

eAudiology Hearing Aid Support:

Considerations for clinical application and
implementation

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Hearing well and being well – a strong scientific connection

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Terminology

- Telehealth
 - Telemedicine
 - Telepractice
 - eHealth
- Teleaudiology
 - eAudiology



The screenshot shows the top portion of a webpage for 'THE Hearing Review'. The header includes navigation links: NEWS, PRODUCTS, BUYER'S GUIDE, RESOURCE CENTER, and BLOGS. Below the header, a red box highlights the category 'COUNSELING/REHAB/PATIENT CARE'. The main title of the article is 'eAudiology: Shifting from Theory to Practice', published on August 15, 2018. The article is part of the 'Patient Care | September 2018 Hearing Review' issue. The abstract describes it as 'A consensus statement on recommendations for telehealth practices in hearing healthcare'. The authors listed are Joseph Montano, Edd; Gina Angley, AuD; Colleen Ryan-Bane, MS; William Campbell, MCISc; Robert Eikelboom, PhD; Andrea Gerlach, AuD; Danielle Glista, PhD; Karen Muñoz, Edd; Christine Jones, AuD; Melanie Ferguson, PhD; De Wet Swanepoel, PhD; Ora Buerkli-Halevy, MS; Gurjit Singh, PhD; Davina Omisore, MSc; Martina Schuepbach-Wolf, and Francois Julita, MS, MBE.

What is eHealth?

- Definition
- Synchronous vs Asynchronous
 - Synchronous = real time services
 - Asynchronous = store and forward

What is eHealth?

- E-mail
- Phone calls
- Text messages with patients
- App and web based hearing diaries

Why do we need eAudiology?

- Accessibility
 - NJ versus TN vs Australia vs Africa
 - 466 million people globally live with disabling hearing loss
 - Not enough providers

Why do we need eAudiology?

- Cost
 - Travel costs
 - Global cost of untreated HL is ~\$750 billion
- Improvements in HA follow-up care?

Why do we need eAudiology?

- Technology connected healthcare
 - Age of instant information using devices
 - More technology savvy patient
 - Leads to more patient autonomy
- Clinic differentiation

eHealth in Audiology

- **Diagnostics**

- Swanepoel, de W. & Hall, J.W. 3rd (2010); Crowell, E.S., Givens, G.D., Jones, G.L., Brechtelsbauer, P.B., Yao, J. (2011); Krumm, M. & Syms, M.J. (2011); Dharmar et al. (2016); McCaslin & Tharpe, 2015

- **Hearing aid fittings and cochlear implant mappings**

- Ferrari, D.V. & Bernardez-Braga, G.R. (2009); Campos, P.D. & Ferrari, D.V. (2012); Hughes et al. (2012)

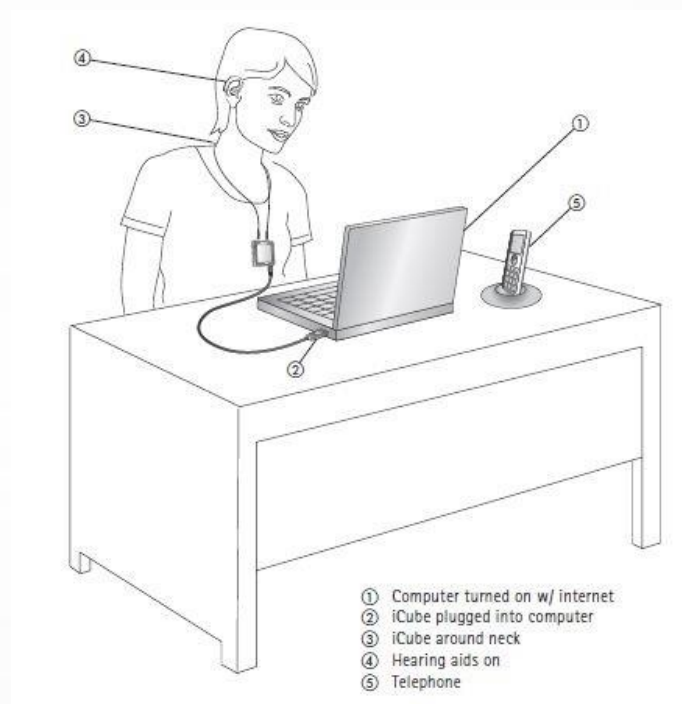
eAudiology – Amplification

- Hearing Aid Follow-Up Visits
 - In-Clinic: Research Questions
 - Are remote hearing aid follow-up appointments feasible?
 - What are the perceived benefits of remote hearing aid follow-up care?

