



SoundBites Podcast Transcript

Episode: Cultivating a Flourishing Hearing Healthcare Practice

- Dr. Dave Fabry: Welcome to this episode, which is a continuation of a Starkey SoundBites that we had with Dr. Gyl Kasewurm, a good friend of mine for now more than 30 years let's say. And we're going to continue talking about all things audiology and business and best practice, and really just seeing the way that technology and care has evolved or stayed the same over your career.
- Where we left off last time was we were just talking really about the importance of KPIs, key performance indicators, and we began by discussing the issue of help rate, as you said, was your number one factor when someone establishing a business that they could really mind their knitting and really focus on how it is that they can better serve patients. What are some other KPIs that are critical to really establishing and building your business?
- Dr. Gyl Kasewurm: Well, Dave, I think that patients want to hear better and they want a demonstration of technology, but that doesn't necessarily mean they expect to take it home for free and use it for two weeks and then bring it back. It's been shown that if you put hearing aids out on trial and don't get any money down, 67% will come back. And that's a lot of time and energy. And how focused is your patient on that? To me, when you use the term, let's just try it, there's that thing in your mind that says it might not work.
- Dr. Dave Fabry: Well and it's also minimizing the role of the professional. Let's just try it.
- Dr. Gyl Kasewurm: Absolutely.
- Dr. Dave Fabry: Your time isn't worth anything because I'm just going to do this without any investment. And I think you bring up a really important point, the investment that the patient makes by indicating that they're really serious about this, enough to put money down. You can get into all kinds of debate for how much that should be, but don't diminish the value of your service by saying, we're just going to have you try it.
- Dr. Gyl Kasewurm: Absolutely. We already know they have a problem. They've waited to get it diagnosed and we've shown that help is available and that they have the potential hopefully to benefit from that help. Why would we want to try?
- Dr. Dave Fabry: Yeah, what do you call it other than a trial period? What do you call it?
- Dr. Gyl Kasewurm: Oh, I know. I just say... Well, I don't call it a trial period. I say, this is what we're going to do today. Now I know that I'm aggressive, but that's why those patients came to me because they think I'm the best in our area. They know my facility is the most up to date. They came to me because they want help. Why would give

them any kind of doubt? Why would I put that doubt in their mind that things aren't going to work?

And then you know what happens, Dave, is? Talk about burnout. The burden is on me, the professional to make that. If they're not committed to it by having nothing invested in it. Now the burden's on me to prove. And I just couldn't take that all the time. I got tired. It's like, are they going to bring it back? Nobody wants that. Are they not going to bring it back? Are they going to want to try something else? How's this going to impact my cash flow? How's it going to impact my sales? And those are business terms, and we have to look at those things as business owners.

So if I believed it, I could say it convincingly to the patient, this is what I believe as a professional that you should do. And if I believe it, they'll believe it too. And so demonstrating benefit in the office is great, but you don't have to put it out for a couple of weeks to see if they like it or not because chances are, if their hearing loss has been there for 20 years or 10 or 5 or 1, they're not going to find that out overnight. It's going to take some commitment and investment in putting the hearing aids in, getting used to them. And certainly much less adjustment is required today with the fabulous technology than it was 30 years ago.

Dr. Dave Fabry: And you bring up this issue, and it just occurred to me, it's stunning to me how few professionals in this day and age know what their revenue per hour requirement is to keep their doors open. I'll ask people, raise their hand if they know... I don't want to know what the value is necessarily, but do they know what they need in their market with their personnel, what is the revenue per hour requirement that they have to make every hour that they're open for business to see patients? It's amazing to me.

Dr. Gyl Kasewurm: It is. I think you've measured it, like 250 an hour?

Dr. Dave Fabry: Yeah, about that.

Dr. Gyl Kasewurm: And I'll tell you, Dave, years ago, I didn't know how to convince patients to get hearing aids. I wasn't ever taught that. But then I worked with some of the brightest and the best salespeople that I knew to find out what you should say. And as I got more comfortable with it, obviously I was better at it. My numbers grew. But the biggest thing is I felt more satisfaction. I wasn't as nervous, I wasn't as scared because I knew I had what it took to get those patients to get help for their loss. And that's what I wanted. And I knew I would do whatever it took and I knew I'd provided the best facility. So you just have to be committed to it. You have to... Once you measure your help rate, and I'll tell you it's going to be startling the first couple times, mine was too, then you have to commit to improving it. You just need to keep it simple.

