



MINNESOTA ACADEMY OF AUDIOLOGY Newsletter

Feature Story

Why is it SO Important to Recognize Personalities in the Clinic?



By Natalie Phillips, Au.D.

Do you want more than simply waking up every day to go to your “job”, only to do the work and then leave?

Is connection important to you in order for you to do your “job” and do it well?

Do you believe that if you had the ability to understand your own personality, in addition to others (staff and patients), that you could do your job more effectively?

If you have answered “YES” to any of those questions, being skilled in personality recognition can help you become a more effective leader, business owner, and provider. Here are three areas where personality recognition can be useful:

1. Recognizing Personalities of your STAFF. You will be able to be a more effective leader if you are able to get your staff to work more cohesively and use their strengths to get tasks or projects done more efficiently. Also, if you are managing more than one Audiologist or provider, your staff may even be able to book appointments for patients according to personality types.
2. Recognizing Personalities of your PATIENTS. Learn to read body language and behavioral tendencies as you build rapport with your patients. Concentrating on patient behaviors can improve their office/clinic experience and can allow the provider to adapt, enhance, and even deliver more effective communication. Furthermore, this can lead to an increase in revenue as different people purchase for different reasons. In understanding their motives, you can reduce the “shotgun” approach with scattershot misfires and instead facilitate a more focused “rifle” approach to both rapport and sales.
3. Recognizing Personalities of YOURSELF. It is also important to be aware of your own personality traits and how patients view YOU. Can you impact more patients by being aware of your strengths and weaknesses and can you present information more effectively to reach more patients?

Owning the ability to step into the waiting room and assess style of dress, behavior tendencies, influences, and fears, can make a remarkable difference in your patient’s office and clinic experience. To get a better understanding, let’s focus on some specific personality types that will definitely show up in your workplace.

DRIVER. This personality dresses in neat, functional, and current clothing. They tend to be action-oriented, well-organized, and competitive. Details bore them and

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Recognize Personalities, cont.

they want only the best. They fear failure and someone taking advantage of them. These are your entrepreneurs, troubleshooters, company presidents, and upper-management. They measure everything in terms of RESULTS. When working with a Driver, provide options with probabilities to influence their decision-making. Be clear, specific, provide facts and figures, stick to business, and present facts logically. Do NOT ramble or waste their time, do not insist on building a personal relationship, and steer clear of loopholes.

PERSUADER. This personality dresses according to their mood; colorful, informal, often their clothing and accessories have sentimental value. They tend to enjoy people, appear confident, they want to be liked, know many people, and like promotional “blue sky” ideas. They fear the loss of social acceptance or being socially inadequate. These are business people, management, sales, social workers, actors, teachers, public relations, and counselors. When working with a Persuader, provide testimony with incentives to influence decisions based on opinions, leave time for relating and socializing, talk about people, goals, and opinions. Offer specials and extra incentives to work on their willingness to buy NOW. Don’t insist on policy and procedures, don’t be too task-oriented, and don’t let them think “everyone is doing it” as they want to be “trendsetters”.

CRAFTSMAN. This personality has a style of dress that can be hard to predict. Like an “absent-minded professor”, they are too wrapped up in future goals to be bothered with their appearance. They are pleasant, happy, are not easily ruffled, can have a dry sense of humor, are kind-hearted and sympathetic, can perform repetitive functions, but seldom are able to convey true feelings. They fear loss of security and rejection. These are personalities that require endurance and

Why is it SO important to be aware and identify personality styles?

It allows for:

- Increased effectiveness by anticipating behaviors and observing buying motives
- Enhanced patient experience and receptiveness of your patients
- Increased revenue thru patient retention and referrals
- Modification of your communication style by increasing or decreasing your responsiveness or assertiveness
- Improved ability to make the sale.

perseverance, often seen in diplomats, teachers, scientists, engineers, crafts, professional athletes, and assembly-line workers. They are people-oriented, but even more relationship-oriented. When working with a Craftsman, show sincere interest in them and find common ground. Use the word “feel” and provide guarantees (warranties and office visits) that may influence their decision. Do NOT rush into a lengthy “sales pitch”, but connect to them as a person.

ANALYTICAL. This personality dresses conservatively, proper, and unassuming. They are well-tailored and business-like, color-coordinated, but not too colorful. They are traditional, conscientious, have a strong sense of “right” and “wrong”, like standards and systems, are loyal, avoid exposure to change, new things, and anything dangerous. They like itemized details, have checklists, and like to look at all options and double-check to see that things are correct. They fear criticism and being “wrong”. They are meticulous, such as accountants, artists, musicians, inventors, educators, doctors, research programmers, military, and pilots. They tend to believe things if they see it in writing. When working with

an Analytical, provide evidence with service to influence a decision (white paper), use facts and approach business in a straightforward and organized way. Don’t use roundabout behavior, vague conversation, or be too informal. They won’t appreciate rushed decision-making or a personal appeal to get a sale. Stay away from using someone’s opinion as evidence.

Source: Prosperity Personality Recognition

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Dr. Natalie Phillips is the Senior Audiologist with Advanced Otolaryngology and Audiology in Fort Collins, Colorado. As co-host of a weekly Facebook Live show, All Things AuD, join in the conversation with Dr. Phillips every Thursday at 12:30pm MST to discuss and learn topics on ears, hearing, hearing technology, tinnitus, sound sensitivity, and balance disorders. Dr. Phillips has served on the Board of Directors for the Colorado Academy of Audiology and on various convention committees for the American Academy of Audiology as well as the Support Personnel Task Force. Dr. Natalie Phillips is passionate about building deep relationships and authentic connections to help make a difference in the world together.

Update Your Profile

We have added new data fields to the find-an-audiologist directory on our [website](#). Your complete and accurate listing in the directory helps potential patients and other audiologists find the best fit to help them with their questions.

Be sure to log in to the [website](#) and review your profile. Make any changes needed so that you provide the most up-to-date information about yourself and your practice. Questions? Contact administrator@minnesotaaudiology.org.



Message From Your Past President

Rebecca A. Younk, Au.D.
2019 MAA President

As the exiting President of the

Minnesota Academy of Audiology I have had the distinct privilege of working with an amazing group of dedicated audiologists for the past four years. When I was first elected to the Board in 2016 as a Member-at-Large, I had minimal experience working on a board for a state professional academy. Luckily, Minnesota has an incredible group of talented and patient audiologists who took me under their wing to show me the ropes. This experience opened my eyes to the amount of work,

determination, and sheer grit that a small group of our colleagues have to keep the organization running for all audiologists in the state. I will forever be thankful for those who so selflessly volunteer their time for our profession.

In 2018, the members of the Academy elected a truly gifted audiologist to become the next President of MAA. Over the last year, I got to know this person and not only relied on her expertise on Robert's Rules of Order, but tapped into her knowledge and experience as a dynamic pediatric audiologist. There were many evenings I texted her questions as I contemplated

care for a pediatric patient in rural Minnesota. I couldn't have asked for a better President-Elect.

With all that said, it is with great honor that I welcome the next President of the Minnesota Academy of Audiology, Kristen Gravel, Au.D. I am sure you will all come to respect and admire Dr. Gravel as I have over the last year. I look forward to working closely with her and the Board as we tackle the 2020 goals and needs of the Minnesota Academy of Audiology.

Thank you.

Message From Your President

What is MAA Doing for Minnesota Audiologists?

Kristi Gravel, Au.D.
2020 MAA President



The Minnesota Academy of Audiology (MAA) is entering its 26th year of existence and to celebrate our achievements as an organization and to share MAA's current initiatives, the Board of Directors decided to start the year with a special, printed edition of the MAA Newsletter to be shared with licensed audiologists across our great state. Many of your colleagues will be reading about MAA and I hope we can use this opportunity to invite new members - as well as individuals who have previously been involved in MAA yet have let their membership lapse - to engage with their state association.

In a 2014 survey, audiologists were asked why they belong to MAA, and the following answers were received (N=60 respondents):

- | | |
|--|-------|
| 1. Opportunities for continuing education and professional development | 85% |
| 2. Networking with colleagues | 78.3% |
| 3. Advocacy for legislative issues | 60% |
| 4. AAA member and want to support state organization | 48.3% |
| 5. MAA newsletter/email updates | 35% |
| 6. Social aspects | 20% |
| 7. Workplace expectation | 1.7% |

Value of Membership

Clearly, members enjoy access to local, high-quality professional development. You are likely aware that the MAA Continuing Education Committee plans the annual Upper Midwest Audiology Conference (UMAC) each year, offering approximately 10 hours of CE provided by nationally-regarded speakers, including Tier 1 hours. UMAC also affords a great opportunity to network with colleagues and vendors. It is understandable that members

cont.

“In my opinion, state audiology associations are the best value, and undeniably, the most important membership to have and maintain.

“Why you may ask? First, a state license is the only requirement to practice audiology in the United States. Period. ASHA and/or AAA certification, while possibly being required by a smattering of employers, is not a requirement to be an audiologist and is redundant to licensure. State audiology associations and their volunteers help seat licensure boards, create and shepherd licensure act and rules changes, and respond to legislative, regulatory, and managed care threats and opportunities that affect your daily practice. In other words, *it is these folks that help protect our day to day right to practice and landscape in which we work.* Secondly, they offer affordable and easy access to continuing education opportunities. Finally, they are a wonderful place to network with your “neighbors.”

Unfortunately, state audiology associations are underrepresented in almost every state. The membership numbers just do not reflect the acknowledgment of the invaluable role they play in our practices and profession. Audiologists want folks to protect their scope of practice but do not realize that it takes membership, convention attendance and fundraising dollars to make that happen! A lobbyist, which is required at the state level, costs an association between \$20,000 and \$50,000 every year! ***If there is one membership I will NEVER give up, it is my membership in my state association.”***

–Kim Cavitt, Au.D.

