



MINNESOTA ACADEMY OF AUDIOLOGY Newsletter



Message From Your President

MAA Is What You Make It!

Eric Robert Barrett, Au.D.
2023 MAA President

Hello and happy new year MAA! 2023 is shaping up to be a very exciting year for me, personally and professionally, and I hope y'all have just as much to look forward to in your own lives. My intention as president of MAA is to support and re-engage members and to help everyone make the most out of their membership, whatever that may be.

Thanks to everyone who participated in our engagement survey sent out in August of last year. Your responses set the tone for discussion during the leadership meeting last fall, and many of the leadership team's initial goals for 2023 include organizational and process improvements designed to increase communication and collaboration between general members, committees, and the board of directors. I'll share some of the engagement survey results here (click [this link](#) for the full results 2022 MAA Engagement Survey), and I encourage anyone willing to share their perspective to reach out to me directly at ericrobertbarrett87@gmail.com. Thanks in advance for your suggestions and feedback!

Reviewing the results of the survey, there were 42 members who responded to the six closed-ended questions. Of those, nearly half (19) came from members who have been a part of MAA for seven years or longer—representing a significantly historical perspective for the data. Respondents were overwhelmingly

excited to be a part of MAA (35) and believe their membership provides value (39). The majority of 42 respondents felt that UMAC (37), our lobbyist (32), our newsletter (25) and the Facebook group (25) are the most valuable MAA activities. Nearly all respondents would recommend MAA to new Au.D. graduates and non-members (40) and six of them said they would be interested in serving in a leadership role (committee chair or board member).

Sixteen respondents provided suggestions about what MAA can change to better serve its members. In general there were four main suggestions; improved communication/engagement with members; more promotion of audiology within healthcare; making it easier for members to volunteer; and more focused communication (single topic vs a whole newsletter).

Twenty-one members shared what kind of activities or events they would like MAA to organize or participate in for 2023 including advocacy events, another 5K, the State Fair, social events, CEU events, and virtual events.

Sixteen members gave suggestions for how MAA can help increase member engagement. Responses fell into four main categories, including more community activities (in and outside of the cities), more networking

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President, cont.

opportunities, more focused communication (single topic vs a whole newsletter), and creating more volunteer opportunities (event based vs joining a committee).

Twelve members shared additional points they felt were important from their experience. Some of the highlights from these involved working with other state organizations or within our membership to create practical resources for hearing professionals; refocusing on the “why” of our activities and presenting that more clearly to members; and sharing more of what our committees are doing throughout the year.

Having been a part of MAA since 2019, I freely admit to not knowing the full history of the organization, including the ebb and flow of participation and activities of the past. What I see now, at the beginning of 2023, is the start of a “right-sizing” process where we appropriately match the level of MAA activity to the capacity of our volunteers and the desires of members. For example, hosting a booth at the Minnesota State Fair is above and beyond what we are able to support. Moving forward we are hoping to partner with smaller events and hold community hearing screenings more frequently and in different parts of Minnesota. Similarly, we have an opportunity to host a CEU event sponsored by the Minnesota Department of Health. Due to a current lack of capacity to coordinate and plan the event, MAA will likely have to pass on that CEU event for now. For members who expressed a desire for more CEU events or those who are upset about having to part ways with the State Fair, please take action and get involved! If you are already involved and see value in MAA activities, please encourage your colleagues to join you. If you don't like the way things are going and feel MAA should do things differently, the best action to take is still to get involved.

What I see now, at the beginning of 2023, is the start of a “right-sizing” process where we appropriately match the level of MAA activity to the capacity of our volunteers and the desires of members.

MAA exists to promote and support audiology in Minnesota so the only way MAA can represent all audiologists is for everyone to join in.

With that said, one of the new initiatives already being implemented is to better communicate the volunteer needs from different committees, and improve the process by which we receive inquiries and respond to interested members. As you read through the committee updates in this newsletter, please pay attention to the projected volunteer needs from each committee and reach out to them directly if it's something that catches your eye. As volunteer needs arise they will be communicated in future newsletter editions, via email, and in the MAA Facebook group. If there is another way you would like to participate but don't know who to reach out to, I encourage you to contact the Membership Development Committee at membership@minnesotaaudiology.com.

Here's a quick rundown of some of the other goals and initiatives

MAA plans to start working towards in 2023—in addition to UMAC 2023, the silent auction, the Gloria Gross scholarship, and the last session of the diversity series put on by the Membership Development Committee.

- Annual MAA event calendar
- Community hearing screenings
- New member liaisons & welcome kits
- Increased lobbying awareness
- and maybe more!

Again, if any of these ideas, what's shared in the committee updates, or something else interests you, please do not hesitate to reach out to a committee, the executive team, or myself. I'm excited to work towards affecting positive change within MAA and serving our members.

Thanks for your support and remember, MAA is what YOU make it!

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Member Spotlight

Jenny Lien, Au.D.

Minneapolis Public Schools

and speech therapist that my mom worked with and decided quickly that audiology was the field for me.

What do you find the most rewarding part of working in a clinical setting?

I love getting to know the kids and families that I work with and being able to directly see how audiology services can impact the whole child. Their ability to learn, and participate in school and their communities, is positively impacted by the support we provide. I've also worked in a variety of clinical environments in the past and love that audiology provides such a wide array of career options.

How did you first become interested in the field of audiology?

My mom was an occupational therapist for the school district in Rochester, MN and she first introduced me to the field. I took a careers class in undergrad that asked us to interview people in different fields that we might be interested in. I interviewed the educational audiologist

Why do you feel being a member of MAA is important to your career?

I believe that state organization advocacy is a key factor in growth and development of our profession. I also lived in California for several years after graduate school and when I moved back to Minnesota, I knew I wanted to join MAA again to connect and collaborate with other audiologists in the area.

What do you do for fun outside of work?

I love spending time with my kids, traveling, reading, and going to comedy shows or concerts (with appropriate hearing protection of course).



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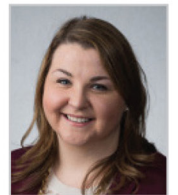


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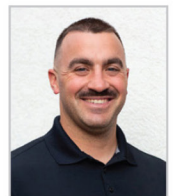
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Early Hearing Detection and Intervention Resources from Minnesota Hands & Voices



Brenda Hommerding **Guide By Your Side Manager, MN Hands & Voices –** **a program of Lutheran Social Services of Minnesota**

Minnesota's Early Hearing Detection and Intervention (EDHI) program recognizes the importance of parent-to-parent connection and deaf/hard of hearing role models as critical parts of the early intervention process for a child who has been identified with non-typical hearing. The Minnesota Department of Health (MDH) has contracted with Minnesota Hands & Voices (MNH&V) to be that parent-to-parent support and role model organization.

All MNH&V's staff either have children who are deaf/hard of hearing or are deaf/hard of hearing themselves. MDH requires that MNH&V staff follow all HIPAA guidelines and complete annual training to keep current on those guidelines.

“Where did you get our information?” This is the most common question that families ask when a Parent Guide reaches out to them. When a child is identified with non-typical hearing, that information is reported to MDH. MDH then mails out a letter with a resource binder to the family indicating that a Parent Guide from MNH&V will be contacting them.