eAudiology – Amplification

- Hearing Aid Follow-Up Visits
 - In-Home: Research Questions
 - Will it still work if the participant is at home?
 - Is there added benefit with the addition of a web camera?
 - Are the examiner and the participant still satisfied with the appointment?

eAudiology – Amplification

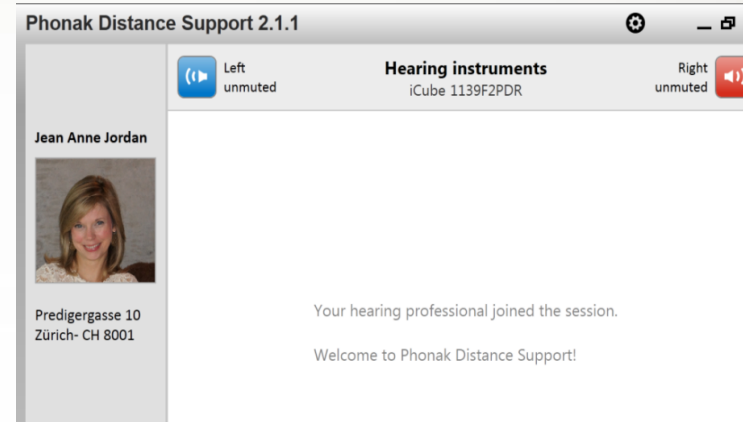


Phonak Remote Fitting Prototype

Phonak Target



Client Software



eAudiology – Amplification

Results:

- 82% were able to install the software with no assistance
- Those who could not install:
 - >72 years old
 - Beginner (67%) or average (33%) computer skill level
 - On average mild cognitive impairment on Montreal Cognitive Assessment (MoCA)
 - Average installation time: 11 minutes

eAudiology – Amplification

- Stable connection for 86% of appointments
- In-Clinic Professional Assessment
 - 80% of appointments were perceived as efficient as a face-to-face appointment
 - Satisfied with 82% of appointments

eAudiology – Amplification

- In-Clinic Client Assessment:

- Strengths

- Time savings
 - Convenience
 - Reduced travel costs

- Weaknesses

- Lack of face-to-face time
 - Computer and software issues

eAudiology – Amplification

- In-Home appointments
 - Web camera successful for 77% of appointments
 - In-Home Client Assessment
 - 86% preferred distance support (DS) appointments under difficult conditions
 - 90% would recommend DS appointments

What did we learn?

