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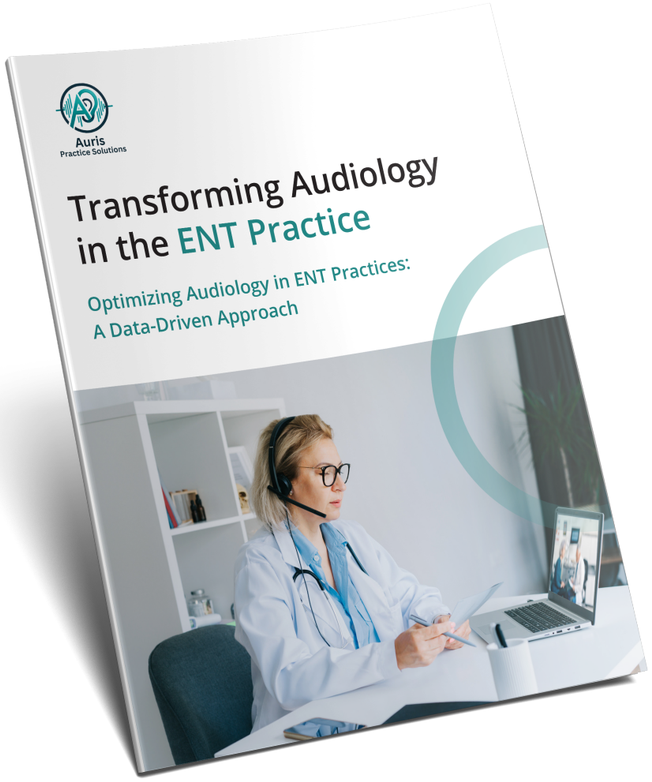

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Final Thoughts

What ENTs Can Do Next The audiology shortage isn't going away. But your clinic doesn't have to pay the price. With the right diagnostic model, you can:

- Expand testing access without hiring
- Reduce audiologist burnout
- Increase hearing aid evals and surgical readiness
- Reclaim lost revenue and improve patient satisfaction

Stay Informed: ***Download the White Paper: aurispracticesolutions.com/whitepaper. Schedule a 15-Minute Diagnostic Capacity Review.***

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Auris Insights: ENT Edition

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In This Issue:

"If you don't know your backlog number, you're already behind."

— J. "Connon" Samuel

The Silent Backlog Problem:
How Diagnostic Gaps Are Costing More Than You Realize

America is facing a national audiology shortage. ENT clinics feel the pressure; longer waits, limited coverage, incomplete workups but many don't realize they're operating in a diagnostic deficit thats quietly harming patient care and bleeding revenue.

This is the silent backlog: patients who should have been tested weeks ago. Patients who were told, 'well schedule that later.' Patients whose treatment plans rest on diagnostic data that never arrived.

We're not short on patients. Were short on testing capacity. And the consequences are building.

Its time for ENT leaders to reframe the problem: this isnt just an operational inconvenience it's a clinical liability and a business vulnerability.

Real Clinic Impact: July Capacity Unlocked

In one month, a multi-provider ENT clinic redirected 191 diagnostic hearing tests to MaestroAuD.

Results:

- 95.5 clinical hours freed
- Capacity for ~63 HAEs (90 min each)
- Potential for 68 hearing aids fit
- Potential additional revenue: $157,624 in July
- Annualized potential: $1,891,488

No new FTEs. No disruption. Just capacity, reclaimed.

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Continued from page 1

The Silent Backlog Problem:

ENT clinics across the U.S. are caught in a bind. Their calendars are full. Their providers are maxed out. But what's missing consistently, is timely, comprehensive diagnostic testing.

When Diagnostics Lag, So Does Treatment

Case Example: Mr. L, a 67-year-old with a history of hypertension and Type 2 diabetes, presented with progressive hearing difficulties and occasional imbalance. His ENT recommended a full audiologic workup, but the clinic's audiologist was backed up for nearly five weeks. By the time testing was completed, Mr. L had become withdrawn and frustrated, expressing growing concerns about his ability to communicate effectively at home. A follow-up appointment was missed, and the opportunity to begin timely hearing treatment and reduce his emotional strain was lost. Earlier diagnostics could have preserved his engagement and accelerated intervention.

Clinical Action Steps for ENTs

- **Quantify Your Diagnostic Wait Time**
- **Audit Coverage Gaps**
- **Remove the Bottleneck – Don't Make Audiologists Choose**
- **Rethink Workflow**
- **Track Diagnostic Conversion Rates**

What Your Diagnostic Wait Time May Be Telling You

0-3 days: Best practice. Enables timely treatment planning and high conversion.

4-7 days: Generally acceptable. Minimal risk of fallout.

8-14 days: Increasing risk of missed follow-up. Some patients may disengage.

15-30 days: Elevated attrition risk.

ENT follow-up may occur before diagnostics are complete.

30+ days: Significant vulnerability. Higher likelihood of patient dropout, follow-up slippage, and provider fatigue.

Based on published research, ENT operational benchmarks, and internal MaestroAuD™ clinic data (2021–2025).

"I was the only audiologist in our ENT clinic, which served a wide rural region as the closest provider, working through lunch and staying late to keep up. My husband is in the military and travels for work—we have a baby at home. I was stretched thin, trying to be everything to everyone. I'd only been out of school a few years and already I was feeling the burn-out. I love what I do, but I needed help to keep doing it well. Something had to give." – K. D., Doctor of Audiology

Connon's Corner

When Diagnostics Fall Behind, Everything Else Slows Down

In every clinic I've worked with, the backlog wasn't obvious—until we started asking the right questions. It wasn't a line of patients down the hallway. It was subtler: audiologists skipping lunch. Physicians doing their own testing. Thirty-two patients still waiting for hearing aid evaluations because diagnostics were two months out.

And it always started the same way: ***"We're doing fine."***

But when you step back and ask:

- How long do patients wait for testing?
- How often do ENTs review charts without diagnostic data?
- How many evals never happen because testing was delayed?

You start to see the real cost.

ENT clinics aren't short on patients—they're short on capacity. And that gap is widening with every audiologist who burns out, retires, or walks away.

MaestroAuD™ was built for this moment. Not to replace your team—but to protect them. Not to add complexity—but to restore clinical sequencing and free up your in-house experts to do what drives the most impact.

Stop guessing. Start reflecting.

The 3-Point Reflection Framework can show you what you're missing—and how to fix it.

About J. "Connon" Samuel

CEO & Co-Founder, Auris Practice Solutions, LLC

*Connon brings extensive experience in **business strategy, practice management, and audiology integration** within ENT settings. As the **CEO of Auris Practice Solutions**, he focuses on optimizing audiology services through **innovative models like MaestroAuD™**, helping ENT practices enhance patient care while improving operational efficiency.*

Research Summaries:

- The Laryngoscope (2023): Diagnostic inertia in ENT practices
- Otolaryngol Head Neck Surg (2022): Timeliness linked to higher treatment conversion
- ASHA Workforce Brief (2024): Projected audiologist shortage and burnout trends

References

- The Laryngoscope (2023)
- Otolaryngol Head Neck Surg (2022)
- ASHA Workforce Brief (2024)