Dr. D’Anne Rudden: When you think of a rural area, what image comes to your mind? Amber waves of grain? Everybody knows everybody?

Makes me want to sing a few bars - “Ah well, ain’t that America, for you and me”

You can tweet me the name of that song and the artist for extra bonus points.

But did you know that Americans living in rural areas face a higher risk than urban counterparts of dying from the five leading causes of death in the United States?

Heart disease, Cancer, Lower respiratory disease, Stroke and Unintentional injuries.

But why is this?

Those living in rural areas face several demographic, environmental, economic, and social factors that can put their residents at higher risk. And, all these factors compound on each other, meaning that rural practices often serve populations that are aging, shrinking, less affluent and less healthy overall.

About 20% of Americans and 23% of Medicare recipients live in what are considered to be rural communities. And those communities cover 95% of our country.

Even with the odds seemingly stacked against them, it doesn’t mean rural hearing health care practices have to just accept the situation and trudge on with their heads down.

It doesn’t mean they have to lower their goals and ambitions.

It doesn’t mean best practices, standards, and outcomes for their patients should be lesser than their colleagues in big cities across the country.

’Cause let’s face it; it is definitely NOT their first rodeo when it comes to managing change.

On the contrary, with great challenge often comes even greater opportunity. And this is especially true when it comes to rural audiology care.

Increasing patient access through telecare solutions and the mastery of fostering community relationships in conjunction with inherent out-of-the-box thinking may just make rural audiology care even more attractive to young and seasoned practitioners alike.

On the podcast this month, we have one of the finest audiologists I know, to share thoughts and insights on surviving and thriving in a rural practice setting.
Dr. Rachel McArthur is a Board-Certified Audiologist and owner of McArthur Audiology, providing superior audiological services for all ages in eastern Colorado and northwest Kansas since 2006. She has a special area of interest and has completed research on the impacts of noise-induced hearing loss, especially in agricultural workers.

Dr. McArthur has served on the Active Kids and Teens Advisory Board for Signia Hearing Instruments since 2015.

She is the Audiology Regional Coordinator for Kit Carson, Lincoln, and Cheyenne Counties assisting with Early Hearing Detection and Intervention services for newborns. She has also provided educational audiology services for many of the rural school districts in eastern Colorado.

In 2017, she continued to expand her education by joining the Cochlear Provider Network so that she could expand her services to include cochlear implants and help those with hearing loss receive optimal hearing health care.

Dr. McArthur, welcome to The Hearing Journal Podcast! I am excited to learn more about rural audiology care.

04:37 Dr. Rachel McArthur: Hi, how are you?

04:39 Dr. D'Ann Rudden: I'm good.

Okay, true confession. Rachel and I are good friends. You're going to get a very casual fun conversation between the two of us, but she definitely is the expert in this area.

Rachel, I know a little bit about your story, but why don't you tell everyone a little bit about who you are and how you ended up in a rural setting because you didn't grow up in rural America? But here you are.

05:11 Dr. Rachel McArthur: I went to the University of Northern Colorado with a music scholarship, and a flute performance major. After a couple of years, I got interested in speech therapy. My brother and my father are both deaf, completely, profoundly hearing impaired in one ear. My brother also had vocal nodules and had to receive speech therapy growing up.

When I picked a university, I picked a university that had a good music program with a speech pathology as an option because I knew that was kind of like my backup plan.

I ended up going to the University of Northern Colorado and fell in love with audiology. I think, my dad, my brother, and their hearing loss were eye-openers. I realized it was my calling that I got very interested in. Especially with a musical background with how you hear in music versus hearing loss and whatnot.

I'm up in Greeley, and right before I get into graduate school, I met my husband who was from eastern Colorado from a big farming family. They owned one of the larger John Deere out in the area that drove me to audiology. Moving out here, my husband always wanted to come back to the farm and be involved in his hometown, which gives me the opportunity.

06:49 Dr. D'Ann Rudden: ...because you're from New Mexico.

06:51 Dr. Rachel McArthur: Yes. I'm from the south of Albuquerque, so moving out to the middle of nowhere in Colorado has been interesting.
When my husband and I were discussing it, I was very concerned about the feasibility of having a successful audiology career moving to the middle of nowhere. I didn’t know how I would be able to do it. What led me into educational audiology was finding opportunities in the rural areas, to move out and make it successful for him and myself.

