



SoundBites Podcast Transcript

Episode: Kristy Lowery

Dave Fabry: Welcome to Starkey Sound Bites. I'm your host Dave Fabry, Starkey's chief innovation officer. Our guest today is Dr. Kristy Lowery, the Global Director of TeleHear and Clinical Training for Audibel. Over the past couple years, telehealth has taken off in a big way due in large part to the COVID pandemic. Kristy's been on the front lines of deploying this technology and continues to watch it grow in popularity as a tool for improving access for treatment for those with hearing loss.

Kristy, thank you for joining us today on Starkey Sound Bites. I look forward to our conversation.

Dr. Kristy Lowe...: Yeah, thanks for having me. I'm excited to be here.

Dave Fabry: Well, it's interesting because this topic is one that is really near and dear to my heart. When I had the privilege of being at Mayo Clinic in the early '90s, we had an annual video conference that Darrell Rose, one of my mentors, initiated. And in a video conference in 1992, when digitally programmable hearing aids were just becoming available, I was able to show and demonstrate telehealth for purposes of reprogramming hearing aids. But I like to say, it hid in plain sight for many years until the pandemic. But I think it's important to recognize the impact that you've made prior to the pandemic with the TeleHear program and how you were using it, and we'll come to that, but then I think, really, in shaping a leadership position in the use of telehealth on a practical everyday use prior to the pandemic and continuing after the pandemic. So, congratulations on the impact that you've made.

Let's talk a little bit about some of the experiences that you've had. Before we do, however, I want to talk a little bit about your journey as an audiologist. I know that you, I can see from your diploma, for those who are watching the podcast, that you graduated from the University of Tennessee in Knoxville with both your master's and Ph.D. diplomas. And I know also that you had the opportunity to study really during the time that Dr. Anna Nabelek, who is legendary in this field for her work on reverberation and later on the ANL, the acceptable noise level. And I believe that's what you did for your dissertation. But talk a little bit about your journey and how you found your way to Audibel in your current role.

Dr. Kristy Lowe...: Yeah, absolutely. So I think my journey is probably very similar to a lot of audiologists. I kind of started off on that speech pathology path, but I went to undergraduate at a small liberal arts college. Audiology, speech pathology, communication sciences weren't really a thing there. And to be perfectly honest, I'm not even sure they existed in my knowledge at that point. So my



first job out of college was at a psychiatric residential treatment facility for children. And there was a contracted SLP that came in and worked with some of our kiddos, and I saw the difference in their lives that she made. And so I thought that is what I want to do. So because my undergraduate degree was in something completely different, I had to take all of the undergraduate classes that essentially were required for a communication sciences undergraduate degree in a year.

So I took all those classes in a year. And within week one in that audiology one class, I was hooked. So ended up applying to the AED program. I was in the second semester of my third year, so light at the end of the tunnel was there, and I switched over to the PhD program because I was just having too much fun with the research part of it, as well. And you're right, I did get to work with Dr. Nabelek, which was just such a complete honor. And I did my dissertation using the ANL study. So what a great experience that was for me and-

Dave Fabry: What a great program. I know many of the other faculty there as well and have for many years. It's just an outstanding program.

Dr. Kristy Lowe...: Absolutely. Very fortunate both on academically and clinically as well. They have a huge child program there, children's clinic for both cochlear implant kids as well as just pediatric audiology. So I was actually torn. Once I switched to Ph.D. program, I love clinics so much that I continued on to get my C's. I actually ended up supervising AUD students while I was finishing up my Ph.D. work. And so my CFY, I split between peds and adults because I just couldn't make up my mind. I loved them both so much. But I was actually interviewing at universities, deciding where I wanted to go, when my husband was offered a job that brought us to the Nashville area. So I took a clinical job and really haven't looked back since. And then I joined the TeleHear team with Starkey in 2013, and have loved every moment since.

