



SoundBites Podcast Transcript

Episode: Strategies for a Thriving Hearing Care Practice feat. Dr. Gyl Kasewurm

Dr. Dave Fabry: Welcome to Starkey SoundBites. I'm Dave Fabry, the host of SoundBites and Starkey's Chief Hearing Health Officer. Many listeners of this podcast are hearing care professionals who also own and operate a small business. On top of helping people hear better, they also have the day-to-day demands that come with running a small business. And I can think of no one better to have on this podcast than my good friend and colleague, Dr. Gyl Kasewurm. We've known each other longer than neither of us cares to admit.

Dr. Gyl Kasewurm: That is true.

Dr. Dave Fabry: And what comes to mind to me with Jill is we began our relationship back in the previous millennium, which sounds even farther ago than it is. But when we both had the opportunity to serve on some boards together, certainly our paths have crossed many times in professional organizations. I've even come and seen your practice, which is so impressive numerous times, and even helped out a little bit. But so it is just a-

Dr. Gyl Kasewurm: A little bit. A little bit, he helped out. Yeah.

Dr. Dave Fabry: A little bit. Pleasure to have you on the podcast, Gyl. It's been a long time coming, and I'm glad we're finally getting the opportunity to sit down actually face to face.

Dr. Gyl Kasewurm: Yeah. Dave, thank you so much. I listened to your SoundBites, and I think there's such an opportunity to help people across the board that own their own practices, because as you know, to be a clinical provider and a business owner is quite exhausting for people.

Dr. Dave Fabry: And very different from each other. You can think that you're at the top of your clinical, best practice and all of that. But then in addition, they're business best practices. And the thing that's most impressive for me to you, you've owned your practice and owned that practice for over 30 years-

Dr. Gyl Kasewurm: Oh yeah. Yeah.

Dr. Dave Fabry: ... in the town where you grew up. And over that entire time, you're the dominant provider in that market. And the way that you embedded in the community ran a best practice that rivals anyone in the world, but also the way that... Your cue in that community is just off the tops of the charts. People recognize if they have hearing loss and they're looking for someone to receive care, they came to you.

Dr. Gyl Kasewurm: Well, Dave, at one point, I formed an advisory board for the business and had people from all different walks of life. And you have a lot of people in your practices that are very smart and they still want to contribute. And so one of them said to me when I was having lunch with them, "You want to be the Mayo clinic of the Midwest when it comes to hearing?" And I said, "Yes, that is what I want to be." And that's when we designed our state-of-the-art office and our virtual reality office, because I did want to be different. I used to hate when somebody would come in after they got hearing aids and you'd give them a yellow notepad and say, "Write down everything you hate about these." That made me crazy.

So there's so many scenarios now, especially with the new softwares and all of the tools and the softwares, where we can demonstrate different environments and really know before the patient ever leaves our offices that they're hearing as well as we think we can get them to hear. And of course then we can tweak it, but it's just I didn't want to start at the bottom. I wanted to start at the top. And that's how we became renowned in our community. And of course, if you live in a small community, you have to be involved in that small community.

Dr. Dave Fabry: There's no getting around it.

Dr. Gyl Kasewurm: Nope.

Dr. Dave Fabry: If you do a great job, that's one thing. We've talked for a long time about when you make a patient happy, they tell their family members. If you don't serve the needs of the patient well, they tell everyone. And in a small town, that can absolutely torpedo your business if you're not serving people. And that's why when you bring up Mayo clinic, which is near and dear to my heart, that's where I first learned, you've got to keep the needs of the patient's interests at the top of the list. They're really the only interests that matter are focusing on that need of the patient. And I think that's what you established at the very beginning of your career. And I want to do a deeper dive onto this. How did you know, when you established your business years ago, that that's what you wanted to stand for? How did you know? Did you have mentors? Did you go to classes? Did you read any books? What was it that... We'll both say now, we were reflecting back on the years.

There weren't a lot of private practice mentors for you, which now you've interestingly become a mentor to so many practitioners. But where did you get that model? How did you establish it?

