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Concierge Mobile Audiology: Creating and Sustaining a Successful and Rewarding Practice

Recorded March 3, 2023

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- All right, welcome, everyone, to Audiology Online. Thank you for joining us for our first course in the Destroying the Box series, "Concierge Mobile Audiology: Creating and Sustaining a Successful and Rewarding Practice." It is my pleasure to introduce our guest moderator and series coordinator, Dr. Kim Cavitt, who's an audiologist and operates Audiology Resources, a consulting firm. She also serves as a Chair of the State of Illinois Speech Pathology and Audiology Licensure Board, and is Vice President of the Government relations for the Illinois Academy of Audiology. Welcome, Dr. Cavitt, we're so happy to have you on today. And at this time,

- [Kim] Thank you.

- I'll go ahead and turn over the classroom to you.

- Thank you, and thanks to all of you who are attending today and my colleagues at Audiology Online for hosting this series really on innovation. Today I wanna introduce Dr. Rachel Magann Faivre. She owns and operates her private mobile audiology clinic, ASH Audiology in Oklahoma. She currently serves as the Audiology Projects Board of Direct, on audiology Projects Board as Director At Large, and on Northern Illinois University's Advisory Board. She is a pass Board Member and Treasurer of the Academy of Doctors of Audiology, and she's a long-standing fellow of the American Academy of Audiology and ADA. I actually met Dr. Faivre when she was a student in Northern Illinois and through her involvement in the Academy of Doctors of Audiology. She wowed me when she and her partner, Liz Tusler Meyer, won the Inaugural ADA Student Business Plan Competition. I knew then, from the beginning, what a smart hearing and compassion audiologist Rachel would become and what an amazing advocate she would become for the profession. ASH Audiology, her mobile concierge practice, is really the culmination of her dream and desire to provide hearing care that's patient-centered, transparent, and evidence-based, while meeting patients where they are, both physically and emotionally. She's truly breaking down barriers of accessibility through her business care and pricing models. Dr. Faivre represents the best of the next generation of audiologists and professional leaders, and I'm honored to have her join us for this series. Please welcome Dr. Rachel Faivre, Doctor of Radiology and Owner of Ash Audiology in Oklahoma City, Oklahoma.

- Thank you so much, Kim. That was a really sweet introduction. Hello, everyone. Very pleased to be here and hopefully help provide some useful information if you're interested in starting a mobile practice. So to get started, let's see here, just a few disclosures. I did receive or will receive an honorarium for this presentation. And like Kim had mentioned, I do own ASH Audiology. And you can see the boards that I serve on and memberships that I'm a part of. Otherwise, everything else is pretty standard there. Today, just so you all kind of have an outline of what we're gonna be talking about, we're gonna look at what are the pros and cons of having a mobile or concierge audiology practice, not only from the owner, audiologist's perspective, but also patients'. You'll be able to list concrete steps of what you need to do to plan a successful mobile practice and then including how to create a financial plan so you can ensure your financial goals are met. Let's start out just a little bit about myself. So Kim gave me that wonderful introduction. This is me, I live in Oklahoma. I'm from here. However, I spent about eight years in a few different states, going to school and training and some other things. So I just wanna give you a little background on my clinical and kind of business training so you know a little where I'm coming from. So I did go to Northern Illinois University for my graduate program and Mayo Clinic in Rochester, Minnesota for my externship.

Upon graduating, well, I should say, there's a couple of big business kind of trainings that stand out in my past. So, as Kim mentioned, as a third and fourth year student, I participated in ADA's Inaugural Student Business Plan Competition with a classmate and good friend, Elizabeth Tusler Meyer. And I bring that up because that set the foundation for being able to do what I'm doing now. At the time, the intent was to create a private practice from scratch. And the one we had created was in Illinois and had nothing to do with mobile. However, because that presentation required lots of research around how to create a business plan, when it came time to do it for me in the real world, I already had a template and it was very easy to kind of adjust for my new needs. So I'm grateful I had that opportunity because for all the students that are out there, I would certainly, if you have any interest in entrepreneurship, enter that competition 'cause it just gives you a timeline and kind of a, or a deadline to do all of this research. So it is really self-taught, from that perspective. I also, upon graduating, for about five months, worked for a management group where they had a specific training for new graduates learning best practices and audiology practices. And so in that program, it was a lot of education and learning from leadership qualities, hiring/firing, accounting, marketing,

anything you can imagine. But I also had the opportunity to visit a few practices nationwide who were very successful, and kind of learned how they did things. So that was also something that was really valuable. Unfortunately, that program does not exist anymore, but there may be others like that if you are a student or a new audiologist. My first clinical job after that was working for a nonprofit organization here in Oklahoma City. So that's when I moved back to Oklahoma. And this nonprofit was well established as a cochlear implant and pediatric clinic, and I came on to create an adult hearing aid practice. And it was a fantastic opportunity because it let me kind of exercise all the education and that I had learned and really practice it in the real world. So even though it was a nonprofit, our part of the clinic, the adult hearing aid clinic functioned very much like a traditional for-profit private practice. In 2020, so about two-and-a-half years ago, I left there. So I was at the nonprofit for about five-and-a-half years, and started my own practice, which ultimately was probably my end goal all along. I love being an audiologist and love the clinical piece of it, but I also like the autonomy of ownership and the creativity and flexibility you get in running your own practice. So when I left the nonprofit, my goal was to start kind of a traditional brick and mortar practice, and with the hopes of being able to buy one rather than start from scratch. However, two weeks after I had left the nonprofit, I found out I was pregnant with our first child. And so my goals kind of changed a little bit or the directions in the short term.

