

# Evaluating Remote Audiology Care: Demographic Challenges, Adoption Barriers, Trends, and Patient Satisfaction

## Objective:

To review remote care services at UHP: assessing and identifying demographic challenges, adoption barriers, trends, and patient satisfaction that could impact the hearing aid (HA) pathway provision at UHP.

## Research Questions (RQ):

- RQ1:** What are the demographic and logistical factors that hinder the widespread adoption of remote care among patients?
- RQ2:** What are the main barriers patients face when using remote care services?
- RQ3:** What are the trends and themes for patients that do use remote care services?
- RQ4:** How satisfied were patients with remote care services within audiology?

## Participants:

104 bilateral HA users (44 females, 61 males) split into 2 main groups

**Group 1** - those who consented to remote care but had not used the service (n = 51)

To further analyse the reasons why participants in Group 1 have not used remote care they were split into two subgroups.

**Group 1A:** Participants who have not used remote care and have downloaded the BeMore app.

**Group 1B:** Participants who have not used remote care and have not downloaded the BeMore app.

**Group 2** - those who consented to and had used the remote service (n = 54)

## Results:

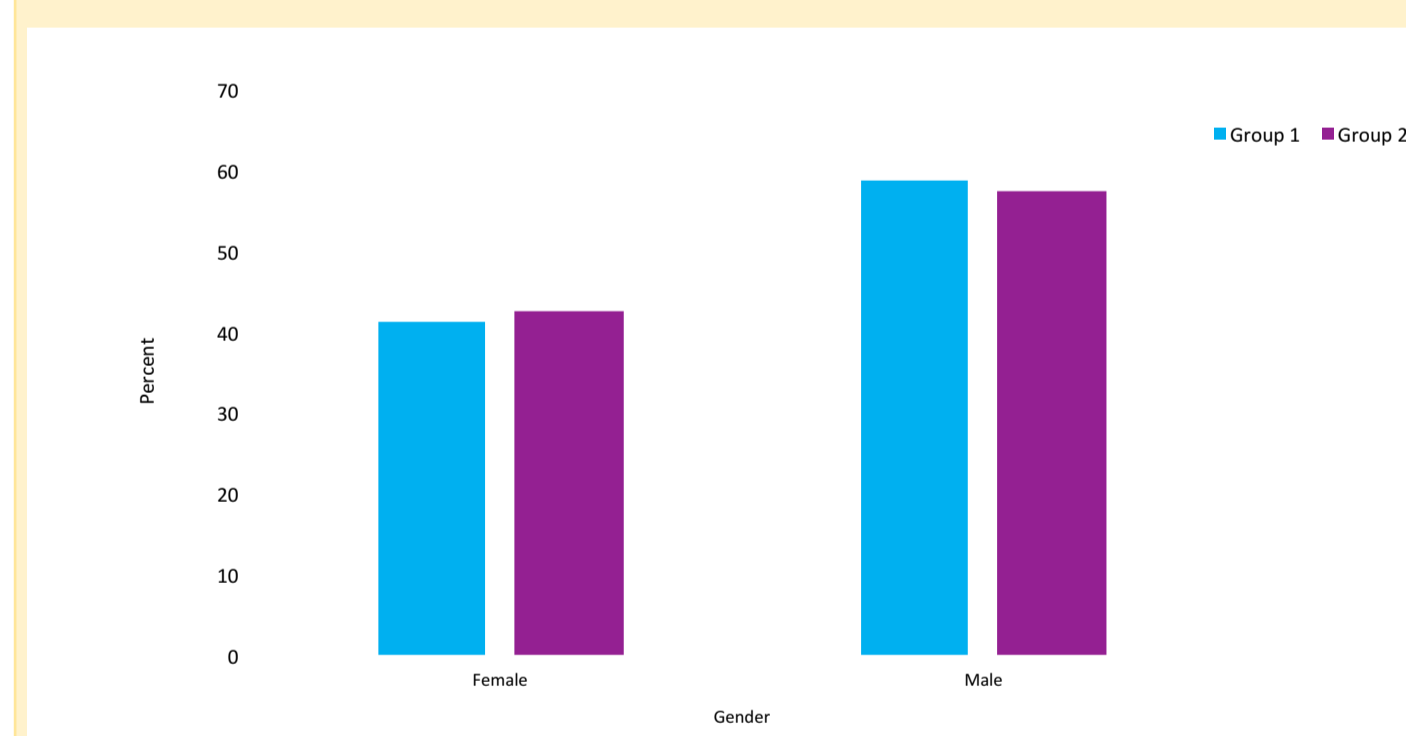
### RQ1:

#### Duration of HA use:

1. Group 1 had a median duration of 10 months, whereas Group 2 had a median duration of 8 months. This difference was significant ( $p < 0.001$ ).