Dave Fabry: Yeah. So did you begin in 2013 with telehealth as a primary focus, So working out of Nashville and doing that? And so in those early days, this is almost a decade ago when still the adoption rates for telehealth among hearing care professionals was quite low, like I said, it is sort of hiding in plain sight until the pandemic came along, but how were you incorporating telehealth in TeleHear during those early years of 2013, 2014?

Dr. Kristy Lowe...: Mm-hmm. We were a business-to-business model, so we serviced the clinics of Starkey retail, of which has grown to about 500 now, but I would roughly say about 300 or so at the time. And so a patient would walk into a brick-and-mortar store, see a hearing care professional, and then that hearing care professional had all of the equipment to connect with a TeleHear audiologist on the spot throughout the patient journey at any point.



So we could be brought in to help get that patient to a “yes.” We could be brought in as an instant second opinion. We could be brought in to take a look at otoscopy or an audiogram for those. Is this a medical referral? Is it not an immediate medical referral programming assistant? So instead of the audiologist or hearing instrument specialist in the office calling on the phone Starkey for programming assistance, they called us. We're on a big screen in the office and can interact with the patient and their companion. They can see us just like we're in the room with them. It's a really great patient experience, and anecdotally, we thought so, but we actually looked at some data pretty recently, and we give NPS surveys to every patient that [inaudible].

Dave Fabry: Net promoter scores. Net promoter scores. Yep.

Dr. Kristy Lowe...: Mm-hmm. Overall, we do a great job as a network. Our patients are really happy. When they come into our office, they're going to come back. When we get rated a seven or eight, that's a really good score. That means the patient is happy. Our clinics roughly score about an eight. That's a good score, very good score. But with the insertion of telehealth into that, it pushed over to over nine. So what that does is, it pushes us from a happy patient to a patient who's really happy and going to tell their friends and family about us.

Dave Fabry: Yeah, that was always the issue before, was people would anecdotally say, "Well, you have a happy patient, and they tell their immediate family members; you have an unhappy patient, and they tell everyone in town." But when you get to that net promoter score of above an eight to a nine, then you get that same positive word of mouth that people fret about when they have an unhappy patient telling everyone. And so that's really impressive that you not only have preserved the outcomes that you got with face-to-face, but you've actually exceeded that by offering patients the opportunity to be more efficient with their time, by being able to do and engage in a telehealth session when face-to-face isn't convenient, or during the pandemic when it simply wasn't possible.

And the interesting thing from a lot of professionals, and I know we have audiologists and hearing instrument specialists who are listening and viewing this podcast, one of the objections has always been, "Well, I'm uncertain about what happens when you cross state lines," if you're in an area where there's state borders. "Do I need to be licensed in the different states?" And the trivia question, I think, you're one of just a handful of audiologists that I'm aware of that is licensed in every state. Many saw it as a barrier, you saw it as an opportunity. Are you still currently licensed in all 50 states?

Dr. Kristy Lowe...: I am. I have been actively licensed in every state since 2017.

Dave Fabry: That's just insane to think about, just organizing all of the CEUs that you have to obtain for the different states. But like I said, I love that, undaunted by the



threat, you saw it as an opportunity to be able to meet the needs by focusing on the needs of the patient, and overcame that barrier by just saying, "Okay, I'm going to get licensed every state. So there's no question as to whether I can do this or not." And I know there's a handful of others on your team that are also licensed in every state.

Dr. Kristy Lowe...: Yeah. Everybody's working towards it. So every new hire we have, that's the expectation. We now have 18 audiologists on our team working towards that. Six of those audiologists are solely dedicated to our VA program in seeing our active military. So 12 service our clinics as well as our direct-to-consumer line, which really came about after the pandemic.

Dave Fabry: Yeah. And I think most people are familiar with the different terminology, the different terms associated with telehealth, but can you talk a little bit about the difference between synchronous or real time and asynchronous telehealth? And do you see a role for both types? Or do you see predominantly that synchronous, the real time, like we're doing here, is the predominant means of providing patient delight, if you will?

