



# MINNESOTA ACADEMY OF AUDIOLOGY Newsletter

## Feature Story

### A Misophonic Brain in a World of Noise

By Kate Hatlevig



Many of us wake up to an alarm bleeping in our ears and get ready for the day with the background noise of traffic outside, toilets flushing, and teeth brushing. Encountering silence is rare, as we are almost constantly encompassed by sound. Generally, we don't view this as a problem until face to face with sounds that we dislike. Famously, nails on a chalkboard or crushing of styrofoam. We feel angry, annoyed, and all we can think about is stopping the noise or getting as far away from it as possible. But what if that reaction was so extreme that noises triggered fight or flight, rage, violent anger, sadness, and adverse physical symptoms? And those triggers were low profile, background noise that most of our brains filter out. That is misophonia.

Misophonics read and process sounds, visuals, and sometimes smells, differently to the ordinary person. Similar to how a synesthete will see colours in words, smell sounds, or see colours in music, senses for misophonics are thought to be cross-wired. Our auditory complex transfers trigger sounds to our limbic system, which regulates and sends messages of our emotions to the rest of our brain and body. When a trigger noise is red flagged, our limbic system goes into overdrive.<sup>1</sup>

In a study done by [Dr. Kumar Sukhbinder](#) at the Institute of Neuroscience at Newcastle University, brain scans were taken of misophonic and healthy subjects. During the brain scans, the patients were presented with a range of noises ranging from neutral to triggering. These brain scans found abnormalities in the misophonic brain wiring compared to healthy patients. These studies are groundbreaking for the medical community as well as sufferers because it's now on a path to become recognized as a legitimate disorder. Now the diagnosis means something; although, there is still no cure.<sup>2</sup>

From the brain scans of those who have misophonia, the scientists from the above study concluded that, "The most dominant reaction is anger and anxiety, not disgust."

This disorder has been misunderstood for so long. In my experience of explaining misophonia to people, responses are similar to, "Oh, I hate that sound too; it's so gross." But misophonia is not just finding slurping gross or someone's open-mouth chewing disgusting. These are just average human reactions to less than preferred eating manners. Misophonic reactions involve rage, violent thoughts, anxiety, frustration, fight or flight, heart palpitations, sweating, nausea, helplessness, and an endless list of others.

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## Misophonic Brain, cont.

As a misophonic of over 10 years, trying to compare the emotions felt after a trigger to any other situation in my life is impossible. The explosive and adverse reactions from misophonia triggers just don't feel human. I have many memories of turning a fiery red colour on the inside, running from a room with my hands over my ears and curling up to rock back and forth for what felt like an eternity.

I felt crazy, alone, and helpless. For years, I spent much of my time with my finger in one ear. In school, I would rest my head on my hand in class to disguise the fact that I was actually plugging one of my ears. It was all just so I could feel more relaxed and concentrate a tad better. During exams and the ACT, I plugged both ears while reading the questions, and then quickly filled in the appropriate bubble before plunging my finger back into my ear. Sometimes, I would even wiggle my finger to create noise inside my own ear. I must have looked ridiculous, but that was the only way.

Imagine a fire alarm being set in front of you and knowing that it would go off. You don't know when it will go off, how often, and how loud or disruptive it will be. This is the level of anxiety and apprehension experienced by misophonia sufferers in most settings. We are constantly on guard for the next sound to trigger. It's like searching for Waldo constantly; it's exhausting!

As soon as our ears catch a whiff of a trigger, it's as if we've seen a patch of red and white out of the corner of our eyes when trying to find Waldo. Our brain shuts down all other tasks and zeros in to see if this is, in fact, a trigger. The sound amplifies before becoming unbearably austere at the forefront of our attention. Just as before, our focus

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has dropped from all other tasks because our brain has flagged this sound as dangerous.

We can decide to fight it, which basically ends up with a battle of mental strength whilst being tortured by our own emotions. Or, we can choose to flee. Flight is a way that we can get away from the sound that is causing pain, but what we leave behind is symbolic of our social lives.

Two and a half years ago I found an audiologist who specializes in hyperacusis, tinnitus, and misophonia. Meeting with her was an incredible relief, knowing I wasn't the only person having these experiences. I wasn't crazy.

She talked through all the findings that she knew of for misophonia. And I was introduced to something called, "Over-The-Ear Noise Generating Devices." These devices look exactly like hearing aids, except instead of amplifying sound they create their own sound and emit it into the user's ears.