It is the duty of a Guide by Your Side Manager to check for referrals within MDH's system daily. A family profile is created in the MNH&V database with the necessary information to contact a family. Once a family is entered in our database, they are assigned to a Parent Guide based on their zip code (region) and/or cultural identity. The database helps each Guide stay on track with calls and connections to the family.

Families can also be directly referred to MNH&V through the secure online referral form listed on the [website](#). In fact, data shows that families who were directly referred to MNH&V from the audiologist or other sources such as MDH, and deaf and hard of hearing teachers, are more engaged in the program and services. You may directly refer to MNH&V all children identified with a hearing difference for the ages birth to 21. It takes a village to raise a deaf/hard of hearing child and MNH&V is passionate about helping families by being a part of that village.

Why is it important for families who have children who are deaf or hard of hearing to connect with MNH&V? Children with non-typical levels of hearing can experience delays in language, learning, and social/emotional development. Trained Parent Guides and deaf/hard of hearing guides strive to help achieve the national recommendation of 1-3-6 guidelines: babies screened by 1 month of age, identified with level of hearing by 3 months of age, and enrolled in early intervention services before 6 months of age. In addition, they strive

to connect with the family within one month of when the referral is received.

Connecting families with trained Parent Guides as early as possible can help reduce the potential for delayed development, as well as give them a sense of connection and knowing they are not alone in their journey. Connecting the families with DHH Guides allows them all—parents and children—to have a sense of what it may be like growing up deaf/hard of hearing. MNH&V has also added trained ASTra (Advocacy, Support and Training) Guides to help families with any educational advocacy needs.

The following are links that may be useful:

- [EHDI information packet for audiologists](#)
- [Video for audiologists](#)
- [Online resources for families](#)

Please reach out to MNHV@lss.org if you have any questions.



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Message From Your Past President

Jason Leyendecker, Au.D. 2022 MAA President

The Minnesota Academy of Audiology is on a journey. Every year there are new challenges that the organization needs to address, manage, and adapt for. Every leader has a different agenda and leadership style, which will bring a well-rounded approach to growth as an organization. As leaders, we need to be constantly learning and adapting to support our team. With learning and adapting, there are times of both success and failure. While success feels great in the moment, I've realized it's the failures that have taught me the most. As I close out my term as president of MAA I want to look back on a couple things I've learned over this year.

First, it is important to set realistic expectations. To accomplish this, leaders would benefit from asking questions such as, "How can I support you with your request?" and "What is the expected outcome of this task?" and "Who should we involve in this process to make sure we are all on the same page?" Asking these questions allows for you to set clearer expectations of what needs to be done and by when.

Second, empower your team to make decisions and have confidence in their solutions. We have a great group of audiologists who are passionate about our profession and have great ideas. Our organization has the structure to

empower all committees and volunteers to create change within the guidelines of our bylaws and the policies and procedures manuals. These documents are monitored and adapted regularly to keep up with the current state of the profession. These documents provide guidance for the committees so they can move forward in their decisions.

It has been a fun year learning from my peers! We have so many amazing people willing to give their personal time to help MAA be the best state audiology organization in the country. We have the structure to support our profession and make sure our patients are receiving the best possible care. MAA is the best representation of audiologists in the state and we look forward to continuing membership growth to make a bigger impact. Our professional future is stronger when we can stand together to take on new challenges in the field. I know I am a stronger leader today than I was one year ago after learning these lessons. I hope the future leaders learn from my experience and continue to move our profession forward.

The Minnesota Academy of Audiology is an amazing organization filled with amazing people. Rebecca Younk, Au.D. asked in the MAA Facebook group on November 2nd, "If you are not a member [of MAA] are you ok with the profession of audiology disappearing?" I think it's worth asking every audiologist in the state this question to determine our next avenue of growth. Thank you for letting me serve as president. I am proud to be an audiologist and proud to be a member of the Minnesota Academy of Audiology.

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Current Thinking on “Functional Hearing Loss” in Adults

Gail M. Whitelaw, PhD.
Clinical Associate Professor/Clinic Director
The Ohio State University, Columbus, OH



When I was a young audiologist, many decades ago, a reference to functional hearing loss would have had me running to perform the Stenger test and dubiously looking at the patient as a “faker” or using fancy terms like malingerer or pseudohypacusis. However, much has changed in those 40 years, including evidence-based data on those who demonstrate the “old school” or historical view of functional loss. Recent research suggests that the prevalence of pseudohypacusis is estimated as low as 1.35% to as high as 9.5% (Hussain and Hohman, 2022; Mathai, et al, 2021). Of course, this depends on the population that is served and the practice setting, however this number is likely to be smaller than what many audiologists are presented with in their educational programs.

The current focus on “functional hearing loss” refers to those people that present in our offices with difficulty hearing and listening in less-than-optimal environments, despite having a “normal audiogram”. It is estimated that this population is approximately 26 million Americans and they are seeking our services (Beck, Ng, & Jensen, 2019). Many things have changed in the past few decades that help us to focus on the needs of this population. Although an audiogram is a “gold standard” in evaluation of hearing, it is not “THE gold standard” (Hewitt, 2018). It has long been known that hearing in quiet is not correlated to hearing in noise (Crandell, 1991; Wilson, 2011), with speech in noise testing a best practice in audiology (despite the fact that only about 15% of audiologists report

completing speech in noise testing routinely) (Clark, Huff, & Earl, 2017).

Additionally, a focus on patient-centered care has increased the emphasis on listening to patient concerns and participating in shared decision making as a partner with our patient and their family. Finally, there are etiologies now identified, such as auditory neuropathy or cochlear synaptopathology, that were previously unidentified. It’s likely that at least some patients who complained in the past about not hearing well in less than optimal environments had these types of pathologies or may have other types of issues, such as mild traumatic brain injury (mTBI). In view of this information, the profession of audiology has the opportunity to address functional hearing loss with this patient population and expand services to those who seek them.

The World Health Organization challenges us to look beyond the audiogram and see hearing from a “functional communication” perspective. In parallel, recent research suggests that “subclinical hearing loss” (15-25 dB) must be considered both in increased patient reporting of hearing difficulty

in less than optimal environments and increased anxiety and depression related to communication (Olusanya, Davis, & Hoffman, 2019; Golub, et al, 2020). Functional communication is labeled in a number of ways in the literature, including hearing difficulty, suprathreshold auditory disorder, and hidden hearing loss.

Patients with functional hearing loss will present in our clinics, thus we must both challenge our long-held myths and develop a plan for addressing their needs. It is important to note that many of these patients are not satisfied with being told that they have “normal hearing” and their perception is “all in their head.” They will continue to shop for an audiologist who will listen to them. Obviously, taking a careful case history is a foundation to learn about the patient’s concerns. Additional tools, such as the Adult Auditory Processing Scale (Woolf and Roup, 2019) and the [Vanderbilt Fatigue Scales](#), can provide

cont.

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Address all questions and comments to the editors:

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Functional Loss *cont.*

insight into “real world” listening concerns.