Dr. Gyl Kasewurm: Well, Dave, in a small town, okay, I got married when I was in southbound college. I had to work in addition to going to college and finishing my education. And I always knew... I don't want this to sound funny, but I always knew I'd be successful at what I did because I do what it took to make it work. There was no looking back. There was no safety net. You had to do what you had to do to



make it work. And so there were no real audiology jobs in my community, so what-

Dr. Dave Fabry: How big is St. Joe?

Dr. Gyl Kasewurm: 12,000 people. And the whole county, 150,000. But when I was starting, OSHA was coming out with their ruling that any manufacturer that had employees exposed to a time-weighted average of 85 decibels or above, had to have their employees hearing checked once a year. So I went to the bank. I didn't write a business plan or anything like that, said, "I need \$15,000." Now, they looked at me like I was nuts. I was buying a big box on wheels to pull around with a truck that I did not own, doing business that I did not understand, but I knew I could do it. And so they wouldn't give me the 15,000, but they gave it to David because he had worked at that bay.

Dr. Dave Fabry: Your husband David.

Dr. Gyl Kasewurm: Yeah, David.

Dr. Dave Fabry: Wonderful man.

Dr. Gyl Kasewurm: Wonderful man. He's a saint, as some people say.

Dr. Dave Fabry: But they wouldn't give a female. Is that really what it boiled down to-

Dr. Gyl Kasewurm: It's what it boiled down to.

Dr. Dave Fabry: ... that because it was a woman, they wouldn't give you the money, but they would give it to David who has added tremendous value to the practice.

Dr. Gyl Kasewurm: But no experience.

Dr. Dave Fabry: But you were the person that was really generating all of the revenue. Let's just face it.

Dr. Gyl Kasewurm: And so I knew what I had to do per week. So I would sit. This was way back, Dave, no cell phones. The phones were tethered to the wall, and I was still working two days a week in the hearing impaired clinic so I could get certified through ASHA. And the other three days I knew how much I had to make, so I would sit on the floor of my kitchen because the phone was tethered to the wall, and I was surrounded with books of industries that I knew would need my services. And I wouldn't let myself get off that floor until I'd made 50 cold calls every day.

Dr. Dave Fabry: Every day.

- Dr. Gyl Kasewurm: Every day. And sometimes I got no appointments. Sometimes I got a lot of appointments. And of course, I was dealing with all men who were safety directors of these companies. And so I would drive that box around on wheels with my father-in-law's truck. People thought I was nuts. They thought I would starve to death. Well, that business took off, and then we bought another business just like it. And then David, my husband, quit his job. And then I opened an office in a specialty clinic. And so it just grew from there because my model was, if you believe it, you can achieve it. Anything is possible. And I know that that's true, and I also knew that I had what it took to survive. And I was smart. And so when I would go into these industries, there was no one more convinced at offering the services that I was offering than me. And so I would say to them, you need this. So I just had that... Being the youngest of four children, having three significantly older brothers, I learned at a young age, you don't back down.
- Dr. Dave Fabry: Right. I've never seen you back down from any challenge, any obstacle, any barrier. You'll go plowing through it. And it's interesting you bring up what sounds like a John Maxwell praise. If you believe it, you can achieve it. But also, he has another one that always sticks out in my head. The dream is free and the journey is not.
- Dr. Gyl Kasewurm: Right.
- Dr. Dave Fabry: And so those 50 cold calls every day, a lot of people don't see that. They see the beautiful facility, Professional Hearing Services that you built over all of those years, and they think, I want that now, but they don't think about you sitting on the floor making 50 calls a day hoping for one lead.
- Dr. Gyl Kasewurm: Right.
- Dr. Dave Fabry: So the dream is free. The journey is not. And I think your plowing through it is a testimony to your drive.
- Dr. Gyl Kasewurm: And I have to say one thing I learned. I went from my master's to Western Michigan University, and there was a woman who was always spoken very highly of by our professors who had started her own practice about 90 minutes away. And so when I knew I was going to start with industrial because I didn't have a hope of getting a job near me. I was already married. My husband had a good job, I went and spoke with her. And you know what she said to me after she'd done it herself? She said, "You can't do it. You don't have enough experience. You're never going to make it."
- Dr. Dave Fabry: That fueled you, I'm sure.
- Dr. Gyl Kasewurm: And That just really... Yeah, it didn't break my heart. It made me angry. You did it, and now you're telling me I can't do it? So I learned along the way to always be encouraging to other people. And you may find some things that are



