

Wed, June 11, 2008 HLAGR Meeting

"Ask The Audiologist" with Pam Keenan and John Goy

Nancy Cluley: we are starting a bit late. I apologize. There are a couple new faces that I want to welcome. We are still experimenting with this time of year. The plan for tonight is ask the audiologist. With us are John Goy and Pam Keenan. Marilyn Knol wants to also talk about the Walk4Hearing. How many were at last year's walk? It was quite successful last year and it was very cold; it was before MetroHealth Hospital opened. We took full advantage of that last year in Frog Hollow, the park. We will have face painting and other activities. My daughter is giving us ideas. I will let Marilyn give details about that.

Marilyn: Thank you for coming. I work for MetroHealth Hospital. MetroHealth Hospital is one of the first hospitals in the states to have the loop system. We are grateful for that. Relative to the Walk4Hearing, we are excited for the second one. We raised about \$34,000 last year. The national organization hosts a website and they provide a lot of support for the Walk. Some of the monies raised go back to them. We are excited that it's just around the corner.

Their national website, www.Walk4Hearing.org, is easy to go to. We are just over \$13,000 raised this year already. We found that the day of the walk a lot of money comes in, as well as after the walk; there is plenty of time to participate. If you know of someone who may want to walk or donate, that is great. We need sponsors. We got local sponsors like MetroHealth Hospital who gave \$2500; the Hearing Clinic also gave \$1000. The national organization printed these and these [*holding up brochures and fliers*]. The MetroHealth Hospital campus posters are around town but if you want to take one or two and post them that would be helpful.

Last is the envelope that the walkers use. The instructions on how to donate are also on here. The details of the Walk4Hearing are on here as well. Like Nancy said, Hannah and her team of people are doing some great things for the Walk4Hearing this year. We appreciate that. This is going to be better than last year, so we would love it for you to participate. Any questions? Thanks.

Nancy: We want to start on the "ask your questions". This is a great program for us. It's very interactive. John and Pam are the experts. I have one: all the tools to keep the hearing aid clean; are we supposed to do that?

Who wants to start?

Pam: yes, you are. I figure if I tell you to do it daily you might do it weekly. I am Pam Keenan with MacDonald Audiology. I am currently raising a family, working, and trying to finish my doctoral degree with Pennsylvania College.

John: I am John Goy with the Hearing Clinic. I started in 1980. I have told people

to use the cleaning tools daily also, but no one does. It is important.

Guest: how do you clean the aids? That way I would know how to nag my daughter.

John: take a Kleenex and clean the aid each night. A lot of time the oil in the ear gets into the cracks and crevices and makes problems for the hearing aid. The opening where the sound comes out has problems with the wax that comes out of the ear. It gradually plugs things up. Did that answer your question?

Pam: I would add one thing to the cleaning routine. A box that pulls out moisture, a dry and store box, works well for keeping the hearing aid clean. It has a fan and desiccant in it. You can put the aids in overnight, and it's safe and dry plus it sanitizes them. Moisture, perspiration and humidity can be huge factors. I have found that in the last two years we have made people aware of it and my repair rates have gone down dramatically.

Guest: is the fan important?

Pam: it's a more aggressive way. The old ones had a silica gel them. They are not as aggressive. The new boxes are a lot more so. The dry and store box is much more effective; you can see the moisture beads in it. You can also force air through it.

Guest: I have a switch thing that dries it for me. But sometimes when I have water in it, it does not let the sound come through at all. Should I put my hearing aid in the box when I go to the pool?

Pam: you can put them in the jar that you talked about. The blower is a quick fix to get the moisture pellets out. He has one.

Guest: I keep it in my bag.

Pam: worst case scenario, you can tap on the tube also.

Guest: If you have the dry and store box, do you still need to do the soap and water on the ear mold? If so, how often?

Pam: that is not a bad idea. It's a good idea to clean the outside of the ear mold. Depending on the material, I recommend warm water without a solution that can dry out the mold. Don't go too hot with the temperature of the water. It breaks down the glue in the ear mold. Rinse it and dry it. You can do that monthly depending on what you see on the ear mold. It depends on the ear mold. I can do that at the shop as well.

