

**Cleveland Hearing & Speech Center
Program Evaluation Summary
2024 Audiology Services**

Summary of Services
Executive Summary

The Audiology department showed continued growth in 2024 accounting for the 4th straight year of growth in terms of number of clients served, number of hearing aids dispensed, and revenue generated.

We remain focused on providing high-quality, evidence-based services that are efficient, effective and accessible to all. In 2024, we continued our practice of collecting subjective and objective outcomes and recorded them in a way to better report on them in the aggregate.

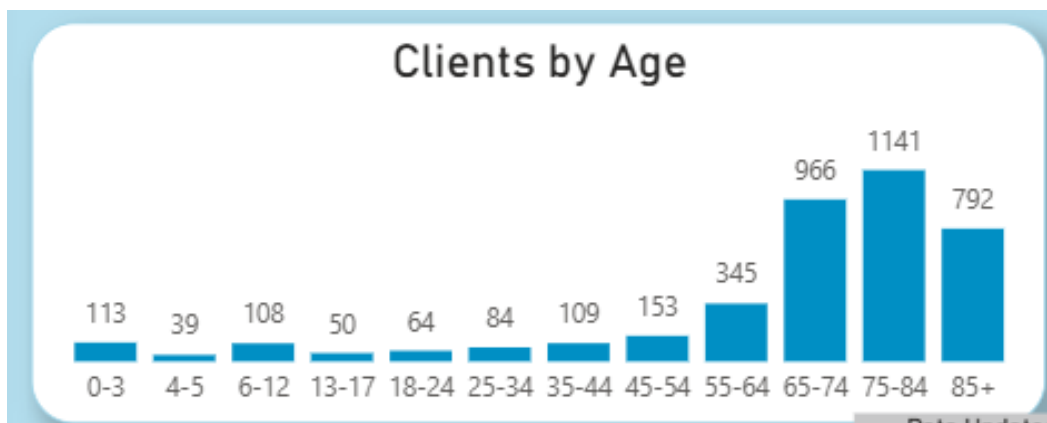
The hard work of our skilled team has continued to provide benefit to clients who are exceptionally pleased with our services.

Who we serve

In 2024, audiology served 3,978 unique clients in our offices with the following demographic breakdown:

56% female	57% White
42% male	15% black
2% unknown	1% Asian
	2% Other
	25% unknown

The overwhelming majority (92%) of clients we served in audiology were over the age of 18 with only 8% being pediatric clients.



Analysis:

The number of individuals served in-house at CHSC clinics continues to grow each year with a 15% growth since last year. It is not surprising that the majority of clients are adults as hearing loss is more prevalent as we age. We believe the reason we see more women has to do with the fact that many veterans (predominately men) are able to obtain free services from the VA. We serve slightly more white individuals than people of color compared to census data in Cuyahoga County. CHSC continues outreach in earnest in communities that have high numbers of people of color, however, hearing healthcare may not be considered a high priority – but we continue to educate in these communities.

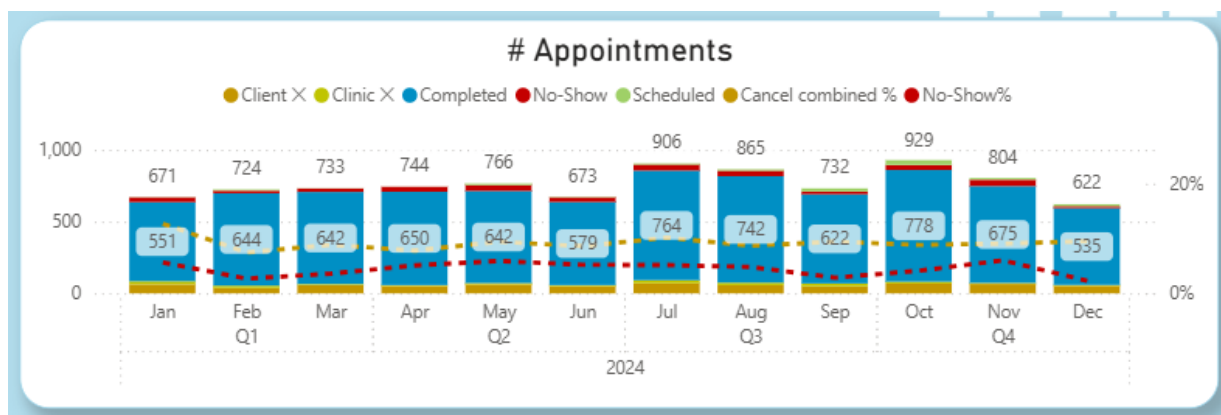
Plan:

CHSC moved our headquarters in July 2024 into the neighborhood many of our clients live in, hoping to attract communities that may have difficulty accessing care or may not understand the importance of that care. We hosted a community open house to welcome the area residents and informed them of our services. We will continue to focus our outreach efforts in this neighborhood to educate individuals about our services.

