



SoundBites Podcast Transcript

Episode: Creating User-Centric Audiology Fitting Software with Laura Woodworth

- Dave Fabry: Welcome to Starkey SoundBites. I'm your host, Dave Fabry, Starkey's chief hearing health officer. Our guest today is someone who works hard every day to make life easier and more efficient for hearing healthcare providers. Laura Woodworth, whom I've known for more years than we care to either admit is the principal product manager here at Starkey with a special focus on our Pro Fit fitting software. We're going to chat with her a little bit about that, as well as her process for gathering feedback directly from hearing care professionals and putting that intel and feedback into action. So, Laura, we're long overdue, but thanks for joining us here today on the podcast.
- Laura Woodworth: Thanks so much for having me today, Dave. I am super excited to talk about my favorite topic, which is our fitting software.
- Dave Fabry: Well, and to that end, Inspire, which was the software that predated Pro Fit was wildly popular with hearing care professionals. And the risk of this, as we were coming into the pandemic and we were planning, and I was fortunate to be a part of some of those sessions where we engaged and involved numerous hearing care professionals, but I was a little apprehensive because people always told us how much they loved Inspire and don't change too much. But that balance really, I think it's amazing that you came through without any gray hair and you survived that process so well.
- Laura Woodworth: I'm not sure about the gray hair part, Dave. It's amazing what hairstylists can do these days.
- Dave Fabry: I see.
- Laura Woodworth: You exactly voiced what I felt when I was given the challenge of-
- Dave Fabry: The opportunity.
- Laura Woodworth: ... the opportunity to work on new fitting software, knowing what our customers were saying about Inspire. They really liked Inspire. They were really happy with Inspire. And then knowing that I needed to come up with the next generation, it was challenging, but in a really good, exciting sort of way.
- Dave Fabry: Yeah. And the thing I remember saying to you, "Don't screw this up." And you certainly didn't.
- Laura Woodworth: Many times, Dave.
- Dave Fabry: Yes.



Laura Woodworth: Yes. Thank you.

Dave Fabry: Well put a pin in that for a moment-

Laura Woodworth: Okay.

Dave Fabry: ... because first I want to talk a little bit about you and your journey. First, your journey to your role now. Talk a little bit about what's a day in the life like. I know every day is a little different, but talk a little bit about your role and how did you find that way on your path to Starkey? How long have you been here? And talk about the journey.

Laura Woodworth: In thinking about what we were going to do today and in thinking about my journey, it is kind of fun to reflect. I came into audiology by the path that many probably take, starting out in speech pathology. So as I was pursuing speech pathology, I then had that wow moment when I had intro to audiology, kind of your 101 class. And I sat there and it was like, "This is it. This is concrete. This is black and white," which speech language pathology is not. So it was really that moment that I said, "This is my career," and I changed my direction. I changed my grad school and I immediately switched to audiology. So I went on to grad school, pursued audiology, and as I rotated, you're familiar with, you rotate through different clinical placements, one of my placements was Starkey. And I was at University of Texas in Austin, Hook 'em Horns.

So I'm in Austin, which has great opportunities there for audiology. You have hospitals, Fort Hood, which has now been renamed to Fort Cavazos. Fort Hood was close by. I was fortunate enough to go there. I went to the hospitals, I went to private practice, but I also went to Starkey. They had a facility in Austin at the time. And as I was at that facility, I got to see they had customer relations people, they had audiologists interacting with production. They had a clinical walk-in program that an audiologist oversaw the patients coming in. They had outside sales, inside sales, so many different ways for an audiologist to interact with professionals, but also with hearing aids. Hearing aids were particularly of interest to me.

So as I continued through that and then started my clinical rotation for that clinical fellowship year, Starkey was one of the places that I went back to and I really had, again, that aha moment. Of the different clinical placements, this was the one that really, it just made me excited. It made me energized to go there and see what new thing was going to happen that day, what was going to be the new opportunity that day. So when I finished school, I completed all my clinical hours, I knew that Starkey was where I wanted to go. So I started out there in Austin, Texas.

