

Why aren't we talking about implants?

Your role in the shared care of Cochlear Implant candidates & recipients

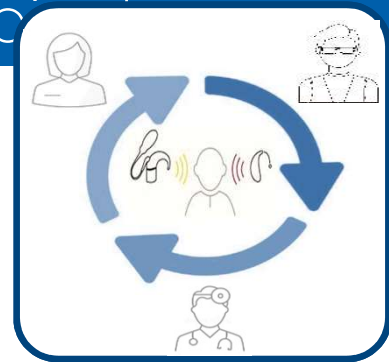
Dr Cathy Sucher
Ronel Chester-Browne
Jody French

AudA Western Australia Workshop B



Shared care of Cochlear Implant candidates & recipients

- Empower you with the skills and tools to identify a CI candidate
- Provide tools & tips on how to discuss CI's with your clients
- Provide an understanding of outcomes your client might expect with a CI
- Provide referral resources
- Help you understand the CI journey from pre to post op
- Provide tools & knowledge to build your experience & confidence to share in your client's CI care
 - Expectations management
 - Optimising outcomes (tech, rehabilitation, device support)



Program

| Timing | Session Description | Presenters |
|--------|---|-------------------------------------|
| 13:30 | Introduction Session 1: What does a CI candidate look like in your clinic | Cathy Ronel Jody Siew Moon |
| 14:20 | Session 2: The CI referral pathway | Ronel Jody |
| 14:55 | Session 3: Implant outcomes | Ronel Cathy |
| 15:30 | Afternoon Tea | |
| 16:00 | Session 4: Shared care and bimodal management | Ronel Cathy Meliza Barbara |
| 16:45 | Wrap up | Cathy |



Quiz! Test your Implant Knowledge

- Go to www.Kahoot.it
- Enter the game PIN



What does a CI candidate look like in your clinic?

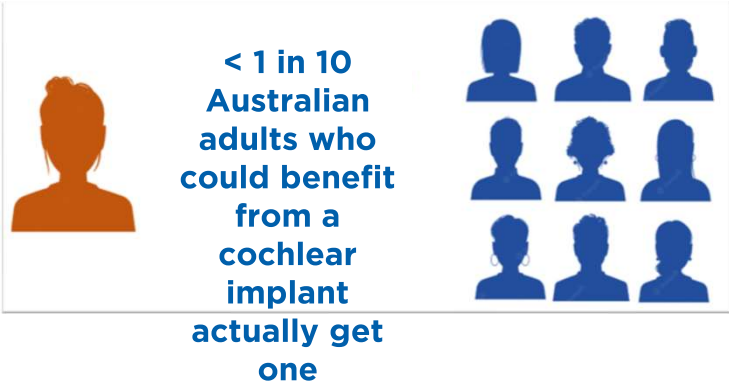


Learning objectives

- Learn how to identify a cochlear implant candidate
- Learn how to discuss cochlear implants with your clients



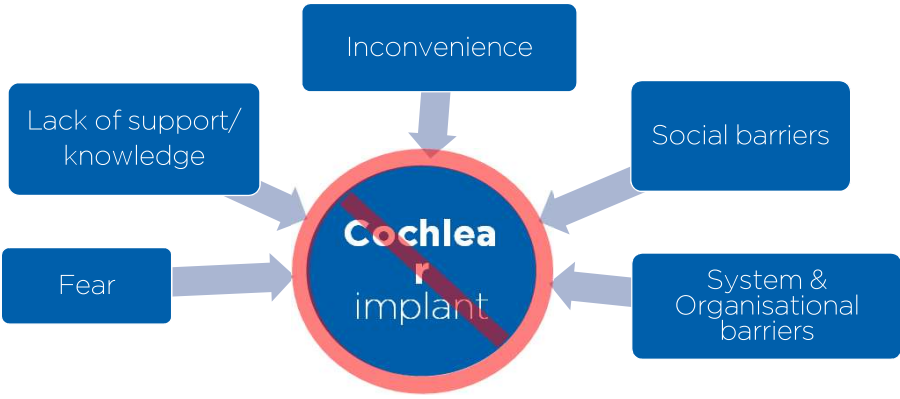
Cochlear Implant Uptake in Adults



Access Economics 2006, De Raeve L & van Hardeveld R, 2013, Holder et al. 2018, Raine 2013, De Raeve & van Hardeveld 2014