So I knew opening a brick and mortar wasn't maybe the best idea, knowing that I had a little one coming soon. And so I thought, "well, you know what, I'll do mobile for now and then after the baby's here, we'll go back and start the more traditional brick and mortar. Again, that's two-and-a-half years ago, and I never did start the brick and mortar. I love mobile. And so it was a lucky kind of turn of events and I am so glad that I started in mobile to begin with. So that's a little bit about my background. A little bit just about mobile audiology. These are probably fairly transparent and something you'd already would've thought of. When it comes to mobile versus a traditional brick and mortar practice, mobile is gonna give you a much more flexible work-life balance, whether it's working evenings or weekends, early mornings, over the lunch hour, different days of the week. You don't have to have a clinic open eight to five Monday through Friday because someone might walk in your doors. So it really gives you the flexibility to work how you want and how much you wanna work. Certainly you're in different environments. So I work in people's homes and offices, but I also work in parking lots or RV unit parking areas, waiting rooms and hospitals or kidney dialysis rooms. So there's lots of

different places I've been. Front porches, sometimes people prefer to be outside. So it is really fun that way. Obviously I'm seeing patients in their spaces. And just anecdotally I've found that patients have more support present with this model than I ever saw in brick and mortar practice. So almost always there's family around, there's office staff. I rarely see a patient on their own, and often there can even be kids around, like, young kids. And so you just get to learn a lot more about the patient having all those folks that know them around. And then of course the equipment you use by and large is different than what you would have in a brick and mortar. So what we'll be covering today, kind of pros and cons of mobile audiology and then different aspects of planning the business from clinical decisions to business decisions. And we'll go into detail of each of these because when audiologists have reached out to me about questions that they have regarding starting a practice, these are kind of the things that come up the most often. So I hope that they're helpful for you. You will find that some of 'em are applicable to starting a new practice just in general, regardless of the type of practice you're opening, and some are really directed towards a mobile practice. All right, so let's get started. So some of the pros and cons of having a mobile practice. From the audiologist's perspective, obviously you can see there's a lot more pros and cons or I wouldn't be doing what I'm doing. I've already mentioned the flexible schedule and how that works. And again, I mentioned, so we had our first baby not too long after I'd started the practice. And so being able to work around what we wanted to do with our child and raising him and lifestyle between my husband and I, it was really super helpful to have a flexible schedule for this time in our life.

One of my favorite things about a mobile practice is you don't have walk-ins. I know that's maybe kind of mean to say, but walk-ins that interrupt your day or sometimes are grumpy patients doesn't happen because you have no place for them to walk in. Also, I really have not had disgruntled patience. It's really interesting. My thoughts on that really are that if someone is inviting me into their space, they are really ready for me to be there. I've yet to have a patient that, you know, a spouse made them see me, and I have yet to have a patient return devices if that's what was recommended. So it really is a, and more enjoyable and kind of positive experience all around. Obviously, when you own your own practice, you get to set your own prices and how you want to, yeah, set up your business part of it, choose what health insurances you might wanna take, if any. The startup costs are super low. So I'll talk a bit about my practice, but it took me around a little less than 15,000 to start up my practice. So buying equipment and whatnot. So that's super low compared to starting a brick and mortar practice

or certainly buying someone else's practice. Course it's a unique patient offering, very low marketing costs. Really, word of mouth and talking with physicians has been all I've needed to sustain the business. It's almost fallen in my lap. So really marketing isn't something I've even needed to much extent at all. You get to have something new each day. So if you're someone that likes variety and challenges, this is an wonderful opportunity for you. I will say it's not for everyone. I've worked with audiologists in the past where they had no desire to go do a home visit for someone. Getting outta your comfort zone and being able to set up equipment in different spaces, I guess not for everyone, but if you're someone who likes kind of variety, it's really wonderful and keeps you on your toes. It's a really easy model to work with senior living communities, that's what SLCs stands for. And physicians really notice the unique model. So when I first reached out to primary care physicians, I had much better reaction and input than I ever had when I was doing physician marketing and a brick and mortar. So part of it is a private practice and if you're talking to physicians who own a private practice, they wanna support you because they wanna support small business, but the mobile piece is really unique and catches their attention and they love that for their patients. The only kind of cons I could see, and this kind of goes with one of the pros, is that there isn't a physical location for patients to have a drop off, so for repair or whatnot.