President, cont.

need to perceive value with their membership dollars. Since its infancy, MAA has used its resources to contract with a lobbyist at the state capitol. Our lobbyist, Rob Vanasek with Capitol Hill Associates, keeps MAA leadership aware of any proposed legislation which may influence the practice of audiology in the state. Member dollars directly contribute to having a lobbyist and ***all audiologists in Minnesota benefit from representation at the Capitol.***

MAA has not increased member dues in over 12 years. In fact, MAA now offers a “2 years for the price of 1” membership to audiologists who are new to the organization (such as recent graduates or audiologists who relocate to Minnesota) to reduce financial barriers and encourage engagement at the state level. The New Member Incentive is a perfect way to invite colleagues to experience

the benefits of MAA and support the efforts of their state association.

Improved Communications

You may have noticed that in the past five years MAA has worked to improve communications so that the work of MAA committees and the Board is better relayed to its members. Renewals have been simplified and are now processed online with automatic reminders. The MAA Facebook page is frequently used by members and non-members to share knowledge, notify fellow audiologists of local continuing education events, and promote camaraderie among professionals.

Membership

Currently, MAA is comprised of 140 fellow members. You may be surprised to learn that there are approximately 450 licensed audiologists in the state of

Minnesota. These numbers suggest that just over 30% of all licensed audiologists in the state of Minnesota are members of MAA. ***First and foremost, thank you for your membership.*** While multiple professional organizations request membership dollars from audiologists, know that the work of your state audiology association directly affects your right to practice. Former president of the Academy of Doctors of Audiology and the Illinois Academy of Audiology, Kim Cavitt, Au.D., summarizes the importance of state associations in the quote to the left.

As I begin my year as president of MAA, I want to thank you for supporting the efforts of your state association, through your membership dollars and through your work on committees, as well as through participation on state boards. ***Please encourage your colleagues to consider joining or re-joining MAA in 2020.*** MAA represents the interests of its members and we can achieve so much more when ***all Minnesota audiologists are fully represented in the organization.***

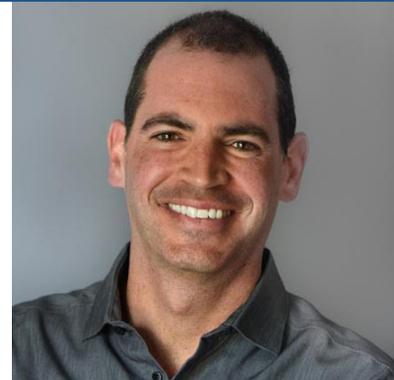
Registration is open for our annual conference and I hope you’ll join us at UMAC 2020 in Edina, Minnesota on February 20-21. It is sure to be a memorable event and I look forward to seeing audiologists from across the region coming together to learn and connect.

As a final note, please reach out to me and the Board of Directors with questions and suggestions for how MAA can best represent the audiologists of our state. My contact information – and that of all MAA members who opt-in – can be [found online](#) via the Member Directory.

Wishing you all the best in 2020.

Seven Steps to Financial Management Peace of Mind in Your Practice

Jeremy Kiecker



If you're feeling overwhelmed with your business's financial management needs, you're not alone. Many practice-owners stress over the profit and loss statements and taxes. But the reality is, you don't have to. Focusing on the seven steps below can sweep these worries right off your plate.

1. Surround yourself with a strong network of professionals

Early on in practice ownership it's easy to get caught up in the minutiae of the do-it-yourself approach and quickly become overwhelmed. Surrounding yourself with a network of trusted professionals (e.g. attorney, financial advisor, banker, accountant, payroll provider, HR specialist, etc.) can ease the stress of practice ownership. Leaning on these professionals will allow you to focus your energy on the revenue generating aspects of your practice. To determine the strength of your professional network, consider completing an exercise where you list out the service provided, fill in their name, and rank their effectiveness. If your service provider isn't meeting

your expectations, consider discussing your expectations with them before looking for a replacement. If you are lacking a key professional in your network, consider asking other business owners who they recommend or find a professional who's familiar with your industry so you don't have to teach them the particulars.

2. Make the most of your time—and your technology

Your time and resources are limited, and in today's world, business moves quickly. Technology enhancements can keep you from having to worry about the myriad of bookkeeping and compliance tasks. Here are some examples of how technology can play a central role in streamlining your accounting processes:

- Your patient management system is the heart of the practice; it allows you access to important key performance indicators, and the ability to dissect the data in a number of ways. Without full utilization, you're at a severe disadvantage to running a successful business. Consider getting additional training if you aren't utilizing the patient management system to its fullest potential.
- QuickBooks's integrations synchronize sales entered in the patient management system directly into QuickBooks. The benefits of this are numerous (time savings, accuracy of data, deposit tracking, and others). Practices should enlist the assistance of a professional to ensure they have set up the synchronization properly and they truly understand how the process works.

- Remote access to your financial information allows you to monitor the financial health of your business from anywhere. Some practices choose to house their accounting system on a virtual desktop that allows easier remote access.

3. Review your financials and adjust accordingly

A common mistake practice-owners make is not keeping a consistent eye on the financial health of their practice. Some practice owners find the financial aspects of the business overwhelming. Others just don't have time to address it. Oftentimes, the owners that are engaged and keeping a close eye on the financial health of their practices are the ones that are the most successful. Monitoring the performance of the practice allows the owner to make immediate changes that can make or break a profit. If a practice owner is overwhelmed or doesn't have the time to do the day-to-day bookkeeping functions, it's important to get someone involved who can provide the information they need and help them understand it to make wise financial management decisions.

The financials act as a dashboard like what you find in your car. They indicate where things are running smoothly as well as identify where there may be a problem. From there, you need to dig a little further, find the source of the problem and implement a strategy to fix the problem.

If you have difficulty analyzing the financials, you should lean on your

cont.

A publication of the Minnesota Academy of Audiology, distributed to MAA members with information pertinent to the field of audiology. Information contained in this publication is obtained from sources considered to be reliable; however accuracy and completeness cannot be guaranteed.

Address all questions and comments to the editors:

[Rachel E. Allgor, Au.D., FAAA](#)
[Eric Robert Barrett, Au.D., ABAC](#)

Financial Management, cont.

accountant to help you understand what they mean.

4. Analyze timely and accurate information

Analyzing the monthly results of your business is important to the long-term success of your practice. Without monthly financials, you won't know if you are being profitable or what changes to make going forward.

Whether you are doing the books yourself, you have an internal bookkeeper, or your accountant is preparing the financial information, receiving that information in a timely manner is crucial. If your financials are consistently months behind, steps should be taken to get them up-to-date. This may involve having a conversation with your bookkeeper or accountant to set a level of expectation on when you'd like to receive the financials. If you are doing the books yourself, perhaps assigning or outsourcing some of those responsibilities would make more sense to accelerate the financial reporting process and open yourself up to other revenue-generating responsibilities.

5. Don't forget cash is king

Cash – if you don't have it when you need it – can put a real crimp in your business plans. Worrying about paying a vendor or making payroll takes you away from the revenue-generating aspects that keeps the business moving forward. If cash flow is a problem, you must put together a plan to fix it. Here are a few solutions to a cash flow crunch:

- Get a line of credit in place for short-term cash needs that can be paid back relatively quickly.
- Low sales could be attributed to a lack of marketing. Getting a consistent marketing plan in place may alleviate this issue.

How often do you hop in your car and drive without having a destination? Running your business shouldn't be any different. You should be planning a route so you can reach your destination. This is more commonly known as budgeting.

- Low gross profit margin – increasing the price of your product/services may be warranted if you haven't done so in a while.
- Insurance/billing – if a large amount of your sales is stuck in receivables you may want to consider utilizing an outside billing service to help collect these funds to keep cash flow moving.
- Review your expenses – are they all necessary? Consider evaluating your personal expenses as well since those impact the amount of money you pull from the company to meet your personal obligations.

6. Budgeting produces results

How often do you hop in your car and drive without having a destination? Running your business shouldn't be any different. You should be planning a route so you can reach your destination.

This is more commonly known as budgeting in a business setting. Budgeting is compiling your business's financial information by month and location, then projecting the revenue levels you want to achieve along with the associated costs.

Keep in mind, the goal should be achievable and can't just be pie in the sky. If you've set ambitious goals for yourself and your staff, you need to strongly consider how you plan on

achieving that target. Nothing can be more detrimental to a business than setting budgets/projections that aren't achievable leading to disappointment and a feeling of failure.

Budgeting can be done anytime, but the ideal time for budgeting is towards the end of the year so you can start planning for the next year. Your budgeting team should be you, your bookkeeper (if applicable), and your CPA. A well-rounded budgeting team will ensure your budget is well planned.

Once a budget is prepared, you should enter this information into your accounting software so you can run actual versus budget comparisons at the end of each month to see how you performed.

7. Get ahead of your taxes

Tax compliance creates unnecessary anxiety for many business owners, and it doesn't have to. Consider discussing the following strategies with your tax professional:

- Proper entity structure – review your current tax classification (e.g. LLC versus S-corp and cash basis versus accrual basis) to ensure you are positioned to take advantage of the many tax reduction strategies available to businesses.
- Tax planning – consider going through an exercise towards year-end with your tax professional where you map out your tax liability for the year, identify ways to reduce taxes and map out what tax payments may be due at tax time for better cash flow management.
- Timely filing of tax returns – avoid filing an extension unless absolutely necessary. To do this, it's important to close down the year-end books as soon as possible so your tax professional can get started on the taxes.

cont.



Student Spotlight

Nour El-Hidek

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

Being an international student, I think you have a very unique and special

viewpoint of audiology. In your experience so far, what do you think is the biggest difference between audiology education/services in Minnesota versus that you experienced in Lebanon?

