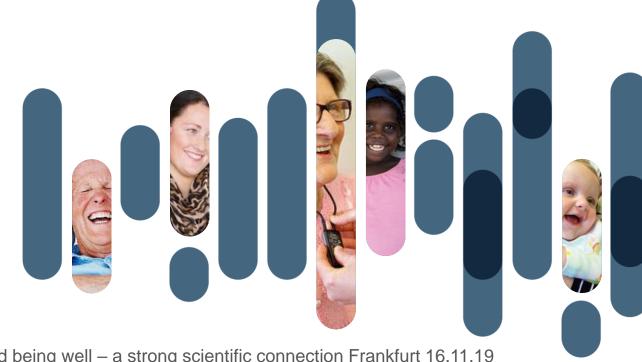
mhealth technologies empower hearing aid users to self-manage their hearing loss

Presented by:

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Phonak Hearing well and being well – a strong scientific connection Frankfurt 16.11.19







Nottingham Biomedical Research Centre, UK









Benefits of mhealth



Increase access



Empowerment



Greater knowledge



Engagement



Self-management



Awareness of hearing loss



Big data



New service models

Mobile tech for connected hearing healthcare and self-management

Smartphoneconnected hearing aids



Auditory-cognitive training

Alternatives: Hearables PSAPs



Pre-assessment/ pre-fitting preparation

Hearing health education



Remote device adjustment



Smartphone-connected hearing aids









Hearing aids are effective

Hearing-related QoL

Large beneficial effect Moderate quality evidence

Health-related QoL

Small beneficial effect Moderate quality evidence

Listening ability

Large beneficial effect Moderate quality evidence

Adverse effects

None reported Very low quality evidence

"The evidence is compatible with the widespread provision of hearing aids as the first-line clinical management in those seeking help for hearing difficulties"



Hearing aids get bad press. Why?















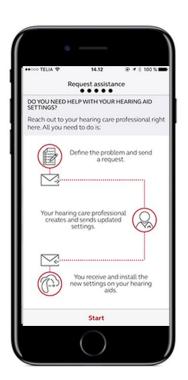
Smartphone connectivity



Self-fitting



User-adjustment



Remote delivery



RQ: Does the functionality of a smartphone app provide benefits in everyday life?

Aims

- 1. To assess benefits of the smartphone app
- 2. To explore and identify usability and user's preferences of the app

Methods

- n=44 hearing aid users
 - New n = 14; existing n = 30
 - Age: new = 66.7 yrs; existing = 69.8 yrs
 - $PTA_{0.5-4kHz}$: new = 36 dB HL; existing = 43 dB HL
- Owned Apple iPhone ≥ 5.0 (iOS 10+)
- Single centre, prospective, observational design
 - 7 weeks, 3 visits
- Mixed methodology
 - Quants and quals, including 2 focus groups

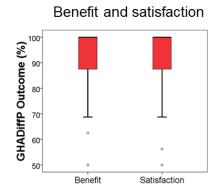


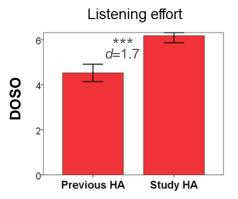


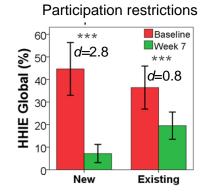
Phonak Audeo B90-Direct Phonak Digital Adaptive

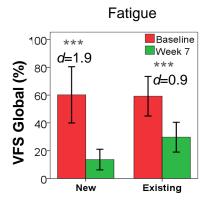


Hearing aid outcomes improved: large clinical effect sizes











E.S. Cohen's *d*≥ 0.8 large
≥ 0.5 moderate
≥ 0.2 small

Patient feedback of the app

Star rating was high





App met their needs

- Extremely well = 68%
- Somewhat well = 26%

Best feature

- Ability to adjust, improved listening = 42%
- Use in different environment = 26%

Situations app most useful

- Conversation in noise = 50%
- Watching TV = 32%

Did you experience tiredness?

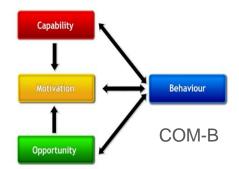
- No= 87%
- Yes, only once = 8%



What the patients say

"It's great. It gives you control....it's not other people running my life, it's me"

"In a restaurant, it meant I didn't have to sit with my back to the wall anymore – I could sit where I wanted"



Capability

- User-adjustability led to inc participation**
- Experience
- Complexity of controls

Opportunity

- Listening context
- Less stigma
- Societal smartphone norms

Motivation

- Empowerment
- Increased confidence
- Benefitted others



Conclusion: Smartphone-connected hearing aids get good press







Improved listening and participation



Less fatigue and effort





Hearing health education









Why is hearing health education important?



• 51% found difficulties using aid at first

"You get a lot of information ...by the time you get home, you've forgotten most of it."



(AoHL, 2011)

Retention of information is poor

• Overall = 49.6%: practical = 62.9%, psychosocial = 34.3%

(El-Molla et al, 2013)

Hearing aid users have a desire for additional information

• both before and after the fitting appointments

(Laplante-Levesque et al, 2013; Kelly et al, 2013)

Health context

• better knowledge increases patient satisfaction and treatment compliance

(Murray et al, 2005)

Self-management

better self-management → adoption of better health behaviours → better outcomes

(Mosen et al, 2007)

hearing: knowledge, self-efficacy and psychosocial

(Convery et al, 2018)

C2Hear: reusable learning objects (RLOs) → multimedia-based programme for hearing aid users



Participatory approach









C2Hear was clinically effective



Evidence-based, randomised controlled trial (n=203)







handling skills



selfmanagement



hearing aid use



valued by users



self-efficacy

(Ferguson et al, Ear Hear, 2016; Gomez & Ferguson, Int J Audiol, 2019)