These noise generators help to rewire and retrain your brain. The noise generators produce white noise at a level set by you and your audiologist based on your hearing level and misophonia severity. While wearing them, your brain

is constantly hearing white noise, which is perceived as a neutral sound. Everyday noises, speaking, and triggers can all be heard clearly while wearing the devices. When a trigger is heard, the brain also hears the neutral white noise. Over time, the brain learns to associate the triggers with neutrality rather than red flagging and processing them emotionally.

Because my misophonia was so severe to start with, this process was long and emotionally draining; most days ended with a headache. But in the long run, there are no words to express how much it has changed my quality of life. Life has endless opportunities and my sound sensitivity is not going to hold me back.

### References

- <sup>1</sup> Kathy Wieser, Hearing Instrument Specialist, Personal Communication, Dec. 19, 2015
- <sup>2</sup> Sukhbinder, Kumar et al. *The Brain Basis for Misophonia*, Feb. 20, 2017, in *Science Direct* Volume 27, Issue 4, p. 527-533

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Address all questions and comments to the editors:

[Ashley R. Hughes, Au.D., FAAA](#)  
[Rachel Allgor, Au.D.](#)

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# Government Relations Committee (GRC) Update



On Monday, April 1, 2019, John Coverstone, Au.D., Kristi Gravel, Au.D., Rebecca Younk, Au.D., MAA lobbyist Rob Vanasek, and the Deputy Director of the Minnesota Commission of the Deaf, DeafBlind and Hard of Hearing, Emory Dively, went to the Minnesota Capitol to meet with Representative Jennifer Schultz and Senator Matt Little. We were there to discuss HF 486 and SF 811, which would require insurance companies to provide hearing aid coverage for adults in Minnesota.

The meeting went very well and we walked away with two strong advocates for the audiology profession and the care we provide individuals with hearing loss. After this meeting, we also have lots of work to do! Although it appears the expanded requirement to cover adults will not go through this year, it doesn't mean the authors of the bill have given up the fight.

Representative Schultz has given MAA homework for the next legislative session. If you are interested in helping GRC, please reach out to us via [govrelations@minnesotaaudiology.org](mailto:govrelations@minnesotaaudiology.org).

## Coding Corner

# Coding & Reimbursement Committee

An intricacy of the MHCP Hearing Aid provider manual is to [look for updates](#) on the Hearing Aid Services code page throughout the year.

A few recent updates on the Hearing Aid Service Page:

- V5020 is billable during the 90-day hearing aid trial period.
- V5170, V5180, V5210 and V5220 will end December 31, 2019. When billing repairs with a HCPCS code, use the

same code that was billed when the aid was purchased.

- V5171, V5172, V5181, V5211-V5215 and V5221 are effective for dates of service on or after January 1, 2019. Not all these items are included in the current 2018 Hearing Aid Contract.
- These are the new/revised CROS codes in effect since Jan 1, 2019 for all payers.
- In-the-canal aids (ITC) are not covered by MHCP. Half shell models are on the contract list but must be billed using the designated ITE Vcode

- Include three standard batteries when dispensing hearing aid(s). Maximum 36 batteries allowed for each 90-day period.

### **Reminder**

Hearing aid batteries V5266 are to be billed per individual battery cell. If you provide four packages of batteries for the 90 day supply and each package contains 6 battery cells in each package, bill out 24 units of V5266. Up to 36 battery cells can be billed every 90 days.



# It's a Noisy World

## How Audiologists Can Promote Hearing for Life!

**Sharon A Sandridge, Ph.D.**

Director, Audiology Clinical Services; Co-Director, Tinnitus Management Clinic; Co-Director, Auditory Research Lab; Head and Neck Institute, Cleveland Clinic

One third of permanent hearing losses can be prevented. By protecting our ears from recreational sound exposure that is too loud for too long, we can preserve our ability to hear the sounds of life for a lifetime. As our world becomes noisier with concerts and sporting events, promoting louder is better and increasing time that personal music players are in our ears – it is even more important to get the message out to the public.

Promoting the message of hearing loss prevention (HLP) is especially imperative for younger generations. Educating children about the dangers of sound exposure may influence their listening habits and prevent sound-induced hearing loss. *(As a side note - I prefer the use of the term sound-induced hearing loss [SIHL] to noise-induced hearing loss [NIHL] as while some of the exposure is from noise (e.g., jet skis,) – all the exposure is from sound [e.g., music, sporting events]).* It is said that it is easier to teach good habits early rather than break old habits later – such in the case of adults who have established habits that are not preventative and that may have resulted in damage already (Eavey, 2006).

