

SoundBites Podcast Transcript
Episode: Dr. Jessica Dimmick

Dave Fabry: Welcome to Starkey Sound Bites. I'm your host, Dave Fabry, Starkey's chief innovation officer. Today our guest is a doctor of audiology, well-known to me and to the profession. First and foremost, Dr. Jessica Dimmick has grown her practice across multiple states. She hails originally from Augusta, Illinois, but now her practice, the Hearing Doctors of the Heartland is found with offices in Iowa, Illinois, and Missouri. I look forward to chatting a little bit about that and this remarkable growth trajectory that she's had in over the past decade. But also, we want to talk about a number of other things. She serves as an ambassador for the Starkey Listen Carefully Ambassador. And also, the area that we really want to reflect upon is her engagement in the professional and political process as it relates to the discipline of audiology and to small business in Iowa where she resides now in Des Moines. So Jessie, thank you so much for joining us today. It's a pleasure to have you on Sound Bites.

Dr. Jessica Dimmick: Thanks so much for having me, Dave.

Dave Fabry: Well, let's talk a little bit about your background first. As I mentioned, you grew up in Illinois. Your education for your AUD degree was at Kansas. That's right. And then now you've been in a private practice that you founded a little over a decade ago. But what first was the catalyst or the interest in choosing audiology as your profession, that you were going to spend so much time developing this in the midst of everything else going on in your life?

Dr. Jessica Dimmick: I was interested in audiology, primarily because I had a best friend growing up who wore hearing aids. She got to go to speech therapy with Mrs. Lawton. As a kid, I thought she was so privileged and so special to get to go and have those interactions. And when I was thinking about how I wanted to spend my career, I wanted to make people feel like Mrs. Lawton made everyone feel when she would come to a class and pick up a kid for speech therapy in the school system. So I really, like most audiologists, thought speech pathologist or speech therapy was-

Dave Fabry: Easy for you to say. Yes.

Dr. Jessica Dimmick: I know, right? I thought speech therapy was a direction that I wanted to go. As I was in the undergraduate program, I was really taken by audiology. And I loved the certainty with which the patients seeking treatment for their hearing loss, I loved that they had a certain outcome and that it involved technology. And I loved the fact that technology was changing. Speech therapy, to me, seemed a little bit less straightforward, pediatric in nature. I enjoyed working with adults more. So that's what took me that direction. I took kind of a gap year and

worked with adults that had different degrees of developmental disabilities, and I learned a lot from that experience as well on the individuals that I really wanted to make a difference with.

Dave Fabry: Was that gap year during your undergraduate education or after you completed your undergrad degree before you started graduate school?

Dr. Jessica Dimmick: It was before graduate school, so I was still really hanging on to wanting to get into a master's degree program for speech therapy.

Dave Fabry: Okay. So even after you finished your bachelor's degree, you were still on the fence, whether speech language pathology or audiology was your path?

Dr. Jessica Dimmick: I was, and part of me was very intimidated by the process of getting a doctorate degree. It seemed like a very big step for a little girl from Augusta, Illinois, if I'm being completely honest. I thought it was beyond what I would be able to achieve. I still remember getting that acceptance letter because I had been denied from the master's degree program, and I really just couldn't believe it. I thought maybe it wasn't meant for me, and it was the universe pointing me in the right direction. I believe it completely. I would've never been brave enough had I not been given that little bit of a push. I thought, why not? It's what I wanted to do. I thought it seemed like a beautiful career path. So I feel very fortunate.

Dave Fabry: Well, I think it's worked out pretty well for you so far, and you're really still just getting started. And really, we represent different generations. I grew up in a relatively small town. I was first in my family to go to college. Similarly, I had aspirations to go to college and then go to graduate school. And I think my family wondered, would I ever stop going to school? I was first in my family to go to school, and then were like, "When are you going to get a real job?"

Dr. Jessica Dimmick: Right.

