

Hear now. And always



The Keys to Successful Integration of Implantable Hearing Solutions in a Private Practice: Part I

Ginger Grant, AuD and Catherine Richardson, MA

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Learning Objectives



- Identify the three primary considerations for successful integration of cochlear implants in a private practice
- Describe considerations and options for long term sustainability related to treating cochlear implant patients
- Discuss the necessary components of an efficient clinical protocol to maximize patient outcomes



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Our Mission

We help people hear and be heard.

We **empower** people to connect with others and live a full life.

We **transform** the way people understand and treat hearing loss.

We **innovate** and bring to market a range of implantable hearing solutions that deliver a lifetime of hearing outcomes.



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Industry wide insights

- Many eligible CI candidates are still not accessing treatment
- Key components lacking to build and support Standard of Care
- Modality is complex and requires significant support and professional expertise which influences clinic efficiency
- Reimbursement codes are undervalued and not representative of work
- Patient desire for telehealth services has accelerated
- Digital infrastructure and application integration is key to delivery of patient care

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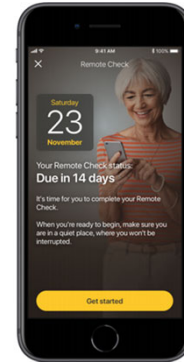
Clinical Care Over Time



1990:
~ 3000 patients¹



2006:
~ 30,000 patients²



2020:
>410,000 patients²

1. Clark, G.M. FRACS, Cohen, N.L., and Shepherd, R. K. 1991, Surgical and Safety Considerations of Multichannel Cochlear Implants in Children. Ear and Hearing Vol 12 No 4, supplement. Pages 155-245.
2. Cochlear Nucleus Implant Reliability Report. Volume 18 | December 2019. D1712187. Cochlear Ltd. 2020.

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Clinical Challenges



Independent Audiology Clinic



Large Hospital/Network



Private Practice/ ENT Clinic



University Clinic

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Professional Care

Cochlear Provider Network (CPN)

6.7% - 13.5%

of hearing loss patients in industry databases have severe to profound loss.¹

We help dispensing audiologists add implantable solutions to their practice and help connect them with surgeons.

1. Taylor B., Au.D. Changing the Course of Care at the Local Level in Adults with Severe Hearing Loss. 2018 Jun;10(2):10-16



The CPN connects independent dispensing audiology/audiology-ENT practices dedicated to treating hearing loss with surgeons who are interested in raising hearing implant awareness.



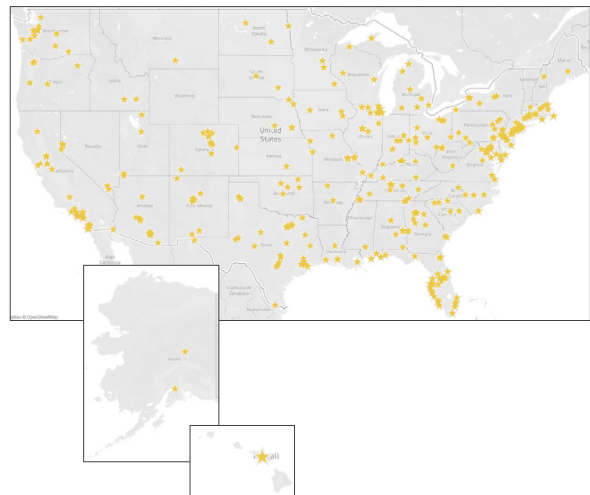
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The Cochlear Provider Network