So most of the time, if it's something, if I can't fix it, if I know I can't fix it, I just mail them a shipping label or email them a shipping label and they take it to the FedEx or UPS themselves. So it's really easy on my end that way, but certainly if it's something I can fix, then that becomes an appointment that we set up, and I'll talk about kind of our pricing structure in a bit. But every visit has a cost associated with it, so I'm always getting paid for my time. But certainly, it's not as efficient. You're not gonna be seeing as many patients in this model in a day or in a week than you can in a brick and mortar. That being said, it doesn't mean you can't be as profitable. So we'll talk about how you set your hourly rate to ensure you're making what you need to make. Some of the patient pros that I hear from my patients are, it's just super convenient. They love the time factor of not having to drive somewhere and wait in a waiting room. It's just a lot better for them. Of course you get to treat their hearing loss in their environment. And they're just so many times when I've been in someone's space and it was really helpful to be there for an issue they had, whether it's the physician who wants to, whose number one hearing goal is to hear his patients in his exam rooms. Well, guess what? I'm doing the appointment in his exam rooms so I know exactly what the exam room looks like and the

setup is, as well as what's the noise level of all the staff on the other side of the door. What are the other exam rooms? How does the physician flow through his practice? And there's lots of examples like that that are really helpful for troubleshooting on my end. And then, of course, it's just a novel experience. So that's where that word of mouth comes in. People love it, and so it's really nice. A couple of cons for patients, though. They don't have a place for drop off repairs. So they can't just come to me on a Tuesday afternoon to get a new receiver. It's not convenient, and it doesn't happen too often but that's one difference. And of course there's no place for walk-in purchases. So should they need to get some more wax traps or domes, either they have to wait for me to mail it or visit them.

So a couple of cons in that way. All right, so let's start with some of the business planning pieces, and we're gonna start on the clinical side, 'cause of course audiologists come to me, and you really need to decide what services you'd like to provide. And so I wanted to list some concrete examples of how you can determine what you are going to provide. The picture you see, I know that the font is really small, it's more for reference later if you'd like to look back at the slides. This is a decision tree that I made when I was planning my business. And you can see I had four different kind of audiological areas that I was interested in, and kind of listing the pros and cons of each, as well as what steps I'd need to take to be able to make those happen. And so it really becomes a nice way to organize your thoughts and decide what services you'd like to provide. Keep in mind, you don't have to start with everything all at the beginning. So that's a big one. Start with what seems manageable and will work for your business, and you can always add on or take away as needed down the road. SWOT analysis are really great too. I was looking back, I have my original handwritten one. I have not shared that with you because there's lots of little personal things that are, and it's just embarrassing to share. We'll put it that way. It's not as professional looking as this nice little decision tree here. I also made what I call a love/loathe list. So really the things I really love about audiology and just day-to-day practice and things I loathe. And so that was helpful to really see one extreme to the other. What are things I really like or really didn't like? And lastly I'll mention a survey towards your existing patients if you already have a practice or to just the general public, can be helpful. However, I would caution that sometimes people don't know what they want. I actually did do a survey in my old practice.

This was a few years ago, and it had nothing to do with my private practice that would happen down the road, but we had really negative responses to patients wanting to use a mobile practice. But obviously I opened one anyway and it was successful and easy right off the bat from a patient standpoint. So they can be helpful, but don't put too much weight into them. All right, so unbundling versus bundling your prices. Course this is a fundamental choice on just how you wanna run your business, and you can make the numbers work whichever way you choose. I will say that, ASH Audiology, we chose unbundled because it was a simpler model, because I'm gonna be going out and visiting patients individually or of course senior living communities. That takes time, right? I'm driving places, and I didn't wanna give it away. And so it just honestly seemed like the comfortable decision for me from a financial perspective. But I also just honestly believe it's best for my patients as well, regardless of my clinical setting. I will say I have two small exceptions to this that I added along the way. It wasn't something that was apparent at the beginning but it was something I had to change and maneuver based off of my experiences. So the senior living communities, we do offer a bundled option there, a traditional bundled option. And mostly that's because the residents do not carry money on them when they're in these facilities and often they don't have full control or final control over their finances. So whenever we're talking anything that involves purchasing or billing, it's always with the family, it's with the patient and the family, I should say. And so it just was too complicated to carry out an unbundled model with that group. We also have something that we call the AuD VIP program. And that is something where, so this patient would pay the typical unbundled pricing. However they can pay for a year of bundled services at a time. And so it's not your traditional, like, let's say, \$6,000 high-end hearing aids. It's your unbundled model. And then plus, I'm adding on this package. I will say it's not used frequently at all and it's something I really only bring up when a patient kind of inquires about it.