In Lebanon we have very few licensed audiologists and this is because there are no educational programs in audiology in the country or even in the middle east region. The only program is the one I graduated from at the American University of Beirut and it is an undergraduate program in audiology, which first started in 2014. With this degree you are not considered eligible to perform assessments like vestibular and electrophysiological

tests. You need a master's or a doctoral degree to be able to practice in these areas. There is definitely limited access to services compared to the United States.

Describe what your perfect weekend would look like, where would you go, what would you do?

My perfect weekend would start with a good breakfast with family followed by a hike in one of Minnesota's amazing nature trails. If camping was an option, I would definitely go for it. To end the day, you will probably find me binge-watching some web series on Netflix either alone or with family and friends.

What has been the most challenging part of graduate school so far?

As a graduate student I felt that managing school work and job work has been the most challenging. You want to be at the top of your game in school but sometimes your job demands your time. It is all about balancing your time between both and being able to shift your focus from one to the other. You also want to make sure you have time to enjoy yourself and take a breather.

You will be starting your external practicum placements next semester, what is something you are looking forward to learning or experiencing?

I have never had a full experience working with a cochlear implant patient, so I am looking forward to that. I am especially excited to do some vestibular and balance testing and to analyze results because I feel like those cases are puzzled pieces that need to be put together.

Nour Says:

As an international student coming to the United States, I felt anxious about everything at first (school, work, social adjustment, etc.). But Minnesota welcomed me with open arms, it made my transition easier. People were always there to help and were very understanding. I never imagined having friends with such diverse backgrounds. This whole journey is an eye opener and I am proud to call Minnesota my home away from home.

Financial Management, cont.

- Don't fall behind on your taxes – be sure to pay quarterly estimates when they are due throughout the year and plan for any year-end balances in advance to ensure the funds are available at filing time. If you fall behind it can be extremely challenging to pay prior taxes and get ahead of current taxes.

Achieving financial management peace of mind in your practice takes time and effort. Identify what creates the most financial stress in running your practice and develop a realistic action plan that will address the issue. Most importantly, don't be afraid to ask for help in navigating these common business challenges.

* * * * *

Jeremy Kiecker is a partner at PWB CPAs & Advisors in Plymouth, MN with years of experience in accounting services and tax consulting for audiology practices. He helps practices ensure their accounting systems are properly set up and that accurate financial information is communicated to the owners on a consistent basis. Jeremy also shares those solutions and accomplishments through presentations, webinars and trade journals. Contact Jeremy at Jeremy.kiecker@pwbcpas.com.



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Packaging YOU

Phil M. Jones

Business growth expert and best-selling author

In the world of hearing care, the one thing that EVERY provider promises patients is “better hearing”. Knowing this is the goal for every patient, and with the whole industry making a similar promise, how is a patient supposed to make a choice about who they choose to work with?

With the uprising of different hearing solutions that consumers can purchase, it has never been more important for audiologists to be transparent regarding what truly differentiates the experience they provide their patients and give them a clear understanding of why they should choose them over any of the other options.

When working with clients, there are three key areas to focus on in order to help navigate this landscape.

1. Stop selling hearing aids

Often times patients believe the device alone is the key to “better hearing.” It’s time to stand in front of the technology and not behind it. In other medical fields it’s highly unlikely that the doctor would champion a product ahead of their expertise and guidance; in audiology we must do the same. This means the patient has to see that they are getting a treatment plan executed under your expert leadership that includes hearing aids.

2. Map their journey

Very few patients are aware of just how much support they will receive from you in future months or years and see

The things that your practice does that add to your patient’s experience should be showcased in your marketing materials and included within your pricing.

very little of this value in their upfront purchase. To help differentiate you from online retailers and low-priced dispensers, it’s imperative that patients are aware of just how much of YOU is included in their purchase and what that journey looks like over time. By taking the time to map every single key step, consultation and checkpoint on that journey, giving accurate and consumer facing labels to those checkpoints and then communicating the entire journey to a patient ahead of their buying decision they will see more of the value you provide before you deliver the price and understand that you are delivering something unique and inherently more valuable.

3. Make the little things, the BIG things

Almost every practice I know delivers dozens of highly valuable services to their patients and keeps them a secret in their sales and marketing. Whether it’s a walk-in clinic, the ability to create home visits or extended hours, these little things need to be highlighted. The things that your practice does that add to your patient’s experience should be showcased in your marketing materials and included within your pricing. Take the

time to look at the small extras that you continuously provide and ensure your future patients can see this difference too.

At this time, unfortunately, many patients are choosing an alternative solution to you. This is not because you aren’t the best choice for them, but because they saw more value in the story that a competitor told. If you are the best solution, then let’s make sure that a patient can see your difference ahead of time.

To compete with the ever-increasing competitors that exist in this industry, the winners will play to their strengths and help their local marketplaces understand that the premium solution for hearing care is a highly skilled audiologist, a well-crafted patient journey, consumer focused extra support, AND access to best in class technology.

What can you do to help change the comment when somebody is hard of hearing from “you need hearing aids” to “you should go and see a hearing care professional?”

* * * * *

PHIL M. JONES is one of the most in-demand business educators and speakers globally. He has made it his life’s work to demystify what it takes to succeed in business and help his audiences to learn new skills that empower confidence, overcome fears, and instantaneously impact bottom line results.

Congratulations to the 2019 Gloria Gross Scholarship Winners

The Gloria Gross Scholarship is an award given out each year by the Minnesota Academy of Audiology (MAA). The scholarship is awarded to high school seniors who have hearing loss. Applicants are nominated by MAA members and winner(s) are selected by the Audiology Awareness Committee.

Scholarships are funded by money raised during the silent auction at the Upper Midwest Audiology Conference and the Minnesota State Fair Hearing Screenings. We raised a total of \$3,300 for scholarship in 2019. The amount and number of awards we are able to provide are dependent on money raised. Thank you for those who helped support the silent auction this year. Thank you to all who submitted applications and nominations. The committee received seven nominations this year which made for a difficult decision in selecting the winners. The four award winners and their winning essays for 2019 as selected by the committee are below:

Anna Kasper

Nominated by Rachel Zerby, Au.D.

Please tell us about your hopes and dreams for the future.

When I go to college in the fall of 2019, I am aiming to major in biochemistry, with potential for pursuing a minor in a different field (undetermined). The reason why I chose biochemistry because many of my interests align with the biological and chemical sciences, such as animal and land conservation, nutrition, sustainable ag_riculture, physiology, psychology,



neuroscience, healthcare, sustainable design, and herbology. The major also has massive potential for professional growth, with internships and co-ops available in all subfields of biochemistry, and lays a solid foundation for obtaining a graduate degree if I choose to do so. Because of my desire and initiative to seek out opportunities for personal as well as professional growth, I am choosing to attend Rochester Institute of Technology. Their co-op program as well as the opportunities for interacting with a diverse and mixed population of deaf/hard of hearing and hearing students gives me the best of both worlds: the college experience paired with an education meant to prepare me for the real world. Growth is important to me because I understand that with growth comes a greater understanding of the world as well as a greater capability to create positive, lasting change across communities. Some ways I am hoping to do this would include contributing to research in a field of science, working in an animal sanctuary and informing the public about endangered animals, applying conservation principles to endangered species, encouraging interest in science as a mentor, possibly starting a business with an innovative, sustainable line of products, taking advantage of social media to educate others about a variety of health related issues, such as hearing loss, mental health, and nutrition, and even taking two years to volunteer in a different country through the Peace Corps.

How would you convince someone with a hearing impairment to see an audiologist and follow hearing aid recommendations?

For me personally, I believe that in order to convince someone to do something that's good for them, you have to be an

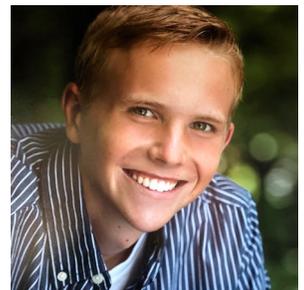
example of what they could become if they took that specific action. I think outright telling someone they should do something actually makes them want to do the opposite. My first approach would be to act as a role model to others and continually work on becoming the best version of myself (aka, "walk the talk"). The second approach, if I believed someone really needed to see an audiologist, is that I would take them aside as a friend and share my personal experience with them as logic for going to see an audiologist. I would share how understanding my hearing loss has led me to really understand what I need, and therefore helps me succeed. I would try to think of motivators for the other person, like if they want to communicate with their children or loved ones better, they should consider going to see in audiologist.

Zach Revenig

Nominated by Vicki Anderson, Au.D.

Please tell us about your hopes and dreams for the future.

I'm excited and optimistic about my future. I've learned to work hard, be organized, and stay focused on short term goals that work towards my long term goals. Earning my high school diploma is a launching pad for my future.



In college, I plan to earn a Business Degree. I hope that offers future career opportunities for me. I will continue to grow my faith, and build lifelong relationships with friends I meet at college. I will enjoy being part of the

cont.

Scholarship, cont.

tennis team and challenge myself to develop my tennis game to a higher level.

After college, I want to pursue a career with a reputable company that offers opportunities for me to grow. I envision working hard, problem solving, and helping people. Most importantly, I want my career to be rewarding and enjoy going to work everyday.

I love and appreciate my family, and I hope to start a family of my own someday. Family to me means loving each other, supporting each other, and spending time together. I will take that foundation and build on that. Overall, I want to live a long, happy, healthy and balanced life.

How would you convince someone with a hearing impairment to see an audiologist and follow hearing aid recommendations?

I have bilateral severe to profound hearing loss that was detected early due to universal newborn hearing screening. I started wearing full time amplification as soon as my hearing loss was confirmed. At one year old I was the youngest cochlear implant recipient in the state of MN at that time. I wore my CI on one side and a hearing aid on the other side to maximize my hearing. My parents made sure I followed up with my audiologist on a regular basis to ensure my equipment was always working properly. My family and I followed an auditory verbal approach that was made possible because I have had optimal equipment at all times. As a result, I developed normal speech and language and have never needed to receive speech services.