Dr. Kristy Lowe...: Mm-hmm, yeah. I think there is a place for both. I think that synchronous definitely takes more coordination from a provider standpoint of carving out time to meet with the patient live. But I think both are very useful and have a place to be used for patients and clinics as well. I recently saw a patient who had his hearing aids for about a year, and he wasn't thrilled with them nor did he hate them. He wore them every day, but I think just was maybe underwhelmed by their performance of the hearing aids.

And anybody that's practiced for more than a minute has had the patient that sits in their office and says, "Well, they sound great in here. But when I go home, I can't hear my wife and daughter as well as I want to. I can't hear the television." So I was able to connect to this patient via TeleHear live session synchronously. And he was in his house. He told me his backstory. And I was like, "Well, are your wife and daughter at home?" They were. They started talking to him. I was able to make some changes for him right on the spot. And he was so thrilled. He's like, "Well, I'm not hearing television as well as I should be." It's like, "Well, walk into the living room and turn the TV on." He did, and I was able to make a few more changes.

The changes I made in the programming weren't significant. I think his provider had done a really nice job of getting things set up for him. So we know that small changes that we make sometimes make a big perceptual difference to the patient. But I think some of it could have just been, he had control and felt very heard in that moment, and being able to make those changes for him real time like that made just a huge difference to him. And he was thrilled with the changes. And I think he probably went from being underwhelmed to being very pleased with his hearing aids after that.



Dave Fabry: Yeah, I think so often it's not what we do so much as it is that we're listening and responding and reacting. You used resourcefulness and creativity to not only reprogram in real time for the television, but also given that his family members were there. And they are often the ones that were, as you said, if he was underwhelmed with the performance, maybe it was because he wasn't hearing them as well as he would like to. And rather than having to take this artificial clinical environment where you're making adjustments and then say, "Now try it and see how you do hearing your husband or your wife," you could just pull them right into the TeleHear session because, in all likelihood, they were there already with him.

Dr. Kristy Lowe...: Yeah. Or, the other alternatives of having them both change their day around to come to an appointment with him, which isn't ideal either.

Dave Fabry: No.

Dr. Kristy Lowe...: So yeah, it's such a great resource.

Dave Fabry: Yeah, convenient. And really then, I think also engaging with that family member to help them better understand the process that the patient is going through is something that people don't often think about. By having that... I know a lot of clinicians will ask that a family member come to an initial appointment when a patient is going through the process. But I think, to not only have them engage at that initial opportunity, but on an ongoing basis for the adjustments, and then you can provide them with insights and counseling for the family members in ways that aren't possible if the patient is by themselves in a clinical environment.

Dr. Kristy Lowe...: Exactly. Yeah.

Dave Fabry: The other thing that I've heard and I've seen with a couple of my patients who have more significant loss, especially during the COVID pandemic, was that if I was seeing them face to face, we were required to be both masked. And the thing about a telehealth session is that for those patients who really rely on lip reading, to effectively integrate that visual and audio input and hear me better, doing that unmasked on a TeleHear session in a synchronous fashion really enabled them to communicate much better without having that discomfort or that challenge of having my face obscured.

Dr. Kristy Lowe...: Yes.

Dave Fabry: Have you had any of those kind of interactions?

Dr. Kristy Lowe...: So many, yes, with patients directly as well as our offices leaning on us. So, patients still going into offices, and our providers and patients being masked, they would call up the TeleHear team and have us on the big screen, and we



could act as their mouth for them so that patients could see and lip read and understand better what was going on. We as the TeleHear team were very well poised when the pandemic hit to be able to pivot very quickly, to provide services for our patients in a number of ways that we didn't even know were available to us before.

One of those ways is, we didn't have phones before, so we had to literally pivot overnight when we got the call that clinics were shutting down and everyone was quarantining. Well, we work from our homes, so we were able to continue to see patients and help those patients who couldn't get into clinics. So from, let me see, May 23rd until June 5th of 2020, we took over 4,000 remote calls on our softphone system that we got overnight and got up to speed so that we could help patients. And we've continued to do that because we realized, wow, this is a way that we can be helping our patients and helping our clinics and support our clinic teams in a way that we had never really thought of before.

