



Sound Bites Podcast Transcript

Episode: Dr. Kent Collins

Dave Fabry: Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's chief innovation officer. Now, for many audiologists, 2022 was the year that they were sort of anxiously or nervously anticipating because we knew that it was likely we'd finally see over-the-counter hearing aids become a reality. And now that reality has come and we have over-the-counter as a new category of hearing aids available in the market.

And so it seemed appropriate to invite Dr. Kent Collins, who's the global director of clinical operations for Audibel. He's an audiologist, he's an expert in retail, in strategic operations and strategic planning. And I'm really glad that you're with us today, Kent, to share some of your experiences about how it is that you've really guided in your role, Audibel, to anticipate and adapt to this new environment we're living in. Starkey's CEO has said, lead, adapt, or die. And I think you've been a shining example with your group of how it is that you've tried to anticipate and adapt while still keeping the focus on the patient or the consumer, if you will, when we consider over-the-counter hearing aids. So I look forward to this discussion, and thank you for spending the time with us today.

Dr. Kent Collin...: I appreciate the invite for being here and thanks for having me.

Dave Fabry: Of course. So first things first, let's talk a little bit about your background. Talk about your role now and what you do, first. Let's start there.

Dr. Kent Collin...: Yes. My title, the fancy title is director of getting things done. That's what I always say is when people come to me, that's my job is whatever needs to be done for our organization, I just get it done. So yes, the title global operations clinic director is really overseeing the insurance programs, the third party programs, our clinical protocols and our administrative protocols.

Dave Fabry: Okay. And you're also an audiologist?

Dr. Kent Collin...: Yes.

Dave Fabry: Purdue grad, if I'm not mistaken, correct?

Dr. Kent Collin...: Yeah, Purdue.

Dave Fabry: Go Boilers.

Dr. Kent Collin...: Go Boilers, yeah. And so what was it that served as the catalyst for you to find audiology? I love audiology origin stories. How did you decide that you wanted to develop that as your career?



It's a unique story. I was a wrestler and I saw that your post, you were a wrestler in high school.

Dave Fabry: I was indeed. I was undefeated at Vincent T. Lombardi Junior High School in 1974.

Dr. Kent Collin...: Congratulations. I always respected you. Now I even have more respect. So when I was a wrestler, I had really bad cauliflower ear, so I had to wear a special headgear, and I got slammed off the mats and I had perilymph fistula.

Dave Fabry: Oh, wow.

Dr. Kent Collin...: So I had a surgery and they removed all my cauliflower ear, so-

Dave Fabry: How old were you when this happened?

Dr. Kent Collin...: Sophomore in high school.

Dave Fabry: Okay.

Dr. Kent Collin...: Yep.

Dave Fabry: Wow.

Dr. Kent Collin...: And then the next year in football, somebody hit the little ear hole on my helmet. Same perilymph fistula, same year. So I've had two surgeries. So that's what exposed me to audiology, which is unique because most kids in high school don't know what they want to do when they grew up.

Dave Fabry: Was as if something was trying to tell you-

Dr. Kent Collin...: Yes, something was telling me.

Dave Fabry: ... what your future was going to look like.

Dr. Kent Collin...: The surgeon was like, "It's like winning the lottery and getting hit by lightning-"

Dave Fabry: Twice.

Dr. Kent Collin...: I'd rather win the lottery, so yeah, but twice. Yes, definitely. So I knew I wanted to be an audiologist. Went to school, finished my undergrad a little early in December and called up Starkey and was offered a position in manufacturing, making hearing aids. That was my very first job at Starkey, is at the end of the assembly line doing the specifications on the hearing aids, to meet the [inaudible 00:03:55] specs.



So I did that for several months and then went to Purdue for graduate school and finished and worked at an ENT group in Minnesota for three years, and then joined Starkey again in sales. I did inside and outside sales for a few years and then left to join a private practice and we grew that into several locations. And Starkey purchased the private practice in 2010, and I stayed on to be the regional director in the southwest and managed about 40 clinics in the southwestern United States.

And in 2013, I was asked to create the Doc-in-the-Box program, which evolved into TeleHear. So we started our tele-audiology program, and now that's grown into 22 audiologists and five technicians. And then to proceed a little more, about 2018, I was asked to step into the operations role. So again, overseeing our insurance and third party programs.