The actual auditory risks to children is not completely known; however, research has shown that children are being exposed to excessive sound levels (personal music players, toys, shooting firearms, farm equipment, musical instruments, concerts, sporting events,

etc.) and that it is affecting their hearing. For example, Blair et al. (1996) surveyed third-grade students and reported that 97% of respondents were exposed to excessive levels of sound. Chermak and Peters-McCarthy (1991) reported that 43% of elementary school children surveyed reported listening to personal stereo systems at a loud volume, 30% participated in shooting firearms or attended auto races, yet only 5.5% reported using hearing protection.

Blair et al. (1996) also reported that 1% of elementary-age children had some degree of SIHL. Niskar et al. (2001), based on the NHANES III data, estimated that 12.5% or 5.2 million children in the United States age 6-19 years old had some degree of NIHL. Henderson et al. (2011), also using the NHANES data but from 2005-2006, found similar results to Niskar et al. (2001). The threat of SIHL is significant.

### **Prevention Programs: Dangerous Decibels™**

For over 30 years, there has been a call to incorporate hearing loss prevention into the academic curriculum in our schools (NIH, 1990; WHO, 1997; HSS, 2000; cited in Griest et al., 2007.). Efforts have been made to educate school-age children about the dangers of excessive sound exposure through several prevention programs which have demonstrated increased knowledge following intervention. Yet, increasing knowledge doesn't necessarily change behaviors. So in 1999, the Oregon

Hearing Research Center at the Oregon Health & Science University, Oregon Museum of Science and Industry, the Schools of Community Health at Portland State University, the Veterans Affairs National Center for Rehabilitative Auditory Research and the American Tinnitus Association combined forces under the direction of Billy Martin, with federal and private funding, developed the Dangerous Decibels™ (DD) program (Griest et al., 2007).

The DD program is an interactive educational outreach designed to promote knowledge about hearing, potential dangers of excessive sound, consequences of damaging sounds, and how to protect your ears and maintain good hearing for a lifetime of listening.

Today, the DD program includes an interactive and informative [website](#) and a curriculum for delivering a classroom program. The Classroom Program involves a DD Certified Educator delivery of a 45-55-minute presentation to a classroom of students (typically 4th and 5th grades). The DD curriculum uses the inquiry-based learning model: *Tell me and I forget, show me and I remember, involve me and I understand.* For each educational message there is a corresponding interactive activity for student participation. For example, to demonstrate that sound is vibration and that energy in sound can harm our ears, tuning forks with ping pong balls suspended on a string are used. There

*cont.*

## Dangerous Decibels™, cont.

are six primary educational messages: 1) understanding what is sound; 2) how we hear (anatomy of the ear and process of hearing); 3) how sound damages our ears/hearing; 4) what it sounds like when we lose our hearing; 5) identification of dangerous sounds; and 6) how to protect our hearing (use earplugs, walk-away, turn it down). Details about activities can be found on the website at [www.dangerousdecibels.org](http://www.dangerousdecibels.org).

### DD Educator Training and Certification

DD offers a two-day workshop to train individuals from any discipline to present the Classroom Program. During the first day of the workshop, attendees are provided the theory and background information of the DD program. Day 2 involves the actual delivering, and critiquing of the delivery, of the Classroom Program. Once you complete the Educator Workshop, you are ready to step into the Classroom! If you are interested in attending or holding a workshop, contact Dangerous Decibels at [dd@unco.edu](mailto:dd@unco.edu).

### Implementing the DD Program in Your City

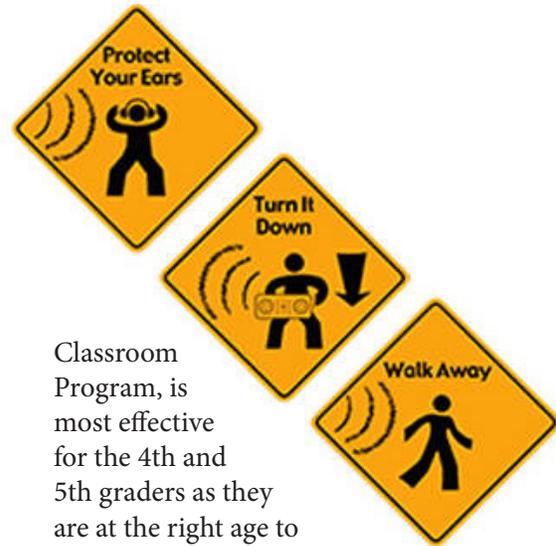
In 2016, the Section of Audiology working with the Office of Civic Education at the Cleveland Clinic (Clinic) launched a program to take the DD Classroom program into the schools in Northeast Ohio. A website was created for teachers to request specific dates/times. This website was disseminated to most of the school districts in a 30-mile radius of the Main Campus and the Family Health Centers of the Clinic. In the first year, using Clinic audiologists who were trained to be DD Educators along with our AuD externs, we delivered the program to over 1000 children. In 2017 we expanded the program to more schools and more opportunities and delivered the program to 29 schools and 2128 students. We

also implemented an assessment for the 2017-2018 program – having the teachers administer a pretest 1-2 days prior to our presentation and then a posttest administered immediately to several days post presentation. Initial results were very encouraging:

- Thirty percent increase in knowledge of the best ways to protect hearing from loud sounds (47% pre to 77% post).
- Forty-nine percent increase in ability to recognize that sounds 85 dB or louder are potentially dangerous to hearing (29% pre to 78% post).
- Twelve percent increase in desire to use earplugs, if available, when needed (70% pre to 82% post). This is interesting that the percentage prior to the presentation was so high.

For our current academic year, we have presented the DD program to over 1500 students to date - with many of the presentations repeat performances (new classes at previous schools). One of the teachers sent a testimonial about the program stating: *Your DD presentation was absolutely incredible! ... the kids were talking about it all day ... You kept the kids engaged the entire time ... they were active and involved in the presentation and it was FUN!*

While it is not necessary to launch such a large-scale program, offering to deliver the program to your local school – especially if you have a child attending the school can be the beginning. Once the teachers see the program in action, you will be asked to come back next year and by the other teachers as well. Soon you will be delivering it to the entire school district – that is, if you want to expand! You can also offer the program to after-school organizations such as Scouts or Community Clubs. There is no limit to whom you can promote hearing loss prevention – almost! Research from the DD program has shown that the



Classroom Program, is most effective for the 4th and 5th graders as they are at the right age to learn, change attitudes and change intended behaviors (Griest et al., 2007).

### Last Thoughts

Promoting hearing loss prevention doesn't need to be limited to the classroom. With a few modifications, the program can be delivered to just about any audience. I have added information applicable to musicians and delivered it to undergraduate and graduate students attending the Cleveland Institute of Music. They love the pipe cleaner and earplug activities just as much as the 4th graders! The program can be to deliver to bands in senior high, junior high, and middle schools – or even better when students are beginning to learn to play an instrument. If we teach our young budding musicians to use musician earplugs as they are just learning, this will become the norm rather than having to relearn as an adult after damage has occurred.

There are endless possibilities to spread the word of HLP from all types of sound sources – personal music players, musical instruments, concerts, sporting events, worship music, any activity that exposes the listener to sounds that are potentially dangerous. It is our duty and role to protect the hearing of all our consumers. Offering good quality earplugs to the consumer when seen for an audiogram shows the consumer

cont.

## Dangerous Decibels™, cont.

you care. We should all adopt the dental model of new toothbrush and floss at every dental appointment by handing a set of earplugs to every patient we see. Now go and spread the word about HLP!

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### Message From Your President

## Finding Friends in Audiology

Rebecca A. Younk, Au.D.

In February, the Minnesota Academy of Audiology (MAA) celebrated 25 years as an organization at the Upper Midwest Audiology Conference. We were fortunate to have a panel of three founding members (Julie Klosterman, M.S., Charlie Stone, Au.D., and Robert Margolis, Ph.D.) speak about the past, present, and future of audiology. The core message was the future of audiology depends on each of us to advocate for our profession. That was the reason MAA was founded in 1994, and the reason MAA is still active today.

There are just over 500 licensed Audiologists in the state of Minnesota. In terms of healthcare professions, that makes us one of the smaller specialties. With a growing number of Minnesotans needing our services, it is no wonder we often feel conflicted about taking time out of our clinical schedule to advocate

or volunteer for the profession. As a private practice audiologist, I routinely struggle with balancing the needs of the profession with the needs of my practice and the patients.

Unfortunately for us, cloning is not an option to help manage the workload and advocacy needs of the profession at the same time. This means we need to resort to good old-fashioned networking – a very scary word for us introverts.

So, I want to challenge each of our members to do the following to celebrate 25 years of MAA.

1. **Talk to ONE fellow audiologist about joining and volunteering with MAA.** There is lots of work that needs to be done and things we can improve in MAA. The Organization could use more members to complete tasks and bring in fresh, new ideas.

2. **Cultivate ONE friend for audiology.** There are just over 500 of us in this state. We can double our voice by reaching out to other professionals to advocate with us.
3. **Volunteer for ONE committee.** I want you for MAA. [Click here](#) to find out what you can do for an MAA committee today.