obstacles, but also tell the person the opportunities. Because I still believe in this industry that hearing healthcare is a fabulous profession, and there's so much opportunity. It's only growing. So I did the right thing by falling into a profession I didn't really know much about at the time, and it worked out for me very well. And I still love it as much today as I did when I started all those years ago.

Dr. Dave Fabry: It's interesting you bring up that example where someone said, "Well, I did it, but I don't think you can, so don't even bother to try." I had a parallel experience where when I was receiving my master's degree from the University of Minnesota, one of my professors, as I was approaching graduation said, "Congratulations, but I really don't see much future for this profession," and that just fueled me. And the last thing I want to be, and we're roughly the same age, is that person now sitting on the other end of the spectrum, which now I'm older than that professor who made that statement, and I'm just as excited every day to get up and get at it. I'm on a different side of... How amazing is it that we both chose a discipline that lasted for 40 years and that we didn't have to pivot and change. And you really, especially, I think in building and confronting all kinds of challenges, I think everyone feels now... Students coming out of school, I know they have a lot more death than we did,-

Dr. Gyl Kasewurm: Right.

Dr. Dave Fabry: ... but they feel like whether it's OTC or whether it's some other third party, pay some other challenge, they feel like this is the worst challenges that this profession, this discipline, this business has ever faced. There've always been obstacles.

Dr. Gyl Kasewurm: Always.

Dr. Dave Fabry: And some people see obstacles. Other people see opportunity.

Dr. Gyl Kasewurm: So you know how people say now, "OTCs, what do you think?" I think I've been through that three times in my life and it didn't kill me, that it's not going to kill me now.

Dr. Dave Fabry: Cheap hearing aids, what a novel concept.

Dr. Gyl Kasewurm: Cheap hearing aids, oh yeah. I couldn't have seen those everywhere 20 years ago in a magazine or whatever. They've always been out there. But when you do a job and you do it to the best of your ability and you promote that about yourself, you're always going to have patience. And if you try to delight your patients, they're always coming back and they're always telling others about you. And that's the best word of mouth. You can pay a ton of money into advertising, but if you don't have that good word of mouth, especially in a small community like I grew up in... When I would go to the grocery store, you had to be ready that if you saw somebody that was a patient, you had to be friendly.



"Hi, how are you?" I never usually would remember their name, but I would just say, "Hi, how are you? How's things going?" That's part of it, but it's just the icing on the cake because those relationships have been so great for my life.

I think about the people I've met over the years, as I'm sure you do, like meeting you, and some of the best in the brightest in my profession has only made me try to get better. And so that's what I love. I might tell somebody I'm working with, "Well, yeah, these are a couple obstacles, but let's look at the opportunities too," because business is just business no matter what business you're in, and it's not rocket science. So if people in business adhere to those basic principles, they're going to do well. But most of the time, people get mired down in all the day-to-day activities that they don't have time to do that. And that's the mistake that practice owners make. They don't have enough time to work on their business, as well as in their business.

Dr. Dave Fabry: Yes. I'm so glad you brought up delight, because that's the bookend to the statement I made earlier about if you... In a small town, if you aim for satisfaction, you're always turn it to 11. But if you aim for satisfaction, they tell a handful of people. As you said, if you can aim for delight, they'll tell more people, in a positive way, than those dissatisfied patients tell others. And that's really aiming for delight, not just... You talking about fabulous.

Dr. Gyl Kasewurm: Yep.