Dave Fabry:

Boy, I love origin stories, and I really like yours. To carry through with that wrestling analogy, sort of like you're working on many different muscle groups, when you think about, you started out building hearing aids and with that understanding of what was necessary in order to go into the hearing aids, but then working in the audiology role and overseeing practices. I know you've been involved in the education and training part and best practice, operations. You really have this overall utility infielder approach, really, from having all of those different facets of your career to bring you where we need you right now, and that is really in leading the Audibel group on that operation side in these uncharted waters, if you will.

And so let's transition a little bit into that. I mean, leading up to the development or the creation of this new over-the-counter category, Audibel, and through the TeleHear program was already quite involved with Telehealth prior to... I know we've had a lot of conversations because I similarly have been a big fan of telehealth and the TeleHear program to augment that relationship that exists in a face-to-face environment between the professional and the patient.

You guys really walked the talk prior to the pandemic in ways that most practitioners weren't thinking about it. And even though many people were saying this is another tool in your tool belt, people just sort of acknowledged that Telehealth was a good thing, but they just didn't incorporate it. So talk a little bit, first, about the way it is that you oversaw this development and growth of the TeleHear program to assist in the growth that you've had with Audibel.

Dr. Kent Collin...:

Yeah, you bet. So our TeleHear program is embedded into almost every aspect of our patient journey. So when patients first come in, most patients will connect with one of our TeleHear audiologists, just for the colleague effect. It's the Mayo Clinic approach where a team of physicians will do a better job taking care of the patients. So when we can put two heads together with the



audiologists, TeleHear audiologists and the local provider, we can get better clinical care and the patients really appreciate that. So when patients come in, it's oftentimes the fear of providers may have is, well, "Why would I go to another licensed provider? Why would I incorporate somebody on?" In reality, what happens is the patients are seeing this as exceptional care they're not getting anywhere else. So that was the foundation of what we built off of, and it just kind of grew to different aspects of the business.

So insurance is a big part of what we do now. And we negotiated contracts with insurance payers that have audiology only contracts, and we can incorporate the tele-audiology team into those consults. And many cases, they're actually doing all that work in one of our clinics, taking over a remote audiometer, doing the testing and counseling, everything as if we were face-to-face. The only thing we can't do is take impressions or remove cerumen. But everything else, it's virtually, you're right there with the patient. And in reality, it's like you're sitting right next to them. And patients love the experience. And I just think of my mom, when I first connected with her. I grew up in a small town and she told everybody in the town about that experience. And many patients are like my mom. They go and leave that consult and they're talking to their family, their friends, about what happened in that visit and we get more referrals from that.

Dave Fabry:

Fantastic. I mean, to me, rather than just being fear-based, and we're going to evolve a little bit into the OTC discussion in a moment, but Telehealth was a fear factor before OTC was in that people were saying, "I need to figure out ways to create clinical efficiencies while preserving patient outcomes and patient satisfaction." You guys really walked the talk by developing this while everyone else was sitting on the sofa until the pandemic hit and then they realized they needed to supplement or substitute, in many cases, Telehealth for face-to-face interaction.

And I think the other part that's really impressive about what you've done is that you've established the value of the support service that can be provided either face-to-face or remote. And I think you were ready for COVID when that hit. And then when OTC became a reality this summer, I think, and you've also been ready to, instead of being paralyzed by fear, you were motivated by the opportunity.

So let's talk a little bit about that and we'll come back and maybe link these two up into ways and opportunities that you might see for the future. But what about OTC? I mean, do you see this as a threat or an opportunity for the patient and for the role of the professional, many of whom are listening on this podcast?

Dr. Kent Collin...:

We certainly view it as an opportunity. So those patients are coming in and it's the opportunity for the patient to come in and go through a consult and we integrate it into our patient pathway. So it's basically just like third party model.



It's a limited service model that we've incorporated in. So when that patient comes in, we offer OTCs in our clinic for the purpose of patient acquisition. So we know they can-

Dave Fabry: Unpack that a little bit more.