Your audiologist helps you optimize your hearing so you are more connected to your surroundings. This leads to less effort and stress gathering information,

and can lead to better outcomes over time.

If you can't hear well, you could be missing out on conversations, important information, and enjoyable experiences like listening to music. Overall, your day is less stressful and more enjoyable when you can hear your best. An audiologist can optimize your equipment so you can get the most out of your hearing. Your audiologist also keeps up to date with the latest technology and can modify equipment over time and monitor for changes in your hearing, so they can make the best adjustments for you individually.

You need to trust and work closely with your audiologist to maximize your hearing over time so you can be more successful navigating and enjoying your surroundings.

Kevin Lor

Nominated by Mary Richter, Au.D.

Please tell us about your hopes and dreams for the future.

For many high school seniors, going to college after graduation is a given. But going to college immediately after high school is not the right choice for everyone. I decided to go to college because my parents and high school teachers told me that employers will pay you more money than if you don't go to college. Now, I realize that is such a basic reason. The reasons for going to college are endless! I am going to college to show my youngest nieces and nephews that it's possible when you work hard and are determined. I am going to college because I know the "dream job" I desire wouldn't even be



obtainable without a college education. In college I have learned that if I work hard, that "dream job" could become a reality! Right now my dream job is Cyber Security. Like most high school students today, the defining decision entering my senior year was where I should go to college, not whether I should go to college. I chose a school that fit with my interests and expertise. Somewhere I could develop my passions, join extracurricular organizations, meet friends, do internships, and network. All of these were steps toward the ultimate goal of being successful.

How would you convince someone with a hearing impairment to see an audiologist and follow hearing aid recommendations?

Back when I was 2nd grade, I didn't like wearing hearing aids because it was too loud in both of my ears. Every single day I went to school and tried to wear hearing aids as long as I could. Most of the time I took off my hearing aids. As of right now, it is getting better and I have become used to it. I would say this to whoever has a hearing impairment, the hearing aid that will work best for you depends on the kind and severity of your hearing loss. If you have loss in both of your ears, two hearing aids are generally recommended because two hearing aids provide a more natural signal to the brain. Hearing in both ears also will help you understand speech and locate where the sound is coming from. If you wear your hearing aids, your success with hearing aids will be helped by wearing them regularly and taking good care of them. In addition, an audiologist can tell you about new hearing aids and devices that become available and help you make changes to meet your needs. The goal is that, in time, you find a hearing aid you're comfortable with and that enhances your ability to hear and communicate.

cont.

Hot Off the Press!

Updates to the Joint Committee on Infant Hearing (JCIH) 2019 Guidelines

Kirsten Coverstone, Au.D.



Whether you see infants for follow-up or older children for audiologic monitoring, the newly updated 2019 JCIH Statement will impact your work.

The 2019 JCIH position statement (<https://digitalcommons.usu.edu/jehdi>) is 44 pages, compared to 26 in 2007, and touches on everything from terminology, screening to informatics, and goes beyond the newborn period. There are 14 Principles to provide the foundation for effective EHDI systems, of which Audiologists are a critical component. This includes lowering the age of identification and diagnosis of infants and ensuring timely and effective interventions in order to improve language and social-emotional outcomes in children who are deaf or hard of hearing. The statement also continues to endorse that a timely referral (within 48 hours) must be made to the state Early Intervention (EI) program upon confirmation of a child being deaf or hard of hearing.

cont.

Scholarship, *cont.*

Baylee Grahek

Nominated by Brent Fisher, Au.D.

Please tell us about your hopes and dreams for the future.

After high school, I plan on attending Hibbing



Community College to study diesel and automotive mechanics. As I was growing up, my grandparents had a cabin on Lake Vermillion. I spent most of my summers there. Since I was there most of the summer, a nearby marina asked if I wanted a job. Of course I said yes, who wouldn't want to work on a beautiful lake like Vermillion, plus there's a lot of people that I can learn many things from. While working there I gained some experience working on boat engines. I eventually developed a knack for working on the engines.

When I first started driving I bought an old used car. The car didn't like the long drives up to Vermillion almost every

weekend and it started to have issues. I started researching how to fix the things going wrong with my car and relating it to the boat engines I was working on. As my skills developed I realized that I wanted to become a diesel mechanic. My main dream is to contribute my time to my community, even if it is just through a trade study. I hope to become more successful and overcome any obstacles that stand in my way.

How would you convince someone with a hearing impairment to see an audiologist and follow hearing aid recommendations?

If I needed to convince someone to see their audiologist, I would remind them that the audiologist diagnosed their hearing loss, provided them with amplification, and continues to monitor their hearing over time. When testing amplification, the audiologist will have you repeat sounds, words, and sentences in a quiet setting and in the presence of noise to determine how well you are hearing in different settings. The audiologist can work closely with the educational team to help support the accommodations that need to happen in

school for students with hearing loss to be successful.

To me, these things are very important, as I know from personal experience. I wish that I would have made an appointment and went to the audiologist the moment I noticed my hearing changed, maybe things would be different now. I grew up hearing all my life, then one day everything just shut off. I couldn't hear anything out of my right ear, so my parents took me to the audiologist. They determined that I was profoundly deaf on my right side and I had moderate hearing loss on my left ear. The audiologist said I could receive benefit from a cochlear implant. After much consulting and thought, I decided to go with it. I was implanted almost immediately. I wore a hearing aid on my left ear. Suddenly, my left ear decreased just as fast. I received a second Nucleus 7 Cochlear Implant within a few months. I had to work closely with the clinic every 2-4 weeks for mapping and programming of my cochlear implants. I did notice that everything sounds different, very robotic, and still does.

JCIH Guidelines, cont.

Overall, JCIH's guiding principle is for continued improvements in the EHDI system. With that in mind, the current statement recommends that programs who meet the 1-3-6 benchmark (screening completed by 1 month, audiological diagnosis by 3 months, enrollment in early intervention by 6 months) should strive to meet a 1-2-3 month timeline (see chart below). Minnesota currently falls below the national average for time to diagnosis, and needs further improvement in this area.

Below are some key components of the 2019 statement:

Terminology

- Use of the word *normal* as a type of hearing is replaced, when appropriate, with the word *typical* to avoid any suggestion of the stigma of abnormality.
- The term *fail*, which in years past had been discouraged in the belief that it would stigmatize infants, is recognized as a commonly-used term in the medical world to describe the outcome

of a binary screening and has been adopted for use in this document.

- The commonly used term *hearing loss* is replaced, when grammatically appropriate to the written English language, with the terminology such as hearing thresholds in the mild, moderate, severe, or profound range, acknowledging that for an infant who is born with hearing thresholds outside the typical (normal) range, no loss has actually occurred.

Screening

- An endorsement, *for well-born infants only*, who are screened by automated ABR and do not pass, that rescreening and passing by otoacoustic emissions testing is acceptable, given the very low incidence of auditory neuropathy in this population. The recommendation to rescreen using only AABR technology for the infant who fails initial screening performed with AABR technology continues to be the Committee's preferred protocol.
- Clarifies that *both ears must pass in a single screening session*. Specifically,

an infant who does not pass both ears in the same screening session, even if each ear has separately passed a screening, does not constitute a "pass" outcome.

- The sole use of AABR for hearing screening is recommended for infants who have received care (for any length of time) in the NICU.
- Best practice is to schedule an outpatient appointment for follow-up rescreening or for audiological testing before discharge (for infants who do not pass screening).
- For NICU or PICU infants who do not pass inpatient screening and rescreening, *diagnostic audiological evaluation should ideally be accomplished prior to discharge*. Additional outpatient rescreening for these infants is not preferred practice.

Outpatient Rescreening

- Outpatient rescreening should be performed as soon as is possible after hospital discharge, and always before one month of age (or, in the case of an older infant, as soon as possible following discharge).
- The practice of multiple rescreening visits in the outpatient setting delays referral for diagnostic evaluation and impacts timely diagnosis (White et al., 2016).
- Rescreening should comprise a *single valid* rescreen of both ears in the same session, regardless of initial screening results.
- Regardless of who performs the rescreening or the location in which the rescreening is performed, there is an obligation to *report outcomes of all rescreening results* (whether pass or fail) to the state EHDI program.
- If the infant does not pass in one or both ears on the rescreen, immediate

cont.

JCIH 2007	EHDI Benchmarks	JCIH 2019
1 month	Hearing Screening Outpatient Rescreen (if needed)	1 month
3 months	Diagnostic Hearing Evaluation by Audiologist Medical and Otologic Evaluation	2 months
6 months	Early Intervention Enrollment in Part C Services	3 months

Programs that currently meet the 1-3-6 benchmark goals should strive for a 1-2-3 timeline to further promote early access to optimal language and learning.

JCIH Guidelines, cont.

referral to a pediatric audiologist with capabilities for a diagnostic ABR testing should be made. Preferably, *the parent/guardian should be provided with an appointment with the audiologist prior to leaving the rescreening facility.*

- When the outpatient rescreen is performed by a pediatric audiologist, and the infant does not pass the rescreen in one or both ears, it is preferable that the diagnostic evaluation be initiated immediately (i.e., during the same appointment).

Risk Factors

- Updated risk indicators for congenital hearing conditions, including a new table with specified intervals for audiological evaluation for infants who pass the newborn hearing screening. The prior eleven risk factors listed in JCIH 2007 are now listed as 12 separate factors and divided into subgroups of predominantly “perinatal” (risk factors 1-9) and “perinatal or postnatal” (risk factors 10-12).
- In addition, the recommendations for follow-up and monitoring have been modified and are described in greater detail, and the age of audiological diagnostic follow-up for children with risk factors who passed newborn hearing screening has been lowered.
 - When risk factors for delayed-onset or progressive hearing loss are present, comprehensive audiological evaluation should occur (depending on the risk factors) in the period between hospital discharge and 9 months of age.
 - There are no clinical indications to delay screening for eligible infants who have had aminoglycosides administered including those infants who received 5 days or less, infants who received more than 5 days, and infants who may continue on

It is incumbent upon the audiologist who lacks experience or equipment for infant audiological diagnostic evaluations, to promptly refer infants to audiology centers where timely and comprehensive evaluation can be accomplished.

aminoglycosides at the time of discharge.