Dr. Dave Fabry: And aiming to be fabulous rather than good enough is what really, I think, has been your secret sauce, and your energy and your passion and your discipline to focus on measuring your results trying to do better. We're going to do a deeper dive on what are some of those performance indicators that you really focused on as you were growing your business at an early stage. And then also, I just... Interestingly, you mentioned because I've similarly have been a full-time clinician in a smaller community, a little bigger than the one St. Joe, but how many times early on 30, 40 years ago, you'd bump into your patients socially, and either their hearing aids would be hanging out of their ear, or worse, they wouldn't have them. And then sheepishly, I know like me, I'm sure you were looking around eyeball and see if they were wearing their devices out in public.

Talk about the differences in technology today versus those 30 years ago. And that interaction was awkward when... I was given them my best effort, and they say, "Oh, I forgot them," or this or that or the other thing, but talk a little bit about the changes."

Dr. Gyl Kasewurm: Well, I remember when the first small hearing aids came out, 1994, Starkey [inaudible 00:14:47], and I loved those things. And all they had was a potentiometer. I think it had two potentiometers. One was for volume, and one was for lows versus highs. Now, if we really measured that, Dave, did that really do anything? Not much, but we thought we were doing a lot. And when you tell the patient what you're doing and you involve them in the testing, now real-ear

has been out since I was in grad school. I would never think of doing a fitting without real-ear. And the other thing I absolutely love, so I had an extern, and all of the rooms in our clinic have video otoscopes, real-ear measurements. We try to make every fitting room, every adjustment room exactly the same so that we could walk into any one, and it just made it easier.

And this extern was working on this person who I knew had already been in twice. They were now in for their third time of saying, "This isn't right." And a lot of times people will just make a tiny little adjustment, and they'll say, "Come back if it's not right," and that makes me absolutely crazy. So we have all the surround sound and the things to really make adjustments and do it in a more measured way.

Dr. Dave Fabry: Sure.

Dr. Gyl Kasewurm: And so he was having trouble. I said, "I know this person. They've been here. This is their third time." Well, I know you get three chances with somebody, and then you're out. And so I went in and I said, "Hey, I'm going to come help you do this." And I turned on. I was asking what the problems were. I turned on the surround sound. We were doing aided discrim with the speaker like three feet in front of the patient with recorded discrim. And I knew what their optimal to scream was. I said, "Now, we're going to make some adjustments." And we did it with noise and without noise. And when the guy left, he said, "You know, Gyl, this is really better." And the extern said to me, "I've never seen that done before."

Dr. Dave Fabry: Right.

Dr. Gyl Kasewurm: And I thought, isn't that a shame? I said, "This is the art behind what we do." This is what makes one clinician better than another, really going that extra mile. And when the patient leaves feeling like I've done my very best. And you can only do that with best practices, and it makes such a difference. I would never think of doing a... So we always do discrim the booth. That's optimal. Okay? How often do you have a patient go in the booth and they say, "Well, I heard everything in there. How could I have a hearing loss?"

Dr. Dave Fabry: Right.

Dr. Gyl Kasewurm: So we say, "We're going to measure your potential in the soundproof booth. Of course, you know that's not as good as it gets. That's what we would like you to hear like. And then we're going to do discrim outside the booth, or in, whatever, at 40 DB HL for normal situations. And it's amazing, the things that you'll find. And you'll say, "No, that wasn't lump. That was jump." And the person will say, "Oh, really?" So you can correct them right there to help them understand and really experience what they're missing, and then put the demos on them to show them how they should be hearing. It's really impactful. I love doing that

because I feel like that's really what's making a difference that big box stores can't do.

