Creating an Individualized Patient Experience

Presenter: Erika Porter, AuD

Good morning everyone. It is great to be with you today to talk about a topic that I feel very enthusiastic about. My name is Erica Porter. I am a senior audiology manager at Phonak and very pleased to spend this next hour together really looking at and digging into ways that we can create that personalized experience for our patient. So at the end of this course or throughout this course, we'll talk about family centered care, empathy, managing a patient's healthcare journey, lots of good stuff.

I want to have you imagine that you're going on a trip and think that this is a bucket list place that you have always wanted to visit. And so you've decided that you're going to start splurge for a private tour. I'm going to describe two tour groups for you, two tour guides, and at the end I'm going to ask you which one you would rather join. So go ahead and open up your chat. We have several opportunities throughout our course today to give some, to learn from each other and give some feedback from each other.

So tour guide A picks you up and says, okay, we're going to see this, this and this. I have it all mapped out. Let's go. Tour guide B comes to get you and says, so what are you interested in? Do you like historical sites?

Do you like local food? Are you okay to walk or would driving be better? How did those two experiences differ? Tell me in the chat how those experience, how those two tour guides differ and which one you would rather have lead your group. And again, just open up the chat and you can put this in.

A more personalized feel with B. Yes. Second one for sure. Personalized experience one. Amber's already making the connection to us as patients tailored to my interest and ability.

Includes me. Yes. Yes. And both yours may see exactly the same thing, but it's a very different feel to it. That's the opportunity that we have with our patients.

And today I want to explore skills and concepts to help you create that experience.

When we're building a solution plan for our patients, it's critical that it be personalized to their individual needs. We know that even two people with two identical audiograms, we know that they can have vastly different experiences. So taking the time to understand how this specific patient is affected fosters the relationship between patient and provider, helping that patient feel valued. It's also critical for you to know what recommendation to make and how to make that recommendation. One of the often overlooked benefits is that if you haven't used this personalized experience to establish those individual goals, in the long run, how do you and your patients know that you have been successful?

Being able to understand your patient's needs really is a great way to provide that rapport, help them feel comfortable, get a targeted solution and establish concrete goals.

When we consider the journey or tour of our patients, these are pretty universal steps that we'll go through. Awareness, evaluation, purchase decision, and then patient retention. Today we're going to explore these three sections of ways that we can individualize the experience of our patients, tying them into that journey. So we're going to first look at family centered care and then some motivational interviewing techniques and then products and solutions.

When we think about our patients and their day to day life, we know that the most influential players in the immediate environment are most often those that are closest to the person with the hearing loss. Typically their family. And family in this context is not defined by blood. This could extend beyond biological relationships and really include any person who plays a significant role in that individual's life. A family centered care philosophy attempts to incorporate family into all aspects of patient care from the initial scheduling of the appointment through the history, assessment, rehabilitation and follow up care.

Now, while we recognize most providers clearly recognize that involving family is important, would it surprise you to know that observational studies show that family centered care is utilized less than 30% of the time?

Let me say that again. While we recognize most providers recognize that involving family is important, studies show that family centered care is utilized less than 30% of the time. Now why is this a big deal? Well, when we think about that family, if we take a step back and take a look at the impacts of hearing loss, we know that it doesn't just affect that individual patient, but there's also third party disability. Third party disability is the disability and functioning of family members as a result of the health condition of their significant other.

So we know that some of the impacts of hearing loss include less involvement in social activities, smaller social networks, less intimate spousal relationships, greater unemployment and less income miscommunication during medical care. These are things that it's not hard to understand how those could affect additional family members. Scarincy and colleagues studied third party disability associated hearing loss in an elderly population and they found that spouses were affected by their partner's hearing loss in some way with 98% of the spouses reporting at least a mild disability.

Interestingly, the degree of hearing loss and perceived disability of the hearing impaired partner, their use of hearing aids and spousal satisfaction that everything that could be done to help them had been Accomplished weren't associated with third party disability. So it's not just those where the patient has more severe hearing losses that experience a third party disability. They didn't see any relationship between the degree of the loss. So certainly the evidence shows that hearing loss can affect the social emotional well being of more than just the individual with the hearing loss.

So let's talk about some practical things that we can do. The Phonak Family Centered Care Expert panel has developed 10 easy steps to implement family centered caring to your practice. But today

we're going to focus on the first three to get started. Step one, invite a family member to join audiology appointments, reinforcing the reasons why they should attend. Step two, set up the physical environment so that the family members are comfortably included in the consultation.