Dr. D’Anne Rudden: When I think about you, you don’t get the luxury of focusing on one thing. You have to be all things to your community. You have to do early identification, educational audiology, cochlear implants, hearing aid fittings, diagnostics, and hearing conservation. You are everything to your community.

Dr. Rachel McArthur: Doing an audiogram is what keeps me so invested in audiology. It’s not difficult once you get the hang of it. It can be teaching people to put hearing aids in their ears, but sometimes it can be a bit mundane. I get to wear different hats and be responsible for in different areas of audiology that it keeps me wanting to be better at what I do.

It can also be intimidating. I had recently been starting to diagnose infants. I had been fitting infants for a long time. Being in a rural area, I finally had the means when a hospital said they need me, so they bought me the equipment. Being in a small community where I’m the only one is often relying on my trusted colleagues to help me make sure that I’m always doing my best and never messing up because these are my people in a tiny community if that makes sense.

Dr. D’Anne Rudden: You’ve got their hearing care throughout their lifespan in your hands is what I’m hearing you say?

Dr. Rachel McArthur: Yes, but sometimes people will go off, and still responsible for an aspect of it. Maybe they’re seeing somewhere else clinically in their school, or maybe not. Maybe I’m the one that identified that child and they only trust me.

It’s a beautiful thing. And I love that, but there are moments when I hope I’m doing the right thing all the time because I don’t want to mess up.

Dr. D’Anne Rudden: I think the fact that you’re even conscious of wanting to do the right thing all the time tells me that you are probably doing the right thing 99.9% of the time.

Dr. Rachel McArthur: I hate it when I have to send someone away because I can’t figure it out, or I can’t get the child to condition to me, or I’m not making it work.

Unfortunately, there are times when I have to ask a patient to travel 80 to 200 miles to get to another qualified and trustworthy provider.

Dr. D’Anne Rudden: Yes, it’s the last resort, but that’s not your first instinct because if you were in a more urban setting, you might be quicker to jump to sending the patient to someone else that’s often a hardship for the people around you.

Dr. Rachel McArthur: It is. It’s been a battle since I moved out here.

When I first moved here, I did not jump into private practice. I worked with other physicians or at schools. There are arguments like we can’t take Medicaid because it’s not profitable, but when you’re the only one, you have to
take Medicaid because there are families that cannot make it to 200 miles into Denver. You need to be able to see them somehow and make it work.

It's been a big core foundation of my whole attitude of having a practice in the middle of nowhere and making it work.

11:46 Dr. D'Anne Rudden: Now, let me take you back to 2006. You completed research addressing noise-induced hearing loss in agricultural workers. Talk a little bit about that research and how it helped you understand your community better and provide care in a completely different way.

12:17 Dr. Rachel McArthur: My research was on why agricultural workers typically have more hearing loss in the left ear than in their right ear. I rolled out the fact that the cap door was on the left side, and that the head shadow effect was part of it by turning their head to look at the implement. I did the research on my family during harvesting time, and it was fun because I had to stop some of my husband's family from harvesting just to put the equipment on them. You know when it's harvest time, it's Go time in the community.

I was also aware that agricultural communities were exposed to more noise at an earlier age, than the general population. The majority of my population has been on four-wheelers, or been around irrigation motor tractors, or shoot guns more prominently than some of what you would see up in a larger city. We see more hearing loss.

Early on, when I first started working out here the state would mandate that we test for noise-induced hearing loss for high schools. I started doing it in elementary school because we were finding it all the time.

One of the biggest things I think of when I moved out here, and the doubts I had for having a private practice is the fact that I'm not going to have the business, but what ended up happening is that when you are in an agricultural based community, the significant noise exposure to people who work on big farms are in a loud exposure.

I have seen some of the craziest and worst hearing losses because of noise or some lack of medical attention because we didn't have anyone out here. I'm the only one running into this.

When I first thought about moving here, I wasn't sure if I would ever have a successful practice. Compared to some of my colleagues, I had seen some crazy things, especially noise induced that are not being treated for a long time.

Unfortunately, for the first time, I have seen kids at the age of 22 have significant hearing loss and went through school that way, and I was able to help treat them. It was a rewarding thing, but it's also frustrating to realize that kids at 22 just showed up in my office.