Audiologic assessment, at minimum, must include speech-in-noise testing and many options are available to tax the auditory system. Patients frequently report that speech in noise testing is representative of the difficulties they experience and often comment that it is the first time they have had this test, despite reporting listening in noise difficulties to previous providers. Audiologists should select a test battery that can further address communication difficulties, which may include a battery of what has been traditionally labeled as auditory processing assessment. The current practice of audiology supports that screening of cognitive abilities and use of a test, like the Word Auditory Recognition and Recall Measure (Smith, Ryan, and Pichora-Fuller, 2020) that addresses auditory working memory will provide useful information when evaluating this population.

If a patient demonstrates a functional hearing loss, recommendations may include use of hearing technology and/or aural rehabilitation. Current hearing aid technology can enhance quality of life for patients with functional losses. Current hearing aids incorporate directional technology and are able to enhance soft consonants of speech, improve signal-to-noise ratio with use of the multiband directional microphones, and incorporation of background noise algorithms may improve comfort and reduce auditory distractions (Roup, Whitelaw, & Baxter, 2022). Use of remote microphone technology may be appropriate for some patients and some may prefer use of a digitally modulated (DM) system over hearing aids or in conjunction with hearing aid use.

Based on neural plasticity, training to build a “better auditory system” is often

In an era where many audiologists are concerned about issues such as the impact of over the counter hearing aids on their practices, it is important to acknowledge that people with functional hearing loss are seeking our services and our recommendations.

a great investment of time and resources for the patient with a functional hearing loss. Apps such as [Word Success](#) and/or [Amptify](#) can be independently used by the patient, however, the audiologist can monitor progress, if they are interested in doing so. Partnerships with speech/language pathologists can address both aural rehabilitation needs and cognitive communication skills, often reported as “recommendations,” may also incorporate input from other professions which provides strong interprofessional practice for the patient and expands the network for the audiologist. Patients with functional hearing loss often seek examination by otolaryngologists and otologists to address their complaints. Being able to offer audiologic services for this practice strengthens our partnership with these physicians as they know that they can more effectively address the needs of their patients.

In an era where many audiologists are concerned about issues such as the impact of over the counter hearing aids on their practices, it is important to acknowledge that people with functional hearing loss are seeking our services and our recommendations. Offering services to people who report functional hearing issues brings them to our practices. Wallace (2022) expands on this concept by challenging us to assess the patient/professional demand by determining if these services are desired and valued.

This is clear in talking with people with functional hearing loss who have been searching for services that meet their communication needs and Wallace describes our role as “hearing and communication consultant.”

Viewing functional hearing loss through a current audiology lens provides a unique opportunity for our profession to evaluate and treat patients who are seeking our services and support. Obviously not all audiologists will want to be involved with this population for direct service provision. However, referring a patient with these complaints to a colleague who treats functional concerns helps to address patient needs and builds a collaborative network of audiologists in our communities.

References

- Beck, D.L., Ng, E., & Jensen, J.J. (2019) A scoping review. 2019. OpenSound Navigator. Hearing Review, 26 (2); 28-31.
- Clark, J.G., Huff, C. & Earl, B. (2017). Clinical practice report card—Are we meeting best practice standards for Adult Hearing Rehabilitation. Audiology Today, Nov-Dec. 15-25.
- Crandell, C. (1991). Individual differences in speech recognition ability: Implications for hearing aid selection. Ear & Hearing, 5, 100–107.
- Golub, J.S., Brewster, K.K., Brickman, A.M., Ciarleglio, A.J., Kim, A.H., Luschinger, J.A., & Rutherford, B.R. (2020) Subclinical Hearing Loss and Depressive Symptoms. American Journal of Geriatric Psychiatry. 28, 545-556
- Hewett, D. (2018) Audiometry and Its Discontents. Hearing Review 25(1), 20-23.
- Hussain, SAS & Hohman, M.H. (2022). Nonorganic Functional Hearing Loss. In StatPearls [Internet]. Treasure Island, FL: StatPearls Publishing; 2022 Jan-Available from <https://www.ncbi.nlm.nih.gov/books/NBK580555/>
- Mathai, J.P., Aravinda, H.R., Appu, S. & Urs, H.R. (2021) Prevalence and audiology findings of functional hearing loss: A retrospective study. Journal of Indian Speech Language Hearing Association, 35(1), 33-38.

cont.

Functional Loss cont.

Olusanya, B.O., Davis, A.C., & Hoffman, H.J. (2019). Hearing loss grades and the International classification of functioning, disability, and health. *Bulletin of the World Health Organization*, 97 (10), 725-728.

Roup, C.M., Whitelaw, G.M., Baxter, J. (2022). A practical clinical assessment of functional hearing loss. *American Academy of Audiology Conference*, St. Louis, MO.

Smith, S.L., Ryan D.B., & Pichora-Fuller, M.K. (2022) Development of Abbreviated Versions of the Word Auditory Recognition and Recall Measure. *Ear and Hearing*, 41(6) 1483-1491.

Wallace, K. (2022). Service Selection and Implementation. *AuDacity Conference 2022*, Dallas, TX.

Wilson, R. (2011). Clinical Experience with the Words-in-Noise Test on 3430 Veterans: Comparisons with Pure-Tone Thresholds and Word Recognition in Quiet. *Journal of the American Academy of Audiology*, 22(7), 405-423.

Woolf, E.E. & Roup, C.M. (2019). Using the Adult Auditory Processing Performance Scale to Identify Self-Perceived Hearing Difficulty. Poster presented at the American Academy of Audiology Conference, Columbus, OH.

Dr. Whitelaw is a clinical associate professor and Director of the Speech-Language-Hearing Clinic at The Ohio State University in Columbus, OH. She is actively involved with interdisciplinary practice and education as part of healthcare teams, including teams working with patients with traumatic brain injury and their families. Dr. Whitelaw is committed to exemplary clinical education for doctor of audiology (AuD students) while providing exceptional clinical care to patients.

Her areas of clinical interest include auditory processing disorders (APD) in children and adults, tinnitus and sound tolerance disorders, and issues related to suprathreshold auditory deficits. Dr. Whitelaw has been involved with leadership aspects of the profession of audiology, including serving as the President of the American Academy of Audiology (AAA), Chair of the Board of Governors of the American Board of Audiology (ABA), and President of the Ohio Academy of Audiology (OAA). She is also a Distinguished Audiology Fellow of the National Academies of Practice (NAP). She received the Outstanding Clinical Educator Award from the American Academy of Audiology in 2019.



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Student Spotlight

Jasmin Rodriguez

**Fourth Year Au.D. Student,
California State University Northridge (CSUN)**

We are looking forward to learning more about you, Jasmin, please tell us a bit about what attracted

you or brought you to the field of audiology?

My interest in audiology began when a high school instructor seated me next to a student who was born profoundly deaf. The student's interpreter came to class twice a week and I was mesmerized by the hand gestures and emotions expressed between them. So, I slowly learned American Sign Language (ASL) to help her. The student, in turn, helped me with sign language books and corrective feedback. Within a year and a half, I became fluent in ASL. I find it deeply satisfying to help people communicate with their loved ones and peers. Thanks to my experiences, I have advanced expertise, in production and comprehension, in four languages which are English, Spanish, ASL, and Spanish Sign Language (SSL).

You have been in Minnesota for a few months now, what are some of your favorite things to do?