Dr. Dave Fabry: Right. And then testing in those more realistic, trying to simulate that with background noise, we've been preaching that. There are tests that can be done, unaided or aided, that use speech and noise testing, and yet it's never really... People say, "Oh yeah, I should be doing that," and yet many don't test in more real-world situations because they're afraid that in some way, the technology won't support it or that they won't be able to meet the need. But you just hit on it, patients will say, "That's the first time anyone's ever done that for me, or the extern has." And we haven't really translated from an education point best practice into best practice in real-world environments, and we shouldn't be afraid of that because that's where the patients live, and that's where they need to get benefit, is in noisy environments. And being testing that way only makes the best practice sense.

Dr. Gyl Kasewurm: So Dave, you're a clinician like we talked about too, haven't you had those people that their optimal discrim is 96%, and then they come in, and they're back, and they're back, and they're back. "I'm not hearing a noise. I'm not hearing a noise." And then you measure speech and noise and say, "Well, really, your speech and noise really is not good at all, and that's why you're having all these troubles." Well, you can't go at the back end of something. That destroys your credibility. That destroys patient's confidence in you. You got to do that in the front end. And then if they do have a really poor single-to-noise ratio, you got to say to them, "Now, this is what you can expect."

Dr. Dave Fabry: And this technology is what you should consider.

Dr. Gyl Kasewurm: Absolutely.

Dr. Dave Fabry: And all that, it drives the rest of that conversation. Best practice isn't a checkbox that you want to just say, "Yes, I did the test." But you have to think about what it is that you're doing with those test measures that translate, as you said earlier, to patient benefit.

Dr. Gyl Kasewurm: And I hate... My phrase that I love too is always under promise and over deliver. So let's say if you really... Somebody says they have to have their AIDS by Thursday. You'll say, "Well, I'll do my best." And then if you call them on Wednesday and say, "Your hearing aids are here," they think you're all that in a bag of chips. So the thing is, you want to give patients realistic expectations so that they don't have returns for credit. And we have goals for all those things because I feel like if 24% of my patients are coming back with their hearing aids saying they want to exchange them or they want to return them, I'm not doing a very good job.

Dr. Dave Fabry: It's a lot of wasted effort.



Dr. Gyl Kasewurm: A lot. And then the person walks around without help. And I know now... I'll tell you what, my husband sustained a hearing loss 30 years ago suddenly, and you got him in the Mayo Clinic right away. We never really figured it out, and then found out it was really heredity. But now David's 30 years older, doesn't process as fast, and he has gotten a lot more hearing loss. Hearing aids have gotten much better, but there still are times when I have to know to look at him. In a noisy environment, he sits in a certain place. And so I want to be able to give patients, "Okay, this is what you expect. We're going to work with you on this. And it's going to get better. But you got to get used to them. You got to put them in every day, and you have to be part of this process. I can't do everything for you." And it's so rewarding when patients come back and say, "You know what? This really does help me, and I'm happy."

Dr. Dave Fabry: It makes my day. When patients say that, particularly those reluctant first-time users who wait seven to 10 years, they finally make the decision to take the plunge, and then they actually come back and say, "I wish I'd done this sooner." It makes my day.

Dr. Gyl Kasewurm: But in Florida, we're living in Florida six months now, every restaurant is so noisy and not conducive to good hearing. And so David will get on his phone and he's adjusting it, and then he's participating more. It's nothing I hate more than looking over at this man that I love for so many years and he's got that blank look on his face and you know he has no idea-

Dr. Dave Fabry: He's lost.

Dr. Gyl Kasewurm: ... the conversation. Or he'll jump in with something. You're like, "No, honey, that's not what they're talking about." Not only does it make me look bad, but it makes him look old. So the technology today is so fabulous. But then again, Dave, we have to have the time or the assistance to be able to adjust that technology and educate people on how to do it themselves because a lot of people just aren't that tech savvy. It's not hard to learn, but you have to take the time to teach that, and then it makes all the difference in the world. Well, you know. All those studies that say increasing functionality with the hearing aids makes people so much more satisfied.

Dr. Dave Fabry: For sure.

