WHY SHOULD CONSUMERS CHOOSE YOU AS THEIR HEARING CARE PROVIDER?

Here's the Data-driven Answer

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Background

Audiologists would be assumed to be seeking good outcomes for their patients as their number one goal. However, in the areas of hearing aid fitting and rehabilitation, data in the professional and public domain suggests services often fall short of meeting the goal of patient satisfaction with hearing improvement (Dillon, 2008; Clutterbuck, 2012).

To gain insight into this situation, two groups of audiologists were surveyed to gauge if "good outcomes" were seen as the most important attribute of their service, as indicated by their response to an open question survey.

The responses are summarized and discussed in this article. There was a high incidence of soft qualities, for which no training or qualifications would be required. There was low incidence of quantified successful outcomes.

The implications of these results for audiologists are discussed.

The study

Two groups of audiologists were surveyed. The first group were drawn from attendees at the Audiological Society of Australia National Conference in Sydney 2010. The second group were from audiologists attending AAA's AudiologyNOW! Convention in San Diego 2011. Audiologists stopping at an exhibit booth (EARtrak) were asked to write their answer to a single question "Why should I choose you as my hearing care provider?" If the audiologist wanted further explanation, they were asked to define "What differentiates you (as an audiologist) from your peers/competitors?"

The audiologists sampled were from different employment backgrounds, and represented government employees, as well as large and small hearing aid dispensing clinics. A total of 146 audiologists were surveyed (ASA = 115, AAA = 31).

Survey responses were entered into a spreadsheet (Table 1 and Table 2). Each differentiating feature was captured as a separate item, and the percentage calculated for each feature.

Results

Table 1: ASA 2010 – Audiologist survey results.

Feature	%	Feature	%	Feature	%
Accessibility	0.9	*Ethical outcomes*	0.9	*Meet needs*	0.9
Aim to do best	1.8	Experienced	0.9	No reason	0.9
The best	5.3	Focus on clients needs	2.7	Owner/operator	0.9
Best outcome at any price point	0.9	I'm good	0.9	Paediatric specialist	0.9
Use best practice	0.9	Good for my practice	0.9	Perseverance	0.9
Best value	0.9	Good provider	0.9	Professional	3.6
Caring	20.4	Holistic quality	1.8	Put in 300%	0.9
Choice	2.7	Honest	1.8	Quality	5.3
Client focused	1.8	Human factors	0.9	Reputation	2.7
Client referrals	0.9	Individual needs	0.9	Range of services	0.9
Client Satisfaction	0.9	Interested in client outcomes	1.8	Respect	0.9
Clinical support	0.9	Know what I'm doing	0.9	Service	3.5
Committed	0.9	Listen	7.1	*Satisfactory solutions*	0.9
Competent	0.9	Local	0.9	Special care given	0.9
Diagnostic	1.8	Location	2.7	Take time with client	2.7
Referred by ENT/GP	0.9	*Measures results*	1.8	Technical knowledge	0.9
Empathetic	0.9	Medicare funded	0.9	Understanding needs	0.9

Table 2: AAA 2011 – Audiologist survey results.

Feature	%	Feature	%
Best	6.6	Friendly approach	6.6
Best advice	6.6	Good quality hearing aids	9.8
Best after-care service	3.3	*Help make best use of hearing instrument*	6.6
Caring	3.3	Listen	6.6
Competitive price	3.3	*Maximum benefit from amplification*	3.3
Complete diagnostic assessment	3.3	*Meet needs*	6.6
Convenience (location)	6.6	Professional	6.6
Counselling	3.3	Qualifications	3.3
Dedicated to improving quality of life	3.3	REM	3.3
Excellence	3.3	Unique products	3.3

The features can be divided into two categories – those with a focus on **inputs** to the therapeutic process (e.g. qualifications, REM, "caring", "listen", convenience, good quality hearing aids), and those features with an emphasis on the **outcomes** of the therapeutic process (e.g. dedicated to improving quality of life, meet hearing needs, satisfactory solutions). Those features with a focus on outcomes are italicised in each table. Table 3 summarizes the percentages for input-focused and outcomes-focused features for the two survey groups.

Table 3. Summary of income and outcome features.

Input features	%	Outcome features	%
ASA 2010	93.8	ASA 2010	6.3
AAA 2011	79.1	AAA 2011	19.8

Discussion

The overwhelming majority of responses for both groups of audiologists were focussed on the *inputs* of the process. Few audiologists gave responses with a focus on delivering successful outcomes for the patient. Yet presumably this is the highest priority for patients seeking hearing care. Only a very small number of audiologists reported their delivery of verified good outcomes as the defining characteristic of their service.

Most of the inputs of the process ("caring", "listen", "counselling", "friendly approach", "interest in client", REM) could quite as easily have been given by providers without a similar level of education. All hearing care providers have an obligation to deliver successful outcomes. There is evidence (Kochkin, 2010; Consumer Reports, 2009) that would appear to indicate that there is little difference in patient outcomes between those delivered by audiologists and those delivered by other hearing care providers. Audiologists have a responsibility to demonstrate that their training and knowledge translates into high levels of effectiveness in remediating the communication problems caused by hearing loss. In particular, as the pricing of audiological services comes under closer scrutiny and is challenged by other channels of service delivery, there would appear to be a strong need for audiologists to be collecting evidence that they are measuring and benchmarking their performance to prove the effectiveness of their services. This demonstration of effectiveness can only occur when there is a high priority on delivering verifiable successful outcomes. ■

Susan Clutterbuck has over 40 years' experience as a clinical audiologist in Australia. She has been in private practice since 1983. Her interest in hearing rehabilitation outcomes began in 1986 when she started to survey her clients to monitor the effectiveness of the hearing services delivered by the clinic. The independent survey process (EARtrak) was developed from this early work. Originally offered as a service for a network of Australian hearing care practices in 2000, EARtrak became an independent business in 2005. This move enabled other clinics within Australia and overseas to independently verify their outcomes, and to compare their results against performance benchmarks. Susan has presented papers and workshops at professional conferences in Australia, New Zealand, Germany and the USA, and at consumer conventions in Australia and the USA. Susan holds the Certificate of Clinical Competence from the Audiological Society of Australia, is a Life Member of the Australian Association of Audiologists in Private Practice, is a Fellow of the Australian College of Audiology, and an international member of the American Academy of Audiology.

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