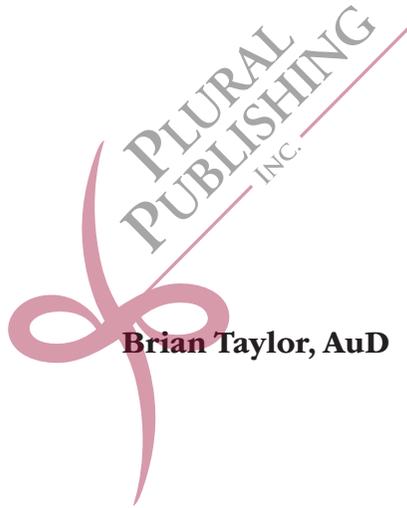


# Quality in Audiology: Design and Implementation of the Patient Experience



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# INTRODUCTION

“Ch-ch-ch-changes. Turn and face the strange . . .” That is what David Bowie told us in 1971, and oddly enough, it is an accurate way to summarize what is happening with health care. If you have been paying attention for the past few years, you have noticed many changes in the delivery of health care services. In fits and starts, physicians and other allied health professionals are beginning to be reimbursed for the quality of their results, rather than the sheer number of procedures they order. Hospitals and clinics that demonstrate higher-than-average patient satisfaction scores are enjoying higher rates of reimbursement from federally funded programs. Patients are joining the quality bandwagon as many are demanding greater transparency when shopping for medical services. Consumer-centered health care is gradually supplanting the antiquated, paternalistic model in which the practitioner is never questioned and has near omnipotent authority over the uninformed patient. Out of this paradigm shift comes the quality movement. For audiologists this means the use of report cards, key performance indicators, and other quality strategies and tactics, if they want to stay relevant in a highly competitive marketplace. If you are like the typical practitioner, there is a good chance these concepts related to quality are strange to you now, but they will not be after you read this book.

## TOP-DOWN AND BOTTOM-UP QUALITY

There is no shortage of boards, institutions, and organizations that have defined and implemented quality standards. Hearing aid manufacturers are required to follow the certification processes

of the International Standardization Organization (ISO) if they expect to stay competitive. Physicians and other medical professionals are credentialed through the National Committee for Quality Assurance (NCQA), which is an independent organization designed to improve the quality of health care through voluntary accreditation and reporting of outcomes. Beginning in October 2013, eligible hospitals will be required to report clinical quality measures for incentive payments. Even audiologists can participate in the quality movement through reporting various clinical procedures completed on patients to the Physician Quality Reporting System (PQRS), which is a program administered through the Centers for Medicare and Medicaid Services (CMS). The American Academy of Audiology (AAA), Academy of Doctors of Audiology (ADA), and American Speech and Hearing Association (ASHA) are quite active in the quality movement. This type of “top-down” push for quality by these organizations is definitely a good thing for everyone, but as this book attempts to demonstrate, the push for better quality starts within the trenches of the audiologist’s clinic.

This book is not about how these important agencies and governing bodies hold professionals accountable and protect the well-being of consumers by mandating processes and standards designed to improve quality. That task is left in the capable hands of the quality control leaders of these groups. Of course, all of these initiatives established by these groups are critical to the long-term success of the profession of audiology and the hearing aid industry. As health care becomes more consumer-centric, these standardization agencies will continue to wield more influence over the daily work of the clinician. In an age of transparency this is simply a fact of life. The problem, however, is that the workaday practitioner is easily overwhelmed and unnecessarily burdened with the “bureaucracy of quality.” This is unfortunate because the essence of quality resides in the thoughtful actions of the individual clinician who spends hundreds of hours per year face-to-face with patients.

The purpose of this book is to bring practical tools surrounding quality to life for the average clinician who must defend the value of their services to patients. Quality is improved mainly through your grassroots initiatives: procedures, programs, and

*behaviors* you implement, measure, and manage in your clinic. This grassroots perspective requires audiologists and other professionals associated with hearing health care to reexamine the concept of quality. According to ISO, quality is the totality of characteristics, including people, processes, products environments, standards, and learning, of an entity that bear upon its ability to satisfy stated and implied needs. This definition suggests we improve ourselves and our ability to create quality in the world around us through innovation and the judicious use of best practice standards.

From a workaday, clinical standpoint, quality is meeting the requirements and expectations of patients *and* stakeholders in the business. (A stakeholder is defined as anyone who receives payment for their direct work in the business.) In short, quality is probably best defined as the standardization of individual excellence. Rather than rely on academic boards and government agencies, the quest for better quality begins with self-motivated and dedicated audiologists and support staff who can implement many of the concepts and tactics presented in this book.