#### Demographics :

2. Both groups have a similar gender distribution across the groups, with a slightly higher percentage of males (58.8% in Group 1 and 57.4% in Group 2).



## Discussion:

### RQ1:

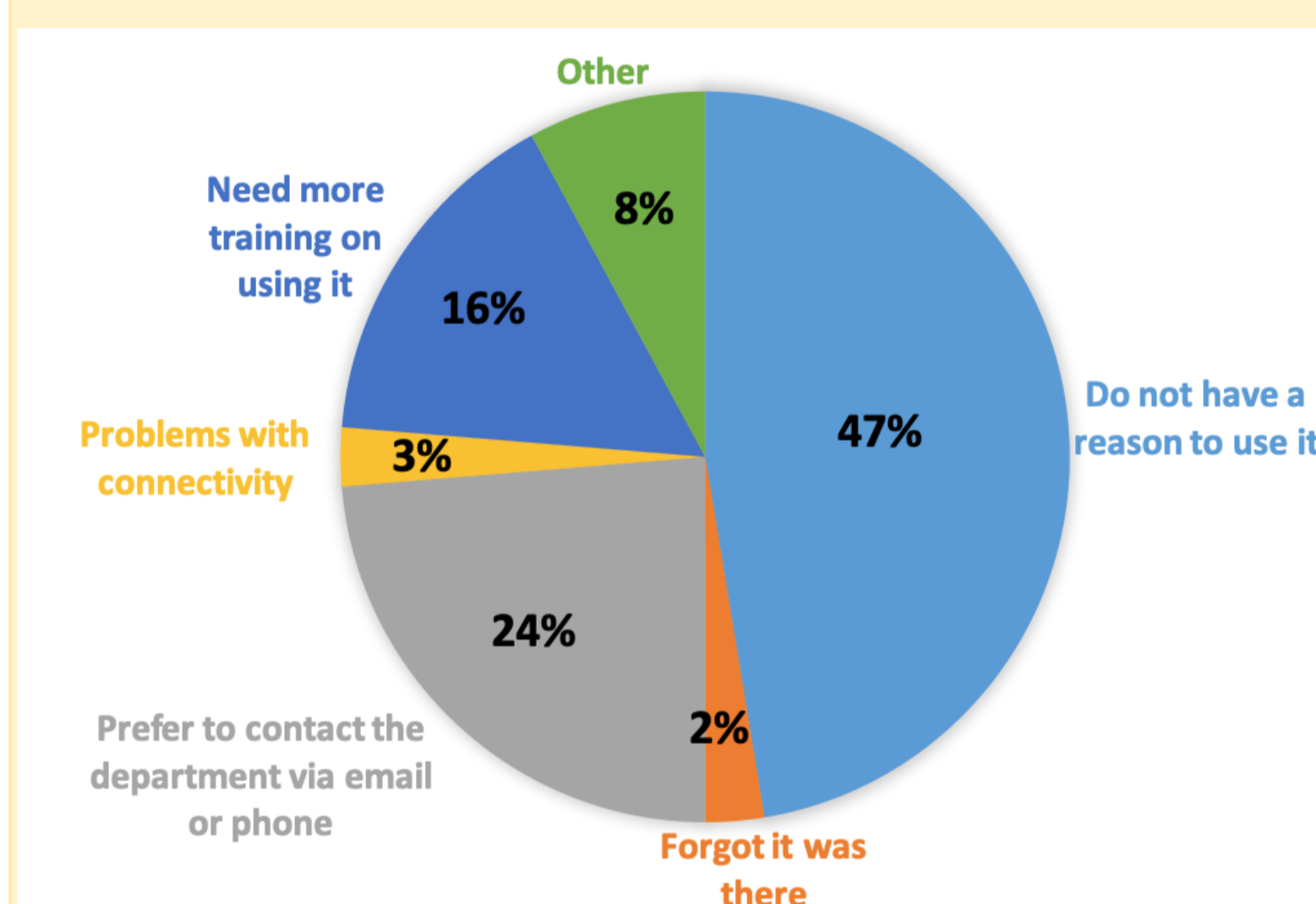
1. This could be due to established routines, comfort with existing methods of managing their HAs, or a lack of familiarity with new technology. This could suggest that if services aim to increase adoption of remote care, it is important for new HA users to begin using these services soon after receiving their HAs.