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## Member Spotlight

# Diana Ackerman, Au.D.

Clinical Education Specialist at Signia

### What drew you to the field of audiology?

Since I was a child, I always wanted to pursue a career in the healthcare industry.

Upon realizing nursing was not in my future, I pursued a major in Communication Sciences and Disorders and became fascinated with audiology and Deaf culture. I was especially interested in pediatrics, newborn hearing screening, and cochlear implants, which is ironic considering that I now work for a hearing aid manufacturer!

### You moved to Minnesota in 2016, right? Tell us a little about where you went to school for your AuD and did your externship.

I moved to MN following my externship in summer 2016. I received my AuD from the University of Nebraska-

Lincoln, where I also worked in the Center of Brain, Biology and Behavior, collecting data for large concussion studies. I then completed my externship at the University of Texas MD Anderson Cancer Center in Houston, TX, where I specialized in ototoxicity monitoring and aural rehabilitation in cancer patients.

### What made you decide to join MAA?

I joined MAA to surround myself with a network of professional audiologists and to find and provide opportunities in continuing education.

### What Minnesota activities do you enjoy doing in your spare time?

When my husband and I aren't flipping our house, we enjoy hiking, paddle boarding and kayaking on the many Minnesota lakes, exploring regional parks, and having game nights with friends. I also enjoy photography and painting.



# View from Capitol Hill

Thomas J. Tedeschi, Au.D. FNAP

## **Congress Sworn In** The 116th Congress

officially convened, and members were sworn in on Thursday, January 3rd. After the swearing in, Representative Nancy Pelosi (D-CA) retook the speaker's gavel where she will preside as Speaker for the next two years. Vice President Mike Pence is the Senate leader. This is interesting as we now have a divided Congress. Democrats have a majority in the House and Republicans in the Senate. Why is this important to audiologists? Over the next two years we will see healthcare as one of the priorities for the House. There are and will be several bills introduced in the House that will either directly or indirectly involve the practice of audiology. However, the Senate will not be so quick to enact legislation pertaining to healthcare that requires funding.

### **Hearing Healthcare Related Bills**

Over the past two years I have been on Capitol Hill approximately twice a month working towards passage of legislation or providing input shaping policy. What is great to see and that we do not hear a great deal about, is that I am with or I see our professional associations (AAA, ADA, ASHA) also on the Hill working for the profession of audiology. The following is what is currently taking place.

### **Over-the-Counter Hearing Aid Act (OTC)**

Currently the FDA has until August of 2020 to release the OTC draft regulation.

In meetings with the FDA and recent conversations at the HIA Annual Membership Meeting (March 4-6) we learned the FDA is still working on the draft regulation and once completed will need to receive several internal approvals before release. The FDA will announce in the Federal

Register in late May or Early June, their agenda for the second half of 2019. If the OTC Draft Regulation is listed, then we would expect to see the draft sometime during the 2nd half of the year. If it is not listed, the next agenda would be released in late December or early January and would cover the first half of 2020. MAA will keep you posted. Also, if you are not aware the four industry associations (AAA, ADA, ASHA, and IHS) released in August of 2018, a consensus paper, *Regulatory Recommendations for OTC Hearing Aids: Safety and Effectiveness*. This consensus represents a year of work by the associations working side by side to develop and recommend what OTC products need to include for safe and effective use by consumers. If you have not read this, you can download the paper from the various association's website or [www.hearabouthearing.org](http://www.hearabouthearing.org).

### **Congressional Bills**

**HR 576 Seniors Have Eyes, Ears and Teeth Act** - This bill is designed expand Medicare coverage to include eyeglasses, hearing aids, and dental care. Introduced January 15th, 2019 by Representative Lucille Roybal-Allard (D-TX). Currently in committee.



**H.R. 1384: Medicare for All Act of 2019** - To establish an improved Medicare for All national health insurance program, which would include hearing and hearing aid coverage. Introduced February 27, 2019 by Representative Pramila Jayapal (D-WA). Currently in committee.

**H.R. 1393: Medicare Dental, Vision, and Hearing Benefit Act of 2019** - Amend title XVIII of the Social Security Act to provide for coverage of dental, vision, and hearing care under the Medicare program. Includes Hearing aids as an added benefit. Introduced February 7, 2019 by Representative Lloyd Doggett (D-TX). Currently in committee.