EFFICIENCY

Clinical schedules

In 2024, we had 9,169 appointments scheduled in clinic in the audiology department. This is a 5% percentage decrease compared to 2023. In addition, 7,824 appointments were completed in 2024 (approximately 85% of all scheduled appointments) with a combination of no-shows and canceled appointments accounting for the other 15%. This is an increase in the percentage of completed appointments over 2023 (80%) thus a decrease in the no-show/cancelations since 2023. This trend has continued for the past two years.



The breakdown of appointments by office is below. In 2024, our Cleveland/Midtown (MT) office continued to have the highest no-show/cancellation rate (17%) compared to other offices with Broadview Heights and Lyndhurst having the same rate (13%) and Westlake having the lowest (11%). However, Cleveland/Midtown showed an improvement over 2022 (25%).

Status	BH	LH	MT	WL	Total
Client X	146	238	122	177	683
Clinic X	31	72	43	13	159
Completed	1546	2596	1662	2020	7824
No-Show	61	79	170	64	374
Scheduled		77	43	9	129
Total	1784	3062	2040	2283	9169

Analysis:

In 2024 we continued to encourage walk-in appointments for routine hearing clean/check appointments and emergent hearing aid issues instead of scheduling appointments far in advance (typically 6 months). These 6-month follow-up appointments had high rates of no-show/cancellations, thus reducing those also decreased the number of no-show/cancellations.

Cleveland/Midtown continues to have the highest rate of no-shows/cancellations, which is not surprising given the low socioeconomic status of the neighborhoods this office serves. Transportation and securing basic necessities are challenges faced by this population.

Plan:

Moving forward we will continue to fine-tune the schedules to ensure we are maximizing efficiencies and will modify appointment types/times as needed. The impact of our move from University Circle to the Midtown neighborhood in Cleveland can be seen with an increase in appointments compared to 2023 in the months of August-November with an average increase of 19% for the last 5 months of 2024.

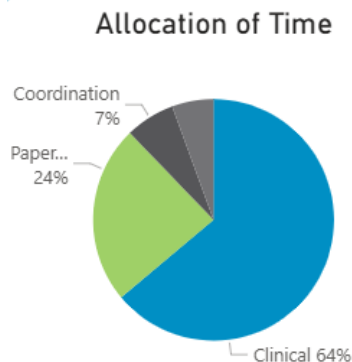
In addition, in 2024 we added a targeted follow-up email protocol to clients to better stay in touch with them and remind them of the need for continued hearing healthcare in order to get the most out of their treatment.

We plan to hire another clinician in 2025 to help reduce the wait time for an initial appointment as national data shows that people are more likely to show for appointments if they are not scheduled too far in advance. Our goal is to work more in real time as this will increase our efficiency.

We are also looking into the feasibility of monitoring canceled appointments as either “canceled” if the person no longer wants to be seen at CHSC versus “canceled then rescheduled” if they just want to cancel their initial appointment and reschedule to another day or time. Right now, both of those categories are combined into a general “Canceled” classification.

Productivity

We closely monitor how a clinician spends their time to ensure we are maximizing clinical schedules and providing efficient care. Our overall goal within the department goal is for clinicians to be in face-to-face contact with clients 60% of the time. In 2024 we met that goal with an overall productivity of 64% which is a 2% increase over 2023.