Dr. Gyl Kasewurm: And that's what we want

Dr. Dave Fabry: For sure. And as both of us are members of the boomer generation, and we've had several okay boomer moments in this little preamble, but I'm less stigmatized by hearing loss than the use of hearing aids, and I know David is too, but I have higher expectations for what hearing aids should do for me. So with all of that, by way of preamble, I think we're sitting in 2024, and we've come out of the pandemic. We've come out of some challenging business times with increase in third-party pay, OTC, all of that. A lot of the professionals who are

listening to this podcast look to you for guidance. They're feeling stressed. They're feeling burned out. Let's take a look under the hood a little bit and talk a little bit about what it is that you think are the essential ingredients to running a practice successfully. What sorts of things... When you first began Backing into things, as you said, literally and figuratively,-

Dr. Gyl Kasewurm: Yeah, literally.

Dr. Dave Fabry: ... and looking for a refresh, what are some of the things that you do focus on? You mentioned return-for-credit is something that if you see return-for-credit rates creeping up, that's going to be something you're going to figure out. Your partner, are they providing you with technology that's got the leading edge, providing the benefits to the patients? Are they dependable, are they durable, et cetera? What are key performance indicators that you're monitoring to ensure that you're doing the very best that you can for your patients and for your business?

Dr. Gyl Kasewurm: Number one, number one for anybody, whether they're in private practice or not, is measuring what I call your help rate. So we know that if 100 people come in and have a loss that can benefit from hearing aids, less than 50 are walking out with help. And I don't understand why that's not a number we focus more on because think about how our numbers would grow, and numbers tell a story, but most importantly, how the help that we give our patients would be so much better. So I've never been intimidated by measuring that and making everybody in the practice measure that because it's the number one thing that'll change a business and that will change our patient's lives. These people come to us for help. It's taken them eight years or so to get in front of us, and then more than half walk out without help that they need and deserve. And they're going to wait more years before they go to somebody else who's maybe not as good as us or is qualified. So I don't back away from that.

Dr. Dave Fabry: So if the industry average is half,-

Dr. Gyl Kasewurm: Right.

Dr. Dave Fabry: ... what is a reasonable number that you focused on? And how did you differentiate yourself? How did you do that without irritating, annoying patients, make them feel like you're pressuring them versus their partner on that journey to raise that help rate? But what is a reasonable help rate number for private practitioners listening? And how do you achieve that?

Dr. Gyl Kasewurm: Well, I think reasonable. Okay? And you can't count programs where people aren't paying anything.

Dr. Dave Fabry: Right.

Dr. Gyl Kasewurm: So if it's Medicaid or they're not paying anything, you just... Yeah. So I would say 70% is very reasonable, but you have to start with the interview. So let's say a patient comes in. I'm like... I've been doing this a long time. I know how to do things. Let's go. Let's go. Let's take you down this road that I want you to go. But you have to start by being a little bit familiar with the patient, saying, tell me what brought you here today? And they say, "Well, my wife says this. My wife says that." And hopefully the wife or the spouse is there. And you say, "Well, do you think that's right?" "Well, yeah, I do miss a little, and I do miss hearing my grandchild." And then you can say, "Well, that's pretty important, isn't it? Isn't that important to you?"

"Yes, it is." "So if I can help you hear your grandchild, is that the help you're looking for from me today?" And if they say no, then you can say, "Well, what are you looking for from me today?" And you can cater that interview toward the patient and not to you.

Dr. Dave Fabry: Sure.

Dr. Gyl Kasewurm: And then if they say, well, I just need to hear in a restaurant or whatever, you make sure you do those tests and you demonstrate that they can hear better. But you have to make it all about the patient and not about. And when they say, "Well, but I don't want hearing aids," you say, "Okay, then why did you come here today?" So you have to get comfortable enough with your presentation. Now, we're comfortable. We've been doing this a long time. But newbies, they're not comfortable.

Dr. Dave Fabry: Well, I think part of it is when you're coming straight out of school or out of your training and preparation, you're interested in telling the patient and demonstrating all that you know-

Dr. Gyl Kasewurm: Exactly.

Dr. Dave Fabry: ... when, in fact, that's really not what the patient needs. They don't care how much until they know how much you care.