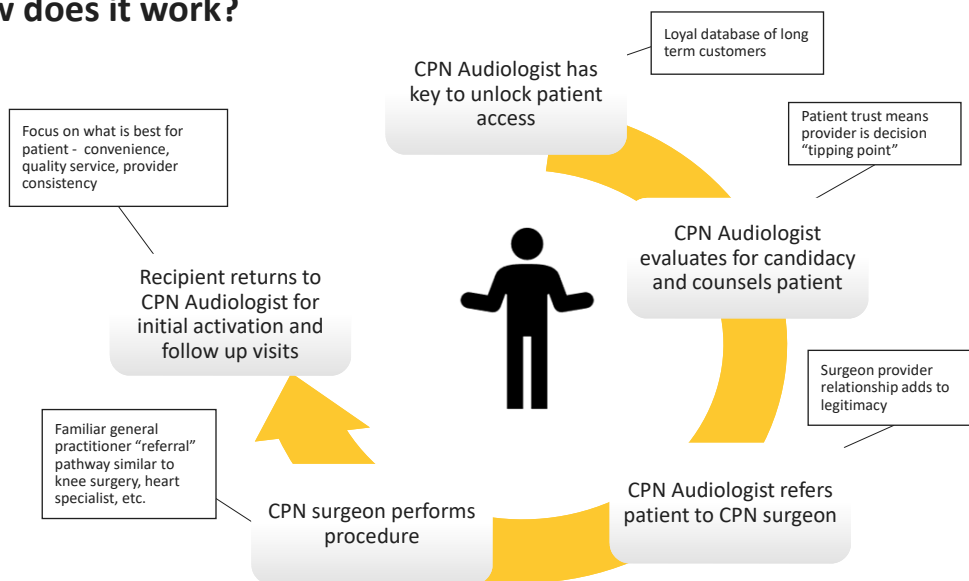


The Cochlear Provider Network (CPN) enables independent dispensing audiology/audiology-ENT practices to expand their services to include cochlear implants and become part of a medical network that helps people with hearing loss achieve optimal outcomes.



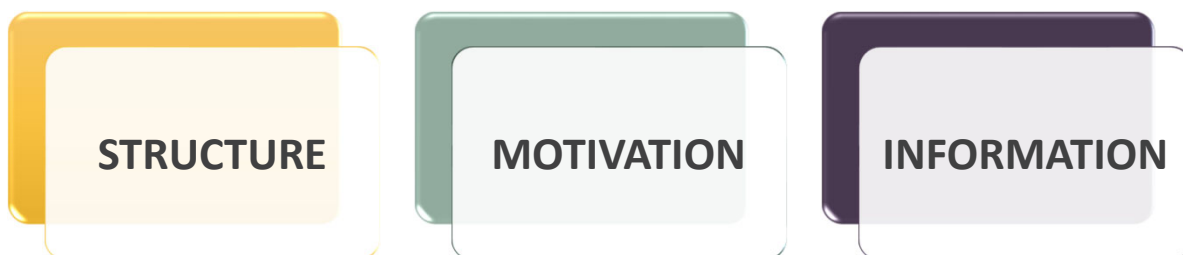
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How does it work?



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Three Keys to Successful CI Integration



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Three Keys to Successful CI Integration



STRUCTURE

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Structure – Ensuring CI Integration is POSSIBLE



A structure that enables CI integration into the practice in a viable and sustainable way via clear processes, responsibilities and financial remuneration or gains



• Surgeon Partner



• Protocol



• Sales Process



• Financial Plan

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Cochlear EDGE



Sales Process

- Comprehensive information
- Consistent delivery
- Effective way to implement CIs into the practice
- Details the next steps in a patient's hearing health care
- Provides insightful information and realistic expectations



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Financial Plan



- Establish/review contracts with health insurers
- Detail the schedule of services you will provide
- Identify CPT codes and modifiers that are consistent with your services
- Determine plan for managing non-billable time
 - Bundled vs unbundled
 - Manufacturer resources
- Review EOBs regularly and tweak your plan as needed

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Financial Plan



INSTRUCTIONS: First, make sure to clear all check boxes by pressing the button to the far right "To Clear all Checkboxes PRESS HERE". Next select the ZIP Code of your practice. Select each CPT code used during each session and press the "Selection OVERVIEW" button to review.

PATIENT ALGORITHM

Medicare State/Location: TENNESSEE

NOTE: If a box is checked yet the text is not visible you cannot use this combination of codes

Select the customer ZipCode

38017

To Clear all Checkboxes
PRESS HERE

Selection OVERVIEW

selection	CPT* Code(s)	CPT* Description	Detailed Code Info	Multiple Use	Medicare Reimbursement	PMIC			Comments:
					TENNESSEE	50th	75th	90th	
EVALUATION SESSION									
<input type="checkbox"/>	92550	Tympanometry & reflex threshold measurements	92550		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	92557	Comprehensive audiometry threshold evaluation and speech recognition	92557		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	92567	Tympanometry (impedance testing)	92567		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing	92570		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	92584	Electrocochleography	92584		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	92585	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; comprehensive	92585		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	92586	Auditory evoked potentials for evoked response audiometry and/or testing of the central nervous system; limited	92586		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	92588	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping; minimum of 12 frequencies), with interpretation and report	92588		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>	92626	Evaluation of auditory rehabilitation status; first hour	92626		\$0.00	\$0.00	\$0.00	\$0.00	
<input type="checkbox"/>									
Total Reimbursement					\$0.00	\$0.00	\$0.00	\$0.00	