NOTE: MDH interpretation is that if more than 5 days of aminoglycosides are administered after hearing screening was initially done then follow the recommended follow-up of diagnostic evaluation by 9 months. The only need for rescreening is if toxic levels in the blood are identified.

- It is recommended that infants who received care in the NICU who passed the newborn hearing screen and received aminoglycosides *for less than or equal to 5 days*, receive standard surveillance of hearing and spoken language milestones in the medical home.
- Since children with congenital cytomegalovirus (cCMV) can develop late onset sensorineural hearing loss (Cannon et al., 2014), all infants who test positive on a neonatal screen for CMV require periodic monitoring by audiology to identify changes in hearing thresholds, with the provision of appropriate amplification and early intervention as indicated. The monitoring proposed in this document is, “no later than 3 months for diagnostic evaluation and then every 12 months to age 3 or shorter intervals based on parent/provider concerns.” This guidance is very conservative and vague so that

monitoring schedules can be adjusted as new information becomes available and as is appropriate per each child. Additionally, there is recognition that cCMV has a larger impact than previously recognized.

Diagnostic Audiology & Audiology Interventions

- It is incumbent upon the audiologist who lacks experience or equipment for infant audiological diagnostic evaluations, to promptly refer infants to audiology centers where timely and comprehensive evaluation can be accomplished.
- Audiological diagnosis should be **completed no later** than 2-3 months of age.
- Auditory brainstem response (ABR) remains the gold standard test for threshold estimation for infants and children who cannot complete behavioral audiological assessment.
- ASSR is not yet endorsed due to lack of published studies of deaf and hard of hearing infants and young children comparing ASSR thresholds to ABR thresholds.
- Independent evidence is insufficient at this time for the JCIH to endorse methodology (such as specialized filtering, advanced signal processing techniques, and placing the pre-amplifier at the position of the electrode), for acquisition of reliable and valid ABR or ASSR threshold estimates in a child of any age who is moving, vocalizing, or otherwise not relatively quiet and still.
- Any technology, protocol or stimulus used for objective determination of frequency-specific hearing thresholds should be rigorously and independently validated for the ability to accurately predict behavioral hearing thresholds in infants and

cont.

JCIH Guidelines, cont.

young children of all ages and all types and degrees of hearing loss.

- Acoustic reflexes are an important test of middle ear function and the integrity of auditory brainstem pathways. The acoustic reflex can be reliably measured in infants with normal tympanograms, and can assist in the diagnosis of peripheral and neural hearing involvement. The acoustic reflex test is particularly helpful in cases where auditory neuropathy is suspected, as the reflexes are expected to be absent. Absent or elevated middle ear muscle reflexes in the presence of normal otoacoustic emissions is considered a prevalent finding in confirming auditory neuropathy.
- Reaffirmation of the importance of fitting hearing aid amplification using objective, evidence-based protocols to ensure maximal audibility.
- Amplification (hearing aids, cochlear implants, bone conduction aids) and early language interventions (whether signed language, spoken language or both) should be based on best practice protocols and evidence-based practice as soon as possible following a diagnosis of hearing loss.
- Hearing aid amplification should be deferred in children with auditory neuropathy until minimum responses or behavioral hearing thresholds can be established (American Academy of Audiology, 2013).

Early Intervention (EI)/ Family Support

- Reaffirmation of the need to provide families with individualized support and information specific to language and communication development to support children who are deaf or hard of hearing by providing exposure to language models at the

earliest possible age to ensure optimal cognitive, emotional, and educational development.

- Recognition that some families may benefit from infant mental health supports.
- A referral to the state Part C EI program must be made upon confirmation of a child being deaf or hard of hearing. Immediate referral with a goal of 48 hours is recommended by [JCIH 2013](#) in the early intervention best practices document.

NOTE: A direct referral to MN Help Me Grow is the responsibility of MN Audiologists and can be done electronically at [Help Me Grow](#) or by calling 866.693.GROW (4769).

- Referral to EI should not be deferred until audiological diagnostic evaluation and hearing aid fitting are completed.
- “Diagnosis” does not imply that thresholds are determined for all test frequencies, but rather, based on key frequencies (e.g., 500 Hz and 2000 Hz), it can be shown through air- and bone-conduction testing that probable permanent threshold elevation exists in one or both ears.

Medical Considerations for Conductive Hearing Loss

- The [Supplement to the JCIH 2007 Position Statement: Principles and Guidelines for Early Intervention After Confirmation That a Child is Deaf or Hard of Hearing](#) (Joint Committee on Infant Hearing, 2013) recommends that children at-risk for delayed speech and language development due to chronic middle ear conditions receive intervention services. When present from the time of birth, if a conductive hearing loss (or the conductive component of mixed hearing loss) cannot

be medically remediated *by six months of age*, the child should be considered for hearing aid amplification, communication supports, and referral to EI services, even if these services may be short-term.

These updates were carefully considered by the JCIH, with the goal of ensuring that the updated recommendations are rooted in evidence and promote improved outcomes among infants and children who are deaf and hard of hearing. While the guidelines have been summarized above, I encourage you to download the document and review it to obtain a more complete understanding of the position statement. In concert with the efforts of MDH, Minnesota audiologists can harness these national recommendations to promote earlier age of diagnosis and access to language for infants and children across our region. Let's aim to make early hearing detection and identification as easy as 1-2-3!

* * * * *

Dr. Kirsten Coverstone is coordinator of the Early Hearing Detection and Intervention Program through the Minnesota Department of Health. She has actively worked at the local, state, and national levels supporting universal newborn screening, timely follow-up and diagnosis, early access to intervention, accurate reporting, quality improvement, and program evaluation. Kirsten implemented a statewide hearing instrument loaner program for infants and young children in Minnesota. She serves as a member of the Joint Committee on Infant Hearing (JCIH) and the National CMV Foundation's Communications & Public Health Outreach Committee, and is Co-Chair of the Center for Disease Control (CDC) EHDI Data Committee. She is also involved with the Membership Development Committee of the MAA.

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I've Referred a Child for Educational Services, Now What? (Birth to 3 Years)

Authored by the Early Hearing Detection and Intervention Community of Practice Educational Audiologists. **Sarah Kahley, Au.D.**, is one of the authors and a long-time member of MAA.

In a recent publication for the Minnesota Academy of Audiology, Dr. Kristi Gravel reviewed the fundamentals of what to do after you have identified a child with hearing loss: REPORT, REFER and CONNECT (*MAA Newsletter*, September, 2019). However, it appears that there remains a mystery for what happens in that referral process and how children are served by school districts. Every school district handles referrals a little differently, so keep in mind that the information provided here is what is typical for most urban, suburban, and rural settings but is not the norm for every county in Minnesota.

The first point of contact with the referral procedure is registering a child with Help Me Grow (helpmegrowmn.org). What is Help Me Grow, you might ask? Help Me Grow is the name of the program in Minnesota, federally regulated by IDEA (the Individuals with Disabilities Education Act), that serves families of children with developmental needs. It exists as a partnership between the Minnesota Department of Health and Human Services (MDH) and the Minnesota Department of Education (MDE). Minnesota is unique in that regard, as most states do not coordinate services between their respective organizations and instead serve families only through their department of health; educational teams from school districts are not involved in other states.

Help Me Grow serves infants and toddlers from birth up to a child's third birthday (although you can use the referral service on the Help Me Grow

website for children up to kindergarten). Other terms that you might hear that are synonymous with Help Me Grow are Early Intervention Services, Individual Family Service Plan (IFSP), or Part C services. When a child turns three, he graduates from Help Me Grow and, if he continues to meet criteria for services, he is then served solely under MDE by special education services.

How information is disseminated through Help Me Grow can be different for various school districts. In general, the referral is received by a person we will call a "coordinator." The coordinator contacts the family to get more information and verify that the parents would like a visit from the school district about potential services for their child. When the parents agree to an initial visit, we call this an "intake" meeting. One service provider attends this meeting and is typically a child development teacher specializing in infants and toddlers. At the intake, the teacher gathers information about the child and may complete a screening to determine if the child might qualify for early intervention services. The teacher also provides information on what Help Me Grow services are, and will set up several more home visit meetings for the other service providers who need to get information from the family or child to help determine potential services.

The audiologist is typically contacted when a child with hearing loss is referred, and to review medical data, but is not likely to attend the intake. The school district has 45 days from the time

we receive the referral to determine if a child will qualify for Help Me Grow services. That may seem ample, but it can take weeks to get the initial intake meeting, especially for a child who has other health needs, or whose parents both work full time, or from single-parent households.

Many times, we have only a referral that says "hearing loss" and no medical documentation. A release of information is typically obtained after the intake meeting, and the information arrives within 30 days. An evaluation results meeting is scheduled with the family within 45 days of receiving the referral, regardless of whether or not all documentation has been obtained. From that meeting, the team has an additional two weeks to finalize the services. Frequently, the audiograms, ABR results, or other medical documentation does not arrive by the evaluation finalization date and we must make a judgment to provide services based on parent information and conversations and hope the documents arrive soon!

Help Me Grow is always working on ways to improve communication, such as being able to upload release forms and medical documentation directly to the referral website. However, it can be very helpful for those at the front-line to get a release signed directly to the school district in advance. Most of us in the schools have worked in clinics and hospitals in the past and understand this may not be as easy as it sounds. But we would again be happy to brainstorm

cont.

Now What, cont.

about what might be the most helpful and efficient process for us all. Which might be different district to district or clinic to clinic!