One of the key points of this book is that the business of audiology is a blend of a medical and a retail model. We are a little of Mayo Clinic and a little of Nordstrom, but not completely similar to either of these very respected enterprise's business models. This unique merger of the medical and commercial sectors has a profound effect on quality.

## LESSONS FROM BUSINESS

More than 10 years ago, Jim Collins, a former professor from the Stanford University Graduate School of Business, wrote one of the most widely read business books of all time. *Good to Great: Why Some Companies Make the Leap . . . and Others Don't* describes how average companies are transformed into great companies. "Great" is defined as financial performance several times better than the market average over a sustained period of time, and, as Chapter 5 illustrates, it is one component of quality. Collins' analysis uncovered seven characteristics that differentiate

a great company from one that is merely good. These seven characteristics include:

- Level 5 Leadership—humble yet driven leaders who act in the best interest of the company
- First Who, Then What—finding and hiring people who are the right fit for your business
- Confront the Brutal Facts—confronting the cold, hard truth while simultaneously maintaining optimism about the performance of your business
- Hedgehog Concept—identifying something about which you are passionate and which you can make money doing, and then try to be the best in the world at doing it
- Culture of Discipline—executing on the mundane and ordinary details of your business
- Technology Acceleration—using technology to accelerate growth of your company
- The Flywheel—leveraging the additive effect of many small projects and initiatives that are all geared to generate more revenue for your business

In 2001, when the book was published, 11 businesses made the “great list.” Today, a couple of these great companies no longer exist, and another eight are actually underperforming compared with the most recent Standards and Poor 500 index. Many books, like *Good to Great*, do an outstanding job of *what* needs to get done. This book, on the other hand, attempts to show you *how* and *why*.

*Good to Great* and other books like it give mostly a look at past performance. As we all know, the future is impossible to predict; however, the present book will give you the tools to prepare for it. What made your business successful 2 years ago may no longer be effective. Although a book like *Good to Great* may help unravel some knotty management problems, it is probably not going to help redefine certain parameters of your business or clinic as competitive landscapes and technology evolve and quality becomes central to long-term success.

If we cannot rely on best-selling business books to provide us with new ideas, where can we turn? A good start might be the ancient Greeks. Aristotle came up with the idea of practi-

cal wisdom (phronesis). The Greeks defined practical wisdom as the ability to consider the mode of action to deliver change, especially to enhance quality of life in the real world. When you look around, there are all kinds of examples of how practical wisdom can be applied to everyday business and clinical situations. The military, science, sports, and the arts provide us with several inspirational examples of practical wisdom. One example can be found in the work of Eric Greitens, a U.S. Navy Seal. His story of humanitarian relief efforts in the war-torn Middle East holds immense lessons for any owner, manager, or clinician concerned about quality and an individual's commitment to excellence. His basic message is that it takes a lot of personal courage (a willingness to stand up and fight for what you believe is right, even in the face of opposing popular opinion) and teamwork to overcome life's obstacles. As you are sure to learn by reading this book, quality is incrementally improved only through the courage to have a sustained personal commitment to excellence.

## LESSONS FROM MEDICINE

Another source for practical wisdom and a personal commitment to excellence comes from the work of Dr. Atul Gawande, a Boston-area physician and best-selling author. If you are looking for timeless ways to transform your practice through quality, apply a dose of his practical wisdom. Dr. Gawande's approach to the delivery of medical care represents several "best practices" that audiologists would be wise to replicate in their clinics. These best practices include the following:

- Ask unscripted questions of patients and be an active listener. This is an attempt to make our busy world seem a little more human. You never know when that 95-year-old patient who is struggling with their hearing aids was once a famous classically trained pianist during World War II.
- Do not complain. As a keen observer of world events, you might think there are plenty of things about which to be unhappy, but there is nothing more dispiriting than

being around highly trained professionals who like to carp about things they do not like. The world can be a pretty dreary place when there is too much complaining, so find something positive about which to talk. It could be the last book you read or the TV show you watched last night. Whatever it is, change the subject and do not fall into the trap of being a chronic complainer.

- Measure something. Audiology is a field founded on scientific principles. All of us had to have some background in science in order to get a degree. Take the time to measure something in your practice. It could be number of appointments scheduled, number of hearing aids dispensed per month, or real-world outcomes of your hearing aid fittings. As you will read, by measuring something you begin the process of improving it.

This book places quality in the context of the patient's experience in your clinic. There are six distinct interaction stations that serve as the stage for implementing and improving quality. In practical terms, this engaging patient experience is nothing more than your ability to customize the delivery of products and services for the individual patient around a dominating principle. Quality is that dominating principle. Some of the core components of quality, as you will read, include clarity of purpose, discipline in specific actions, and an ability to emotionally connect with patients and staff.