Dr. Kent Collin...: Yeah. We know they can go get OTCs anywhere, whether it's online, big box stores, Walgreens, Best Buy, CVS, you name it, and we can carry them in our stores. That gives the patient the opportunity to come into our retail locations and purchase very similar devices as they could get in big box. The difference is us, the provider, the licensed provider. Because I've tested this. I've went to local drug stores and I've asked them about their OTC display. And the people working there will basically be honest. They'll say, "I don't know anything about that." And they don't want to touch it. The good people working in those stores will actually lead you to the display and then they do the nice thing of reading the display and pointing to the bullet points. And I'm like, "Well, I could read that." But they're being good about the job and trying to take care of the patient. But in reality is we know better as licensed providers. When they can come into our store, what's happening is those patients are now engaging our trained staff. So we've trained our PSCs, our providers-

Dave Fabry: What's a PSC?

Dr. Kent Collin...: They are patient service coordinators, so our front desk staff on how to engage the patient. And we simply just bring them right down our clinical pathway. So we answer their question and then we don't know if it's earwax that's causing the issue so we'll do video task. If it is earwax, we'll remove the earwax. And then-

Dave Fabry: You've immediately established expertise.

Dr. Kent Collin...: Correct.

Dave Fabry: Caring to learn whether there is something that could improve their hearing without the need for a device, establishing that trust right from the start.

Dr. Kent Collin...: Yep, definitely. And that's the key is we know patients can go anywhere and get OTC devices now. So when we have that expertise, that is our competitive advantage. And when we can acquire those patients and have them come into our retail locations versus anywhere else, it's a big advantage for us because it's all about what we call lifetime value of the patient. And we've done the math, it's nearly \$26,000. And how that breaks down is if the patient purchases an OTC device, let's say that, we can start them down the patient journey process. So it's the entry into hearing healthcare, and that's the opportunity. We see it.



So when those patients come in, we want to take good care of them so we can earn their trust for life. And what that means is we can sell service plans, we can sell warranty plans, we can have that patient come in and purchase supplies, drying products, batteries. There's so many different opportunities that generate revenue even from OTC. [14:00] But the biggest difference is when you do a good job, you earn that patient's trust for life, so they'll buy their next set of prescriptive devices from us.

Dr. Kent Collin...: So when patients come in and buy OTC devices from us, yeah, it's great, it's functional, it works for them. But the opportunity is there for us as licensed providers to engage that patient and offer better solutions down the road. So we go through verified best hearing processes where we are reading off words, comparing how they function with their current aids versus potentially how they do better with prescriptive aids. So we have processes and protocols built into our systems to ensure we can get those patients coming in, but more importantly, to get the best hearing from them.

Dave Fabry: Of course. So right now, you're just starting, really, because this has just become a reality to offer the Start Hearing brand of over-the-counter device. And you're not making those available on the Audibel websites or online. They're available in the store, in the office.

So let's walk through a use case. So now I'm somebody that's read about this or heard about that you could get the Start Hearing device. Maybe I do have questions about whether my hearing loss is enough that I could expect to receive benefit. While not required, if I was coming in to get the Start Hearing, could I get a hearing test to just work with you and your team to determine, "Yeah, you have a mild to moderate loss that is measured, and this might be an appropriate starting point." Is that one of the potential use cases for this?

Dr. Kent Collin...: For sure.

Dave Fabry: Okay.

Dr. Kent Collin...: So when those patients, if they call and say they're interested in OTC, we automatically book enough time for a hearing examination. So it's very important because what patients perceive as mild to moderate could be different than reality.

Dave Fabry: Absolutely.

Dr. Kent Collin...: And we all have been there when we saw patients. So we want to work with the facts of what is the patient's actual need. So we'll bring them through our whole process. And most patients really appreciate that because again, that's a competitive advantage to our licensed providers versus any big box store. So when those patients come in, they know they're going to go through our clinical



process. But the good thing is we offer the OTC as really our entry level or lowest level treatment plan. So it's part of our pricing sheets, it's part of our recommendations, it's the choice patients could pursue that, it's certainly the lowest cost option, but what they see is when they go through the whole process, they see the value of the provider. And that's the key.