And step three, let the patient and family members know that their input will be encouraged during the appointment. So step one, inviting that family member.

This is something that starts from the very initial context. So when we talk about awareness in that patient journey, this is where that comes into play. So when you're scheduling your front office, staff may say something like, our experience is that it's very helpful if you can bring a friend or loved one along to the appointment. Who would that be? Now, I'm going to ask you again.

We're going to learn from each other. So put your responses in the chat and I will pull from there because I know you can't see each other's responses. But when we say that, it's not uncommon for patients to say, well, why do you need somebody else to come along to the appointment? I'm the one with the hearing loss. Why do you need somebody else?

What do you use? How do you explain that to patients? What reasons do you like to give your patients for why it's important to have that companion with the patient?

Two brains are better than one. Moral support.

Familiar voice.

Good to have someone to answer questions. Your family member sometimes knows you better than yourself. Their voice is the most important to you.

I love that these responses are incorporating really that patient holistically. Right? So some of it is having that familiar voice there because it's the most important voice. So procedurally, if you're doing a demo or something like that, having that family member's voice be there is awesome. How many times have you told your patients, well, everybody hears me well, but we want to make sure that you can hear your family.

Good to have a second set of eyes trained to render support using the hearing aids. Your family member gets to help you two with your Hearing, Yeah. Having that moral support, that extra set of eyes, that extra brain to where two people are hearing it. We know that only, I think studies say 70% of what we cover in an appointment do patients remember. But there's no way of knowing which 70%.

So having that extra individual there can really be such a critical point of setting that patient up for success in the long run. So that's step number one and including that family member for each of the appointments, not just at that initial consultation. So we get to the appointment and we have the patient there, we have their family member or companion there. Next we come to step number two, which is room arrangement. It's critical that we set the physical environment so that the family are comfortably included.

Right. Rather than being relegated to a seat at the back of the room. So this image on the screen shows a not uncommon office setup where we've got the patient and provider right there, but then the companion chair is kind of off to the side or to the back because, you know, we need space around the patient so we can do otoscopy and things like that. So it's not uncommon for this to end up being a setup that you see. But when you think about that companion that comes and we say, hey, it's so important that you come, and then we sit them in the corner, we're not really matching our actions to what we have told them.

So a better approach is really to create an inclusive environment where it fosters the sense that everyone can equally provide their thoughts and perspectives.

That significant other needs to be an active member of the conversation. They're dealing with the third party disability, which means they need your care as well. So making an effort to have them be an active participant is really conducive for those conversations. And I will tell you, depending on your office setup, this is not always easy. How many offices have a desk between you and the patient?

If you can really kind of do that circle or that triangle, here's some examples on the screen. It really does create that better environment to support that conversation.

And this brings us to number three, which is agenda setting. So we've gotten the patient, then their companion there. We've set the room up. Now we need to set expectations. So starting the appointment by letting the patient and the family member know that input will be sought from both of them is how we do that.

So the clinician could say, we're going to do a lot today. For the next 10 minutes, I want to find out about your hearing loss and communication directed toward the patient. And then I want to find out about this from your perspective directed towards the companion or significant other. The goal is to listen to both so as to gain an integrated understanding of the patient's and family's physical, social and emotional needs. Now, when we do this, what are the outcomes?

What are the benefits? What makes it worth putting in this time and energy to apply this family centered care? Well, let's start with what the patient gets out of it and their experience with the appointment. So when we take a look at patient satisfaction with family centered care, this was a study that was done that looked at a couple of interventions. So you'll see on the left we have standard care.

This was just their everyday care. Intervention one is where the staff were trained to ask to bring a family member to attend the patient's appointments in all booking phone calls and reminders. And we can see that asking when that family member is there that that improved patient satisfaction. And then intervention two was applying steps two and three. So now staff were trained to set up the room to include the family member and set an agenda that included both the patient and the family member in the appointment.

Take a look at that difference in patient satisfaction significance in patient. Significant improvements in patient satisfaction for services were found going from 22% or 22. Yeah, 22% pre intervention to 83% post intervention. A higher NPS score is indicative of a higher satisfaction with services. So this study suggests that including family in the appointment can lead to benefits of patient satisfaction with services.