Dr. Gyl Kasewurm: Right.

Dr. Dave Fabry: And using those two ears in one mouth, how do you ensure that you are not falling into that trap of trying to present yourself as an expert by talking rather than by listening?

Dr. Gyl Kasewurm: Well, number one, you measure it, simple as... You can do it in most softwares, but it can be as simple as a scrap of paper next to your audiometer, need to help, got help, and then really watch it. But you also record what you say to people. I remember when I first got out of school, I [inaudible 00:27:50] on about the audiogram and sensory hearing loss. Nobody wants to hear that.

There was a focus group by hearing industries a few years ago, and they ask patients, "What do you want from your professional?" We want a strong recommendation and we want a good reason. We should do it. And then you say nothing until they think about it. But think about how with the technology today, there's so many things, and it can be so great. So you'll say, "Well, oh my gosh, we could do this, or oh, maybe you'll want a table mic. Oh, well really, we could hook this up in your car or we could hook this up with your phone." And by then the patient's sitting there drooling-

Dr. Dave Fabry: [inaudible 00:28:26]

Dr. Gyl Kasewurm: ... and going, "I think I want to think about it."

Dr. Dave Fabry: It's one thing.

Dr. Gyl Kasewurm: One thing. And then you focus on that. And then when you say, "These are the results I found, this is the benefit you can derive, and this is what I think you want to do," that's it. Don't say anything else.

Dr. Dave Fabry: And then stop.

Dr. Gyl Kasewurm: And then stop, and then let the patient talk next. But let's face it, when you're telling people... And the other thing is we should never say that the hearing aids cost this much.

Dr. Dave Fabry: Right.

Dr. Gyl Kasewurm: This is a plan, an enhancement plan. This is what's involved in the plan. It's not just the hearing aids. That's where we've gone wrong for so long, Dave. It's not the hearing aids. They're buying. They're buying us, and our staff, and our equipment, and our expertise. And every study has shown that when you get a professional involved, patients do better and are more satisfied. So we have to stress that this is what you get and this is what it's worth. It's not just hearing aids. When I went to an orthodontist years ago, he didn't just put wires on my teeth. What were those worth? Not much. It was him and his expertise that really made a difference to my beautiful smile. And I wasn't buying braces. I was buying a beautiful smile.

Dr. Dave Fabry: You have a beautiful smile.

Dr. Gyl Kasewurm: Thank you. And so that's what we have to focus on. But I think you have to believe it.

Dr. Dave Fabry: Yeah. And when you talk about again then going from 50 or less than 50 to 70% on the help rate, have you found... Have you used, as best practice, if there are



family members with the individual with hearing loss to encourage or require? Is best practice to bring in a family member with a patient?

Dr. Gyl Kasewurm: Absolutely. Communication is a two-way street. And so even with my husband, I had to understand his hearing loss. I had to understand what he missed. And in the great softwares today, you actually play for the family member, what a sentence sounds like. This is what your voice sounds like to him or to her. And they go, "Wow, I didn't realize that he hears, but that's why he doesn't understand, because all the consonant sounds are missing." And so because of this, you still have to get his attention. You have to look at him." And if he doesn't get it right, say it in a different manner. Don't just restate the same thing over and over and over.

Dr. Dave Fabry: Yeah. And you're helping to educate that family member, the loved ones that come in, that they can't just assume because you are fitting them with amplification, that they're going to get everything so that they can have their back turned from the next room, poor lighting, and hear everything. You're educating them about using good communication strategies that hold up whether they're using amplification or not.

Dr. Gyl Kasewurm: Exactly. And that's like... How many times have you put hearing aids on someone for the first time and the wife or husband walks around? They walk three rooms down and they talk. And I say, "Okay, now I'm going to talk to you three rooms away and see if you can hear it." The answer is they can't. And I'll tell you something. I've never been one that has the greatest patience. Hearing loss requires patience, but it's worth it. And hearing aids today do so much more for patients. I mean, have you listened to any old hearing aids lately, the ones that just had a volume control and no directionality and none of this connectivity? It was amazing how much worse they sounded than today. They're good today. I love going on the phone and going from regular to edge mode and listening to what it does because it does. It makes a huge difference. But if we don't take the time to explain that and educate the patients on that, they won't get that benefit.