**H.R. 1518: Medicare Hearing Aid Coverage Act of 2019** - To amend title XVIII of the Social Security Act to remove the exclusion of Medicare coverage for hearing aids and examinations therefor, and for other purposes. Introduced March 5, 2019 by Representative Debby Dingell (D-MI). Currently in committee.



# The Audiology Project

**Kathy Dowd, Au.D.**

Executive Director, The Audiology Project, [www.theaudiologyproject.com](http://www.theaudiologyproject.com)

## Personal Information

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

My patient portal address:  
\_\_\_\_\_

## Contact List for My Diabetes Care Team

<b>Primary Care Provider</b>	Name:
Phone:	Email:
• Appointments	
Phone:	Email:
• Nurse Line	
Phone:	Email:
<b>Insurance Customer Service</b>	Name:
Phone:	Email:
<b>Pharmacy</b>	Name:
Phone:	Email:
<b>Certified Diabetes Educator</b>	Name:
Phone:	Email:
<b>Dietitian</b>	Name:
Phone:	Email:
<b>Foot Doctor (Podiatrist)</b>	Name:
Phone:	Email:
<b>Eye Doctor (Ophthalmologist)</b>	Name:
Phone:	Email:
<b>Kidney Doctor (Nephrologist)</b>	Name:
Phone:	Email:
<b>Dentist</b>	Name:
Phone:	Email:
<b>Audiologist</b>	Name:
Phone:	Email:
<b>Other</b>	
Phone:	Email:
<b>Other</b>	
Phone:	Email:

Audiology's role in chronic disease care is an emerging issue for NIH, CDC and Healthy People, as well as state and local diabetes and chronic disease agencies. The link between diabetes, cardiovascular disease, chronic kidney disease, thyroid disease and hearing loss/ balance issues is relatively unknown by many in the medical community, including those in our profession. Audiology must focus on establishing medical necessity as a reason for testing and billing insurance, starting with the evaluation. Even using the case history to document diseases and medications that potentially affect testing protocol and diagnosis can be added to our billing forms, to substantiate medical necessity for our services. Audiology understands what is causing the disruption in hearing and balance, but audiology has not taken the important steps to talk to other medical professionals about the silent epidemic of hearing loss and risk of falls caused by chronic diseases.

We have found that other professions, such as optometry and dentistry, realized early the importance of looking at the case history of each patient not only to provide care of their own professional focus, but also the health of the patient. This opens collaborative care between the patient's history, their specific problems (to include chronic diseases), and ultimately – other professionals.

Audiology has been late to the table of medical management for patient needs as a whole person, including possible chronic disease. Here are several steps that will ensure our place in chronic disease care:

1. Educate state chronic disease agencies on the link between hearing loss and risk of falls for each disease.
2. Plan in your state how audiology can participate in programs for diabetes care, fall prevention, etc. Join your state diabetes council, state deaf and hard-of-hearing council, and/or state heart health council so you can communicate with the professionals who design and implement state plans for health.
3. Start a state audiology cohort to collaborate among audiologists in different regions of the state to bring the message of audiology chronic disease care to local medical clinics and health departments.
4. Ensure that audiology training programs in universities include chronic disease pathophysiology, and audiology with a medical

*cont.*

## Audiology Project, cont.

management focus in the curriculum for audiology students.

5. Reach out to other allied health professional groups in the state to collaborate on diabetes and chronic disease care for everyone. Audiology can create a checklist for each person with diabetes and discuss the importance of being evaluated not just for hearing, but also vision, foot care, dentistry, and pharmacy. Host a summit conference with these state professional organizations to discover how each provider can collaborate to be a part of the solution in diabetes care.

There is no magic bullet to create recognition of audiology in chronic disease collaborative care. Clinical

Audiology is a person to person medical service which can combine with other professions to treat the whole of the patient. Our knowledge and expertise is explaining to our patients the extent of their hearing and/or balance status, why they have hearing and/or balance issues, what can be done to correct and/or manage hearing and/or balance, all while encouraging them to take steps to improve their quality of life.

To start in your practice, use the checklist on the previous page with each person with diabetes (other chronic diseases will be brought forward soon) to ensure that they receive diabetes education, have regular visits to the dentist, podiatrist, pharmacist, and optometrist. These valuable one on one

**Our knowledge and expertise is explaining to our patients the extent of their hearing and/or balance status, why they have hearing and/or balance issues, what can be done to correct and/or manage hearing and/or balance, all while encouraging them to take steps to improve their quality of life.**

communication tools can be deployed with our state and local medical agency directors with a simple call or face to face meeting. Take the time to do something important for the future of our profession and the future of better patient care.