Analysis:

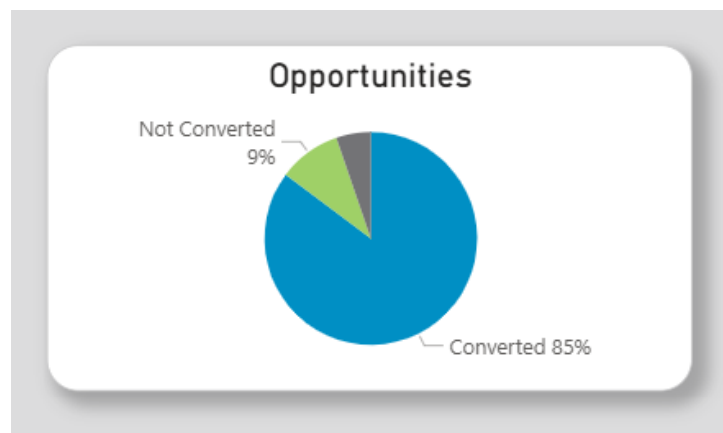
We monitor this statistic closely for each individual clinician. Some clinicians who take on administrative responsibilities have lower percentages of time with clients and those who are fully clinic-focused may have more time with clients. In addition, new clinicians may be given more coordination/paperwork time or clinicians who are scheduled to handle our walk-in clinics are given extra paperwork time to finish documentation after a busy clinic. Our range was 41-73% of time face-to-face with clients.

Plan:

We will continue to monitor and work to ensure each clinician is using their time in a manner that is most effective for treating our clients (clinical time) as well as moving our department forward (admin time).

Help/Opportunity Rates

We track the Opportunity rates of providers to assess their level of helping clients who are candidates for hearing aids. Our overall help/conversion rate is very strong at 85%. (National information gathered suggests a help rate of 70% is very good and 80% would be an ideal goal).



Analysis:

We pride ourselves on finding the correct balance between helping a client who needs hearing aids for the treatment of hearing loss while not treating clients who are not emotionally ready to take the next steps. Because we have so many funding options for many clients, we can remove the financial aspect from the discussion and are able to focus more on the client's desire to treat their hearing loss (and possibly help them move to a space they are comfortable doing so) versus trying to "make a sale".

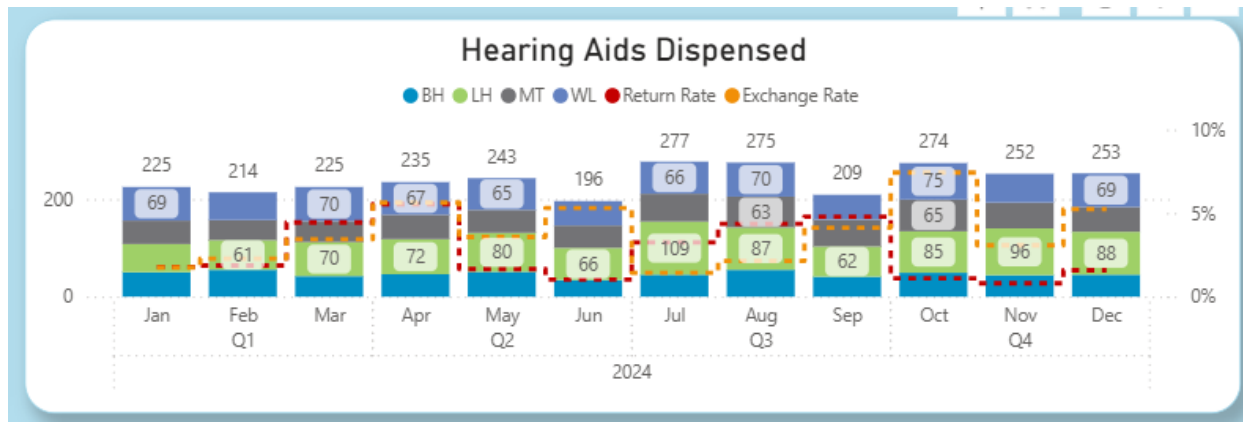
Plan:

We are extremely pleased with our rates of treatment for hearing loss as they are favorable compared to national data. We will continue to monitor.

EFFECTIVENESS

Number of Hearing Aids dispensed

The number of hearing aids dispensed is a strong indicator of the growing impact of our services. In 2024, we set a target to dispense 2,600 hearing aids across all four locations. We exceeded that goal by 11% dispensing 2,878 hearing aids.