I have been to Minnesota these past couple of years around the summertime and enjoy what Minnesota has to offer. A few things I like to do in Minnesota are outdoor activities, shopping, visiting historic venues, trying new food places, and most importantly, attending Viking games. Although I am a California native, the Minnesota Vikings hold a spot in my heart. I recently realized that few people can say that their grandparents introduced them to the music of Prince. As an exceptional storyteller and musician, Prince has inspired thousands to follow their dreams including myself. I have visited Paisley Park many years ago, will often take a trip to the Electric Fetus store, and enjoy attending events highlighting the musician. I will share that I made a goal for myself since I moved to Minnesota which is to try something new once a week and go on an adventure.

You are doing your externship currently at Audiology Concepts, what do you like most about your externship experience so far and what are you looking forward to for the remainder of your externship year?

During the externship process, I wanted to make sure that I found a placement that would give me a well-rounded experience, specializes in tinnitus, and in a private practice

setting. The Audiology Concepts team has been wonderful and welcoming, I couldn't have asked for a better team to join in my last year of my studies. I enjoy working with different providers, developing my clinical skills, being a team player, learning more about tinnitus and helping tinnitus patients, providing services to veterans, and most importantly, meeting and working with patients. If you are a Grey's Anatomy fan, then you'll remember the saying McDreamy would tell himself and the team, "It is a beautiful day to save lives". I heard this saying before and adapted it to my morning affirmation routine which is, "Audiologists change lives one decibel at a time".

I am halfway through my externship and will say I have learned a lot clinically and professionally. My clinical skills have improved in areas such as diagnostics, amplification, counseling, and tinnitus management. These past months I have worked closely with multiple audiologists and gained a good understanding of the clinic's protocols. It has been helpful to receive feedback from my preceptors and challenge myself in areas I know I need to improve. Besides learning about hearing aids and tinnitus at my externship, I am also getting winter driving advice. This will be my first winter season and the team has been so supportive.

At my externship, I am also surrounded by amazing and inspiring leaders. I enjoy discussing with them about leadership and advocating for the profession. I have been part of local and student organizations throughout my undergraduate and graduate studies including President of my local SAA chapter for 2 years and Member-at-Large for the National SAA Board of Directors. I currently serve as the Member Relations Chair for the Student Academy of Doctors of Audiology (SADA) board. Besides the clinic setting, I have enjoyed serving on the student level and look forward to serving in the future on the professional level.

The remainder of my externship, I am looking forward to establishing my own schedule, continuing to improve on my counseling skills, and becoming an expert on tinnitus assessments and management. My career goal is to open a private practice back in California that specializes in tinnitus with an emphasis that serves the Hispanic population.

Do you have any fun or unique hobbies?

When I am away from the books, my hobbies include dancing, meditating, running, and trying new foods. I have a dance

cont.

Student Spotlight *cont.*

background and always enjoy expressing myself on the dance floor. In a way, dancing and audiology blend well in my life. As a dancer, music embodies me. When I dance, I am defined by sound. Without music, without sound, I would be a different person. Because audition plays a defining role in my life, I want to help others perceive sound as fully as possible so that they too can connect more effectively with others and themselves.

Now that you are coming to the end of your Au.D. education and knowing what you know now, what would be one or two pieces of advice that you would tell your first-year Au.D. self?

This is a really good question. I would tell myself many things such as everything happens for a reason, be patient, don't be shy to ask questions, and set boundaries. Now that I look

back, I would also tell myself to trust the process and be confident in everything you do. I remember as a first-year student, I wanted to learn everything so fast and doubted myself. I have learned that throughout your journey, you must trust the process. Whether it is being placed at a clinic, earning a low score on a quiz, or juggling too many things on your plate, everything will be okay. During my graduate studies, I worked a part time job on campus, served on multiple boards, and personal commitments. It was not easy to manage a busy schedule as a full-time student. However, these experiences taught me how to become a better student and worker. If you are currently juggling a lot in your studies, you are not alone and I guarantee you will get through it.

My second piece of advice was to be confident. You have studied endlessly on the course material and clinical

placements; you can do it. Yes, there will be times where you will doubt yourself and get a few visits from your distant relative: Imposter Syndrome. Brush it off and be the Muhammed Ali of audiology. The opportunities and experiences I have encountered could not have occurred without pushing and believing in myself. I would encourage all students and professionals to get involved in their state and national organizations. We all can make a difference in this amazing profession.

I can't forget to mention that I would tell my first-year self to get ready for a winter season experience in your fourth year. Moving cross country and learning new things can be scary, without a doubt. Just know that you will be surrounded by a wonderful externship team who will not only prepare you for your career but also a winter season.



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The Journey of a Bimodal Pediatric Audiologist

Robert Lang, Au.D.

Clinical audiologist, Ear, Nose & Throat Speciality Care

We all have mentors we meet along our journey and who make a lasting impact in the way that we go about our day and career. While I was completing my externship at Ann & Robert H. Lurie Children's Hospital of Chicago, I was truly fortunate to work with Dr. Katherine (Katie) Farnsworth (Radasevich) during my diagnostics and cochlear implant rotations. She made an immediate impact on me as she was not only a great teacher and pediatric audiologist, but also is a bimodal user (utilizing both a cochlear implant and hearing aid).

Growing up with a hearing loss myself, it is something I always say brought me to where I am today, and this is the same for Dr. Farnsworth. Having had a hearing loss since birth that has progressed to receiving a cochlear implant as an adult, Dr. Farnsworth's journey has allowed her to become one of the most inspirational audiologists I have met. Through her personality, counseling, and overall understanding of audiology, her patients (and colleagues) are very fortunate to be able to learn from such a valuable leader. She was featured in season one of *Amplified: Presented by Lurie Children's* podcast and will be co-hosting season two that is slated to be released in Spring 2023.

Dr. Farnsworth was born with a moderately-severe to severe

sensorineural hearing loss that wasn't identified until she was 2.5 years old. It was in a time before newborn hearing screenings and concerns for her hearing came about due to various factors of speech delay, excessive repetition, and family concerns. Per her mother, "Her dad had her on his shoulders and we started talking to her and she brought her whole body around and looked at his mouth and looked at his face and we both just said it at the same time: She's reading your lips."¹

Until this point, there had been little concern voiced by the family's pediatrician as Dr. Farnsworth was making some progress with her speech, while delayed, and appeared to be an overall typical developing toddler. Her parents decided at this time that she needed a more thorough evaluation of her hearing and they brought her to Children's Memorial Hospital in Chicago (now Ann & Robert H. Lurie Children's Hospital of Chicago). In the initial testing, it was evident that Dr. Farnsworth had a significant hearing loss as she was not responding in the sound field until the sound reached 65 dBHL. After this, the audiologist completed an auditory brainstem response (ABR) test which suggested a bilateral sensorineural hearing loss. Hearing aids were immediately recommended and this was the beginning of Dr. Farnsworth's amplification journey.



Starting with the "boring" beige BTE hearing aids with earmolds, Dr. Farnsworth's parents reported that she started to make great strides in her hearing and overall communication ability. She was able to overcome her speech delay and find her place in a mainstream classroom. She was very

fortunate to have another girl in her neighborhood that also had a significant hearing loss that was in her same class for much of elementary school. This allowed Dr. Farnsworth and her family to develop a strong relationship with another family with hearing loss as they learned about the different resources available. From making sense of an Individualized Education Plan (IEP), 504 plan, and the frequency modulated (FM) systems in class, these two girls found their way to progress through school.

