

Cochlear Implant Misconceptions



With 6.7-13.5% of a clinic's patient base having a severe-to-profound hearing loss and not receiving the benefits they expect from hearing aids,¹ it's astonishing that only 5% of U.S. adult candidates for cochlear implants receive one.²⁻⁶ Clinicians commonly wait until patients are profoundly deaf before recommending a cochlear implant or referring them to a specialist for an evaluation. Misconceptions in the industry may be hindering hearing aid audiologists from offering cochlear implants as part of their solution portfolio.

Misconception: Cochlear implants are only for "the deaf"

- While some may believe that cochlear implants are only for patients with a profound hearing loss, FDA cochlear implant candidacy criteria include adults 18 years and older with moderate sloping to profound sensorineural hearing loss in both ears and who have limited benefit from amplification defined by preoperative test scores of less than or equal to 50% open-set sentence recognition in the ear to be implanted and less than or equal to 60% in the opposite ear or best aided.

Misconception: Patients can do just as well with hearing aids

- Enhancements over the years in cochlear implant technology design, surgical techniques, sound processor strategies and cosmetic appeal have led to improved outcomes and can result in significant quality of life enhancements over hearing aids.
- Studies consistently show a significant improvement in word recognition scores following implantation vs. hearing aid fittings. While testing sentences in noise, patients' improved understanding from 27% with hearing aids, to 69% when patients use a cochlear implant system.⁷

Misconception: Cochlear implantation is a complex, scary procedure for the patient.

- Cochlear implant surgery and mapping have evolved significantly over the years. Today, implantation is most often an outpatient procedure that takes about 90 minutes with activation occurring a short time after surgery (approximately 3-4 weeks).

Misconception: Some patients are too old for a cochlear implant.

- Cochlear implants have proven to be a successful solution for those who are in their 80's and even 90's. It's never too late to regain access to the sounds patients are missing.

Misconception: There are a small number of individuals in a clinic's database that could benefit from a cochlear implant.

- Studies report a range of 6.7-13.5% of patients within a clinic's database have severe-to-profound loss.¹
- Current cochlear implant indications include those adults 18 years and older with moderate-to-profound sensorineural hearing loss in both ears and who have limited benefit from amplification defined by preoperative test scores of less than or equal to 50% open-set sentence recognition in the ear to be implanted and less than or equal to 60% in the opposite ear or binaurally.

Misconception: It's difficult to find patients who may benefit from a cochlear implant in my database

- Now, in Sytle, it's easier than ever to find patients that meet cochlear implant candidacy criteria. When a patient's audiometric data is entered, a notification appears for those meeting cochlear implant candidacy requirements. There are also candidacy guidelines available in Sytle to help with identification.
- In addition, a clinic can sort their database to generate a report on all candidates. The report can be accessed by going to Reports-Marketing-Cochlear Implant Patients.

Misconception: It's difficult to be trained on cochlear implants

- The Cochlear Provider Network (CPN) is the leading program for those wanting to expand their scope of practice and increase their hearing health community network. What the CPN provides:
 - **Provider:** Training, guides, in-office education and reimbursement information are all provided to ensure a complete training experience for all qualified audiologists.
 - **Training:** By becoming part of the CPN, one has access to an easy-to-follow, supported patient care process called Cochlear EDGE. In addition, CPN can connect clinics to implanting surgeons, giving practices a distinct advantage over the competition.
 - **In-office support:** A CPN Representative can provide in-office support to ensure professional confidence and patient satisfaction.
 - **Billing assistance:** CPN can link Network Providers to The Cochlear Coding Support Program, designed to help manage every step of the patient's journey.

Misconception: Treating cochlear implant patients requires too much clinic time.

- Due to the advancements in technology, programming and follow-up appointments are often similar in length to hearing aid fittings.
- Unlike hearing aid fittings, many appointments are reimbursable and therefore may improve profitability and efficiency.
- Unique to the hearing industry, Cochlear partners with Audiologists to assist in caring for their patients. All cochlear implant recipients can reach out to Cochlear for assistance with anything related to their cochlear implant hearing journey. This can help to improve clinic efficiency while elevating patient satisfaction.

Misconception: Cochlear implants are not reimbursable

- As Class III medical devices, cochlear implants may be reimbursed by both public and private insurance.
- Audiologists can be trained to offer cochlear implant services – making them eligible to receive 3rd party reimbursement and creating a differentiator for clinics in this changing market.

Misconception: Billing for cochlear implant services is difficult

- Coverage, reimbursement and health economic information is readily available from Cochlear to assist providers and patients alike.

For more information on cochlear implants, the Cochlear Provider Network (CPN) or the Continuum of Care, please contact us at 888 881 7925.

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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
 2. US Census 2010
 3. US Census SIPP data, 2002, <http://research.gallaudet.edu/Demographics/deaf-US.phpuld>
 4. CDC, 2006 <http://asha.org>
 5. NIDCD <http://www.nidcd.nih.gov/health/statistics/Pages/quick.aspx>
 6. MarketTrak <http://www.betterhearing.org/hearingpedia/hearing-loss-treatment>
 7. Internal data. Best aided condition (bilateral hearing aids in 76% of cases; unilateral hearing aids in 24% of cases) preoperative vs. implant ear only at 12 months post-intervention implant ear N=38 Nucleus 5 clinical trial subjects