

THE HEARING PROFESSIONAL

Volume 72 No 1 • January – February – March 2023

Remodeling the Society

MEET THE PRESIDENT

Patrick S. Kochanowski, BS, ACA, BC-HIS
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THE HEARING PROFESSIONAL is the official journal of IHS, a nonprofit association of hearing healthcare professionals. Its purpose is to present authoritative technical and business information that will help hearing aid specialists serve hearing impaired individuals.

IHS members are engaged in the practice of testing human hearing and selecting, fitting and dispensing hearing instruments. Special membership categories of the Society offer membership to those who are involved in or have an interest in the hearing instrument profession, but are not actively fitting and dispensing hearing aids. Call 734.522.7200 for information about IHS membership.

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President's Message

Patrick S. Kochanowski, BS, ACA, BC-HIS

“IHS members are focused on giving the best hearing healthcare to the world, regardless of the accolades or gratitude we receive.”

Dear IHS Members,

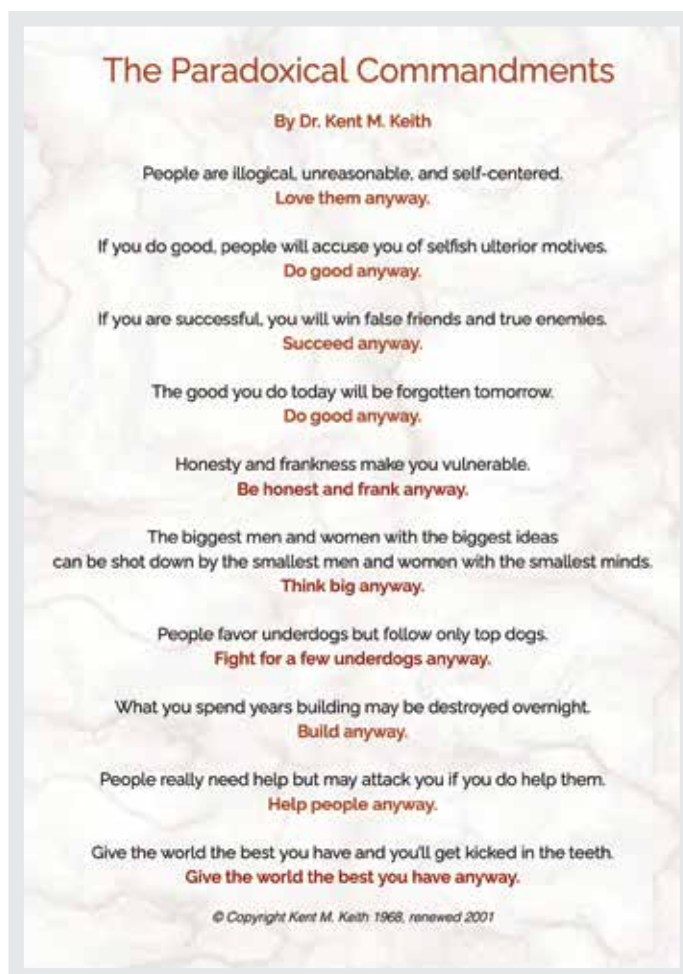
I hope you read about our profession receiving positive recognition in the *U.S. News & World Report* that was published in January. Hearing Aid Specialist was named a top job for 2023 and beyond in multiple categories based on the magazine's research. It is so satisfying to see the mainstream media validating what IHS members have known all along: hearing aid specialist is a rewarding and growing profession that delivers (often in conjunction with audiologists and ENT physicians) excellence in hearing healthcare to our communities.

The news report makes me so proud to be leading this Society. We are united to protect the profession, promote better hearing, and uplift our right to serve the public. The Society's work enables members to focus on the important work they are doing in their offices. I recently read a poem by Dr. Kent M. Keith, and it struck me how resilient we must be, in our practices and in the Society, in order to achieve success. I share it here, with permission, and I hope it brings you the same encouragement that it brought me.

I am sure some of the themes in the poem resonate with you from the day-to-day in your office. IHS members are focused on giving the best hearing healthcare to the world, regardless of the accolades or gratitude we receive. As your IHS President, I aim to bring the same perseverance and dedication to the Society. Check out all that IHS is doing for you in the feature section on page 8. There has never been a better time to be part of IHS!

Sincerely,

Patrick S. Kochanowski, BS, ACA, BC-HIS
President
International Hearing Society



Struggling to keep track of your CEs?



We have a simple solution.

The Official IHS Continuing Education Transcript summarizes the IHS-approved credits you have earned, during a specified period of time, in an easy-to-read report. It's the simplest way to verify and report your CEs!

To request a copy of your transcript visit www.ihsinfo.org/CEtranscript.





from the Executive Director

Alissa Parady

“IHS is focused on refreshing and modernizing our systems and strategic direction so that we can serve you best.”

Dear IHS Members,

I am writing this letter having just wrapped our second semiannual Department Leaders' Offsite in mid-January. This meeting brought together our staff leads to share, learn, and continue to strategize around 1) the growth of both IHS and the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) and 2) driving value and support for the members and certificants each serves. Over the course of the two days, your staff leaders performed budget presentations, discussed happenings in the field and industry, identified key performance indicators, and reviewed strategic plans.

Your staff team, as directed by volunteer leaders, has made many advancements over the past year and have so many important projects underway. As you'll read about in this edition of *THP*, we've been focused on refreshing and modernizing our systems and strategic direction so that we can serve you best, and best equip our talented team of association professionals to work more efficiently and effectively for you. For IHS, this includes updating our website home page (ihsinfo.org), modernizing our IT infrastructure, and enhancing the online join and renew processes. I want to thank you for your patience as we navigate the occasional hiccup that can come with technology upgrades. The goal is to create a better member experience for you, and with each upgrade, we are seeing the positive effects, and we hope you are, too!

We are also working in alignment with a newly-adopted set of Core Values. Our commitment to you, our members, is reflected in these Core Values – Service, Learning, Integrity, Inclusion, Collaboration, and Engagement (which we internally refer to as SLI²CE). These Core Values represent the way in which the IHS Board, our volunteers, and our staff team, approach service to the Society and its members, and provide us guiding principles to live and work by each day.

I am truly excited for each of you to experience what IHS has to offer as your Board and staff move plans forward over the course of 2023 and beyond – this edition giving you a glimpse into some of our work ahead. I also hope you'll get the chance to connect with our leaders, staff, and myself in person at a chapter or industry event, and at our convention in Palm Springs this September. We are here in service of you, our members, and the profession, and hearing from you about your needs and practice environment helps us to plan for a stronger future for you, your businesses, and your Society.

Sincerely,

A handwritten signature in black ink that reads "Alissa Parady".

Alissa Parady
Executive Director

Remodeling the Society

2022 was a year of transition for hearing healthcare at large and for the International Hearing Society. Last year, to carry out the strategic initiatives designed to elevate and protect hearing healthcare, the IHS Board of Governors, on behalf of the Society:

- hired a new Executive Director;
- approved a new strategic plan, updated mission and vision statements, and core values for the Society;
- purchased a permanent location for our international headquarters; and
- prioritized and achieved a fully staffed headquarters team.

In this feature section you will meet your new IHS President and see the progress and plans both staff and volunteers are working towards to advance your field and the Society's mission. It's an exciting time to be a member of IHS as we are renovating each aspect of membership to drive our mission forward.



Renovation plans take shape at newly-purchased building



IHS Executive Committee meets with IHS staff in Livonia, Michigan



IHS Department Leaders Offsite



IHS Executive Director Alissa Parady



Modernizing Your Member Experience

It is time to celebrate! The old, clunky home page for the International Hearing Society is gone. IHS members, you can now be proud that your community of hearing healthcare professionals is represented in the digital universe by a modernized home page that is in concert with the IHS brand presented on the Society's social media platforms. The new home page is organized to improve your experience as an IHS member and increase awareness of your profession to the public. The main menu now features a link to CONSUMER information including the "find a provider" search page. IHS will be creating new content throughout the year for the consumer website pages to support a Consumer Awareness Campaign that is key to the Society's 2023 strategic plan.

EVENTS is also a new link on the new home page main menu to provide members and our chapter affiliates direct access to a new events calendar and important information about the 71st Annual IHS Convention and Expo. The IHS Membership Team has launched a new and improved renewal process that provides members with online access to their membership account. Members can now update their professional and personal information, as well as complete their annual renewal, all online!

The new feature image space on the home page highlights key benefits and services in vivid imagery and links to important activities. Examples include



Check out the updated website @ www.ihsinfo.org

- promoting to consumers how to find a hearing care provider in the IHS community,
- featuring the new 2022 Distance Learning Course, and
- promoting the importance of membership to the Society's work.

Always at the forefront of our communications are advocacy, members, and consumers. This strategy is supported by the three featured links just below the carousel. Additional popular resource links on the home page will rotate as member interests and important notifications evolve. The four popular resources currently highlighted on the new home page are:

- Becoming a Hearing Aid Specialist
- Course Approvals
- Continuing Education Opportunities
- Find a Provider

The IHS team is just getting started. As part of the Society's strategic plans, the website will continue to be updated to include modern technologies, a new and more intuitive member experience, and ultimately to coordinate with a new **IHS MEMBER APP!**

IHS is embarking on the development and launch of a members-only app in 2023. This new member tool will increase connectivity in our community, support year-round communication, and enhance the attendee experience at the annual convention and expo. The IHS team is excited to be bringing you, our members, improved services and benefits and more modernized ways for you to experience the IHS community.



Continued on page 10

Rediscover Your Member Benefits

Now is an excellent time to visit our new website and take a refresher on all the existing and new member benefits IHS has for you. Revisit your account, renew your membership (if you haven't already), and rediscover your benefits!

Remodeling the Society includes improvements for the member experience through your online account. By logging into your IHS account, you can view your information, make updates, and take advantage of discounts and benefits like the new practice management tools and professional development products.

ReDISCOVER your benefits:

- **The Hearing Professional** – Read the quarterly member magazine (rated IHS members' number one member benefit in a recent membership survey) in both print and digital formats and Soundboard e-newsletter. There is no better way to stay connected and up to date on industry news and happenings.



- **Advocacy** – We are the champions for the hearing aid specialist profession with policymakers so you can focus on your patients and improving their quality of life. We've got your back!
- **Professional Development** – Access and learn with ILE test prep, discounts on educational materials, free CE transcripts and transfers, the new Distance Learning Course, and much more (see page 11!).
- **Affinity Partner Updates:** Take advantage of these exclusive members-only discounts and products from IHS partners:

- **NEW!** Up to 30% off of subscription rates for IHS members only from **Clear Digital Media**. Control the narrative the minute a patient walks into your office. Begin educating them with a media library customized to your practice.



- **AudSEO** offers great discounts to IHS members for website design, digital marketing, and more. Be sure to take advantage of **your complimentary annual SEO and website evaluation, free to IHS members!** A portion of all you purchase benefits your Society.



- **LIG** – For our U.S.-based members, LIG is your partner for affordable and comprehensive health insurance and pharmacy solutions designed exclusively for individuals, families, and business owners along with their employees. Coverage is available across the entire country as an exclusive member benefit with the IHS.



- **ACI Alliance** – FREE one-year membership to the American Cochlear Implant (ACI) Alliance, complimentary to IHS members in all countries, including students (\$125 value). Visit www.acialliance.org and use promo code "IHS". (Subject to confirmation of current IHS membership).



Have questions about how to access your account or any of your member benefits? Relax – we've got you covered. No matter where you are on your professional journey – student, office staff, or practicing Hearing Aid Specialist – rest assured that IHS has something for everybody. IHS' fully staffed membership team is here to serve you. Contact membership@ihsinfo.org or 734.522.7200 option 2.

All-Stars Remember that when you renew your membership each year, you not only maintain your benefits, but you remain on track to achieve All-Star member status (recognized every five years of membership in good standing)! As our members work towards All-Star status, IHS is reinventing the way All-Star members are recognized and honored. This includes enhancing a digital asset package to include free marketing materials, amazing gifts, and the opportunity to be celebrated by walking the red carpet at the 71st Annual IHS Convention and Expo, on September 28-30 in Palm Springs, California.

IHS Professional Development in 2023

IHS' professional development department handles all aspects of preparation, examinations, and education for members and non-members alike across the industry. The International Licensing Exam, Distance Learning for Professionals in Hearing Health Sciences course, IHS webinars, Tinnitus Care Provider Certificate Program, and more, all fall within the purview of the professional development department. In 2023, this department is focused on advancing three key initiatives: 1. Release of the new IHS Practical Examination; 2. Adoption and implementation of a new Learning Management System (LMS); and 3. Driving forward the development of an Advanced Education course. Read on to learn more about these exciting projects.

Practical Examination

IHS' written licensing examination, the International Licensing Examination for Hearing Healthcare Professionals (ILE) is widely used in 49 jurisdictions across the U.S. and Canada and is continuously updated in accordance with best practices for high-stakes exams. In contrast, IHS' Practical Examination, that tests hands-on skills used every day in hearing healthcare, is used by just 15 jurisdictions and the examination hasn't seen any meaningful updates in over a decade. The IHS Board of Governors, International Institute for Hearing Instrument Studies (IIHIS), and staff identified a great need for updating this exam and for providing a more

useful testing instrument for the states and provinces with which IHS partners.

As a result, a task force of subject matter experts (SMEs) convened in 2020 to begin work on an update to the Practical Examination. After more than two years of diligent work, the exam will be ready for release and adoption by licensing agencies in mid-2023. The modernized exam will cover key clinical skills, reflective of standards for minimal competency, such as: ear impressions; audiometric evaluation and interpretation; hearing aid selection, fitting, and delivery; verification; and troubleshooting.

IHS is grateful for the dedication and hard work of the **Practical Exam Task Force:**

Jean Duncan, MSc; Mike Gedeon, ACA, BC-HIS; Rebecca Krouse, BC-HIS; Sandy Hubbard, ACA, BC-HIS; and Vaughn Bray, MCD, CCC-A, BC-HIS; and for the in-kind support of MedRx, Prairie Labs, and other members and industry partners who have supported this important project.

Licensing agencies interested in adopting the new IHS Practical Examination can contact Sierra Sharpe, MBA, IHS Director of Professional Development, at ssharpe@ihsinfo.org or 734-412-7572.

Continued on page 12



A dedicated group of IHS members convened for pilot testing the new IHS practical exam

Remodeling the Society

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Learning Management System (LMS)

IHS is known for its strong educational resources, which include webinars, courses, and more. Now in 2023, modernizing the Society's infrastructure will allow members and other customers to more easily access IHS education and track their progress toward continuing education credits needed for license renewal, BC-HIS recertification, and more!

IHS will adopt a comprehensive Learning Management System (LMS) that will fully integrate with its internal membership database and website to allow for a modern and seamless customer learning experience. Perhaps the best way to illustrate the benefit this will provide with an example—earning CE credit from an IHS webinar:

Currently, a member watches an IHS webinar and then downloads the quiz to earn CE credit. This is a PDF document that the member completes with their quiz answers and payment details. That form is mailed, faxed, or emailed to IHS. IHS staff then process the quiz and payment, posts the CE credit to the member's record, and then the member receives an emailed certificate for the CE credit.