We have a wonderful relationship now with our customer call center. Patients call in with issues, and they're very well trained to know, "Okay, I think that TeleHear might be able to handle this," before just putting them on the schedule in an office for a 15 or 30-minute troubleshoot. Year to date, we've taken over 2,000 calls on that remote care line in that fashion with an 87% resolution rate, meaning 87% of those patients that have called in, we've been able to help with the phone call instead of getting them on the clinic books for a 15 or 30-minute appointment.

So, considering we just did a 15-minute appointment for all those patients, that's 480 plus clinic hours that we've just cleared for patients to be able to come in sooner. And we know that's huge because patients that are able to schedule within 72 hours are significantly more likely to show up than any time after that, and they're also more likely to purchase. So we're not only helping them get in, which, I mean, I think today's consumer is expecting immediate service, we're getting them in more quickly, and we have a higher chance of getting them to yes. So while the pandemic, brought a lot of bad things to us, there are certainly some things that came out of it that I think we wouldn't have gotten to before. And that remote care line that we offer is certainly one of them.

Dave Fabry:

Yeah, those results are just remarkable, 87% resolution and then with a 15-minute appointment rather than more commonly a 30-minute, being able to see patients in a more convenient fashion for them, in a more efficient manner for the clinic with live sessions and TeleHear. I think your results speak for themselves.

Now, you mentioned that you think that asynchronous and synchronous have a role and have an opportunity. Certainly, the ability to get that real-time feedback, like when you were working with that patient and his wife and



daughter in making adjustments and then immediately get feedback as to whether the adjustments you made improve things or made them worse or were no different. How might you incorporate or suggest that asynchronous provides benefits, given that you said that both can have a place or a role in practice?

Dr. Kristy Lowe...: Yeah, absolutely. So I actually have an example of this as well. I had a patient who was traveling internationally, and so we were not on the same time zone. So he gets to where he's going for a business trip, and he's not really hearing as well as he should be. Well, that's the middle of the night here, and I'm not going to be able to connect with him synchronously to make those changes. But he sent in a request, and this was back when we had Hearing Care Anywhere available to us in that asynchronous method, and I was able to, first thing, my next morning, make those changes and push them over to him in the Cloud so that he could download and have those changes the next day for his business meeting.

Dave Fabry: Yeah. So that ability to do it anytime, anywhere, if you will, on their time zone is great. And then I think the gods intervened. When you were speaking on that last little bit, there was just a momentary blip in the internet connection. One of the things with synchronous is, we need to make sure that on both sides, that there's a good, robust wifi signal or cellular signal. And with asynchronous, you don't have that concern to the great degree because you're just sending the packets up and the adjustments and then pulling them down, but it can be done at a time that's convenient. And when they do have a wifi or a cellular connection, that will enable that adjustment to be handled.

And then I think the other point that you made, even with those outstanding results, is that with live sessions and synchronous telehealth, you still need to assign an appointment time to meet the patient. If you go longer with your previous patient, or this patient shows up late, you are still going to get those same kind of delays or inefficiencies that you get in face-to-face care, whereas asynchronous, although the professional still has to make the adjustment, it can be done in between patients, if you have a last minute cancellation, at the end of the day, oftentimes outside of that normal chair time, that you can see those patients either in real-time or with live sessions, I think would be another way that comes to mind for me, for efficiencies provided by asynchronous care.

Dr. Kristy Lowe...: Yep, absolutely.

Dave Fabry: So transitioning then to reluctance, a lot of professionals will say, "Well, telehealth is only something that can work for younger patients, or those tech savvy patients." Without violating HIPAA, can you give me some examples of patients who might not have fit that young techy brand as somebody that you've been able to successfully use TeleHear with to achieve successful outcomes?