So it's a really small part of our practice. Health insurances to take or not. So this is always a big question I get too of, do you take insurance or not? And we do. I will say, given that I had practiced in the location where my private practice would be, I did have an idea of which health insurance is reimbursed better than others or maybe that were easier to work with than others. So that was something that was of a valuable lesson I'd had, that I didn't just move into a new community and have to figure that out. So if you do have past experience, definitely utilize that. And you can look at insurance fee schedules. So I certainly did that with the insurances I was contracting with, and that'll give you ideas of, of course, what they're gonna reimburse you.

Talking with local billers or audiologists in your area. Don't be afraid to reach out and say, "Hey, which insurances have you guys found to be the easiest or most helpful? So that would be one huge piece of advice, is don't feel scared to reach out to audiologists in your area because you might be a competitor or whatever reason, because by and large they wanna help you. And with these kind of business startup questions, most people are really helpful in giving you advice in this way. Of course, third parties, they're very transparent for the most part on how they reimburse. So that can help you make a decision if you wanna be a part of those. And then I started small just to kind of get my feet wet and then you can always add on other insurance contracts as needed down the road. So equipment, and the next slide actually has kind of a Excel doc of different equipment. So you have it for your reference later. But you really need to look at what's gonna work for your model and what's your budget. I told you I started up with less than \$15,000. I think all of my equipment was used, that I bought. And so I wanted to list some places, if you aren't aware, where you can find used equipment, because especially if you're starting from scratch, keeping your upfront costs low is really important. And so you may be aware Facebook has an Audiology Happy Hour group page. Well, they also have the Marketplace, and that's a place where audiologists can sell equipment but also ask for equipment. Your calibration companies, they often will have equipment they've purchased from maybe a practice going out of business or they had demo equipment that they no longer use. So they can be a good resource. Of course your manufacturer reps, like, the hearing aid manufacturers. Same idea, they sometimes have used equipment that they're wanting to offload. Your local audiologist, again, this is something, so my real ear equipment, that came from one of our local audiologists. He had a unit that had been sitting in his storage for years and he was happy to sell it to me. Of course, eBay. And then when you go to conferences like AAA or ADA or whatnot, visiting the manufacturer booths, they'll often give you discounts. Of course that's typically gonna be on new equipment but sometimes it can be on demo equipment as well. And I guess one of the biggest lessons I learned is you don't have to get every piece of equipment that you really would like on day one. You have to get the basics.

So your audiometer, of course, your real ear equipment if you're working with hearing aids and obviously a few others, but you can add equipment later on too. Here's a document I mentioned just for your reference 'cause I created it to look at, what are all of my options that exist? The top kind of section is new equipment and the bottom was the used equipment at the time. Keep in mind, I did make this in 2020, so there may be some new equipment available,

but if you are just now looking into what are mobile options, these were the different products I found would work in a mobile practice. So I hope that's useful to you. And the prices, again, that was from two-and-a-half years ago, so those may have changed, but it gives you a starting point if you're wanting to look at different manufacturers. Okay, so let's switch gears and talk about business decisions. The biggest question I get is, "how do you know what to charge? How do you set your prices? How do you know you're gonna be successful financially? How do I know I can do this and not regret having maybe left practice where I was earning a stable income?" And so you do need to plan for it, right? Like, we don't wanna just jump into this and hope everything works out. And so from a, so your business plan, of course, is an all-encompassing document that helps you plan your services and all the financial pieces that will make you successful in your business. And so I've listed, you can see, the different parts of a business plan. And I would highly recommend if you haven't made a business plan before, the small business administration, sba.gov, is really a great resource to give you information on each of these topics and guide you towards how you create different aspects of them. That last one of course, the financial projections, that's the one that seems to be the trickiest one for folks. Your income statement balance sheet, cash flow statements, and projecting that out for three or five years. And so I definitely would start with the SBA, is a resource guide. The other big question is, "how do you calculate your hourly rate?" I feel like every other week I see this question on Facebook in one of the groups. So the really simple version is, and you'll see on a slide to come kind of an example of this, is totaling what you'd like to make, what are all your expenses for running the business, and then divide that by how many hours you'll be working in a year that are billable. So this isn't 40 hours a week times 52 weeks, 'cause, one, you're probably gonna take some vacation, but also, you're not billing for every hour you're working. Some of its administrative. So you need to look at how much you think you'll actually be seeing patients and generating income. All right, so I've screenshotted several of these kind of business documents.