Dr. Dave Fabry: Yes. And one of the things we talk about within this concept of your revenue per hour requirement, it depends on your staffing and who you've got employed. Now, like me, I don't think you grew up in an environment where your parents were professionals. And so my exposure was when I worked for a veterinarian in junior high and high school and the vet, Dr. William Horne, that I worked for had three rooms that he worked every day. And I would go after school and I would help with him and I would be assisting in the room where they just had a patient, cleaning up deposits. And then he would be in the next room seeing the patient. And then the nurse would be in the third room doing the intake on his next patient. And he had three rooms going all afternoon. I was effectively serving as an assistant to that practice.

Now you've been a big proponent of using assistants as a way of allowing you to focus on the things that only you can do, but I think as a discipline, we've been very reluctant to delegate responsibility to what an assistant can help you with. Talk about that.

Dr. Gyl Kasewurm: So 35 years ago when my business was growing, and I live in a small town, at that time there weren't many audiologists around, it took you a while to create them, and then you were paying a big vet salary, which made everybody nervous. So I did a little time study and said, what things am I doing every day that don't require my education and my expertise? And it was more than 50%. So I started to say, okay, even in the simplest form, I don't have to order everything. I don't have to call the manufacturer about aids sent in for repair. I don't have to repair the hearing aids. And it's dependent upon states, but more than half say it's okay to use an assistant, most states do. And it's key, number one, we don't have enough professionals to work with the amount of people that have hearing loss. And it's also key to your salary as well.

So I doubled my salary when I started using an assistant because now I had more hours that I could diagnose problems, solve problems, and dispense hearing aids, and that's what my time was spent on. So if somebody came in for a fitting, half of that time was done by the assistant, so I didn't have to show them how to put in the hearing aid, at that time change batteries or any of those things, that went to the assistant. And then I would go in and I confirm that the hearing aids were working the way they should, and then I would judge and test for how well the patient was actually hearing with the aids. And it was critical. And I used to think, and I know a lot of people think this, that patients only want to see me, far from the truth. Patients want their problems solved quickly and efficiently and effectively, but not necessarily by you.

So we would tell patients up front, this is how we work. If you come in and the hearing aid's not working, you're not going to see me. You don't want me to take that hearing aid. You're going to see one our assistants and they will take care of that for you. Now, if you're not understanding well, you let the receptionist know that and I will be happy to see you. But you don't want me

solving problems like grinding on your ear mold because they can do it... Whoops. They can do it better. You don't want me doing things like grinding on your ear mold or your hearing aid because the assistants are more qualified to do that. I'm focusing on the things that require my doctoral degree or my education and expertise. I don't need to do those other things. And that is key.

We know that the use of assistants has been endorsed in this profession for more than 45 years, but still only 25% of practices embrace that. You need it. And it's also key to not burning out. I can't go in and do everything anymore.

Dr. Dave Fabry: It's astonishing. So many pearls of wisdom in there. I mean, as you said, I had a mentor years ago that said, only do what only you can do and delegate the rest. We're reluctant to give that up, but it's important that we do because it does contribute to our revenue per hour requirement, to your own salary, to your practice profitability. It's really having the confidence that as long as you're sure that your practice is delivering value to every patient with every interaction, it doesn't always have to be you.

And I would look no further than you brought up dentistry in the last episode. I go twice a year to see the dentist. One time I don't even see the dentist. I see the hygienist and he or she serves my needs to ensure that if there is a problem that they identify in cleaning my teeth they'll bring in the dentist because he or she has that expertise. But really, I think we're control freaks and I would argue... In the past I used to say it was professional insecurity, but I really think it is what you just highlighted where we think that we have to do everything. And it's probably the key component relating to burnout is we have to feel like we have the burden to do everything when we really don't and I know that that's been central to your practice for a long time.