Dr. Kristy Lowe...: Yeah, absolutely. A perfect example is my mother who is, oh gosh, 72, at this point. If she's watching this, I'm sorry if I made you older than you're supposed to be. But yeah, she's not really all that tech savvy, and I've been able to connect with her several times to make remote programming adjustments. One really example that stands out to me is a patient in the middle of the pandemic, that he was a commercial truck driver and he was going to lose his license because he did not pass the hearing test. He needed hearing aids in order to pass the test so that he could continue to work. And I was able to get a copy of his hearing test from a partner clinic, program some hearing aids, and send them to him and fit him remotely so that he could take the test, pass the driver's screening, and get his driver's license reinstated so that he could work.

Luckily, it was at a period where, within a month, clinics were opening back up, and he was going to be able to be scheduled to go in and see his provider in person for further verification. But that month was a big deal to him, he really needed to be fit immediately. He was not very tech savvy at all, so we met several times to get everything connected and set up for him. But I think Starkey has done a really great job to make things very user friendly, very intuitive for both the patient and provider. That always will stand out to me as just a great moment in telehealth because it was such an important thing for him to be able to be fit immediately.

Dave Fabry: That's a great story and message really. It reminds me another thing you mentioned, that face-to-face care which is so vital in establishing that relationship and engagement between the professional and the patient. But if you, on average, ended up on the net promoter score of an eight, which is a great score, but then talk about moving to a nine when you have that TeleHear in addition to the face-to-face. Another thing that comes to mind, and I've seen when patients in the past, where if let's say, they are not comfortable driving, or they don't like to park downtown, and it's in a bigger city, or they have to arrange for a family member to transport them, in many cases, they are sometimes reticent to come in for a face-to-face appointment for a minor adjustment.

Whereas on TeleHear, you break those barriers down. You don't have them having the concern over asking their son or daughter to drive them and inconvenience them, but they can have a minor adjustment that can make a huge difference. In addition, the truck driver example, where he needed it, or he was going to lose his license. But also, someone who says, "Well, I'll just live with it," and we don't want people to just live with this. And to be able to get that minor adjustment that can make a significant difference for them is another important way. You have the data that show that TeleHear brought that from an eight to a nine, which goes from someone saying, "I'm happy about this," to their family members, to telling all of their friends about it, which can be good for business.



Dr. Kristy Lowe...: Yeah. Yeah.

Dave Fabry: What other barriers do you see clinicians... Let's say, when you bring a new clinician in in one of these offices, you said numbering three to 400 or so, do you have any professionals who initially show some apprehension about using telehealth, that they see it as a threat to their relationship with the patient? Can you think of any examples there?

Dr. Kristy Lowe...: Oh, absolutely. I would say a majority of them feel apprehension at first. "As professionals, we know what's best for our patient and we can take care of our patients. Right?" So they don't want to share their patients with anybody. I think that they don't want to ever have TeleHear come on the screen and seem like the hero of the day. So a big part of our job as a TeleHear audiologist is to make sure that the professional in that office shines, that the provider or the patient knows that they have made a great choice to be with that professional, they've done an amazing job with their programming. We never want to seem like we come in and swoop in to save the day in any regards. We work with them as colleagues.

Once we can kind of get over that barrier and they really see us as colleagues and know that we are there to help them to help their patients, and it's always their patient, it's not our patient, and we are just there to help them, to help their patient have the best experience possible, and to help their job be easier too, once they learned that, they tend to be on board. There was one provider in one of our Texas clinics who had been practicing for 30, 40 years. His manager is a huge proponent of TeleHear, and just kept saying, "You really need to go in. You need to go in. You need to go in." He didn't want to at all, and he did because his manager was forcing his hand. And now, he comes in every day and tells the story about how much he really just hated the idea of it before, but now just couldn't imagine a day without us.

One other quick story that just popped to mind: I had another provider tell me one time that when TeleHear was first introduced and she was told that she had to use it, she was thinking of all the ways that she could get out of it. She told me that her clinic was on a busy street and that their mailbox was across the street from the clinic. And she said, "Dr. Lowery, I thought if I go out and check my mail at lunch, maybe I'll get hit by a car. And I won't have to use TeleHear that afternoon."

Dave Fabry: Oh, my goodness. They were that concerned about it.