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Three Keys to Successful CI Integration



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Motivation – Ensuring CI Integration is ACTIONED



Motivated, willing, and confident enough to integrate the CI services within a practice



Identifying candidates



Marketing



Patient Education



Bimodal

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When to Consider a Cochlear Implant Evaluation (Adults)



If your patient meets ANY of the criteria below, consider referring the patient for a full cochlear implant evaluation to determine candidacy*



Daily Interactions

Patient experiences ANY of the following:

- ☐ Struggle to hear on the phone
- ☐ Have difficulty understanding unfamiliar speakers
- ☐ Withdraw from social events
- ☐ Often need others to repeat themselves



Audibility

Greater than or equal to

60dB¹

(in the better ear)

Pure Tone Average (0.5, 1k, 2 kHz)



Speech Understanding

Less than or equal to

60%¹

(in the better ear)

Unaided Word Recognition Score

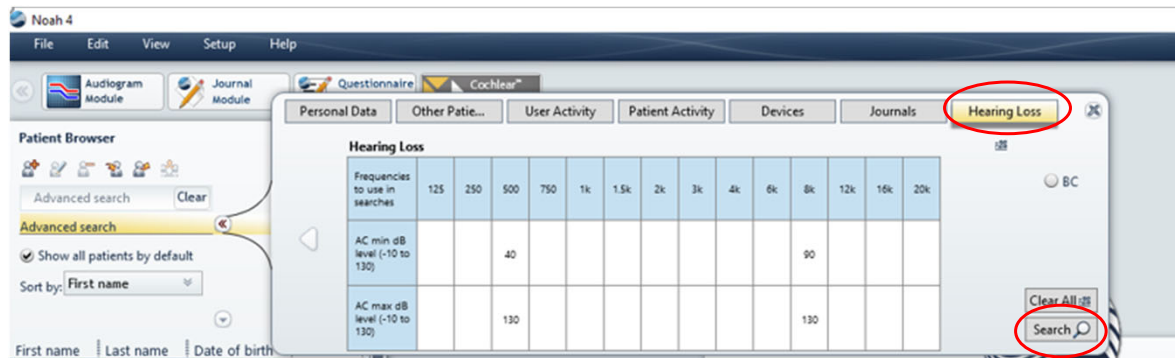
*This provides a recommendation only of when an adult may be referred for a cochlear implant evaluation but does not guarantee candidacy based on indications

1. Zwolan TA, Schwartz-Leyzac KC, Pleasant T. Development of a 60/60 guideline for referring adults for a traditional Cochlear implant candidacy evaluation. Otol Neurotol 2020;41:895-900.

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Database Search



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Marketing Implantable Hearing Services



- Website best practices
- Social media best practices
- Physician-targeted marketing
- Professional Continuum of Care events
- Facebook Live
- Blogs
- Radio spots
- Press release

Call to Action (CTA)

Disclaimer



Social Copy

Media
(ie. link to a YouTube Video)