Analysis:

The number of hearing aid units dispensed has been on a rapid incline for the past several years with a 273% increase since 2017. A large portion of this growth can be attributed to the advent of Medicare Advantage plans which provide insurance coverage for hearing aids and the Baby Boomers hitting an age where hearing loss is common. We are cautious about continued growth of hearing aid sales in future years due to potential changes in Medicaid eligibility, potential changes to third-party administrators (TPAs) who manage the Medicare Advantage hearing aid contracts (i.e. consolidation of TPAs, changes to how often clients are eligible for new hearing aids, increased out-of-pocket costs to clients for hearing aids with their insurance benefit) and the effect of increased tariffs on client's buying habits (i.e. they may focus their spending on food, clothing, etc. instead of hearing aids).

Plan:

We continue to strive to increase access to hearing healthcare including hearing aids which is the most effective treatment for hearing loss. We continue to vigilantly monitor and the political climate and advocate for coverage for our services as it pertains to eligibility for hearing healthcare as well as working to continue to ensure adequate funding for our Audiology Patient Assistance (APA) program. We set a goal to dispense 3,320 hearing aids in 2025 and plan to add a new staff member in summer 2025 to help meet that goal.

Return Rate

The return rate of hearing aids is one measure to judge the effectiveness of treatment and a client's satisfaction with the treatment.

Analysis:

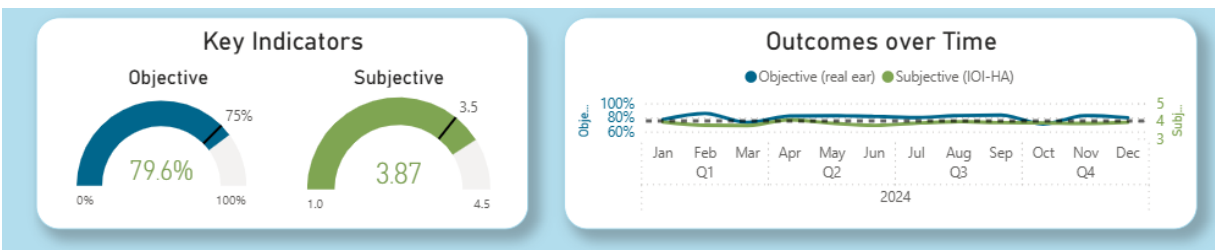
CHSC's return rate is historically low and was 2.7% in 2024 which is comparable to that of 2023 (2.8%). (Goal was 5% based on national data).

Plan:

We are pleased with our return rate and will continue to monitor as a way of ensuring we meet the expectations of our clients.

Outcomes

CHSC tracks outcomes for hearing aid fittings both subjectively and objectively to ensure effectiveness.



Subjective Measure

Subjectively, we use the International Outcomes Inventory for Hearing Aids (IOI-HA). This 7-question survey is given to new hearing aid users during their trial period and the information gained is used to help guide their treatment.

One question of the IOI-HA is a pointed question, and we use it to obtain aggregate data.

Considering everything, how much have your new hearing aid(s) changed your enjoyment of life? 1=Worse, 2=No change, 3=Slightly better, 4=Quite a lot better, 5=Very much better

There is normative data on the IOI-HA and we can compare our results to this data. National data is broken down based on mild moderate hearing loss (average score 3.7) vs. severe profound (average score 3.3). We are unable to segregate our data in that

manner but have made our overall goal a 3.5 and we have far exceeded that with an average score of 3.87 which exceeds the national averages in both categories.

Analysis:

The use of the IOI-HA and the last question, in particular, has been a strong tool in judging the subjective benefit that the hearing aid provides. We are pleased with how our scores compare to national data. Additionally, we consider ourselves leaders the audiology community in using a data-driven approach to look at hearing aid outcomes in the aggregate.

Plan:

We will continue to use this tool moving forward as we are pleased with the ease of use and the quality of the information it provides.

Objective Measure

Objectively we complete Real Ear measures on every hearing aid fitting. This measure looks at the audibility of speech for each individual and fine-tuning of hearing aids are guided by this measure. We aim for the client to meet “target” at all frequencies in the 500-4000 Hz range (the frequencies most important for hearing speech). We met the target 79.6% of the time with a goal of 75%

Analysis:

We have established several guidelines to determine if a hearing aid has “met target” when completing real ear testing. These guidelines are based on published data in the field and include meeting or exceeding the target provided by the fitting formula (typically NAL-NL2) at the frequencies of 500-4000 Hz, obtaining an Aided SII (Speech Intelligibility Index)* of 65% or more if the pure tone average (PTA) is 70 dB HL or less) or falling within the Aided SII target range of DSL child/adult targets. *The Speech Intelligibility Index (SII) is a standardized measure that quantifies the proportion of speech information that is audible to a listener. It is used to assess the effectiveness of hearing aids and other amplification devices in improving speech comprehension.