It also showed. So another key takeaway from this study was just the reminder and the emphasis that successfully implementing family centered care into your clinic needs to be an ongoing whole of clinic approach. So it's not just for the audiologist. It really needs to include staff in all roles. The front of house staff have an important role in encouraging family members to attend and then the providers during the appointment.

Another benefit that we see has to do with the the role of others and how we see that affect hearing aid adoption. Now this study looking at 60,000 patients and looked at the hearing aid adoption when the significant other was present versus without the significant other. And what they saw is that for moderate or higher hearing losses, they didn't really see a difference in adoption. Which makes sense, right? Those patients with a more severe hearing loss generally are more prepared and more ready to pursue hearing aid.

They recognize they have a problem and they're looking to do something about it.

But what happens when for those milder hearing losses, it turns out that based on the degree of hearing loss and Looking at the factor of hearing aid adoption, they are the group that has the most ambiguity, they're the most unsure of hearing aid adoption, and with the significant other presentation, their hearing aid adoption rate increase, it almost doubled as compared to coming in alone.

So that's one piece that really when we're looking at helping our patients get treatment for their hearing loss, this can be something that helps them along that journey.

The findings also were indicated that in addition to increased adoption rate, patients were also more likely to purchase two hearing aids as opposed to one so more likely to have a binaural fitting as opposed to a monaural fitting when the family member was involved and return rates were slightly decreased.

So think of the future improvement that we could see when the family member is not just in the room with a patient, but also interacting with that family member, having it be a quality interaction rather than just being there. While we can see the benefits of family centered care for the patient, there are also benefits to you as the provider in looking at this.

So family centered care as we've talked about, applies throughout the entire journey. Now let's talk a little bit about motivational interviewing. Motivational interviewing originated in the medical field for addiction recovery. That's where it had its roots and its starting point. But the benefits have been seen to apply to principles in other those principles apply in other areas of healthcare, including helping those with hearing loss.

One of the key tenants of motivational interviewing is that we are really focusing in on one goal. So it's a little bit more focused than just help the patient in general. Now for us, what's the goal we're working

on with our patients? Improving their hearing, getting help for their hearing. And motivational interviewing offers a practical, common sense style of communication that has the potential to increase the probability of patients to make and sustain change.

The goal is to help people change by working through ambivalence. So what is ambivalence? Let's take a look at what's going on. Ambivalence is where a person thinks of a reason for change on one hand, thinks of a reason not to change on the other hand.

And when comparing those, if the reason to change does not outweigh the reason not to change, then status quo wins and the individual ends up doing nothing at all.

Someone has once said that ambivalence is a bit like having a committee inside your head with the members who disagree on the proper course of action. Now, motivational interviewing is a very deep and broad topic. It can be days worth of workshops and presentations. So we're not going to dig super deep, but we are going to talk about a couple of principles and give you a couple of techniques to apply. Interview your appointments.

One of the key principles of motivational interviewing is empathy. And empathy is another one of those things that we recognize as good. But in day to day application, sometimes we slip up a little bit. So I want to highlight here just a couple of barriers to empathy that we may encounter when working with our patients. The first is habituation.

I've heard this before. Generalization. Well, all patients with hearing loss have trouble hearing in restaurants, for example. Comparing. Well, my last patient also said that being right, this is one that really takes some awareness, self awareness to address.

We're the doctors, right? We have the training, we know what we know. And so whenever we hear something from a patient that may be inaccurate, our immediate instinct is to correct or give an immediate solution when they present a challenge. Motivational interviewing counsels and encourages that. It's really important when we don't want people to have misinformation, but it's important when we provide that correction that if you do it too soon, you haven't earned the right.

And so sometimes you have to really pause and resist that writing reflex. And then of course, multitasking is also a barrier to empathy. So being distracted by other thoughts or actions, I mean, you know, when you're talking to somebody, when their mind is elsewhere. So do our patients.

The antidote to this is active listening. So how does the hearing loss uniquely affect this patient? Does this patient think it's important to treat hearing loss? Are they confident it can? Asking those kinds of questions keeps us curious and keeps that empathy.

Empathy is so critical to creating that rapport with patients. How do you empathize with someone? You can try putting yourself in their position. The information discovered during this process really allows you to also have what you need to be able to connect the values and aspirations of this patient with their behaviors. Reasons to change.

