

# The Hearing Health Awareness Program

## An Introduction for Pharmacists

The Mission of the Hearing Health Awareness Program (“HHAP” for short) is to broaden awareness among a wide cross section of the public about the importance of maintaining hearing health as well as to enable processes that lead, when appropriate, to further assessment and treatment.

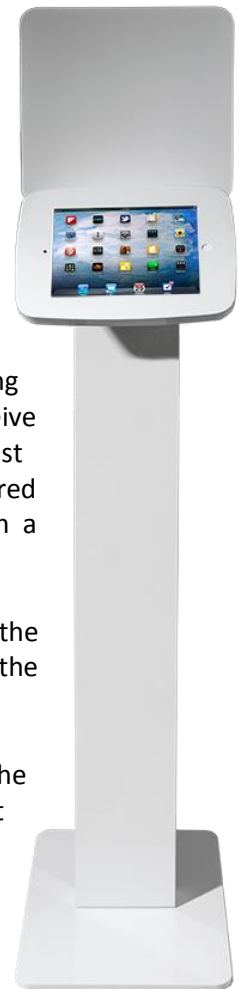
HHAP represents a collaboration among health care professionals and organizations concerned about the rise of untreated hearing health problems. In fact, those with untreated hearing loss represent the largest cohort of people in Canada and the United States with a chronic condition - estimates range to over 60 million. Many of those are individuals 40 years and over who have mild or moderate losses. The pattern of hearing change can be recognized in many cases even when their hearing is still within the normal range and can possibly be prevented from further decline.

Community based pharmacists - like family physicians – are well positioned to serve as gatekeepers for identifying a patient’s hearing status yet invariably lack the knowhow or interpreted hearing screening required to fulfill that role effectively. HHAP therefore aims to engage them in developing a comprehensive hearing health program that addresses their patients’ needs - particularly those thousands who are currently undetected or treated – that is easy to administer as well as rewarding for all participants. It is designed to provide the technology and guidance required to offer hearing health care services as an addition to conventional pharmacy practices thus enabling pharmacists to recommend preventative and rehabilitative strategies for their patients to follow.

The program provides an end-to-end solution by including other professionals involved in delivering hearing health – otolaryngologists, audiologists and hearing instrument specialists - who receive referrals for further work up when a patient’s condition warrants. Pharmacies which express interest in joining the program are qualified as to their location, staffing and patient profile, then partnered with a competent hearing health professional (audiologist or hearing instrument specialist) in a typical referral relationship. Following this pairing, Ultimate Kiosk orients both parties and installs one of its hearing screening Kiosks in a convenient location close to the prescription desk. Patients are then encouraged to test themselves and discuss the findings with pharmacy staff who receive the report. Where losses warranting a more complete assessment occur, patients are referred to the dispensing partner for follow-up.

One key feature of the system is its ability to classify results by both level and pattern of the audiograms, much like an experienced practitioner would do. There is no charge to the pharmacist for the Kiosk and the orientation/knowhow provided with it. The program is paid for by the hearing health partners who enjoy the referral relationship with the participating pharmacies. A virtuous circle of benefits follow – a platform for advertising and a steady flow of qualified leads for the partner resulting in more hearing instrument sales as well as new sources of recurrent revenues for both the pharmacy and Ultimate Kiosk.

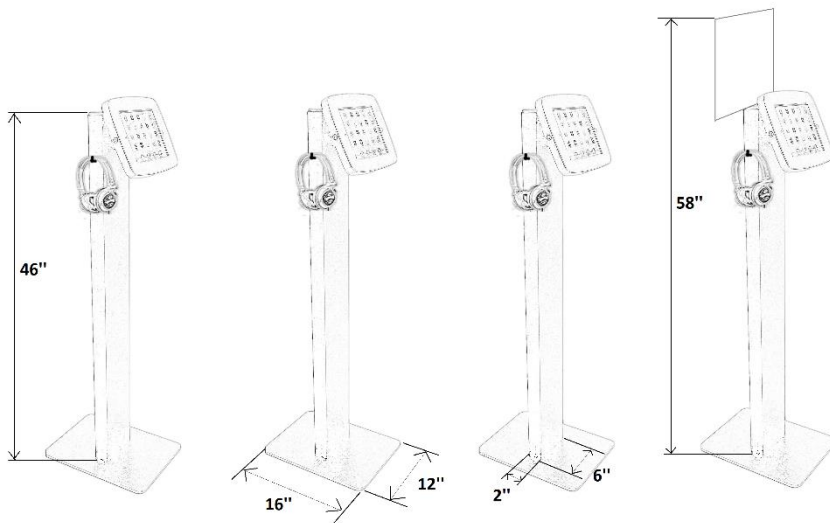
At present Ultimate Kiosk is starting up networks with two community pharmacy chains and welcomes additional interest.



*Powered by Ultimate Kiosk in collaboration with IDS Canada, family physicians, Siemens Hearing Canada and their partner dispensers*

## Mechanical

Footprint	41cm x 31cm	16" x 12"
Height	147.3cm	58"
Weight	15.9 kg	35 lbs.
Transportation box(1) size	13.97cm x 27.94cm x	11" x 36" x
Transportation box(2) size	12.7cm x 45.72cm x	5" x 18" x
		21"



## Interested?

For further information please complete this form and give it to a representative or  
Alternatively fax it to **905-468-9484**

*Note: By completing this form, you are only indicating a level of interest in having this service as a part of your practice. This is not a contract or agreement to proceed. After receipt of this form, an Ultimate Kiosk representative will contact you within 48hours to confirm your submission and set up a meeting to fully introduce you to the system and answer any further questions. At that time, you will be asked to confirm your participation.*

**Please print clearly.**

Name of Clinic: \_\_\_\_\_

Contact Name: \_\_\_\_\_ # of Exam Rooms: \_\_\_\_\_

Name of Physician(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_ Fax: (        ) \_\_\_\_\_

Email: \_\_\_\_\_

### DOCUMENT IDENTIFICATION

All practice information collected through this program is confidential and is used only for the purpose of implementing the Ultimate Kiosk program. The kiosk remains the property of Ultimate Kiosk throughout the program.

### Data Sheet

Information relating to this product and the application or design described herein is believed to be reliable, however such information is provided as a guide only and Ultimate Kiosk Inc. assumes no liability for any errors in this document, or for the application or design described herein. Ultimate Kiosk Inc. reserves the right to make changes to the product or this document at any time without notice.