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Patient Education

- What to expect
- Next steps
- Connecting to recipients
- Step by step journey



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Outcomes

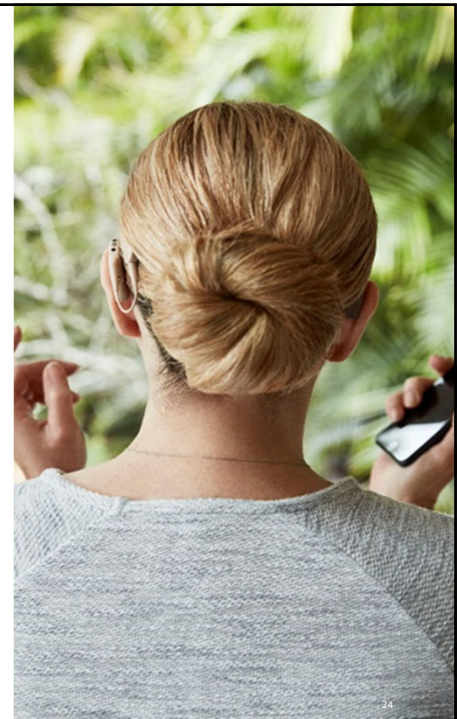
Bimodal

Bimodal = a different mode in each ear

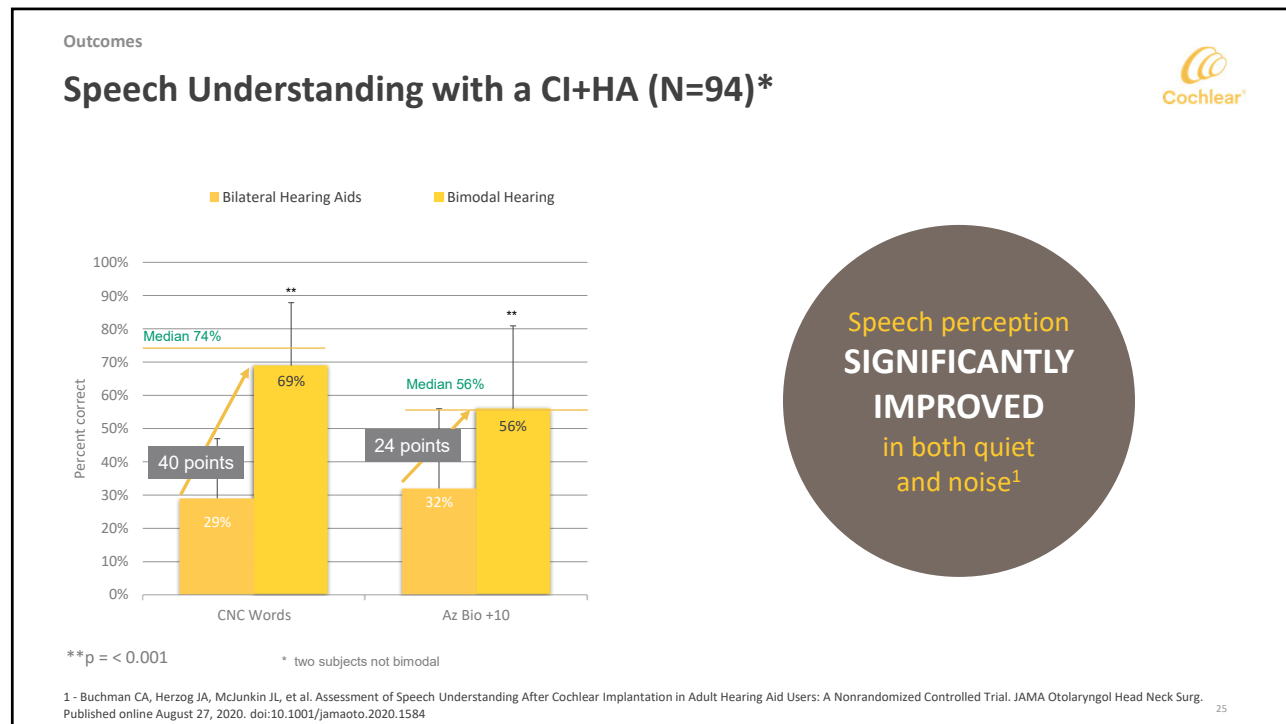
Bilateral = input to 2 ears

Hybrid Hearing* = acoustic and electric in the same ear

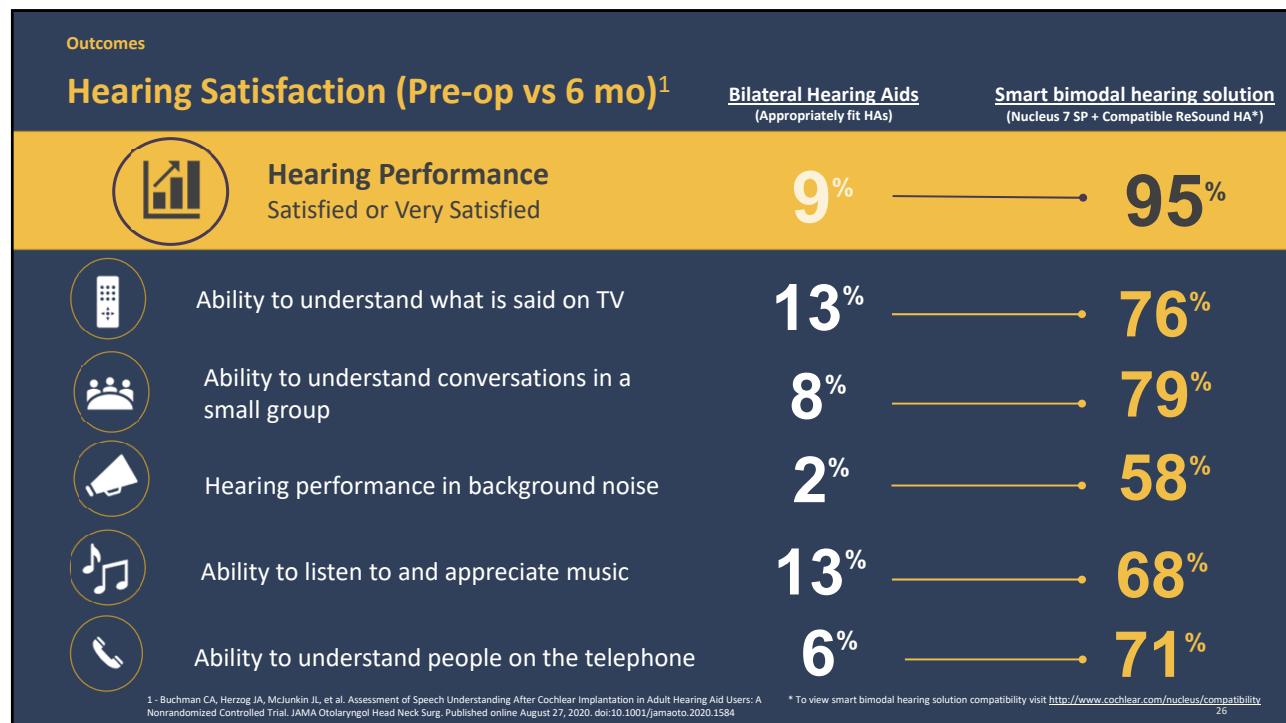
*The Acoustic Component should only be used when behavioral audiometric thresholds can be obtained and the recipient can provide feedback regarding sound quality



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Hear now. And always



The Keys to Successful Integration of Implantable Hearing Solutions in a Private Practice: Part II

Catherine Richardson and Ginger Grant

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Three Keys to Successful CI Integration



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Information – Ensuring CI Integration is EFFECTIVE



Having the skills, knowledge, information and tools to integrate and implement CI services within a practice



Equipment



Candidacy



Protocol



Software