Dave Fabry: Because I got my master's degree, because when I was growing up professionally, the master's degree was the first professional degree. So it's interesting that your trepidation was in part that doctoral degree and what that signified, and maybe the-

Dr. Jessica Dimmick: Right.

Dave Fabry: I can understand the insecurity over it because I had that feeling. After I got my master's degree, then thinking I wanted to go on and get the PhD because the AUD didn't exist back in the day in the previous millennium when I was contemplating becoming an audiologist. But I knew that I wanted to try to chase my dream in that respect. But it's interesting that that was a barrier thinking about the doctoral degree. But you were of that first generation where you weren't looking at achieving the doctorate degree after a master's degree. In

the previous millennium, people could accelerate that or do a part-time program to get their doctorate, but you started out straight on, splitting from speech language pathology-

Dr. Jessica Dimmick: I had no choice. Yeah.

Dave Fabry: ... and then going on the doctorate. So congratulations for that.

Dr. Jessica Dimmick: Thank you.

Dave Fabry: So when we look at that, the area, what was the decision that you made when you decided then not only to finish with your AUD, but then open up a private practice? That had to be similarly a bit foreboding to think about.

Dr. Jessica Dimmick: My goodness, yes.

Dave Fabry: Opening up a business rather than joining a practice or joining... And I know you did work other places prior to making that decision, but how hard was that to make that decision?

Dr. Jessica Dimmick: It was honestly quite excruciating. I had the benefit of spending my fourth year in a practice in Kansas, and I had the opportunity to really learn the business side. I come from grocery store owners and restaurant owners from multiple generations in my-

Dave Fabry: Business owners, so that helped. You had that as a model.

Dr. Jessica Dimmick: I did. I grew up in my mom and dad's grocery store, small town. And I grew up having in-person interactions with about the same four or 500 people every day. I worked seven days a week until I left for graduate school. I worked for my mom and dad. I worked for the university, kind of in a secretarial type position. I just knew work, work, work, work.

Dave Fabry: Yeah.

Dr. Jessica Dimmick: And when I completed the AUD, which was the hardest thing I'd ever done, it's a whole other game. It's nothing like undergrad. I had my eyes opened to so many clinical experiences. That was a tremendous benefit in Kansas, the University of Kansas. We had clocked way more hours than we ever needed to graduate. So I had this full experience from, I mean, every kind of audiology you could possibly practice. But I knew that in that niche, I really wanted to be in private practice. So I was able to align myself with a clinic that served primarily a rural population, but centered in a medium-sized town.

And when I set out to get my first job then, I decided I was going to travel a little bit. My husband was deployed at the time. He was in Afghanistan. We were engaged. So I had this little narrow window where I thought maybe I would try

to live in a different place and see how that fit. So we moved around a little bit. I was in North Carolina, I was in Montana, and I came back towards Iowa again, thinking I know I want to be closer to home. I know where my heart belongs. And that was definitely in the Midwest. But when I was looking for a job, I wasn't convinced yet that I was ready to start a private practice. It was, again, one of those dreams, kind of like the AUD, like, "Wow, boy, I really want to do that, but seems like there's so many obstacles in the way."

It came, again, to a point where I think the universe just had to force me into that direction where I just couldn't find a job where best practices and audiology was the goal. It seemed a lot like retail. It seemed a lot like ENT office type work, and it just wasn't what I wanted. So I really was left in a position where I had to start my own practice. I remember the little voice in my head saying, whatever it is, it'll be okay, just don't put all of your eggs in one basket. And that's how I got started. It was a little bit of an unusual type of a clinic start because I worked with a diagnostic contract first with VA services. And having come from being a military wife, it was very important to me to acknowledge the opportunity to treat veterans, which is available for community providers.