And again, I know these are really small font, and it's more for your reference later. However, I want you to see, and this is also, again, if you've not ever created an income statement. Like, what do they even look like? So this is just an example and gives you some different categories of what you include as revenues or expenses, what are your long-term assets or liabilities. So it just gives you a general idea. These numbers are not real numbers. I've plugged them in. So they're generally accurate for a startup mobile practice. So I did, they're not totally off from

what you could expect. And anything that you see that is shaded in gray or editable fields, everything else has a calculation in that square. I show this to you because when you can create a document that you can interchange numbers, you can create different financial forecasts, right? And so you can say, "okay well I think I'm going to," let's say, you have just a traditional, let's keep it easy, hearing aid practice, right? So you have diagnostics and hearing aids. You can create, okay, here is my low volume financial projection, here's my high volume financial projection. So it really gives you an idea of what numbers you need to hit clinically in order to make your financial goals. And all of these numbers just interchange, right? Like, if you have, depending on your volume but also, like, do you need a loan? What's the interest rate on that? So anyway, so these next few slides will just give you some things to think about that are really detailed that you maybe didn't. So, like, this calculation factors, this goes into the income statement and balance sheet and cash flow. What amount of accounts receivable am I not gonna, do I predict I'm not gonna collect in the same year? And changing these numbers matters. How many evals, tinnitus evals am I gonna do? What percentage of patients do I think I'm gonna see that are Medicare versus non-Medicare? Because obviously reimbursement rates are quite a bit different between those two categories. And that kind of bottom section is looking at what do I think my bilateral versus unilateral fitting percentage is gonna be and helping me set what are my average cost of goods and what do I need to charge to meet my goals.

So these are just some examples. And the super bill. So this is more detailed of, like, how do I price each individual's service? And so the first thing I would suggest is look at your insurance fee schedules, right? So if you have your 92557, your hearing eval, if your best insurance reimburses at \$100, you don't wanna set your hearing eval costs lower than that because you want to be reimbursed at \$100 from that insurance. These are real numbers with my insurance contract. So this is how it exists. You can see the highest insurance reimbursement I had for a hearing eval or 92557 was \$121. So I initially set that code to be 125, whether I was billing insurance or it was private pay. You can see all of the codes on that right hand side and, again, what I could expect from my best insurances. I'm gonna give a little plug for Kim Cabot's billing and reimbursement bootcamp. Incredibly helpful if you've never taken her course. I've taken it twice. Not only for organizing billing codes but also just how insurance works and what codes can be used for different services. And again, if you're talking mobile, we're talking about place of services in someone's home when you're billing insurance, not in the office, which is what

you traditionally, how you would bill. So there are some details around billing that you wanna be very cognizant about. And if you are hiring that service out and not doing it yourself, that person or that company needs to be very aware you're treating people in their spaces, not in a traditional clinic. So anyway, so that's how I at least initially started my pricing, and I think it's a good starting point.

Again, remember you can always change things down the road. Nothing's set in stone. I wanna kind of focus here, I'm not sure if you can see my mouse, but you'll see billable hours per year. So I had initially predicted I'd have 27 hours per week for 47 weeks, which ended up being 1200 and some odd hours for the year. So when you're looking at that break even hourly rate, again, like I mentioned, salaries plus expenses, you don't put in your cost of goods, you do divide that by your annual billable hours. So for me, that came out to \$215 per hour. So that's what my hourly rate was. If I wanted to make 45 or 85,000 in profit above that, if those were my goals, my hourly rate of course went up. And so that helped me determine. When you're looking at a super bill, not only do you look at your fee schedules, look at how much time a service takes. So whether it's temps and reflexes, whether it's tinnitus counseling, whether it's CI programming. And be sure that you're making your hourly rate for that service. And so it can give you another data point of, am I charging enough for this service given how long it takes me to complete it? So that's kind of where I started. Pricing, so, again, all these documents connect together. So I was pretty confident I was gonna be doing unbundling, although I did make a model for bundle just to kind of compare. And I had kind of example bundled models that are traditional prices in my area of the other practices. And so, again, the gray areas are what are editable, which is basically just my cost of goods per hearing aid and what profit I wanted to make off of each hearing aid. And so that allowed me to look at, if I put in 500 versus 800 profit, what is the final tally, I guess is my, what's my take home? And this was projecting out through five, six years and I even had a subscription model that I was toying with as well that I don't have pictured here, and that's a lot more complicated that I won't get into today. But looking at what pricing, and you have to make some assumptions 'cause it's not just hearing aids, right? Like, I'm gonna get this amount from a hearing eval, I'm gonna get this amount from my fitting fees. I think a patient is gonna come back twice a year, and those visits are gonna cost this much. So don't just look at the hearing aid piece, especially if you're unbundling because you're gonna have more options and service options that are adding to your financial profits in the end too. So I also in this document kind of outlined the best

financing options for patients so that I could keep it clear in my head if they wanted a financing plan to pay off a bill, who was I gonna work with and offer to patients to use.