Along this journey came a few memorable moments that only a child with hearing loss can have. Given the cost of hearing aids, we all try to protect them and take great care of them. In one family vacation, Dr. Farnsworth's family chose to spend time at a cabin on the water. Of course, young Dr. Farnsworth wanted to go swimming and one day when jumping off the pontoon she forgot to take out her aids when caught up in the joy of the moment. Her parents and audiologist had taught her that they were not waterproof, but these mistakes

cont.

Farnsworth, cont.

happen. She immediately realized what had happened and went to remove the hearing aids to give them to her mom on the pontoon. In the process of this mad scramble, she let one slip through her fingers and learned quickly that hearing aids don't float. Her dad grabbed his goggles and tried his best to find the device, but it was nowhere to be found. While that story is certainly something the family won't forget, Dr. Farnsworth proudly noted that this was the only hearing aid that she had ever lost.

As Dr. Farnsworth entered high school, she became aware of the importance of being an advocate for herself. She started to help teachers learn how to use the different FM systems and classroom strategies to help her and other students learn. She also started to realize in this time that she wanted to be able to help others with hearing loss and become an audiologist. In her own words: "I remember the Audiologist attempting to connect with me, saying that she "understood how I felt." Immediately, my usual happy demeanor changed, as I thought to myself: how could she possibly understand? She has normal hearing, and I do not. Within minutes of leaving that appointment, I announced that I wanted to be an Audiologist and work with kids. I have never looked back."²

Dr. Farnsworth completed her undergraduate education at the University of Iowa for her and attended Rush University for her graduate (Au.D) studies. While excelling in school with binaural amplification, she began to feel that she was struggling with her overall audibility and started to consider a cochlear implant. "At the conclusion of my graduate program, I had a severe to profound hearing loss in both ears. I began to contemplate next steps. Once I joined the cochlear implant team at Lurie Children's and reveled in the success of

my young patients, I knew it was time. After almost three decades of bilateral hearing aid use, I underwent surgery for right cochlear implantation." I can only imagine the difficulty in making this decision, knowing the journey of what was about to take place with the aspirations that her hearing would hopefully get better over time. "It was an uncomfortable feeling, solely listening with my left ear for the few weeks prior to initial activation. My activation was also a strange experience—I was unable to discriminate between speech and non-speech stimuli, as all I heard were "dings" that sounded like keys on a piano. Over the course of the next few weeks and months, everything began to make sense" (1). Being able to go through something such as this and come out in a better place must have been rewarding on multiple levels as she not only improved her own quality of life, but can also understand the potential outcomes of her patients.

In being an audiologist with a hearing loss, I feel that some patients can be more trusting and will listen more attentively to the recommendations and discussion at hand. They see a professional across the table that knows firsthand the struggles of hearing loss and the resources available to best overcome obstacles. As Dr. Farnsworth's father noted, "When you find out your kid is hearing impaired, you're devastated emotionally. It's a terrifying thing

because it's such an unknown. And if I was a parent to be able to walk in and see Katie as my kid's audiologist, hearing impaired with a hearing aid in one ear and a cochlear implant in the other thing and think oh, my God. There's hope. There's hope here. If she can do it, others can do it." When you can be that shining light for parents with a newly identified kiddo with hearing loss, who have no idea what the future holds, it has to be a very rewarding feeling.

My favorite story from my time at Lurie Children's with Dr. Farnsworth came on a day of completing diagnostics. My patient at the time was a young child, 7 or 8, who was currently an in-patient fighting cancer and was about to start a new chemo drug. It was clear he was having a rough day as he was not willing

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Farnsworth, cont.

to participate in any activities in the booth and I was struggling hard to get even otoscopy completed let alone any immittance or DPOAE testing. Feeling defeated, I asked if Dr. Farnsworth would take the lead on this one. She elected to play the role of the assist in the booth, and immediately started to play with the child. She knew right away that our only chance at getting any reliable results was to make this as fun as we could. From here, we started a modified conditioned-play-audiometry (CPA) game where the kiddo just watched as I would play a stimulus in the soundfield and Dr. Farnsworth would act amazed and throw a bean bag in the air. After doing this a few times, she let the patient

hold the bean bags and after only a few presentations, he started to react the same way. I was astonished that she was able to help this kiddo go from utterly not interested in anything to being able to complete a full soundfield hearing test. She also was insistent that we were done for the day after getting this as she wanted it to be a very happy time for the child. It was an amazing appointment for the family, the patient, and me.

More on Dr. Farnsworth's story can be found at instagram: @amplifiedthestory; [online with transcripts](#); also available on several different platforms such as apple podcast, google podcast, Spotify, stitcher, TuneIn, iHeart radio.)

References

¹ Colella, K. (Host). (2022). Amplified Presented by Lurie Children's. The Journey of Katherine (Katie) Radasevich [[Audio podcast](#)].

² Farnsworth, K. (2021). [Coming Home and Giving Back. ACI Alliance Calling](#), 9(1), 14-15.

Robert Lang is a clinical audiologist at Ear Nose Throat SpecialityCare based primarily in the Coon Rapids office. In his practice, he works with patients of all ages and is fortunate to spend most of his time working with cochlear implants, bone conduction devices, and electrophysiology. He earned his Au.D. from A. T. Still University and completed his undergraduate studies at the University of Minnesota.

Coding Corner

5 Things to Know for 2023 from the Coding and Reimbursement Committee

1. New for Part B Medicare.

In 2023 CMS will allow beneficiaries one hearing test in a calendar year without a physician's order. Claim must be coded with AB modifier. Testing cannot be related to disequilibrium or hearing aids. This modifier may need to be added to your electronic medical record. The process for tracking of the one time use is unknown at this time. [2023 Medicare Part B Final Rule Released \(asha.org\)](#). Medicare Advantage plans do not have the same regulatory rules as Part B and often do not require an order.

2. 2023 Physician Fee Schedule.

The conversion factor is scheduled to be \$33.06 which would be a 4.5% reduction. Congress would need to act to keep the cuts from happening. While the fee schedule is specific to outpatient Medicare, many commercial plans use this fee schedule to determine their reimbursement rates.

3. If you participate in MIPS (Merit-Based Incentive Payment System), two new measures have been added.

- Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling
- Screening for Social Drivers of Health

4. No new CPT codes for Audiology.

ICD 10 updates include new dementia and mild neurocognitive disorders. If used first by the referring physician, these could be used as supporting diagnostic codes for medical necessity of audiology testing.

5. Insurance contracts and hearing aid benefits are undergoing changes.

Changes may include updates in age limits, third-party administrator plans, or OTC policies. Please read contracts and/or verify benefits for individual patients.