With the new LMS, a member will login to their IHS member account, select and watch their webinar, take their quiz, and input their payment information directly on the website. If they pass, they will see that right away in their record, and be shown a certificate to download or print. The credit will also be written back to their IHS customer record to then show on a future CE transcript. IHS is thrilled to debut this streamlined process that will improve the customer experience!



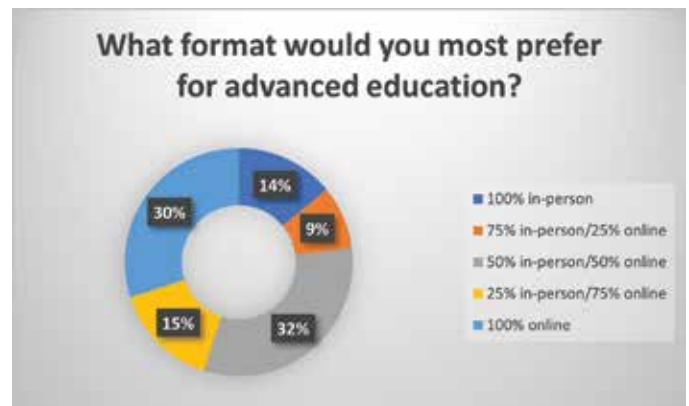
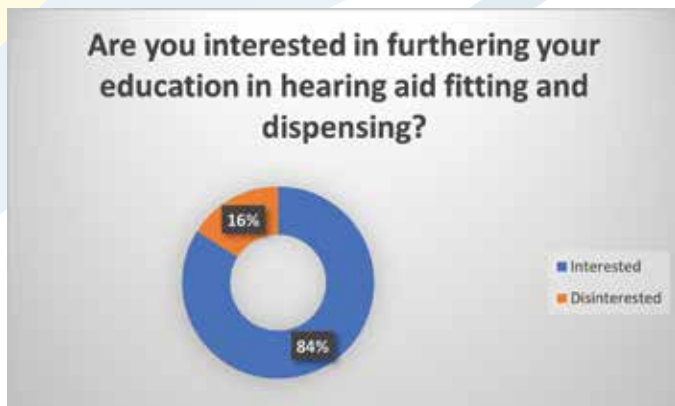
IHS staff leadership is remodeling the Society and the new building

Over the course of 2023 and 2024, IHS' educational offerings such as webinars, the Distance Learning for Professionals in Hearing Health Sciences course, Tinnitus Care Provider workshop, and more, will be migrated to the LMS. **Adoption of an LMS represents an important investment in the modernization of IHS' infrastructure for the betterment of the online member experience.**

Advanced Education

Long-time IHS members will remember the American Conference on Audioprosthology (ACA) program, which was a 13-month, face-to-face, educational program focused on advanced topics in hearing aid fitting and dispensing. While that program ceased operations in 2016, there is demand for a non-degree advanced education program for hearing aid

Data from IHS' Needs Analysis survey conducted in 2020



specialists. IHS is committed to fulfilling the desire for this education. A subject matter expert (SME) task force is convened and actively working on development of a new program.

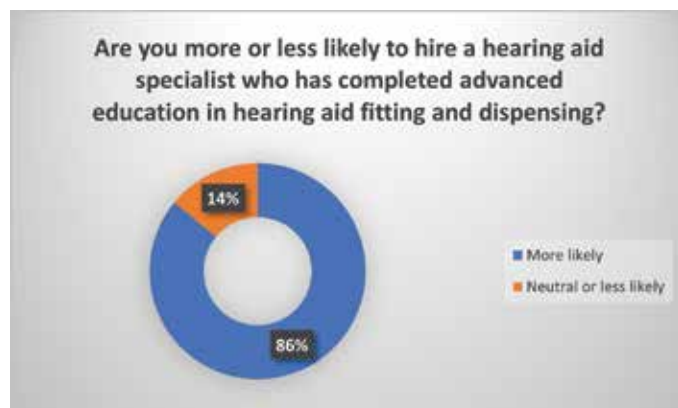
To date, a Needs Analysis – a critical step – was conducted to inform the design and development of this new program. IHS learned that a large majority of the individuals surveyed indicated a preference for virtual and/or hybrid virtual and in-person learning. Knowing that there are some topics that are simply better covered in-person, i.e. ear impressions, the new program will be hybrid, with about 90% of the coursework occurring online and 10% hands-on, in-person.

In 2023, the task force will be recruiting curriculum designers and instructors for specific topics. If you might be interested, watch for that application process to open later this spring. Once recruited, these individuals will develop the course content (i.e., slides, activities, discussion topics, assessments) to meet the learning objectives laid out by the SME task force. Then, IHS staff will collaborate with the developers to bring the content to life (in the new LMS!).

This project is a massive undertaking and excellent progress is being made. IHS appreciates the commitment of the task force working on this project:

Samantha Sikorski, ACA, CPCO; Mike Gedeon, ACA, BC-HIS; Douglas L. Beck, AuD; Douglas Lewis, JD, PhD, AuD, MBA; and Antonio Calderon, MD, BC-HIS; in addition to the contributions made by the late IHS Past President Christopher Gustafson, ACA.

IHS' Needs Analysis survey data



Meet Our New Committee Members (2023–2024)

Last year IHS put out the call for members to sign up to serve and the response was overwhelming. IHS had more volunteers than positions available to accommodate everyone! Thank you, IHS members, for your commitment to elevating the profession. President Patrick S. Kochanowski, BS, ACA, BC-HIS, appointed these IHS members to serve on the following committees for the next two years. These volunteers take time out of their busy schedules to give back to our community of hearing healthcare providers, and for that we are so grateful.



2022 International Institute for Hearing Instrument Studies (IIHIS)

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Gail Cole

James Hanerhoff, ACA, BC-HIS
Douglas Lewis, AuD, CCC-A, JD, PhD, MBA
Terrence Ozog, BS, CDP
Jonathan Wright, ACA, BC-HIS
Board Liaison | Toby Hill, ACA, BC-HIS

IHIS (International Institute for Hearing Instrument Sciences)

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Jean Duncan, MSc
Michael Gedeon, ACA, BC-HIS
Kathy Harvey-Jones, MsEd Audiology
Rebecca Krouse, BC-HIS
Edward Lybarger, BA
Samantha Sikorski, ACA, CPCO
Kristin Wadsworth
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International Licensing Examination (ILE) Committee

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Candice Appler, BC-HIS
Nate Buck
Sophie Cushing, BC-HIS
Doug Dunker, ACA, BC-HIS
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Tinnitus Care Provider Committee

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Leah Plat
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Lynn Royer, BC-HIS
Ling Ling Yin, BC-HIS
Board Liaison | Leslie Holden, BC-HIS

NEW! IHS Launches Consumer Awareness Campaign

IHS is pleased to share with the public all that IHS members are doing in their communities to help more people hear better through our new Consumer Awareness Campaign in 2023. The campaign's first press release was distributed in January and amplified the recent *U.S. News and World Report* article which listed Hearing Aid Specialist as a top job for the future (see page 59). A second press release was issued at the beginning of Tinnitus Awareness Week in February and was picked up by several news outlets around the U.S. As this edition of *THP* goes to print, a third press release is being developed to celebrate World Hearing Day on March 3.



World Hearing Day will also mark the official kick-off of the Consumer Awareness Campaign, themed “Stay Connected With Life.” This theme will be supplemented by supporting statements to encourage awareness of the role of hearing aid specialists, the value of annual hearing checks, and the importance of hearing health overall, and will include content for the Canadian market as well. The campaign will include social media, paid advertising, and loads of other sharable content throughout the year.

All IHS press releases include links to the IHS directory, so that the public can locate a hearing aid specialist in their community. You can access press releases on the news tab at www.ihsinfo.org. Stay tuned for more releases each month and be sure to share them with/on these venues:

- local newspapers,
- local television news stations,
- favorite radio personalities,
- health and wellness blog writers,
- health and wellness podcast hosts,
- facebook, twitter, Instagram, and LinkedIn contacts, and
- your practice's website.

Your Society is driving qualified leads to your practice through this new Consumer Awareness Campaign!

IHS Events – We Are Booked!

IHS is pleased to represent members at multiple industry events this year. First on deck is Miracle-Ear’s 2023 event in the Dominican Republic this March where IHS is a Silver Sponsor, followed by



Signia

Signia’s Aspire event on April 13-14, in Orlando, Florida. IHS Director of Corporate Partnerships Tara Douglass has built close relationships with hearing aid suppliers and manufacturers to keep hearing aid specialists front and center in the minds of industry executives. We are pleased to support these corporations at their events and partner with them in uplifting the profession.

IHS Board of Governors will hold their Spring 2023 meeting alongside the Association of Hearing Instrument Practitioners of Ontario’s (AHIP) annual gathering. The 2023 AHIP Symposium will be held at the Fallsview Casino in Niagara Falls, Ontario, on May 10-12. IHS is an exhibitor at this event and looking forward to interacting with Canadian members.



NEW! This year IHS is launching a new event—the IHS Canada Virtual Conference on Thursday, June 1. The



one-day conference will be Canadian-focused but hearing healthcare professionals across the world will be invited to attend. You can expect five hours of robust clinical content that will be curated for future viewing if you cannot attend live. Mark June 1, 10:00am-5:00pm ET, on your calendar. More details coming soon!



IHS Membership Manager Emily Hooks representing IHS at the 2022 Beltone National Event



Professional Development Director Sierra Sharpe, MBA, and Executive Director Alissa Parady at work on the new building



Parady and department leaders are preparing for a smooth transition to the newly purchased building



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Stay Ahead. Drive Hearing Care Forward.

Join us in Palm Springs, California, September 28-30, 2023, for the 71st Annual IHS Convention and Expo. Drop out of the busy day-to-day of patient care for a few days, and revive at the Renaissance Esmeralda Resort & Spa while you join your IHS community to stay ahead and drive hearing care forward. Set within the beautiful Coachella Valley, you and your hearing care peers will enjoy a true desert oasis. It is the perfect destination for inspiration to grow your clinical skills and help your practice flourish. The theming of this year's event recognizes the important role you play in delivering professional hearing healthcare, and the advantages you can attain as the market and consumer perspectives shift.

The must-attend event of the year for hearing healthcare professionals also provides a unique opportunity to grow your clinical skills and earn continuing education credits. You will connect with peers, subject matter experts, and industry leaders in top-notch seminars with topics that affect your business and help you grow your practice.

The conference schedule is taking shape and will include our most popular sessions and demonstrations:

- **CEO Panel** providing insights from a panel of leaders representing top manufacturers, sharing their perspectives on future innovation in the hearing healthcare industry.



- **Clinical and Practice Management** education tracks offering up to 14 CE credits with a Premier Package registration.

- **Innovation Station** sessions offer a behind the scenes look at the latest technology, clinical research, and product demonstrations.

- **Skills Lab Demonstrations** in the Expo Hall with hands-on demonstrations.



- **Professional Headshot Studio** to freshen up your branding with a FREE professional headshot.

- **Expanded Expo Hours** so you can learn about the latest products and show specials (discounts!)



Five most popular reasons professionals attend development conferences:

1. Identify with leaders in the industry
2. Experience networking opportunities
3. Connect with new vendors/suppliers
4. Stay up to speed on industry best practices
5. Learn relevant information that can be put into practice now!



Go to www.ihsconvention.org

for more information about the

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Meet the President: Patrick S. Kochanowski, BS, ACA, BC-HIS

Patrick S. Kochanowski, BS, ACA, BC-HIS, began his two-year term of office as IHS President on January first of 2023. His term as president was preceded by 12 years of service on the Board of Governors as Central East Coast Territory Governor, Secretary, and President-Elect, in addition to being an IHS member for 25 years while working as a hearing aid specialist and owner of multiple offices based out of Murrysville, Pennsylvania. *THP* sat down with our new president for a Q & A session to introduce members to this dedicated professional.

THP: Congratulations, Patrick, on your IHS presidency! You are the 32nd President of the Society, since it was formed in the 1950s. Can you share how you were drawn into this profession?

Kochanowski: I am happy to share my background, but I first want to let all members know how proud I am to call IHS my professional home and I am so grateful for this opportunity to serve and lead us through the challenges we face. I also want to acknowledge those who made this opportunity possible for me. First, the Executive Committee for believing in me and supporting me as well as IHS members who give dues, time, talent, and donations to advance and protect the profession. Also, I am grateful to the previous Presidents who have led this Society before me. And, most importantly, my wife and entire family, who has encouraged me and enabled



IHS President Patrick S. Kochanowski, BS, ACA, BC-HIS, at the 70th Annual IHS Convention & Expo

me to be able to spend hundreds of hours on conference calls, trips to chapter meetings, and time spent strategizing next steps for the Society. I wouldn't be in this position without their support.

My journey into hearing healthcare as a profession began in 1996 when I responded to a blind ad for medical equipment sales in the newspaper. It required applicants to submit a hand-written cover letter, which was a bit jarring because to say my handwriting is bad is a compliment—because it is way worse than that! It turned out that the company had two-hundred applications, and every cover letter submitted was sent out for handwriting analysis.

I received a phone call for an interview on a Saturday, saying my handwriting had matched the personality qualities they were looking for. This call came just after I had told two previous prospective employers, who offered me a job on Friday, that I would make my decision by Monday. Since the gentleman interviewing me wasn't coming to town until Monday we were at a bit of an impasse. He told me to tell the other two companies to wait a few days, but to me that didn't seem fair to them. So, I decided to drive the six-hour round trip to him on Sunday at 9:00 a.m. for the interview and the rest, as they say, is history. The man who interviewed and hired me was John Beall, ACA, IHS Past-President Scott Beall's, AuD, CCC-A, ACA, father. And yes, he gave me my hand-writing

analysis report which I still have, and, yes, it was 99% accurate.

THP: I guess you could say the ‘handwriting was on the wall’ for you getting involved in the profession! You have been an IHS member since 1997. Please share what your IHS membership means to you professionally.

Kochanowski: My mentor, John Beall, made it mandatory that all his employees in his 16 offices became members of IHS and the Pennsylvania Hearing Healthcare Association. After joining the Society, I recall receiving my IHS certificate in the mail and I was so excited to frame and hang my

certificate right next to my college degree. It presented a visual certificate of credibility and made me proud to be in the Society. I was paying my membership dues every year and enjoyed being part of something that was bigger than myself. I owe my start in IHS to my employer, who planted the seed of commitment to the Society and this profession.

Beall set a high standard for his team, requiring us to maintain those memberships in the Society, in the state chapter, and to become board certified, in due time. He said that IHS membership is the best business insurance you can purchase in this profession. He impressed upon his

team that the IHS staff and volunteers are working on our behalf to protect and support our profession. I, in turn, set the same standards and expectations for my employees—that they become members in the Society and state chapter. I have always been appreciative of the fact that IHS is working to make sure that the future of hearing aid specialists is secure. IHS protects the ability we have to earn our livelihood in this profession.

THP: Can you walk through why you became involved in the Society, and share the steps you took from member to President?

Kochanowski: When I became an owner of my own practice, I began volunteering at the state level. That involvement eventually led to a board position in the Pennsylvania chapter. Simultaneously, I began attending IHS conventions. The first convention that I attended was in Orlando—which made for an excellent opportunity for the whole family to travel with me. I truly appreciate that IHS selects excellent venues so that professionals can travel with their families. Slowly but surely, I began volunteering at conventions. Additionally, I became a director on the state chapter board.