So you'll see Able Tech is a local non-profit with the university that offered really the best option for patients. But then CareCredit and Ally were also the best or the next best. I will say, of course Wells Fargo is another one that people are aware of. At the time, they did not offer financing for a mobile practice. That maybe has changed but, again, these are all, like, everyone is going to assume you have a brick and mortar practice, any vendor you talk with. So just be sure to make that very clear that that's not what you're doing. So if there are any fine print, certainly, obviously always read all of your business contracts with vendors. It's tedious but very needed 'cause you'll find little things like that that you're not a candidate for basically. Okay, so marketing. You need to look at who your target markets are, which patients do you wanna serve first, how far do you wanna drive? Do you wanna serve a half hour radius? Do you wanna serve an entire state? It can be helpful to look at city demographics, like, you can look at average income, household income, and a certain zip code. So that can give you ideas of what areas might be more affluent if that's what you want to focus on. It can help you look at the underserved areas too. So if you wanna focus more on those populations, it can be really helpful. But this was a lesson learned to me that I shouldn't have probably spent as much time on as I did, that you don't have to pursue all of your goals at first with this, right? Just start somewhere and you can add on as it makes sense as your practice gets going. And then, of course, how are patients going to find you? Like, I don't have a business that they can just drive by. Well, I mean I highly just recommend marketing, direct marketing to physicians and primarily primary care physicians.

Research shows that's our best option for kind of reaching the kind of patients you wanna reach. If you have not heard of MD VIPs, it's a group that primary care physicians can belong to. They are traditionally private practice individuals. Some take insurance, some do not. But their model is a pay-for-service or a fee-for-service. So certainly if you're unbundling, you wanna look at this group because they serve a very common patient base that you'll probably be serving. One of the things I also found when I was researching physicians, so when I started I said, "okay, I'm gonna look at all the primary care physicians that are within an hour of radius driving from me." I literally created a whole list with information about their practice, and when I was doing that, 'cause I was, I wanted to market to them. So that's why I was creating this list.

But I found there were a few in my area of unbundled primary care models or even there was a mobile practice. So those two groups, I didn't know they existed. They were doing exactly what I was doing basically from a business perspective. And so they became great partners when it came time to reach out and find new patients. So I'd encourage you, I wasn't expecting to find that but I did. Social media, so I started with Facebook 'cause I felt that was the most optimal way for me to reach patients in a social media platform for the kind of patients I wanted. Obviously you have Instagram, TikTok, your LinkedIn, Twitter, all the things. So others might be helpful for you depending on what kind of patients you wanna serve.

Are you looking at pediatrics, are you looking at a primarily music professional? I mean there's lots of different avenues you can go as a mobile practice than the traditional kind of hearing model. Referral sources. So I kind of mentioned that word of mouth is just really phenomenal. And the referral sources I have listed are in order of how many, like, the most used I guess. So word of mouth gets me the most patients than my primary care physicians. Website is next, health insurances and then senior living communities. And again, start with what's manageable for you and add on as needed later. Of course, branding, logo, website, social media, any of your patient-facing documents, anything from HIPAA forms to new patient intake forms, they all need to match, have the same fonts, logo on everything and contact information. I'd highly recommend using local businesses when you're creating all this because not only are you supporting local and giving back to your community but it also spreads awareness of your brand and that will in turn become business for you as well. I won't go through every list or every bullet point I have on this list, but I mostly just, I don't think I realized when starting a practice how many different vendors I would be creating accounts for. And so how many business agreements am I reading? How many credit applications am I filling out? So this is a general list just so you have it kind of top of mind. A few kind of details I might mention.

So when it comes, if you're gonna work with over-the-counter hearing aid products, deciding are you gonna work with someone like Oaktree to buy those products or go straight to that individual manufacturer and you know set up a contract with them through those companies. Let's see. When it comes to a bank, another big recommendation I would say is use a local bank. Do not use a manufacturer if you can avoid it. I know that that can be appealing and comfortable but there are lots of strings that come attached to that and ethical issues. So I just really highly recommend using a local bank. And why I say local, I would not advise at least to

start with using a big national bank because there are gonna be little questions that come up that you have about running a business and having a business account with a bank. And it's so helpful to have just a person you can call and say, what do I do here? Because I've had friends with small businesses who have used these larger banks, and there's no customer service. And again, if you're supporting local, you're supporting your community too. So it's just a win-win for everyone. Let's see, so credit card processing, just 'cause this is maybe not as common or you may not have a place to start with, like, who are the companies that exist for this? Of course your local bank is an option. The other one I really looked heavily at was Gravity Payments. They were really small business friendly. So that might be an option you'd like to look at.

Let's see, accounting and taxes. So, again, this is something most people stay local with. But I would also recommend using, if you're gonna use an accounting firm for things like payroll or taxes or managing your, like, business, like, legal setup documents with your state, to use one that works a lot with small businesses. So kind of like the bank issue. When I talked with friends who had small businesses, there were some really negative experiences with big local accounting firms not really paying attention to their small business. So finding someone who's smaller and cares about a small business is really helpful. Let's see. In the billing arena, there are two kind of national groups I would really recommend as great options that, again, maybe aren't as well known as some of these other categories. So Audiology Success is one and Ferrar Consulting is the other, if you don't plan to do that yourself. Let's see. Liability insurances. So AAA and ADA both have liability insurance companies they partner with. So if you are a member of either or both of those organizations, you can compare what options they offer and make the best option for your business. Let's see. And keep in mind that AAA and ADA both have lots of resources for companies they recommend. So if there's a category here you're not really sure, like, who should I use or who's even an option? Like, billing, for example. That would've been one I had no idea. Just reach out to your organization, they can at least give you a starting point. And then of course I'm all about Excel doc.