So I just answered a call one day, and it was somebody asking if I would be interested in seeing veterans. And I said, "Absolutely. Of course. How can I help?" And they honestly paused for a minute and said, "Oh my gosh, we've never actually had somebody say yes before. We're not really sure what to do." So it seems crazy, but I just kept thinking, oh, if I just get this many appointments on my books for the week, I'll be able to keep my doors open. And I had a plan for putting an elliptical machine in the back because I thought, man, I'm never going to be busy enough. I'm just going to have so much free time. I'm still looking for that free time.

- Dave Fabry: You haven't got the elliptical yet? You don't have the elliptical yet?
- Dr. Jessica Dimmick: No, I don't. It's at home. I mean, that's where everybody's elliptical machine is. Probably hold my clothes on.
- Dave Fabry: Right. Hanging clothes on it probably, like mine. Yeah.
- Dr. Jessica Dimmick: So it never happened. It never happened that I was just in a lull. First it was VA and then hearing aids, and then it grew and grew.
- Dave Fabry: Well yeah, because now that first practice was in Iowa, correct?
- Dr. Jessica Dimmick: Mm-hmm. Ankeny, Iowa.
- Dave Fabry: Yeah. Now, Hearing Doctors of the Heartland, you are in, as I mentioned, in Illinois, and I believe you have one office in Missouri right now.
- Dr. Jessica Dimmick: Right.

Dave Fabry: But how many offices in total have you grown to?

Dr. Jessica Dimmick: It's 11 offices total. So with the geography of it, if you were to really look at a map, we talked-

Dave Fabry: I did. I did.

Dr. Jessica Dimmick: ... Iowa and Illinois, right?

Dave Fabry: Yeah.

Dr. Jessica Dimmick: Either got the Mississippi River. Well, there's a four-hour stretch in between my Iowa offices and my Illinois offices. So most would say, "What gives? Why?"

Dave Fabry: Yeah.

Dr. Jessica Dimmick: Well, I wanted the people that I grew up with to have the best care possible too. And just because I'm in Iowa does not mean that I couldn't make that reach, which has come at a significant amount of sacrifice, I would say. But as soon as I had an opportunity there, I jumped on it first, carrying my audiometer back and forth. Every time I'd go home, somebody needed a test, and I was testing people wherever I could. I was checking people, checking their hearing aids. People would come and knock on the door at our house there and say, "Can you help me?" And of course I could. It's kind of a funny thing. I mean, people pull their tractor up to the local grocery store. That's what it's like.

So I had to be the hearing lady there too, and decided to formalize it and found a couple of like-minded audiologists like me who wanted to be there, who wanted to impact that type of a community. And there we are, providing best practice service and care to patients who would otherwise be left behind, because it's not a place that boasts a lot of economic privileges for people to come in and otherwise be interested, I would say.

Dave Fabry: Yeah.

Dr. Jessica Dimmick: So where my heart is. Every time I go and work a day in clinic there, if I see 10 patients in a day, I have a first-degree relationship with them, I mean at least three or four people. So I love that part.

Dave Fabry: Well, you say like-minded practitioners, how many practitioners do you have as part of the Hearing Doctors of the Heartland?

Dr. Jessica Dimmick: Myself, plus five.

Dave Fabry: Okay. And then with 11 offices then, are all of them full time or are some of them part time?

