



Vestibular Services in Your Practice

**WHY
&
HOW**

A HISTORICAL PERSPECTIVE

As an audiologist who has specialized in dizziness and balance disorders since 1980, first as a doctoral student at The Ohio State University, and for the past 26 years in private practice, I have had a unique vantage point of the role of audiology and the dizzy patient. I have experienced first-hand the upshot in physician and consumer interest, the help provided to patients through rehabilitation and canalith repositioning, and yes, changes, both good and bad, in reimbursement. I have seen at least 4 cycles of ups and downs in rates and changes from bundled to unbundled and now again bundled codes. Even with today's reimbursement rates, which are at a 20 year low, I advocate inclusion of a dizzy-balance service to ensure a vital and healthy private practice. A good metaphor is the difference between weather and climate. While it may be a bit cloudy today, the long-term climate is excellent. In fact, the future is so bright you better wear shades.

12 REASONS WHY TO IMPLEMENT OR EXPAND VESTIBULAR SERVICES

1. 90 Million Americans annually complain of dizziness or balance problems to their physician. There is no lack of patients. These are patients without denial or projection as often is the case with individuals with hearing loss. It is the third most frequent complaint by patients of all ages.
2. Dizziness is only preceded by headache and lower back pain.
3. It is the #1 complaint of individuals 70 years of age and older.
4. An American turns 60 years old every 7 seconds and this will continue for the next 18 years. The United States and the world will see the largest demographic of older adults in history.
5. The fastest growing cohort age group are individuals 85 years and older.
6. Diagnostic testing is covered by virtually all 3rd party payers. Audiologists already own most of the equipment as part of their existing practice.
7. Introduces physician referral sources to your practice and its full range of services. Your practice is positioned as a part of the medical infra-structure of your community. You are more clearly differentiated from the "retail" model of audiology and hearing aid chains.
8. The patient who is being seen for a balance evaluation will typically require audiologic testing as part of a comprehensive evaluation.
9. A percentage of patients, whether secondary to their condition or simply age-cohort effect are hearing aid candidates.

BY RICHARD GANS, Ph.D.

There is opportunity for incremental sales to patients, their families and friends.

10. The Audiology academies and societies have recognized vestibular evaluation and treatment within the audiologist's scope of practice.

11. A complete dizzy-balance evaluation will generate approximately \$400 (calculation is VNG, VEMP/ABR, OAE, and comprehensive audiometry with Immittance) based on a national average of the Medicare maximum allowable. In addition, most managed care organizations will pay audiologists E&M codes for the office visit (approximately \$140) if the contract is properly negotiated. This provides a total of \$540. There is no cost of goods, free follow-up visits, remakes or return for credit or large marketing costs.

12. Most patients can be properly evaluated, counseled and a report generated within a two-hour visit by using well-documented, evidenced-based clinical pathways and a template report writing system.

How to build your business through targeted medical-professional marketing

Offering vestibular services isn't all you will need to succeed. In fact, many well-trained audiologists with well-equipped facilities haven't survived. Various reasons may account for this, but these clinicians probably neglected to attend to the business side of balance, namely a thorough pre-launch analysis and targeted marketing. Even if you have the best knowledge, competence, and equipment, your facility is set up for failure if no one knows about it or how to utilize your expertise and help patients. Only your recommendations are important, not your equipment. Does your evaluation, interpretation and recommendations change the management of the patient? How have you improved the treatment outcome? Remember, physicians do not refer their patients to a surgeon because they heard about his or her new scalpel.

To develop a marketing strategy, you must first create realistic goals and objectives. Whatever your objectives, be realistic and do your homework. This starts with analyzing your community. Once you've completed your analysis, you'll be in a better position to make intelligent decisions about the feasibility of the project. You can then develop a business plan that will accurately reflect the financial road ahead.

THE WHO AND HOW

Physicians. Do not focus all your attention on Ear, Nose and Throat specialists. Many of our colleagues in ENT do not like seeing dizzy patients, as they are rarely surgery candidates and do not have ongoing otologic disease. Be sure to

work collegially with all physicians; primary care, internal medicine neurology, rheumatology, orthopedics and physical medicine. Do not compete. Collaborate and serve as an important resource for them and their patients. Respect must be earned; there is no entitlement.

Dentists. Older patients who have positional vertigo often avoid regular dental care because they're afraid of becoming dizzy during their dental visits. Dentists and hygienists are pleased to have their patients return for symptom-free care.

Podiatrists. Many older adults with foot problems have lower extremity neuropathy and see a podiatrist. These physicians are excellent referral sources for you, particularly if their patients complain of imbalance and unsteadiness.