14:58 Dr. D'Anne Rudden: Tell me what are some of the myths about rural audiology care? You've talked about noise-induced hearing loss, but are there other things that you think are in more suburban or urban clinics don't get? What are the myths?

15:23 Dr. Rachel McArthur: The one thing that I feel out here is that a lot of times, some of the rural people will say, "She's an audiologist in Burlington, so she doesn't know what she's doing."

We need to go to the front range to get quality care, and sometimes those people are doing it in a larger commercial type of place. When they show up back in my office, they're just floored at how well we're taking care of them and how thorough we are.
Being a rural resident myself, we sometimes go to Denver because it's going to be better there. In terms of rural audiologists, you will see some of the top audiologist that are very thorough. We know the families, and we are very tied to these communities. We don't have room to be very unethical, but we try to do the best for everyone.

So, I think some of the best care is coming from these little communities who we're more invested in everyone. I'm not saying anything negative about anyone on the front range, but I'm sure there's too, in some of those communities. I can't go out to eat without running into a lot of people who know me and say, "Crap! They all have hearing aids on. I need to leave."

16:48 Dr. D'Anne Rudden: I always say to people, even in my little suburban town that you are going to run into me in the grocery store. I have to do my very best for you because you’re going to run into me in the grocery store. I want you to smile at me when you see me coming.

17:05 Dr. Rachel McArthur: I've had to clean a hearing aid while I was picking up produce.

17:11 Dr. D'Anne Rudden: We are full service. Dr. Rachel MacArthur, I don't want you to go away. We are going to come back on the Aftershow. We're going to dive in a little deeper, but I do appreciate you coming on and talking a little bit about what it means to be fully certified, awesome Audiologists doing great work in what might be seen as a small town. You are bringing big things to small places. Thank you so much for being on the podcast today.

17:50 Dr. Rachel McArthur: Thank you.

AFTERSHOW

00:43 Dr. D'Anne Rudden: So, we're back on The Hearing Journal Podcast Aftershow with Dr. Rachel MacArthur of MacArthur Audiology, and we are talking about Rural Audiology Practice.

We talked a little bit about opportunities and your deep personal connection to the people that you serve, how they trust you, and the bond as the audiologist for a large area of people from childhood all the way up to elderly parents. What do you see are the greatest challenges for audiologists like yourself that work in rural practices?

01:52 Dr. Rachel McArthur: When it comes to hearing aid fittings and seeing a patient, I have to run into unique audiological or testing situations which I don't get to do frequently enough because I am the only person. In vestibular situations, I, for a fact, do not do this, instead, I refer out to PT because I wasn't doing them enough to feel comfortable.

I've been asked to do a BRS, for instance, and even if I cover a large area, I'm not getting enough of them though I feel 100% confident in what I do. One of the things that I'm super grateful for is that I have great colleagues and great friends who do not mind if I reach out to them. I ask them to please back this up to make sure I'm correct, especially when it comes to seeing some of the pediatric cases that I'm not getting as frequently as I would like.

We do run into a unique situation where we don't have a person in the office to turn around and back it up to help me. I have to say, "Okay, with your permission, can I send this to three or four of my colleagues to make sure I'm on the right track?" It's exciting, but at the same time scary getting to manage some of the very unique things that not all of us get to see all the time. I get to see it all. I'm grateful that I've seen some unique medical hearing losses, but I need to make sure that I have this right.
Dr. D'Anne Rudden: Right. There's no formal network, per sé of audiologists that are out there, like mentors and colleagues, or friends that I can reach out to. If we are going to put ourselves out there to reach out to support, then maybe we can do a better job. It is something we don't get to see every day, but you are ahead of that curve, my friend.

Dr. Rachel McArthur: It's important to understand that if I screw up, I can't just send someone up the block. I'm going to have to deal with it. I'm going to see grandmas, grandpas, moms, dads, and children, or whoever it is. It's important to understand how we should be helping other audiologists instead of making it all competition based or who's selling the most hearing aids.

We've talked about real audiology, and I have seen people go up to the front range because they had a commercial, or they had something. People would think it is best of the best, but it was not, and they end up back in my office saying, "I haven't had this thorough test. I haven't had this much care." I think it's important to be able to provide care and support to everyone, and I'm willing to help anyone who needed my help because I need help, too.