- Dr. Jessica Dimmick: No.
- Dave Fabry: So how does that work? And what are the challenges when you have 11 offices with five AUD audiologists? And I know you employ and it partners with some dispensers within that group too, but how do you coordinate all of that to keep all of those offices going?
- Dr. Jessica Dimmick: So myself plus three audiologists and two hearing instruments specialists, we all see patients. We do spend a considerable amount of time on the road, which is unfortunate in the regard that time spent on the road is time we can't spend with patients. However, just the geography in the Midwest, and it's a challenge in a lot of places, unless you're in Philadelphia or New York City or a pretty big metropolitan area, people have to drive. Around here, it's not uncommon for people to drive up to an hour for care. And while most of our patients are in the senior age group-
- Dave Fabry: Demographic. Yeah.
- Dr. Jessica Dimmick: Demographic, yeah. We're trying to reach them. So instead of having 10 patients drive to us in a day, at times, it's necessary for us to go to where the patients are. And we do have some ENT support in rural clinics. So we do travel and do that type of work. Again, trying to meet patients where they are.
- Dave Fabry: Yeah. Do you incorporate telehealth in the practice, given that that's four hours between... I did pull up Google Maps and looked at the location of the different offices, and there's a lot of geography between your two farthest practices. Do you incorporate telehealth and does that fit into your idea of best practice, which you've mentioned a few times?
- Dr. Jessica Dimmick: It does fit in. And the way that we have used telehealth is, in some regards, it's to make efficiencies in patient care where, for example, we use some assistance through Starkey's TeleHear department, where if I am on the road to one of our distant clinics and we have a patient with a pretty minor need, they can come in and be seen through that telehealth.
- Dave Fabry: Yeah, it's synchronous, and it allows audio and visual. You can use it for counseling as well as reprogramming.
- Dr. Jessica Dimmick: Absolutely. Mm-hmm.
- Dave Fabry: Yeah.
- Dr. Jessica Dimmick: And I feel like that medium is going to only grow. There are fewer audiologists every day. There aren't enough of us treating patients, and our patient demographic is growing.

Dave Fabry: Yeah. More and more boomers like myself are becoming candidates every day, and we're going to continue to do so. And we'll get to that topic a little bit about accessibility, affordability, and really that access to a hearing care professional.

Dr. Jessica Dimmick: Right.

Dave Fabry: But yeah, I agree. And I think you mentioned best practice. What other elements of best practice when you alluded that you really wanted those potential patients in rural communities to receive the same care that they would expect to receive where they at a tertiary medical care or in an urban environment? What do you mean by best practice?

Dr. Jessica Dimmick: Best practice to me is ensuring that the patient has the proper technology but also the proper diagnostics to make sure that, first of all, are they being tested accurately? Are we making sure that their ears are free from wax before testing them? If we're not checking and verifying and removing significant accumulations of wax before performing even the basic audiogram, how can we be sure of our results? Second, I would include communication needs assessment with that. We do use tools like verification of speech understanding. So with a patient who has an identified hearing loss, we want to check to see how they do with and without hearing aids with a familiar voice. So, reading off a word list and making sure that we can see a good prognosis in using hearing aids. And then the next step, of course, would be in selecting the proper hearing aids and making it available at all price points. So not just pushing premium technology even though we know it's the best. Having hearing aids is going to be better than no hearing aids.

Dave Fabry: Right.

Dr. Jessica Dimmick: We do tend to fit more premium devices, but getting them into something, something that's attainable is really of the utmost importance. And then also real ear verification measures and a plan. I can't emphasize that enough, a plan for having them come back, not just a, "Hey, call us if you need anything," but really an intentional method of having them scheduled for a follow-up, at least within a couple of weeks. I like to call it graduation when they're finished with their fitting time and we're done working together, we've solved the goals that they've set out to achieve with better hearing. And then having them come in with reminders for the maintenance.

Dave Fabry: Okay.

Dr. Jessica Dimmick: That is critical because those hearing aids are tiny computers and they're in a 98-degree humid environment all the time. So we've got to have them in to have them cleaned and maintained. And that helps preserve that investment. That's what's important.

Dave Fabry: Well, it really does sound like it's really patient-focused, I would say patient driven care, with the requirement and expectation that you're going to engage with them using virtual and face-to-face care, but scheduled, not just ad hoc saying, "Oh, if you need us," you're really with them on this every stage of their journey. And to me, that defines best practice as much as the technology and tools as the engagement with the professional.

I think for those people you mentioned, and I think I saw on your website that you now have provided care for over 6,000 veterans as a component of all of those different offices. For those who haven't worked with veterans and government services in that capacity from a private practice, they may not even know, as you alluded, they may not even know that this is possible. But are there any tips or things that you learned from experience about working with this population that you could share with listeners of the podcast?