Dr. Gyl Kasewurm: And think about it, Dave, a lot of professionals, they spend their time teaching people how to put in a hearing aid, how to charge it, and that gets tedious after a while, and then they don't do any verification. And that's what our time needs to be spent on, is verifying the performance of the hearing aids, knowing that they're set as well as possible. Because we all know that pressing best fit does not guarantee the best and most satisfying benefit.

So I had one assistant that was with me for 30 years, one that was with me for 25. And when they left, it was a huge hit for the practice because they could do anything. They did all the repairs. They did all the ordering. They did all the hearing aid verification. They made impressions, which is allowed in our state. And it allowed me to kind of walk in and be the expert. Patients liked that. And our satisfaction, which we measure with every patient, we send surveys, is great because patients are satisfied. We've trained the PCCs to say to somebody if they come and saying they're having a problem, okay, let's dig down into this. What is the real problem? Is the hearing aid not working at all? Is there no

sound coming out or are you not understanding well? And that will define what type of-

Dr. Dave Fabry: That triage is so critical.

Dr. Gyl Kasewurm: Yes.

Dr. Dave Fabry: If you've got someone who can assist with that on your patient care coordinator, makes all the difference in the world so that you're spending the efficient use of your resources, knowing which one of the people in your practice they need to see in order to solve their problem.

Dr. Gyl Kasewurm: Right. And as a professional, when you're owning a business, running a business, seeing patients, it does get a lot. And so if you can turn some of those things over that don't require your education and expertise, it lessens the burden on you and makes you more satisfied in what you're doing, and also gives the opportunity to let someone else build their credibility and makes them feel better about their job in your business. It's invaluable. It's been a key to my success.

Dr. Dave Fabry: I love it. So let's talk about a journey here. The journey in professional hearing care, that when you set up your practice that you had a patient care coordinator first, you had someone working at the front desk, front office, then what did you add first? Did you add an assistant, someone who could help from the technical assistant or a second hearing care professional?

Dr. Gyl Kasewurm: No, first I added an assistant and I maximized what... That freed up more than half my time. So I added an assistant that freed up more than half my time. And then when both of our schedules got full, I looked at hiring another professional, and then I would look at what were my appointments for and what type of professional that I needed. I found that one professional and one assistant was a pretty good combination. But you don't want to hire a professional to just clean and repair hearing aids. I mean, you can't afford to do it, frankly. And that person's going to really get burned out.

Dr. Dave Fabry: Right. They would get burned out if they were under [inaudible 00:14:10]-

Dr. Gyl Kasewurm: So I found the one-to-one ratio was pretty good for our practice, and it was three professionals and three assistants and two PCCs, and that did a good job.

Dr. Dave Fabry: So you've mentioned that what gets measured gets done, and you're looking at help rate, you're looking at return for credit rates, you're looking at satisfaction rates and a host of these that would be a different topic where you could go down a deep dive and you do help other practitioners do this. But when you first came in and you started going on that one-to-one relationship, ratio rather,

between the professional and assistant, did you meet resistance from other audiologists or dispensers that didn't want you measuring their numbers, that they felt like that was some sort of challenge to their competence?

Dr. Gyl Kasewurm: It's like getting on a scale. Nobody wants somebody standing by when you hop on that scale. So I still get resistance about that and about using assistants. Professionals will say, oh, people only want to see me. And I say, that's not true. They want to know the structure of your organization to know what to expect. They just want their problem solved. They want help when they need it. They don't want to wait three weeks to come in for an appointment when they're not understanding well. It's just like you can't put new patients off for four weeks. It's too much. Those people are going to go somewhere else, we know that. So yes, nobody likes to look at those numbers.

Dr. Dave Fabry: How do you get over that barrier? For, again, someone that's looking at adding another audiologist, another dispenser in their practice how do you get over that barrier of them saying, wait a minute, you hired me because you think I'm qualified now how dare you monitor and watch me getting on the scale? How do you get over that barrier?