The next step was my involvement on the national level through a colleague, Thomas Higgins, ACA, BC-HIS, who was serving as an IHS Governor. Doors began to open for me for service at the territorial level and I entered them, eventually leading to an appointment as Territorial Governor on the IHS Board. I was inspired by Higgins, who was considering the six-year



Kochanowski in his West Burrell, Pennsylvania, Miracle-Ear office

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commitment involved in becoming president. It was an honor to be appointed to his position as Governor when he became President of the Society.

In high school I was voted “Most Helpful” — which was a disappointment to me at the time; however, it ended up being a bit of fortune-telling as that is the essence of our profession. Helping people is also at the heart of serving in leadership roles in our Society. So, from joining the Society, to volunteering, to taking opportunities to lead, it has been a natural progression for me.

There is a similar progression in our profession. We don't just sell hearing aids. We have to really get to know our patients, offer them the best solution for their life situation, which typically involves hearing aids, and then we continue serving them after the sale. Becoming a master at this profession is a lot of work, but it has been so rewarding and it has been a natural fit. Empathy and compassion are the key components to have success in this profession.

THP: With the last three years of abundant market challenges— COVID-19, quarantine, inflation, and OTC, can you share a bit about what you have learned and how you have adjusted within your practice to remain successful?

Kochanowski: Many years ago I read a business book that said that if you have a solid business model it will continue to work for you both in the good times and in the challenging



Kochanowski with his wife, Cheryl, and children Rachel and Patrick Jr.

times of life. If the model is solid, you won't need to reinvent the wheel every time there's a hiccup in the marketplace. I feel that I've based my business practice in having a solid footing and it's enabled me to weather the tough years on a solid footing and thrive in the smoother economic climate. The good times have definitely outweighed the challenging years. Even through the concerns and worries of the last few years, I have continued to trust the processes and have not made major changes if there was a bad month or a bad quarter. This reliance on excellent customer service, empathy, and proven operating processes has served me well.

IHS is invested in helping people improve their hearing. As we all know, OTCs alone CANNOT do that in the long term. The world needs our profession to make the transition to

a higher quality of life for those with hearing loss. That's what gives me hope and the message I want to share with all IHS members. By banding together as a Society, we have tremendous potential to overcome the challenges and increase the capabilities of our profession.

THP: What do you view as key challenges facing hearing healthcare professionals today? And, how will you address them?

Kochanowski: On IHS Board of Governors, we have been tackling issues straight on and we will continue on that path. For example, when we were faced with filling the position of Executive Director (ED), the Board acted quickly to secure a qualified professional who was familiar with the profession and business operations to 'hold down the fort' in the role as Interim ED.

When our choice, Alissa Parady, proved that she had the chops to advance the Board’s strategic initiatives, we cemented our decision by appointing her ED.

A similar situation happened when we kept coming up against the wall in finding a suitable property to house IHS headquarters. The Executive Committee of the Board used our resources, namely IHS Treasurer Michael Andreozzi, BS, BC-HIS, to broker a contact for an excellent investment property that can house the Society and yield income from tenants while we renovate. I have the benefit of serving with a very talented team of leaders and we will continue to face the challenges of renovation and remodeling head on and with the successful and time-proven business processes that have served us well in our practices.

Regarding the challenges of the OTC decision—there are so many unknowns at this point that won’t be made known until all the manufacturers and the FDA sort out what products

they will produce in light of the new ruling. It’s only been a couple of months, so I don’t think we will have the best practices of managing OTC products for a few more years. However, I do believe that rising tides raise all boats and that the hearing healthcare awareness being amplified by OTC marketing will help IHS members in their practices as they market their services. With more people discussing hearing loss and hearing aids, that will help hearing care professionals.

When I speak with patients about their hearing, I liken it to eye care.

I will often ask prospective patients, “How often have you had your eyes checked?”

They typically respond, “Every year.”

I’ll then encourage them, “Then why wouldn’t you get your hearing checked just as often as it is one of your five senses?” This will often hit home with them and open them up to investigating hearing healthcare

options. The increased marketing that OTC products bring to the marketplace will increase the conversations we have about what our profession brings to the table. Ultimately, I think OTC will help our profession.

THP: Do you have key initiatives you’d like to work on as IHS President this year?

Kochanowski: I am very passionate about rebuilding an advanced education program for hearing aid specialists. I took part in the American College of Audioprosthology (ACA) program with IHS many years ago and it was a tremendous boost and benefit to my practice. My goal is to have that program reestablished, bigger, better, and more accessible with virtual components, during my term of office. Additionally, I am so excited to see the opening of a new world headquarters for IHS along with overseeing all the IHS renovations showcased in this edition of *THP* magazine.

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A devoted hockey player and fan of Pittsburgh Penguins

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THP: What advice do you have for IHS members who are trying to grow their practices?

Kochanowski: All the information to run a prosperous, successful practice is out there, provided by IHS, manufacturers, and consultants. For my practice, we have Miracle-Ear, and they have a system for everything—they are cutting edge with their data analysis. I believe that the tools and strategies are readily available, and IHS members need to be maximizing all the information that is available, from the Society and from their manufacturers. The key is execution. Information to succeed in this profession is within grasp of those who seek it. Manufacturer representatives have access to so much relevant data and know what services and products are effective and what is not working. I also encourage IHS members to become fully engaged with your Society. By

working together, we succeed. Being challenged in our businesses is inevitable—being defeated is optional.

THP: Can you share the best service or product that you have added to your practice that had the biggest positive impact in your practice, or community?

Kochanowski: I am a strong believer of collaboration and developing partnerships in my community that benefit the public. For example, my practice has partnered with a local pharmacy to promote each others' services. I give the pharmacy flyers offering free hearing screenings that they place inside their pharmacy bags. So, when a customer of theirs comes in with a flyer, my offices will, in turn, give the patient a \$10 gift card to the pharmacy. Working with other businesses that help the same customers is an excellent way to expand outreach. Developing mutually beneficial relationships is a good way to reach our target market.

I encourage all members to look for opportunities to engage with your Society and seek collaborative solutions with other members, with allied businesses, and through your Chambers of commerce. Look for possibilities to work WITH your local pharmacists and drug stores. I want to promote a culture of collaboration where we ride the wave of new awareness that OTC marketing will drive, and we seek ways to work together with partners in our communities.

THP: You volunteered as a governor for many years— can you share what was meaningful to you about that experience?

Kochanowski: Volunteering as governor was an amazing experience because I was able to work side-by-side with my competitors on the Board. Serving in this capacity provided an excellent and unique opportunity to have conversations with my peers who are also part of the competition. However, it also brought to light that the profession is bigger than all of us. Serving on the board has been meaningful work and I love every minute of it! I will admit that one of my favorite aspects of leadership is the prestige and pomp and circumstance of the awards gala at the annual convention each year. I hope *THP* readers will consider joining me in Palm Springs, California, this September at the 71st Annual IHS Convention & Expo to experience it for themselves.

THP: As a professional who gives and protects the gift of hearing for many individuals, what are some of your favorite sounds?



When he's not in his office, he's out shooting par on the golf course



Kochanowski holds a Third Degree Black Belt in Tae Kwon Do

Kochanowski: My children's laughter is high on the list along with music from the 1980s. I love hearing my side-by-side with a chain saw and I have a motorcycle that I love to hear. Recently, however, I finished a home theatre and the sound system is a 7.2.4 with 13 speakers. It's an amazing system that enables our friends and family to have an incredible sound and visual experience when watching a movie.

THP: If you have a free weekend at the Kochanowski household, how do you spend your time?

Kochanowski: In my spare time in the winter, I love to ski (downhill and cross country), play hockey, and chop wood in the woods. In the warmer weather, you can find me golfing, street biking, and mountain biking. I like to take on physical challenges and have run in marathons and achieved my Third Degree Black Belt in Tae Kwon Do. I really enjoy challenging myself and the process it takes to achieve victory. I subscribe to a 'variety is the spice of life' theory. I've tried so many different things in my life that I describe myself as a jack of all trades, and master of one—that "one" being Hearing Aid Specialist. ■

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2023 Resolutions – Federal Activities

The 118th Congress (spanning 2023 and 2024) officially kicked off as of January 3, 2023, with the United States Senate being led by Democrats and the U.S. House of Representatives being controlled by Republicans. This divided government will provide limited opportunities for significant policy shifts; however IHS remains well positioned for any possible future action.

In 2022, IHS was involved in numerous federal legislative activities. The biggest action of the year came when the U.S. Food and Drug Administration (FDA) announced its final rule regarding over-the-counter (OTC) and prescription hearing aid devices with an implementation date of October 17, 2022. IHS performed a comprehensive review of the new rules and discussed the possible impacts of the regulations with various stakeholders to minimize the risk that our members would be negatively impacted by these changes.

As a result, IHS joined a coalition of hearing healthcare organizations to discuss concerns with troubling language that could be misinterpreted at the state level regarding use of the term “prescription” and the possible re-application of requirements for physician clearance for hearing aids. The coalition met with the FDA in September 2022 to address these issues. The agency agreed that it was not their intent to “create barriers to accessing hearing aids, including prescription devices.” “[The rules do] not require the involvement of different or additional health care providers or examinations upon the effective date,”



the FDA went on to say in a letter sent from the agency to state officials in order to mitigate concerns regarding the term “prescription” in the newly created “prescription devices” hearing aid category.

Building on those discussions, IHS continued conversations with several chapters to address existing state laws that need to be addressed following the release of the FDA’s final rule. We have been actively working with chapters, officials, and stakeholders to address concerns in several states and ensure hearing aid specialists continue to have a vocal seat at the table. As we continue to move past the implementation date, IHS will continue to monitor the market to ensure actors remain compliant and any issues are addressed directly with the FDA. We will continue to maintain dialogue around this topic with the agency in 2023 and beyond.



Looking ahead on the OTC and prescription hearing aid issue, IHS will continue to engage in dialogue with our chapters, coalition members, and contacts at the FDA to ensure concerns are addressed, complaints are properly submitted to the agency, and that our profession remains protected.

The other major activity at the federal level is the continued work by IHS staff and both the Chairmen and Ranking

and IHS Priorities

Members of the U.S. House Committee on Veterans Affairs and the U.S. Senate Committee on Veterans Affairs to address the hiring qualifications for hearing aid specialists at Veterans Health Administration (VHA) facilities. In concert with IHS, these congressional champions have been leading the charge by engaging in multiple communications in 2022 with the Department of Veterans Affairs (VA) to ensure our concerns over these qualifications were being discussed so that our nation's veterans could receive enhanced access to the best hearing healthcare options available.

While this issue remains a concern for IHS, we are pleased to report that the VHA has begun posting job opportunities for hearing aid specialists at their facilities. These openings have been posted in several states, including Arizona, Colorado, Connecticut, Delaware, Florida, Oklahoma, Indiana, Iowa, Texas, Utah, and West Virginia. This is an encouraging development and brings us one step closer to open access to community-based providers.

IHS staff, our federal lobbyists, and these congressional offices met at the close of 2022 to discuss how we would like to continue conversations with the VA around this issue. The VA submitted a report to Congress in the fall of 2022 that provided Congress with an update regarding the status of hiring for hearing aid specialists at VA facilities. This report offered great insight into how the program is working, and will serve as a basis of argument for why these qualifications need to be addressed. IHS and our congressional champions remain actively engaged in conversations around this topic, and we all look forward to continuing efforts in 2023 around this issue.

What's next for IHS Government Affairs and Advocacy in 2023?

A lot of exciting opportunities, that's for sure! IHS is pleased to announce that the final touches are being applied to the updated IHS Insurance Guide by the IHS Managed Care and Compliance Committee. This committee, comprised of volunteers, has been working tirelessly on this valuable guide. This updated and comprehensive managed care guide for hearing aid dispensing businesses will be a valuable resource to those in the hearing aid profession.

From an international perspective, IHS will continue to represent the profession at the World Health Organization activities focused on hearing care and hearing loss.

IHS was pleased to hire new staff in 2022 to join the already-exceptional staff and manage the work of the Government Affairs and Advocacy Department. Sean Drake, MPA, was hired in May 2022 to lead the Department as the Director of Government Affairs and Advocacy, and will focus primarily on Federal issues as IHS' point person in Washington, D.C. With Drake at the helm, IHS will continue to track implementation of the FDA's OTC and prescription hearing aid final rules, work to address concerns around VA hiring qualifications for hearing aid specialists, increase IHS' advocacy impact, and handle other federal issues that arise in the coming year.



Additionally, IHS closed the year by adding Christine Seitz as Manager of Government Affairs and Advocacy. In this role, she will focus primarily on state and provincial issues, ensuring that members are being represented and working directly with chapters, and licensing boards and agencies. This includes action on possible changes to state/provincial laws centered around, but not limited to, scope of practice, licensing requirements, possible insurance expansion, and telehealth.

Look for the IHS Government Affairs and Advocacy Department to expand upon their extremely successful existing foundation to provide more opportunities for members. These will include, but are not limited to, advocacy campaigns for members to communicate directly with their representatives, opportunities for members to engage with elected officials, and increased chances to support IHS' advocacy efforts.

While this is not an exhaustive list of all our advocacy efforts, we look forward to making progress on these issues in 2023, and will be sure to keep members informed of new information or updates as soon as they occur. In the meantime, you can contact the IHS Government Affairs Team at advocacy@ihsinfo.org. We are very excited to enter the new year as your representatives for IHS' Government Affairs and Advocacy work! ■

Thank You to IHS Donors!

2022 was a year triggering immense change in the hearing aid delivery system, with government affairs playing a pivotal role throughout the year. IHS led the way for our members by engaging with elected officials, government agencies, advocacy campaigns, and donor initiatives directed at protecting and promoting the profession and patients you serve. Over the last year, hearing aid professionals faced new changes with the possible expansion of Medicare to cover hearing aids, the addition of hearing aid specialist jobs at Veterans Health Administration (VHA) facilities, and the release of final rule regarding over-the-counter (OTC) and prescription hearing aids from the U.S. Food and Drug Administration (FDA) that went into effect on October 17, 2022. These opportunities challenged hearing healthcare professionals to assess what the future of the marketplace could and will look like and consider how they wanted to get involved in IHS' advocacy and government affairs initiatives.

Thanks to the support of our 2022 advocacy donors, IHS was able to actively engage with state and federal officials in support of its advocacy goals to protect and advance the hearing aid dispensing profession. These opportunities would not have been possible without a robust network of advocacy donors who work with us to get these legislative or regulatory goals across the finish line.



From a federal perspective, IHS has remained engaged with our congressional champions in both the U.S. House of Representatives and the United States Senate to continue dialogue with the Department of Veterans Affairs (VA) surrounding the Fit to Serve Initiative. Over the last year, IHS and these members of Congress communicated concerns with the technical hiring qualifications of hearing aid specialists in VA facilities. These discussions centered around the education and experience components of the qualifications, and IHS is happy to report that we are continuing these conversations in the new session of Congress. We remain committed to this dialogue and look forward to the opportunity to continue to create opportunities for hearing aid specialists to serve our nation's veterans.