To be able to inform your recommendation later on, it's the patient's own reasons for change, not the clinicians, that are most likely to trigger that behavior change. And don't be afraid to ask the patient directly, why would they want to make a change? How would they do it? Active listening not only shows the patient respect, but it also minimizes that communication breakdown. Growing up, my mom had to say, listen to what people are saying, not the words that they're using.

We know that communication can go wrong in different areas, right? Maybe there's a communication breakdown because the patient speaker doesn't say what they need, or the listener doesn't hear the

words correctly, or the listener interprets the words differently. Through building and reinforcing strong rapport, we can minimize that communication breakdown. We can also earn the right to give the recommendation so we can ask great questions all day long. But if we aren't actively listening to the responses, then we're just wasting our breath.

Now, good listening is a complex skill and we want to have genuine interest in understanding that patient. So as I said today, I'm going to touch briefly on two techniques that demonstrate that active listening and the first one is reflections. Reflections are statements that demonstrate active listening and give speakers an opportunity to elaborate. This is a way to let the speaker feel heard and cared about. It is a way that allows them to disclose and share more and say what's on their mind, rather than just being dictated by the questioner's agenda.

Now, a couple of key considerations with reflections. And the first one is really the main one is that a reflection is always in the form of a statement, not a question.

Questions are good, question questions are important, open ended questions are critical. But if your whole conversation is question answer, question answer, question answer, question answer, pretty soon it starts to feel like an interrogation and it seems to become much more the provider's agenda than the other person. I've been in appointments where you kind of have to strong arm in because you have a question, but it's none of the ones they're asking. Um, so I've experienced that personally in my medical appointments. So again, empathy.

Think about things from your patient's point of view. Now one of the things that I love about reflections is that reflective listening gives the patient the opportunities to confirm or deny, meaning that it takes the pressure off you.

So some examples of phrases that could start a, a reflection are you're wondering if you'll be able to manage changing the batteries. It sounds like you notice struggling more to hear your family. You're feeling strained by how much effort you have to put in at work. The great thing about reflective listening is that it doesn't matter if you're right or wrong. This is an opportunity for the patient to to confirm, deny or provide elaboration.

So when I say it sounds like you notice struggling more to hear your family, maybe it's yes, maybe it's no. But that then gives them that space in the conversation to respond.

There are different types of reflections. Simple reflections are simply restating what the patient said. And these are a good starting point. But if you use it too often, you Start to sound like a parrot, where you're just mirroring things back. So it's good to also include complex reflections.

Complex reflections go beyond the words used by the patient. This is where you are making an inference. And remember, it doesn't matter if your inference is correct or not, because it's giving your patient that ability to confirm or deny.

Complex reflections also tend to add more depth and it can also add to patient self understanding, which is useful. One type of complex reflection is a double sided reflection. And this is helpful when we hear ambivalence in our patient statement. So remember, ambivalence, reason to change, reason to not change. So for example, if our patient said, I know I should wear earplugs when I'm in my workshop, but they're such a hassle to put on and take off, that's ambivalence right there.

Now, a double sided reflection is going to highlight both sides of that ambivalence. But how it connects those two sides and the order that it does it are very important.

So using the word but that conjunction between the two arguments tends to dismiss all of the information that came before the word. And think about this in your daily conversation. So now as you're listening throughout today, as people are talking to you or as you're talking and you hear the word but in a sentence, see how that affects. So if I say this is a really good restaurant, but it's pretty expensive, what gets more power? The but it's really expensive, right?

So instead try to use the word and if you use and as the conjunction we're acknowledging that both sides have merit, you could also use the phrase on the one hand and that gives leads very nicely to and and then the second part. And we always want to start with the element and favoring the status quo and in with the element favoring change. So for the example we gave on earplug earplugs, we could say on the one hand, putting the earplugs on and off is a hassle. And on the other hand you recognize that wearing them would be beneficial in your workshop. The reason that we want to end with the side favoring change is that our brain tends to linger on what it's heard most recently.

So that's where we want to leave it. That's where we want to leave. Our conscience is moving in the direction of change. And if your patient at that point says yes, that's right, they are then also verbally recognizing that favoring change. So let's do, let's do a Quick example here.

So here we have this couple in for us and the patient is saying, I know I don't hear everything, but why does she always have to yell when she wants me to do something? I'm not deaf. Anybody experienced a situation similar to this.