Dr. Gyl Kasewurm: Well, it's just education. Educating the employees to tell them, we're making some changes here because we have to. You can't get stuck in a paradigm when life is changing around you. There's so much now, like for instance, let's say you send in a hearing aid for repair, you have to program loaners for them. You have to box it up, send it in, put everything in the computer. Then you may have to call the manufacturer to say it's in or it's not in, or where is it? You got to follow it. And then it comes in, you got to reprogram it again to make sure the settings are right. And then somebody's got to call the patient unless you schedule them ahead of time, if you know and can reliably say they're going to come in. So think of all that time. We're talking about even if it's 15 minutes, that's an hour and a half, an hour and a half, that's a lot of productivity where you could be seeing at least one new patient during that.

So it's like any business, look at nursing, they have really restructured. So you have your nurse's assistant and then you have your LPN, and then you have your RN, and then you have your nurse practitioner. They couldn't afford to get stuck with an RN changing bedpans, and we have to do the same.

Dr. Dave Fabry: Are you transparent? So now are you willing to let them see you get on the scale? Are the numbers being shared with everybody regarding your help rate, your return for credit rate, your satisfaction rates? Are you being transparent?

Dr. Gyl Kasewurm: So every professional has to track their help rate, their return for credit rate, their conversion rate. If somebody comes in with an aid that doesn't work. That happens with the assistants as well. While I'm not going to get on a scale in front of them, I will show my numbers to them. And we all share that in a once a



month staff meeting, let's see where we're at and where are we at compared to our goals and what can we do to work together. I was never very good, Dave, I was so busy. Let's go work, work, work, work, work, work, work, work, work, work, work. I didn't spend enough time patting people on the back.

Dr. Dave Fabry: Catching people do something right.

Dr. Gyl Kasewurm: Yeah. Oh, I'm almost as bad as my mother at that. But I didn't spend enough time saying, how's a family? You need to make your employees feel valuable. And while I always rewarded them financially, that's not what people want. They want a pat on the back. They want you to take a breath and say, how's it going today? How's your day gone? And that's really been key that my COO was so good at that, at building a team. And you want to surround yourself with people that are better than you, and that's how you grow a business and really make it the best it can be.

Dr. Dave Fabry: We talk about that challenging decision to know when to hire another provider and when to hire an assistant. Another decision that I see is probably the most significant one that many small business owners face is I'm reminded of Steel Magnolias when Dolly Parton at the end of it, she became a chain. And what sort of advice do you give people when they're wanting to think like that next measure of success is opening up another office? Talk about that. How do you guide people who want to make that decision to be a chain?

Dr. Gyl Kasewurm: Well, the first thing is, there seems to be a feeling in this business that the more offices you have, the more successful you are. And I'll admit it, sometimes I was intimidated by having one office doing almost 4 million in a town of 12,000 people in a county of 150.

Dr. Dave Fabry: Say that again.

Dr. Gyl Kasewurm: One office, big office, one office in a town of 12,000 people in a county of 150,000 generating almost \$4 million in gross profit.

Dr. Dave Fabry: Mind blowing.

Dr. Gyl Kasewurm: It's not rocket science, it's business. But until somebody said to me, Gyl, you know that person with 10 offices, they do less business than you do. It's not about what goes in, it's about what comes out at the bottom, about your net revenue. So most business owners make the mistake of not tracking their numbers and then they get off. Their cost of goods is too high, their help rates are way too low. They're not holding their employees accountable for what they're doing. So, let's say you have an employee that's help rate is 25%, which means they're turning away 75%. So you're thinking, I need more patients. No, what you need is to train that person so that 75% don't walk away.

So the big thing is you need to be monitoring your numbers in one office. Have you reached your potential? Are all your KPIs up to snuff? And if they are, maybe you do need to expand. But most people, if they're not making enough money in one office and they're having trouble, especially paying their bills, they say, let's do another one. And that's the biggest mistake you could make because there's only so many great professionals. And if you're doing that, you're taking your biggest asset, which are your professionals, and now you're diluting them.

And so you have to look at the bottom line, and certainly your CPA can help you with that. Your manufacturing partners can help you look at that if you don't know how. Somebody like me can help you look at that if you don't know how. You need to maximize one office before you open any more, because when you open more, you dilute your resources and you raise your cost.