For Part C services, almost every child with any type or degree of permanent hearing loss will meet eligibility criteria. This includes any sensorineural hearing loss in one or both ears, or a permanent conductive hearing loss, for example, conductive hearing loss caused by anotia/microtia. Temporary or fluctuating conductive hearing impairment might also cause a child to meet criteria for services. However, the disorder causing hearing loss must be chronic or persistent, lasting for several months at a time and/or documented with multiple diagnostic audiograms completed by a licensed audiologist (not OAE or other pass/fail hearing

screenings) within the previous 12 months. If you are unsure if a child should be referred, please consider contacting the educational audiologist who serves the district for that child. We do not need specific information, but if you have been following a child and you think he may benefit from services, we educational audiologists would be more than happy to consult.

When a child qualifies for Help Me Grow, services typically include periodic home visits by one or more educational team members. This is dictated by the IFSP. These are written annually and reviewed every six months. The services are dictated by what the child needs and what the parent wants, and can include anything from breast-feeding to potty training. Generally, services are in the home because the contract is parent/family centered; however, visits can be to the child's care provider should the child

have needs in that setting as well. Visits might be weekly, monthly, or quarterly.

The educational audiologist will complete home visits as well. The main roles of the audiologist are to help review medical appointments if the parents had questions, help parents trouble-shoot the child's personal amplification, and overall assess the child's access to auditory information at home and/or in child care. Services may be more "as-needed" but can include a combination of planned monthly or quarterly home visits and occasional stopping by to help resolve an issue such as completing tympanograms, checking the ears for infection or obstruction, or changing earmold tubing.

The primary service provider is typically the early childhood development teacher or the teacher of the deaf/hard of hearing (ToDHH). This will vary

cont.



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Now What, cont.

greatly between districts. The ToDHH is responsible for teaching the parent how to help the child compensate for hearing impairment, find sign language resources or teach sign language, educate the family on choices for their child, and is an expert on how children with hearing loss learn spoken and visual

language. Other team members might include a vision teacher (depending on syndrome or diagnosis), occupational therapist, physical therapist, or speech pathologist (for swallowing or mouth/tongue mobility issues, not always for speech or language).

Once a child turns three years old, early intervention services come to an end.

Prior to that third birthday, the IFSP team evaluates the child to determine if he or she will continue to require special education services.

Are you interested in what happens with older children? Please look forward to the continuation of this Now What? series for preschool and school-aged children.



Member Spotlight

Jill Gruenwald, Au.D.

Audiology Supervisor, Mayo Clinic

You practiced in Tennessee until 2018, right? What brought you to Minnesota? How was the transition?

The opportunity to relocate to Minnesota felt like it came out of the blue! My previous position at Vanderbilt University Medical Center allowed me to collaborate with so many talented professionals. One of my mentors relocated to Mayo Clinic in late 2016 and when another open position emerged, they reached out to see if I would be interested in applying. It has felt like a whirlwind since then as my family has found a new home, new community, and new friends. Minnesota is a gorgeous place to be – the sunsets and sunrises, the leaves in the fall, and of course, *the snow!*

Tell us about some of the highlights of your career; what moments have meant the most to you?

I love how audiology allows you to reinvent yourself and your career. I spent many years doing balance assessments and providing hearing aid services. During this time I was active on a large number of vestibular research studies, learning the IRB process, running subjects, and developing my clinical writing skills. The opportunity came up to take a leadership role in the hearing aid section. At that time, I transitioned to negotiating with hearing aid manufacturers, refining clinical calendars and protocols, and supervising staff.

Coming to Mayo Clinic expanded upon the supervision component of my job, and as of this month, I am training in the cochlear implant section. Connecting all these moments is my love for people. From the patients that come through the doors to the colleagues I see every day, all of my favorite moments are when I can help make someone else's day a bit better.

Are there any MAA member resources that you find helpful or have used since moving to Minnesota?

I am a huge fan of the MAA newsletter, many thanks to everyone that works so hard to put out such a valuable publication!

Tell us your funniest or quirkiest Audiologist/patient moment.

When I was fitting hearing aids, I had a gentleman with severe to profound hearing loss trying to transition to newer technology but having a tough time. He felt the devices did not sound "right" but was having a hard time elaborating. After exhausting all my traditional options, I asked if there was something with which he was very familiar – some song or movie clip we could play over the computer speakers and adjust his settings in real-time to find what made the sound "right." To my surprise, he selected a very loud (and very explicit) rap song. And that is how I had to explain to my colleagues why I was having a party in Hearing Aid Room 2.

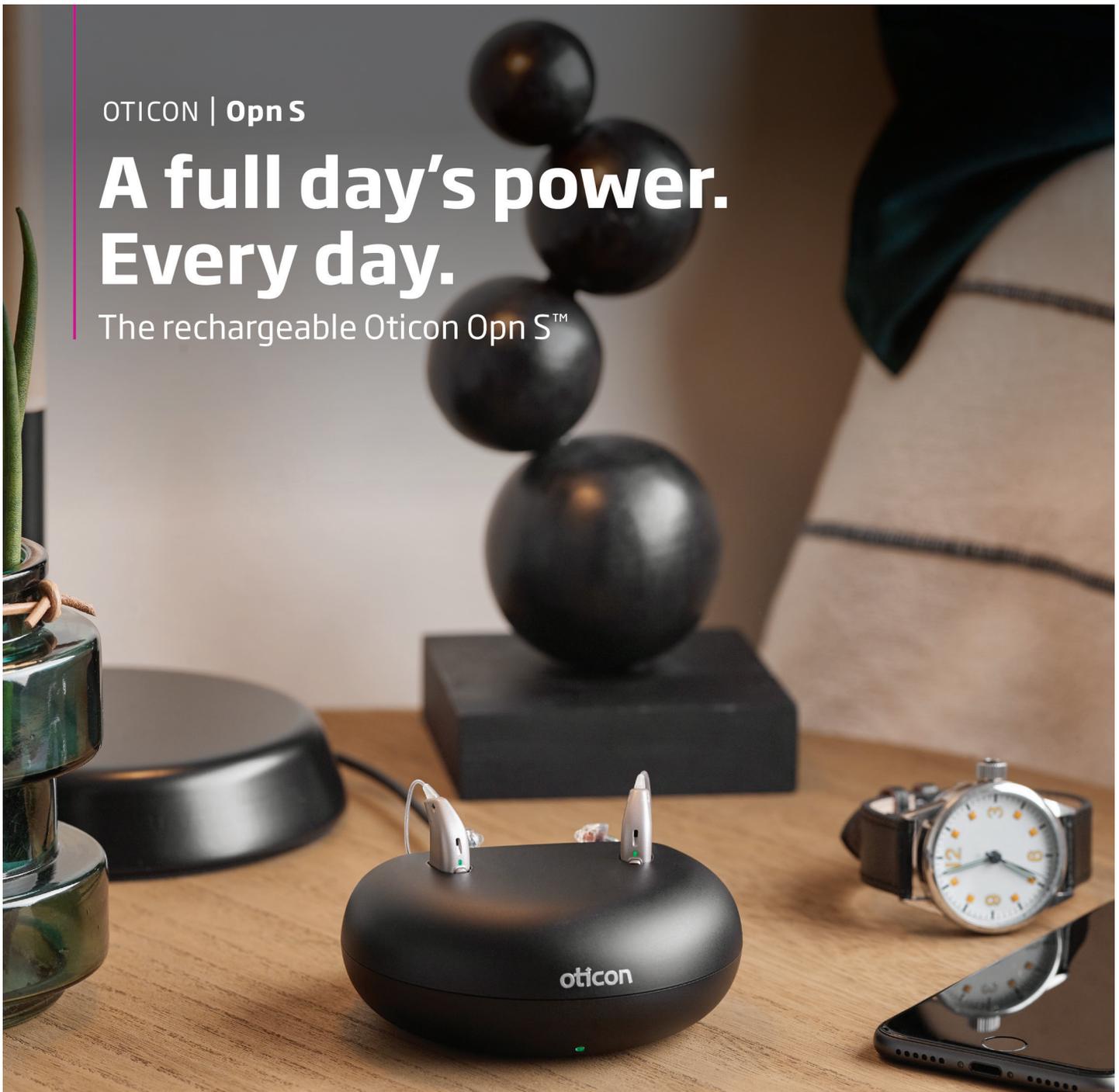
What advice do you have for new Audiologists entering the field?

I love working with students and new clinicians to the field. They are so in touch with what connects them to audiology, whether it's a passion for learning or desire to help others. Every career is full of inconveniences and little injustices that can weigh you down. Make room in your day to remember the wonder and joy that comes from what you do. You make a huge impact on others with every interaction – at the heart of every audiologist is someone who helps make the world better, and I am so proud to be part of the audiology community you represent!

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Announcing the MAA 2020 Board of Directors

On behalf of the MAA Membership Development Committee, it is our pleasure to announce the results of the recent elections for the 2020 MAA Board of Directors. Congratulations to our newest board members!

President-Elect



Dr. Ashley Hughes, Research Audiologist at Starkey Hearing Technologies. Ashley previously served as a

Member-at-Large for MAA and has been a co-chair of the Communications & Publications Committee since 2015. She has also served on the Continuing Education Committee and Sponsorship Committee. Ashley has generously accepted the position as President-Elect. Congratulations, Ashley!

Silent Auction Funds Scholarships

Without the donations collected at the Upper Midwest Audiology conference, we would not be able to award the Gloria Gross scholarship to high school seniors with hearing loss. 100% of the money raised goes directly to the scholarship. We rely on silent auction and conference attendees to make this happen!

This year, when you are registering for the conference, there is a place to add a donation towards the scholarship. While at the conference, you will also be able to make donation. Can't make the conference? You can donate an item to the silent auction or make a cash donation. All donations and are tax deductible! To donate, please contact carissa.kucala@gmail.com.