*Kaizen* is a Japanese word that means continuous improvement. (The Japanese are responsible for many of the quality concepts discussed here.) *Kaizen*, like quality, is something that everyone can agree is important. The reality is that very few organizations and individuals fully embrace the principles of *kaizen*. Most individuals simply leave it to chance and proclaim that they are improving all the time. They may be attending a course, reading a book, or networking with other professionals. These endeavors may be helpful on the surface, but it is the *way* that organizations and individuals make improvements that really matters.

When *kaizen* and quality are truly embraced, the bulk of improvement is done by people who actually do the work, not the boards or agencies that establish the standards. Using the

six patient-experience interactions as the foundation, this book will show you how to become deeply engaged with patients and staff so that quality can be continuously improved. In the end, it is the front office professional and clinician, both of whom connect with patients every day, not the expert, absentee manager, or consultant, who must put quality into action.

Quality is something about which everyone, from the military to musicians, needs to be concerned. To borrow a lyric from the British rock group, The Clash, “Don’t you ever stop long enough to start.” Professionals dedicated to excellence must never stop thinking about new ways of putting quality into action. Let us hope you embrace the concepts in this book avidly enough to start an ongoing dialogue with your colleagues about quality. It is time to practice audiology differently. You can start by reading this book. The future of your profession depends on it.



# QUALITY AND THE PATIENT EXPERIENCE

## INTRODUCTION

Love, despair, and quality are some of the terms used to describe the human condition. They are experienced by everyone, yet a clear definition of each remains elusive. Most of us innately know what these conditions feel like, but for many of us, these concepts are almost indefinable. There are, of course, examples of quality in both the delivery of health care and the management of a business. This book addresses quality in both of them. To truly understand quality, however, we must think more precisely about its definition. Most of us can describe a restaurant known for the quality of its food and service. We know what to expect from a pair of high-quality shoes. Some of us might even know what it is like to drive a high-quality sports car. Each of us can probably describe the difference between high and low quality for important or meaningful aspects of our lives, but the real challenge is in instilling a desire for quality in our profession and in our business. In a world surrounded by relatively high-quality products, a passion for delivering a high-quality service experience may be the next frontier in health care. Like politics, religion, and sex, quality of care is not a polite topic of conversation among friendly audiologists. It is nearly taboo to

discuss the merits of good-quality delivery of services. This book intends to change this.

The primary purpose of this book is to more precisely define quality and bring the concept to life in our practices in the delivery of hearing care to patients. When we take the courageous step of trying to define and measure quality, we not only can better understand it, but can also have the ability to transform our profession and our business. By implementing the concepts and tactics presented in this book, audiologists can successfully differentiate their service offerings to the marketplace of hearing-impaired individuals, while simultaneously raising the overall level of care provided to these patients. As you will learn, delivering a high-quality service experience is just the beginning. Quality is a very broadly defined term that addresses everything from product reliability to marketing campaigns. Everything from the workflow of your office to the final outcome of the hearing aid fitting is part of quality. Quality is the common thread between all the links in your practice from the front office scheduling to the back office accounting. Although this book certainly does not have all the answers in the quest to fully understand all there is to know about quality in an audiology practice, it will get you on the path to defining and improving quality in your practice. Along with providing the reader with a clearer definition of quality, this book will also provide you with some tools to measure and improve several facets of quality.

In order to more fully understand the importance that quality has in the delivery of hearing care, let us place quality in some historical context. Over a relatively short period of time, more than 30 years ago, important contributions to the field were made by pioneers such as Raymond Carhart, Sam Lybarger, Cy Libby, and many others. Due mainly to the work of these pioneers, audiology went from a fledging cottage industry to an independent profession within the course of about two decades. No work better encapsulates this transition from a pre-World War II backwaters subject to a thriving profession than that of James Jerger. In order to better appreciate both the breadth and depth of Jerger's work, the reader is referred to his book, *Clinical Audiology: The Jerger Perspective*, published in 1993. This book is a tribute to Jerger's legacy as a collaborative scientist and influential teacher who spearheaded the creation

of a profession. Reading his book 20 years after it was published also sheds light on the new challenges audiologists face in the second decade of the 21st century. Now is the time for a new generation of professionals to breathe life into audiology by raising the bar on how it is systematically practiced. Seizing on quality initiatives is part of this endeavor. As with other health sciences, audiologists have access to an impressive array of modern tests and automated digital algorithms. We have the ability to accurately and quickly assess the entire auditory system for newborns to geriatrics. What seems to be missing is a collective ability to standardize clinical processes in a manner that leads to better patient care, better outcomes, and more profitable business. Historically, standardized clinical processes, evidence-based decision making and best practices have been touted by audiologists in academia and largely ignored by the practitioner. This book attempts to change this dichotomy. By centering clinical processes and business practices around quality, this book attempts to move the work of the audiology pioneers as well as that of the clinicians of today to a new level of patient care that is recognized by the public as comprehensive and exceptional: a level of patient care excellence grounded in quality.