John: one thing about the dry and store box, the UV light is nice because it kills germs. Twice this year people have come in with ear canal infections. The UV light kills off the bacteria. Wash your hands, put your ear mold on a Kleenex so you don't introduce bacteria to the ear.

Guest: how much is the box?

John: there are many. The one we sell is usually \$100.

Guest: you have to buy the replacement things too.

Pam: those are \$2-3 and you need 3-6 a year.

Guest: you can also use your flexible benefits from your employer.

Guest: is warm water good for the hearing aid or is the spray better?

John: use a sanitizer or use water. Not runny, just wipe off the outside.

Guest: when I have my hearing aids checked, is it every six months?

John: it varies. The tubing gets hard. How much are you in the sun? How much does the oil impact the tubing? Once a year for sure.

Pam: when you feel the tube getting stiff, you should come in. That is a real good indicator.

Guest: are you hearing okay without a microphone?

Guest: yes. I have questions about hearing aids. A lot of times when you read a newspaper that you see advertisements for some of the same brands, but what about the other brands? If I am not happy with this hearing aid, what do I do?

Pam: there is no one size fits all silver bullet. It depends on the issues you are having. My feeling on that is that a lot of it has to do with the person programming it and that product. Maybe they don't understand your complaints very well.

Guest: I don't trust my audiologist; I don't think she understands what I want.

Pam: I agree. I have been guilty of that when I don't understand the complaint.

Guest: I think there is a better brand than what I have. I used to be an interpreter like Rose but know I cannot do that because too many words sound the same.

Pam: I also take a lot of time explaining the audiogram to the patient. There are different parameters of hearing loss that cannot be overcome by hearing aids alone. I try to give a realistic expectation. Hearing aids work with what is available with your hearing. There are cochlear dead regions where you may not be able to.....

Guest: with high frequency I need more.

Pam: I encourage people to get a second opinion. Looking at the audiogram and doing a thorough test, there are things that no matter what we do we cannot correct; we can try a different product but it may not be available.

Guest: what was that brand in the newspaper? The "most powerful hearing aid"? I was curious if the other hearing aids would be better.

John: many times a certain aid may not be appropriate for your hearing loss. It depends on how much loss you have. A few years ago AARP came up with a consumers guide to hearing aids. There are 50 different brands. In the booklet they just talked about important features and things that might be important for your hearing loss; they did not recommend one brand over another. The important thing that they pointed out is that you need to find someone who is comfortable with their product so they can meet your needs with adjustment. Brand A, B or C does not matter; if they are all in the same price range you depend on the skill of the audiologist to meet your needs. I may switch you to something else, but knowing the product is the most important thing.

Guest: I need to try something else. I have a long canal and I asked about making the mold longer but she is afraid to do that. I pay \$90 for nothing. I tried the

new one with the squeeze sponge. You really see the difference. I hear things. If I go smaller it's not the same.

John: that may be true. I have a patient that uses the sponge exclusively because he does not like the others but some patients are the opposite. That is the difference between your loss and someone else. What works for you does not work for someone else.

Guest: when you talk about different brands, is there a brand that you may not carry that you know might work for someone? Would you recommend that they go somewhere else?

John: I may not know the product. Years ago there was a new product on the market and I had no idea about it so I referred them to someone else. That happens. We do have the ability to order anything though.

Guest: how do you get to the point to recommend the aid if you don't know about it much?

John: certain aids come on the market that sound appropriate for different patients. A lot of them now have frequency shifters. If your hearing loss has dead zones, we cannot aid that area. It does not matter how much power we throw at the area. So this shifts the sound from one area to another.

Some of those aids I did not know how to adjust at first, but we can now do that. I did not know how to do it at first so I referred it out.

Guest: can I switch from the subject of hearing aids to the ear? My audiologist has pushed me to put sweet oil in my ear for a long time for the wax build up I have.

Pam: I would not recommend that. Do you want to flush the wax out? There are products specifically designed for that. The drops soften the wax and then there is a bulb to flush it out. The only other product I have had success with is white vinegar and water—a 50/50 mix. I would stay away from anything else.