Dave Fabry: So just for the younger audiologists listening to this, back in the previous millennium,



Laura Woodworth: Back in the day.

Dave Fabry: ... in the previous millennium when the master's degree was the first professional degree, a clinical fellowship year was an area where you went and you were under supervision for one year before you became a full-fledged, then certified audiologist. So you did your CFY at Starkey?

Laura Woodworth: I did part of my-

Dave Fabry: Part of it.

Laura Woodworth: ... CFY at Starkey. I mixed in part at Fort Hood, and then I actually had a clinical placement at a hospital there as well, which was great because I felt like I had exposure to so many different areas of audiology, which made me even more confident in choosing the path that I wanted to go. Which for me, it was very clear, I wanted to go to a hearing aid manufacturer.

Dave Fabry: That's awesome. And so what was your first role at Starkey?

Laura Woodworth: My first role at Starkey in Austin, I was the clinical audiologist that worked with the walk-in patients, and I was in customer relations, so I was support on the phones as well. Amazing what you learn. I was interacting and talking to customers every single day and getting to hear from them what were the things they needed, what kind of help did they need. All of those pieces, all of those interactions built on each other over the years really to get me to where I am today.

Dave Fabry: That's awesome. And then how long before you made the journey north to the mothership in Eden Prairie?

Laura Woodworth: Not very long. I had worked at Starkey through my clinical fellowship year and then I came on as a full-time employee. And I started talking to people in Eden Prairie, it wasn't formally called product management at the time, but it was a product group. And I was saying, "Hey, down in Austin we see patients. Are there things that you need done? Are there studies you need conducted? I could help you guys." And they said, "Yeah, would you actually consider moving to Eden Prairie?" And I'm like, "Sure, why not?" Now keep in mind, I'm in Austin, Texas, I'm from South Carolina. I came up here, interviewed, the moving truck came, I moved up here and this was all kind of in September. By the time I got up here-

Dave Fabry: The big teases. It was fall when you came for the interview.

Laura Woodworth: It was fall. The warm summer piece was gone and all of a sudden there's no leaves, it's getting chilly and I don't know that I fully realized I was practically in Canada.



Dave Fabry: Well, then I think it is appropriate that this is November and it's-

Laura Woodworth: Exactly.

Dave Fabry: ... National Caregivers Month. We'll talk a little bit about that. And also as California Dreaming comes out, but in your case, it was probably South Carolina dreaming-

Laura Woodworth: It was.

Dave Fabry: ... when all the leaves are brown.

Laura Woodworth: It was, the leaves were brown, they were falling, it was cold. But man, what an exciting change. Everything up here, it was just on such a bigger scale because now I was at the world headquarters. So super exciting time. So when I moved up here, I started in sort of what was loosely a product group, we did some clinical work as well. But within the first couple weeks, Mr. Austin needed to do a hearing aid fitting and my supervisor at the time said, "Hey, Bill just needs a hand with the fitting software, will you go help?" And I'm like, "Sure, why not?" And really from that moment on, my next several years were spent working with Bill, fitting patients, traveling, teaching classes. And there will never be a masterclass that can teach me what I learned from him in those years. It's just amazing the things that I learned.

Dave Fabry: What an opportunity. And as someone who also has had the opportunity to spend time in the Center for Excellence and traveling around the world watching him engage with patients. I mean with his mantra, "so the world may hear," I think he takes that very literally and wants to help every single person-

Laura Woodworth: Absolutely.

Dave Fabry: ... with a hearing loss or hearing difficulty hear better. So-

Laura Woodworth: Absolutely.

Dave Fabry: ... what a great opportunity early on. So now let's fast-forward to your role today. And so, talk a little bit about when it was that the idea of Pro Fit was first germinated. It was prior to the-

Laura Woodworth: Prior to COVID.