Dave Fabry: [17:45] I think that is such an important point. And the issue I think that has a lot of people sort of paralyzed is they think, well, if I offer Start Hearing or one of the other OTC devices, and then the patients start having more and more questions. Number one, you've got a qualified lead, as you said. I mean, this is somebody who's saying, "I have trouble. I want to get some help. I may or may not need the role of a professional, but if I just want to come in and I know that there's an office that if I do have trouble, I can call somebody up and get some assistance with that, knowing that there's likely to be a charge or a service plan associated with that." But if I want to just come in and pick up the device and take it and try it and see whether my hearing is better... For some people, if patients, end users, if that's less threatening, that's one pathway to success.

And then I think you've established that credibility, and trust, and caring attitude that could then provide the opportunity for the next purchase of the device or if they needed more advanced features, then that's a pathway too. But for many people, professionals, there's like, okay, so they sell them the OTC and then they have questions. Well, how do you broach that subject of the value of the professional service? How is that accomplished to sort of say, "Okay, where do we go from here? Once I try the OTC, I want the better hearing experience, but I don't want to do it myself, and I need the role of a professional." What's next?

Dr. Kent Collin...: So what we do is we make it part of our dispensing package where we're going to unbox the product for the patients. So the OTC device, when a patient comes in and purchases that, we'll actually go through the whole unboxing. Which means we take it out, we pair it to the phones, download the app, everything. So most patients, from what we see, that's one of the big hurdles. They struggled with their Apple IDs or passcodes and downloading. So when we guide them through that process, we immediately earn their trust and respect.

Dave Fabry: Of course, yeah.

Dr. Kent Collin...: Yes, it takes a little time, but it's worth it because if that patient isn't satisfied with the product, we have so many prescriptive options that will meet their needs. But even if they are satisfied, then you set them up on success with your practice because they're going to always associate your business with where they bought the device from.

Dave Fabry: For sure.



Dr. Kent Collin...: So now you can have them come back for those services. But this is where we've integrated our teletech team. So you-

Dave Fabry: And I think that really is the segue into that because what you've done is established that the role of the professional is critical to the outcome. I've maintained for a long time that you can have decent technology and an excellent clinician and achieve satisfaction.

Dr. Kent Collin...: Correct.

Dave Fabry: You can have poor or marginal technology and an outstanding clinician. Again, satisfaction. You can have excellent technology and someone who doesn't really understand the needs of the patient or how to control the device to achieve satisfaction, but you really need excellent technology and the role of the professional. But the one constant, I think, is that role of the professional to understand the individual, the patient beyond what the two ears are. It's really they're connecting to the brain, connecting to their life, their family, their friends, their colleagues.

And once you establish the importance of that, whether it's an OTC device where you may be able to help them out and address some concerns, or if they have cerumen in their ears and can remove that and go on the do-it-yourself product, establishing that face-to-face care and even TeleHear is a means of then moving from satisfaction to delight. You've probably seen this before. I know your net promoter scores in your Audibel practices are off the charts in terms of that ability to understand the patient, understand what technology's most appropriate for them, and then help them achieve the very best that that technology can provide.

Dr. Kent Collin...: Yeah, for sure. It's all about when you care for the patient, they recognize that. And we focus on our providers to treat everybody... It's almost like it's your parents sitting across from you and they do an exceptional job at that. When the OTC patients come in, we give every patient a little card that will connect with our TeleHear team. But the beauty of that is when even if they go home and they struggle and have issues, they're just a phone number away from getting help.

Dave Fabry: So you mentioned how Telehear has been an integral part from really the assessment and that initial decision all the way through the fitting and the oral rehabilitation aspect. But so even with OTC, they get that card and if they have questions, they can join a synchronous live session and ask questions. Now, obviously on an OTC, it has limited adjustability and no features for really being able to fine tune or remotely adjust those products. But it's again, that role of the professional who can care, who can address questions, concerns, coach them, motivate them a little bit, but also encourage them that if they want more to that next level, then that is a possibility as well.



Dr. Kent Collin...: For sure. Even on an OTC device, our providers will do the 24-hour phone call to a patient. And that's really... Again, it's all about caring. And that's where we recognize if a patient's having Bluetooth issues, streaming issues, or even just needs a friendly reminder how to use the app, they can walk through it at that time. And with prescriptive devices and the use of the TeleHear through Inspire system, that's phenomenal because now they can actually go in and help navigate and make these changes for the patient. It's amazing how a little tweak, one or two clicks, can make a world of a difference for a patient out there.