Guest: I have seen the sweet oil advertised.

Pam: from what I have been told is that it has a tendency to build up bacteria to the ear. If you introduce something with sugar into a moist ear....

One other thing, one thing that people don't think about in infection control is one cloth for one surface. If you do have bacteria from one ear, you would cross contaminate if you use the same cloth for both surfaces.

Guest: we have done the vinegar and the water. It does work. My daughter is a heavy wax producer. She does it each time she takes a shower. You have to be careful of the vinegar; sometimes if you use too much vinegar your eyes water.

Guest: I use the Debrox. We let it sit in the ear with a cotton ball while I watch television. Is that a good idea?

Pam: yes. Wait a half hour or so and then flush. Do it at the end of the night so you don't put the aid in right away; let the ear dry out.

Guest: does it dissolve too? When we don't get a big chunk, we are disappointed.

Pam: sometimes the wax because almost transparent. You can buy a disposable otoscope. We have a video otoscope with a fiber optic camera on it so we can see what it looks like so they know what to look for. Then you know for sure.

Guest: what about using Q-tips?

Pam: that is a no-no. The best way....This is what I say to my patients. It's like using sand paper on your shin. It's very soft tissue in there and you can actually scratch the ear or puncture the eardrum or pack the wax down in. You are usually misled by the yellow substance in the canal. That is the oils and lubricant.

John: you can imagine that if you have a big ear canal you don't do much damage. But most people have small canals and you bulldoze the material back into the ear.

Pam: if you have a blow dryer, blow dry the ear a bit and put the hearing aid in last. Q-tips are okay in the outside crevices; just not in the opening itself. I also can fit people with custom plugs so water does not get into the ear.

Guest: you want to wash them though, don't you ?

John: I have a patient who has a lot of wax build up. He put a flexible head in the shower and now he puts that near his ear each day. But you need to be careful with the amount of pressure as well. High pressure water you will feel it right away.

Guest: when my mom is done flushing my ears, is it okay to soak up some of the excess?

John: yes, you can do it at the end of the night and by morning it's dry.

Guest: I also get the wax out in the shower. I blot out the excess and wait a bit to put in the aids.

Sanford Freed: if you are ready to move from the subject of in the ear to what is between the ears, I am asked this a lot. What about those people who get frustrated and stop wearing the hearing aid and put them in the drawer, I know that is frustrating for you as well. How do you shape people's attitudes toward the aid?

John: there are lots of books on the market right now. It's how you look at your hearing loss; rather than a handicap, we need to see it as something that helps.

There is a lot of satisfaction with aids right now. It's about 80% right now. You don't see so many in drawers any more.

Pam: we really try to encourage the family to come with them. The LACE program is also good; it helps to retrain what is between the ears and to engage the brain to hear. That is very successful. I encourage groups like this to keep people in touch with people. If you realize you are not the only one and others have similar problems, that is helpful. We don't have the staff right now, but you can do monthly rehabilitation classes. We want people to come back yearly or quarterly to keep them encouraged. But people do become disengaged.

Guest: what is the LACE program?

Pam: it's a program that runs off a computer and it's a CD that you put it. It retrains the brain. It takes about 10 minutes to run through the program. You need to be

consistent; it's homework. We allow people to come into the office to use it but most people know someone with a computer so you can use it. You cannot currently go to a library to do it because it has to download but you can also put it on a portable device.

Guest: how much does it cost?

Pam: in our office right now, we have several copies that I loan out. It's in the beginning phases so a cost will come, but we want to try it out.

Guest: the retail price is \$99 and they send out emails that say you can get it for \$50.

Pam: new versions come out. The company is NeuroTone.

Guest: you are talking about hearing aids and you talked about ear molds, with that you have the tubes but you also have in the in-the-ear aids. What is the next step? Lots of people look at the cost and not the hearing. It's like a car; you can buy something not so good but still get around.