So just start comparing your prices and companies and what's gonna work best for your business. Okay, so then a huge part of planning the business is just creating all the documents that you need to run the business, both internally and ones that patients will see outward facing. I'm not gonna read through this list, this was just so you have it for reference. I've got a

few screenshots of some of these so that you have an idea of what I use or what I started with using initially. I will say, both AAA and ADA have some examples of some of these forms. ADA does have more than AAA or at least they did two-and-a-half years ago when I was looking. Some, you have to pay for, some are free, but I'd highly recommend looking at both organization's, for example, paperwork in these areas as well. Okay, so initially I wanted to be able to track my metrics really easily and so I had created this document that looks at, what type of patient am I seeing in this month and what kind of appointment and financially what did I collect from equipment versus services? And so these numbers are just kind of plugged in. They're not real numbers necessarily but it just gave me idea, especially when I started, how I could track what I was making.

Obviously electronic medical records, EMRs will also track all of this kind of information, but if you need something simpler to start with, you can make your own too. Because it was me going out on my own, I wanted to be able to really track all my hearing products easily. So you can see at the bottom all the worksheets. This certainly tracks all the different products from our traditional hearing aid manufacturers, but it also tracks products for hearing protection or for ear molds or OTC products. And I do use a buying group for some manufacturers, not all. So this document helped me look at, okay, is my direct to manufacturer price a better price or is going through a buying group better? And this just helps me keep my mind sorted on all the latest and greatest technology 'cause I do work with all the different main manufacturers. So this I find really helpful. I'm also happy to share these documents in greater detail with anyone. Feel free to email me if you'd like. This is my supplies ordering document. So I had the fortunate opportunity of being the clinic manager in my university, and so I had created this many years ago. But what this basically is looking at is, which company, mostly Westtown and Oaktree, carry which products, and how much of each quantity I need and what's the price? And if this is something I'm gonna sell direct to a patient, what am I gonna charge? So this just really helped me organize where I'm buying what from and what I need to charge a patient for whatever profit I wanted off of that product. And it helped me just keep, like, my quantities. So I quarterly look at my stock and say, "okay, do I have three of this item that I wanna have in stock? No, I don't, okay, I need to order X." Vendor accounts, keeping those all. This is just organizational, but I just wanted to show you. So you can see. This page are my, like, payers and loaners, but I also have a page for hearing aid manufacturers and then just other vendors, that would be, like, the printing company I use or equipment manufacturers, that sort of thing.

Clinical protocols. So it's super important to have written protocols for clinical practices for new hires, both audiologists that come on staff and support staff. So this is just an example, but all of the black writing are the protocols you have to follow for this type of appointment. And the blue writing is, like, well, here is dialogue if you need an example of how I actually say it. This is how it might work. So this takes a lot of time but it's really necessary if you have other employees. This is just a copy of that same slide we saw a few min moments ago, just so you have the list again in front of you of all the different forms that you'll need.

You need to decide what you're gonna do for yourself versus hire someone to do. So you'll see obviously building a website and creating the content, making your logo and what marketing pieces you're gonna use, those documents we were just talking about, running QuickBooks or whatever, how are you gonna keep track of your financials, billing insurances, do you have sales tax in your area that you need to be cognizant of? And then setting up health insurance contracts and maintaining them over time. And this is personal preference, right? Like, I was someone who wanted to learn everything and do most of it on my own. So I started a lot slower than probably some other folks. But areas you're not comfortable with, hire someone else to do it. I will say, for website content, one little tip I'd recommend is, you can hire an audiology student to help you. So initially, when I was building my website, I reached out to a couple universities to ask, do you have any students that might be a good fit for this? And one stood out more than the others. And so we've had a great relationship. I give her outlines of what I want, a page or whatnot to look like or the content I'd like it to have. She writes it, then I edit it, of course, and then it goes on my website. So it was a much cheaper way to create content in a quicker way than doing it all myself. But also I got to help a student out, and it was much cheaper on my end than having, like, a national audiology company do it. There's several obviously build websites for audiologists. And because it's all original content, your SEO is much better. So just one tip, but also something that's obviously on everyone's mind now is AI can do this. So, like, ChatGPT. I don't know how that's gonna work for your SEO, but something that's obviously very free to use right now. All right, and so a couple other just little details. What are you gonna travel in? Are you gonna actually have a mobile unit of some sort that you're gonna pull or are you gonna be working out of the trunk of your car? And so the picture on the left is an audiologist in West Texas, Brandy Murphy. She's wonderful, actually this trailer, I just saw a couple days ago, is for sale. So if you're interested you can check her out on Facebook. She has a beautiful mobile practice that she drives around. You've maybe