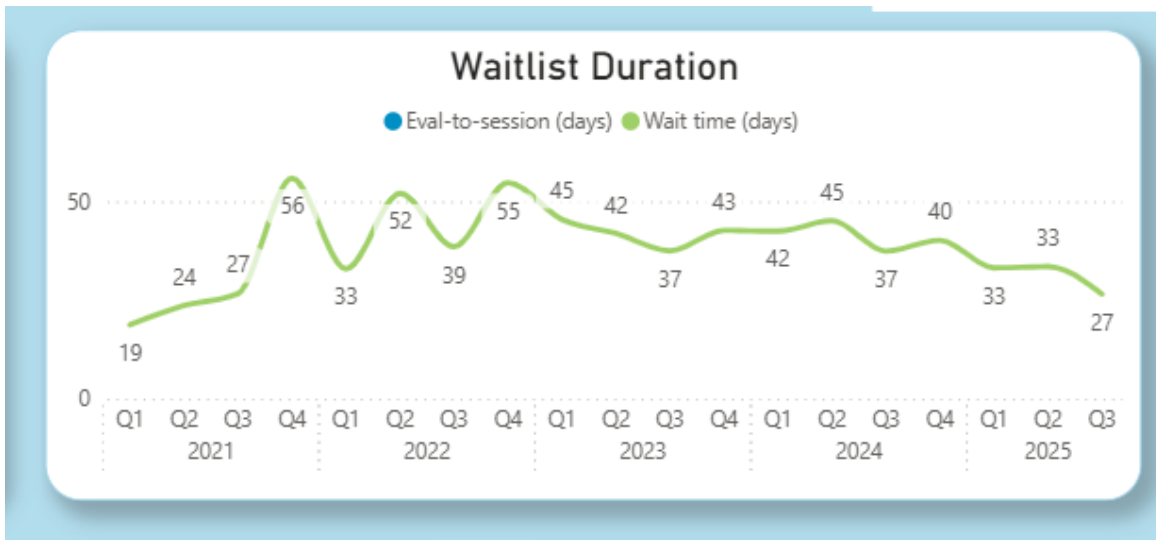
Plan:

We will continue to monitor this goal as this testing is seen as the gold-standard of evidence-based care in the field of Audiology.

ACCESSIBILITY

Wait time to first appointment

We analyze the accessibility of services in several ways including the wait time to the first appointment. The range in 2024 went from 37-45 days which is slightly higher than the range in 2023 (36-40 days).



Analysis:

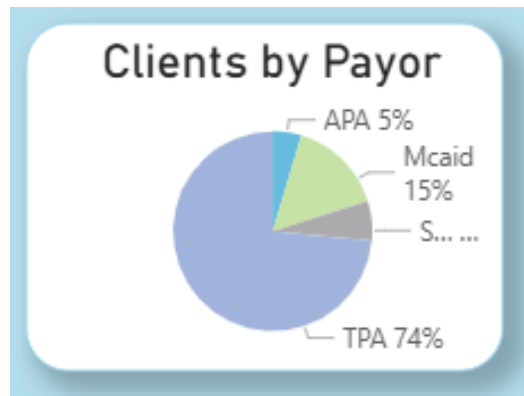
Our wait times are higher than we would like as there is a high demand for our services. The increased wait at year-end is likely due to clients trying to use their medical benefits prior to year-end and insurance company requirements that have cut-off dates which may push back appointments. Overall, we would like the average wait time to be under 30 days. In 2024, the average wait time was 41 days, which did not meet our overall goal.

Plan:

Due to high demand for our services and longer than ideal wait times, we hired an additional audiologist who started in April 2024. This reduced our waitlist from 45 days in Q2 to 37 days in Q3. We will continue to offer walk-in clinics several times per week for emergency hearing aid appointments for our existing clients. In addition, if we continue to see higher numbers then we will hire another clinician in 2025.

Financial Accessibility

The second way we look at accessibility is financial accessibility. CHSC prides itself on providing services that are financially accessible. This is shown in our payor mix which shows that 94% of clients had low/ no cost options for hearing aids.