Pam: you still have the ultimate choice. It's not a luxury in my opinion like a car; it's a necessity. It depends on your hearing loss, your lifestyle, phone use, activity level, etc. I give my best recommendation. I know there are cost concerns. I tell people to buy the best they can afford. I too am concerned about the cost and also the cosmetic concerns for my patients. Some people insist on one and I will actually refuse to sell that one.

John: in general, the more money you spend the better product you get. The manufacturers price according to how well it does with background noise. If you are home and not real active and just watch television, an economical hearing aid may be all you need. As you become more social and active or in business, you want to invest in a better hearing aid. The car analogy is a bit off but can be good; a Ford Escort will get you from point A to B, like from Breton and Burton to 28th Street; but if you want to drive to Pike's Peak, you need a performance car. A higher performance hearing aid can make a big difference.

Guest: what is the normal shelf life of a hearing aid?

John: 4-5 years. I have a lady who bought one of the first digital hearing aids ten years ago but she is still doing great.

Guest: do you see on the horizon the possibility of the costs coming down? I feel very fortunate that I can buy the expensive hearing aids with the great features, but as I go toward retirement and living off a fixed income, it seems like the technology gets better and we have less opportunity to afford it.

John: in my opinion, what used to be high end technology migrates to the lower end products as well. In today's products you can find features that were not available even in the higher end products.

Pam: I would agree with that. Truly in my 16 years of doing this, in comparison to other products the increase is nowhere near the increase in other products. We know

what the market will bear. New products come in at a price point and other things go down. The costs have stayed the same for the last five years.

Vic Krause is working with the legislators to get a hearing aid tax credit right now. I don't see that happening soon, but you can also set money aside as time goes on. A lot of patients are caught off guard. There are agencies that can subsidize the costs as well.

Guest: why don't insurance companies take care of this?

John: most insurance companies do what Medicare does. When President Johnson started the Medicare system, it was to be a crown jewel. Congress limited amount to be covered for the hearing aid and durable medical equipment. Other the years they have added some things, but not hearing aids. Most insurance companies follow that coverage. Given the current state of Medicare I don't see it happening.

Pam: we just now are able to test hearing. If you have a sensory neural hearing loss we You cannot come in with Medicare and say I want my hearing tested. You need to be referred by a physician and the hearing aid is not for medical purposes.

Guest: getting back to the cost of hearing aids, I think you undersell yourself in an important way. You take the value of the hearing professional out of the picture. It's very important for people to know that you don't just buy the equipment, but also the expertise and time of the professional. If you get a hearing aid, it does not just work out of the box. It's not like glasses.

Pam: over time we have fallen into that trap. You are right. I do try to stress to people that it's me and my services that go along with the cost of the aid. You definitely want to know that we have your concerns at heart when you walk in the door. I want you to know that I am fighting for you, not against you.

Guest: I want to go back to the insurance issue for a minute. If you have not gone to the Day at the Capitol, it's fabulous. The people that we talk to are representatives and senators. I learned that Blue Cross/Blue Shield does have insurance available. I have that but it's not through my employer. There is some effort too to make people aware of this and for others to carry that as well.

John: There are many insurance companies that do have some coverage. It's minimal, but there is some.

Pam: I don't know of an individual policy; it has to go through an employer. Medicare part D is one of those that does offer about \$100 for the hearing aid. Those are some of the ones I know about. You cannot just call BCBS and just add hearing aids to your policy at this point.

Guest: I don't know either.

Guest: where do hearing aids start and end?

Pam: there is a real large range. \$700 to \$3300 per unit. That is per ear. It is market dependent. That is in Grand Rapids. There is some fluctuation in regions.

For West Michigan that is the average. As Sanford Freed pointed out, it's not just the product that you purchase. You don't just purchase the hearing aid but also the supportive care.

John: I have many patients who ask how this little thing can cost so much. It's not just the little thing that costs. It's the time of the professional as well. If you go to the dentist you have a big bill for a cavity but you pay for the professional time.

Guest: it's the fit and personality of the people here in the room that also tell me that you could be fine with some and not others as hearing professionals. You cannot just go to a doctor and say I want to meet with you for 15 minutes. How do you go about this?