Dr. Kristy Lowe...: She was that concerned about it, but she is one of our most frequent users at this point, pops in all the time for things and completely loves the program. It's just, they have to get over that barrier of thinking that it's a threat to them in some manner.



Dave Fabry: Yeah. And the way that you are using it, where you are... As you mentioned, one role of this is to be able to provide that support and enhance the relationship between the provider and the patient. For those individuals who are strictly looking at using live sessions with their patient without the benefit of the third party, in this case, that expert to... Because I can understand that some people might be afraid that they're losing respect or that relationship with the patient because there's this external person. But what about the person who's just looking at whether or not they can augment the relationship from face-to-face care, supplementing it with on-demand when necessary for counseling or adjustments with their patient? How do you overcome that objection that says, "Boy, this is really going to impact my relationship with my patient to see them in a virtual sense rather than face-to-face"?

Dr. Kristy Lowe...: Yeah. I mean, I think they just have to do it. You just have to try. The first time that I did live session, admittedly, I was very nervous about doing it. You never want to seem as a professional that you don't know what you're doing in front of your patient. And that was my biggest fear, is I don't want to be fumbling around with the software and not know what was going on. But the first time I did it, again, it's such a seamless process. I think Starkey has done such a great job of building it out to be intuitive that I was hooked from moment one. And when you see how grateful the patient is, to be able to have the service from their house, from their office, and be so pleased with not having to come in but still getting the same level of care, you'll know just right away that this is something that you should be offering to your patients. You shouldn't let your fear as a provider prevent you from offering something to your patients that they can really potentially benefit from.

Dave Fabry: We talked about this isn't just for technophiles and sort of sorting out those patients who can handle this. Do you have any other tips? It's not an age thing. It's not a technology thing, but do you have any tips for those who are... You say, just do it, but how do I know when I've got my patient in front of me, whether they'd be open to this or capable of it? Because I think sometimes there are patients who say, "Oh, I can handle it," and they just can't, and others who may be apprehensive at first, but then adapt it and adopt it readily. Any tips for how a clinician can help determine whether the patient seated across from them could manage a TeleHear session?

Dr. Kristy Lowe...: Yeah. I think that's easy, just ask. Ask if they're open and willing to do it. I think it's always helpful to get Thrive downloaded in office rather than sending the patient home to do it than when you generate that remote programming code, you can help put it right into their phone. And I know a lot of in-office clinicians who practice the first session right then and there like, "Okay, we got this going. This is what you're going to do. You're going to push this button and then this button, and then you're going to connect with me. And so at our scheduled appointment time, you push these three buttons and then you're going to see me on your screens." They do it right then and there. The patient sees how easy



it is. The provider is able to guide them through it, so when it comes time for the appointment, that remote appointment, both parties are more at ease about how it's going to go.

Dave Fabry: Yeah. I think that's a really great tip to try sort of an in-office synchronous TeleHear session when you can control their initial apprehension or frustration, if they're not doing something quite right. Just demonstrating it and running them through it as they will actually do it when they're in the wild in their home. And I think that's a great way of seeing how well they can manage it and how they can adapt to it. And then have them try it obviously. And there will be some patient... What would you say is the percentage of patients who struggle with using it when you have people that are used to using the system and are comfortable using the platform? What percentage of patients just simply can't do it?

Dr. Kristy Lowe...: I really think very few.

Dave Fabry: Yeah.

Dr. Kristy Lowe...: Very few.

Dave Fabry: Okay. That's been my experience too, but you have the numbers behind this to speak of it. I think a secret weapon... I think people think of telehealth as synchronous or asynchronous and maybe for counseling and fine tuning, but I think another important element of telehealth is empowering the patients to do some things for themselves that they can do that can actually help triage whether they need to come in for an appointment, or if something can be handled remotely.

Talk a little bit about Self Check as a feature that can be used for a patient to diagnose and really run a dashboard of their device. And can you give me any examples of how you've successfully worked with clinicians using the Self Check feature?