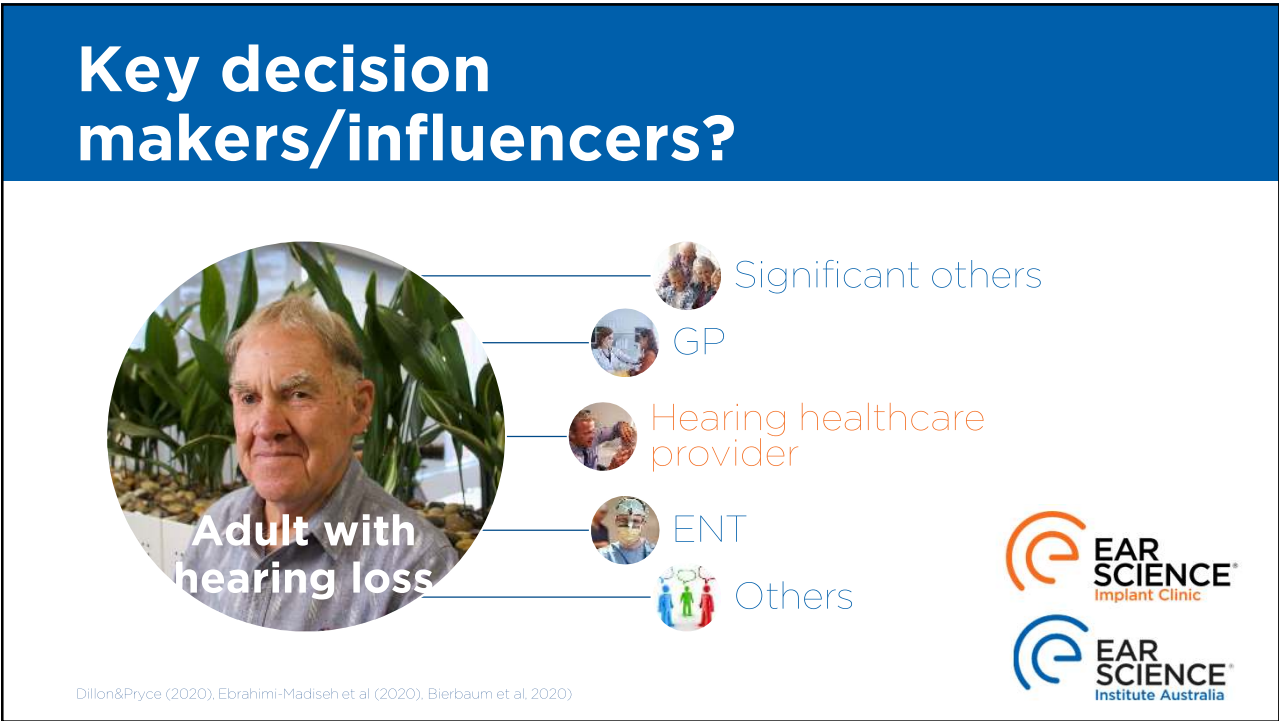
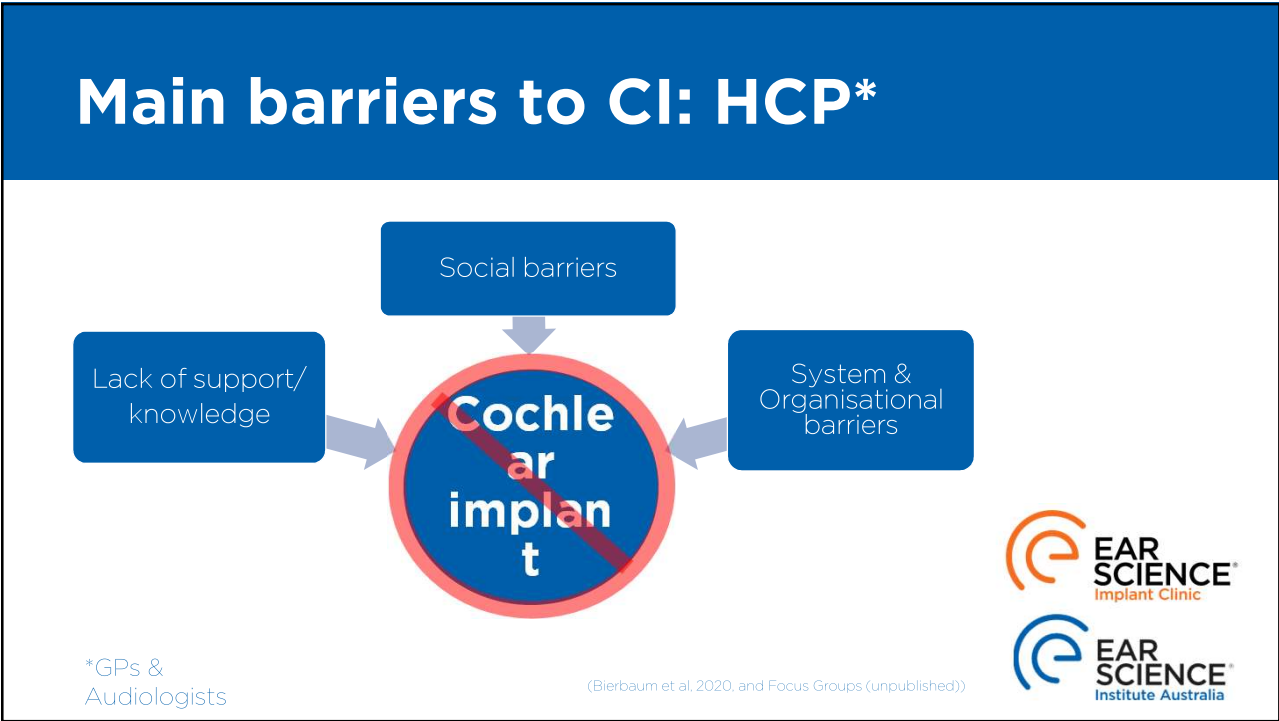