Audiologists live in an interconnected world. Gone are the heady days when a profession could focus exclusively on the science of the auditory system or amplification devices and continue to be a viable profession. In order to have a sustainable business model, audiologists must embrace the science as well as the art of delivering outstanding patient care. In an era of evidence-based medicine in which patients have a choice where they spend their hard-earned dollars, both the science and the art are critically important. Audiologists must appreciate the work of Jerger and others. Their pioneering efforts have made the practice of audiology a worthwhile business opportunity. Audiologists need to build upon the legacy of these pioneers by embracing quality, which, in the broadest sense of the term, is a concept that touches on both the clinical and business side of the equation. As you will learn, quality is an art, but it is mainly a science. The role quality plays in the management of an audiology practice requires us to think differently about how we delivery services to patients. We must first acknowledge that consumers have a choice in how they spend their time and

money and patients have a right to experience innovative and comprehensive care. In the digital era, where consumers have access to a wide range of effective technology, the path to success revolves around delivering a memorable patient experience. At the heart of delivering this memorable and remarkable patient experience is the clinician's ability to focus on quality.

In today's era of disruptive innovation and economic uncertainty, there are an abundance of challenges facing many hearing aid dispensing practices. Regardless of your business model, these challenges are likely to include keeping pace with new hearing aid technology, hiring the right staff, and maintaining a profitable business. Among the major obstacles many practices face on a daily basis is the finite number of prospects willing to consider their product and service offerings. This chapter sheds light on the challenge of bringing prospects to your clinic in an era in which traditional marketing mediums are losing their effectiveness and consumers have available to them a vast array of choices.

For various reasons the industry has been plagued with an inability to convert qualified leads into loyal patients. (A lead, sometimes called an opportunity, is defined as a person who has an aidable hearing loss who seeks your services.) First, relative to other medical professions, the market for hearing aid services is relatively small. Consider that approximately 16% of adults in the U.S. suffer from hearing loss (Agrawal, Platz, & Niparko, 2008). Furthermore, of the 26 million Americans who have significant hearing loss, 17.9 million do not want or need amplification. This suggests that the untapped market for hearing aids is about 8 million individuals, suggesting a 51.3% market penetration rate (Amlani & Taylor, 2012). Among the non-owners of amplification some will be in denial for the proverbial 7 to 10 years, whereas others in this group refuse to try hearing aids because of stigma or because they simply cannot afford them. In short, the footprint (defined as the number of prospects within a 20- to 30-min commute to your business) of any given practice often attracts less than 100 motivated hearing-impaired individuals over a 120- to 150-day window of time. Given the abundance of options available to the relatively small number of consumers in need of amplification, and the growing number of options available to purchase amplification devices and related services, such as the

Internet, mail order, and other direct-to-consumer options, hearing care professionals must find more effective ways to differentiate their offerings in an increasingly crowded marketplace.

A second set of challenges facing hearing care professionals of all stripes is related to the use of common business and clinical practices. For example, we know that once a motivated hearing-impaired prospect inquires about products and services many practices are faced with a litany of potential landmines that can diminish the overall productivity of their business, not to mention the final outcome of the fitting. Among these landmines are:

- An inability to schedule appointments for prospects inquiring about services.
- An inability to convert qualified prospects into hearing aid users (Taylor, 2009).
- A combined in-the-drawer, return for credit, and low daily use rate of 30% (Kochkin, 2009).
- Lower than expected benefit from patients who experience a minimalist clinical protocol (Kochkin et al., 2010).

Most of us would agree there are opportunities for improvement. What makes these statistics more perilous, however, is that a couple of different societal trends do not favor the traditional patient-provider service delivery model. Over the past 5 to 10 years two gradual societal transformations, one involving technology and the other relating to consumer behavior, have occurred. These slow-moving societal transformations have occurred largely beyond the purview of the hearing care community.

The first transformation is related to the increasing availability of over-the-counter personal sound amplification products (PSAPs). Due to a loophole in the FDA regulations, PSAPs, which are devices that are designed to “enhance communication” for recreational or workplace activities for persons with normal hearing, are allowed to mingle in the traditional hearing aid market. Although PSAPs and other similar over-the-counter-type devices have been available for quite some time, it is only relatively recently that they have become available through third-party insurance providers and so-called big-box electronic outlets.