Dave Fabry: That we were going to do... Prior to COVID. We knew at that point, and Brandon Swalich, our CEO talks about the fact that when he hired Achin, this was already sort of a secret project, to work on Genesis. And that's really been since around 2018. And then of course with that, all knew everything meant that in the



addition to all of the hardware and the properties for the features that we would need to migrate from Inspire to Pro Fit.

Laura Woodworth: So I think really for me, the engineering, the software engineering team was working on the underpinnings. They were working on making all of the support, the software engineering pieces, better, stronger, faster, but what the customer sees, that interface, the look, the feel, that was the next step that we needed to start working on. So one thing to me that was very different, and I worked on Inspire for many years, Inspire to me was almost organically grown, almost homegrown if you will. We have a lot of audiologists at Starkey, so we had a lot of people that have fit hearing aids, we had them provide input. We had people that interfaced with customers, they provided input. That's how we shaped Inspire over the years. But for the start of the development of Pro Fit for the piece that the customers were going to interact with, we didn't want to start the software the same way and grow it over years. We wanted to go right to the customers from the beginning.

So a dramatically different start to the fitting software and how we developed it. So the process, we identified customers that were willing to have one-on-one conversations. We conducted numerous interviews, we had surveys, hundreds of input points fed into the software that we have today. And I think the trick with Pro Fit was to meld what the expectation is of customers that have worked with us for many years with customers who aren't as familiar with Inspire and are coming into it, and have a very different perspective because they don't have that background. So we really needed to meet both groups, kind of in a middle ground, which as you know is a little challenging, but I feel like we did a good job with that because we listened to the customers, because we went to them to hear what are your pain points? What are the things that we can do? So that's really what Pro Fit is based on.

Dave Fabry: I remember that initial meeting in the WFA auditorium where if you've been to Eden Prairie, you come in the big classroom and we had boards all set up around. And as you mentioned, we had in addition to Starkey people who were experienced with either Inspire or making sure that all stakeholders were represented internally, a lot of professionals were involved. Some, as you said, that were quite familiar with Inspire and could offer from that benefit of experience, things that they really liked and didn't want to change and those opportunities. But then also people who were fitting competitor's software and-

Laura Woodworth: Right.

Dave Fabry: ... the things that they liked from the outside. And that is a tough group to pull together and maintain. And I remember really thinking that we had the right group in the right room at that time. And I remembered some of the discussion, really at that point it was literally just on a board, there was no software, it's the germination of the idea.

- Laura Woodworth: And if you recall, I want to say we ended up with eight, nine different groups of people. But what was so interesting was that the groups were coming up with very similar concepts, very similar descriptions. For me, that was when my nerves started slightly abating, because I could see there's all these people of different backgrounds, but yet when they have the information and they're working in smaller groups on their own, they're all coming out with a similar sort of recommendation or a similar proposal, which was super exciting. And that's the direction that we went.
- Dave Fabry: And in terms of getting that feedback from them, were there any moments now, benefit of four years later, revelations for you or particular memories from those initial meetings of things that were aha moments, like, "Oh, how come we haven't thought of that before?"
- Laura Woodworth: I think for me, the aha moments, they were a little different than that. It was when customers said a few of the things that were painful. For example, having to power off, then power on a 2.4 product in order to discover it. Having to remember to turn off Bluetooth on a paired phone before you could discover it, because even though we all knew it, we forgot it-
- Dave Fabry: Sure.
- Laura Woodworth: ... every single time. Hearing those pain points and then giving those to the engineering team, to the software developers and saying, "Hey, these are things that plague our customers, and I know we just say that's the way it is. Is there a way to make that not the way it is? Can we do anything to overcome that?" Giving those problems to them and the engineering solutions that they were able to come up with, that still amazes me because I've heard Achin say, "If there's not an engineering solution, if it's technically not feasible, then we can't do that." And I really thought these were going to be technically unfeasible, but the team came together and they found solutions for some just common issues that now people don't have to turn off Bluetooth on a paired phone when they're discovering. You don't have to reboot the hearing aid in order to discover. So sometimes I think a lot of little things really add up to go a long way. And getting to be in the classes and share that with customers, and just see them so excited to say, "Oh, I don't have to do that anymore. Are you kidding," and I'm like, "No, I'm not kidding, let me show you," those have been some of the most rewarding moments so far.
- Dave Fabry: Yeah, I think Achin pulled over from Intel, if it's impossible, it'll just take a little bit longer. And I think also I'm reminded of the fact, the Gestalt principle, that the whole is much greater than the sum of the parts. Preserving a lot of those things like the menus, whether you're a across the top person or a down the side person. And we still preserve that for people while really simplifying the preparation, the fitting and the follow-up sessions that bring you to the right place at the right time. In a follow-up session, I think it's ingenious that now when you're coming back that it automatically goes to the data logging-