Pam: I am currently looking for an internist and I've just been asking around. You can consult over the phone too, but ask. It's usually by word of mouth. Ask others. You want to have a rapport with the person; as an audiologist we want to have a professional connection with you. I know I need to listen to the stories of some but others want to get in and out. Some people like the touchy-feely but others don't. The skill and training are there; the bedside manner differs.

Guest: I just saw my audiologist again last week. He is always asking me, and all the audiologists have done the same over 40 years, about my week and such. They are trying to find out my needs and lifestyle.

John: I cannot fit an aid without knowing your lifestyle. Are you very active or very sedentary? That makes a difference.

Guest: I never realized that over 40 years. He is trying to adjust for what I want to hear.

John: we might want to recommend a top of the line hearing aid for you but if you tell me that you cannot afford it, we can suggest the next best thing.

Guest: I stayed with one company for a while and tried two other companies. One company could care less. I walk in and they write a prescription and that is it.

John: we can do that, 15 to 20 minute consultations, but they can leave or come back.

Pam: we usually do it over the phone but if you want to come in and see us face to face we encourage that. You touched on a good point: it's way more than the hearing aid. The hearing aid itself won't do it all. We need to give your information, give you behavioral ideas, it's an ongoing process. It's important to have that connection.

Guest: when I started with my first hearing aid it was the first time I heard a word in public school. Boy, what I got left out before. I loved that hearing aid; it was a body aid. It was a great thing. Now I have one behind the ear. It's more powerful and smaller.

John: they still do make body aids, but I don't recommend it. They are on the market and relatively inexpensive. They are very noisy, they have a cord that can break, and there is no noise suppression. Otocon has one.

Guest: I still have it. It was my first body aid. Someday I will give it to a hearing aid company....My brother is also deaf and has a body aid. It has to be someone downtown on Ransom.

John: that was Mr. Wood who retired.

No other questions? Last chance.

Sanford Freed: excuse me for arriving late. Thank you both very much for helping us out to understand some of the issues and become more friendly with our hearing aids to get a better slice out of the quality of life.

I want to take a moment and talk to you a bit about the national level of the HLA. There are several chapters in the state. What the national organization does is a number of things; they are based in Bethesda, Maryland. They are working with legislators right now, and also with the digital television change that is coming up in 2009. One of the programs in the fall will address this. If you are not on the mailing list, please make sure we get your address so we can let you know about this.

The national organization is paving the way for us locally to engage more fully in life when we have a hearing loss. They work with audiologists, the federal government, etc. One of the most tangible benefits is this magazine that comes out every two months. As far as I know, it's the only magazine that is written for the non-professional. In general this is about people working with hearing loss. This man on the cover is a musician who lost his hearing in one year at a young age. Who has not seen this magazine?

Membership in the HLA is \$35 a year. You get a subscription along with it. Go to www.hearingloss.org There are many things on there. Hannah, is your picture still on there? Here are more copies of the magazine. We are also involved with the Walk4Hearing. You already talked about that. We hope to see you on June 21 by yourself or with a team.

Nancy: it's being developed as we speak, the fall programs. We are going to get someone in to talk about the television changes next year. Part of the difficulty is finding out who the speakers are and pull them in. We are still looking for that person from Motorola. We are trying for September. We get a pretty good turnout in September and December. Vic's wife came and sang in December. People get to know one another and talk about personal situations and have fun. We are trying to build that up as much as the formal programs.

Dr. Hollander has also been well received. Another one was a nurse from Saint Mary's on the effects of drugs on hearing loss. We are looking for what you are interested in. Please let any one of us know. I heard from a number of people that we should get John because he is really good. We are not trying to show favoritism to people but want to get many in. Do we target just hearing loss or those who also deal with this? Rose volunteers her time and Cheri our captionist is also here each program.

Please let others know. Just a plug for the magazine, when my daughter graduated from the Shawnee Park program this magazine was invaluable for me. I try to get it

into the bathroom basket so Hannah will read it as well. Let others know about this program and the magazine.

There are cookies and pop available. Enjoy. Thank you for coming!