When we take a look at that, a simple reflection could be something like sometimes you miss things. Yep. We've just mirrored part of that statement there. If we move, then look at something more complex where we're adding in meaning to bothers you when she shouts at you. We've just made an inference makes sense based on what we're seeing there.

And then the patient can respond. Now let's take a look at the double sided reflection. So in the chat, tell me here we have their statement. Tell me which part of that dialog supports change.

So which part of that statement is favoring change?

I know I don't hear everything. Yes, Yep. I know I don't hear everything that is favoring change. He's recognizing that there's a struggle there. Now which part of the statement is favoring the status quo?

I'm not deaf. Yep, exactly. So how we might phrase this is. It feels like she's coming down pretty hard on you for not hearing her. And at the same time, you know, hearing better would help.

Yes, great. We're starting to move towards that change. Active listening and reflections are skills that we can use to build rapport. And the second one that we're going to highlight briefly is affirmations. Now, my niece went to a kid's class where they started each day with affirmations.

They would say, I am strong, I am brave. I can do this. Now, while those aren't exactly the type of affirmations that we're talking about today, in principle it's the same. We're looking to generate that same feeling. Affirmations are statements made by clinicians in response to what patients have said and are used to recognize patient strengths, successes and efforts for change.

Affirming helps patients feel confident about marshaling their resources to take action and change behavior. Now, some guidelines for affirmations. Again, affirmations are statements. So we're looking to reorient the patient to resources that they have available. Motivational interviewing attempts to build feelings of empowerment and self efficacy.

So we want to instill hope and belief that the patient can indeed change. So they should be positively stated. They should take the form of clear words of understanding and appreciation and focus on

specific behaviors. You want to avoid I statements. So it's not I think and these aren't just compliments.

These are affirmations. When doing affirmations, though, you do want to avoid statements that sound overly ingratiating. Wow, that's incredible. Or that's great, I knew you could do it. Rule of thumb, if it makes you sound like a cartoon character, you should probably not go that direction.

Because while affirmations help increase patients confidence in their ability to change, they also need to sound genuine.

So here's a couple of of examples of affirmation your commitment really shows by insert a reflection of what they're doing. You showed a lot of insert what we're looking at for the behavior. Strength, courage, determination. By doing that, it's clear that you're really trying to change your wear time. By the way you handled that situation.

You showed a lot of again, insert what that behavior is. Takes a lot of courage to face such a difficult situation. We're in hearing aids. Four hours a day is a lot more than you were doing just a couple of months ago. You made it in even in the bad weather.

The goal with these and with really all of motivational interviewing is to empower our patient. Roll, McMiller and Butler, who developed motivational interviewing. This quote is from them and says that a patient who is active in the consultation, thinking out loud about the why and how of change is more likely to do something about this afterwards. So empowering the patient can happen throughout the whole evaluation process. Remember those tour guides?

This is key for that.

So now that we have every we've made it to the point in the appointment where everyone has agreed on the goals and the action that needs to be taken. It's time to create the management plan. So here we get into products and solutions. And when I think about products and solutions, it is really a recommendation or a solution package. Oh, there we go.

Think of it a little bit like putting together a combo meal. So when we're crafting an individual management plan, we want to take a look in four different aspects. What the first two style and technology. These are our burger. This is our core technology that we're looking at.

This is the burger, the toppings, and then number three and number four, accessories and solutions and ongoing support. These are the sides that complete the meal. I don't want to have just a burger. I want a burger and fries and a drink. So let's start with style.

So tell me in the chat with when you are making a recommendation for a patient, what are some of the considerations that you take a look at when deciding what recommendation to make?

Lifestyle dexterity, aesthetic, Preferences, activity level, Lifestyle, power needs. Absolutely. All of these are going to help us make that choice. And because no two people are exactly alike, there are solutions for every need. So for those with a cosmetic preference, do they need something smaller and invisible?

Is that where they would feel most comfortable? Something like Lyric or Titanium? For those with a lifestyle where they do lots of streaming and lots of Bluetooth connectivity, then moving to something in our wireless portfolio can meet that need. Those with power needs, do they need to take a look at a Naida? Are they further along the path where they need a bimodal solution like the Naida or Skylink to work with an advanced bionic CI?

We even have patients, maybe you've got patients that don't even have hearing loss yet. We've got Serenity Choice hearing protection. So looking at your patients, do they need rechargeable? Do they need something in and out? Do they need something easy to clean with our new Easy Guard dome where they don't have to change worry about changing filters.