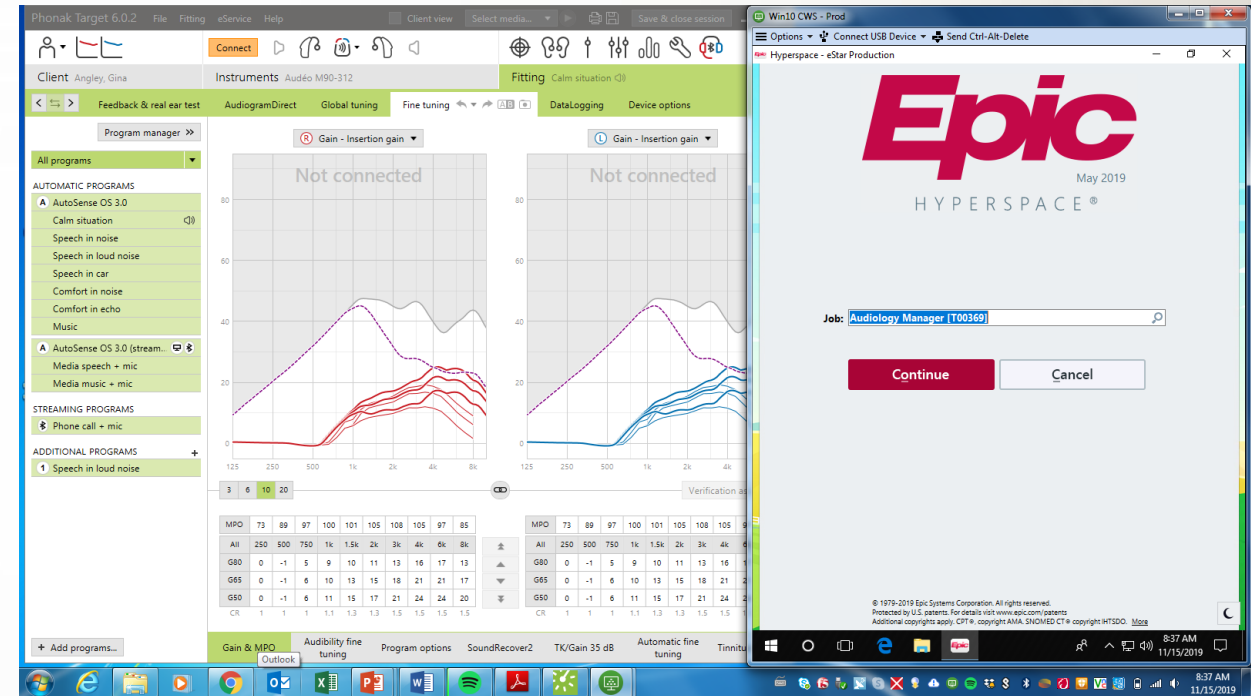
- Patient limitations
 - Requires access to the internet/phone service
 - May require an additional appointment
- Clinician limitations
 - Cannot touch and check all components of the hearing aid
 - Rely on patient's ability to manipulate and show you the hearing aid

What did we learn?

- Patient benefits
 - Convenient, time, and cost savings
 - Can now program hearing aids with the patient at the source
- Clinician benefits
 - Eliminates the need for 4 walls.
 - Shorter appointment times
 - More effective in our programming and counseling (?)

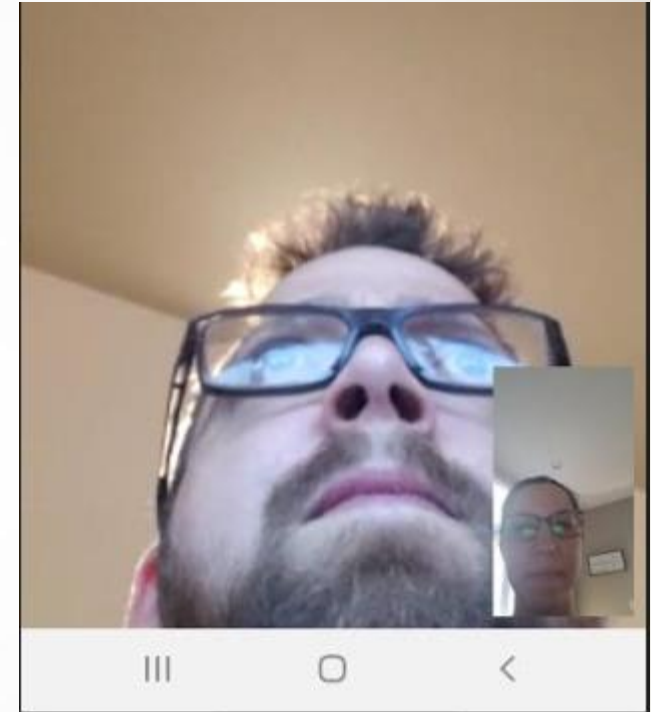
Set-Up Considerations

- Space considerations
- Simple instructions
- Have a secondary form of communication
- Dual monitors, if possible



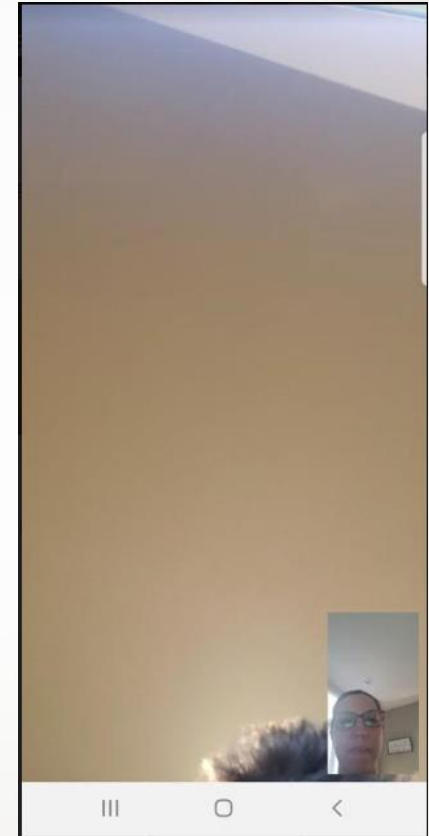
Clinic Set-Up Considerations

- What is the room lighting?
- What is in your background?
- How is your camera set up?