Following the U.S. Food and Drug Administration (FDA) announcement

of the over-the-counter (OTC) and prescription hearing aid device rules in August 2022, IHS performed a comprehensive review of the rule and released a guidance document to members, took action to coalesce with like-minded hearing organizations, met with the FDA, and secure a guidance letter from the FDA to assist with continued advocacy and implementation initiatives.

On a state level, IHS worked with our chapters to influence several critical legislative proposals. This includes, but is not limited to, defeating an attempt to limit hearing aid specialists' scope of practice in Delaware, submitting comments to the Montana Department of Labor following a review of their licensing process, and working to update the scope of practice for hearing aid specialists within the state of Nebraska. We were able to engage with multiple chapters around

the country from an advocacy and legislative standpoint, and look forward to expanding upon these opportunities in 2023.

In 2022, IHS members and partners raised \$227,000 through chapter, corporate partner, individual, and silent auction donations to support these efforts. This included a fundraising session leading up to and during the Annual IHS Convention and Expo led by Beltone owners and corporate leaders, members, and other convention attendees, and chapter representatives who attended the IHS Membership Meeting. This investment into the profession represents a strong interest in ensuring that hearing aid specialists maintain a secure position as providers of hearing healthcare services in federal and state/provincial programs and the private marketplace for years to come.

On behalf of leaders and staff of IHS, we sincerely thank our advocacy

donors for making our work possible. We could not accomplish the remarkable victories that we achieve without this support and generosity. IHS donors receive the e-newsletter IHS Advocacy Update, which is sent quarterly and provides information about our ongoing advocacy work. Donors are also typically recognized at the annual IHS convention; and our Donor Club members who authorize monthly contributions

receive a special gift for their ongoing commitment. If you are one of our donors, thank you for your support!

For 2023, our goal is to raise \$300,000 to continue to advance the advocacy priorities of IHS and the profession. As you'll read about in our Federal Activities and IHS Priorities article on page 26, IHS will remain engaged with both Congress and the VA to continue conversations about addressing the technical qualifications for hiring of hearing aid specialists at VA facilities, provide outreach to states experiencing concerns over impacts from the FDA's OTC and prescription hearing aid rules, and continue collaborative efforts with chapters on any state legislative or regulatory issues that might come up throughout the year. For that reason, we ask all IHS members to donate. No donation is too small; even a one time or monthly donation of \$5, \$10, or \$15 dollars can make a difference in our industry. You can become a monthly donor through the Donor Club or make a one-time donation at www.ihsinfo.org.



IHS silent auction was a popular attraction on the expo floor



Immediate Past President Annette Cross, BC-HIS, and IHS Secretary Jordan McMillin, BC-HIS, with Beltone donation

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Thank You to IHS Advocacy Donors!

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Alan L. Lowell, ACA, BC-HIS, and Leanne Polhill, BA, BC-HIS
Darin T. Scheurer
Samantha Elaine Sikorski, ACA, CPCO
Arthur Wade Smith, BC-HIS



Tammy Lynn Miller
 Dennis M. Tobin, BC-HIS
 Don J. Tucker, ACA, BC-HIS
 Thomas J. Vierling
 Richard L. Wakefield, BC-HIS
 Brandon S. Wohlers, BC-HIS

Capitol Club (\$250-\$499)

Amanda E. Bonner, BC-HIS
 Antonio F. Calderon, MD, BC-HIS
 Robin L. Clowers, BC-HIS
 Julie Kay Collins, BC-HIS
 Laura B. Dennison, AuD (Ret.)
 Steven P. Franson
 Christopher M. Gustafson, ACA
 Jeffrey Jay Johnston, BC-HIS
 Daniel Martinez, HIS
 Armand R. Roy, BC-HIS
 Carol I. Sayre, AuD, CCCA
 Theresa A. Smith, BC-HIS
 Edward L. Toohey, ACA, BC-HIS
 Claude Adam Tudor, BC-HIS
 Richard A. Usifer
 Susan Marie Waite, BC-HIS
 B. Scott Wisniewski, BC-HIS

Statesman's Society (\$100-\$249)

James Francis Atkins
 Reshma Balmick, BC-HIS
 Susan Kay Berneman
 Engelberto Bolanos, ACA, BC-HIS
 David Gerard Braun
 Jeff Bush, BC-HIS
 Sue Ann Chamberlain, BC-HIS
 Charles Calvin Chapman, BC-HIS
 Max Stanley Chartrand, PhD, BC-HIS
 Raymond E. Conn
 Patricia E. Connelly, PhD, CCC-A
 Elizabeth Catalina Craft
 Annette Elizabeth Cross, BC-HIS
 Tara Douglass
 John T. Felix, ACA, BC-HIS
 Brian C. George, BC-HIS
 Ronald D. Gomez, BC-HIS

Anthony David Hagedorn, BC-HIS
 Stephen C. Harrison, BC-HIS
 Kathy Harvey-Jones, MsED, BC-HIS
 Bonny Jo Havoc, BC-HIS
 Cynthia L. Hoest, BC-HIS
 Amber Lynn Hoffmeister, BC-HIS
 Patrick S. Kochanowski, BS, ACA, BC-HIS
 Peter C. Kuopus, BC-HIS
 Patsy Jeanne Manhart, BC-HIS
 Allen Lee Massie, ACA
 Anthony F. Nash, BC-HIS
 Terrence Ozog, BS
 Kenneth C. Parker, AuD
 Christina Patton
 Thomas Dudley Pippin
 Nonean Price
 Jennifer L. Rhyner
 Wanda F. Riley
 Joseph S. Rosengarten, BC-HIS
 Michael L. Roush, BC-HIS
 Karin S. Schmidt, BC-HIS
 Sarah Emily Smith, MA, CCC-A
 Verna L. Taylor
 Delores Tomasik
 Clarence Wright
 Rachel Leah Yordon
 Janie York

Grassroots Club (\$1-\$99)

Autumn Ackley
 David Anthony Adams, BC-HIS
 Tina Paige Afifi

Sandra June Alice Stowe
 Ameena E. Al-Jame
 Janie Lynn Anderson
 Mark Christian Anthis, ACA, BC-HIS
 Michael John Arndt
 Adriana Arroyave, BC-HIS
 Jill Marie Askins
 Teresa J. Austin, BC-HIS
 Amy L. Baarsch, BC-HIS
 Robert Charles Baber
 Michael P. Bach, BC-HIS
 Glenn W. Baer
 Linda D. Bailey, ACA, BC-HIS
 Jayson Robert Bailey
 Benedict Bark, ABA, ACA
 Ken M. Becerril, ACA, BC-HIS
 Paul Lenden Beckner, BC-HIS
 Karla Rae Beheng
 Petre Belkovski
 Robert Anthony Bellia, BC-HIS
 Martha Grace Bennett
 Karl David Benson
 Cathy Ann Berg, BC-HIS
 Darrylin J. Besnilian-Wasiuk
 Michael S. Bethel, BC-HIS
 Andy R. Bierbaum, BC-HIS
 Roy Binder, ACA, BC-HIS
 Laurie Charlotte Bishton, BC-HIS
 Kyle James Blackburn
 Chad B. Blackburn, BA

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Grassroots Club (\$1-\$99) continued

Karen S. Block
Jacob B. Boldt, BC-HIS
Candice M. Boldt, BC-HIS
Mary Beth Bond, BC-HIS
Lonnie Eugene Bowling, BC-HIS
Granville Y. Brady, Jr., AuD
Juan Manuel Bravo, Jr., BC-HIS
Lance R. Brooks, ACA
Charles B. Brown, BC-HIS
Janette L. Call, ACA, BC-HIS
Lynn Callaway, BC-HIS
Christopher V. Campellone
Sandra Campos, BC-HIS
Lauren Nicole Cartee
Anne S. Carter, PhD
Richard F.J. Caruso, BC-HIS
Allison Cummins-Caruso
Kristen Michele Clark, AuD, CCC-A
Jacqueline Noelle Clauson, BC-HIS
Julie Clifton
Patrick J. Conlon, BC-HIS
Wendy Cooke
Martin Cousineau
Lori Beth Crider
Timothy A. Cross, BC-HIS
Cole M. Crouse, BC-HIS
Alicia F. Curry
Ira G. Dananberg, BC-HIS
Nathan Darby
Daniel J. Davis
Daniel William Davis, BC-HIS
John A. Davis, ACA, BC-HIS
John Edward Degville, Sr., BC-HIS
Lindsay Delorey, BC-HIS
Donna R. DeMarco, BC-HIS
Linda Elizabeth Dempster, HIS
John Denaro, IV, BC-HIS
Edward J. Deneau, ACA, BC-HIS
William C. Dennison, BC-HIS
Jean A. DePalma
Pamela Ann Deraita
Eric S. Deveau, BC-HIS
Irene Diaz, BC-HIS
Hector Xavier Diaz
Amy DiDonne, BC-HIS
Jody Lynn Dillon, BC-HIS
Paul G. Dole, BC-HIS
Jean Elizabeth Dooley
Craig F. Drucker, BC-HIS
Teresa A. Duffy
Jean Duncan, M.Sc.
John F. Dunlop, BC-HIS
Jon E. Durkin, ACA, BC-HIS
Ronald A. Eberhardt
Donna L. Elbin, BC-HIS
Lisa M. Elwell, BC-HIS
Ronald J. Ensweiler, BC-HIS
Renee Marie Erno, BC-HIS
Douglas A. Esposito
Lindsay Denae Faust
Susan L. Fenrich, BC-HIS
Eunice Estrada Flores, BC-HIS
Richard B. Frankenberg, BC-HIS
Carol R. Fraser, BC-HIS
Rick L. Frasier, BC-HIS
Annette M. Frerichs
Michael Harley Froehner
Jean M. Gallagher, ACA, BC-HIS
Maurice I. Gant, BC-HIS
Douglas Mills Garbart, BC-HIS
Thomas Gartshore, BC-HIS
Johnene Ann Gaston, BC-HIS
Christopher Paul Gauthier
Chelsea Leigh Gibeau, BC-HIS
Perry L. Giordanelli, ACA, BC-HIS
Benjamin Thomas Goodman, BC-HIS
Dillon Ivory Greer
Charlene Marie Gregory
Ronald Gene Gulley
Vladimir A. Gutierrez, BC-HIS
Dennis R. Hackney, Jr., BC-HIS
Lane Bailey Hait, BC-HIS
Jeffrey G. Halls, BC-HIS
Melissa A. Hamerlinck-Meggers, MS, CCC-A
Wilson Charles Hannold, III, BC-HIS
Bobby Richard Hardy, BC-HIS
Thomas D. Harmon
William G. Hartman
Krista A. Hearn
Lee Heidenreich
Brandon Eugene Helton
Lynn R. Hennings, BC-HIS
MaryAnn Henry, BC-HIS
Cynthia Ella Hente
Christopher R. Hicks, BC-HIS
Mark Stephen Hill, BC-HIS
Jeff W. Hixson, BC-HIS
Robert P. Hoffarth, ACA, BC-HIS
Carla Sue Hoffman, BC-HIS
Mark L. Hollingshead, BC-HIS
Stephen L. Hope
Sylvia J. Horgan, BC-HIS
Drew Martin Horine
Roy Dennis Horsman, BC-HIS
Brooke Leigh Howard
James Steven Howard
Natalie Marie Huska, BC-HIS
Ralph A. Jacobs
James Thomas Jardinier
Russel William Johnson
Gina Mechelle Joy Hinson, BC-HIS
Ping-Kay Kam
Austin Charles Karr
Claire Theresa Kaufmann
Doreen D. Keator, BC-HIS
Muhammad Kashif Khan
Roseann B. Kiefer, BC-HIS
Jon M. Kiehl
Rebecca J. Kist Ramirez, ACA, BC-HIS
Kathryn L. Klauer
Robert Leroy Knapp, III, BC-HIS
Brian Douglas Koenen
Gina L. Kontz, MA, ABA
Stephen M. Krehbiel, BC-HIS
Daniel James Krieger, BC-HIS
Robert Greg Kuykendall, BC-HIS
Chris Kyroglou
Jessica Rebecca LaFountain
Isaac Paxton Lambert
Charles R. Lambert, Jr., BC-HIS
Donald R. Largent, BC-HIS
James Erik Lavin
Adrienne N. Le
Michael J. LeCompte
Kim Rice Lineweaver, BC-HIS
Shane J. Lourey
Megan Luck
Alicia A. Lutzky

Michael Anthony MacDonald
 Youssef Maisonet
 Carol Wintrode Maksimow, ACA, BC-HIS
 Dana Marie Marchant
 Sean W. Mark, BC-HIS
 Stephen Lawrence Marlow, BC-HIS
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 Carl E. McCurdy, BC-HIS
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 Drew McMullan, BC-HIS
 Monica McNamara, BC-HIS
 Lisa Marie McNamara
 Penny Lynn Meeks, BC-HIS
 Vanessa Gayle Mehlman, BC-HIS
 Aoife Julia Meier
 Teresa Miller, ACA
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 James Mills, III
 Jason T. Moore, BC-HIS
 Jurgen A. Moore, BC-HIS
 Amber R. Moreau
 William Charles Morgan, BC-HIS
 Tina M. Mottl
 Ian Mitchell Muise, BC-HIS
 Stephen Patrick Mulranen, BC-HIS
 Jack Myers
 Julia A. Nagell, BC-HIS
 Melody E. Nash
 Thomas Harold Nash, BC-HIS
 Danny Forrest Neill, BC-HIS
 Jessica Lui Nelson, BC-HIS
 Jill Lynnette Nesham
 David J. Neumann, BC-HIS
 Nancy Jean Niemiec, BC-HIS
 John A. Nobile, ACA, BC-HIS
 Kimberly Jane Oberg, BC-HIS
 Amanda Mae Olsen, BC-HIS
 Erin Ondrak
 Nicholas Jan Oravec, BC-HIS
 Tom L. Parker
 Kirk Payne, ACA, BC-HIS
 Gerald L. Penhollow, HIS
 Hansen H. Phangia, BC-HIS
 Leah Plat
 Ann Lee Plotnick, BC-HIS
 Stuart Pollack
 Blair S. Post, ACA, BC-HIS

Julie Lyn Potter
 Adrienne Adair Prater
 Brian D. Pratt, ACA, BC-HIS
 Michael Pratt
 Deanna Prinsen
 Anthony Blake Pro
 Mike Pruneda
 Kathleen G. Quast, BC-HIS
 Brian Douglas Ramsay, BC-HIS
 April Rangel
 Douglas A. Reiersen, BC-HIS
 William James Rennox
 Sandra Dee Reyes, BC-HIS
 Mark A. Reynolds, BC-HIS
 Daniel Paul Rice, BC-HIS
 David T. Richard, BC-HIS
 Vance T. Riley
 Teresa Mayes Robinson, MS, ACA, BC-HIS
 Ashley Marie Romero, BC-HIS
 Jane M. Rosengarten, BC-HIS
 Scott Allen Rubenstein
 Brooks Boyd Rule, BC-HIS
 Amy L. Russo
 Aaron M. Salandro, BC-HIS
 Robert J. Salvesen, ACA, BC-HIS
 Barbara J. Sanders
 Scott J. Sayer
 Michael E. Schantz, BC-HIS
 Lesley I. Schopper, BC-HIS
 Robert K. Shepard
 Deanna Sherman
 Jennifer Joann Shockley, BC-HIS
 Korrey Charles Shoup
 Stormy Dawn Silkey, BC-HIS
 James R. Simons, BC-HIS
 Kathy Ann Sizelove
 Treasa Lynn Slawson, BC-HIS
 Michael L. Sloniker
 Donald E. Smith
 Karen L. Smith, BC-HIS
 Kyle Mark Smith, BC-HIS
 Jeffrey L. Snodgrass, BC-HIS
 Jaysee A. Soto, BC-HIS
 Tim W. Stanton
 Todd D. Staub, BC-HIS
 Bridgett M. Staubach
 Hilary Beth Steele, BC-HIS