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Adult Candidacy: Nucleus® Cochlear Implant



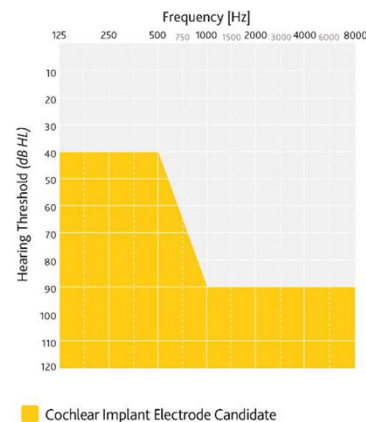
Nucleus Cochlear Implants are intended for use in adults who have bilateral moderate to profound sensorineural hearing impairment and obtain limited benefit from appropriately fit binaural hearing aids.

✓ Moderate to Profound hearing thresholds in the low frequencies

Profound (≥ 90 dBHL) in the mid to high frequency range

✓ Limited benefit from amplification

50% or less in the ear to be implanted (60% or less in the best-aided condition) on recorded sentence measures



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1. Zwolan TA, Schwartz-Leyzac KC, Pleasant T. Development of a 60/60 guideline for referring adults for a traditional Cochlear implant candidacy evaluation. Otol Neurotol 2020;41:895-900

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Candidacy

Adult Minimum Speech Test Battery



- The Minimum Speech Test Battery (MSTB) for adults was created by an independent working group
- The revised edition was released in July 2011¹
- Includes test materials and instructions for testing
- Available from Cochlear (FUZ318)
- Score sheets are at www.auditorypotential.com