Analysis:

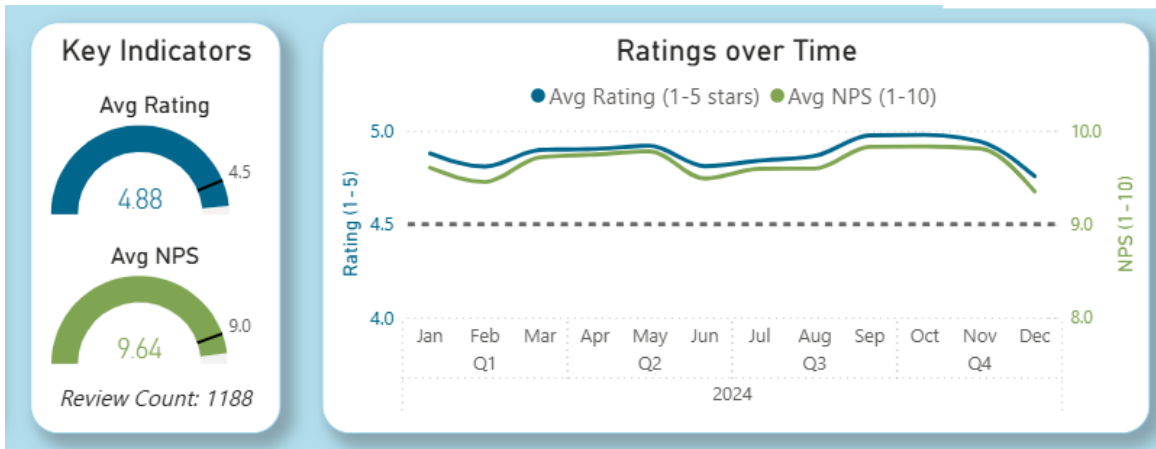
We provide great financial accessibility to the community for hearing healthcare and wish to continue to do so.

Plan:

We plan to continue to accept a variety of insurance plans while continuing to seek out grant funding for our sliding fee programs. At the same time, we will also continue to pursue more self-pay clients with a comprehensive marketing campaign in 2025 which help provide more financial stability for the organization.

Client Satisfaction

The department sources feedback through Gather Up. Clients receive an email after their appointment (and not more than one time in a 30-day period). The email request asks them to rate the service they received at CHSC on a scale of 1 - 5 stars and how likely they are to recommend CHSC to a family member or friend on a scale of 1 – 10. The 1 – 10 rating is called a net promotor score (NPS) and indicates the loyalty of our client base. Clients who give a 9 or 10 are considered promotors who are loyal enthusiasts of our services and will keep coming back along with referring others to CHSC. Clients who give us 7 – 8 are considered passives who are satisfied with our services but may be vulnerable to moving to competitors. Clients who give us a 0 – 6 are detractors, who are unhappy with services with the potential to damage the brand. Any client who submits feedback that indicates they are not satisfied is contacted by the department director to attempt to rectify the situation, and client complaints are logged.



Analysis:

Overall, our responses have been overwhelmingly positive. In fact, many of our negative responses have been submitted in error (misunderstanding the rating system). However, we do individually follow up on any negative feedback. Continued themes we have seen include complaints with long wait times or scheduling difficulty and overall dissatisfaction with cost/funding for hearing aids and cost of services.

Plan:

To address the common issues, we have expanded our audiology team and are adding a new audiologist in summer 2025 to decrease wait times as well as continually revamping our schedules to allow for maximum efficiencies. In addition, we continue to work with as many managed care plans as possible to allow clients to use their insurance benefit as well as providing our Audiology Patient Assistance Program for those who cannot afford their co-pays or have no insurance.

Audiology in the Community

- CHSC played an integral role this year in assisting in providing on-site educational audiology services in 3 school districts.
- 132 children with hearing loss were served through our home-based early intervention program and 1,039 home visits were completed.
- Two of our clinicians presented at Sertoma’s National Convention discussing new advances in hearing aids to approximately 100 participants
- Completed 6 educational talks to over 100 participants.
- Completed community hearing screenings at several locations reaching over 100 participants.
- Participated in 5 community resource fairs reaching over 500 participants.
- Hosted 3 Laugh, Learn, Grow events for our Early Intervention families.