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## Student Spotlight

# Danielle Barr

2nd year Au.D. Student, University of Minnesota

**You are a student member of the Minnesota Academy of Audiology, what has been the most valuable**

**part of that experience for you so far?**

Serving as a student member of MAA has shown me the value in volunteerism and the importance of teamwork. From my perspective, having the opportunity to participate in committees and volunteer at the Annual Conference provides perspectives from audiologists and a platform for continuous education. The most important part of these experiences is seeing the undeniable sense of community in the profession, which is inspiring and encouraging to see as a student.

**Where have you been on vacation that you would recommend to someone else?**

In terms of Audiology, I recommend San Pedro, Belize. The area needs audiology services; from first-hand experience, I worked in the preschools performing hearing screenings and I saw my first hearing aid fitting; that was my motivation to become an audiologist. The country itself is beautiful and full of adventures such as swimming with sharks and stingrays,

ziplining, and exploring caves on an inner tube. I also went to Peru, which was my favorite trip. The trip was full of adventure including sand boarding, Machu Picchu, climbing the mountain to see Lake Humantay, and swimming with seals in the ocean. The trip was filled with great people, sights and food.

**If you could choose a career other than Audiology, what would it be?**

If I had to choose a different career, I would be an ESL teacher or work as a teacher in a Spanish immersion school.

**You will soon be starting to think about where to apply for your 4th year externship, what are you both nervous and/or excited about when you think about your externship year?**

Truthfully, it's unreal that I am almost there; the light is in sight, but still not close enough to touch. The most exciting part of the experience is there is no limit, I could end up anywhere in the United States or beyond. I am excited to see all the options available and be able to find an externship that is the best for me. I most nervous about making the final choice of where I will start my career, that is a lot of pressure!

## Feature Advertiser

# Listen up! The Oticon podcast can help you learn on the go!

Listen on demand as Don Schum, Vice President of Audiology for Oticon, Inc. discusses a variety of topics that define the Oticon approach to hearing care, and provides important glimpses into the way we work to create solutions and support for your patients.

On the go or in the office, these 5-10 minute recordings are available 24/7 for your listening convenience. Let us help you stay up to date on the latest philosophies for fittings, product selection, dealing with patients and more!



Season 1 made its debut during Fall 2018 and addresses a variety of topics that describe Oticon's approach to signal processing. Start with *Episode 1, Oticon BrainHearing™ Approach* to begin your journey of understanding to what we believe the role of amplification is in the cognitive system. All ten episodes will pave the way for you to improve your knowledge of Oticon. You will also increase your awareness of untreated hearing loss and cognitive decline.

Season 2, released Winter 2019, features episodes to help you examine the lessons we learned about the First Time User Experience including how people respond to age-related health changes. Visit [www.audiologyonline.com/partners/oticon](http://www.audiologyonline.com/partners/oticon) to access our full catalogue of podcasts, and webinars. To schedule an in-office training appointment call us at 800-526-3921.



## Accepting Applications for Gloria Gross Scholarship

The Gloria Gross Scholarship(s) are awarded annually to high school seniors who are deaf or hard-of-hearing and planning to attend post-secondary education. The student(s) must be nominated by a member of the Minnesota Academy of Audiology. This scholarship was inspired by Gloria Gross's commitment to the profession of audiology and was first awarded in 2005.

Historically, the scholarship was funded solely by the silent auction and donations accepted at the annual Upper Midwest Audiology Conference. This year, we are excited to announce that a portion of the State Fair proceeds will also go towards the scholarship.

The application deadline is 05/31/2019. Applications for the scholarship can be [found here](#).



## Welcome New Members

### Fellows

Elizabeth Anderson, PhD  
Eric Barrett, AuD  
Alissa Hoyme, AuD  
Kristan Lam, AuD  
Rebecca Maher, AuD  
Joseph Neve, AuD  
Gwen Washburn, MS

### Students

Kara Balken  
Mackenzie Dewar  
Nour El Hidek  
Bailey Heikens  
Jasmine Hookom  
Hana Hueser  
Bailee Lass  
Molly Lynett  
Danyi Ma  
Alyssa Neely  
Frances Noel  
Maria Paula Rodriguez  
Leigh Rohren  
Emily Tobkin

## State Fair Booth Manager Needed

The Audiology Awareness Committee has started State Fair planning and needs a booth manager. The booth manager is the "face" of MAA and frontline at the booth during the Fair. Some of the responsibilities include greeting fair-goers at booth, passing out handouts and earplugs, collecting payment for screenings, making daily deposits at the fairgrounds bank, helping stock supplies, and other support as needed to volunteer audiologists who are completing the screenings. We are looking for friendly and reliable individual(s) willing to work all 12 days of the Great MN Get-Together. In the past, we have had AuD students, high school students, family members, and audiology support staff. While it is nice this individual has some audiology background, it is not necessary! The position can be split between multiple people.