Main barriers to CI uptake: Clients



(Bierbaum et al. 2020, and Focus Groups (unpublished))





What about training?



Is that enough









Chundra & Buhagiar, 2013

Appointment Observations

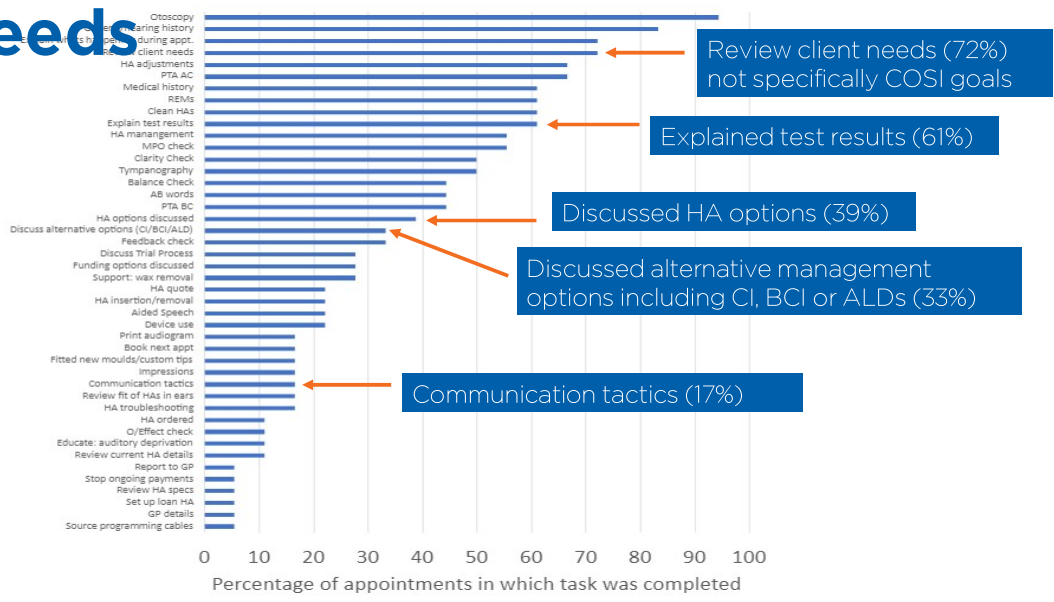
What interactions occur between audiologists, adults with significant HL & their significant others in HA review and discussion appointments?



What we found.....

| | |
|--|---|
|  <p>Limited client clinician continuity 44% appointments clients seen by their regular clinician</p> |  <p>Few appointments attended with SO 28% appointments</p> |
|  <p>There are many things to do in HA appointments 44 individual tasks identified during appointment observations (8 to 23 in average 45min appt)</p> |  <p>Many distractions and delays e.g. wax occlusion, software issues, parking concerns, chatty client/SO</p> |
|  <p>Limited functional testing formal/informal aided speech testing 22% appointments Unaided speech testing 44% of appointments</p> |  <p>CI candidates 89% clients were borderline/definite CI candidates • CI discussed in 17% of appointments</p> |

Individual tasks: Client hearing needs



What we found....

Fear of upsetting client

Normalisation of change (negative reassurance)

Discomfort discussing "uncomfortable" topics (e.g. psychosocial, mental health, CI)

"have you ever considered other options apart from HAs?" "like what?" "cochlear implants?" "oh no, no" "so you feel your doing OK with your hearing aids?" Aud doesn't pursue further why Ct said no. (A10, C15)

"there's not much that's changed since the last test 2 years ago. Some sounds about 5 or 10 dB but it's pretty stable". A15



What we found....

Mistrust of HA advice

Current or previous provided

Based on perception of previous/current HA outcomes or outcomes of others known to client or significant other

"When I think back to when I got these (HAs), I should never, ever have accepted them". C11

"I know a man at the village who paid \$12,000 for his HAs and they are useless. A lot of people in the village have all found the same thing". (C11)



What we found...

Cost versus Benefit mindset

"I'd have to think long and hard about that at my age (ie paying that much for a new set of HA's). I'm the one paying". C11

"Mum has said if we need to buy something better we can, or if there is something else you can try" (S03)

New HA technology will resolve hearing issues

"is there anything better to hear with?" (C18)
"nothing more in terms of better technology." (A15)

What we found...