Ashley J. Stephens
 Beverly Anne Stevens, BC-HIS
 Sharon Ann Stoor, ACA, BC-HIS
 Valerie L. Stroeder, BC-HIS
 Debra L. Swift, BC-HIS
 Koretta G. Sykes
 Todd Cole Tambling, BC-HIS
 Ellis J. Thomas, III, BC-HIS
 Travis Thomley, BC-HIS
 Roger A. Throneburg, Sr., BC-HIS
 Kelly Lynn Thurber
 Bruce A. Townsend, ACA, BC-HIS
 Gregory William VanHorsen, ACA
 Gerald Edward Vietor, BC-HIS
 Belinda Y. Waites, BC-HIS
 John R. Walker, BC-HIS
 Lynett Walker, BC-HIS
 Kathleen Marie Wallace, BC-HIS
 Tony Wallingsford, BC-HIS
 David R. Ward, BC-HIS
 Anthony A. Wasiuk, BC-HIS
 Larry D. Webb
 Paula R. Webster, BC-HIS
 Scott Richard Welch, BC-HIS
 Jason Michael Welch, BC-HIS
 Adam D. Wentling, BC-HIS
 Jordan Kathryn Westmoreland
 Cynthia E. Whiston, BC-HIS
 Clarke White, BC-HIS
 Carmen Ann Wicking
 Melanie Laurel Wight
 Justen John Willemon, BC-HIS
 Jonathan Daniel Williams
 Anthony Wilson
 Carol Ann Winborne-Will, BC-HIS
 Erin Lindsey Wohl
 Krystal Kay Wolfe, BC-HIS
 Landon Woodruff, BC-HIS
 Sarah LeAnn Woods, BC-HIS
 Michael W. Worley, Jr., BC-HIS
 Clarence Todd Wright, BC-HIS
 Lucy Q. Xie Guo
 Gregory Alan Yager, BC-HIS
 G. Charles Young, BC-HIS
 Kati N. Young
 Dina E. Zeevi
 Peter J. Zellmer ■

IHS Chapter Highlights

Did you know IHS has a strong network of affiliated chapters? Just like IHS, these chapters promote best practices in hearing aid dispensing and work with IHS to help to advocate for the profession and patients on a state and provincial level.

While IHS works closely with its chapters, 1.) each one is independently organized and governed by their own elected boards and 2.) chapter membership is separate from your IHS membership. IHS encourages all hearing aid dispensing professionals to be members of both the International Hearing Society (IHS) and their state/provincial association (chapter) as these dual memberships provide complimentary support and resources. Hear what IHS Executive Director Alissa Parady has to say about IHS chapters in this brief video: (<https://ihsinfo.wistia.com/medias/duw78ar70u>)

IHS chapters rely on the dedication of many volunteers who give generously of their time to ensure the profession thrives. Here are some of the ways IHS works with our affiliated chapters to support those volunteers.



**2022 Chapter of the Year:
Oklahoma Hearing Aid Dispenser's Association**

The IHS Advocacy Team reviews hundreds of legislative and regulatory proposals each year from the federal, state, and provincial governments and partners with chapters to activate on bills and regulations of importance. IHS supports chapters in many states on proactive and defensive legislative and regulatory measures. Some of



2022 IHS Chapter Leadership Conference



IHS Chapter Affairs Manager Cheryl Goldsby, CAE

convention. This is also when we celebrate all IHS chapters and their accomplishments along with the IHS Chapter of the Year Award. The winner for 2022 was the Oklahoma Hearing Aid Dispenser’s Association.

New resources are continually being rolled out to ensure chapter success. In 2022, IHS rolled out the Constant Contact email marketing platform. It makes IHS Chapters’ member communications easier than ever. Volunteer leaders also have access to the IHS Chapter Resource Center that is packed with tools, samples, and other content for their use.

To connect with a chapter near you or look for an upcoming event in your area, visit: www.ihsinfo.org/chapters

these efforts include advocacy engagement between our members and legislative officials, influencing legislation, and support from our advocacy donors. There are many new changes facing hearing health professionals including, but not limited to,

- new job postings for hearing aid specialists at Department of Veterans Affairs (VA) facilities,
- implementation of over-the-counter (OTC) and prescription hearing aids, and
- challenges to scope of practice within state laws.

The IHS Advocacy Team remains committed to addressing these opportunities by continuing to promote and protect the hearing healthcare profession through lobbying and advocacy initiatives.

IHS has a dedicated chapter affairs manager who works closely with chapter leaders and advises board members on various issues like compliance, events, and growth opportunities. IHS provides leadership development and training opportunities for chapter volunteer leaders in the form of calls, newsletters, and an in-person events such as the IHS Chapter Leadership Conference at the annual IHS

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Share your personal and professional news of accomplishments and celebrations with *THP* by emailing your news and photos to *THP* editor Sandra den Boer at sdenboer@ihsinfo.org.

CONGRATULATIONS!

Dr. Keith Darrow, of the Hearing & Brain Centers of America in Worcester, Massachusetts, recently trained his 350th hearing healthcare provider to be a Certified Dementia Practitioner. Darrow offers his eight-hour comprehensive training program to individuals who wish to learn about what a hearing provider needs to know about the prevention, diagnosis, treatment, and management of the patient with dementia. Darrow's company offers this certification to help the hearing provider increase the services and resources they provide to their patients and community.



Goal Getter

Jennifer Shockley, BC-HIS, of Walterboro, South Carolina, is checking off some of her professional goals this year and we are pleased to help her celebrate. In addition to becoming a board-certified hearing aid specialist last year, she is celebrating her five-year work anniversary with Miracle-Ear. Also note-worthy, she was appointed to serve on the IHS 2023-24 Federal and State Advocacy Committee. Shockley shared, "with these accomplishments, I have fulfilled one of my goals since becoming an IHS member and I am excited to help change even more lives with the hearing industry."

Grohler Expands Reach into North Carolina

Beltone Hearing Aid Centers of Virginia Beach, Virginia, recently opened their seventh and eighth offices in a new state—North Carolina, under the direction of President Zachary Grohler, BC-HIS. Additionally, Grohler's team recently celebrated fitting their 2,000th hearing aid. CEO Bari Grohler said, "Zachary leads our team to provide reliable and consistent service across each of our offices and we are so proud to serve our community under his leadership!"



HAPPY ANNIVERSARY!

Dean Kent, MS, CCC-A, shared that Beltone Audiology and Hearing Centers of Omaha, Nebraska, is celebrating their 85th year, helping the world hear better since 1938. Kent is President of the Omaha-based franchises and stated, "We now have 17 locations in Nebraska and Iowa." He has been an IHS member since 1999 and is a fourth-generation audiologist.



HIGHER EDUCATION

Jill Klein, PhD, ACA, BC-HIS, of Clarity Hearing Aid Center in Tucson, Arizona, received her PhD in Natural Medicine in October of 2021. IHS members are life-long learners!

Time and Hospitality

IHS is so thankful for the time and expertise shared by these stellar IHS members who opened their practices to IHS staff in Michigan and Virginia. **Hillary Wright, BC-HIS**, hosted two tours of her office Oakland Hearing Center in Farmington Hills, Michigan, in the winter of 2023 for IHS staff located in Livonia, Michigan. Wright walked staff members through the patient journey from a warm front office welcome to Real Ear measurement processes and answered multiple questions. **Brent Donohoe, BC-HIS**, of Hull Hearing Aid Service, Inc in Falls Church, Virginia, likewise opened his office for a tour to our locally-residing IHS government affairs department staff. The field trips gave unique insight to the important work our members do in their communities around the world.



Continued on page 38

IHS 71ST ANNUAL CONVENTION & EXPO SEPTEMBER 28-30, 2023 PALM SPRINGS, CA

See You in Palm Springs!
Learn more at ihskonvention.org

Continued from page 37



Expanding in Florida

Nathaniel Buck, Owner of Optimum Hearing Care in Sarasota, Florida, and Stacey Rose announced that they changed their practice name from Yes Hearing Sarasota to Optimum Hearing Care. In addition to their office in Sarasota, they just opened a new location this year on Anna Maria Island, Florida.



GIVING BACK TO THE COMMUNITY

Neil Leon of Altamonte Springs, Florida, shared news of his efforts to help young professionals. "I am an otolaryngologist from Venezuela. I received my hearing aid license and in the next few months I will launch Hispanic Medical Foundation for Hearing. Its objectives will be to encourage bilingual youth to study audiology or to become a hearing aid specialist, create a network of bilingual providers, and disseminate information on hearing care in Spanish."



REMEMBERING

It is with deep sympathy for the family and friends of our IHS members that we share the passing of these dedicated leaders and colleagues.



Ari Chisin (1932-2022) Ari Chisin of Flushing, New York, was a board-certified lifetime member of IHS. He joined the Society in 1971 and was owner of A & B Hearing Center in New York.



Roland Rainford (1931-2022) Roland Rainford passed away in December 2022. He was an IHS member since 1973 and was President of Rainford Hearing Aid Service in Las Vegas, Nevada. Rainford was preceded in death by his wife Beverly and survived by their 7 children: William, Michael, Daniel, Thomas, Roland Jr. (Skip), Wayne and Teresa and their families.



Ellis J. Thomas III (1948-2022) Ellis Thomas of Rantowles Creek, South Carolina, passed away in September 2022. He was a member of IHS since 1980. He served in the U.S. Air Force and worked for Beltone. He is survived by his wife Vicki and their sons, Michael and Christopher and their families. ■

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IHS extends a cordial welcome to the following new members

New Members from October 1, 2022 to December 31, 2022

Canada

Apostolos Thomas Dalios—Chatham, ON
James Dalios—Smithville, ON
Grace Shyng—Port Coquitlam, BC

Malaysia

Ah Yen Chuah—Klang, Selangor
Chee Hong Chuah—Butterworth, Penang

Singapore

Sharad Govil—Singapore

United States

Marina Aceto—West Chester, PA
Ryan Douglas Alberts—Omaha, NE
Jennifer Anderson, BC-HIS—Lakeland, FL
Jared Arikian—Saugus, MA
Jennifer E. Bachelor, BC-HIS—Mentor, OH
Jennifer Rae Beckner—Camp Hill, PA
Andrea Katharina Bergmann—Merritt Island, FL
Donna Beth Biggs—Colorado Springs, CO
Joyce Lanelle Blades—Shreveport, LA
John Bonenberger—Blountville, TN
James Brinks—Greenfield, WI
Lisa Brooks—Bloomington, GA
William W. Bruns, BC-HIS—South Charleston, OH
Chelsea Burghardt—Sausalito, CA
Ross Burke—Avon Lake, OH
Nicholas James Cargill—Georgetown, KY
David Davidson—Uniontown, OH
Mackenzie Davis—Oak Grove, MO
Lindsey Doherty—Lemont, IL
Teresa A. Duffy—Haslet, TX
John Emanuele—Palm Harbor, FL
Makaya Fekety—Monroeville, PA
John L. Ferrante—Hainesport, NJ

Jenna Ferris—Owings Mills, MD
Steve Fowler—Johnstown, NY
Scott Morris Gordon, BC-HIS—Harrisburg, PA
Joel Douglas Gross—Middletown, OH
Kirk F. Hall, BC-HIS—Roseville, CA
Kristen Halvorson—Chicago, IL
Chanel Dominique Hernandez—West Covina, CA
Angela B. Hillman-Schram—Lake Charles, LA

Rosa Pereida—Las Vegas, NV
Ashley Renfrow—Lexington, KY
Ryan Beau Riddle—Hesperus, CO
Renee Lynn Rieck—Omaha, NE
Yesenia Romo—Indianapolis, IN
Brett Rosenblum—Louisville, KY
Suzanne Schlicht—Greenfield, WI
Bridgett M. Staubach—North Plains, OR

ADVICE TO NEW PROFESSIONALS FROM AN IHS ALL STAR:



“IHS is very important to the future of our profession. The Society keeps members up to date on the latest news, technology, and information. My best advice to those entering the profession: don’t ever stop learning!”

— 2022 15-Year IHS All Star Andrea Young, ACA, BC-HIS, Tiffin, Ohio

Michelle Ann Johnston—New Castle, PA
Chae Hyong Kim—Los Angeles, CA
Sharon King, BC-HIS—Holladay, UT
Linda Sue Knapp—Orange Park, FL
Michael Brian Knapp, BC-HIS—Orange Park, FL
Edward Lanza—Fort Lauderdale, FL
Kirt D. Loupe—Lake Charles, LA
Sheri Lynn Mazour—Hastings, NE
Mainesha McBurrows—Locust Grove, GA
Jessica Marie McCollum—Hagerstown, MD
Greg Moen—Milwaukee, WI
Rodney Ouden—Woodbridge, VA
Eric Overton—Orange Park, FL
Rick J. Patush—Streamwood, IL

Bryan Lee Stave—Lakeville, MN
Anita Rae Steinbach—Mankato, MN
Diana Linn Strand—Port Charlotte,
Rebecca Lynn Strong, BC-HIS—Council Bluffs, IA
Lawrence Thigpen—Henrico, VA
Peter Vieira, Jr., BC-HIS—North Dartmouth, MA
Valerie Lynn Woiciechowski—Rindge, NH
Jordan Catherine Wooster—Powell, OH ■

