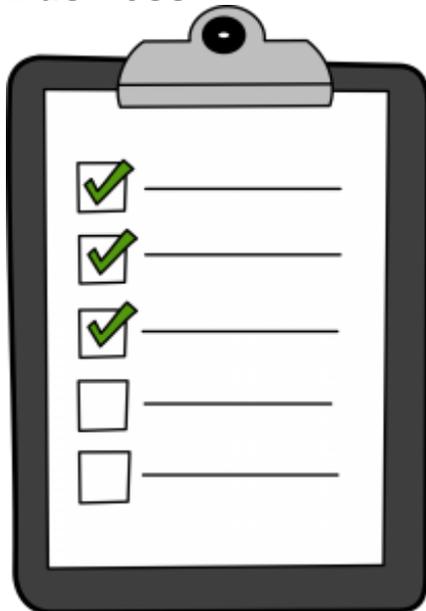


Audiologists Should Implement These 5 Things before Unbundling Services

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What Do These Findings Mean to the Profession and Your Business?



Before considering an unbundling strategy practitioners would be wise to implement the following:

1. **Beef up the service experience.** An easy place to start would be to provide every patient with general coping and communication strategies. These educational materials can be delivered in written and spoken form. [Books](#), [handouts](#), [DVDs](#) are all available. For the professional, the important point is to inspire your patients to care enough to actually watch the DVD or read the book. Inspiring patients to care is probably something you didn't learn in school, but in an age when customers have unprecedented choices your ability to use your personality and interpersonal communication skills to engage patients emotionally makes a huge difference.
2. **Provide more than simple informational counseling. Consider using Performance-Perceptual Counseling.** [Saunders and Forsline \(2012\)](#) evaluated two different types of counseling sessions and their impact on outcomes for a group of experienced hearing aids users. One group was provided information counseling, which was a general explanation of test results, encouragement to discuss experiences relative to communication with hearing aids and recommendation about how to more effectively use their devices. The second group was provided performance-perceptual counseling (PPC). PPC requires the audiologist to measure speech recognition in noise ability objectively and then subjectively. Patients who overestimate their ability to understand speech in the presence of noise are counseled differently from those

who underestimate their ability to understand speech in the presence of noise. The authors also used several standardized self-reports of outcome as well as a semi-structured interview to measure the results of these two different types of counseling. Responses to the semi-structured interview questions showed both types of counseling had a beneficial effect on patient's outlook toward communication and benefit from amplification. Their findings suggest that periodic follow-up appointments that provide information on communication repair strategies and dialogue on how to cope with hearing loss and hearing aid use serve to enhance the benefit and quality of life that result from amplification – even for patients with hearing instruments older than five years. You could even create your own colorful handout that customizes coping strategies{ {1}}[[1]]Handout example:Comm_Strategies_Checklist_MAY30v2 [[1]]depending on the outcome of the [Performance-Perceptual Discrepancy](#).

3. **Inspire more patients to participate in support group meetings** in which coping strategies and emotional support for the patient and significant other are discussed in an organized way. A good example of this is Louise Hickson's Active Communication Enhancement (ACE) program.
4. **Customize the follow-up service.** Here is one example involving auditory training: Auditory training is best described as a series of regimented exercises designed to take advantage of the neuroplasticity of the brain. [Saunders \(2012\)](#) evaluated the effectiveness of Listening and Communication Enhancement Exercises (LACE), which is one commercially available type of auditory training. In a three-site, randomized control trial with 263 veterans comparing LACE to informational counseling and a placebo (non-focused interaction with the clinician), she found all four groups experienced small, but significant improvements in handicap reduction and hearing aid benefit. These result indicate that auditory training did not outperform other types of follow-up services. However, [Saunders \(2012\)](#) found that a small number of individuals did significantly benefit from LACE auditory training. This research suggests there are opportunities to customize auditory training and counseling for individuals. We need ways to help us identify which follow-up tool is best for the individual earlier in the intervention.
5. Demand more voice-of-customer analysis from academia and industry. Simply stated, audiologists and hearing instrument specialists could benefit from studies that tell us what hearing-impaired patients and their families want or need with respect to service. We are starting to see more such [studies](#), but we need more well-designed studies that carefully examine the expectations and needs of our existing and potential customers. To quote Peter Drucker again, "Business has only two functions — marketing and innovation." Our marketing efforts must include more "voice-of-customer" data and our innovations cannot be restricted to technology. We must innovate around service, especially if the trend is for independent practices to differentiate around it.

Service innovation need not be confined to the fitting and follow-up appointments, as these are still largely centered on the dispensing of a device. In the third and final post of this series, we will examine service innovation at the initial point of patient contact with your practice and look at ways services can be truly decoupled from the sale of a device.