

Dr. Cristi Moore on the Cochlear™ Provider Network

Cristi Moore, AuD



Tucson Audiologist, Cristi Moore, discusses how the Continuum of Care worked for her own practice and why she encourages other practices to consider becoming a member.

How did you familiarize yourself or get educated on the candidacy criteria and technology for cochlear implants?

A fellow audiologist approached me here in town when they first wanted to start the Cochlear Provider Network (CPN) concept, so I listened to what it meant. Once I decided to move forward with incorporating cochlear implants into my practice, I then received training from Cochlear Americas, and they were wonderful at giving me support. As I continued to practice using the CPN, I got better and better at identifying those cases.

What is your definition of a cochlear implant candidate, or what would you say is a classic case for you? (Though, we know it is not the same for everybody.)

The classic case is typically someone who has a moderate to profound sensorineural hearing loss and who is no longer receiving adequate benefit from their hearing aids. Those are the patients that I speak with and introduce the option of cochlear implant(s).

How often do you encounter patients in your practice who qualify for and benefit from an implant?

Just about every week, basically. Our goal is to try to schedule at least two hearing evaluations per provider each day, which gives us plenty of opportunities to identify patients with the appropriate hearing loss criteria.

Why is it important for you to counsel patients who could benefit from CI within your practice?

We want to make sure that every person that comes to see us knows about all their options for properly treating their hearing loss and communication challenges. We know the statistic that **“Less than 10% of people who would benefit from an implantable hearing solution are treated”^{1,2}** which is a disappointing gap in service offerings. When hearing aids are no longer providing adequate benefits, people need to know that there are other options for them, and oftentimes, that is a cochlear implant.

How does this add value to your practice? How is it helping to drive your practice and making sure that you continue to support your patients in the best ways possible?

I think it differentiates us because we're one of only three private practice audiology practices in the greater Tucson area that is working with CI patients. Financially — it really does have a financial benefit for a couple of reasons: it allows us to have additional referrals that we may not otherwise have; many patients also decide to keep the hearing aid on the other ear; **because they're happy and pleased with the results, they'll often refer their friends and families to us, and those patients may end up also purchasing hearing aids.**

What is the biggest impact that introducing cochlear implants has had on your practice?

I believe it builds quality and trust because we truly do want what is best for the patient's needs. We're not just going to sell them a hearing aid that may or may not work; we're going to tell them hearing aids are an option, or maybe they aren't the best option any longer and here is something that may be a better alternative. It allows us to have that conversation and discuss what that means.

Would you say that word-of-mouth is a strong referral source for your clinic?

Absolutely. It's just one more thing that makes us different than the place down the road that's advertising hearing aids for \$999 a pair. We're more than just hearing aids; we're practicing audiology first.

Is there anything that you would add about treating bimodal patients in your practice?

It's a nice opportunity because now you have not only the cochlear implant but also a hearing aid technology that is compatible with it. They can use the accessories which will work with both the cochlear implant and the hearing aid, so it gives us a lot of options. The majority of our cochlear implant patients are bimodal, so that's a revenue source for the rest of their hearing life.

Sycle has recently activated the 'Bimodal Candidacy Alert' in our software. Has this feature helped you to support your counseling efforts in your practice?

Well for me personally, since I already understood the candidacy requirements really well, it more so reaffirms what I already knew. But I think for other audiologists, especially those who are new to cochlear implants, that alert would be very helpful and would allow them to make the best decisions about how to proceed with their patient.

What would you say to practices that currently do not have cochlear implants on their radar? Are they missing out on something?

They may be missing out on the opportunity to keep their patients in their practice as well as showing them there are other options that could better serve their needs than just hearing aids alone. There are some practices who really do see CI as the next step and will refer their patients out for that reason. This isn't a threat and it is actually providing you a much better opportunity to care for your patients.

How has the Cochlear team supported you through your experience with the CPN?

The team at Cochlear is very available, so I can email or call, or they even come in and work with me. There's immense comfort in knowing that not only do I have the support I need, but my patients do as well.

Do you have any final thoughts you want to share?

Sure, our practice has seen continual recognition and we frequently see new patients who are interested in the broader range of hearing solutions that our practice provides. **Most patients who did move forward with cochlear implants are really excited and happy that they made that decision. It truly changes their lives.**

We hope that hearing Dr. Moore's perspective on the integrating CI into her practice services has been beneficial. The goal of the Continuum of Care initiative is to help traditional hearing aid practices retain patients by supporting bimodal recipients.

References

1. Goman, AM, et al. Prevalence of Hearing Loss by Severity in the United States. *Am J Public Health*. 2016;106:1820-1822.
2. Cochlear internal estimate, recipients data.