### Details

Dates: 08/22/19 to 09/02/19

Time: 9:00 a.m. to 9:00 p.m.

Rate: \$12/hour

Ticket to enter the fair provided each day

Must provide own transportation to and from the fair each day

If you have questions or are interested please reach out to Mary Richter [richt340@umn.edu](mailto:richt340@umn.edu) or Carissa Kucala [carissa.kucala@gmail.com](mailto:carissa.kucala@gmail.com).



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# UMAC 2019 Summary

**Angie Mucci, Au.D.**  
MAA Board Member-at-Large

This summary captures a two-day program of presentations, panel discussions and interactive dialogue at the UMAC conference on Expanding Audiology, which took place February 21-22, 2019 in Minneapolis.

The event brought together over 80 Audiologists and key members of the audiology community from over three different states to discuss the latest topics and challenges facing Audiology today. It also provided a valuable networking opportunity and set the stage for further cooperation among Audiologists in Minnesota and beyond.

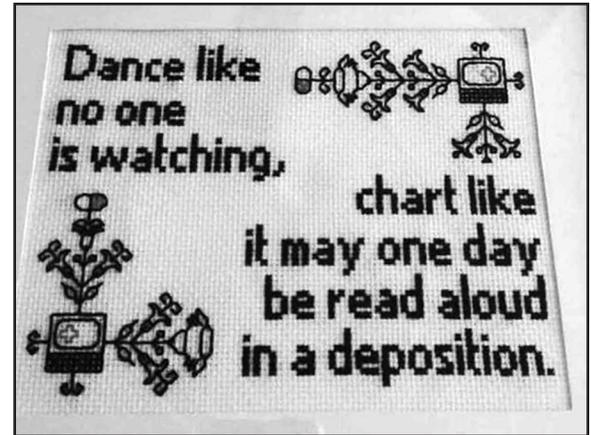
Our valued sponsors opened the conference with a round robin styled Technology Expo. They highlighted the need to embrace and use new technology in the workplace as well as emphasized giving the patients we serve a better understanding of how to focus on what really matters for hearing health.

The emcee of the Founding Members Panel was **Jenne Tunnell Au.D.**; guest speakers included: **Julie Klosterman, M.S.**, **Charlie Stone, Au.D.**, and **Bob Margolis, Ph.D.** Dr. Tunnell focused on the formidable task of reflecting on our past, dissecting our present, and pondering the future of the Minnesota Academy of Audiology and how we can continue to succeed as a profession.

In her review, Dr. Tunnell highlighted the increasingly broad scope and depth that Audiology entails. She also reminded us that we should all be knowledgeable and aware of what legislation is doing and how it impacts audiology. If we are not, that we are taking huge risks that could pose fundamental challenges for our entire profession. Get involved!

**Natalie Phillips, Au.D.**, is the Sr. Audiologist with Advanced Otolaryngology and Audiology in Fort Collins, CO. Dr. Phillips's talk, *Managing the Patient with Tinnitus and Sound Sensitivity*, emphasized understanding the why behind your patient's tinnitus or hyperacusis concerns and the tools necessary to successfully navigate the path of remediation with them.

The emcee of the Healthcare Professionals Collaboration Panel was **Jason Leyendecker, Au.D.** The diverse panel of speakers included balance and falls expert **Lindsay Chrest, PT, DPT, CBIS**, psychologist **Tamara Statz, M.A. LMFT**, audiologist and diabetes expert **Kathleen Dowd, Au.D.**, pediatric audiologist **Kirsten Coverston, Au.D.**, and pharmacist **Amy Busker, Pharm. D., BCGP**. They discussed the complex world of our aging patients and how to provide better care to these groups.



**Brian Felsen, Certified Occupational Hearing Conservationist (COHC)** highlighted the importance of hearing protection for patients of all ages during his presentation, *Protect Your Hearing in Less Time Than it Takes to Damage It*.

**Brian Urban Au.D.**, President of CounselEAR, focused on the importance of report writing and highlighted the magnitude of *what* you say and the *way* you say it.

The Continuing Education Committee conveys their gratitude to all participants, panelists, student volunteers, and vendors. We extend our thanks and expressed satisfaction with the interactive nature of the discussions while congratulating participants on the extensive networking that had taken place, which we hope will continue going forward.