Dr. Dave Fabry: Exactly. Immediately overhead goes up-

Dr. Gyl Kasewurm: Immediately.

Dr. Dave Fabry: ... when you open that second office, I think it gets easier as you build the infrastructure to add additional offices after you get to three, four, five, for those who are really wanting global domination or local domination. But I think the fact is when people say 12,000 people in your town, you can't do that. The advice you first got from the woman that you sought counsel with. And then that it's too small of a town. And to do a \$4 million practice in a town of 12,000 people in one office instead of having two or three or four, it's astonishing and testimony to the fact that your model worked. As you say, it's not rocket science, it's some rocket science I would say, because I know how smart you are.

Dr. Gyl Kasewurm: Thank you.

Dr. Dave Fabry: But it's also the drive and dedication and passion and need to serve the needs of the patient.

Dr. Gyl Kasewurm: I love sifting through the numbers and saying, okay, where can I grow? Where can I grow? And sure it's new patients, but it's also staying in connection with your current patients, telling them about new technology. We used to determine whether a person was a candidate for something new by how old their current hearing aids were. And then I realized, wait a minute, every time we do an upgrade event, the most likely people to come in are people that have aids between three and four years. So I'm like, why are we doing that? And we started then showing new technology, demoing new technology, really talking about new technology to our patients that had three-year-old aids, or two-and-a-half-year-old aids, are you happy? Would you like to hear better? And then we shifted down the age of someone of the aid when someone would change

technologies. And it made a difference because people were happier. Boomers. We're boomers, Dave,

Dr. Dave Fabry: I know.

Dr. Gyl Kasewurm: We don't look like what boomers used to look like.

Dr. Dave Fabry: Well, we fall victim to the fact that the boomer generation is guilty of thinking they're 10 to 15 years younger than we really are until I look in the mirror and then I go, what the heck happened?

But let's pick on that a little bit. So we are boomers, and I'm going to use the R word and say, we're entering new phases in our life. What does retirement look like for Dr. Gyl Kasewurm? Do you envision ever retiring? What does it look like? What's next? You've had this extremely successful career. You and David, you mentioned after being in the winners in Michigan for many years now you're spending time down in Florida more and more. It's a scary word, retirement. What does it look like?

Dr. Gyl Kasewurm: Well, I have to tell you, being in a retirement for a year, and I'm so thankful that I did have a successful practice and I saved a lot of money because what it takes when you retire, I didn't like it. I didn't have a purpose anymore, and I had to get up feeling like I had a purpose. And my purpose was never going to be golf because I stink at it. I'm so blessed to live in Florida. But let me tell you what retirement life is like. It's a lot of people just like us, active. Very, very active people that need to hear and they want to hear, and they have more disposable income than ever before in this country.

Somebody once told me that living in Florida was like being in college, but now you didn't have to work and you had more money. So that tells you what it's like. It's fun. And it's a joy and it's a privilege. But retirement isn't where you sit at home like it was maybe years ago. People are active and they need to hear better. And they're not afraid to spend money on something if you convince them, it's really worth it.

Dr. Dave Fabry: I'm sure you've had the same experience because like I said, we graduated, we became audiologists roughly a year apart, I think.

Dr. Gyl Kasewurm: Mm-hmm.

Dr. Dave Fabry: And early on in my career, people would say, you're a what? Audi-what? Or they go, what? Hey, what? And everyone thought, oh, that's the first time anyone's ever said that to me. But now as I get older, more and more of my friends start saying, okay, so tell me a little bit about hearing loss and hearing aids. How does it first show up? What's a good hearing aid? And now all of my friends,

suddenly... I say it took 40 years for my discipline, my profession, to my friends to become an overnight sensation. Talk about, you mentioned the changes in boomers from our traditional generation, parents. Talk a little bit more about that.