Dr. Kristy Lowe...: Yeah, absolutely. So we have that remote care line as I mentioned earlier, and that's an 800 number that patients can call directly to access our team. And one of the first things that we do is have them pull up their Thrive app and run Self Check. And that has-

Dave Fabry: What does Self Check do? What does Self Check do?

Dr. Kristy Lowe...: So Self Check checks some of the components of the hearing aid. It's going to let us know if there's something going on with the microphone or the receiver. Is it something that we can help talk them through over the phone? Or is it something that's going to require an in-office visit? I had a patient one time, I think he purchased his hearing aids, I'm wanting to say in Minnesota. I think it



was in Minnesota. And he summered somewhere else. He had gotten his hearing aids, and within a month had gone to wherever he went for this summer. There were no clinics around where he could go, and he didn't actually want to go anywhere. He was just frustrated because one of his hearing aids wasn't working. It was brand new. He paid a lot of money for these. Had him run Self Check and discovered that one of his receivers was bad. I coordinated with-

Dave Fabry: One of the receivers actually was bad. Okay.

Dr. Kristy Lowe...: It really was. Yep. Which can happen.

Dave Fabry: Yep.

Dr. Kristy Lowe...: He was on the lake, is where he summered. So I coordinated with his office to ship him a new receiver. I connected with him synchronously once he received that and I was able to walk him through changing the receiver. He was able to do it, problem averted. He was ready to return the hearing aids because he wanted it working so soon. So that was a great example of how that tool can be used to help triage and figure out what's going on so you can get to a solution faster.

Dave Fabry: Absolutely. And I can tell you with some of the patients that I've worked with, I always instruct them and demonstrate how to do Self Check before they leave the office the first time. Because where I've seen it happen for me is, the patient will call me and say, "My left hearing aid is broken," and I'll say, "Okay, explain the timeline." "Just this morning I put it in and it doesn't work," and then walk through running Self Check. And if the receiver shows that it's not working, ask them whether they've cleaned it or taken the wax guard out. Have them do that, replace the new wax guard, run it again in they're back in business too, without having the frustration of them having to take a half a day and come in to see me, schedule an appointment, have me clean it.

In your case, there was a legitimate issue with the receiver, and you benefited them greatly. And then being able to use the synchronous session to replace the receiver and understand how to do that, no doubt gave him tremendous satisfaction and moved from the point of frustration where he was ready to return it to then where he was delighted that you were able to handle them when he was up at the lake and still enable them to hear.

But even just something like replacing the wax guard, running it again, reminding them that there is some care and feeding that goes on, and having them also know that I was there to help them because I know their situation, is another barrier that many clinicians don't consider. They're getting the benefit of my engagement with them to follow them up. In fact, it's not going to put them out of business or not going to commoditize their role, but it enhances the role that they have with their patient.



Dr. Kristy Lowe...: Yeah, it really does. And if you sell hearing aids under a bundled service package model, patient spends a lot of money. And a lot of times, they associate all that money with just the hearing aid, but it's also a moment for you to shine as a service provider as well, being available to them to your point. So yeah.

Dave Fabry: Well, looking at where we've been through the pandemic, I think we've seen on a national level that while many clinicians embraced telehealth during the height of the pandemic, they went back to business as usual after the height of the pandemic and they could start seeing their patients face-to-face again. I think I know the answer to this, but what do you think about incorporating telehealth as a component of best practice for more than pandemics and emergencies?

Dr. Kristy Lowe...: I think that it's silly not to, from both a schedule optimization point for the clinician and office efficiency, but also just for the satisfaction and convenience of the patient for those patients that can handle it. And of course the caveat is, it's not appropriate for every patient. But for those patients, for which it is, I think it's really doing them a disservice to not offer it to them.

Dave Fabry: Yeah. And regardless of whether it's a synchronous or asynchronous solution, the data you referred to earlier opens up important appointment slots for new consultations, for new patients, or for those visits that absolutely require face-to-face. I mean, I can tell you that in other elements of healthcare, if I know that I can reach my provider via some form of telehealth for a minor question or issue that I'm having, while also knowing when I need to see them face-to-face if they're available to me, that to me is a huge game changer and it builds that relationship with that provider in ways that aren't possible by face-to-face care alone.