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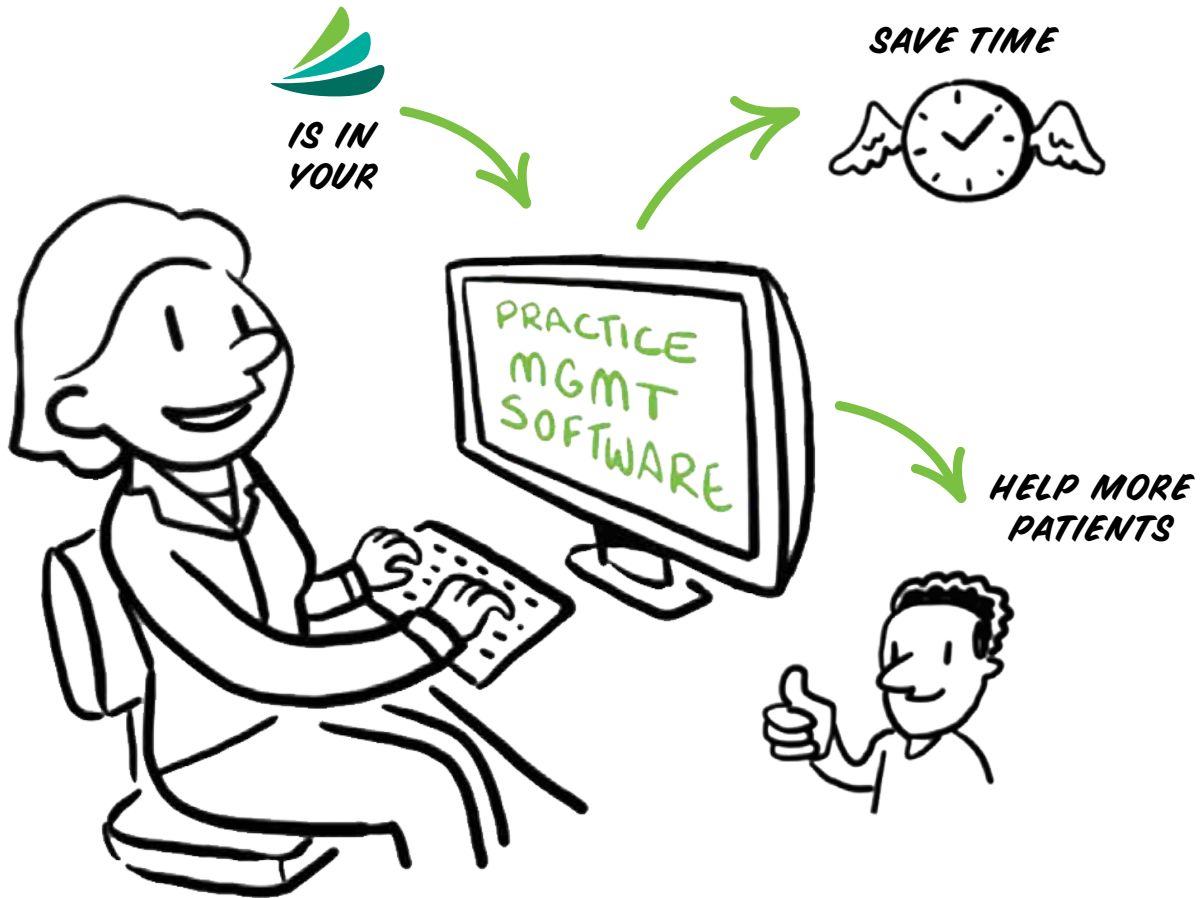
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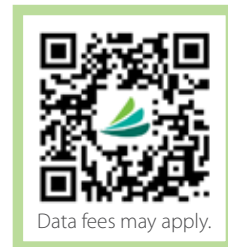


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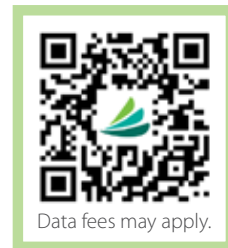


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Client Satisfaction and Loyalty

Applying Key MarkeTrak 2022 Findings in Your Practice



By Brian Taylor, AuD
Senior Director of Audiology, Signia



Read this continuing education article and take the quiz on page 57.

MarkeTrak (MT) 2022, the latest version of the recurring survey of hundreds of hearing aid owners, provides several data-driven insights that hearing care professionals (HCPs) can apply to patient care. Among the numerous actionable findings are these:

1.) Hearing aids improve the quality of life (QoL) for hearing aid owners, and the likelihood that someone will report these QoL improvements is directly related to the type of technology found in their hearing devices. Specifically, wearers with these three newer advanced features: rechargeable batteries, downloadable apps, and

wireless streamers (for the television or a companion microphone) tend to report higher levels of satisfaction.

2.) Hearing aid wearers, regardless of how they acquired their devices, (in-person, remote or self-fit) all report high levels of satisfaction. However, individuals who acquired their devices in-person are significantly more loyal than those who purchased their devices through another channel (remote or self-fit). This article examines these two key MT 2022 findings and how HCPs can leverage them in their own practice.

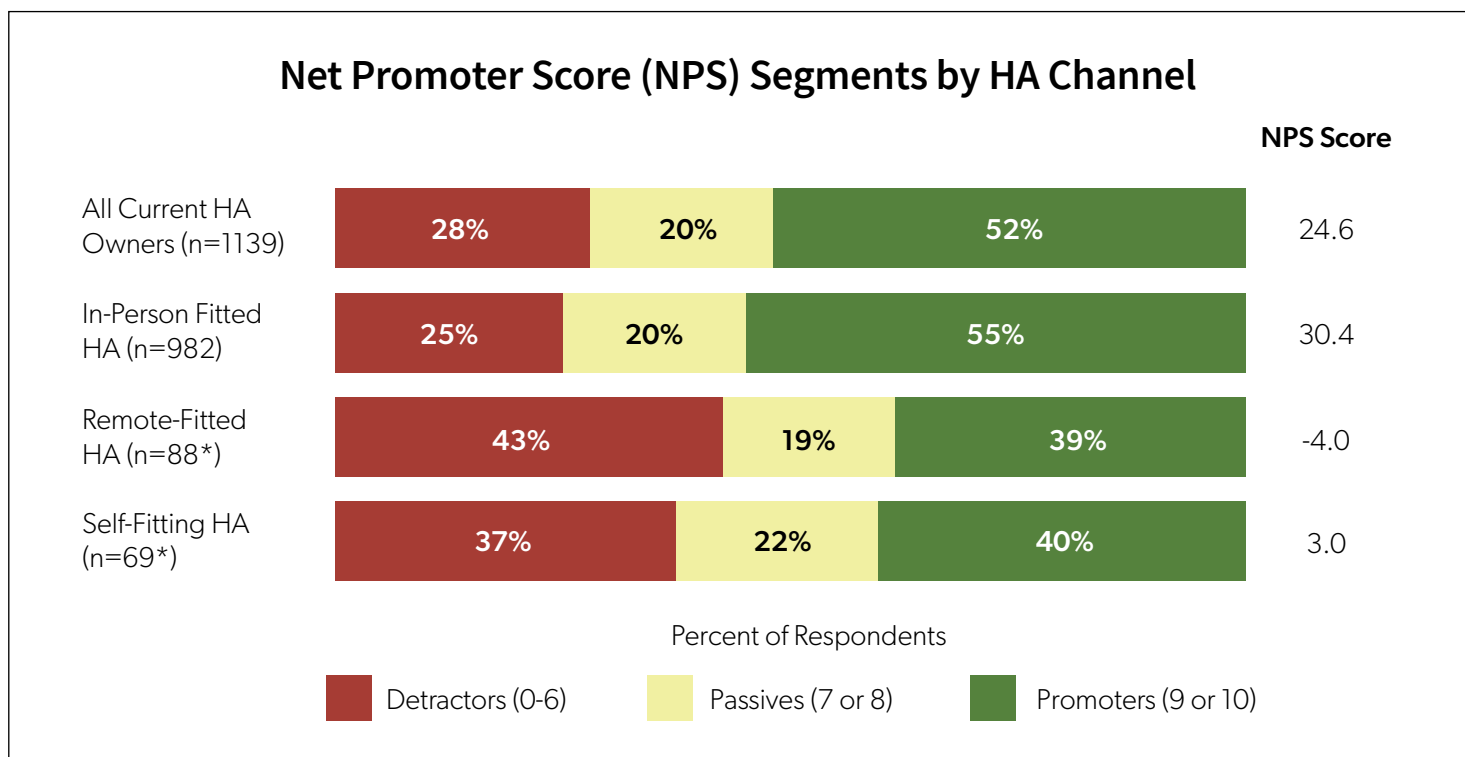


Figure 1. Percent of hearing aid owners who were promoters, passives, or detractors in each fitting channel. Also displayed is the Net Promoter Score (NPS) for each purchasing channel.²

A Key Driver of Loyalty: In-Person Expertise and Support

Loyal customers are thought by many to be the holy grail of clinical practice, as repeat purchasers often represent a significant amount of a practice’s annual revenue. Moreover, loyal customers are far more likely to refer

others to a practice with their positive word-of-mouth recommendations. The Net Promoter Score (NPS) has been an accepted metric for gauging the loyalty of customers for nearly 20 years.¹ Figure 1 illustrates the NPS for MT 22 respondents who acquired hearing aids through three different purchasing channels. Recall that the

NPS is calculated based on responses to the question, “How likely would you be to recommend this establishment or company?” Responses on the NPS range from 10 to 0, with scores of 9 or 10 indicating someone is a “promoter,” scores of 8 or 7 indicating someone is “passive,” and scores of 6 or below indicating someone is a “detractor.”

The NPS is calculated as the percent of people who are promoters (rate a 9 and 10 on the survey) minus the percent of people who are detractors (rate a 6 or less), with higher NPSs indicating a service or product is likely to be recommended and, by proxy, that someone is extremely satisfied with the business delivering this product or service.

NPS (Net Promoters Score)

NPS stands for Net Promoter Score, which is a metric used in customer experience programs. NPS measures the loyalty of customers to a company. The actual NPS score is based on a single-question survey and is reported with a number from the range -100 to +100.

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Many believe a high NPS is related to revenue growth and customer loyalty. Therefore, the NPS could be an important predictor of future market growth or repeat business of a practice. Interestingly, as shown in Figure 1, respondents in the remote and self-fit channels, which involved less support from a hearing care professional, were far less likely to be promoters, as they yielded far lower NPSs compared to those receiving in-person care.

Given the relationship between in-person care and a high NPS, hearing care professionals would be wise to implement clinical tactics that are more likely to create loyal patients who actively promote their practice. One such tactic is the provision of a high level of personal engagement during in-person appointments. Easier said than done, the next section demonstrates how a personalized goal setting process contributes to high Net Promoter Scores.

Goal Setting Using the PEW

Most HCPs conduct, at a minimum, some goal setting with patients during a routine hearing aid evaluation (HAE). For instance, the HCP may ask about telephone use, hearing ability with familiar voices, or communication in noisy social situations. Oftentimes, they write down these goals on a blank piece of paper, while other HCPs prefer to use the Client Oriented Scale of Improvement (COSI) worksheet. Few HCPs, however, have a systematic way of documenting how hearing aid wearers are functioning in everyday listening situations and what emotions – either positive or negative – are commonly associated with communication challenges. Simply jotting down some cursory communication goals – ones that are not particularly unique to the individual – and failing to discuss the emotional consequences of hearing loss are lost opportunities to leverage personalized care in the quest for optimal patient outcomes.

One of the most critical components of the HAE is the HCP's ability to obtain comprehensive functional communication goals that genuinely reflect the priorities of the individual hearing aid wearer. It is easy, after all, to assume the typical hearing aid wearer might find it challenging to communicate with grandchildren, talk on the phone, or converse in busy restaurants. Given the frequency of occurrence of these challenging situations, the HCP would not be wrong if they simply jotted down these common troublesome environments as places the hearing aid wearer expected improvement. However, not taking the time to learn specifically where a prospective hearing aid wearer might experience communication challenges and how they are emotionally reacting to these challenges are lost opportunities for HCPs to differentiate their skills and expertise from online, OTC retailers.

To illustrate this point, consider an individual who is seeking hearing help for the first time. Let's say, for example, the HCP, with limited input from the prospective hearing aid wearer records on the COSI three basic goals, to be accomplished with hearing aid use, as listed:

- Restaurants
- Grandchildren
- Television

Yes, the HCP has targeted three listening situations for improvement. However, because the goals are so vague and unspecific, it is difficult to discuss wearer expectations, gauge success or analyze post-fitting during a routine follow-up appointment, and determine how to improve outcomes.



As this section outlines, simply targeting two or three listening situations for improvement, while better than nothing, is a shortsighted approach to goal setting that fails to demonstrate the skills and expertise of the HCP. In contrast, a more holistic approach, one likely to create more promoters of your practice, relies on the HCP delivering highly personalized care, starting with goal setting. Once the prospective hearing aid wearer, with input from their communication partner, starts to articulate where they want to experience improved communication, the process of targeting specific goals to improve with amplification becomes much easier.

Patient’s Expectation Worksheet (PEW) – Figure 2

Goal	Hardly Ever	Occasionally	Half the Time	Most of the Time	Almost Always
To enjoy my visits with family at dinners		C			E
To become more actively involved in my church group meetings	C				E

Figure 2. An example of the completed PEW where treatment goals and the patient’s expectations of achieving these goals are recorded. Note for each goal that a listening situation is paired with an emotion. C = how patient rates their current ability to communicate, E = how the patient expects to communicate post-intervention.

It is the job of the HCP to facilitate this goal setting process, a task that can be completed with the use of the Patient Expectation Worksheet (PEW). Figure 2 is an example of the PEW. The PEW is used to formalize or record the patient’s targeted

goals – a collaborative process that requires input from the patient, their communication partner, and the HCP. Notice in Figure 2 two specific goals have been recorded and the patient

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Take Home Tip: How to Seamlessly Discuss Emotional Consequences of Hearing Loss

Nearly every help-seeking adult with hearing loss has experienced negative emotions that are associated with hearing loss. Emotions such as frustration, embarrassment, agitation, avoidance, and withdrawal. Remarkably, these negative emotions are seldom discussed with the HCP. This is a huge missed opportunity to relate successful treatment (hearing aid use) with the reversal of these negative emotions associated with communication problems. Here is a time-efficient way to discuss these negative emotions and how to change them into more optimistic and positive thoughts, attitudes, and behaviors following the use of hearing aids:

Administer the Hearing Handicap Inventory (HHIE-S). The screening version of the HHIE-S is comprised of ten questions. Five questions target the emotional consequences of hearing loss, which is something all clinicians know to be a problem, but many find difficult to talk about with patients in the clinic.

1. Does a hearing problem cause you to feel embarrassed when meeting new people?
2. Does a hearing problem cause you to feel frustrated when talking to members of your family?
3. Do you feel handicapped by a hearing problem?
4. Does a hearing problem cause you to have arguments with family members?
5. Do you feel that any difficulty with your hearing limits or hampers your personal or social life?

If a patient answers “yes” to any of these questions, it’s a golden opportunity to ask follow-up questions that allow the patient to elaborate on the emotional consequences of their hearing loss. When patients feel a sense of trust, and they elaborate on their “yes” response to these five questions, their feelings can be applied to the goal setting process.

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has self-rated, using a 1 to 5 scale, their ability to communicate in those specific situations prior to hearing aid use. Also, notice for each goal that an emotion has been paired with a place. See the callout box on page 45 for details on how an emotion is paired with a listening place during the initial goal setting process.

The expectation may be the actual level of success that one believes can be achieved with a particular intervention. A patient, for example, may believe that they will be successful most of the time when they wear a particular pair of devices, and perhaps only successful half of the time if some other action is taken. In short, it is the role of the HCP to help patients set clear goals and manage realistic expectations.

Using Clinical Judgment in the Goal Setting Process

The collaborative goal process using the PEW, described below, is predicated on the HCP's ability to integrate hearing assessment information (degree of hearing loss, speech understanding scores, patient motivation, etc.) and clearly communicate this information to the patient. Clinical judgment is used to relate test results and other information gathered during HAE to the patient, and to clearly explain how the HCP expects the patient is likely to perform in the situations that have been targeted as goals. This process requires the HCP to evaluate several pieces of information collected during the HAE and relate that information, using sound clinical judgment, to the patient in order to establish realistic expectations.



Goals and Expectations

To get the most mileage from the PEW, it helps to have a clear understanding of the difference between a goal and an expectation. In simple terms, a goal is an objective the patient wants to accomplish. It is an object of a person's ambition or effort, an aim or desired result. On the other hand, an expectation is a strong belief that something will happen or come to fruition in the future. People tend to make the mistake of thinking that expectations are fully within their control.

