



Private Practitioners: Time to Differentiate Yourselves!

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A Time Indeed to Differentiate Yourself for Today's Hearing Impaired Consumer

By Grant Smith

After reading [Judy Huch's insightful article](#) on possible clinical applications on the horizon, I am reminded of the constant struggle private-practice

Audiologists face in distinguishing themselves from competitors to ensure constant lead generation and sales consistency. For private-practice Audiologists, the concern heightens as more hearing aid manufacturers are expanding their distribution channels to gain market share and profit for shareholders. The profession continues to look to a product or a network, buying group, or a one-time fix-it application as a way to become more competitive and viable.

As independent Audiologists know, the advertising dollars spent in the past do not result in the same



Are “Big Box” stores causing private clinics to become a thing of the past?

return today. It appears that the product price will continue to soar and our clientele’s pocketbooks are shrinking. What are the clientele’s expectations today? What should independent practitioners do? How do they compete? The exploration of different delivery models has emerged to satisfy the need for the clientele’s expectations and to sustain profit for the Audiology private practice.

The independent private practice is slowly becoming a “*thing of the past.*” Why is this the case? As most independent private-practice entrepreneurs know, it is hard to compete with the “big box” stores{{1}}

[[1]] Defined as large publicly traded companies that own retail chains to online retailers and over the counter Personal Sound Amplifiers (PSAPs)[[1]]. The pricing of product and the effectiveness and cost of marketing is a difficult aspect.

So, with two DSP factories, six major hearing aid manufacturers, ten buying groups, why is there a need for another private label or another manufacturer? The clientele has a difficult time discerning the difference among hearing aid brands as it is. In the end, how do these differences among DSP factories, hearing aid manufacturers, buying groups, etc. relate to better hearing and value for the hearing impaired?

The Audiology “Delivery” Model

After being in the industry for several years, it has become apparent to me that our overall delivery model has really not changed significantly over the past 40 years. Why do other medical fields evolve and or change every 3 to 5 years while our industry is still using a model derived from the 1940s? Can you imagine if Oncology or any other medical model had failed to improve or evolve, as the hearing healthcare market has failed to do?

Hearing aids have significantly improved. We have moved from class A, B, D ISP/OSP analog circuitry to fully digital products. Yet, as the product has changed and is

continuously getting better, the medical model in which we deliver the product has not significantly transformed.

In our rich industry's past, real-ear measurement and aural rehabilitation programs were used not only to help the hearing aid patient receive the best benefit from their hearing aids but also to differentiate

ourselves from our competitors. Furthermore, recommendations were given to open tinnitus and balance centers, and OAEs were conducted to have a well-balanced Audiology business model. Concurrently, the AuD movement advanced, changing the profession of Audiology from a Master's to a Doctorate AuD in part to differentiate ourselves.

Every effort our industry has made to distinguish ourselves in this splintering evolving market has had its own successes. However, collectively, there has not been enough of a change for the consumer to distinguish a meaningful difference. Thus, one




The survival of the private practice will require a change in our delivery model.

reason why we are seeing what we are seeing in the field today.

Yet, with these changes, the distribution model has really not progressed; so, where does this lead the independent Audiologist?

How do you differentiate your practice from your competitors?

There are some exciting new research themes being conducted outside of our field that potentially could be used to differentiate the independent practitioner from the status quo. New online neurologically based programs that incorporate recent medical findings into fun inter-active programs may be an option. Additionally, some of these applications are being delivered via more mobile networks (e.g., smart phone apps). With the expansion of telemedicine and internet access, we are able to reach more patients in the same amount of time.



These are exciting times in our Industry. Instead of looking to the hearing healthcare market maybe we should be looking to other medical models.

The practice of telemedicine opens many doors for our Industry allowing us to change our delivery model, reaching more individuals, and differentiating ourselves while sustaining margins against the trend of big box stores and large publicly traded

companies that own retail chains to online retailers and over-the-counter Personal Sound Amplification Products (PSAPs). Embracing and incorporating these developments into an existing practice, while also maintaining the professional relationship with the patient, displays to the outside observer that your clinic is continually striving to meet ALL the needs of the end user, not just the single component of “*hearing better*”.

Think back to why you became an Audiologist in the first place. What made you passionate about the field of Audiology? Are you currently where you thought you would be at this point in your career? Are you practicing medicine or selling a commodity?

Judy Huch’s article reminded me that there is hope just around the corner. The clientele’s expectations will continue to evolve as a result of societal change. The decision is whether we as a profession are willing to change and move forward by accepting and incorporating advances outside of our comfort zone.

**Featured image courtesy Primary Education Oasis*

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 Audiology