So utilize this portfolio to really pull from what's going to be the best recommendation to meet your patients goals and preferences and needs. And once you've taken a look at style or form factor, obviously then the next step that we have is matching the technology to their need.

And I want to highlight two tools that are available to help you with that discussion as well. The first one shown here on the left is called the Focus, the Family Oriented Communication Assessment and Solutions. I swear, sometimes in our field it's somebody's job just to come up with acronyms and then make a name that matches. But I digress. The FOCUS is a tool designed specifically, it's set up and designed to get input from both the patient and their family.

So this can be used during the needs and goal setting process. And it encourages patients to open emotionally and share how they feel about their hearing journey. How they feel, how they feel their hearing journey has impacted their family. While also encouraging the patient's family to share the impact on their lives as well. Its goal is to provide a safe space to communicate openly and capture the individual as well as shared goals.

Within the form, it specifically looks to integrate that family centered care. It considers the holistic hearing needs so it takes into account for those situations that are priorities. Are they near field or far field solutions? So that's one tool that's available for you. On the right we have the Phonak Counseling Guide.

This is available in a tear off sheet. So this is a place to record priorities. It also has an easy to use activity where patients can mark priorities in their daily life. And then on the lower portion and the back, it's also a really handy place or when you're counseling your patient so you can draw out the audiogram and then also mark your recommendation and use it as a take home for the patient.

So when we think about where patients need to hear and when we think about deciding what technology to recommend, we really want to ask some key questions. And I have a little bit of a soapbox here, so I'll apologize up front, but it's one of those sorry, not sorry things that hopefully you have experienced and come to recognize as well. When I work with brand new clinicians that are talking to patients, I see them often ask the patient. So here's this little thing, Mark where you spend most of your time.

And I would propose that in addition to that, it's critical that we ask not only where do they spend most of their time, but instead where is it most important for you to hear better? And the reason that I ask this is think of a patient. Let's say we've got our patient Lucille and she is 87. She lives in a little apartment within her daughter's home. She's got a little suite that's hers and 95% of the time she is either just watching TV in her, in her little suite of rooms or having dinner one on one with her daughter.

However, if you ask Lucille where is it most important for you to hear? And she says, well, once a month my family gets together for a birthday party and we celebrate all the birthdays in that month. And it can be anywhere from 10 to 30 people. And that's my time to talk to the grandkids.

How might that change your recommendation?

So that's my soapbox is to really think about not just where is your patient most often, but what are their priorities, where do they most need help and most want help? And, and use that to guide the recommendation because we recognize that patients need to hear well in a variety of situations. In

quiet, in noise. On the go on the left of this slide, you'll see our feature summary. Smart speech technology includes features and accessories that provide that exceptional sound quality as they're about in their daily world.

If hearing soft voices is their priority, maybe they're a caregiver to a spouse and that is critical. Speech enhancer is going to give them the best benefit there if hearing in noisy, challenging situations. They do a lot of business meetings, they do a lot of family dinners. That's really where they Want to hear best Spheric speech clarity is going to provide the best benefit there. So be mindful when you're talking to patients and guiding which level of technology do you want to recommend?

Don't let your assumptions get in the way of what your patient needs. Okay. End of soapbox. So that was part one and two. That was our burger and toppings.

That was our technology and our product. Now let's round out the solution.

Accessories and apps are a great way to do that. We know that there may be some situations by the hearing where the hearing aids by themselves are not enough.

That's where this portfolio comes into play. We've got things like the TV connector, one of our most popular accessories. I got one for my dad several years ago for Father's Day and my mom said it's the best gift she's ever received because he can listen to football and she doesn't have to hear it. So TV connector, very popular with, with our patients and their families. Thinking of that third party disability, we've also got partner mic.

When somebody needs a little boost, one to one remote control. If somebody has neuropathy and they can't feel the button, but maybe they don't have a smartphone either, that remote control is a really easy tactile adjustment that they can make there. When we think about Bluetooth compatibility,

obviously this is something that has grown in importance over the last probably eight years or so, five, 10 years I would say. And this can be an extremely useful tool for patients, not only for streaming phone calls. We know with the Phonak products, being able to connect to iPhones, Androids, flip phones, Pelotons, computers, TVs, that, that certainly enhances the experience.