1 - Auditory Potential (2011) Manual for the Minimum Speech Test Battery for Adult Cochlear Implant Users, downloaded from www.auditorypotential.com, April 2017

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Candidacy

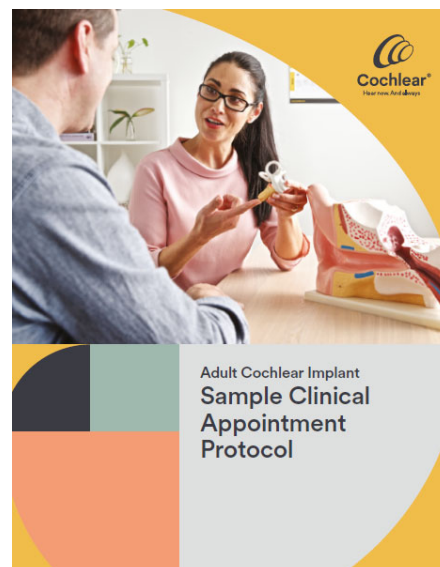
Selecting Tests



Adapted Sample Protocol:¹

- One 20-sentence list of AzBio in quiet
- One 20-sentence list of AzBio in noise (+10 SNR or +5 SNR depending on the abilities of the listener)
- One 50-word list of CNC words

Each test is expected to take
5-7 minutes to complete



1. MSTB (2011). Minimum Speech Test Battery for Adult Cochlear Implant Users. Available at: <http://www.auditorypotential.com/MSTBfiles/MSTBManual2011-06-20%20.pdf>

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Post-op Programming Schedule



When	What	Time
3-4 weeks post-op	Initial Activation	~90 minutes
1 month post-activation	First follow-up, re-MAP and early outcome measures	~60 minutes
3 month post-activation	Outcome measures, re-MAP if needed, ongoing device use counseling	~60-75 minutes
6 month post-activation	Outcome measures, re-MAP if needed, ongoing device use counseling	~60-75 minutes
Annual follow-up	Outcome measures, re-MAP if needed, discussion of ongoing care and support (e.g., consideration of upgrades, new technology updates, etc.)	~60-75 minutes

FROM: Sample Adult Clinical Protocol (FUN2802)

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Initial Activation Guide

Provides guidance on the following:

- ✓ What to review with patient
- ✓ Session goals
- ✓ Outcome measures to use
- ✓ Counseling Checklist

FOR PROFESSIONALS

Initial Activation Guide

Use the checklist below to guide clinical activities for cochlear implant activation. Adapt the checklist as needed to suit the individual patient needs.

Name: _____ Date: _____
 Date of surgery: _____ Device: _____

REVIEW

☐ **Medical Issues:** Inspect implant site, ear canal, area behind pinna for any issues (if needed, consider medical referral)
 Any redness or pain over implant site? (e.g. check magnet strength is appropriate)
☐ Any ear aches or discharge?
☐ Any soreness behind pinna?

☐ **Symptom check:** Check if there are new or increased symptoms since surgery
 New or increased tinnitus in the implanted ear since surgery?
☐ Dizziness?
☐ Anything else I should know? _____

SESSION GOALS *Set expectations for today*
☐ Audibility ☐ Comfort ☐ Basic device use

OUTCOME MEASURES

☐ **Monitoring Hearing:**
 Complete unaided air conduction thresholds in the implant ear using insert earphones (preferred) – only if measurable thresholds obtained at previous appointment. If the patient has residual hearing and is using it with an acoustic component, refer to [N] Hybrid Mode Professionals Guide – D963455

SUMMARY *Note: Consider referring another professional to assist in the device use and/or counseling when applicable (CI Tech, SLP or Cochlear support specialist)*

☐ **Verification of MAPPING:**
 Can Ling Sounds be detected? (aah/ee/oo/rrrrrr/ahh)
☐ Are all sounds loud and comfortable during a comfort sweep?