2. The consistency in age across both groups suggests that age-related factors do not significantly influence the decision to adopt remote assistance, as the primary demographic in all groups is similar.

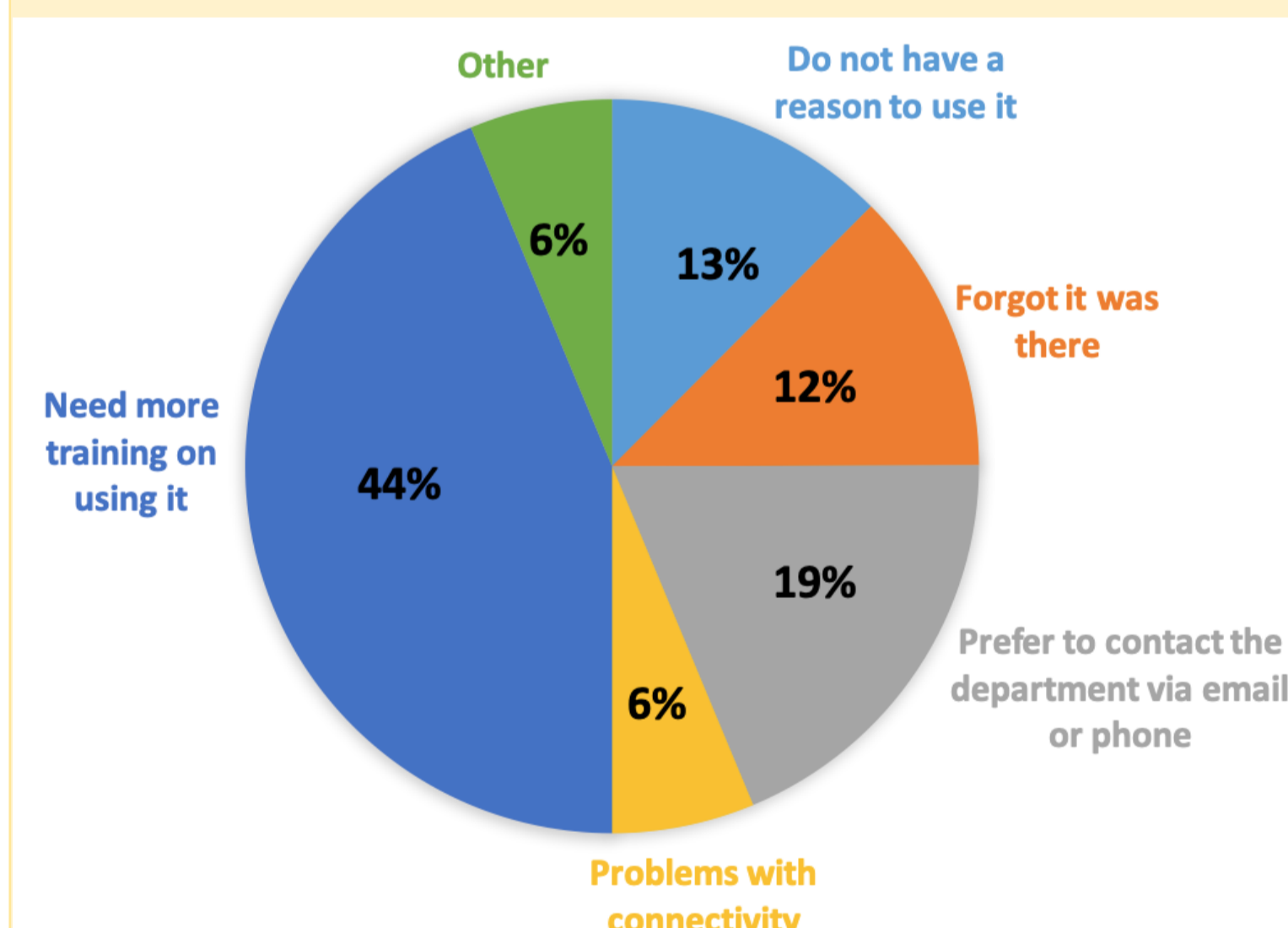
### RQ2:

#### Reasons for Not Using Remote Services

1. Among Group 1A, the most common reasons were:



2. For those in Group 1B, the common barriers were:



### RQ2:

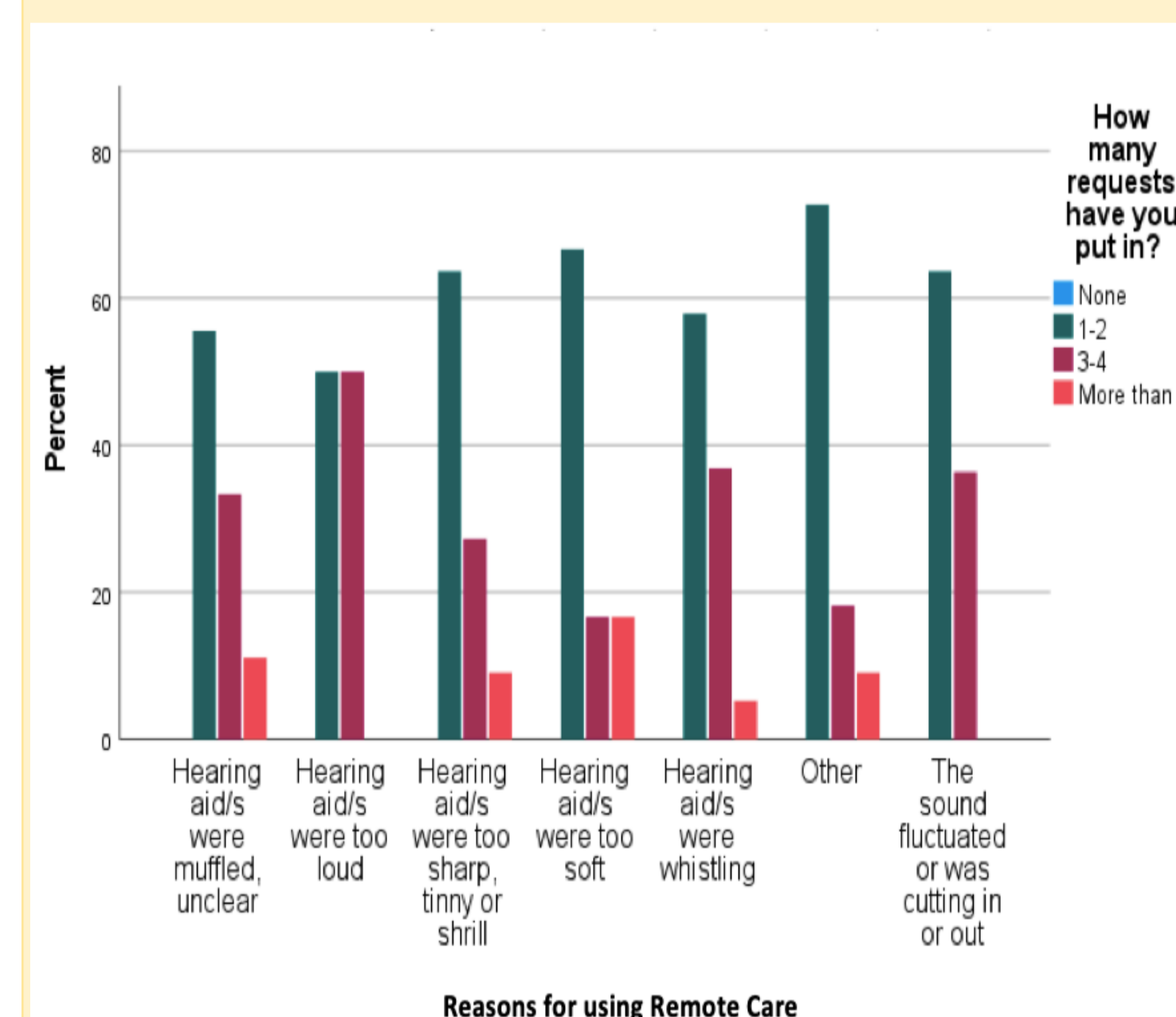
- Awareness efforts focusing on the benefits of accessing services online may help encourage greater uptake.
- Critical gap in training could potentially be addressed through targeted educational initiatives such as open access group sessions.

### RQ3:

#### Number of requests

1. The most common number of remote care requests was 1-2, with the highest percentages observed for reasons such as HAs being muffled or unclear (26.3%), whistling (28.9%), and other reasons (42.1%).

2. Participants who made 3-4 requests were more likely to use remote care due to HAs being muffled or unclear (50.0%) and whistling (58.3%).



### RQ3:

HA adjustment appointments in clinics have limitations, as patients must assess new settings in an acoustic environment that may not accurately represent their daily listening conditions.