Patient Set-up Considerations

- Be dressed appropriately!
- Turn off distractions
- Instructions on/practice how best to hold the phone



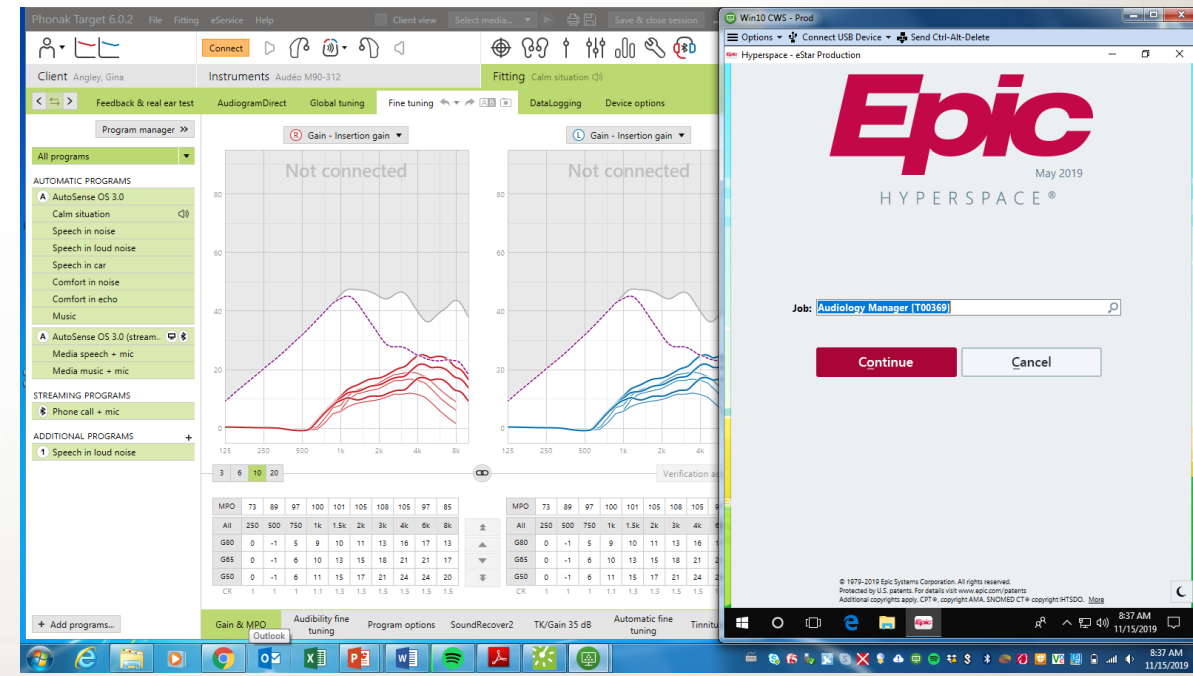


Appointment Considerations

- Support staff to help with orientation and/or installation
- Introduce everyone in the room
- Check-in process
- Clinician evaluation

Appointment Considerations

- Practice, practice, practice with the camera!
- Be mindful of facial expressions
- Talk...A LOT!



Why don't we do it?

- Change is scary
- Products unavailable or limited...until now
- Cost of extra equipment?
- Do not know where to look for guidance
- Reimbursement/Billing
- Licensure
- How do I talk to my patients about this?

How do I present this to my patient?

- Review patient chart for motivators
- Listen to the frustrations your patients report
- Set up a pair of clinic demo hearing aids
- Start with the easy patients and ask for feedback
- Create a clinic support system for patients

Action Items for Monday

- Evaluate your space
- Start planning how you will use your support staff
- Practice, practice, practice
- Review your clinic schedule for potential patients

Thank you!

Questions?