☐ **Basic Device Use:**
 Place and remove processor and coil on head
☐ Disconnect / reconnect battery
☐ Charge batteries
☐ On/Off

☐ **Educate / Train:**
 Sound processor configuration / buttons / programs
☐ Expected use of processor
☐ General usability (hair spray, hats, glasses, dry & stone etc.)
☐ Use of remote assistant and/or Nucleus® Smart App (pair to phone)
☐ Change program
☐ Change Volume

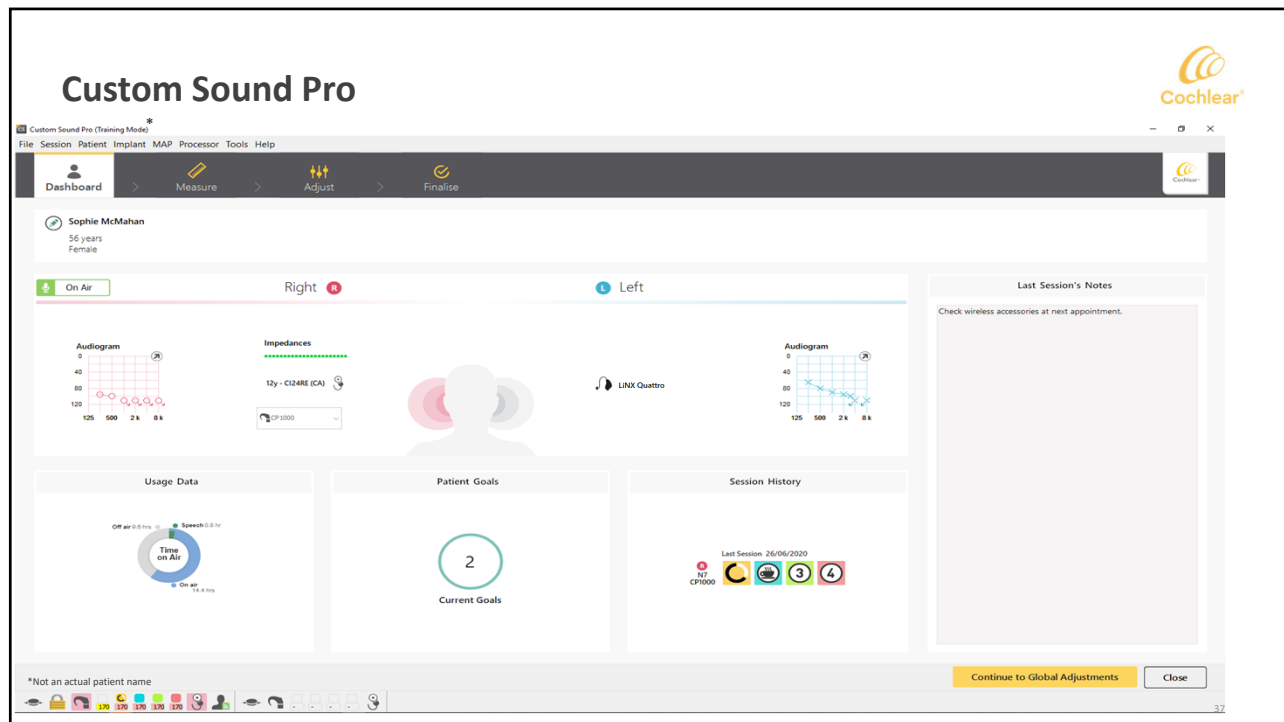
☐ **Additional Considerations:**
 Introduce Hearing Therapy Guide (FUNG70)
☐ Biomedical consideration
☐ Service plan options