Dr. Gyl Kasewurm: Well, they're so different because, number one, I think hearing loss is occurring younger because we've lived such noisy lives. And now when you go out into a fun environment it is always very noisy. David and I were sitting outside at lunch the other day, and he had on a T-shirt that said, St. Joe Michigan. And the person behind us said, oh, are you from St. Joe, Michigan? And David said, yeah, yeah. They're like, well, we're from a town close by and what are you doing down here? And David said, oh, my wife was an audiologist for a long time. Send her over. And before you knew it I had three tables of people ask me about hearing aids. I don't mind that because I always loved what I did. I feel like I'm helping someone else by telling them. And so it is different for boomers. And if you want to live a busy and productive life where you're not sitting at home, you have to be able to hear.

Dr. Dave Fabry: Yeah, it's how we're connected to each other.

Dr. Gyl Kasewurm: It is.

Dr. Dave Fabry: And I hate when people say, well, find your passion and you'll never work a day in your life. That's BS.

Dr. Gyl Kasewurm: It is BS.

Dr. Dave Fabry: We've worked really hard. Some days are longer than others. But I think you hit the nail on the head. The fact is that you were pursuing and chasing your passion really means it's something you're good at and something that you love to do, and that's the best way to avoid burnout. Make sure that you're using your skills, as we've talked about, the best way possible by studying the metrics. But if you went into the discipline to begin with because you were passionate about helping people communicate with each other, then you won't burn out. You'll get tired and then you really need to assess... If you're suffering from burnout, you need to assess how you're spending your time. And yeah, we all have to do things that we don't want to do. But here we are, what a blessing it is 40 years after we started that we don't mind sitting with a table full of people in a social situation, whether you're thinking of quote-unquote retiring or not, and you're still enjoying it.

Dr. Gyl Kasewurm: Well, and the other thing about hearing healthcare is you can retire and still work. You don't have to work-

Dr. Dave Fabry: Well, exactly. It's a different chapter.

Dr. Gyl Kasewurm: ... a 40 hour a week job. Like now I'm helping people with their practices, and I love it. I love it because it brings me joy to know that I'm helping them. But also a lot of the changes business owners have to make are small and they're pretty much the same from practice to practice.

Dr. Dave Fabry: Just refocusing, redirecting a little bit, measuring more. And I think that's the secret. So I would encourage people who are looking at how to tweak... They're feeling a little burned out, they want to tweak a little bit, to contact you. How do they find you? How do they find you?

Dr. Gyl Kasewurm: Well, I mean, it's just www.drgyl.com, but I've done the studies on it, and an average practice generates about \$400,000 in gross revenue and dispenses 17 hearing aids with their help rate at about 48%. If you take that up to 60, Dave, that professional will pocket pocket another 80 grand a year by just doing something slightly better, helping more people. Now, I could use that. That's a lot of shoes.

Dr. Dave Fabry: I was going to just say, I know one of your other passions is shoes. In honor of today I wore my sparkly shoes.

Dr. Gyl Kasewurm: Yes. They're very nice, Dave.

Dr. Dave Fabry: Normally, I'm not a sparkly shoe person, but I did think about that this morning when I knew that we'd be on the podcast.

But you bring a really important point. Grow where you're planted. Look at what you are already doing. Instead of looking for some magical brass ring or latest fad or whatever, just look at just what you rattled off from an average practice to increasing your help rate, reducing your return for credit rate, just tweaking that can lead to significant improvements in profitability. And what about when people say, well, I can't afford to deal with third-party pay, which we know is a three-word bad word. But whenever someone says, well, I can't afford to do that, or I don't know how to deal with the threat that is imposed by OTC. And I'll say, what's your revenue per hour requirement? And I get a blank stare. I think you got to know what you need to make in order to know how and if you choose to work with X, Y or Z. But what gets measured gets done.

Dr. Gyl Kasewurm: And Dave, most people don't have any goals. And if you shoot at nothing, you'll hit it every time. While nobody likes TPAs, while nobody does. You can make money on them and you're still helping people, but you can't let them take over your life. You've got to know what you have to make in private pay versus what you have to make in TPAs. How many times can you see them? What can an assistant do versus what can you do? You can't just let them take over your life and say, come in every two months because you're going to starve to death. So you have to measure that business. And that's why people get burnt out because they can't do everything. Nobody can do everything. And so you've got

to just take, even if it's three hours a month, which is nothing, take three hours a month and measure and make your employees measure what they do. I used to measure everything. I'd measure for my employees, and when they weren't hitting their goals I felt like I had to bump that up. They have to bump that up. And you have to meet with your employees to say, how are we? How are you feeling about this? What can I help you with? And I think that meeting with your employees at least once a month is really critical.