Dave Fabry: For sure. And yet, younger clinicians... I've observed this over the years, that younger clinicians in many cases are sometimes too quick to go to the adjustment rather than focus on what the patient... Listening more than talking and listening to what the patient's real concern is. Because sometimes it's an issue of understanding a feature better or when to use or how to use the devices better, more than it is making changes. But it's again, it's all centered on the clinician's ability to understand what the patient's needs are.

And I love how you guys are seamlessly integrating that into OTC, into prescriptive products. And the secret sauce is the professional and the professional's ability to listen, learn and help that patient using, and you said it not me, sort of the Mayo approach of putting the needs of the patient or the consumer first. Because many of those consumers will become patients because they don't want to do it themselves, and when they trust you and have the benefit of your explanation, or as they transition into prescriptive devices of using your expertise to fine tune the devices... You look at the market track, the latest market track 2022 showed that with satisfaction with the products and the professional in around 90%, once patients know us and understand what we do and the value that we bring, very few are going to go from a prescriptive approach back into an OTC approach. That fear, I think, is worse than the reality.

Dr. Kent Collin...: Totally agree. Yeah. We haven't seen that much in our clinics at all where patients come in with prescribed devices and they don't even ask about the OTC. It's really not... Even though there's a lot of press and PR out there, they've seen the ads, everybody's seeing all the Medicare ads on TV, but they don't even ask about that. So they trust the provider. They've been [inaudible 00:26:37] and, yeah, Mr. Austin says it the best. When we do the right thing for the patient, we do the right thing for Starkey. And that's really what it comes down to is that patient care and through the licensed hearing healthcare provider.

Dave Fabry: Hundred percent. And this notion of the fear that somehow we're going to go into extinction because of OTC hasn't really panned out yet. I mean, I can't predict what's going to happen five years, 10 years in the future, but right now, in talking to professionals, there was a flurry of interest and activity over OTC when it finally became a reality. But then... And the people that I'm talking to,



they're saying just what you're... They're echoing what you just said is that they're recognizing... Certainly those who have been in the prescriptive model in the past are saying, "Yeah, but what am I going to do when I have... Well, how do I get to you?" And they realize that's the secret sauce in all of this is the role of the professional, the trusted professional. And that's where I think you've done such a great job with combining OTC with Telehealth to provide that personalized individual care.

And I think for those individuals, professionals listening here who've been resistant to incorporating Telehealth as a powerful tool in their tool belt, it's not right for everyone, but the way that you can do it and your results show you've improved or preserved and enhanced satisfaction, you've lowered returns for credit when you've incorporated Telehealth. You've even helped increase the average selling price for professionals who are looking for better ways to meet and exceed patient expectations. It's been nothing short of exemplary. So I applaud you and your team.

Dr. Kent Collin...: Appreciate it. Yeah, I have a great team and great leaders on those teams, but most of all, it's the colleagues out in the field that are willing to incorporate our TeleHear team into the process. So it's been simply amazing. And even outside of our TeleHear team, we make a strong push for each local provider to use Telehear and Inspire to go in and actually set it up and connect with that patient through a live session on the 24-hour follow-up. [28:58]

Dave Fabry: So we've talked about the fact that OTC has been available for a couple months now. Talked about the fact that there was this flurry of activity that occurred in interest. Probably the phone started ringing as soon as people started seeing the media coverage of over-the-counter hearing aids. Even though we've been immersed in this for years, many people were hearing about it for the first time when it finally became a reality. So help alleviate some of the fears that professionals have that this is going to be the demise of the profession. What have you been hearing in terms of the phone calls or in your discussions? You've got a big team and you're also well-connected through the audiology community. What are you hearing and do you have any data or any impressions about this threat versus the opportunity provided by over-the-counter?

Dr. Kent Collin...: Yeah, it's a great question. It's been very minimal impact. So we were over prepare just in case there was a huge impact. And in reality, there's been... Our day-to-day operations almost remain the same. So when we look at the data, we can track when patients call us. We have bots that can catch keywords, OTC, over-the-counter, that occurs on patient acquisition calls less than one half of 1% of the time.

Dave Fabry: Wow. Wow.