Dr. Dave Fabry: And the family members.

Dr. Gyl Kasewurm: And the family members. Exactly. Technology is cool today.

Dr. Dave Fabry: Yeah. Well, and you bring up the technology piece. So in your practice for young practitioners who are establishing their business and their practice, how many manufacturing partners throughout your career at a time... Obviously, you've always had someone or a group of people, but how many different manufacturers are necessary order to serve the needs of your patient the very best?

Dr. Gyl Kasewurm: Well, I'll tell you something, Dave. With today's technology, I don't personally believe you can have more than two manufacturers and really do it well.

Because think about it. Think how much time it takes to download new software, educate the staff on new software, get different parts for different technologies. It's too much. If I want to be an expert at something, I feel like I have to put 90% of my eggs into one basket and 10% in an alternate.

Dr. Dave Fabry: Sure.

Dr. Gyl Kasewurm: Because look at all the technologies. What you can do. You can take any technology and fit it to almost any hearing loss. So I've done it before where something new comes out and everybody says, "Oh, this is so fabulous." I'll say, "Well, let's give that a try." Six months later, the person comes in and I have no idea what I'm doing because I haven't looked at that technology for six months. And in the era of hopefully people using assistance, you need everybody on that staff to be as qualified as you are at adjusting it. And so that takes a lot of time and effort, and you got to be an expert at that technology, and I think too is probably as many as anybody needs. And I don't see anything wrong with that. I think it's actually doing a better job for our patients by being a real expert at technology.

Dr. Dave Fabry: Yeah. You really want to know how the software works. User apps, we'll get to that maybe too, because that's how the patient interfaces with the tech. It's not just the hardware behind the ear anymore. It's also the user app. And to familiarize yourself with a full five, six different technologies, sometimes it can be difficult to stay up to speed, and then it's a question... It also... You haven't touched on, it can erode your profitability too, if you have too many partners and you're not getting-

Dr. Gyl Kasewurm: Oh, yes. Yes.

Dr. Dave Fabry: ... profitable.

Dr. Gyl Kasewurm: In today's world, when we talk about KPIs, cost of goods shouldn't be any more, in my opinion, than 30%. And obviously, the less it is, the more the profitability.

Dr. Dave Fabry: Sure.

Dr. Gyl Kasewurm: And when you look at practices today, we need to be profitable. People need to keep an eye on their businesses because the businesses, if they're going to be successful, they have to be profitable. Too many business owners don't look at that. They have no idea where they're at. Numbers tell a story, and it tells where your business is going. It's either going forward or it's going back, and that was always so important to me. But sometimes people get overwhelmed by numbers. I love them. I just love them. And now, they are in the software, so you get lots of information. You don't even have to track that stuff yourself.



Dr. Dave Fabry: Yeah. We'll come to that on the technology side a little bit later, but I'm going to have another okay boomer moment and take a page from the old Dick Cavett show that I grew up with in the 70s.

Dr. Gyl Kasewurm: I grew up with that too.

Dr. Dave Fabry: Yeah. And one time I remember he had Yoko Ono and John Lennon on, and they had such an engaging conversation that they decided to do another episode. So today, Gyl, you're my Yoko Ono, and I think this is a good place to end this part of the discussion. But the good news is that we're going to continue over into a second podcast now. So for our listeners, stay tuned in for the second half of this engaging, enthralling, I'll say, conversation with Dr. Kasewurm about all things business and practice. And if you like this episode, please like us, rate us, share us with your friends, and then tune in because we're going to have a second continuation of this.

Dr. Gyl Kasewurm: Awesome. I'm ready.

Dr. Dave Fabry: All right. Thanks.