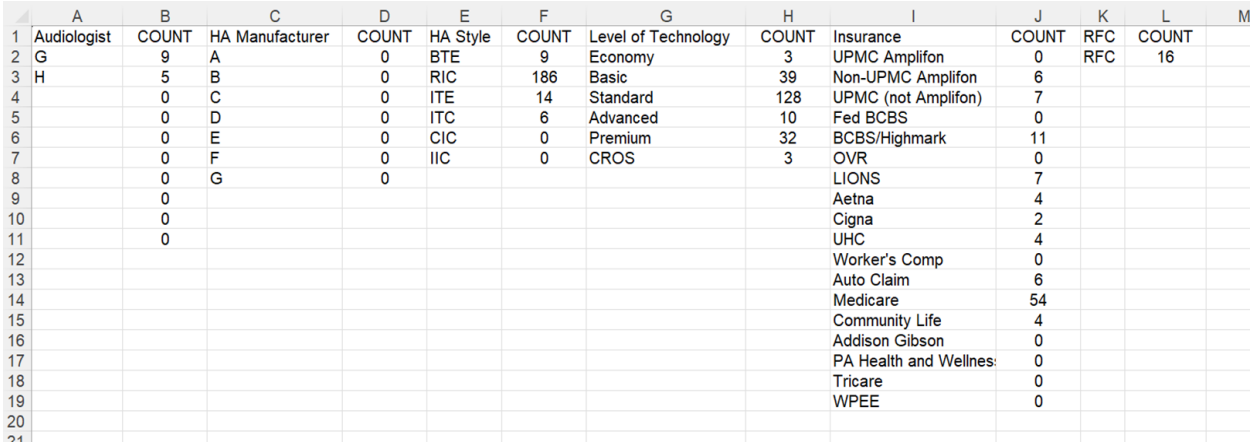
- What problem are you trying to solve?
- What question are you trying to answer?
- What concerns do you have for your business/clinic?

Quiz Hint

Q6

Automate what you can

- Use Excel to do the math
- Patient reminder emails
- Code to compare EMR report to Spreadsheet data



	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Audiologist	COUNT	HA Manufacturer	COUNT	HA Style	COUNT	Level of Technology	COUNT	Insurance	COUNT	RFC	COUNT	
2	G	9	A	0	BTE	9	Economy	3	UPMC Amplifon	0	RFC	16	
3	H	5	B	0	RIC	186	Basic	39	Non-UPMC Amplifon	6			
4		0	C	0	ITE	14	Standard	128	UPMC (not Amplifon)	7			
5		0	D	0	ITC	6	Advanced	10	Fed BCBS	0			
6		0	E	0	CIC	0	Premium	32	BCBS/Highmark	11			
7		0	F	0	IIC	0	CROS	3	OVR	0			
8		0	G	0					LIONS	7			
9		0							Aetna	4			
10		0							Cigna	2			
11		0							UHC	4			
12									Worker's Comp	0			
13									Auto Claim	6			
14									Medicare	54			
15									Community Life	4			
16									Addison Gibson	0			
17									PA Health and Wellnes	0			
18									Tricare	0			
19									WPEE	0			
20													

Choosing the right metric

- Know what question you are trying to answer
- Determine if this is best collected via an EMR report or manually
- What do you need to answer that question?

- Example: You want to know your office's return for credit rate. So you need 2 pieces of information—total number of hearing aids and the number returned in the same period of time.

What would you do if:

- A clinic has 15% more hearing aid sales compared to last fiscal year?
- You aren’t getting reimbursed for VEMPS by XYZ payor?
- Your RFC rate at an office jumps 5% compared to last fiscal year?
- Your inpatient activity jumps by 50% at a specific hospital?
- Your CI program has a sudden drop in new patients?

Turning Data into Action

Undistributed Funds

- Undistributed funds are money that has been collected and not matched to an appropriate billing code/charge.
- Looking at this data allows you to keep money and not refund it to patients erroneously or have it applied to other medical bills (if in a large system)
- Running these reports can keep thousands of dollars that you would otherwise lose and can have huge financial implications
- Action: work with RevCycle on process improvements especially with front desk payment collection

Action

Payor Information/Contracts

- Knowing which payors are paying you is important
- Verifies that they are paying contracted rates and being consistent

- Action: Negotiate or renegotiate contracts; drop a payor or decide to add a payor

Denials

- Denials happen when insurance companies decide not to pay for a variety of reasons
- Important to know when these happen so that you can fight them
- Can find language to fight denials from your national organizations

- Action: VEMP denials and getting staff to fight these denials

Clinic Staffing

- Knowing how busy and profitable offices are allows you to make educated and data driven decisions about staffing and hiring
- Growth in sales or decreasing sales may indicate a need for staffing changes.
- Additionally, decreasing sales while increasing ENT coverage time might indicate a need to look at the schedule mix to assess if more hearing aid time is needed in that location
- Action: can justify hiring a second audiologist for a location or negotiating with physicians or administrators for more protected hearing aid time

Action

Manufacturer Pricing

- Knowing your manufacturer mix or how much you spend at each manufacturer gives you knowledge to make educated decisions
- Manufacturers know what business you do with them and it is helpful going into interactions for you to have this data available to you as well. You can also determine what to negotiate as specific popular models or styles may have more impact on your specific bottom line.
- Action: negotiate better pricing or benefits from manufacturers that you work with more

Pitfalls to Avoid

Common Pitfalls

- Data Overload
  - Focus on actionable metrics
  - Start small
  - Automate what you can and don’t track for the sake of tracking
- Not acting on insights from the data
  - Don’t waste your effort!
- Lack of Staff Buy In
  - Involve the whole team
  - Provide training and explanations
  - Make it easy!

Hospital Specific Pitfall

- Does your organization charge your clinic income to support other programs/projects?
- If this is your situation, make sure that they subtract your cost of goods sold first
  - Otherwise, you are really penalized more than you should be
  - Example:., if you have $100,000 with a 5% "tax" to support the institution, they are taking $5000. If 35% of the $100,000 is actually cost of goods sold, then you should subtract $35,000 from $100,000 leaving $65,000 that should be taxed (so you would owe $3,250 which is a big difference).

Digital Takeaway

- Sample Spreadsheets available to download:
  - Google Sheets: https://docs.google.com/spreadsheets/d/1nO1IKW897ZoV1xGqB3nRZiyhhie0XOvfairs234XQaI/copy
  - Excel: https://docs.google.com/spreadsheets/d/1nO1IKW897ZoV1xGqB3nRZiyhhie0XOvfairs234XQaI/export?format=xlsx

Thank You!

Virginia Milne, AuD



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