Members at Large (3 yr. Term)



Dr. Josie Helmbrecht, Audiologist at M Health Fairview Audiology-Princeton and owner of private

practice, Spirit River Audiology, in Cambridge, MN. Josie has been an active member of MAA since 1999 and co-chairs the Government Relations Committee and Continuing Education Committee. Josie has enthusiastically accepted a one-year position as Member-at-Large, filling the vacant spot created by the election of Ashley Hughes, Au.D. to President-elect.



Dr. Jennifer Ward, Audiologist at Lions Children's Hearing & ENT Clinic, M Health Fairview Audiology.

Jennifer has been an active member of MAA since 2002, co-chairs the Continuing Education Committee, and has kindly accepted a three-year position as Member-at-Large. Congratulations, Jennifer!



Dr. Kerry Witherell, Audiology Clinical Supervisor and Instructor at the University of

Minnesota. Kerry has previously served as a Member-at-Large. She has been an active member of the Membership Development Committee for many years, including heading up the MAA Mentor/Mentee Program. Kerry has eagerly accepted another three-year term as Member-at-Large. Congratulations, Kerry!

Interim Treasurer



Dr. John Tunnell, Audiologist at Mayo Clinic Health System in Fairmont. John has been an active member of MAA since 2009, and has graciously agreed to fill in as Interim Treasurer.

The MAA leadership congratulates and welcomes our representatives to their new roles as we look forward to the coming year. The leadership wishes to express thanks for the service and contributions to MAA by the following individuals as departing board members: Dr. Stephanie Luepke (Past-President), and Dr. Janelle Frost (Member-at-Large). The MAA would also like to thank all members, and we are especially grateful for all who serve on various committees, as your contributions are greatly valued!

2020 MAA Board of Directors

- Dr. Kristi Gravel
President
- Dr. Rebecca Younk
Past-President
- Dr. Ashley Hughes
President-Elect
- Dr. Rachel Allgor
Member-at-Large
- Dr. Josie Helmbrecht
Member-at-Large
- Dr. Jason Leyendecker
Member-at-Large
- Dr. Angie Mucci
Member-at-Large
- Dr. Jennifer Ward
Member-at-Large
- Dr. Kerry Witherell
Member-at-Large
- Dr. John Tunnell
Interim Treasurer

MAA Committee Updates

Audiology Awareness

We are dedicated to being the face of MAA at community events. Our main goal is to help make “audiologist” a household word and to bring more public awareness to our profession. We do this through events such as health fairs and conferences as well as print, radio, internet, and TV media sources. Two major events we organize are the silent auction at UMAC and the hearing screening booth in the HealthFair 11 building at MN State Fair. Proceeds from the silent auction support the Gloria Gross Scholarship, for which our committee reviews scholarship applications and selects recipient(s) each year.

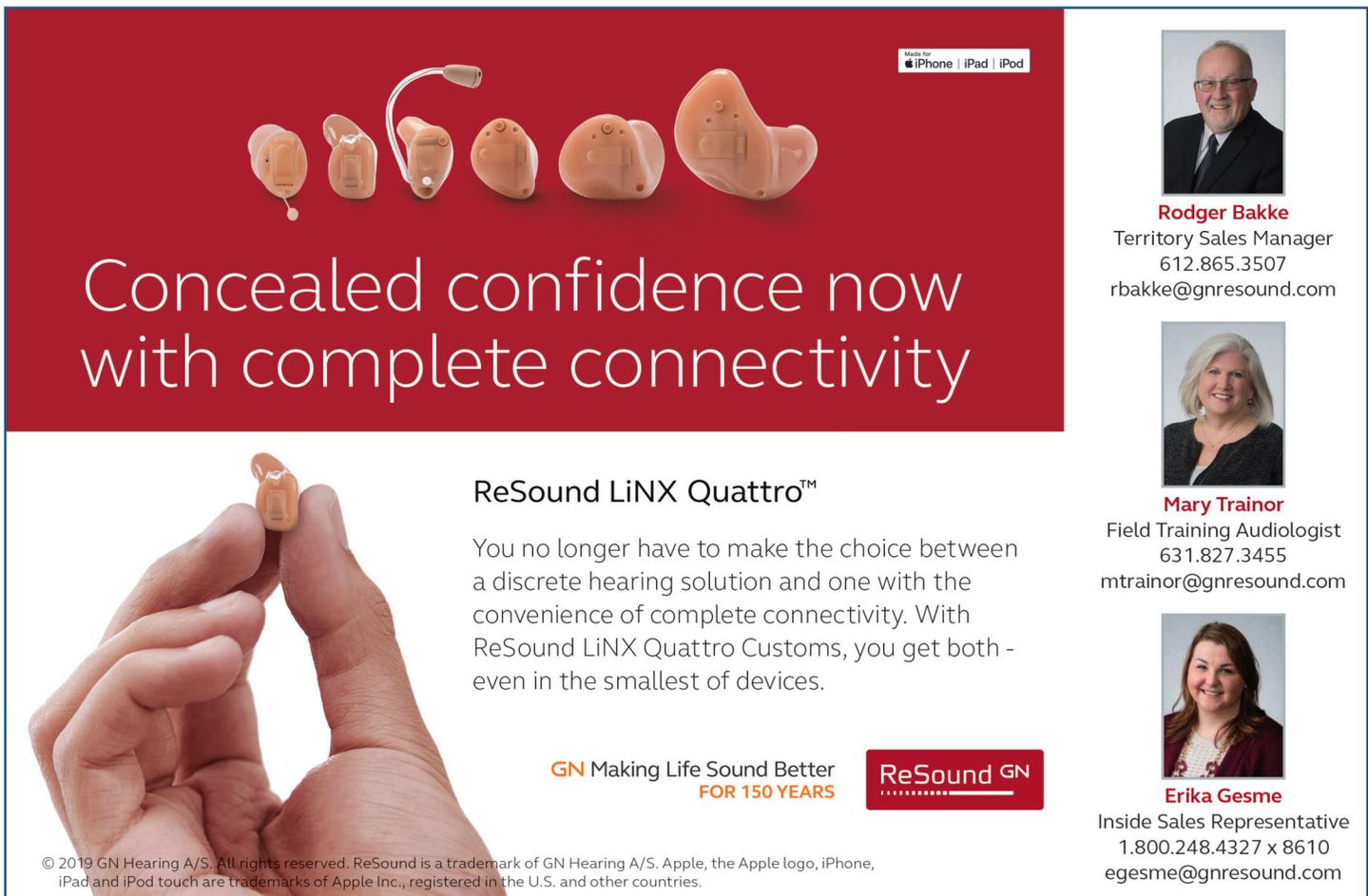
Our committee participates in community health events including lectures, business health fairs, and events at senior living areas. We host ongoing classes on hearing loss, hearing aids, and tinnitus through St. Paul Community Education in spring and fall. Co-chaired by Drs. Carissa Kucala and Mary Richter, the committee includes: Drs. David Geddes, Jennifer Reside, Jennifer Wittman, Angie Mucci, Lexi Clark, Danielle Barr, and Monica Yue. Interested in becoming involved? Contact Dr. Kucala or Dr. Richter for more information by emailing administrator@minnesotaudiology.org.

Coding & Reimbursement

This small but mighty committee is chaired by Dr. Melisa Oblander and includes Drs. Evan Maraghy and Jason Leyendecker. In an age of reduction in reimbursements, the vision of the C&R committee is to foster positive change in reimbursement for audiologists. Our primary responsibilities are to provide and investigate the most accurate information on correct coding and billing and investigate reimbursement concerns and improvement opportunities.

In 2019, the C&R committee has been in discussions with the state as well as manufacturers to allow for hearing aid manufacturers to be able to bill direct the state for devices for Medical Assistance fittings. This would reduce the up-front costs of fitting MA patients with devices. We have also submitted Coding Corner newsletter updates on relevant coding and reimbursement topics. We meet via phone every month. Our goals for 2020 are to continue working on direct billing, participating in live discussions regarding 3rd party administrators, and take on new coding or reimbursement concerns that affect audiology. If you feel like you have the

cont.



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631.827.3455
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Erika Gesme
Inside Sales Representative
1.800.248.4327 x 8610
egesme@gnresound.com

Committees, cont.

resources to help the Coding & Reimbursement Committee, please contact Dr. Oblander at mobland1@fairview.org.

Communications & Publication

This committee is co-chaired by Drs. Rachel Allgor and Eric Barrett with support from Drs. Ashley Hughes, Krista Lam, and Katie Awoyinka. Our primary responsibilities are to maintain communication within the MAA and increase our online presence. These are accomplished through regular publication of our newsletter, administration of MAA social media accounts, and email communication with members. We meet regularly to discuss committee activities and share ideas.

Over the past year we worked with contributors in and outside of MAA to publish three newsletters as well as consolidate our online efforts to the MAA Facebook group (join now!). In 2020 we plan to refresh the website, increase the depth of our article library for newsletters, share articles online via the MAA blog, and expand our social media presence to Instagram. Interested in serving on the committee or have ideas to share? Contact us at communications@minnesotaaudiology.org.

Continuing Education Committee

This committee is chaired by Dr. Angie Mucci with additional support from Drs. Ashley Hughes, Kristi Gravel, Kerry Witherell, Kristi Albers, and Kelsey Lindsey. Our vision is to provide interesting and quality educational events to build knowledge base and foster professional growth to audiologists. We plan the Upper Midwest Audiology Conference (UMAC) and other learning opportunities throughout the year. We coordinate with other professional experts and organizations to provide the best CE programs, keeping topics timely and up-to-date. We meet in-person and over the phone throughout the year to discuss committee activities and brainstorm new ideas.

In 2020 we will have new faces co-chairing the committee: Drs. Josie Helmbrecht and Jennifer Ward. We are excited to have incoming co-chairs with new and fresh ideas for UMAC 2021. Interested in serving on the committee or have ideas to share? Contact us at education@minnesotaaudiology.org.