Dr. D'Anne Rudden: Right. People think sometimes that if she's from a rural practice, then she must not use best practices, and that is a total myth. You have all the things, all the equipment, and do all the stuff.

Dr. Rachel McArthur: I think that's what really counts. In terms of competition, I had to deal with hearing aids and salespeople that travel into a community that doesn't do best practices. Some would because it's cheaper and would come back to me because it's not working. Well, all this stuff that she did to make this work, for me, isn't important.

Dr. D'Anne Rudden: You have a stellar hearing instrument specialist that works with you. I have met her and I have teased you that I'm going to steal her from you someday because she's just that good. Talk about the dynamic of having an HIS [Hearing Aid Specialist] and an audiologist working side by side. What has worked well and what challenges have you had?

Dr. Rachel McArthur: She's from eastern Colorado, went to school to be an audiologist, and that's how she discovered me. She called me needing to get some hours. For an undergrad, I don't remember supervising her. I let her do some supervising, and I was super excited because of a Grow-Your-Own. I mean, I'm the only audiologist that's moved out here in a long time, and you get another person coming in. She worked with me for several years on school breaks, and she went to Nebraska to work with the deaf and hard of hearing, and I decided if I can train to be an HIS.

I'm an audiologist, and I had spent all the money on student loans. I believe in my degree, but I also thought, does she really need to go into debt? Maybe, I can teach you to do things the way I do, and I hold you up to the ethical values of audiology, and she jumped on it because she's family-oriented and loves this area. I brought her back, trained her to be an HIS, and we worked amazingly well together.

It still baffles me as an audiologist, I am required to see a Medicare patient, and we get reimbursed anywhere between 30 and 40 dollars for that test. She can get private pay, and still get full price for that. She does everything just like an audiologist is expected to do. She's got a great personality and great customer service. My patients love her and trust her. I think we found a great balance because not only she's doing clerical work and started off caring for and cleanings things, but we went through the whole process, and she was able to see how an audiologist provides things. She's just amazing.
09:14 Dr. D'Anne Rudden: What's really cool is you have been able to not only recruit and train someone like Teresa as an HIS, but you also have been able to recruit and retain high-quality staff. That's not easy. That is a level of human resource skills we certainly aren't trained to do as audiologists, but it's a skill you have to pick up somewhere along the way. Were you born with that skill in your pocket or did you feel you've had to learn something along the way? How did you learn that...because I struggle?

10:13 Dr. Rachel McArthur: The reason I have the team is that I'm not the best HR person. I do live in a tiny community. These girls are my family, and they are my friends, which get in the way sometimes because I'm their boss. I have support from my colleagues and friends just like you whom I can say, "Hey, I need help," and that guides me along.

But one of the reasons, why we're such a tight-knit group of females—I have six employees, is because we all are friends and family, living in a small community. We know too much about each other. I can't drive away and never let them see my house or what car I have. I can't hide things from them. We all know everyone and the people in the community a little bit too well.

Another reason why I have such a good group is that we've had patients come in and talk about how they've not walked into business before, and seeing people genuinely laughing, and having fun with each other.

Teresa has been accused of being my daughter and my sister. I've had another employee, she's my sister as well. I just think it's one of those things that probably is not me being the best business owner, in terms that I am friends, and I do value these people. I couldn't just lay one off. I've been upset with everyone at some point, but it's not like I can just cut you off when it's done.

11:55 Dr. D'Anne Rudden: And you still have to be the boss, right?

11:58 Dr. Rachel McArthur: Yes. If I do, and they're related to my patients and neighbors. It's a little different. It is harder to find good people in the community, but for me, it's always been a gut. Like when I met Diana, my office manager. Her grandpa was my patient. And she said to me, you need someone to help you, so you can be the doctor.

I didn't open my private practice for five to seven years after that. I didn't even remember her, but I remembered her grandpa who needed his hearing aid through YouTube. When she showed up right when I was starting everything out, I remembered her, and asked her to come work. It worked out, and that's how I started.

Also, Teresa who called me, and she had other aspirations for a while, but I was able to bring her back. All was just working out really well. I'm lucky and knock on wood, it continues.