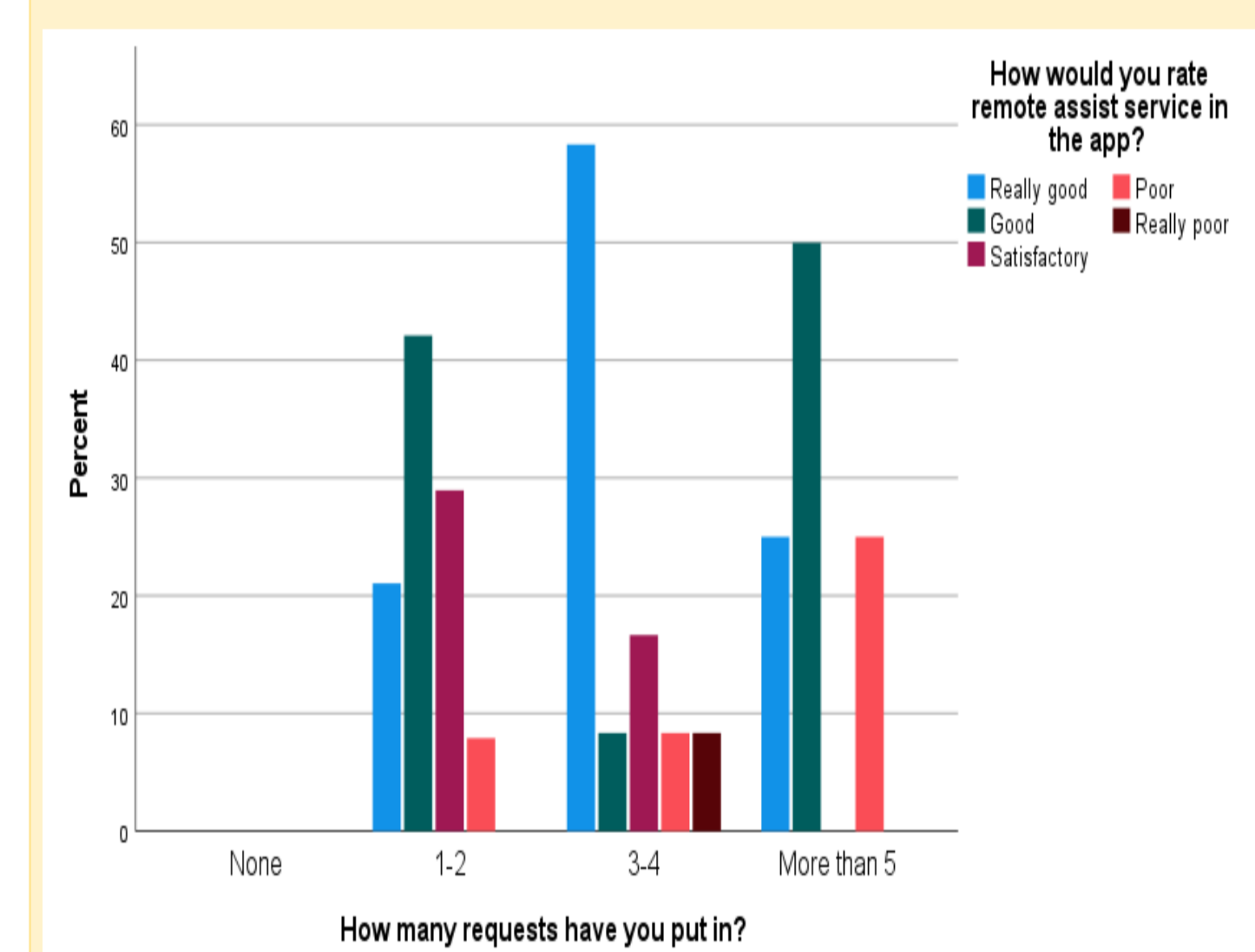
Remote care enables patients to report their hearing difficulties in real time, within their natural environment.

### RQ4:

#### Patient ratings

Participants who made 1-2 requests were more likely to rate the service as "Good" (84.2%) or "Satisfactory" (84.6%).

Conversely, the single participant who rated the service as "Really poor" had made 3-4 requests.



### RQ4:

Users who had fewer interactions with remote care were generally more satisfied, possibly indicating that their issues were resolved promptly and effectively.

repeated interactions without satisfactory resolution can lead to significant dissatisfaction. This finding underscores the importance of resolving user issues efficiently to maintain high levels of satisfaction.