Finance

This committee was recently reinstated, with the goal of supporting the planning, analysis, and reporting processes for MAA financial activities. This will provide financial management tools to MAA committees and the Board of Directors that will allow informed, accurate planning and management of the Academy's financial resources.

The committee includes the president, past president, president-elect, treasurer, and additional members who are interested in ensuring checks-and-balances in MAA's finances. We work with stakeholders to review the sponsorship program and develop coordinated processes for establishing and allocating sponsor fees to committee activities. We are looking forward to working with committees to familiarize them with the budgeting process and create a budget for the organization.

Love spreadsheets? The Finance committee is seeking detail-oriented volunteers. Contact the MAA Administrator at administrator@minnesotaaudiology.org.

Government Relations

This committee is co-chaired by Drs. Josie Helmbrecht and Rebecca A. Younk. Our primary responsibilities are to plan, support, and promote legislative and other activities as they pertain to Minnesota audiologists, scope of practice, reimbursement, and public safety. These are accomplished through active involvement with our lobbyist, Rob Vanasek at Capitol Hills Associates, and grassroots advocacy. We meet in-person and over the phone to discuss committee activities and topics which are important to and impact the field of audiology.

In 2020 we will send an email to all audiologists in Minnesota asking for feedback on important matters in the state to set short- and long-term legislative priorities. Watch for the survey so we can begin to tackle the issues most important to our profession. Interested in serving on the committee or have ideas to share? Contact us at govrelations@minnesotaaudiology.org.

Membership Development

Co-chaired by Drs. Margaret Koeritzer and Kristi Gravel, we have a spirited committee comprised of Drs. Rachel Zerby, Sarah Blue, Hannah Herd, Tom Tedeschi, Kerry Witherell, Rachel Johnson, Kirsten Bock, and Kirsten Coverstone. Our is to foster a growing community of engaged audiologists, ensure consistent leadership of MAA, and recognize individual excellence in audiology. We have conference calls every other month to discuss ways to encourage involvement with MAA and ensure representation of audiologists. We host the awards ceremony at UMAC. We also find projects throughout the year to encourage membership visibility. We recently added a directory of educational audiologists to the MAA website to supplement our existing audiologist directory. In addition, our committee facilitates a Mentorship Program between Au.D. students at the University of Minnesota and MAA Fellows.

If you're interested in meeting audiologists from a variety of backgrounds and enjoy bringing people together for an important cause, Membership Development is the committee for you! Contact us at administrator@minnesotaaudiology.org.



State Fair Recap

The Audiology Awareness Committee would like to send a huge thank you to all audiologist and student volunteers who assisted in State Fair hearing screenings this year! We had a total of 65 volunteer spots filled. That's a total of 227 hours of volunteering! During the twelve days of the Fair, 1793 fair goers were seen for hearing screenings and video otoscopy.

Again, through ReSound and 3M's generosity we were able to give away 1450 'batteries on a stick' to current hearing aid users and 12,000 sets of earplugs! *That is amazing!*

The State Fair hearing screenings are made successful by audiologists and students who volunteer their time and expertise to share with the Fair community. Many of the people who come through our booth follow up in clinics across the state for diagnostic testing. We have even seen some of these patients stop back at the booth with their new hearing aids to thank MAA for referring them to get help!



This year we held incentive drawings to encourage State Fair volunteering and thank those who do commit the time to volunteer. Three \$25 Amazon gift cards were awarded to randomly selected volunteers. Congratulations to *Kristi Gravel, Holly Dodds, and Ted Madson.*

Despite the incentives, there were still seven time slots that went unfilled. These unfilled times leave some volunteers working alone or cause us to shut down the booth, consequently turning people away who wish to be screened.

If you are not a regular Fair volunteer, please consider signing up for next year! Signups for 2020 will open during our Conference in February. The Fair is a fun way to reconnect with colleagues and a great networking opportunity. If you sign up early, you get first pick at time slot as well better chance at winning incentive drawings.

The committee is always looking for ways to improve the Fair screenings as well as volunteers to help in planning. If you have ideas or would like to join committee, please contact Carissa Kucala at carissa.kucala@gmail.com.

This year we were also able to help Taylor Nelson, AuD Student at the University of Minnesota, collect data for her Capstone Project. Although she is still combing through her data, preliminary findings show males over 50 choose to participate in hearing screenings because their spouses make them do it! Please join us at the Upper Midwest Audiology Conference Business meeting learn more about what Taylor has discovered about MN Fairgoers!



Welcome New Members

Fellows

Carrie Bell, Au.D.
Amanda Bohn, Au.D.
Olivia Boothby, Au.D.
Kendra Griffin, Au.D.
Shawn Harrison, Au.D.
Heidi Hill, Au.D.
Julie Perreault, Au.D.
Courtney Stone, Au.D.
Mary Beth Trine, Au.D.
Tracie Tuss, Au.D.

Students

Siuho Gong
Jordan Krentz



ADVOCATING FOR AUDIOLOGY

2020 Upper Midwest Audiology Conference
February 20-21, 2020 • Edina, MN

CONFERENCE AGENDA

Thursday, February 20, 2020

- 1:00 p.m. Registration, Welcome Announcements
- 1:30 p.m. Deb Abel, AuD
Unbundling, Billing, and Coding, part 1
(pending tier I approval)
- 3:00 p.m. Break – Open bar and snacks
- 3:15 p.m. Deb Abel, AuD
Unbundling, Billing, and Coding, part 2
(pending tier I approval)
- 4:45 p.m. Happy Hour and State Fair Sign Up
- 5:30 p.m. Dinner & Kristi Oeding, AuD
Amplification Grand Rounds
- 7:15 p.m. Awards and President's Address

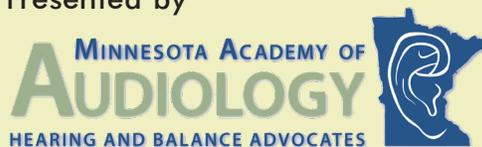


Friday, February 21, 2020

- 7:00 a.m. Registration, Breakfast, Silent Auction Opens, Vendor Set Up
- 8:00 a.m. Melissa Ferrello, AuD
Ethics
- 9:00 a.m. Break
- 9:15 a.m. Josie Helmbrecht, AuD – Licensure Advocacy
- 10:45 p.m. Expo Hall and Lunch
- 12:45 p.m. Business Meeting
- 1:15 p.m. Jessica Spratt Novak, AuD
CI Grand Rounds
- 2:15 p.m. Break
- 2:30 p.m. Au Bankaitis, PhD
Infection Control/
Cerumen Mgmt Lab
(pending tier I approval)



Presented by



Questions: administrator@minnesotaudiology.org
Website: www.minnesotaudiology.org/conference

Westin Edina Galleria

3201 Galleria
Edina, MN 55435
888-627-8245



CONFERENCE INFORMATION



HOTEL RESERVATIONS

Westin Edina Galleria
3201 Galleria, Edina, MN 55435
888-627-8245 • <http://bit.ly/umac2020hotel>

Please contact the hotel directly for reservations. Mention the Minnesota Academy of Audiology to obtain the special room rate of \$189 per night. Reservations must be made by January 20, 2020 to obtain the group rate.

CANCELLATIONS

Cancellations must be received by January 11, 2020 in order to receive a full refund.

STUDENT VOLUNTEERS

Student volunteers can become MAA student members and attend the entire Conference for no charge. For information on becoming a student volunteer, please contact us at administrator@minnesotaaudiology.org. Student volunteers cannot earn CEUs without paying the Conference fee.

DINNER AND AWARDS BANQUET

Enjoy a lively evening with colleagues and exhibitors. Thursday night's program includes awards, honors, and a report on the state of MAA by our President.

CONTINUING EDUCATION

Minnesota Academy of Audiology is approved by the American Academy of Audiology to offer Academy CEUs for this activity. The program is worth a maximum of 1.0CEUs, of which 0.4 are Tier 1 CEUs. Academy approval of this continuing education activity is based on course content only and does not imply endorsement of course content, specific products, or clinical procedure, or adherence of the event to the Academy's Code of Ethics. Any views that are presented are those of the presenter/CE Provider and not necessarily of the American Academy of Audiology.



SILENT AUCTION

Support MAA's Gloria Gross Scholarship Fund! Bring an item to donate or bid on items at the Conference. Bidding will be open on Friday, with items distributed at the close of the event. If you know a high school senior with hearing loss, nominate them for the scholarship at www.minnesotaaudiology.org/scholarship.

QUESTIONS?

- Event details are available at www.minnesotaaudiology.org/conference
- Contact us at administrator@minnesotaaudiology.org

REGISTRATION FORM

OR ONLINE AT WWW.MINNESOTAAUDIOLOGY.ORG/EVENT-3585683

SELECT ONE:	MEMBER*	NON-MEMBER	STUDENT MEMBER	STUDENT VOLUNTEER**
<input type="radio"/> Full Conference	\$250	\$375	\$50	No charge
<input type="radio"/> Thursday Only	\$175	\$300	\$30	No charge
<input type="radio"/> Friday Only	\$175	\$300	\$30	No charge

*Members of any state audiology association may attend at member rates. Please provide proof of membership for states other than MN.

** Contact us at administrator@minnesotaaudiology.org to learn how to be a volunteer. Volunteer registrations will be confirmed prior to the Conference.

Not an MAA member? Join now and pay member rates for your Conference registration! Complete your application at www.minnesotaaudiology.org/join-renew. MAA annual dues are \$125 per year (\$110 if you join before 1/1/20) and free for students. Membership follows the calendar year. New membership status is pending MAA Board of Directors approval.

name and title _____

mailing address _____

email _____

phone _____

special dietary needs _____

where did you hear about the conference? _____

amount due \$ _____

Include a check made payable to Minnesota Academy of Audiology or complete the credit card info:

card # _____

exp date _____ cvv _____

Detach and mail form with payment to:
MAA, PO Box 13732, Roseville, MN 55113