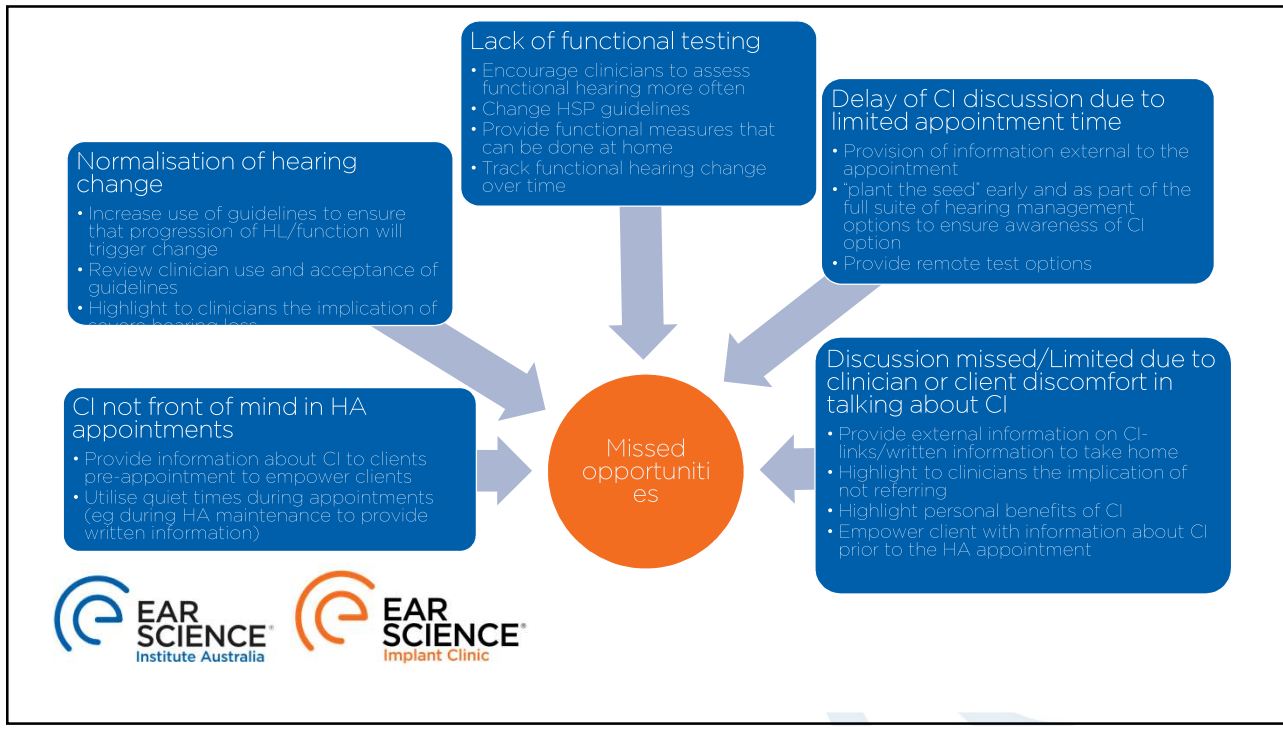
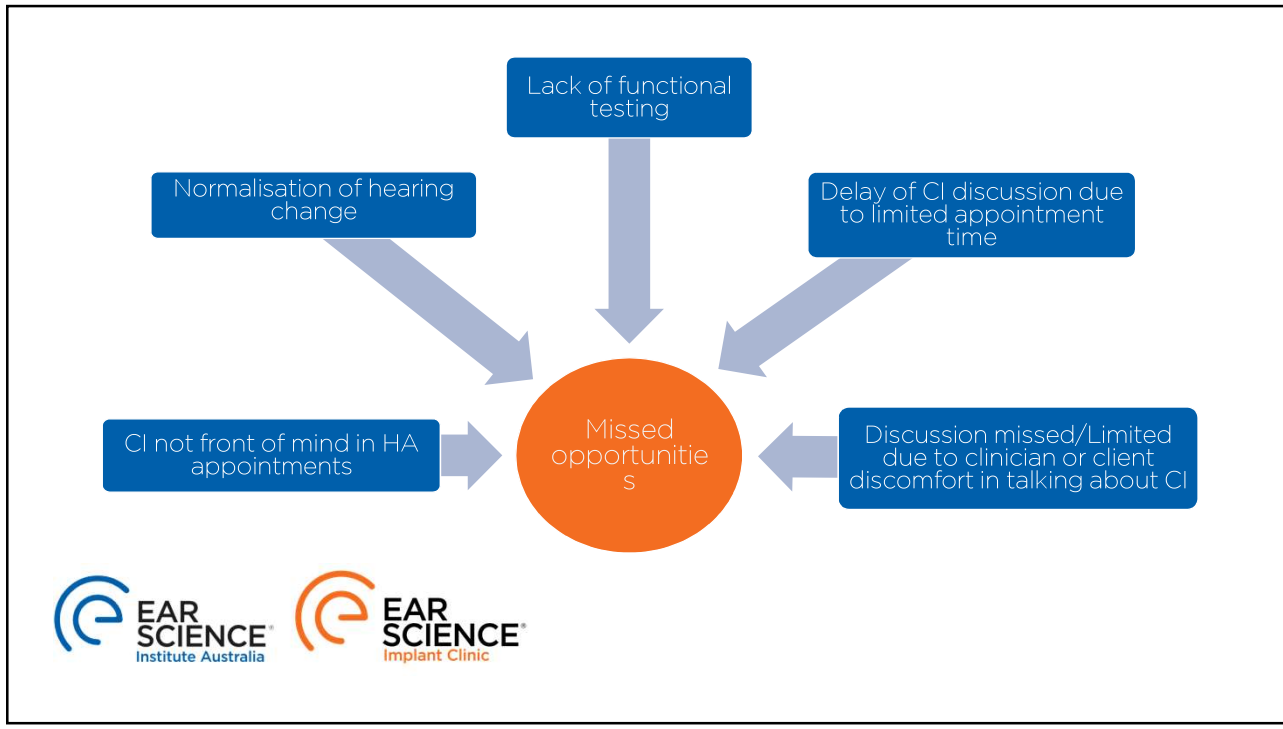
Acceptance of current hearing

