

PATIENT SATISFACTION IN HEARING AID FITTINGS

Gyl A. Kasewurm, Au.D.

Professional Hearing Services, St. Joseph, MI

For many years, the hearing industry has recognized patient satisfaction as a key component in the successful fitting of hearing aids. While hearing aid technology, fitting science, and professional education have all improved dramatically in the last ten years, MarkeTrak studies indicate little progress in the percentage of patients who are “satisfied” or “very satisfied” with their hearing aids (*Kochkin, 2010*). Additional Kochkin data suggests that more than four million people in this country alone who need hearing aids will not purchase them because of a negative report from someone they know (*Kochkin, 2007*).

The potential financial impact of these statistics on the industry as a whole is staggering, and the effect of such negative word of mouth advertising could be fatal to an individual audiology practice, considering that dissatisfied patients tell at least five times more people than patients who are satisfied. In addition, market research indicates that satisfied patients pay less attention to the competition, are less price sensitive and cost less to serve than dissatisfied patients. Therefore, one can conclude that focusing on patient satisfaction is good for patients and good for business.

Kochkin’s latest survey results point to audiologists as being an obstacle to improving patient satisfaction (*Kochkin, et al, 2010*). The MarkeTrak VIII survey led to the conclusion that typical hearing aid fitting protocols have failed to keep pace with technological improvements. In this report, the authors report that the majority of audiologists fail to verify that patients are deriving adequate, let alone optimal, benefit from their hearing aids.

A study conducted in England confirmed similar findings and found an 18% improvement in patient satisfaction for patients who were fit using real-ear measurements (REM) versus those not fit with REM (*Kochkin, et al, 2010*). This information suggests that the first step on the road to patient satisfaction should be a comprehensive fitting protocol that ensures a patient is deriving adequate gain, optimal benefit and no loudness discomfort from their hearing aids.

Adhering to a best practices protocol consisting of a comprehensive battery of tests, including measures of loudness, discomfort and speech in noise testing may also help separate one audiology practice from another. Long time hearing aid wearers who have been fit with a comprehensive protocol often comment, “I have never had my hearing tested so thoroughly before.”





Professional Hearing Services, a patient friendly office in St. Joseph, Michigan.

It is commonplace today for our patients to search the Internet for information before choosing a hotel or planning a vacation. This popular trend is spreading to the healthcare industry, making the patient experience a new competitive battleground. As potential patients become more knowledgeable about what to expect when receiving hearing healthcare services, pressing “best fit” in the manufacturer software and scheduling a recheck appointment in a week will not be enough to convince them to entrust their hearing health to us. Savvy baby boomers will expect more for their average investment of \$4,000. Increased consumer awareness reaffirms the need for all clinicians to perform a comprehensive battery of tests and outcome measurements for every patient.

A review of recent healthcare trends indicates that there is a growing interest in the value of the patient experience and how it affects patient satisfaction. The emerging age of consumerism in healthcare is forcing hospitals to reexamine their traditional practices and provide greater sensitivity and responsiveness to patient preferences. Unhappy patients can be very costly to a business. According to a survey conducted in 2009 by Harris Interactive, a global research marketing firm, 86% of consumers stopped doing business with a company due to a bad customer experience, and 82% of consumers that had a bad experience told others about it (*RightNow, 2010*). Findings specific to audiology concluded that patient satisfaction ratings were influenced more by how a patient was treated than by the sound quality and intelligibility of the hearing devices (*Wong, 2003*).

A segment of the retail industry has garnered success by focusing on the customer experience. Ritz-Carlton Hotels attempt to morph a simple transaction into a transformational experience. With

each stay, hotel associates observe the preferences of an individual – favorite type of pillow, preferred radio station, late night snacks, etc. – and enter this information into a database to form a lasting relationship with their guests. While Ritz-Carlton Hotels go to extremes to please their customers, it doesn’t take such efforts to make and keep our patients happy. Simply greeting a patient with a smiling face as soon as they walk through the door will make a good impression, and you can imagine how the patient will feel when we address them by name.

Maintaining a good patient experience isn’t easy and will require ongoing training and regular reevaluation. Receptionists should be trained to correctly answer patients’ most commonly asked questions, including basic queries about technology. There is no larger deterrent to a good experience than making a patient wait an extensive amount of time while you finish an appointment or help a patient who “walks in” for service. Long wait times show a lack of respect for a patient’s time. Running behind schedule is unavoidable at times, but when it happens, apologize for the delay and make certain the patient is kept informed of the anticipated wait time. If the wait becomes excessive, give the patient the option of rescheduling and then make certain that you don’t make them wait at their next appointment. Patients usually don’t mind waiting for a professional they like and trust and will understand in the event of an unavoidable short delay. However, patients who experience repeated delays may choose another provider when it comes time to repurchase.