But also looking at apps, technologies such as smartphone connected hearing aids really have created that patient centered delivery model by empowering our patients. And apps can allow patients to feel empowered to better meet their daily needs and preferences. So again, supporting that autonomy, supporting that sense of empowerment and feeling more in control of their hearing loss and independent. There was actually some research done with teenagers. Yeah, it was the teenage group.

And those that experienced anxiety in a challenging situation noticed significant reduction in that anxiety when they had access to an app and had the ability to make adjustments. We know that using apps, everybody uses apps every day for everything. So stigma becomes less of a concern. If the patient does need to be out on their phone, it's not going to be any big deal to make that adjustment.

Phonak has multiple apps available. As far as options, we have the Myphonak app as well. As the MyPhonak Junior app. The MyPhonak app is unrivaled in the flexibility and control that it offers patients. So they can adjust volume, noise reduction, speech focus.

Great custom programs, see battery life, have remote support sessions within the adjust section for any of their listening programs. They can even get to a more granular level. So for your patients that really want a lot of control, this can be, this can be very helpful. Tell me in the app, how often do you bring up apps with your patient? Do you bring it up to every patient?

Do you bring it up 50% of the time? Do you never bring it up? How often do your patients. Do you bring it up with your patients or do they ask about it? Cindy says every patient 99% of the time.

From Karen.

Wait till the follow up to bring it up. Okay, so maybe you adjust when you bring it up with that patient. Very common to bring up. And I find that with the apps and you'll have to tell me in the chat if you agree or not, but I find that there's a little bit of a spectrum. Right?

You've got those engineers that want to micromanage everything. Great. They can do that with the app. You've got those patients that really want to leave everything alone and maybe just have it in case of emergency. Great.

Then you've got it there and then you've got a few people there in the middle. So the Myphonak app can certainly meet that need. Some patients, however, and we recognize this may benefit from something a little bit simpler. And so the MyPhonak Junior app is also good to remember that you have that available. Obviously it was first developed for pediatric patients and their families, but it can also be a nice option for those with more dexterity or those who just would benefit from less options.

It's a little bit simpler interface as far as volume up and down change programs. As far as making adjustments, it's just speech, focus and noise reduction. It's not the environmental balance and more granular things. It also lets you do remote support with your patients. So keep in mind you have that as an option as well.

Now, in addition to control, accessories also come into play, as I mentioned at the start, for those situations where the hearing aids by themselves might not be enough. We know that even with good hearing aids, there will be times where the patients still struggle. Research shows that 30% of cures still have challenges in background noise. So using something like Roger would be a great addition to that solution. Recommendation.

Roger uses adaptive gain, meaning it is sophisticated enough to as the noise level increases. Raise the level of the signal to keep that positive SNR relationship. Some research by Linda Thibodeau at the University of Texas at Dallas shows that Roger technology improves speech understanding by up to 61% in 75 DBA of noise when compared to hearing aid users or compared to users wearing only their hearing aids. So hearing aids versus hearing aids plus Roger 61% improves speech understanding. Think of how often your patient is in those situations.

What a difference that could make in listening effort and patients being able to keep doing the things that they love. One of my favorite things about Roger is the flexibility that it has to meet different needs. So being able to use table mode, pointing mode, streaming mode, headset mode. If there's a situation where your patient struggles, odds are really good that Roger would be able to help with that.

And pivoting just a hair here. Don't forget about the family and loved ones of patients or those tested not treated that maybe they come in because they're struggling to hear with the tv, but they're not ready for hearing aids yet. Just want to bring to your awareness that using some dedicated TV help like the Sennheiser Set 880 can be an easy way to support those hearing needs by offering a high quality product from a trusted brand. So this is something that is easy to plug in and use. That again can help both the patient and their family member.

All right, as we round out this solution section, I want to talk a little bit about ongoing support. We know that hearing aids are not like glasses, where you put them on and that's the last you see the patient. This is a relationship what you have with your patient. And we know that oftentimes it has taken their ears and they're hearing years to get to this state. So how can we support them during the acclimatization and adaptation out adjusting to hearing that new sound?

Again, if you are not familiar with hearing success, I encourage you to go to hearingsuccess.com and log in as a professional. Hearing Success is a repository of auditory training resources. When you log in, when your patient logs in, they'll indicate is it for in a child or an adult? And it will curate those resources for them. You as a professional can see everything there.