A13"has anyone ever chatted to you about a cochlear implant?" C16"yeah a long time ago. But I'm happy with my HAs - I hear enough".

"Now I've managed to set them pretty well to targets except for the Right side in the high frequencies which is hard to do because of your hearing loss." A13
"What do I need to hear in the high frequencies anyway" (C16)



Why aren't we talking about Implants?
 AudA WA Chapter Meeting Workshop

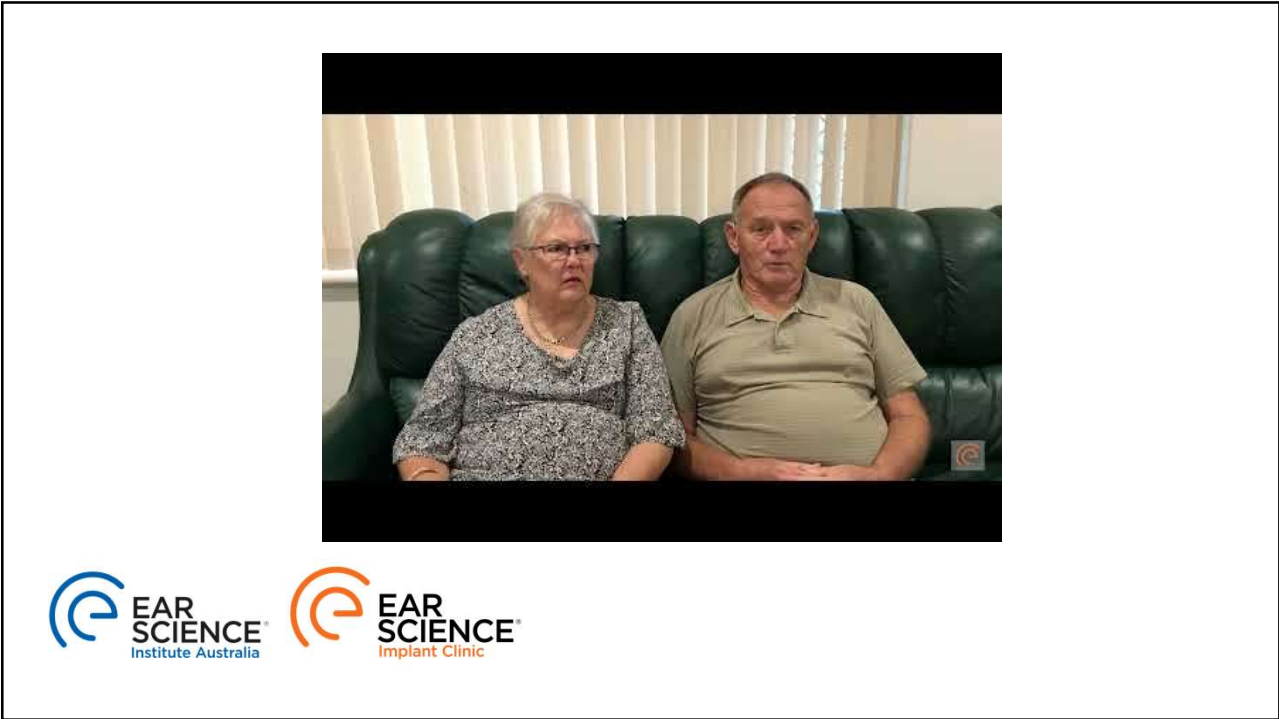


The personal impact of significant hearing loss

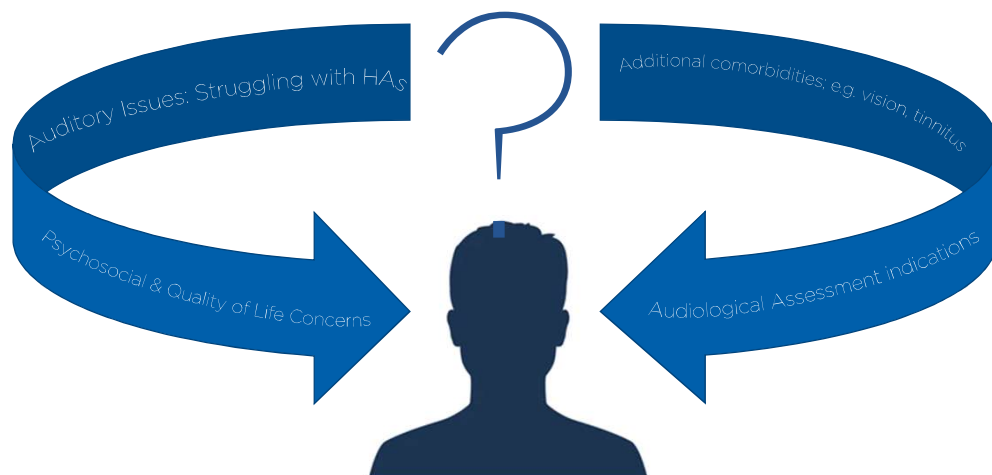
62W, mid-forties, successful CI user

I **struggled at work** for three years lecturing at Notre Dame University with hearing aids then, **lost my job** and **became unemployed** for 3 years when my hearing loss became so bad the aids were ineffective. Unemployed and deaf as a single parent with two small kids was a **hard slog...**

I **did not know** about implant technology, my GP did not think to refer me to an ENT until I became **severely and dangerously depressed**. My hearing service provider did not recommend implants because **they did not sell that technology.**



What does a CI candidate look like?



Identifying CI Candidates

- What your clients hearing & psychosocial needs?
- Assess your client's functional hearing & track over time
- Use candidacy guidelines



Incorporating CIs into your appointments

- What are your clients hearing and psychosocial needs?
- Assess your client's functional hearing & track over time
 - Speech testing (aided/unaided, consider remote testing)
 - E.g. Hearing Aid Check
 - <https://www.hearingaidcheck.com/au>
 - Subjective hearing disability tools
- Use candidacy guidelines

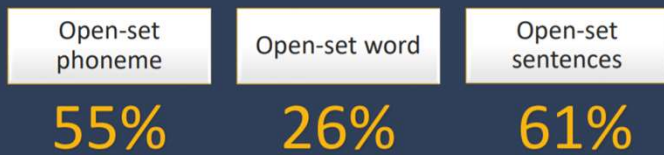


Hearing Handicap Inventory for the Elderly (HHIE)

| | Item | Yes (4 pts) | Sometimes (2 pts) | No (0 pts) |