3 Reasons Your Patients Will Love Customs by ReSound

Jennifer Groth, MA

Custom hearing aids provide hearing care professionals with an effective way to add value to their services and differentiate their practice.¹ Yet the share of custom hearing aids dispensed has dramatically declined over the past 15 years, with sales trends strongly favoring receiver-in-the-ear (RIE) hearing aid styles. Today, 79% of hearing aids dispensed in the US market are RIEs.²

While there are good reasons for the popularity of this style, it is certainly also the case that some people who are fit with RIE might prefer and be more satisfied with custom hearing aids. The value of the individualized product and service can contribute to this satisfaction. In addition, there are distinct advantages associated with custom hearing aids that are easily recognized by users. For example, they can be comfortably worn with eyeglasses and facemasks, and they have been found to be easier to use than BTE styles.^{3,4,5}

Furthermore, the custom hearing aids are worn within the concha. This means they pick up sound at a location at or near where sound naturally enters the ear canal, largely preserving the sound-shaping properties of the person's own ear, head and body. Custom hearing aids therefore have a built-in advantage when it comes to preservation of acoustic cues that are important for spatial hearing and natural sound quality. Combined with the ReSound Organic Hearing-driven sound processing, Customs by ReSound provide a powerful hearing solution. But that's not all.

Customs by ReSound rechargeable custom hearing aids are designed to blur the distinction between consumer

wireless earbuds and hearing aids. Not only can this be an attractive solution for people concerned about the stigma of wearing hearing aids, but the rechargeable design was carefully developed to maximize usability. Here are three things about Customs by ReSound that really stand out to patients.

1. They don't look like hearing aids.

The mainstream use of consumer wireless earbuds has normalized wearing devices in the ear. Many people use earbuds throughout the day, even when talking to people in the same room. This is possible because many earbuds have a "hear through mode" that allows them audibility of their surroundings in addition to access to streamed sound from other devices. This has changed the social cue signaled by wearing earbuds from "I am closed off and focused on my own listening" to "I am connected to my own media, but also to the surroundings when I choose to be".



In a study of social acceptability of wearable devices, earbuds scored higher than other types of devices—such as smart glasses.⁵ High ratings of social acceptability indicate that people feel comfortable using the earbuds in social situations and that others feel comfortable communicating with those wearing earbuds. Wearing hearing aids that resemble earbuds may appeal to people who are hesitant about wearing them due to the age stigma associated with needing hearing aids.

2. They are easy-to-use.

Although custom hearing aids are

generally easier to use than other styles, there is one aspect that is not: battery management. Our own user research with experienced hearing aid users revealed three key findings that inspired us to follow universal design principles in developing the Customs by ReSound system. One was that inserting batteries in hearing aids is more difficult than removing them. The second finding was that smaller batteries are more difficult to insert and remove than larger ones (and custom hearing aids often require smaller batteries). But perhaps the most interesting finding was that users overestimate their battery management capabilities.

This means that hearing aid users may not ask for easier battery management, particularly since many will devise their own strategies. But there is a large potential for benefit. Therefore, Customs by ReSound is rechargeable to eliminate the identified issues with replaceable batteries. In addition, an iterative design process involving users was followed



to ensure maximum ease of use of the rechargeable system.⁶ The resulting system has custom charger inserts to ensure proper placement in the charger and that are oriented to make it simple for users to remove the hearing aids and insert them in their ears. The custom inserts are easily removable for cleaning.

3. They are smartphone connected.

Smartphone ownership among adults in the US is highest among those under 50 years of age, with 95% reporting

cont.

ReSound, cont.

ownership in 2021.⁷ But older adults are catching up, with the highest growth in smartphone ownership in the older age groups. Today there is a very high chance of any adult visiting a hearing care practice owning a smartphone.

Since Customs by ReSound offer smartphone connectivity with streaming, a readily apparent benefit is the ability to connect to phone calls and streaming while also enhancing these sources of input.

People who owned hearing aids with streaming capabilities reported higher satisfaction by 10% than those whose hearing aids did not provide streaming.⁸ What may be overlooked is the increased satisfaction among those whose hearing aids have a smartphone connected app. An app is an easy way to control the hearing aids, but there are less obvious benefits that are important.

A qualitative study⁹ on smartphone connected hearing aids revealed that users associated using the app with reduced stigma. In addition, users felt empowered by using the app to control their hearing aids—they could experiment with different settings, and the user interface helped them remember and better understand how different features in their hearing aids work. The ReSound Smart 3D app is highly rated by users, with an app store rating of 4.7 based on 32,000 ratings per December of 2022. Data on app usage collected by ReSound from users who gave their permission to do so shows that, on average, people use the app three times per day and that the most used app features are those that modify the sound



of the hearing aids, such as volume and program changes, “quick buttons” that adjust multiple sound settings to reduce noise or enhance speech, and equalizer settings to personalize the sound quality.

Summary

Custom hearing aids are less frequently dispensed than the RIE style today. However, many users prefer and may even be better served with custom hearing aids. Customs by ReSound custom hearing aids are designed to leverage the popularity of consumer wireless earbuds, offering users similar appearance and functionality. Custom hearing aids have been shown to be easier to use than other styles, and the design of the Customs by ReSound rechargeable custom hearing aid solution addresses the remaining issue in handling custom hearing aids—battery management. Following universal design principles, the rechargeable system is highly usable for people regardless of age and dexterity.

Finally, Customs by ReSound offers not only robust connectivity, but a highly rated connected app that makes it easy for users to control and confidently get the most out of their hearing aids.

References

- ¹ Traynor RM. Practice differentiation by reintroducing custom hearing products. *Hearing Review*. 2022;29(1):20-24.
- ² Strom K. A brief history of hearing aid styles, 1991-2020. *Hearing Review*. June 4, 2021. Available [online](#).
- ³ Upfold LJ, May AE, Battaglia JA. Hearing aid manipulation skills in an elderly population: a comparison of ITE, BTE, and ITC aids. *British Journal of Audiology*. 1990 Jan 1;24(5):311-8.
- ⁴ Tonning F, Warland A, Tonning K. Hearing Instruments for the Elderly Hearing Impaired A Comparison of In-the-canal and Behind-the-ear Hearing Instruments in First-time Users. *Scandinavian Audiology*. 1991 Jan 1;20(1):69-74.

⁵ Kelly N, Gilbert SB. The wearer, the device, and its use: advances in understanding the social acceptability of wearables. In *Proceedings of the Human Factors and Ergonomics Society Annual Meeting 2018 Sep* (Vol. 62, No. 1, pp. 1027-1031). Sage CA: Los Angeles, CA: SAGE Publications.

⁶ Sjolander ML. Universal design makes “customs by resound” a pleasure to fit, charge, and wear. *AudiologyOnline*. 2023: Article 28463. Available at www.audiologyonline.com

⁷ Larrichia F. Smartphone ownership in the U.S. 2015-2021, by age group. 2022. Available [online](#)

⁸ Picou EM. Hearing aid benefit and satisfaction results from the MarkeTrak 2022 survey: importance of features and hearing care professionals. In *Seminars in Hearing*. 2022 Nov (Vol. 43, No. 04, pp. 301-316). Thieme Medical Publishers, Inc.

⁹ Gomez R, Habib A, Maidment DW, Ferguson MA. Smartphone-Connected Hearing Aids Enable and Empower Self-Management of Hearing Loss: A Qualitative Interview Study Underpinned by the Behavior Change Wheel. *Ear and Hearing*. 2022 May 1;43(3):921-32.



Welcome New Members

Audiologists

Chiquita Ewert, Au.D.
Kristin Follett, Au.D.
Amanda House, Au.D.
Alana Kennedy, Au.D.
Megan Losinski, Au.D.
Hannah Madson, Au.D.