Dr. Dave Fabry: And also catch them doing something right every now and again.

Dr. Gyl Kasewurm: Yes. Yes. Yes.

Dr. Dave Fabry: Got to remember that as somebody that if it's not... I only would address things when there were problems, and I think to really acknowledge success is important too. And so I'm going to leave that there.

But the last thing I want to talk about is you've really taken the industry by storm. I remember when you made a phone call to me and you said, well, I'm starting to think about establishing a program, a conference that will focus on women. And I said, okay, go on. And then you were trying to come up with names and Women of Wonder was created. Talk a little bit about the inspiration for that. Why did you do it? And it's been remarkable to watch how that has been so wildly successful in the few years that you've done this.

Dr. Gyl Kasewurm: Well, Dave, it's not that I don't like men. That's not the case. But I found that there were some noisy men that always had something to say. And what really did it was when I happen to say that women make less in this profession. A man texts me in the middle of the night and says, all my audiologists make the same, but they were all female and he was a male. I said, that's my point. Women have different needs. Think about the pandemic and how many women were at home educating their children in addition to running a business. We have different needs. We have different feelings. And women aren't as good of negotiators when it comes to salaries. And women don't stand up and speak for themselves as loudly as they should.

So I wanted women to have a safe place to come to talk about what was bothering them. Maybe it was a female issue, maybe it was a child issue, and they needed to be able to come and talk about it. Because I was talking with a woman yesterday whom I love, and I've known her for a long time, and she's really having some struggles. She would never want to talk to a man about that because it would make her feel like less than adequate. Where I've been through it, I understand it, and I can give simple things to do. So the idea was to form a safe place, since we are the majority in this profession-

Dr. Dave Fabry: 78%.

- Dr. Gyl Kasewurm: By far. And I want women to be able to stand up and say, but they have to be able to figure it out. This is what I'm worth and this is what I think I should get paid.
- Dr. Dave Fabry: I love what... And I immediately reacted, if you'll remember. And I said, I love this idea. My only regret is that I don't get to participate.
- Dr. Gyl Kasewurm: I know you said that.
- Dr. Dave Fabry: And I understand, but what you're doing for women, female audiologists and dispensers who want to establish their own business, and you are a beacon of light in this area. I love you, my friend.
- Dr. Gyl Kasewurm: Well, I love you too, Dave. And you've been a mentor to me. I mean, I remember when I was going to run for the AAA board. And I think I even called you and said, I'm a no-name from nowhere. How do I win? And you said, I'll help you, and you did. And being on that board, people need to be active in their profession. They need to be involved so they can mentor others. And I remember thinking, I'm not going to be caught off guard. I'm going to win. And that's when I met some of the best and the brightest in this profession like you, who helped me elevate myself to be a better professional and to be a good mentor to me. And that's what I want as a group where people can mentor each other so they have somebody safe to call to say, yeah, do this. We're all in the same boat. Business is hard.
- Dr. Dave Fabry: And we're not done yet.
- Dr. Gyl Kasewurm: No, we're not done yet.
- Dr. Dave Fabry: Rumors of our demise are greatly exaggerated.
So Gyl, I thank you for this great two-part episode-
- Dr. Gyl Kasewurm: Thanks, Dave.
Two-part episode.
- Dr. Dave Fabry: ... of Starkey SoundBites, our first two-part episode.
- Dr. Gyl Kasewurm: Our first.
- Dr. Dave Fabry: So once again, you're out on the leading edge. And to our thank you for listening to this episode, if you found it beneficial, please like it, subscribe, share with your friends, your network, but give us ideas. We want to know what's on your



mind too. Please send us an email at SoundBites@Starkey.com and we'll look forward to hearing and seeing you again very soon.

Thanks, Gyl.

Dr. Gyl Kasewurm: Thanks a lot.