heard of Brandy Smiley. she also has, like, a tiny home on wheels. It's her practice that she wheels around. This is me and one of my first patients. You can see I'm pregnant. I'm literally driving out of the back of my car with cardboard boxes. So a patient of course never saw that, but it's okay to start with what just is easy and gets you going and then upgrade to more maybe professional pieces as you see what you need. You'll notice I have a dog leash around my neck because, yes, my dog goes with me on good weather days. So it's awesome. Another bonus if you're a pet person. My trunk does not look like this now. I have a, like, rolling bag, kind of like what you see there. And patients of course, like I said, never see my trunk, but easily, everything I needed could fit in the back of my car. And so the organizational tools I think just come as you start practicing and realize what you need. That rolling bag. If you are looking for one and you have a Hobby Lobby in your area, I'm not a big fan of that company. However, they had the best kind of medical rep bag at the best price. It's in the paper crafting area if you have one. But otherwise you can find 'em on Amazon or, like, Office Macs type stores. And then people always ask, "well, what are other revenue sources in your typical practice?" And so I do have an online shop. It does bring in some income. So that's an option. Obviously providing other services that make sense for your interests in your area. And then consulting opportunities.

So there are, I consult with a couple of online kind of senior resource companies. They write content around hearing for their market and I read over, edit it, and kind of sign off on what they're writing, give them advice. And so that was something I didn't do initially but kind of fell into my lap and has become a significant portion of my income and something I have really enjoyed doing. So there are things outside the box you can do too that are still audiology related. And lastly, to end, just some helpful resources that you might find that I found in running a business. And so, again, if anyone has questions about the specifics on this, I know some of the organizations are probably well known and some may not be. Tuned, if you haven't heard of them, they're a great resource for learning about over-the-counter products, as well as other. They're good resource for other things. But that's a good starting point. Or Hearing Tracker is also really a great resource for learning about maybe products you're not aware of. So just some things that I found really useful in starting my business. So I will end it there for questions. You have my email here if you need it, but so happy to be here and happy to help anyone along the way. Feel free to reach out for anything that you need. Thank you so much.

- Thank you, Dr. Faivre. And I am going to check and see if we have any questions. I do have one question here. Do you refer, so if there are items or services you don't provide, do you have colleagues in brick and mortar locations that you refer to?

- Oh, absolutely, yeah, I mean, certainly, I do see pediatrics, not a lot, but I've been requested for infants, and I don't have the, I'm not set up to have the equipment for that type of evaluation. So I'm certainly gonna refer out for that and obviously any other services I might not provide. One of the neat things about mobile is if you have a good relationship with other brick and mortar practices, I actually see their patients for small repairs. So, again, unbundling, I'm not a threat, I'm not gonna steal their patient, but, like, the whole evening and weekend hours, especially weekend, has been really helpful. So hearing aid goes out on a Saturday, they can't wait till Monday for their audiologists to be open. And so I've let the local brick and mortars know what I'm doing. And I've been able to serve some of their patients for small things that are helpful for them too. So, again, work with the people in your community, don't be afraid, especially if you're only mobile and no one else is doing that, then you're not providing services in the same way that they are.

- You mentioned you have an online shop. Do you have to apply for a sales permit for that?

- Yeah, so, at least in my state. So we have sales tax on everything, for one, even hearing aids. And if you're gonna sell across state lines, you have to look at what are the sales tax laws for each of those states. So luckily most of 'em, you have to sell, like, \$100,000 in sales before they worry about taxes. So it's a little bit easy that way, but you actually have to research. So I would recommend having your legal person look over all of that. But basically you need to set up a tax ID in your state for submitting sales tax each month. And that I think is it. So my business is a PLLC, legally that's how it's set up. That's one state document I have to keep up with annually and then, yeah, my tax ID and sales tax.

- And then the last question before we close out. Do you ask for payment on the spot for your services? Do you ask people to pay at the time of service?

- Yeah, absolutely. So every patient, when they call, I give them a heads up of what I think the cost is gonna be for an appointment, whether it's a new patient or a repair. And I do that in,

well, verbally, but also an email form. So they have it written. And I say, "Hey, I expect it to be," let's say, "\$200 for this visit. If there's gonna be something more on top of that, I'll let you know before I do it." And so it really makes collecting super easy 'cause the patients already know what to expect. There's no awkward conversation about that. And if they do have questions, then they ask ahead of time, and it doesn't waste my time. If for some reason they don't want something, I haven't already driven out to them and done an appointment and then they're like, "oh wait, no, nevermind. I don't want that." So, yeah, I do collect it every appointment.

- Thank you so much for everyone who attended and thank you so much for everyone's questions today. This is gonna close out our Concierge Mobile Audiology course in our series. Thank you, Dr. Faivre, for joining us and thanks to Audiology Online. And we hope to see you next week for the next installment of this series.

- Thanks so much, Kim. Thanks so much, Audiology Online.