Since the telephone can be a patient’s first contact with a business or professional, it makes good business sense to have a real person answer the phone. It may be less expensive to have a machine, but it isn’t very patient friendly, especially for

patients with hearing loss who may have difficulty hearing and understanding the myriad of choices. Whenever possible, avoid placing a caller on hold for a long period of time. If you expect to be away from the phone for more than a minute, ask the patient if you can return the call at a time that is convenient for them.

It has been reported that less than half of consumers are satisfied with their hearing instruments in difficult and real-world listening situations (Kochkin, 2010). In fact, there has been some evidence to support the notion that many patients reject amplification because they are not prepared for the noise that awaits them in the real world. Including the capability to demonstrate the benefits of better hearing in real-world environments can be a way to improve patient satisfaction. Patients who have lived with the gradual onset of hearing loss may have a difficult time understanding what it will be like to hear well again. Discrimination testing presented at a normal conversational level (45dB HTL) in the aided versus unaided condition can be an effective way of demonstrating hearing handicap and the potential benefits of amplification. Including multimedia environments for testing procedures can be a possible way of evaluating a patient's potential performance in the real world. A study conducted by Robinson, Russ, and Siu (2002) suggested that the use of "real-life" simulated environments was an effective way to fine-tune hearing instruments. Results of the investigation indicated that the ability to experience everyday sounds while still in the office helped patients set more realistic expectations for amplification — a big part of any successful hearing instrument fitting. Kochkin (2003) concluded that using real-world environmental testing led to more realistic patient expectations and preferred use gain being accomplished with fewer follow-up visits.

The majority of patients who are unhappy will never share those feelings with their professional, but they of course will reveal them to everyone else they know. When a patient takes the time to express dissatisfaction, consider it a second chance to retain their business and welcome the opportunity to "make things right." It doesn't really matter who is at fault. The only outcome that matters is that the patient is satisfied. The best way to turn an

unhappy patient into a raving fan is to solve their complaint immediately and resolve it completely. In most cases, the resolution requires much less than you were actually willing to do.

So what can one conclude regarding patient satisfaction? Hearing aid performance alone is only a small factor in patient satisfaction. Most importantly, we must know conclusively that patients are deriving adequate benefit from their hearing aids, and we also must ensure that patients are treated in a warm, courteous and professional manner during every step of the patient journey.

References

- Cox, R.M. and Alexander, G.C. (1999). Measuring satisfaction with amplification in daily life: The SADL Scale. *Ear and Hearing*, 20: 306-320. (Available on the web at: www.memphis.edu/ausp/harl/sadl.htm.)
- Kochkin, S., et al. (2010). MarkeTrak VIII: The Impact of the Hearing Healthcare Professional on Hearing Aid User Success. *Hearing Review*, 17(4):12-34.
- Kochkin, S. (2010). MarkeTrak VIII: Customer satisfaction with hearing aids is slowly increasing. *Hearing Journal*, 63(1):11-19.
- Kochkin, S. (2009). MarkeTrak VIII: 25-year trends in the hearing health market. *Hearing Review*, 16(11):12-31.
- Kochkin, S. (2007). MarkeTrak VII: Obstacles to adult non-user adoption of hearing aids. *Hearing Journal*, 60(4):27-43.
- Kochkin, S. (2003). On the issue of value: hearing aid benefit, satisfaction, and repurchase rates. *The Hearing Review*, 10(2):12-26.
- Right Now. Customer Experience Impact Report. http://www.rightnow.com/files/analyst-reports/RightNow_4th_Annual_Customer_Experience_Impact_Report.pdf. Accessed October 21, 2010.
- Robinson, J., Russ, D., Siu, B. (2002). Effect of a multimedia fitting tool on final gain settings. *Hearing Review*, 9(3):42-45.
- Wong, L., Hickson, L., McPherson, B. (2003). Hearing aid satisfaction: What does research from the past 20 years say? *Trends in Amplification*, 7(4):117-161.



Global Headquarters
6700 Washington Avenue South
Eden Prairie, MN 55344
800.328.8602

StarkeyHearingTechnologies.com