Chiropractors. Treating benign paroxysmal positioning vertigo (BPPV) using Canalith Repositioning Methods (CRM) may appear quite similar to chiropractic manipulation. Many chiropractors have learned to perform CRM or are interested in having patients with BPPV treated so they're more comfortable during chiropractic treatment. This group of specialists can refer patients for diagnostic testing and treatment of BPPV or Vestibular Rehabilitation Therapy (VRT).

Audiologists. If other audiologists aren't actively involved in vestibular diagnostic or VRT, they're an excellent referral source. Likewise, audiologists who provide comprehensive vestibular-equilibrium diagnostics can become an invaluable part of an interdisciplinary team in the triage and serial/discharge testing of VRT patients.

Physical and occupational therapists. Most therapists are involved with many therapy specialties, other than VRT/balance. Educating colleagues about the nature of your specialization offers a collegial referral pattern. This may open mutual referral patterns as you refer to other facilities for specialties that may not be part of your program.

Nurses. Nurses often play a significant role in the triage of patient care. In physician offices, nurses often will direct patients to labs, specialists or treatment facilities. In community or home health situations, they often take the role of primary care or gatekeeper, particularly for the elderly.

ACLF/Nursing home directors. Falling concerns administrators of facilities for the elderly. Risk management strategies may include providing an analysis of the facility's environment, particularly lighting and surfaces. These facilities also may direct patients to you, particularly if their residents exhibit dizziness or have begun to fall.

MCO medical directors/contract specialists. Undiagnosed and untreated equilibrium disorders cost managed care millions of dollars. Offering an efficient and cost-containing

Pearls

Remember that many causes of dizziness, vertigo and imbalance are unrelated to inner-ear origins. According to a recent AMA report, less than 1% of the population has Meniere's disease. It is estimated, that the incidence of acoustic neuroma is only 2 per 100,000. Migraine on the other had effects approximately 24,000 per 100,000, of which 25% have vestibular symptoms. According to NIH, the average dizzy patient is seen by 4-5 physicians even before a diagnosis is made.

It is estimated that upwards of 50% of children with congenital SNHL also have a vestibular loss or dysfunction. Benign Positional Vertigo (BPV) of childhood, a form of early migraine is the #1 cause of dizziness in infants and young children between 1-4 years of age.

Many primary care physicians and specialists i.e. neurology, gerontology have patients who need evaluation and appropriate triage. They have already been medically cleared, imaged and evaluated. The only thing that has not been done is vestibular-equilibrium assessment.

management strategy for these patients will definitely interest MCO medical directors. Using clinical pathways and reporting treatment outcome studies will greatly enhance your presentation.

Attorneys. Defense and personal injury attorneys often need subjective and quantifiable data from diagnostic-evaluative specialists to support their case or to negate the defense of their opposition.

NETWORKING STRATEGIES

If you develop a good relationship with physicians, audiologists or attorneys, don't be afraid to ask them if they have colleagues who might benefit from knowing about your services. When you call or write this new referral contact, be sure to mention that professional's name. People tend to do business with people they know and like, and the name recognition of their colleague will enhance your credibility. To reach these referral sources, consider the following methods:

Newsletters. Informational and educational newsletters provide physicians with a simple and easy-to-read format to learn about vestibular and balance disorders.

Lunch and Learns. Lunch is an excellent forum to spend 30 minutes with a physician and his office staff to discuss your services. Plan your budget to allow for pizza, sandwiches or a tray of lasagna.

Patient follow-up letters. This is an excellent way to let primary care physicians know you've seen their patients. By relaying successful treatment outcomes, you're establishing credibility and making sure the physicians know all aspects of their patients' health care.

Lectures and in-service programs. Anytime you have the opportunity to speak to a group of health care professionals, take advantage of the invitation—whether it's a nursing group obtaining CEUs or a physician luncheon at the local hospital.

Journal articles. Because most advertising budgets cannot tolerate extravagant printing costs, consider using journal articles as part of your marketing effort. These articles address the topic and can educate your referral sources. Include a short handwritten note and highlight key points.

Patient endorsements. Encourage your patients to talk to their physician about their experience with us. Because your specialty may be unfamiliar to many doctors, it helps if they hear good things about you from their patients.

Referral kit. Make it easy for physicians to refer their patients to your facility. Print referral and physician order pads. Include a map or directions. The easier it is for physicians and their patients to get to you, the more likely they'll remember you. Leaving them a handful of cards, which may be tossed in a drawer, isn't appealing. Why not drop off the pads along with a box of chocolates or cookies near Valentine's Day, Fourth of July and Thanksgiving. By selecting these off-peak holidays, you can place yourself in the spotlight.

Conclusions

In order to succeed in your vestibular practice, you will need to commit to being a life-long learner. Recognize that you will ultimately become a hybrid professional, comfortable in an interdisciplinary approach. Read. Read. Read. Everyday new research is giving us direction on how to better help our patients. Do good work and the rest will take care of itself. It has for me, and I know it will for you as well.

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