More germane to hearing care, Palmer and Cox assert that expectations are what a patient believes will happen given a particular course of action.³

Functional goals are created from realistic expectations and require give and take from the HCP, patient, and communication partner. When each party weighs in on the goal setting process, realistic expectations should be translated directly into the goal setting process. The intervention plan is created directly from the goals that have been agreed upon by all parties, and success is measured by going back to the original expectation and evaluating how the individual is functioning. Let's examine how this goal setting process unfolds during a HAE using the Patient's Expectation Worksheet (PEW).

How to Create Collaborative Goals

The most effective goals require collaboration between HCP, patient, and communication partner. They reflect the real-world challenges of the person with hearing loss. Additionally, goals are most effective when they pair a specific listening situation targeted by the patient with an emotion that the patient wants to experience more of when it's a positive emotion (enjoyment) or less of when it's a negative emotion (frustration). Armed with these two pieces of critical information, the HCP records collaborative goals along with patient expectations as part of an individualized treatment plan. The PEW is simply where all this information is recorded.

After two to five goals have been created, the patient indicates how often they are successful in the situation currently (C), prior to hearing aid use, and how they expect to function after the intervention (E). The HCP marks the PEW with a check mark (“√”) to indicate what is a realistic expectation given the individual characteristics of the patient (audiologic and non-audiologic information).

If the “E” and “√” are not in agreement, the HCP counsels the patient until they understand why their expectations might be too high or too low, or how the planned intervention ought to be modified to better meet the expectations of the patient. Interventions are planned based on the identified goals and the HCP creates ways to measure each functional goal. Figure 3 shows an example of a completed PEW in which the patient’s expectations and the HCP’s judgments of success are in alignment. (The “E” and “√” and in the same box).

To illustrate this point, let’s say the patient in this example has an unaided Quick SIN score of 5 dB SNR loss in each ear, recognizes a significant hearing loss, and is highly motivated to receive help from the HCP. (An unaided Quick SIN of 5 dB or less is a mild SNR loss and a good indication the patient will hear okay in noisy places when audibility is restored with hearing aids). Note in Figure 3, the HCP has applied this information in their judgment of expectations for this patient. When the HCP and patient are in alignment on goals and expectations, an optimistic outlook of patient outcomes can be

PEW – Figure 3

Goal	Hardly Ever	Occasionally	Half the Time	Most of the Time	Almost Always
To enjoy my visits with family at dinners		C			E √
To become more actively involved in my church group meetings	C				E √

Figure 3. An example of the completed Patient Expectations Worksheet where treatment goals, expectations are recorded. Expectations of the patient are compared to the HCP’s expected outcomes, post intervention. C = how patient rates their current ability to communicate, E = how the patient expects to communicate post-intervention, √= HCP’s judgment of what outcome the patient will achieve. Note in this example how patient expectations and HCP expectations are aligned.

communicated by the HCP. Given the results in Figure 3, the HCP might say something like this to the patient, “If we work together, I will teach you all you need to know and make sure the hearing aids are fitted properly. If you follow my directions, you have an excellent chance of achieving these goals.”

Contrast the example in Figure 3 with the one shown in Figure 4, in which there is misalignment between the patient’s expectations and the HCP’s judgment of a successful outcome. The example in Figure 4 shows the

same goals and expectations as those in the previous example of Figure 3 with one major difference: An unaided Quick SIN score of 12 dB in each ear and a patient who has been judged by the HCP to be unmotivated or resistant to get help. (An unaided Quick SIN of 12 or higher is indicative of severe SNR loss and suggests the patient really struggles in noisy situations). Given this information, the HCP is compelled to take one of two courses: 1.) Counsel the patient about lowering expectations, or 2.) offer a

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PEW – Figure 4

Goal	Hardly Ever	Occasionally	Half the Time	Most of the Time	Almost Always
To enjoy my visits with family at dinners		C		√	E
To become more actively involved in my church group meetings	C		√		E

Figure 4. A second example of the completed Patient Expectations Worksheet where treatment goals and expectations are recorded. Expectations of the patient are compared to how the HCP believes the patient will hear, post intervention. C = how the patient rates their current ability to communicate, E = how the patient expects to communicate post-intervention. √ = HCP’s judgment of what outcome the patient will achieve. Note that the patient and HCP’s expectations are not aligned.

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more comprehensive treatment plan that may include the use of Bluetooth-enabled remote microphone technology or comprehensive auditory training courses – both of which add complexity and cost to the intervention.

In these cases, as illustrated in Figure 4, the HCP may share with the patient the following message, “I am going to ask you to do something that may be outside your comfort zone... How do you feel about that? Based on what I am seeing, you have two options:

1. I’d like you to re-think your expectations. They might be a little too high. or 2. I need to recommend an accessory to your hearing aids that will help you achieve your goal. This accessory (remote microphone) will take some time to learn how to use and it will add to the cost. But it’s necessary to achieve the outcomes you wish for. How does that sound?”

Acceptable vs. Ideal Progress Toward Goals⁴

The PEW is a useful example of how information, beyond the basic hearing test, can be readily gathered during a routine help-seeking appointment, discussed by the HCP and patient, and transformed into functional goals in a collaborative and personalized manner. When expectations are added to the goal-setting process, the dialogue between the patient and HCP evolves into a discussion of what might be ideally achieved through treatment and what is realistic or acceptable for the patient. It is up to the HCP, using their expertise along with the information gathered during

the appointment, to lead a discussion on when expected outcomes might be less than ideal. Equipped with this knowledge, the patient decides to lower expectations or investigate other courses of action, such as using hearing aid accessories or additional auditory training exercises that might result in superior outcomes but add complexity and expense. This is the type of honest and frank conversation that is an essential component of relationship-centered communication and shared decision making. The PEW is a canvas where this discussion and shared decision making occurs.

Finally, the PEW can be used again post-intervention as an outcome measure, as illustrated in Figure 5. The patient marks the sheet with the letter “I” to indicate the level of success after the intervention. If the “I” does not match the original expectation, the HCP re-examines both the expectation and the intervention and modifies the treatment plan as needed.

A Key Driver of Satisfaction: Use of Newer Advanced Features

In the previous section we discussed how personalized goal and

expectation setting can be used in the clinic to drive higher levels of patient loyalty. Now, we turn our attention to a second key finding of MT2022: Patients who use advanced features not found in hearing aids until about 2016, such as rechargeable batteries, downloadable apps, and wireless streamers (for the television or a companion microphone) tend to report higher levels of benefit. This finding suggests that HCPs can optimize patient benefit by including these three features, which were not commercially available in hearing aids until relatively recently, to patients who demonstrate an ability to effectively use them. Signia and other manufacturers have introduced several iterations of these three features over the past five years.

Rechargeability

Rechargeable hearing aids come with a variety of charging solutions, depending on the specific model. Some chargers are pocket-sized portable cases, some enable you to charge your hearing aids without needing plugs or cables, and some can even clean your hearing aids while charging.

PEW – Figure 5

Goal	Hardly Ever	Occasionally	Half the Time	Most of the Time	Almost Always
To enjoy my visits with family at dinners		C		I	E ✓
To become more actively involved in my church group meetings	C				E ✓ I


Figure 5. In this example of the completed PEW, the “I” designates final outcome, as rated by the patient, on the 1-5 scale. This final step is completed approximately four to six weeks post fitting.

Hearing Aid Apps

There are several apps that manufacturers have developed over the past few years, all of which enable the wearer to enjoy their hearing aids to the fullest, tailored to their personal preferences for audio streaming, use of a remote control, and remote support from their HCP. All the wearer needs is a smartphone. Typically, these apps are easy to use. For example, some apps allow the wearer to discreetly control the volume and other settings while streaming audio directly to their hearing aids. Some manufacturers use artificial intelligence (AI) to adjust hearing aids to a variety of difficult listening situations. Furthermore, newer apps on the market enable the wearer to track their daily steps and physical activity, in addition to measuring social interaction and hearing aid wear time.

Wireless Streaming

The latest hearing aids offer a variety of wireless streaming options. Depending on the specific needs of the wearer, each accessory allows for a seamless, high quality audio experience. Additionally, modern hearing aids are now hands-free mobile headsets and wireless headphones that stream premium stereo quality from any Bluetooth device – mobile phones, PCs, laptops, and smart assistants like Alexa, Siri and Google Assistant. Bluetooth-enabled hearing aids with direct streaming functionality allow hearing aid wearers to hear a conversation partner on the phone directly via their hearing aids. Some hearing aids can be coupled with a smartphone where



“Patients who use advanced features in hearing aids... tend to report higher levels of benefit.”

the hearing aids automatically serve as headset during a call.

Candidacy Considerations

Of course, the job of the HCP is twofold: 1.) to determine who is a good candidate for rechargeable batteries, downloadable apps, and wireless streaming, and 2.) to recognize that most patients need instruction and guidance on how to get the most mileage from these features. These tasks start during the HAE when the patient and HCP collaborate on goals. To better understand how this task unfolds during the goal setting process, let's revisit the two goals illustrated in Figures 3-5.

- To enjoy visits with family during dinners
- To become more actively involved in my church meetings

For each goal, the HCP identifies the benefit the patient is expected to experience for each of the three advanced features. Once the HCP has communicated the expected benefit,

and the patient has agreed on the recommended hearing aid (action plan), the next step is to inform the patient about how these three features will contribute to higher levels of outcome. This approach is completed in the following manner.

Opening statement: “When patients add these three features and use them properly, they tend to obtain the best results. Here is why...”

Rechargeable batteries: “This feature eliminates changing the little battery pill and enables you to wear the hearing aids for more hours per day without having to worry about changing batteries. People who wear their hearing aids more hours per day experience better long-term results.”

Downloadable apps: “These features enable you to tailor the hearing aid’s sound to your liking and provides you with maximum flexibility in adjusting how the devices sound. This is especially

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helpful when you want to make an adjustment in a challenging listening environment.”

Wireless streamer: “For these particular goals, the wireless microphone will be effective. I will show you when it’s best to use it and how it works.”

Conclusions

Today, more than ever, hearing care professionals face enormous competitive challenges from a range of sources, including direct-to-consumer retailers and hearing aids sold over the counter. Key findings from MT 2022, however, provide insights on how HCPs can not only stay competitive but clearly differentiate themselves from these competitive pressures.

The opportunity to stand apart from competitors, using evidence from MT 2022, is twofold. One, HCPs can create more loyal patients – those who are willing to actively promote the HCP to others – by providing higher levels of personalized care. This article provides one example of how this type of personalized care can be implemented in any practice using the PEW.

Two, higher levels of patient satisfaction are more likely to be achieved when rechargeable devices, wireless streaming, and multifunctional apps – features that only recently became widely available – are embraced by wearers. The role of the HCP is to integrate these features in their product portfolio and ensure that wearers thoroughly

understand why these features are needed and how they work.

MarkeTrak 2022 results indicate that most people are satisfied with their hearing aids, regardless of the acquisition channel. However, those who were fitted remotely by a

hearing care professional or chose a self-fitting option are not likely to promote the practice where they acquired their devices. Hearing care professionals, by following the guidance of this article, can get a leg up on OTC competition and provide a higher level of personalized service. ■



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The entire MarkeTrak 2022 report is available as a series of open access, peer reviewed articles at *Seminars in Hearing* and can be downloaded here: <https://www.thieme-connect.de/products/ejournals/journal/10.1055/s-00000067>

Delays in Credentialing Spark Risky Behavior



By Samantha Sikorski, ACA, CPCO

Chair of the Managed Care and Compliance Committee

Let's face it – the process of becoming credentialed with a health plan has always had its delays; but, staffing shortages over the last two years have only added to this delay and frustration – leading practice owners to find alternative solutions.

Unfortunately, some of these so called “solutions,” or work-arounds, result in the submission of fraudulent claims. And, while carriers may pay on these claims now, one should be wary of the fact that after a carrier pays a claim, it may be reviewed by the auditing team (for any reason) years after it was paid.

Recently, I learned of two specific risky behaviors in hearing healthcare practices: audiologists using other audiologists' NPIs (National Provider Identifier) until their own credentialing was approved, and hearing aid specialists using an audiologist's NPI due to some false idea that a dispenser could not be credentialed themselves. The question one needs to ask is: Are practice owners doing this because

they legitimately do not realize this is a fraudulent activity or do they somehow believe the current situation is worth the risk?

Why are practices tempted to engage in such risky behavior?

Employing a non-credentialed provider is costly. Hiring a certified or licensed individual does not mean they are automatically allowed to participate in a network; even when the practice they are hired to work at is already in the network. Carriers are required to ensure providers contracted in their health plan are qualified to render the services prior to remuneration for said services. The delay in this “approval-to-participate” process may cause potential patients to seek those services elsewhere. In an industry where new patients are how one generates revenue, this could result in a financial loss to the practice. This cost is precisely why

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A Quick Guide to Incident-to Billing

1

The service must be provided in a noninstitutional setting.

CMS defines noninstitutional as “all settings other than a hospital or skilled nursing facility.” A private practice is considered a noninstitutional setting.

2

A Medicare-credentialed physician must initiate a patient's care.

A new or worsened patient complaint requires the physician to conduct an evaluation and management for that complaint. They must establish a diagnosis and a plan of care. Incident to services may not be rendered on the patient's first visit.

3

After initial physician encounter, a NPP may provide follow-up care.

Care must be under the direct supervision of a qualified provider. Physician does not have to be in the room; however they must be immediately available/accessible in the office suite to provide direction. Any physician of the group practice may be the supervising physician; it is not required to be the one who performed the initial E&M.

4

Physician must actively participate in and manage the patient's course of treatment.

Generally, this is to mean that the MD must see the patient every 3rd visit but this is not specified. Documentation must support the ongoing participation of the physician.

5

Both the credentialed physician and the NPP must be employed by the same group entity billing for the incident-to service.

If a physician is a sole practitioner, the physician must employ the NPP.

6

The incident-to service must be the type that is usually performed in the office setting and must be part of the normal course of treatment of a diagnosis/illness.

If a service requires an item or supply not typically provided, or expected to be on hand, in this office type, then they would not be covered under the incident to provision.

7

Service must be within the billing provider's scope of practice.

If the technical component is outside of the physicians SOP, the incident to provision does not apply. In other words, the physician cannot provide guidance or care on a service outside of their scope.

Services meeting all of the above requirements may be billed under the supervising physician's NPI, as if the physician personally performed the service. Documentation should detail who performed the service, and that a supervising physician was in the office suite (although not necessarily the same room), at the time of the service.

The “incident-to” billing rules provide an exception, allowing 100 percent reimbursement for non-physician services that meet the requirements detailed in the Medicare Benefit Policy Manual, Chapter 15, Section 60 (Services and Supplies Furnished Incident To a Physician's/NPP's Professional Service).

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practices are motivated to find alternative ways of participation – even when those methods are illegal.

NPI numbers are like Social Security numbers (SSN) in that they are unique identification numbers, they apply to only one person, and stay with that person for life. NPIs are applied to an insurance claim to certify that the provider who the NPI belongs to is the person who rendered the service, unless an appropriate modifier to signify otherwise was applied. When auditing reveals that the billing provider was not the rendering provider, the provider has violated the False Claims Act by submitting a fraudulent claim. While this carries its own stiff penalties, the practice can also be found guilty of wire/mail fraud. Therefore, while the cost of carrying a non-credentialed provider is significant, the penalties of circumventing the process are far greater.