|---|---|----------------|----------------------|---------------|
| E | Does a hearing problem cause you to feel embarrassed when meeting new people? | _____ | _____ | _____ |
| E | Does a hearing problem cause you to feel frustrated when talking to members of your family? | _____ | _____ | _____ |
| S | Do you have difficulty hearing when someone speaks in a whisper? | _____ | _____ | _____ |
| E | Do you feel handicapped by a hearing problem? | _____ | _____ | _____ |
| S | Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbors? | _____ | _____ | _____ |
| S | Does a hearing problem cause you to attend religious services less often than you would like? | _____ | _____ | _____ |
| E | Does a hearing problem cause you to have arguments with family members? | _____ | _____ | _____ |
| S | Does a hearing problem cause you difficulty when listening to TV or radio? | _____ | _____ | _____ |
| E | Do you feel that any difficulty with your hearing limits or hampers your personal or social life? | _____ | _____ | _____ |
| S | Does a hearing problem cause you difficulty when in a restaurant with relatives or friends? | _____ | _____ | _____ |
| TOTAL SCORE = _____ (sum of the points assigned to each of the items) | | | | |

Candidacy recommendations: Australian Studies

Given the outcomes, cochlear implantation may be recommended as an option for post-lingually deafened adults who obtain **up to** the following (in the ear to be implanted):



Leigh et al (2016). Evidence-based guidelines for recommending cochlear implantation for postlingually deafened adults. IJA



Refer early. And often When to consider a cochlear implant for your client*¹

If your client meets **ONE or more** of the screening criteria in *either* ear, consider referring for a cochlear implant evaluation to determine candidacy.