Laura Woodworth: To data log.

Dave Fabry: ... screen and then that's the first discussion. For me, logically it makes sense, because immediately where I'm going to go and look and see how many hours a day are they wearing them and what types of environments, what manual programs are they using, et cetera.

Laura Woodworth: And, Dave, that is one of the points that when you interview tons of people, you would know this because you do interview tons of people, I am guessing rarely do you get the same answer to a question. If you pose the question, rarely do you probably get the same answer. That was one that every single professional gave us the same answer. How do you start a follow-up session? Kind of what do you look for? What screen do you go to? Everyone said data log. And when I say everyone, I should note for you in case you're not familiar, we didn't just work within the US, we worked with customers that were international. Those were fun meetings because they would be at very unusual hours for us. We worked with our government services audiologists as well. So it was really important to us to talk to customers that were cross segments from a wide variety of places. You don't want to make these big changes and do all this work, and have your focus be on a small group.

Dave Fabry: For sure.

Laura Woodworth: So we really made sure that we talked to everybody. But data log over and over and over, start the session with data log, that was very clear.

Dave Fabry: And trying to meet the needs of all of those different customer groups and culturally the different groups around the world, and then put that in a coherent package that has a similar look and feel, but under the hood can operate very differently was the challenge. I'll take the interview's prerogative and say that the two most memorable events for me, the aha moments from those early ones was, pain point with Inspire was always that, with my aging eyes, that when I would begin a session, in the preparation, I had to try to read the serial number on the device and sort out whether... On a RIC, the devices were all programmed as left devices until we-

Laura Woodworth: Correct.

Dave Fabry: ... discovered them and assigned them to either a left or a right ear in a binaural fitting.

Laura Woodworth: Right.

Dave Fabry: And now the smart connect is so simple. I think for me, that was a major aha moment and a major improvement in the efficiency to just automatically, some might say auto-magically, hook up the receivers to the device, have it recognize



the power, whether it's a left or right, even whether it has a customized coupling system versus a standard dome tip made my life much simpler and it made it easier on my eyes.

Laura Woodworth: Reducing some of those, we like to think of it as reducing clicks. We feel like if we can reduce the number of things you have to click into the fitting software, we are creating a more efficient process. And that was certainly one of the things, have the cable do the identification-

Dave Fabry: Right.

Laura Woodworth: ... so that the professional is not trying to read that serial number or trying to listen for the tone and then assign right or left. That's a little bit tricky and we had the ability, we had the technology to take care of that for them.

Dave Fabry: And then you raised a second one, from the box to best fit in four clicks.

Laura Woodworth: Four clicks.

Dave Fabry: To really enable the professional to get down to business on doing what they can do to personalize and customize after you get to that best fit, the spontaneous user acceptance and then the features that we've incorporated in order to enable clinicians who are really under the gun to get to that first fit fast.

Laura Woodworth: Right. And even as you're making those clicks, we also tried to make sure there's not tons of text on the screen and different things you're having to read, and decisions you're having to make, because you're already interacting with that patient and we want that to be the most important thing. We want you to be able to navigate through and make those clicks without having to halt that conversation so you can turn and try to focus and figure out what's going on in the fitting software. And simple things too like when it's a new hearing aid, bring it to the top of the list.

Dave Fabry: Right.