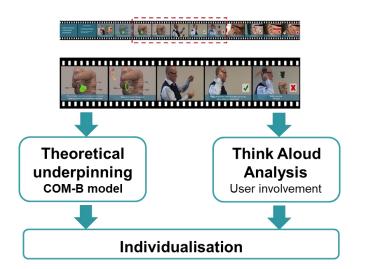
- Freely available multimedia RLOs on YouTube (>225k views) and standalone C2HearOnline.com
 - Lots of positives but....
 - RLOs 5-8 minutes, too long
 - One size fits all
 - Limited interactivity



- To future-proof
 - Shorter
 - Individualise
 - Interactive



Individualised: tailored to meet user's specific needs (m2Hear)





- 42 mRLOs
- Greater interactivity
- More activities



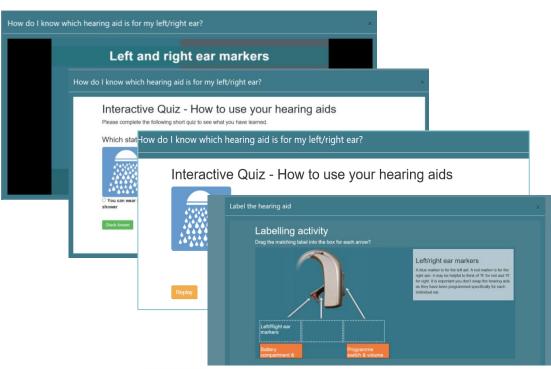


https://www.nottingham.ac.uk/helm/dev-test/m2hear

Access to individualised information to meet user's needs

How do I know which hearing aid is for my left/right ears?















Additional interactivity

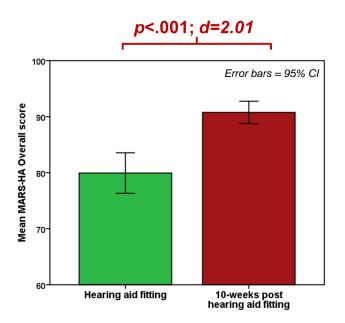
How do I work with other to help me take part in conversations?



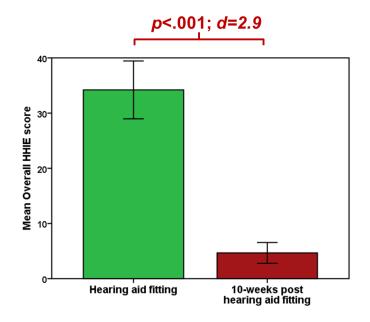


Self-efficacy for hearing aids and participation restrictions significantly improved

Self-efficacy for hearing aids (MARS-HA)



Participation restriction (HHIE)

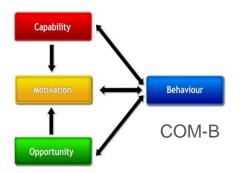




What the patients say

"I haven't got to rely on anyone else...I'd rather be able to just do it myself"

"It's [m2Hear] just really given me confidence – I feel I can cope with any situation now"



Capability

- Comprehensive, facilitating knowledge
- Concise, easy to retain
- Interactive, improved memory

Opportunity

- Better selfmanagment
- Inclusive, shared with others
- Personalised, tailored to needs

Motivation

- Empowerment
- Greater self-efficacy
- Better coping
- Set expectations



Conclusion: hearing health education can benefit patients



- Hearing aids became less difficult to use
 - Practical hearing aid handling skills and self-efficacy for hearing aids significantly improved
- Retention of information
 - Knowledge of hearing aids and communication is significantly improved
- Delivery through mhealth technologies is feasible
 - m2Hear was used on mobile devices in around half of users
 - Adherence and ratings were high (92% and 84%)
 - Provided individualised, interactive learning that was beneficial
 - m2Hear was preferred to the original C2Hear
- Self-management was improved
 - Improved knowledge and self-efficacy → better self-management
 - Better self-management → improved social participation and reports of feeling empowered







Benefits of mhealth: summary



Increase access



Empowerment



Person-centred



Greater knowledge



User control



Self-efficacy



Self-management



New service models



Benefits of mhealth: empowerment



Increase access



Empowerment



Person-centred



Greater knowledge



User control



Self-efficacy



Self-management



New service models



Empowerment: conceptualising empowerment













Indicators of patient empowerment

- Self-efficacy
- Knowledge, skills,
- Perceived personal control over health
- Health literacy



Behaviours: what people do

- Self-management
- Empower themselves
- Participate in shared decision-making

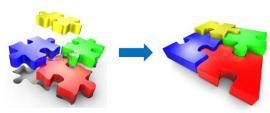


- Adapt chronic illness
- Quality of life
- Wellbeing/satisfaction
- Independence



Harnessing the power of mhealth technologies: clinical implications

- Smartphone-connected hearing aids
 - enable greater user-control
 - encourage audiologists and their patients to use smartphone connectivity
 - Empowerment, less fatigue and stigma



- Hearing health knowledge
 - cornerstone of self-management and empowerment
 - importance can often be overlooked
 - delivered along the pathway
 - Improved hearing aid handling skills, self-efficacy, use, participation
- mhealth technologies can empower patients and lead to better patient outcomes



New service models

What will hearing healthcare look like in 5 years?



Thanks to...







NIHR Nottingham Biomedical Research Centre
Mild to moderate hearing loss team
David Maidment
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Claire Benton





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Heather Wharrad
Neil Coulson



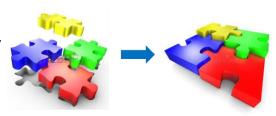




Nicola Hildebrand Marius Beuchart Funded by Sonova A/G

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