Dr. Jessica Dimmick: Absolutely. I have had a lot of private practice owners approach me about how to get involved with VA care and really that whole segment of the population for us with VA care. We have some that are the treatment opportunities where they're coming to us through the Community Care Network for hearing aids, but the vast majority of the veterans that we've served, they need to be seen in an evaluation for compensation and pension purposes to ever even gain access to the VA.

Dave Fabry: Right.

Dr. Jessica Dimmick: So a huge holdback for a lot of veterans is just having that evaluation. And when they have that evaluation, then they're able to get into the VA for care. Years ago, the Veterans Benefits Administration and the Veterans Health Administration split. So the vast majority of what I've done is supporting the Veterans Benefits Administration, where I am performing a complete diagnostic battery of tests, and then taking off for a moment my treatment cap and putting on the assessment cap for how the causation of their hearing loss kind of comes together, and a plan for them to get into the VA. So, that's where the bulk of the work was happening, and that's how we make a difference.

Dave Fabry: Well, and people can reach out to you, I assume, if they're interested in providing a similar role.

Dr. Jessica Dimmick: Yeah, mm-hmm.

Dave Fabry: Please pass along our gratitude to your husband for his service. And then also that, in a way, helped serve as a catalyst from the knowledge of what soldiers are exposed to in terms of hearing loss and tinnitus, and then your working to treat the population. So thank you for that too, for helping pave the way for people who have dedicated their life to service to the country, but also suffered some hearing loss or ringing in their ears as a result. So I appreciate that.

If we transition from this clinical need where you're working with government services, you've also been very active with working with government officials in Iowa, in particular, but on a national level too, with regards to policy, and as it relates to an audiologist's scope of practice, as it relates to over-the-counter hearing aids, we-

Dr. Jessica Dimmick: Oh, yeah.

Dave Fabry: ... shared the opportunity back in July of last year when Senator Grassley, the senior, very senior Iowa Senator, who just was reelected for the eighth time in 2022, and he was up here. It was a pleasure working with you side by side to sort of express our concerns with, given that Senator Grassley was one of the co-sponsors of the OTC bill, to also ensure that we weren't sacrificing quality of care and access to a professional by providing accessibility and affordability to the product. So talk a little bit about why you saw that that was important as a young professional and any tips, again, for maybe younger audiologists who are thinking about how I can get involved and what they might do.

Dr. Jessica Dimmick: Right. So this goes back, this goes back a few years, and you and I had a conversation about it about 2017, 2018. The year that I started my practice, I remember being on an evening walk and my husband turned to me and said, "Hey, did you see that thing about over-the-counter hearing aids?" And I said, "What? What are you talking about?" So we pulled up the article, and to my shock and horror, a senator in Iowa, along with, of course, Elizabeth Warren, they had worked and pushed through this OTC bill, and I had just started my practice. And let me tell you, I felt crushed.

Dave Fabry: Yeah.

Dr. Jessica Dimmick: Immediately, I was crushed. And then I jumped into, this'll never work. And then, I mean, I really spiraled. I really spiraled because I thought it's the end of the world. And I thought, that's the end of audiology. It's the end of my career. People aren't going to need us anymore and people are going to hurt themselves. And I felt so many feelings about it, but the first thing I thought was, I have to do something about this. So I started into trying to find a way. I'd never reached out. I never dreamed I would have to. I started to seek a way to reach out to Senator Grassley, and it wasn't as easy as I thought. Of course, I sent a message and I got a reply, and I sent another message and I got a reply. I had a couple of phone calls with someone on his staff. And really, I just couldn't quite break through. And I would try over a few years to reach out, but it really just came to fruition, again, I had a conversation with Michael Scholl, of course, and-

Dave Fabry: Michael Scholl heads our... Well, he's our chief compliance officer, and as well, he heads up the Listen Carefully program at Starkey. During the OTC legislation and the ensuing discussions that led to the FDA's final regulatory approval, Michael, along with Jake Spano, were instrumental at communicating with

professionals like yourselves, providing materials, and hopefully providing access that did help lead to that opportunity-

Dr. Jessica Dimmick: It did.

