

The value of referring cochlear implant candidates to CI specialists

Gyl Kasewurm, Au.D. Professional Hearing Services

Gyl Kasewurm, Au.D. & owner of Professional Hearing Services explains why she finds value in referring patients that are candidates for cochlear implants to CI specialists in her area. For Gyl, there are many benefits - for both her patients and her practice.

How did you familiarize yourself on the candidacy criteria for cochlear implants (CI) and the CI technology itself?

It's mainly about continued education and keeping up with the journals and what's happening in the news. I also speak with people that actually provide CI as far as rehabilitation. I speak with my colleagues at the University of Michigan to see what the latest treatment is and what the criteria is. It helps to keep me and the rest of my staff familiar with what's available out there.

Is that common amongst your audiology peers?

I think people in practices that do mostly hearing aids aren't as familiar with CI candidacy as they could be.

Does your proximity to U of M and U of Chicago add to your desire knowing that you have two great resources there?

Absolutely. When we refer patients we still want to follow up with them. We have patients that have a CI on one ear and a hearing aid on the other, and we check in with them to see how the rehab has been and what their experience has been.



Overwhelmingly, our patients have been happy. There have been a few that have been unhappy, but I think that has to do with their expectations - some patients have some unrealistic expectations. But we stay in contact with the people. Certainly Chicago is a great resource for us. We

want to refer to a provider that does a lot of cochlear implants, not just one or two a year.

How often do you encounter CI candidates in your practice?

I would say on a weekly basis. We have a large practice and we see a lot of patients. We're always measuring

benefits in the way of real-ear. If a person isn't benefiting from the hearing aid, I can't bear to not tell them there are other options available.

I have one patient who had been battling Meniere's disease for 20 years and he's only 62. It had just limited his life so much. He kept going back to U of M and he wasn't quite ready. He just had a cochlear implant about 6 months ago and he's now taking piano lessons because he can hear again.

How does referring candidates out to CI specialists add value to your practice?

If someone is unhappy with the performance they're getting from hearing aids, they tell everybody. By trying to do the best job and referring them out, it brings in more patient referrals and it sheds a positive light on our practice and the work we do.

When something is outside of our purview and we cannot help a patient any further, to me it's our heuristic obligation to say, *"You know there are other options, let me talk to you about them."* Whether or not they're a candidate for a CI, I say *"You may be a candidate for a CI and this is where you should go to find out if it will benefit you."*

It always comes back to shed a positive light on the practice; it shows we're very good professionals, that we do refer out when we know it's outside our scope of practice.

Have you formed relationships with certain specialists?

Yes. If someone goes to U of M or a provider in Grand Rapids and they can't be helped those patients are often referred to me. When you form a relationship with a professional, they definitely refer back to you.



Do you continue to treat patients that you refer out? Do you also have knowledge around the programming of CI?

I would be the first one to say that I don't have knowledge of CI programming. We don't do that here because we don't have any local providers that specialize in that.

Typically we do refer back to their original provider for adjustments and things like that. Often times, like I said, a person is wearing a hearing aid on one ear and a CI on the other. They still come back to us for the hearing aid reprogramming and really consider us as their primary provider for their overall hearing care.

Do you often continue to sell and upgrade on the hearing aid side?

Yes, I just saw a patient yesterday who had a CI. They often ask for advice if they aren't doing well with their current hearing aid. We demo something new and they get a new hearing aid. It works out really well.

Some would say that referring a patient to a CI specialist is like giving a patient away. That's a tough decision to make when we consider the cost of patient acquisition these days. What would you say to someone with that perspective?

Sometimes more powerful hearing aids don't yield more powerful results. The patient isn't going to want to use a hearing aid that isn't doing any better than the one they had before. You have to look at what's happening to that patient in their life. Are they withdrawing from society?

Are they withdrawing from relationships in their own family? Can they still enjoy their life?

That's what it's all about. If they are withdrawing socially, you have to do whatever is right to help them. It's a professional obligation more than anything else. Do what's right and it always comes back to you.



The Continuum of Care ensures that patients receive the care best suited to treat their unique hearing loss. **The Cochlear Provider Network (CPN)** connects independent dispensing audiology/ audiology ENT practices dedicated to treating hearing loss with surgeons who are interested in raising hearing implant awareness.

Sycle supports hearing healthcare providers in providing care that maximizes a patient's hearing experience.

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