*Provides a recommendation only of when an adult may be referred for a cochlear implant evaluation, but does not guarantee candidacy based on indications.



Daily Interactions

Client experiencing any of the following with hearing aids

- Struggling to hear on the phone
- Having difficulty understanding unfamiliar speakers
- Withdrawing from social events
- Often needing others to repeat themselves



Audibility

$\geq 60\text{dB}^1$

Pure Tone Average (0.5, 1, 2kHz)



Speech Understanding

$\leq 60\%^2$

Aided Phoneme Score (conversational levels)



Zwolan TA, Schwartz-Leyzac KC, Pleasant T. Development of a 60/60 Guideline for Referring Adults for a Traditional Cochlear Implant Candidacy Evaluation. Otol Neurotol. 2020 Aug;41(7):895-900. doi: 10.1097/01.AUD.0000000000002664. PMID: 32658706

Incorporating CIs into your appointments

- Talking about management options

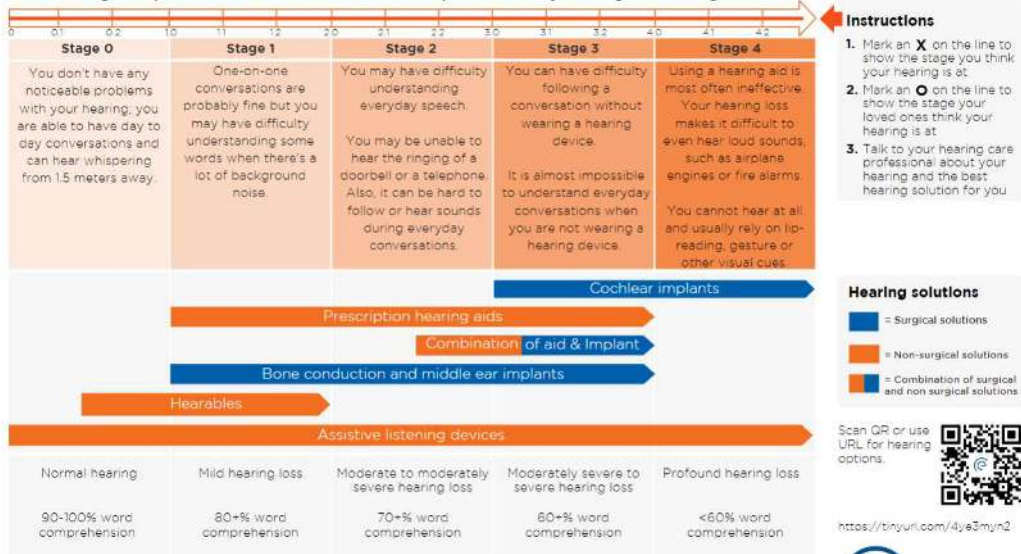
You don't need to know everything about CIs

- Empower your client



What stage of hearing loss do you have and what treatments are most appropriate?

Your hearing loss will likely progress over time and may be different for each ear.
 Your hearing care professional will discuss treatment options to suit your stage of hearing loss.



Reference: World Health Organization. (2021). World Health Organization. (2021). London. ISBN:978-92-810-3332-0. Available at: <https://www.who.int/publications/item/9789281033320-chapter-11-hearing-loss>. Retrieved from: <https://www.who.int/publications/item/9789281033320-chapter-11-hearing-loss>. Copyright © 2021 World Health Organization. All rights reserved. This document is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. For more information on this license, please visit <https://creativecommons.org/licenses/by-nc-sa/4.0/>. This document is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License. For more information on this license, please visit <https://creativecommons.org/licenses/by-nc-sa/4.0/>.