Students

Eric Mitchell
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2022 Gloria Gross Scholarship Winner

The Gloria Gross 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.

The scholarships are traditionally funded by money raised during the silent auction at the Upper Midwest Audiology Conference and the Minnesota State Fair Hearing Screenings. Thank you to those who helped support the silent auction this year as well as those who submitted applications and nominations. The committee received five applications this year and a total of \$4500 in scholarships were awarded. Two of the scholarship recipients' essays were included in our September issue. Here is the third.

Emily Casper

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

When I think about my future there are many aspirations that come to mind. I am planning to attend UMN-Twin Cities



to major in Elementary Education and minor in Racial Justice in Urban Schooling. With my intended major,

my one hope is to someday create a classroom that is accepting and a place where all students can learn with ease.

I have always wanted to be a teacher. Ever since I was a young child, I played school with my siblings and pretended to teach. Now, as I approach the beginning of my college experience, I still have the same hope of one day having my own classroom. In this classroom I want to promote fun learning, kindness, and

allow every child to learn in a way that they are comfortable. With my intended minor, my anticipation is that I will have more knowledge on how to teach minority students and give them all the resources they need to learn. I want young students to be excited to learn.

My biggest dream for the future is to become a teacher that students can rely on. I hope to create a welcoming environment where everyone can be who they are. By promoting fun learning, children will hopefully be excited to learn. I am incredibly excited to see where my experience at the UMN-Twin Cities will take me.

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

As a person with a hearing impairment, having access to an audiologist and hearing aid has changed my daily life. I have struggled with hearing loss and other ear-related issues since I was a toddler. With the help of my wonderful audiologist and ENT doctors, I have been able to live more comfortably.

I received my first hearing aid when I was in the fourth grade. I absolutely loved customizing the colors exactly how I wanted. The hearing aid itself was a little difficult to get used to, but it helped me to hear my teachers, friends, and family members much more clearly. When

I outgrew the size and style of my first hearing aid, I designed a new one that was purple and glittery. This helped me be more comfortable with it and I could hear much better while wearing it. I eventually outgrew this one as well. Now, I wear a hearing aid that is far less noticeable, and I've grown used to wearing it all the time. It takes time to adjust to hearing sounds the way they are supposed to be heard, but now I can hardly go without wearing it.

I highly recommend others with hearing loss to look into a hearing aid device. It has changed the way I live my life in that I don't have to be as aware of where I'm sitting. I can comfortably talk with friends and family without missing much of what they are saying. Having a great connection with my audiologist is something that has left a true impact on me, and for that I will always be grateful.

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Hear Bank Loaner Program

Kelsie Martin, AuD.

hearing aids. Any licensed audiologist serving regional pediatric patients can request a loan. We work hard with manufacturers to meet device requests from the community as funding allows. We also have several options for accessories available to loan including Oticon Edu Mics, Oticon Connect Clips, and Cochlear Multi Mics. Devices are available as a six month loan for families in Minnesota and neighboring areas. Since January 2022, 48 new hearing aids have been added to the loaner bank stock in addition to 15 new accessories.

How It Works

To request a device, simply log onto the Hear Bank website (<https://hearbank.web.health.state.mn.us/help.xhtml>). You are able to search for devices by manufacturer or style (BTE vs bone conduction). Included in every order is a care kit from a hearing aid manufacturer with tamper proof battery doors and retention options available by request. Patients are able to use loaned devices for up to six months. Prior to sending out an order, we complete ANSI testing on BTE hearing aids and complete listening checks on bone conduction aids to ensure they are functioning. If a clinician does not have an account, one can easily be accessed by filling out a Provider Account Request and Facility Clinic Request form. Any provider looking to place a request for a patient who resides outside of Minnesota simply needs to contact us via email with the request.

Where We Hope to Go

We hope to continue to serve children with hearing loss and their families by offering the opportunity to loan amplification while determining candidacy, acquiring financials to pursue personal devices, and evaluating benefit.

Any provider can submit requests for amplification options and we offer families and clinicians the opportunity to provide anonymous feedback via quarterly surveys.

Please do not hesitate to reach out with any questions to hearbank@childrensmn.org or 612-813-7610.

Kelsie Martin, Au.D., is a pediatric audiologist at Children's Minnesota-Minneapolis where she enjoys working with children of all abilities and backgrounds. She has been with Children's Minnesota for over five years and prior to that worked at Children's Wisconsin-Milwaukee. Dr. Martin, along with Jesi Novak, Au.D., and Lori Johnson, Au.D., oversee the Hear Bank. Shaelee Peterman, audiology assistant and current undergraduate student at the University of Minnesota-Speech Language Hearing Sciences department, is the fourth member of the Hear Bank team.

The Minnesota Infant and Pediatric Hearing Device Loaner program (Hear Bank) is funded by the Minnesota Department of Health (MDH). Available for children ages birth to 18 years with a focus on younger children, the goal of the bank is to provide loaner hearing devices for any child in need. There is a focus on providing for families in the process of funding personal devices, children waiting for surgical intervention for hearing loss, or those who need a trial with amplification to determine if the child would benefit from it.

Who Runs the Bank?

An application opens every five years to facilities that would like to oversee the bank. In January 2022, the bank transitioned to Children's Minnesota who will oversee it for the next four years. At Children's Minnesota, three pediatric audiologists supervise two audiology assistants and as a team of five they work to answer questions, fill orders, and work with manufacturers to obtain pricing to meet clinician requests for stock.

What We Have

The goal of the bank is to provide families with up-to-date hearing technology from a variety of manufacturers and in a range of power levels for both behind-the-ear (BTE) hearing aids as well as bone conduction

Welcome 2023 MAA Board of Directors

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Panel Discussion on Standardizing Your Clinical Practice
- **Lindsey Jorgenson, Au.D., Ph.D. & Michelle Novak, Au.D.**
Confirm or Deny: Common mistakes while verifying hearing aids
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MAA Committee Updates

Audiology Awareness

The Audiology Awareness Committee includes Drs. Evan Maraghy (co-chair), Katie Awoyinka (co-chair), Jordan Krentz, Jessica Marquardt, Jennifer Reside, Bobby Lang, and Beth Thomas. The primary goal of the Audiology Awareness Committee is to spread awareness about audiology and hearing loss. Typically, this is accomplished through community or employer health fairs, community education events, and participation in the hearing screenings at the Minnesota State Fair.

Currently the Audiology Awareness Committee plans to meet either virtually or in-person on the first Tuesday of January and May to discuss the Gloria Gross Silent Auction and the Gloria Gross Scholarship and maintain an internal group chat for additional responsibilities.

The Gloria Gross scholarship application deadline is 05/31/2023. Scholarship applicants must be high school seniors with hearing loss but may be nominated by anyone who believes they are deserving! Please spread the word so we can extend this fantastic opportunity to as many deaf or hearing-impaired high school seniors as possible! For more information and to access the application please [visit our website](#).