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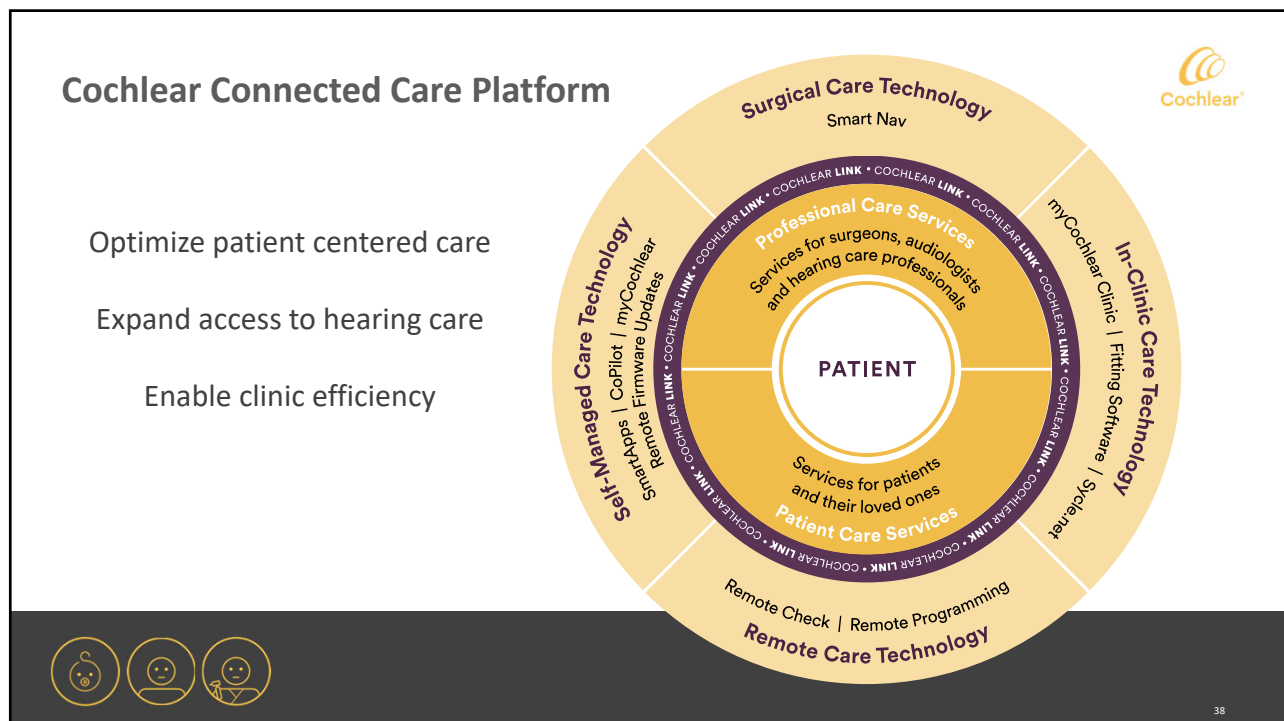
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Three Keys to Successful CI Integration



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Cochlear Provider Network



Training and Experience

- Introductory course
- Product updates
- Training webinars
- In-person support



Services

- Patient support
- Billing & Coding
- myCochlear Clinic
- Connected Care



Relationships

- Manufacturer support
- Network connections
- National meetings
- National organizations (e.g., ADA)



Revenue

- Bimodal services
- Clinic efficiency
- Billing/coding support
- New patients

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Benefits of CI Implementation



Expand

- Expand Service Offering

Partner

- Partner with the Medical Community

Retain

- Retain Existing and Attract New Patients

Maximize

- Maximize Alternate Revenue Source

Attract

- Attract Talent to your Practice

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For More Information



Ginger Grant and Catherine Richardson

CPN@cochlear.com

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The Cochlear Nucleus Smart App is available on App Store and Google Play. For compatibility information visit www.cochlear.com/compatibility

Remote Check is intended for ages 6 and older. The Remote Check feature is only visible and accessible if the feature is enabled by a clinician. Clinicians should consider the suitability of the feature before enabling Remote Check. Remote Check does not replace clinical care and does not involve remote programming of the sound processor.

"Custom Sound is only to be operated by hearing care professionals who have undergone training on programming Cochlear Nucleus Sound Processors. Remote programming with Custom Sound is recommended for follow up programming sessions and is not intended for intraoperative or initial fitting programming sessions. Clinical judgement on the part of the clinician is required to identify patients who are able to meet the criteria for participation in remote programming.

Implant contraindications: ABI Implant

Acceptable Internal Implants: All currently supported cochlear implant types: Nucleus CI600 series cochlear implants, Nucleus CI500 series cochlear implants, Nucleus CI422 cochlear implant, Nucleus Freedom CI24RE series cochlear implants, Nucleus Hybrid L24 cochlear implant, Nucleus CI24 series cochlear implants, Nucleus 22 series cochlear implants.

Acceptable Sound Processors: All currently supported sound processors (Nucleus 5 and newer).

Participants in remote programming should be:

- 12 years of age or older, adult supervision is required for patients under the age of 18
- Have 6 months of experience with their sound processor and are comfortable with the programming process"

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