But it is a great way to give your patients a little bit of homework. It's completely free. Give them some auditory training to build up their hearing muscles. It has things like sound success and word success where they can start with things in a simpler environment. And then as they build and get better, it can get more challenging.

It has ways to support babies and kids. So explore that. That's a great supplement to a patient's solution recommendation.

The last thing that I want to talk about in regards to ongoing care is remote support. In the chat, tell me what are patients that or situations that you think could benefit from a remote support option?

Those that live far away? Yes. Mobility issues? Absolutely. Lots of mobility, lots of transportation.

All right. And those are 100% correct. Weather is another one. Maybe it's a patient who is vulnerable from a health perspective. Maybe their immune system is vulnerable right now and they need follow up care.

But being out in public is not a good choice for them. Maybe it's your patient who is very busy with work and can't take off work to come in, but could carve out 20 minutes to do an appointment with you. Or maybe it's a family where coming in and out with the whole family can just be a little bit of a challenge. We know that there are lots of benefits for telehealth. We've seen studies for both families with young children, teens, adults, geriatrics where having that convenience is important.

They feel comfortable doing it. Those for the kids or the teenagers show that they're very relaxed. And the results with the patients also shows that they feel that their needs are met. So they feel like it's effective as well.

With remote support. It is available through both the Myphonak app and the MyPhonak Junior app. And I want to just briefly review. There's a whole nother course on audiology online about remote support. So if you really want to dig into that and explore that more, I encourage you to check out that that course.

But with remote support, it's a very simple and straightforward process to set the patient up. You just need to program the hearing aids in the office. When you save and close, you'll see in that little box where it says enable remote support. And then the patient needs to pair the hearing aids in their app. That's it.

Setup is complete. When it's time to do the remote support session, we have two options for you. So we have the integrated audio visual. So this is where it's really like you're doing a FaceTime call.

And that's the one that we've had for quite a while. Last year we introduced an additional option and this is the one where the app is used as it essentially functions as the programmer, as the knowledge wireless. But then you as a provider can use your preferred video conferencing platform. So if you like to use teams or Zoom or Google Meet, you can use that for the audio visual with the patient and then just use the app as the programmer.

With remote support, it really does provide that flexibility to meet patient needs. Again, the research shows that patients feel like it was very effective. And a lot of that can be attributed to the fact that during a remote support session, you can look at data logging, you can make gain changes, you can

make feature changes, you can add and remove programs, you can change button options. With the new Infineo Ultra, you can even run the feedback test, you can do audiogram direct threshold check. So there's really a lot of flexibility within that session to meet the needs of your patient.

So when we talk to providers and we ask about the value of adding E solutions, we see feedback reflecting that they recognize that they still have that personal relationship building, which is something that as providers we value deeply is having that relationship. They state, I can meet the needs of my patients equally. So again, recognizing that efficacy of the appointment, I find my patients to be more satisfied as it offers convenience for them. Again, empathy for the patient and what their needs are. And offering esolutions allows us to fit a wider range of patients who live further away from the office, have commuting difficulties or mobility issues.

So again, these statements show that both patients and providers are satisfied with the level and quality of care that can be provided in a remote support session.

Lastly, when we think of that extended and ongoing care of the patient, obviously it's important to measure some outcomes. We worked really hard to establish goals at the start of the appointment. Let's confirm that we have successfully met those goals. So utilizing some different questionnaires can help with that. There's several available, obviously a couple highlighted here that focus assessment that we talked about can be used for a post fitting assessment as well.

The International Outcome Inventory for Hearing Aids has a version both for the patient and for the significant other. So using these types of surveys is a great way to really just confirm with the patient that success and leave them feeling good about the whole process as well.

So today, as we've walked through that process as tour guide B, really looking at some techniques that we can use to create that individualized patient experience, value what the patient can offer, recognize

their autonomy, empower them to move forward with change and incorporate that family member really is looking to set them up for success. I mean, that's our goal, right? We want to help people hear better. And so as we move through awareness, evaluation, purchase decision and patient retention, think about what from today's class can you implement right when you end this? What are things you can do for families in our care for inviting the companion, adjusting your room setup and then incorporating them into that conversation?

What are ways that you can use reflections and affirmations to really show your empathy and that active listening for the patient? And then how are you going to craft that product and solutions recommendation? If you have additional questions on anything we've talked about today, please reach out to your local Phonak team because we recognize that together we change lives and we're always happy to help. Have a great rest of your day.