Dr. Kent Collin...: And so by the time patients are calling our clinics OTC is really not top of mind or even of interest to them. And when they come in, what's happening, even if patients see our displays, it's engages them. They're like, "Oh, I know about this. I'm glad you guys offer them," is basically what it is because you almost get the question, if you didn't offer it, then they notice that.

Dave Fabry: Yeah. And I'll just push back a little bit in the devil's advocate and say, well, of course, with an OTC category, they're not going to call a traditional provider, but they're going to seek online or big box or something like that. But at the same time, the other part of what you said was your business has not been impacted significantly by over-the-counter. It hasn't caused what some feared was the worst, was that immediately the phone would stop ringing and appointments would stop being scheduled. So it's really that you can search on those bots and see what's going on in terms of interest in the website and people that are looking online, but also that it hasn't impacted in an adverse way the business at all. And in fact, we think longer term it's going to kindle more business.

Dr. Kent Collin...: That's exactly where I was going to go is if anything, it's actually helped with our business because there's no such thing as bad PR, right? So when patients come in, whether an OTC or some newscast prompted them to like, "Hey, I better get my hearing checked," and they call us, great. So we're seeing actually an increase through OTC. [36:42]

Dave Fabry: Yeah. So amidst all of these things that are... all the different hats you're wearing and have worn, do you still find time now to see patients?

Dr. Kent Collin...: I do, yeah.

Dave Fabry: I think that's so important to keep you grounded in reality because you can get too far removed from patient care. And I still see patients too. Not as many as you. I'm licensed in three locations. I'm licensed in Minnesota, and in Florida, and Rwanda. How many places are you licensed?

Dr. Kent Collin...: All 50 states and the District of Columbia, I guess.

Dave Fabry: That's crazy. So I mean, I think it would almost be a full-time job just keeping track of all of the continuing education and expiration dates on all of that. But I don't know how you do that. But that's been one of, I think, one of the hidden trivia items that I know about you beyond your interest in wrestling.

So as usual, with our discussions, I lose track of time and we're already out of time. It's a bit of a tradition that we've done in terms of talking to people a little bit about their favorite sound. I mean, we call this Sound Bites. So can you list one or two of your favorite sounds that you wouldn't want to miss and that you would always try to encourage people to pursue better hearing and hear better, live better?



Dr. Kent Collin...: I would say my kids' voices, for sure.

Dave Fabry: Two boys.

Dr. Kent Collin...: Two boys, yeah. 13 and nine. So could not live without hearing those voices every day. So that would be one of them. And then, I'm a pretty patriotic guy, so I would say the Star Spangled Banner. It's just being a competitor, athletes, that just jazzed or motivated me before any meets or football game, you name it. And it still does when you watch Super Bowls or big sporting events.

Dave Fabry: For sure.

Dr. Kent Collin...: Just hearing that song for me is certainly my sound bite.

Dave Fabry: I think you've really pointed out how sound... Number one, I'd say that the best time machine is a song. It puts you back in a place. And I think also music like the Star Spangled Banner, in particular, elicits emotions and that's the connection to that brain. It reminds us that we're not just hearing with our ears, but how it connects to our head and to our brain. And we want to encourage every patient to proceed with technology that will help them connect whether sounds or whether music, so that they can indeed hear better, live better. And I know that that's what your goal is through any means possible, any technology. Again, I applaud what you and your team are doing that way, and I really appreciate that. I clearly missed the memo today for those who are watching this podcast rather than listening. Kent is wearing a suit and tie and I'm not. So thanks for showing me up once again.

Dr. Kent Collin...: I try to do my best for you, David.

Dave Fabry: Yeah. And then also, the one other thing I will say that I know that we have a rivalry with the NFL.

Dr. Kent Collin...: Oh, yeah.

Dave Fabry: And this year I've been muted in terms of my football team. But who's your favorite Packer?

Dr. Kent Collin...: I couldn't even list one of them.

Dave Fabry: Yeah, okay. All right. I think on that note, we will end. And for those of you who enjoyed this episode of Sound Bites, please like us, or on your favorite platform share it with your friends, subscribe so that you don't miss a single episode. Kent, I thank you again for being with us today, and I encourage people to provide us with some feedback or suggestions that you might have for future guests. We're all ears, and I look forward to being with you next time on the next podcast.



Dr. Kent Collin...: Appreciate it, Dave. Thank you for having me.