Dr. Kristy Lowe...: Yeah. Yeah, absolutely.

Dave Fabry: So that's where we've been and where we are now. What do you see in the next five years for telehealth? You've been at this for almost a decade with your current role, where do you see the next five years?

Dr. Kristy Lowe...: I think it's only limited to our imagination. I mean, when I was sitting as a first year graduate school student, or gosh, even when I graduated, I never thought that what I'm doing now was on the table, as in the field of audiology. And just since I've been on the TeleHear team, my day-to-day roll has changed dramatically with the pandemic. But also prior to that, it had changed. It changes year over year what we're able to do for and with our patients.

So at some point perhaps there will be online hearing tests that are accurate so that we can reach more patients who truly aren't ever able to come in. I mean, who knows what that's going to look like? But I know it's a really exciting time to be in our field and it's a really exciting time to be in remote care and in



telehealth. And I'm just really grateful that Starkey has this platform for us to use that is intuitive and just very easy for patients, but also, over a decade ago or nearly a decade ago, had this vision of telehealth that we've been able to reach so many patients and help so many clinicians across the country.

Dave Fabry:

Yeah. I think it's very easy for us to live in our little bubble, the professionals, where we're worried about the threats, whether it's OTC or online hearing or ways that we see our role in this process that's threatened. I think we have to remember and remind ourselves that the biggest competitor that any of us has, whether it's on the manufacturing side or whether it's on the community, the biggest competitor we have is non-compliance. Two thirds of the people with hearing loss, still in this country, do nothing. And I think the more that we can be adaptable to meet the patients where they are by providing that face-to-face care... My philosophy still is that the relationship that is established face-to-face between the provider and the patient is one that provides the strongest bond because the patient feels like I've truly understand and I'm listening to their concerns, and I'm trying to learn all of that.

But I think, to have a tool like telehealth that enables some of the great examples that you provided, to connect with their family members, to make it convenient for them, to keep employed, all of those things are ways that we're going to see adoption rates continue to increase and really fight the biggest competition that all of us have, is to challenge the attitudes that people have about hearing loss and hearing aids and ways that they can get these tremendous results that you are getting and that you've cited in the last hour.

And so I really appreciate your sharing, your expertise, and your experience with us. And true to the name of this podcast, Sound Bites, now I want to leave you with the opportunity to share maybe your favorite sound bites as it relates to, let's say, whether you have a favorite musician or a favorite soundtrack or a favorite sound even. Anything that come to mind?

Dr. Kristy Lowe...:

Yeah. In Nashville, I've had the opportunity to see some amazing performances-

Dave Fabry:

I bet.

Dr. Kristy Lowe...:

... over the last 15 years or so, and Zac Brown stands out as one of those moments in my head. I got to see him perform at the Ryman right after his first album was released. So to this day, he's still my favorite. Guardians of the Galaxy has to be my favorite soundtrack to..

Dave Fabry:

What particular about Guardians of the Galaxy do you like about the soundtrack?



Dr. Kristy Lowe...: It's just happy. It makes me think of the movie, which makes me laugh because I love the movie. But it's just makes me feel good. So, love to listen to that. One of my favorite sounds has to be the ocean.

Dave Fabry: Yeah. Very soothing. It does help with tinnitus too-

Dr. Kristy Lowe...: It does, yeah.

Dave Fabry: ... speaking as somebody who has that. Well, thank you for sharing that with us and for sharing your expertise to help more patients experience the joys of those different sound bites as well in whatever it is that they're looking for in their environment. I appreciate sharing your time today with us. And to our listeners, I thank you for listening to this episode of Starkey Sound Bites. If you enjoyed this conversation, please rate and review us on your preferred podcast platform. You can also hit subscribe to be sure that you don't miss a single episode. We look forward to seeing and hearing you next time. And thank you again, Dr. Lowery, for being with us today.

Dr. Kristy Lowe...: Yeah, my pleasure. Thank you so much for having me.