Laura Woodworth: When the patient comes back and you're discovering that hearing aid, since you already have their file open in your database, your Noah database, then when that hearing aid is discovered-

Dave Fabry: Look for that name.

Laura Woodworth: ... bring it to the top of the list. Don't have somebody have to search through. It's those little things, but they do make a difference.



Dave Fabry: For sure. And for me, my second big aha moment was, I've always had a challenge being that I've spent half my career in clinical practice, and the resistance that many clinicians feel to a manufacturer's proprietary formula.

Laura Woodworth: Right.

Dave Fabry: We can argue all day long from the manufacturer's side that it's been optimized for our hardware and to really, the software is facilitating the very best to come out of the hardware in as efficient and effective process as possible. But for those clinicians who use real air measurements, I get it, that in the past, if they're using a proprietary formula, they're still likely verifying according to a independently validated formula.

Laura Woodworth: Right.

Dave Fabry: Now, with auto REM, as long as they have one of the very common systems in use, and we've, I think five or six different systems now, that they can use auto REM faster than you can do it manually while still enabling the comfort of knowing that if you have a dedicated piece of hardware that can ensure real ear measurements, provide that accurate first fit to whatever target it is with the arrangements that we've made with the manufacturers of REM equipment, they now have our proprietary formula. So now it all makes sense to me that if you want to try E-stat 2.0, you can actually verify that those fitting objectives have been achieved in the patient, and automate it and make it faster, and really be part of that efficient process. So kudos to that as well.

Laura Woodworth: Thank you. We always want to support what clinicians are looking to do and are looking to use. And we all talk about, I know we're trained, our background in audiology, that real ear is the gold standard. And we wanted to embrace that and to work to add REM systems that we're hearing from customers, and it's something we continue to do. It's something we continue. We understand the value of real ear, and I think you're going to see more from us on that in the future.

Dave Fabry: I can't wait. I may know a little bit about that, but I'm sworn to secrecy.

Laura Woodworth: Mum's the word, Dave.

Dave Fabry: So, Mum's the word. So talk a little bit more about some of the high-level features that are different in Pro Fit. Or really, we've hit on a number already. But I think one of the other things that I think of is Inspire was created well before we introduced Livio AI, where we're incorporating sensors embedded into the devices. We recognize that hearing care is healthcare and hearing care is brain care, if you will. And by incorporating physical sensors that can monitor physical activity, social engagement, we built that into the user app. But that also requires some effort and coordination between the Pro Fit fitting software and the user app, the patient interface to the product. But so, I think with Pro



Fit, now we could really start knowing that we had several years of experience with embedded sensors, monitoring physical activity, social engagement from the professional standpoint, and carrying some of those features into Pro Fit whereas you said, we could begin with that in mind.

Laura Woodworth: And I think, Dave, another important piece that fits into that is TeleHear. So TeleHear to me, is almost in between those two pieces. So TeleHear works between our fitting software, both Pro Fit and Inspire, as well as our mobile app. So TeleHear being that cloud-based, web-based system or portal, if you will, that shows us information. And I'm super excited about the future and where we're going, because if you imagine, to your point, all the data. The data coming from the app is so rich and it can really help clinicians just thinking in terms of data log, as you said, we all look at data log as one of the first things in a follow-up. What if we can give you so much more information, better information because now we have the phone that has the calendar and the timing, and the clock? It has all the things that a hearing aid just can't have on it. We can really provide you data with great specificity, and we can take the data and make some inferences, and then serve that up to you to make the final decision what makes sense. Here's the data, here's what we're seeing, then you can make the decision to use it how you will. These are the directions I think we're going to go in the future and I'm very excited about that.