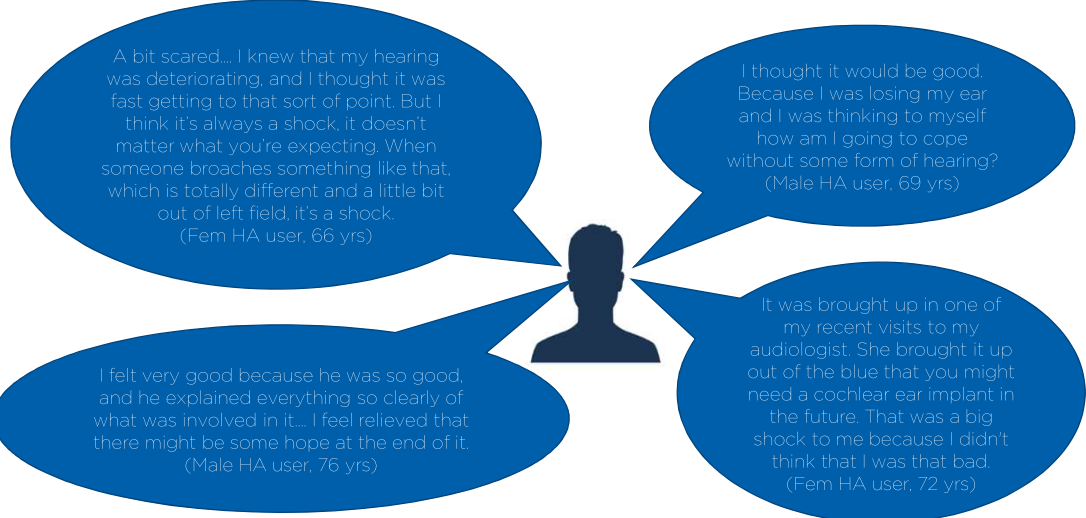
Choosing the right solution for you

| In-The-Ear | | | Behind-The-Ear | | Implant |
|------------|-----|-----|----------------|-----|---------|
| | | | | | |
| Lyric | IIC | ITC | RIC | BTE | Implant |
| | | | | | |

How to raise CIs with your clients

- Find out what your clients hearing and psychosocial needs really are.
 - Create *personalized* goals. Ask questions
 - Prepare your client
- Assess your client's functional hearing and track over time
 - Speech testing in clinic (under headphones or aided)
 - Speech testing at home (e.g. <https://www.hearingaidcheck.com/au>)
 - Subjective hearing disability tools (prior to appointment)
 - e.g. HHIE, HHIA, SSQ-12, Hearing Stages Tool
- Plant the seed
 - Show different management options as a *continuum of care*
 - Reducing the *"shock" factor* by bringing up CI's early
- Empower your client (*you don't need to know everything about CIs*)
 - Provide written info and/or links to clients so they find out more about implants when they go home
 - Refer to your nearest hearing implant liaison, Cochlear Engagement Team etc.)

When your audiologist brought up cochlear implants how did you feel?



A bit scared... I knew that my hearing was deteriorating, and I thought it was fast getting to that sort of point. But I think it's always a shock, it doesn't matter what you're expecting. When someone broaches something like that, which is totally different and a little bit out of left field, it's a shock.
(Fem HA user, 66 yrs)

I thought it would be good. Because I was losing my ear and I was thinking to myself how am I going to cope without some form of hearing?
(Male HA user, 69 yrs)

I felt very good because he was so good, and he explained everything so clearly of what was involved in it... I feel relieved that there might be some hope at the end of it.
(Male HA user, 76 yrs)

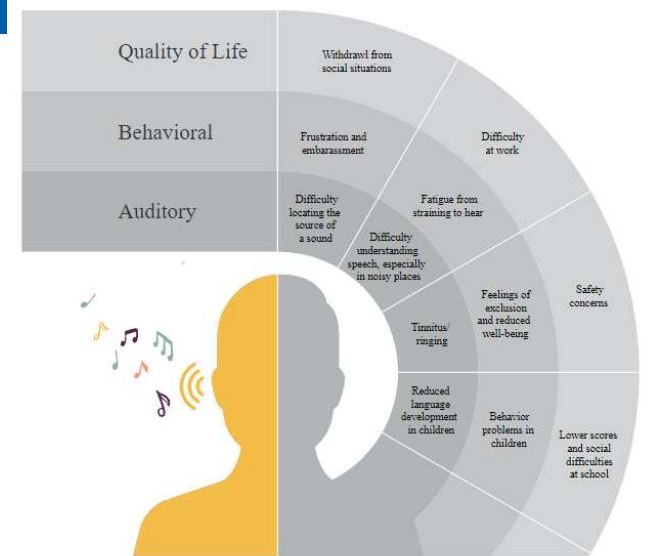
It was brought up in one of my recent visits to my audiologist. She brought it up out of the blue that you might need a cochlear ear implant in the future. That was a big shock to me because I didn't think that I was that bad.
(Fem HA user, 72 yrs)

Group Discussion



Group Discussion

How often do you see CI candidates in your clinic?



Group Discussion

What would prompt you to refer someone for a cochlear implant?

What would you say to your client if you thought they may benefit from a cochlear implant?



Group Discussion

How do you think your client feels when you bring up cochlear implants?

How do you feel when you bring up cochlear implants?



Group Discussion

Do you feel you have the time to discuss cochlear implants as an option for your clients?

What stage of your appointment would you discuss cochlear implants?

Can you to make another appointment to discuss cochlear implants if required?



Group Discussion

- How often do you see someone who may be a candidate in your clinic?
- What would prompt you to refer someone for a cochlear implant?
- What would you say to your client if you thought they may benefit from a cochlear implant?
- How do you think your client feels when you bring up cochlear implants?
- How do you feel when you bring up cochlear implants?
- Do you feel you have the time to discuss cochlear implants as an option for your clients?
- At what stage of your appointment would you normally discuss cochlear implants?
- Would it be possible for you to make another appointment to discuss cochlear implants if required?

