

## Audiologist to Patient Speaking Pointers

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### **Introducing Cognitive Screenings to Your Patients**

#### **During Appointment Confirmation**

The process starts before the appointment. The patient is called to confirm the appointment, to review visit charges, if any, to inform the patient that cognitive screening will be part of the hearing evaluation, and while it is not covered by insurance, it is a helpful tool for the cognitive health assessment associated with your hearing evaluation. The call can go like this:

*"Hello Doris. I am calling to confirm your appointment tomorrow at 10am with Dr. Davis. The cost for the visit will be \$75. The co-pay is \$25 and there is a \$50 charge for a cognitive screening that is not covered by insurance. The screening is to help Dr. Davis determine if your hearing impairment may be contributing to cognitive decline and to best develop a treatment plan."*

**[At check-in, the patient will sign a Notice of Non-Coverage and payment will be collected]**

#### **During Intake**

*"Are you having any memory concerns?"*

*Do you have any concerns regarding your brain health?"*

*Do you hear better when you are looking at the person speaking?"*

*Is it difficult to hear when someone is further away or is wearing a face mask?"*

#### **During Consult**

**If the patient declined Cognivue testing before the appointment, but answered "yes" to any of the cognitive questions during intake, the need for the cognitive screening is reinforced and recommended, and during the consult, ask probing questions to better understand the concern.**

*"The most common issue I see with my patients who have hearing loss is related to memory decline. This makes sense as MRI studies show even a mild amount of age-related hearing loss can lead to shrinkage in the hearing areas of the brain, shifting the hearing function to other areas of the brain. This reorganizing of the brain makes your brain work harder than it should to hear, and may play a role in cognitive decline and dementia.*

*MRI studies also show that with hearing loss, the eyes try to help what the ears aren't hearing. I call that hearing with your eyes and it explains why you hear better when you're looking at the person speaking.*

*The good news is, because of this strong interrelationship between hearing loss and cognition, we now include a cognitive health assessment as a supplement to our hearing evaluation. This helps us determine if you have any cognitive issues and whether they are hearing loss related or could be related to cognitive decline, which importantly will help us select the best hearing treatment plan for you.*

*This is just a screening and not a diagnostic tool. The results will be used for treating your hearing impairment, not to diagnose you with dementia or Alzheimer's. If your results are not as you had hoped, it does not mean you have or will be getting dementia or Alzheimer's."*