Dave Fabry: Thanks for raising TeleHear, because for me, I did my first reprogramming on a digitally programmable instrument in 1992 when I was still at Mayo. And I like to say that telehealth hid in plain sight for about 30 years until we needed it with the pandemic. And at the time, the entrance to the pandemic, we had an asynchronous telehealth feature that people largely didn't use, because they felt that it didn't enable them to engage with their patients, et cetera. When the pandemic hit, they suddenly discovered that it was the only way that they could effectively communicate with patients to keep themselves safe and their patients safe, and families. And suddenly people wanted more. They wanted the asynchronous, because I think there's an important role for that type of, if you will, Facebook format. But then they also wanted, beyond reprogramming, they wanted to be able to communicate and counsel with patients. So the synchronous, there was a strong demand for synchronous.

And now we have and offer both a synchronous solution and an asynchronous solution. Talk a little bit about that, because I know that this was an area that you were a strong proponent for. Like I said, the adoption rate prior to the pandemic was pretty low, it went up extraordinarily. I think we grew by six times in terms of the use of it. And then I sense that for many clinicians now they're falling back into the... I don't think that telehealth should only be used in cases of pandemics, but what's your thought?

Laura Woodworth: That's a great point, Dave. And it's an interesting one with clinicians, because a lot of clinicians have different views. But we definitely hear from patients, because we do a lot of research with hearing aid wearers and with people that

are the demographic for hearing aid wearers. We definitely hear from them that they have other synchronous and asynchronous interactions in the medical community with their doctors, with nurses, with different things of that nature, so they are starting to almost expect, they believe in it, but they are also starting to expect the efficiency. So we continue to work on expanding the tools that we can give the clinician in that synchronous programming and in the asynchronous programming realm. We just want to be able to meet the clinician for their needs, but enable them to meet their patients at the point where the patient has defined what their needs are as well. And it's going to continue growing. I mean as you know, the medical community, they have more and more body-worn devices sending information back to the doctors-

Dave Fabry: Continuously [inaudible 00:30:32].

Laura Woodworth: ... continuously, so that the doctors can look at exception-based care. That's the place I think we're going to go next with some of these synchronous, asynchronous and some of these cloud-based solutions.

Dave Fabry: Yeah, it's way beyond just simple reprogramming.

Laura Woodworth: Right. Right.

Dave Fabry: That's not simple, but it's way beyond reprogramming of the devices. That's an important part for both synchronous and asynchronous. But the counseling, there are times that I just-

Laura Woodworth: Absolutely.

Dave Fabry: ... use it to get on and counsel about a feature, show them how to use self-check-

Laura Woodworth: Absolutely.

Dave Fabry: ... our diagnostic tool, so they can empower themselves.

Laura Woodworth: Absolutely.

Dave Fabry: That's all telehealth.

Laura Woodworth: Talk about edge mode. It's easier when they can see you and you're showing them double tap, whatever, however you have the hearing aid configured.

Dave Fabry: I look forward to continue work in that area. And also, it just segues, we're nearing the end of our time here, but segues. You're one of the representatives along with Ramsey Statz to HIMSA, which is the collaborative that shows up in



terms of what many clinicians think of in terms of the Noahlink program or in Noah-

Laura Woodworth: Right.

Dave Fabry: ... software. I'm old enough to remember, again, way in the previous millennium, when we had separate programmers for each of then digitally programmable devices and the collective that-

Laura Woodworth: How horrible that must've-

Dave Fabry: I know. Well, it was-

Laura Woodworth: ... been, Dave.

Dave Fabry: Well, it needed a lot of-

Laura Woodworth: Space.

Dave Fabry: ... space on the countertop.

Laura Woodworth: Absolutely.

Dave Fabry: And in most clinical environments, you just don't have that. So that was really the foundation of when Noah took off. And then moving from first wired to now wireless programming. I'm looking forward to the future in terms of, as a Mac user, I would love to be able to program using my Mac. But talk a little bit about the way that you represent Starkey, providing as a subject matter expert and audiologist into that. Just a little bit of the lay of the land.

Laura Woodworth: It's been a very interesting project to be a part of, and I think because HIMSA is made up of competitors. So, when I was first asked to join this meeting previously HIMSA was, it was all the competitors, but it was basically an engineer from each of the companies that got together and talked about solutions, engineering solutions, engineer, engineer, engineer. So great solutions came out of there, but they didn't always have the customer, the audiologist, the background. They weren't-

Dave Fabry: Truly, at all.