12:57 Dr. D'Anne Rudden: Here's another piece of the puzzle because in the first part, you talked about Medicaid, and having to see those patients that know you in many ways that you don't get the luxury of saying, "I'm sorry, I don't take your insurance," and you have to figure out how to make it work.

One of the ways that I feel like you've been able to make it work is that you participate in a non-profit project called Hearing the Call Colorado with me and a few of our Colorado colleagues. Talk a little bit about how that project has changed how you offer care in your community?

13:45 Dr. Rachel McArthur: It's been amazing. From day one, being out here, I've always found a way to take care of my patients. I have found ways to get people who can't afford hearing aids, but now that I'm a part of Hearing
the Call Colorado with you. It's so nice to hand out application, tell them to fill it out, and come get fit in Burlington, so I can get you set up with hearing aids.

I think, what the local physicians love about us is when we came to Burlington event in that beautiful situation with a kid that I used to see at school and fitted his mom. He finally showed up with a set of hearing aids because he decided to start wearing even though he'd lost that battle in high school. It's like it has come to a full circle.

I think, Hearing the Call Colorado has just made it so much easier for me to get people into hearing aids when they don't have funding. It's nice because it's us, we are not relying on other agencies like we used to. It's us.

I even have a patient who lives in Denver who chose to come see me, but I'm like, "Hey, if you need something I know four audiologists in the front range that will take care of you."

It's beautiful to take care of everyone especially if you live in a small community where you know people who can't afford hearing aids. One of the biggest missions at MacArthur Audiology is to take care of whoever comes in.

15:27 Dr. D'Anne Rudden: One way or another.

15:28 Dr. Rachel McArthur: Right.

15:38 Dr. D'Anne Rudden: I've been hearing about the death of audiology for 25 years, but it never happened. Challenges? Sure. Everything seems like the sky is falling, but with rural audiology where not only is the sky not falling, you have so much business that you can hardly stand it.

I want you to look into your audiology crystal ball and tell me what happens to rural audiology clinics in five, 10, or even 25 years out. What do you see for rural audiology?

16:44 Dr. Rachel McArthur: I don't see a lot of anything being completely different, except for the fact that continuing to try to provide hearing aids to Hearing the Call or at a more affordable, maybe less service-based way. Instead of over-the-counter taking over (I'm not worried about that), where we get questions, but it's not inundating us or Costco doesn't inundate us.

I think, what I see in the future is me manipulating how we do things and say I can get you a hearing aid for this cost, that you can take it home and put it in and figure it out yourself. I'm not going to teach you, and therefore you don't have to pay for that. I'm not going to do real ear, but if you're going to come in and complain, then you're going to pay for that sort of thing.

I guess, I don't see a difference, except for needing to adapt for those coming in. We're going to see some of those people that hated they went to Walmart and got hearing aids, and they're going to show up and ask us to fix it.

What I like to see our industry advocate for is not against over the counter, but don't walk us out of it, right? So, buy your hearing aid at Walgreens if you want to, but I can get the parts to fix it, service it, clean it and make it work for you when you're not satisfied. If that happens, I'm not concerned. I am totally aware that I'm in a unique situation that I am so very rural.

I'm not rural who lives in a mountain town with lots of tourists that every 15 miles there's a town with two or 300 people.
Dr. D'Anne Rudden: Right. What I hear you say is the future's bright in rural America.

Dr. Rachel McArthur: I think, some of that is going to filter in. I tell patients that if you have a very mild hearing loss, and that hearing aid helps you, then great. If it doesn't help you, then I want to be able to work on it. If I can't work on it and help you, then what did you just pay for?

Dr. D'Anne Rudden: Your service means something, and it should mean something.

Dr. Rachel McArthur: It is. You mentioned people complaining about the downfall of audiology. I think it's been people not charging with their services. I've tried hard to point out that you are not paying for the hearing aid because the hearing aid is costly. But, if you want me to teach you how to put it in your ear, and do the verification, then this is what you're paying for, and that's going to guarantee success. I guarantee it.

Dr. D'Anne Rudden: Dr. Rachel MacArthur, you are a beacon of light, and you are also doing amazing work in an area where you have to wear a lot of hats. I hope that you and our colleagues like you, keep doing what you're doing and keep taking care of people because they need you. They really need you. Thank you for being on the podcast today.

Dr. Rachel McArthur: Thank you.