

# Reality-Based Practice in the Age of Transparency: Better Accreditation Standards Is One Pillar

By Brian Taylor

I was driving through my neighborhood the other day and noticed that several cameras had been installed on the stoplights near busy intersections. In addition to the new cameras, two new speed limit signs were equipped with flashing lights that are triggered when approaching vehicles exceed the 35 mph speed limit.

There's nothing terribly ominous about the presence of cameras in all sorts of places these days. Studies even show that their mere presence on the roadways significantly reduces accidents. About the same time those traffic cameras were installed, I discovered that hospitals are beginning to use cameras to record surgical procedures (Makary, 2012).

Now, like National Football League players and coaches, surgical teams are able to review their performance and critique it shortly thereafter. Some physicians even provide their patients with a link to their videotaped procedures so that it can be kept in the patient's electronic medical records. When you consider the relatively high error rate of surgery, greater

transparency in health care is definitely a good thing most of the time.

Greater transparency also has a down side. We live in an age when virtually all aspects of our personal lives are accessible to anyone with a laptop computer, wireless Internet connection, and basic hacking skills. The reality is that information about you and your practice can no longer be kept private.

A simple Google search of your practice is likely to yield patient ratings on a myriad of sites such as Yelp and HealthGrades.com. Of course, our practices have always been at the mercy of over-zealous or disgruntled individuals who may, for no good reason, spread negative information to their relatively small circle of friends and acquaintances. Today, however, online tools allow millions of people to read such reviews—no matter how unfounded or scurrilous they may be.

## Transparency Is Not Going Away

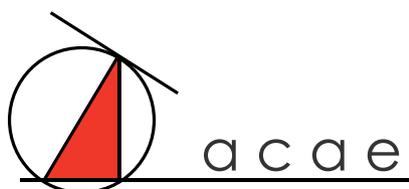
The age of transparency is the result of the convergence of two forces that are likely to be with us for years to come. The first force is something information technology experts call "Big Data." Big Data is the collection, analysis, storage, synthesis, and sharing of digital information. (Harvard Business Review, 2012)

Much as hearing aid algorithms can recognize the listening environment of the individual and automatically shift processing strategies to optimize speech intelligibility, sophisticated algorithms can recognize your buying preferences and instantaneously shift the advertising you see to conform to your tastes and desires. It's scary to realize that your opinions, preferences, habits, and history can be gathered almost instantly and boiled down to an algorithm.

For the owner or manager of a business, the presence of Big Data may be so overwhelming that you don't know what to do with all of it.

The second prevailing force is a strong desire by many people to network, opine, and rant from the virtual, remote comforts of their laptop, tablet computer, or smartphone. Some refer to this as the "Facebook Effect." In the virtual world of Twitter and other social media, in which you are not engaged in direct face-to-face communication, it is easy to say outlandish and downright strange things.

In an age of transparency, where your every move can be tracked, discussed, stored, and analyzed by friends and foes alike—no matter how unfairly—what is the hearing health-care practitioner to do? Besides doing everything possible to safeguard your reputation and protect your bank account from identity thieves, here



are two favorable outcomes that may be derived from Big Data and the Facebook Effect.

### Better Data-Driven Decisions

Practitioners can use the data collected from computerized office-management systems to make better business decisions about their practice. For example, it is quite straightforward to construct a demand curve by taking a year or more of purchasing history in your practice, and then analyze the cost of goods sold and the profit margins to better understand what devices and services need to be offered to more patients.

From a clinical perspective, these same office-management systems could be used to evaluate possible correlations between outcomes and a wide range of procedures and “best practices” in the profession. Such an analysis could determine which procedures and practices are providing the biggest bang for the buck. Of course, this requires researchers to conduct (and the industry to fund) a lot more randomized clinical trials of hearing aids and their associated features and accessories.

### Improve Quality of Care

Just as cameras and checklists in the operating room are reducing the rate of surgical complications, “Big Data” could do much the same for audiologists and hearing instrument dispensers. For example, relative benefit scores, results from satisfaction surveys, and return-for-credit rates for each clinic could be posted on Web sites of national organizations for everyone to see. Before a patient visited your clinic for a hearing evaluation, the person would already know how successful other patients have been. This would

enable the consumer to make a truly informed choice based on quality of care and outcomes, rather than on marketing type and low price. AuDNet, a network of doctoral-level

cream will rise to the top and that the best clinicians will be generously rewarded for making data-driven decisions that drive both quality of care and profits. Supporting more

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audiologists, has recently announced that it will provide better wholesale pricing to members who can demonstrate they use best practices and provide patients with the ability to rate their delivery of services.

Additionally, the ACAE has been at the forefront of more rigorous educational standards and accreditation methods. These newer standards are designed to ensure that academic institutions are educating students to meet the changing demands of the marketplace. Moreover, because of its Web-based system that archives information, ACAE allows programs to capitalize on Big Data. For example, programs can collect, store, analyze, and trend data, plus use the information to compare itself against other programs on a regional or national basis.

It is no longer enough to simply call yourself a doctor of audiology. Like physicians, lawyers (mostly!), and engineers, new graduates must be acculturated into a system that follows a strong code of ethics and demanding standards. A core foundation of this is accreditation.

### Conclusion

In this age of patient-centered transparency, we can be hopeful that the

rigorous accreditation standards and methods (like the ones proposed by ACAE), which are reflective of how high quality work gets done in a clinic, rather than the mere number of hours a student is “on the job,” must be a pillar of reality-based practice. I urge all audiologists to support ACAE. 

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*Acknowledgement: Substantial portions of this article appeared in the Hearing Health Matters blog ([www.hearinghealthmatters.org](http://www.hearinghealthmatters.org)), edited by David Kirkwood.*

### References

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