Dave Fabry: ... to bring you up here in the fall.

Dr. Jessica Dimmick: Yeah, it did. So we kind of revisited it, and next thing we knew we had our opportunity. But in between that 2017 and 2022 span, I realized that maybe I didn't get as far with Senator Grassley as I wanted to in the beginning, but it did not stop my desire to push forward. In fact, it made me a little braver. We also came, I want to say kind of came under attack in Iowa, in a way where the Americans for Prosperity, it's a group that lobbies for certain, gosh, topics of interest, I guess, they were working to dissolve the state licensure board for hearing instrument specialists completely. And in Iowa, an audiologist holds an audiology license and also a hearing instrument license, instrument specialist license.

So I thought, oh my gosh, this is insane. How could this ever happen? And I started to look around at who was doing something about it, and I realized nothing was happening. I realized that we were, in our profession, quite disjointed from one another in Iowa to the extent that we really... It was our state license board for hearing instrument specialists. I started sending messages and receiving messages, and we kind of got a small group together trying to work to get some help on this. And we also contacted Michael Scholl at that time to get a little bit of his experience. So that gave me even more courage. So the next point that I looked at after that kind of settled down, the next point I looked at was the fact that in Iowa, there is not a requirement for commercial health insurance companies to cover hearing aids for children.

Dave Fabry: Mm-hmm.

Dr. Jessica Dimmick: And it's troubling to me, the shortage of care for veterans, the implication that children with hearing loss are just on their own, their parents are on their own to cover the cost of hearing aids. These are things that I'm very passionate about. And I worked towards another senate bill to help try to push forward the requirement for health insurance companies to cover hearing aids for children. So it has been an interesting journey for me. I find myself going to the Capitol now. I find myself regularly reaching out to senators, state representatives. And I think it's crucial that we always take an educational approach. And if there's anything that I learned from the visit with Senator Grassley, which he was wonderful in that meeting-

Dave Fabry: Incredible. Yeah.

Dr. Jessica Dimmick: That to me, in the interaction with him for an hour and a half, I felt like I was with one of my patients. He was interested, he was curious. He wanted to know

more. His heart was in the right place. While I don't agree with everything, it still opened my eyes to the fact that when we are reaching out to these officials, they're humans.

Dave Fabry: Yeah.

Dr. Jessica Dimmick: This is not an easy job to, number one, be elected. I mean, throwing your name in the ring for something like holding public office. They do have it in their heart that they want to help, I believe that. And being persistent in reaching out in a respectful way, asking to be heard, inviting them to something that's of interest to them, that's my advice, is to just keep trying. They are human and give them a chance.

Dave Fabry: Great. Well, thank you for sharing that. With regards to the Listen Carefully Ambassador, of which you are one, and thank you for that partnership, we have done a Sound Bites podcast with Michael Scholl and Jake Spano. For those who are interested in pursuing that, I would encourage you to listen to that previous episode. But any other observations, insights, comments about your role and working really at the state level and the national level as a Listen Carefully Ambassador?

Dr. Jessica Dimmick: Well, I think the benefits to the Listen Carefully Group is that we're a group. There's more of us. There's more of us working together. We now have a formal name. We now have a reputation that we're building for the end goal of educating everyone, whether it's government officials or just the general public, other audiologists, hearing instrument specialists, all of the above. And when you're trying to approach anything with an education, an educational approach, I should say, when you're trying to approach it from the good of your heart, I don't know if there's a place for that in politics, but I think that's what has gained so much ground.

Dave Fabry: Yeah.

