

Cochlear Implants as the Next Step in a Patient's Journey

Leigh Kjeldsen, Au.D., Valley Audiology

Leigh Kjeldsen, Au.D., owner of Valley Audiology, discusses the benefits for both her patients and her practice in being a Cochlear Provider Network member and treating cochlear implant candidates.

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

Like a lot of audiologists, I learned about cochlear implants in graduate school, so I have a solid grasp of who is a good candidate. I was contacted by Cochlear to be part of the Cochlear Provider Network (CPN). I attended a 2-day training session that went in-depth on the CI candidacy and journey.

How do you define a candidate for CI?

When I see someone who has been wearing hearing aids for a long time and is no longer having success with them. I consider if there is another product out there that could help them more, or if this is more of a counseling issue. What direction do I want to go with this particular patient? Now that I know so much more about CI, these questions are always at the forefront of my mind. I think that CI can give some patients a higher rate of success than with other amplification devices.

How often do you encounter patients in your practice that would qualify for an implant?

I talk to at least one patient a week who is a candidate for a CI, and usually one patient a week that might be a future candidate. I'm happy to offer CI as an option to my patients early on in the counseling process, so they recognize it as part of the care they may receive in the future.

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

It's important for me to start talking early on about CI with patients that suffer from severe hearing loss because CI is such a different concept than hearing aids. It takes patients a while to get used to the idea of a surgical solution that would benefit them. My goal is to find a hearing solution that works best for my patients. I see CI as a hopeful recommendation to offer.

How does recommending CI add value to your practice? Does it promote growth?

I definitely think it's a differentiator within the community. It elevates us beyond a practice that just sells hearing aids. On the business side, it raises the level of professionalism and legitimacy to the recommendations we offer. From the patient perspective, it's reassuring for them to know we have other solutions past hearing aids.

What impact has supporting cochlear implants had on your practice?

I have been doing this for almost 20 years at Valley Audiology - from hearing testing, fitting hearing aids, and counseling. What really excites me is learning something new and being a part of a solution for patients needing something past the traditional hearing aid option. It's both challenging and fun.

Has incorporating CPN or CI into your practice helped your relationships with your referring physicians? Do they ever send you hearing aid patients who are not ready for CI yet?

Primary care physicians are sending me patients because they are confident I'll give patients sound advice. There is a local ENT practice that has begun sending me CI candidates; the practice has a good idea of who is a CI candidate and who is a hearing aid candidate, but because of my experience, they know I can guide patients down the right path.

Do you continue to treat patients you refer out?

Before I was doing CI in my practice, I would refer patients out for evaluations - they would have surgery, and I would not see them again. Now, I have people return for their opposite hearing aid or for specific CI molds, so there is more continuation with patients.





Talk to us a bit about bimodal patients and the opportunity there.

I have one patient who was implanted elsewhere and came to me for her hearing aids, so I'm helping with her bimodal treatment. I have another patient who is about to be implanted and will need a new hearing aid on his opposite ear. With all patients that walk through our door, it's always about making a good impression on the patient, helping them the best we can, and hopefully see their friends and family, too. I've done a lot of CI evaluations and only a percentage of those are actual CI candidates. Patients will also continue to see us for their hearing aid needs because they were so impressed with our professionalism and knowledge.

Sycle has partnered with Cochlear to formulate the Continuum of Care Initiative. How do you offer the full spectrum of hearing treatment so you can stay with your patient during their entire journey to better hearing?

We have cochlear pamphlets with different types of care patients can receive for their hearing loss, including cochlear implants. Patients can now consider CI surgery as a regular part of the care they can receive, it's becoming easier for them to accept it as part of their journey.

What would you say to practices that don't have cochlear implant candidacy on their radar - is there an opportunity cost, or are they missing out?

If you're going down the path of getting involved with CI, you really need to commit to doing it. It'll help differentiate your practice from others in the community.

What would you tell a colleague that didn't share your viewpoint on CI?

As audiologists, it's our goal to help patients hear at their very best. If a patient comes in and they don't really need hearing aids, we're not going to force them into buying them. It's our responsibility to tell patients that this is, in our opinion, in their best interest. Since becoming a CI

provider, I have more people coming through my door, some are buying hearing aids and some are getting supplies - it's been an improvement for the business overall. The misconception of CI is that it's the last resort for hearing and it doesn't have to be - it's the next step.

Do you see the opinions about CI changing amongst your peers, realizing that this is the next step and it all depends on the individual patient?

I've noticed that people currently working with CI view it as the next step in the patient journey. At the same time, I do think a lot of audiologists who don't know a lot about CI still see it as the end of the line. Having Sycle flag CI in the practice management software is a good way to start training audiologists who normally don't work with CI to begin thinking about it. I think it's important that audiologists adjust how they present CI to their patients - it's not the last resort, it's a positive move forward in the hearing treatment journey.

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 interested in raising hearing implant awareness.

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