

PATIENT-FOCUSED CARE:

When it's time to begin discussing cochlear implants with your patient.

Dr. Ken Martin Au.D.



With more than 20 years in the industry, Dr. Ken Martin, of Ken Martin Audiology, began using the Continuum of Care cochlear implant feature in Sycle and has utilized the tool to help remind him of opportunities to counsel patients on their next best solution. With a practice mission of blending modern evaluation and technology for better hearing with time-honored values of compassion, empathy, and respect to provide their patients with a better life, Ken has developed a successful practice. We sat down to learn how he puts patient needs at the forefront and counsels his patients for their best possible hearing.

How long have you been using the referral feature in the Sycle software? What do you like about it?

I've been using the Sycle CI referral feature for about two years now. It truly keeps the candidacy criteria top-of-mind for me, so that for a future patient, I'm more inclined to include information about CIs during the consultation after evaluation. Rather than just giving the patient some handout, with their permission, we can easily put them in contact with someone who can help them along their journey.

How do you determine if a patient's current hearing aid(s) is not providing adequate benefit and how does the Sycle feature help you with this process?

The methods mentioned earlier help to determine the extent of benefit with current amplification. The Sycle feature doesn't help me with determining benefit from amplification itself, but it does prompt me to keep a CI option in mind as a possibility if that particular patient is still struggling.

We know that many patients are unfamiliar and uncertain with the journey towards a cochlear implant. How do you encourage your patients to take this next step? What information do you share with them?

I remind them that going for a consultation and more information does not obligate them to move forward with the procedure. "You don't know what you don't know." I share that there are options beyond hearing aids, and it is easier than ever to go for a candidacy evaluation.

Do you have an example of a patient who has gone on to succeed after being referred?

I've had many patients who have ultimately been implanted, but one particular patient was beyond frustrated with hearing aid use. Her hearing had significantly changed and she was upset/emotional about how this was affecting her relationships with family, especially her young grandchildren. She was referred through the Sycle system, and I'm told it was an easy process for her and she's been excited to hear better! Differently, but obviously better.

Are you familiar with the 60-60 Referral Criteria introduced by Terry Zwolan?

I am familiar with it, thanks to information put out by Cochlear about it. Again, it's an easy way to identify those patients who may be good to at least go for an evaluation and get more information.

How do you utilize this information when making patient referrals for a CI evaluation?

If patients meet these criteria for their better ear, I can at least mention CI as an option if hearing aids have been providing limited benefit. I let them know that while they may not be a true candidate yet, they fall in the range where it's appropriate for further testing to be completed. Of course, some will be interested and some will not.

"Referring patients out when we can't provide the best solution is remembered by patients who then value your honesty, care and integrity and will ultimately refer other patients."

What advice would you give to a fellow audiologist or hearing instrument specialist who may be unsure if a patient needs a cochlear implant evaluation?

If you're not sure, just talk through it with the patient noting that traditional hearing aids are not the patient's last option. Technology has changed significantly, and while we may not know with 100% certainty whether they are a true candidate, if they meet the 60-60 criteria, we'd like them to have as much information as possible and to consider a consultation. Referring patients out when we can't provide the best solution is remembered by patients who then value your honesty, care, and integrity and will ultimately refer other patients.

What have you learned and gained from the most in this journey?

I've definitely been made more aware of changes in criteria that allow many more patients to have CIs as a consideration. The conversation comes up more easily when I'm reminded while doing outcomes in Sycle. I also feel more knowledgeable about CI benefits when having that conversation.

The Cochlear Provider Network (CPN) enables independent dispensing 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.

To learn more about the Continuum of Care and the CPN, go to <https://web.sycle.net/continuum-of-care/>.