Is there ever a scenario where one may bill under an audiologist's or ENT's NPI?

While the majority of time the answer to this question would be 'no,' there are circumstances that allow one to provide services, legally, under another provider's NPI. Inevitably, this question is the result of someone learning about "incident-to" billing and failing to fully understand the complexity of the conditions. Incident-to billing is a provision by Medicare that allows a non-physician provider to render care to a beneficiary and

be billed under the physician's NPI. Medicare has seven requirements that must be met in order to qualify for this provision (see the graphic on page 53). It is important to note that incident-to billing applies to physicians and not to any other healthcare professional with an NPI. What is not listed in the graphic, but very important for hearing care professionals to consider, is that a hearing aid specialist performs audiometric evaluations to determine one's candidacy for hearing aids.



While it does occur, it is atypical for a dispenser to evaluate one's hearing for an ENT's use. If an ENT orders a hearing evaluation to be provided by a dispenser for the purpose of the fitting/sale of hearing aids, it is statutorily excluded from coverage and those billing rules must be followed.

Another scenario for billing under another professional's NPI is locum tenens. Locum tenen audiologists may bill Medicare under the absent audiologist as long as the primary audiologist is unavailable, the beneficiary is seeking care by their regular (absent) provider, and the absence is short-term (less than 60 days).

When either of these exceptions apply, the practice must be sure to code the claim using appropriate LU and Q6 modifiers. If neither of these apply, then one must bill under their own NPI.

Is there anything a practice can do to speed up the credentialing process?

The best way to avoid additional delays is to ensure all the paperwork is complete. Participating with CAQH may avoid this altogether with some payers. If one has done everything necessary and the credential has not been issued in the typical 60-120 days, here is our best advice:

Become a patient advocate. Call the credentialing department and let them know how many of their members are waiting for care. (If there is only one person, this will not help you.) Ask if they would be willing to "back-date" the date of the credential. This will allow a practice to hold claims until the non-credentialed providers' approval comes through. While this will certainly delay payment, it is not illegal – if the health plan approves it. In one particular case, the payer declined to alter the date, but was able to prioritize the request and the provider was credentialed within the week!

For questions specifically related to commercial insurance carriers, one should consult with their contracting agent for each plan and not apply one plan's authorizations to other health plans. ■

TINNITUS Care Provider Certificate Program

Nineteen hearing healthcare professionals from across North America joined IHS for a virtual Tinnitus Care Provider workshop January 27-29, 2023. Over the course of three days, these dedicated professionals gained new knowledge and skills to assist the one in ten adults who suffer from tinnitus.



The course was taught by Richard Tyler, PhD, audiologist from the University of Iowa, and Douglas Lewis, JD, PhD, MBA, AuD, audiologist, attorney, and business owner based in central Ohio. The course provides a turnkey tinnitus solution for hearing aid specialists and audiologists alike and covers content such as:

- the physiology and measurement of tinnitus;
- using hearing aids and other devices for tinnitus;
- counseling for tinnitus; and
- business aspects including:
 - creating and analyzing a business plan,
 - insurance reimbursement, and
 - risk management for tinnitus clinics.

At the beginning and end of the course, attendees are asked to rate their confidence in their ability to develop and



IHS Professional Development Senior Project Manager Michelle Weiss, MA, and Richard Tyler, PhD, at the hub of the Tinnitus Care Provider virtual workshop

implement tinnitus management plans for their patients. Following the recent workshop, 95% of attendees said their confidence to do so was improved thanks to the course.

The attendees spoke highly of their experience:

“Dr. Tyler gives a great deal of in-depth knowledge but in a manner that makes it easy to understand.”

“Dr. Tyler was very thorough and knowledgeable on the subject. He answered questions well, and provided a lot of practice insight on how to use the information that we are learning.”

“This course gave a pathway to how tinnitus can be utilized and deployed into practice.”

“This course exceeded my expectations.”

The next Tinnitus Care Provider virtual workshop will be held November 17-19, 2023. Visit www.ihinfo.org/tinnitus to register. ■

IHS Approved Course List

of IHS Chapters and Allied Associations and Entities

Date	City, State	Course Title	Education Provider	# of CE Credit	More Information
March					
3/9-3/11	Alexandria, MN	MHHP 27th Annual Convention	Minnesota Hearing Healthcare Providers	TBD	https://hub.ihinfo.org/mnhhp/home
3/11	Macon, GA	Spring Meeting	Georgia Society of Hearing Professionals	6	gsohp.org
3/11	Virtual	2023 Spring Webinar	Hearing Healthcare Alliance of Ohio	TBD	https://hub.ihinfo.org/ohiochapter/home
3/16-3/18	Harrisburg, PA	Mid-Atlantic Hearing Expo	Pennsylvania Hearing Healthcare Association	10	www.midatlantichearingexpo.net
April					
4/13-4/14	TBD	2023 Seminar	Nebraska Hearing Society	TBD	nebraskahearingsociety.org
4/21-4/22	Little Rock, AR	2023 Annual Conference	Arkansas Hearing Society	TBD	https://arkansashearingsociety.org
4/21-4/22	Calgary, Alberta	Symposium	Association of Hearing Aid Practitioners of AB	10	https://ahapa.ca
4/28	West Des Moines, IA	IHA Spring Conference	Iowa Hearing Association	TBD	iowahearingassociation.org
May					
5/4-5/6	Rancho Mirage, CA	HHPCA Annual Convention	Hearing Healthcare Providers of CA	17	www.hhpca.org
5/10-5/12	Niagara Falls, Ontario	2023 Symposium	Association of Hearing Instrument Practitioners of ON	TBD	https://helpmehear.ca
5/20	Lexington, KY	Mid-America Conference on Hearing	Hearing Aid Association of Kentucky	5	https://www.hearingaidassociationofky.com
June					
6/2-6/3	TBD	LSHAS Convention	Louisiana Society of Hearing Aid Specialists	TBD	https://hub.ihinfo.org/lshas/home
6/10	TBD	IHA Conference	Indiana Hearing Aid Alliance	TBD	https://www.indianahearingaidalliance.com
6/16-6/17	TBD	HHCANY 2023 Conference	Hearing HealthCare Alliance of NY	TBD	
6/23-6/24	Irving, TX	THAA 2023 Annual Conference	Texas Hearing Aid Association	10	https://www.texashearingaids.org
July					
7/7-7/9	Clearwater Beach, FL	FHS 2023 Annual Convention	Florida Hearing Society	12	https://www.floridahearingsociety.com
7/21-7/23	Pine Mountain, GA	Summer Meeting	Georgia Society/Alabama Society	TBD	georgiasocietyofhearingprofessionals.com
August					
8/10-8/12	Keystone, CO	2023 Symposium	Colorado Hearing Society	10	https://www.coloradohearingsociety.com
September					
9/28-30	Palm Springs, CA	71st Annual IHS Convention & Expo	International Hearing Society	14	www.ihconvention.org

Note: All event details were current at the time of printing. Please refer to www.ihinfo.org/calendar and/or contact the education provider directly for updated details for any event.

IHS Continuing Education Test

Client Satisfaction and Loyalty: Applying Key MarkeTrak 2022 Findings in Your Practice, article on page 42.

1. Hearing aid wearers who purchased hearing aids remotely report higher levels of satisfaction over those individuals who acquired their device from a professional hearing healthcare provider.
 - a. True
 - b. False
2. What does NPS measure?
 - a. A respondent's likelihood of referring a company.
 - b. The total number of people who won't promote a brand.
 - c. The past 20 years of promotions for a company.
 - d. All of the above.
3. Net Promoter Scores can be raised by hearing care providers by
 - a. Implementing certain loyalty-building clinical tactics
 - b. Providing a high level of personal engagement during each appointment.
 - c. Adopting a personalized goal-setting process for each client.
 - d. All of the above
 - e. A and b
4. Customer loyalty affects repeat purchases but has little effect on a hearing aid offices' referral business.
 - a. True
 - b. False
5. Net Promoter Score is calculated by
 - a. The number of clients who are promoters plus the number of clients who are passive
 - b. The percentage of 'passive' clients minus the percentage of 'promoter' clients.
 - c. The percentage of 'promoter' clients minus the percentage of 'detractor' clients.
 - d. A complex mix of all of the above calculations.
6. If a hearing aid specialist discusses and documents goal setting for hearing with their clients, then there is no value or need to spend time in reviewing the emotional consequences of hearing loss with their clients.
 - a. True
 - b. False
7. Targeting two or three listening situations for improvement is an excellent approach to goal setting that comprehensively demonstrates your skillset and expertise.
 - a. True
 - b. False
8. The Patient Expectation Worksheet (PEW)
 - a. Is an excellent tool to be filled out by the client before a consultation.
 - b. Should be filled out without help from family and friends for the best results.
 - c. Can help the hearing care provider facilitate the goal setting process.
 - d. All of the above
 - e. None of the above
9. Educating all of your clients, regardless of their comfort with new technology, on the latest features is the best way to gain more loyal customers.
 - a. True
 - b. False
10. Advancing your goal setting activities with clients can
 - a. Help you stay competitive with over-the-counter alternatives.
 - b. Help you create more loyal customers.
 - c. Provide a higher level of personalized services.
 - d. All of the above
 - e. None of the above.

For continuing education credit, complete this test and send the answer section to: professionaldevelopment@ihsinfo.org or International Hearing Society, 16880 Middlebelt Rd., Ste. 4, Livonia, MI 48154

- After your test has been graded, you will receive a certificate of completion.
- All questions regarding the examination must be in writing and directed to IHS.
- Credit: IHS designates this professional development activity for one (1) continuing education credit.
- Fees: \$29.00 IHS member, \$59.00 non-member. (Payment in U.S. funds only.)

CLIENT SATISFACTION AND LOYALTY: APPLYING KEY MARKETRAK 2022 FINDINGS IN YOUR PRACTICE QUIZ

Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email _____ Country _____

Office Telephone _____

Last Four Digits of SS/SI # _____

Professional and/or Academic Credentials _____

Please check one: \$29.00 (IHS member) \$59.00 (non-member)

Payment: Check Enclosed (payable to IHS)

Charge to: American Express Visa MasterCard Discover

Card Holder Name _____

Card Number _____ Exp Date _____

Signature _____

(PHOTOCOPY THIS FORM AS NEEDED.)

Answer Section

(Circle the correct response from the test questions above.)

1. a b

2. a b c d

3. a b c d e

4. a b

5. a b c d

6. a b

7. a b

8. a b c d e

9. a b

10. a b c d e



Welcome to the Team!

IHS is pleased to introduce these new team members working to advance members' best interests.



Ava Rosinski – Marketing Project Specialist Ava Rosinski assists the marketing department in the creative development, design, and delivery of programs that promote hearing aid specialists and the Society. She graduated from Grand Valley State University in 2020 with a Bachelor of Science degree in Advertising and has been busy building a portfolio from her experience in graphic design and social media. When she is not assisting with the marketing team's print and online marketing efforts, she enjoys going for evening walks, bingeing sitcoms, baking cookies, reading, and hanging out with friends on the weekends. Her favorite sounds include thunderstorms, candles with crackle-wicks, bacon sizzling in a pan, and birds chirping in the morning. Fun Fact: She

lived in Tokyo, Japan, for most of her childhood. Rosinski is excited to work on promoting IHS chapter sites and the 71st Annual IHS Convention & Expo.



Christine Seitz – Manager of Government Affairs Christine Seitz manages IHS' state and provincial legislative and regulatory affairs, as well as provides support to advocacy and fundraising efforts. She brings 15-plus years of government affairs experience in public sector and trade association positions, including her previous work as Executive Director of the Education Committee at the Pennsylvania House of Representatives. She is looking forward to making a positive impact for both IHS' members and people who are hard of hearing. Seitz recently moved to Maryland, but will continue cheering for the Philadelphia Phillies for life. Outside the office she enjoys gardening and cycling. Her favorite sounds include classical music and nature.



Dominique Wilford – Administrative Assistant Dominique Wilford provides direct support to the IHS and NBC-HIS team, including office maintenance, improvement, and other administrative support functions. He brings 15 years of administrative experience from the non-profit, educational, and automotive sectors, in addition to his more than 25 years in the sports industry, which included roles ranging from youth sports to working in the NBA & WNBA. He is excited about supporting the Society because of the potential for growth and the vision of Executive Director Alissa Parady. In his spare time he loves to play and go to basketball games with his wife Jennifer, and their two kids, Dawson and Jordin. Wilford's favorite sounds include the laughter of his children.

Donations Needed to Help Youth in Need

Help America Hear Program will be awarding scholarships to ten hard-of-hearing high school seniors for college or vocational school. Help America Hear Founder Mitchel Shapiro is seeking both applications and donations before the April 2, 2023, deadline to apply for a scholarship. He said, “We are committed to make sure that the community we serve has as many opportunities as possible in pursuit of their college or vocational education. You can call 888-580-8886 or email info@helpamericahear.org to donate.” Help America Hear is a 501c3 not-for-profit organization based in Smithtown, New York, that provides new high quality hearing aids to individuals with limited financial resources across the U.S.



Hearing Aid Specialists Make Top Jobs’ List

IHS was proud to share the fantastic news released in January by *The U.S. News & World Report* (January 10 edition) that ranked Hearing Aid Specialist as a best job for 2023, based on their findings from the U.S. Bureau of Labor Statistics and in-house reporting. Hearing Aid Specialist is listed as #15 in the magazine’s list of Best Health Care Support Jobs and made several other top rankings in the Report:



- #8 in Highest Paying Jobs without a Degree,
- #12 in Best Jobs Without A College Degree,
- #15 in Best Health Care Support Jobs, and
- #82 in 100 Best Jobs.

IHS shared this news in a press release which was part of IHS’ new Consumer Awareness Campaign to promote the important work of IHS members and encourage qualified job seekers to consider becoming a hearing aid specialist. ■

**SAVE
THE DATE**

IHS  **VIRTUAL
CONFERENCE**

Thursday, June 1, 2023
10:00am – 5:00pm ET

Check www.ihsinfo.org for more details coming soon!

Serving the International Hearing Society and its members for over 60 years

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Detroit, MI 48226-5485
(313) 965-7349
john.hessburg@kitch.com

There's still time to Renew Your 2023 Membership and Maintain Your Benefits!



Because of **YOU**, we can empower hearing healthcare professionals to **deliver high-quality, accessible hearing care.**

Your membership in the IHS community allows us to continue our work protecting, representing, and promoting the interests of hearing healthcare professionals.

"I support IHS because it is a continual resource for education and advocacy for Hearing Healthcare Professionals. I have spent years working on the state level at HHPCA and I know supporting the national association is beneficial to our efforts and keeps me in contact with colleagues from all over."

- Joseph J. Bartlett, ACA, BC-HIS
15 Years as an IHS Member



RENEW YOUR MEMBERSHIP TODAY

1. Scan the QR code or visit myhome.ihsinfo.org
2. Login to your membership account
3. Verify and/or edit your contact information
4. Submit your renewal

Questions? Email us at membership@ihsinfo.org