Unfortunately, we were unable to secure enough volunteers or a booth manager to participate in the Minnesota State Fair Kare 11 Health Building in 2022. Gaining interest in volunteering for the fair event has become increasingly challenging. We are disappointed to lose this amazing opportunity to represent audiology to the community through such a large, well-attended platform. We, as a committee, plan to reassess the wants and needs of our membership to best satisfy, engage with, and represent

our organization and profession. We are always looking for volunteers to join Audiology Awareness to help manage our existing initiatives and help collaborate on creating our future. Please email audawareness@minnesotaaudiology.org if you are interested in joining us!

Coding & Reimbursement

Coding and Reimbursement Committee includes Drs. Melisa Oblander (chair), Jason Leyendecker, Carrie Meyer, and Evan Maraghy. We are looking for new members. We meet virtually three times a year and connect over email on related topics. The purpose of this committee is to disseminate accurate coding, billing, and reimbursement methodologies, investigate coding questions and concerns from membership, and look into coding/billing improvement opportunities for membership.

In 2023 we have a goal of connecting with our memberships' practice managers to better understand the current challenges of billing and coding of hearing aids to Managed Medical Assistance Plans in Minnesota. If enough concerns are gathered, the we hope to request a uniform approach and improved online directions from the fee for service insurance leads at DHS. We can be contacted at coding@minnesotaaudiology.org.

Communications & Publications

The Communications & Publications (C&P) Committee includes Drs. Rachel Allgor (co-chair), Eric Barrett (co-chair), Ashley Hughes, Katie Awoyinka, Alana Kennedy, and Krista Lam. This committee is responsible for collecting and editing content for the this newsletter, administrating the MAA Facebook group, and communicating

pertinent information to our members. Two new initiatives for 2023 are to maintain an MAA event calendar so members are more aware of activities and to better communicate volunteer opportunities for committees, projects, or events.

Currently the C&P Committee plans to meet either virtually or in-person on the first Thursday of April, August, and December to edit upcoming newsletter content and we maintain an internal group chat for additional responsibilities. As both Eric Barrett and Rachel Allgor will be in executive roles for MAA in 2023, we are looking for another volunteer to join C&P as a co-chair to help manage collection and editing of newsletter content. Please email communications@minnesotaaudiology.org if you are interested in joining the C&P committee!

Continuing Education

The Continuing Education (CE) members include Drs. Bobby Lang (chair), Kerry Witherell, Sarah Kahley, and Kristi Albers. Our committee focuses on planning and promoting educational growth opportunities for audiologists. We strive to create and maintain positive relationships between the Academy and the businesses which support and sponsor audiologists. The largest annual event we focus on is the annual Upper Midwest Audiology Conference (UMAC), which is taking place February 24-25 this year in Bloomington. For this year, outside of UMAC, the committee is hoping to offer virtual and potentially in-person sessions on current professional topics and events to best serve our members.

Currently, the CE committee plans to meet either virtually or in-person on the last Tuesday of March, June, and

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Committees, cont.

October to discuss potential educational events and the UMAC conference. We are looking to add at least two members to help with organizing events and creating a great annual UMAC conference. Please email education@minnesotaaudiology.org if you are interested in joining the Continuing Education committee.

Government Relations

For many years this committee was led by Josie Helmbrecht, Au.D. Under her leadership, the members of the Minnesota Academy of Audiology have benefited from her tenacity for change and love of the profession. However, it is now time for Dr. Helmbrecht to step away from the chair position and move into a behind-the-scenes role.

During Dr. Helmbrecht's tenure on GRC she played an active role in helping pass a mandate for hearing aid coverage for kids, getting licensure passed for audiology, adding newborn hearing screening & CMV screening, passing the requirement for long term care staff to have hearing aid training, updating our scope of practice (although she feels it is a disappointment in its current state – according to the Academy of Doctors of Audiology we have one of the best in the country), working with MDH during the COVID pandemic to make sure audiologists could continue to practice and new grads had an option to get credentialed and practice without passing the state exam, and she is now actively working with MDH on the HID modernization. Finally, Dr. Helmbrecht is always the “historical perspective” for MAA, which is an invaluable voice.

We will certainly miss Dr. Helmbrecht's leadership. However, there is much to do in the next years. Here are a few of the ongoing projects GRC is working on.

1. HID Modernization Project: MAA members Drs. Josie Helmbrecht, Jennifer Ward, and Carrie Meyers are actively working with the MN Department of Health and HID advisory council on updating the practical portion of the HID examination and believe the first modern exam will be held in early 2023. The modernization of the exam will improve consistency, accessibility, and transparency on the practical portion of the examination. We cannot provide more detail on the examination due to non-disclosure agreements, but as soon as we are able, we will share it with membership.

2. OTC Regulation Update at the State Level: We are working with MDH on updating the hearing aid statute to include the two categories of hearing instruments (OTC & Prescription). MDH will propose legislation in 2023. GRC is working with AAA and ADA to advise us on language to protect our profession and maintain high levels of consumer protection.

3. Lobbyist: Rob Vanasek has been the MAA lobbyist since March 2004. During that time, he has worked hand in hand with MAA to make sure our voice was at the table and monitor legislation for bills that impact audiology. Rob will continue to monitor legislation which may impact the profession of audiology and help us stay ahead of any issues which may arise.

Rebecca Younk is the new chair for the Government Relations Committee effective immediately with support from Drs. Kristi Albers, Shanna Allen, John Coverstone, Shannon Garlitz, Kristi Gravel, Ashley Hughes, Sarah Kahley, Angie Mucci, Jim Pehringer, Victoria

Pecharek, Jennifer Tunnell, and Gwen Washburn. Please be on the lookout for meeting dates for 2023 committee meetings. Contact govrelations@minnesotaaudiology.org if you would like to be a part of GRC.

Membership Development

The Membership Development Committee includes Drs. Sarah Ostlie (co-chair), Kirsten Bock (co-chair), Maureen Cannon, Hannah Herd, Carly Kempton, Margaret Koeritzer, Melodie Maerz, and Kerry Witherell. This committee is responsible for fostering a growing community of audiologists, ensuring consistent leadership of MAA by facilitating annual nominations and elections, and engaging membership in meaningful interactions with one another. Two new committee initiatives for 2023 include providing a mini learning series on diversity initiatives and engaging with student populations.

The Membership Development Committee plans to meet virtually on the third Tuesday of odd months (January, March, May, etc) to collaborate on ongoing projects. Currently the Membership Development team has the hearty participation of its engaged team members and is not necessarily in need of extra hands, but extra hands are always welcome nonetheless! Please email membership@minnesotaaudiology.org if you are interested in joining the Membership Development Committee!

Sponsorship

The Sponsorship Committee includes Drs. Amanda Bohn (chair), Kristi Gravel, Melisa Oblander, Carrie Meyer, and Jim Urbanski. This committee builds funding sources so that the organization can effectively fulfill our mission and

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Committees, cont.

serve our members. This is accomplished through cultivating and maintaining positive relationships with the businesses that support and sponsor audiologists. We are looking to increase awareness of MAA through developing more relationships with businesses and sponsors from past years as well as new organizations in our community. We plan to communicate event details and upcoming deadlines to our sponsors in a timely fashion.

Currently, the Sponsorship Committee plans to meet in the first week of March, July and November to verify that correct information will be obtained for the upcoming newsletters along with other planned events. We will be looking for a volunteer to take on the role of chair for the 2024 year! Please email sponsorship@minnesotaudiology.org if you are interested in joining the Sponsorship Committee.



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