Dr. Jessica Dimmick: At the end of the day, there's more things that bring us together than drive us apart, especially when we're working towards a common cause, like educating the public on better hearing, how they can achieve that, and what to look for. And I like that we're all together working towards the same common goal.

Dave Fabry: Excellent. Well, thank you. And I think going back to Senator Grassley again for that interaction, was his willingness to engage in productive discourse about something that had a meaningful impact for his constituents. Ultimately, he needs the voters too, and he wants to know that he's acting in their best interests. So thank you, as I said, for participating in the Listen Carefully Ambassador Program. We think it's making a meaningful impact on ensuring that the voice of the patient is heard with the benefit of the expertise and your role as an audiologist, knowing that as we looked at the emergence of the OTC

channel, that it didn't compromise outcomes that we've seen and expected with hearing health care.

And I guess to that question, and we've talked a bit already on the role and the importance of the professional, but sometimes the anticipation of something, and you talked about even when your husband first made you aware of this OTC then five years later, now it's a reality, so far, and I know it's still early days, but how has it been different than what you expected it was going to be? And what changes have you made as a result of that reality rather than the "awfulization", if you will, that moment when you first knew that this was on the table?

Dr. Jessica Dimmick: Well, I have to say that when I found out about the OTC bill, my initial fear was that patients were going to be harmed, that the general public was going to experience harm from, at that time, we didn't know what this was going to be. We really didn't. So I was really concerned about the safety component. And as that has gone through multiple levels and with the FDA finally coming through with the rules and regulations, now my mindset has been turned to, well, where's the opportunity? Right?

Dave Fabry: Yeah.

Dr. Jessica Dimmick: The opportunity is in the fact that there are people that have a mild to moderate hearing loss that could benefit from a product as long as it's safely executed. They could benefit from something like an over-the-counter device. However, I have not changed my model in any way since 2017. My model is still best care, better hearing, better life. It's not just about the hearing aid. It's about the professional. It's about having a proper diagnosis. And we have been an unbundled practice now for about three years in that if a patient comes to us with an over-the-counter device, well, I mean, I can still do a hearing test with them. I can still remove wax from their ears. I can still perform real-ear verification. I can still clean those devices, check those devices.

So whether a person is pulling up in an RV to buy hearing aids for the first time and real true hearing aids and be on their way, or maybe they're bringing hearing aids into me that they've purchased elsewhere, we see so many different things, and we've become open to all of it in an unbundled method to where if they want us to run a test on their over-the-counter hearing aids, we could do it. We have a cost for that. We have a code for that. So the transparency, providing transparency in what it is that you're delivering to your patients, I think, is the most crucial way forward.

Dave Fabry: Yeah. And it builds the trust with-

Dr. Jessica Dimmick: It does build the trust.

Dave Fabry: ... the potential patients. And that's what's so vital really to establishing that long-term relationship for the patient in their hearing healthcare journey.

Wherever you meet them, and then if you can bring them in and accompany them by being that trusted advisor and then also establishing the value of service.

Dr. Jessica Dimmick: Right.

Dave Fabry: This conversation went so quickly.

Dr. Jessica Dimmick: I know.

Dave Fabry: And I'm sorry that we're out of time, but Dr. Jessica Dimmick, I thank you for sharing your voice, your wisdom, and your insights with our Sound Bites audience. And for those of you who listen to this podcast and enjoy it, we please ask you to rate it and subscribe, if you wish, so that you don't miss any future episodes of Sound Bites. You can also provide some feedback to us. What are you thinking about? What's on your mind? What questions do you have for our hearing experts in our hearing community? Please send an email to soundbites@starkey.com if you have suggestions for future topics or future guests that we might include on Sound Bites. But I can't tell you how much I enjoyed our conversation today. And thank you for sharing your time with us.

Dr. Jessica Dimmick: It's always a pleasure, Dave.

Dave Fabry: Look forward to seeing you again soon. And for the audience, look forward to hearing and seeing you soon. Thanks again.