Laura Woodworth: ... always thinking clinically. So then each company was asked, "Would you like to add a customer facing person?" And I was the customer facing person from Starkey. And I will say, I have been pleasantly surprised that while we are all competitors, when we get together it's kind of like everyone checks their competitor hat at the door and comes in, and really focuses on what solutions can we come up with in common that don't take away from each of our own



technology ventures, but that we can provide in common to make life easier for the clinician, to help them be able to be more efficient when interacting with a software piece so that they can focus on that patient?

Teleaudiology is one of the things that we're taking on right now, because we all see where it's going in the future. But we also know we've all developed our own solutions, can we now do something that is maybe easier for the clinician if there's a common ground? So that's a big one that we're looking at and I'm really excited to see where we go, and where we land with that. And just the fact that we're all coming together to work on the problem, it's inspiring to me.

Dave Fabry: And focusing on the clinician and on the end user, and that's I think-

Laura Woodworth: Right.

Dave Fabry: ... the ultimate goal for all of us, where we can compete, yet collaborate.

So back to Starkey then. How can our customers, hearing care professionals, provide feedback directly to product management now? Is there an email address or call, or is there a way, is there a mechanism for them to provide feedback if they have some input that they want to see or observations?

Laura Woodworth: Well, absolutely, Dave. I am more than happy to give out my email address, laura_woodworth@starkey.com, because the customer input is invaluable, critical, it just makes us better. But even outside of that, we have something we call product suggestions. And so as various representatives, customer relations, inside reps, outside reps, as various people talk to their customers, when customers have thoughts, ideas, complaints, it doesn't matter what it is, they put in customer suggestions. I probably see, I don't know, 10 to 12 sometimes a day, because I'm plugged in to see all of them as they come through. And it doesn't mean that all of them pertain to fitting software, but I have the opportunity to on a daily basis, see what customers think, what they're requesting. And it's really a way to stay in touch and then look at our future enhancements and help drive our future enhancements to continue to be based on customer input.

Dave Fabry: I love it. And I love that you gave out your personal email-

Laura Woodworth: Absolutely.

Dave Fabry: ... because I think that's the best way to-

Laura Woodworth: Email me.

Dave Fabry: ... talk-



Laura Woodworth: Love it.

Dave Fabry: ... is directly to the clinicians and get that feedback, because it is invaluable.

Laura Woodworth: Agreed.

Dave Fabry: And it's led to... I mean, I mentioned earlier that November is National Caregivers Month. It led directly to the development of our, and I know it's on the user app side, but we're the only manufacturer that currently offers a caregiver app that people can, the hearing aid user can give permission to a caregiver, family members, loved ones who want to assist them in their hearing journey to be able to monitor in real time. You mentioned about the cloud-based element of this, their physical activity, social engagement. November is also Diabetes Awareness Month. One of the reasons that we incorporated that physical activity is because of the comorbidity between cardiovascular health conditions, including diabetes, and hearing loss. And so November kind of fits all together in terms of that caregiver, that focus on physical activity and social engagement. And that's really again, where everything ties together with the software, the user app, and all of that. And so I thank you for being such a wealth of information and an engaging guest today, and for your real relentless focus on ensuring that Pro Fit software and the ecosystem of the software, the user app fits together and provides an efficient system for both the patient and the providers alike.

Laura Woodworth: Thanks so much, Dave, for having me. This has been a great opportunity to talk about everything I love.

Dave Fabry: Excellent. Well, for our listeners, thank you for listening to this episode of Starkey Soundbites. If you have feedback for us, please send us an email at soundbites@starkey.com. If you have ideas, things and topics that you would like covered on future episodes, send us an email for that too and we'll bring on other experts like Laura, either inside or go outside. And we could talk about this all day, so thank you for your attention. We look forward to seeing and hearing you again very soon.