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Your Care Anywhere: Remote Check for Nucleus
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- Hello, and welcome to our presentation today. My name is Amy Donaldson. I'm an audiologist, and I work with the Connected Care team here at Cochlear. I'm thrilled to be able to talk to you about one of Cochlear's new exciting Remote Care tools, Remote Check for Nucleus. This talk is part of a series on Remote Care technology, and I encourage you to check out our other two talks in the series on Remote Assist for Nucleus and Remote Assist for Baha. Let's go ahead and get started. Here are the learning outcomes for today. After this session, we'd like you to have a really good idea of which patients might benefit from Remote Check, what the different activities are in Remote Check, and how you might utilize them as part of your overall clinic protocol.

This talk is really designed for those who work directly with Cochlear implant patients, but if you're not working directly with patients, I hope this talk will provide you with information about how to counsel patients that you refer. Care for Cochlear implant patients is truly evolving at a rapid pace. Cochlear has provided hearing implants to over 500,000 patients, and our devices are chosen for their reliability and connectivity. One thing we've learned is that caring for those patients is a privilege that we all share. Despite what seems like a very large number of implant recipients, we still only treat about 3 to 4% of those who could benefit from Cochlear implants. Helping more patients hear and be heard will require an effort from all of us to promote awareness of implants and to support more efficient and effective care models.

While the number of patients who need implants is growing, our industry is changing. You are being asked to do more with less. You're being asked to develop your own protocols, consider how hearing loss fits in the broader healthcare landscape, work with increasingly complex technology, maintain patient satisfaction and outcomes, and do it all while seeing more patients in less time, in the context of a healthcare landscape that just keeps changing. Do any of you find yourselves with not enough time in the day to care for the patients who really need you? If so, you're definitely not alone. Over the past decade, Cochlear's been working with professionals to try to

develop solutions to these and other challenges. The Global Pandemic really offered a unique opportunity to introduce patients to the concept of Remote Care.

We received expedited clearance for Remote Check in 2020 during the pandemic when Remote Care became critical to caring for our patients. And we're proud to be the first in the industry to launch this type of care for hearing implant patients. But Remote Care is just one piece of our overall suite of Connected Care technologies and services. Connected Care was designed to support you and your patients at every stage of the hearing health journey, no matter where care is being delivered or received. Our goal is to offer an increasing range of technology and data-driven care solutions within a digital ecosystem, so it can transform interactions between you, your patients, other clinicians and Cochlear. This includes surgical care, delivering solutions, which enhance surgical outcomes using fast interoperative insights.

In clinic care, which offers a comprehensive portfolio of fitting software and patient management tools to help you support your patients. Self-managed care, which provides solutions for patients so that they can proactively manage their hearing health journey. And finally, Remote Care, which is what we'll be focusing on today, which is all about the technologies that are designed to provide access to ongoing and consistent care, and maintain the important connection between you and your patients, whether they're in the clinic or being seen at home. So let's go ahead and find out more about Remote Check. When we talk about Remote Care, we're actually talking about three different technologies. Today, our Remote Care portfolio consists of Remote Check, which is an asynchronous support tool for patients with compatible Nucleus sound processors.

And Remote Assist, which is a synchronous live support tool for patients with compatible Nucleus sound processors. Or Remote Assist for Baha, which is for the Baha 6 Max sound processor. Compatibility for Remote Care consists of the Nucleus

8, Kanso 2, Nucleus 7, and Baha 6 Max sound processors. If you need it, a great website to check compatibility of a patient's device for anything, Remote Care, smartphones, anything you might want, is to check out www.cochlear.com/compatibility. It can be really hard to keep up with all the phones and operating systems, and this website is designed to help you keep up to date on compatibility, including compatibility for Remote Care. In this course, we're gonna focus on Remote Check for Nucleus.

For information about our other Remote Care tools, please check out the other courses in this series. As mentioned, Remote Check is an asynchronous tool. What this means is that using Remote Check, the treating clinician will assign assessment tasks to the patient to be completed at their convenience at home using the Nucleus Smart App. Results are then sent back to the clinician, who can determine what further follow up is needed, if any. Remote Check also automatically captures additional information, like data logging, hardware diagnostics, and impedance and device status, and it makes them available to you as the clinician during a review. The goal here is to effectively triage patients and reduce the clinical time to review results.

In this way, Remote Check is designed to increase clinic efficiency, while also providing patients with a convenient option that keeps them connected to their clinician. Importantly, it limits the need for patients who are doing well to come into the clinic, freeing up clinic time to see patients who actually need that in-person care. So let's take a look at how Remote Check works in action. Again, it's an asynchronous tool, which means the patient completes it at their convenience, and then you review it at yours. So first, you as the audiologist will decide which checks you want the patient to complete. You can choose them all, or you can just choose some that you feel are needed for the patient at that particular time.

The patient will receive the check, and they have about 14 days to complete the check. The check is completed within the Nucleus Smart App, so there's no separate app to download or something else for them to master. They'll receive reminders in their email, and also notifications in the Remote Check App, or sorry, in the Smart App. Once the check has been completed, it's sent back to the myCochlear portal for the clinician to review. You have the opportunity to see the results, compare them to the last check and decide what actions to take next. You can even open a chat with the patient that you control to clarify any answers they gave on the questionnaire or anything that they've said that you want clarification about to decide what to do next.

You control when you finish the chat, when you finish the check, and all of that is saved within the Remote Check session. So we've been talking about different checks within Remote Check, different activities. There's a lot of different activities that can be assigned in a Remote Check. Again, you as a clinician have the opportunity to decide what you wanna assign to the patients, everything, or just a few of the activities. Just like in-person test batteries, these activities in Remote Check are designed to be looked at as a complete diagnostic picture, provides you with both objective and subjective measures of audibility, comfort, performance, and hardware function. It's really designed to give you a complete picture of how the patient is doing and what, if any, next steps are needed.

Importantly, Remote Check activities are designed to be compared over time. This is especially true for the speech and noise tests, which we'll talk about. As such, a baseline of the activities is recommended, once performance stabilizes, usually about three to six months after activation. This allows for a baseline for comparison as the patient progresses. Remote Check can certainly be used prior to this time in the patient's journey, for example, if you wanna monitor audibility or data logging just after activation. But especially for speech and noise testing, a baseline test at three to six months is recommended. And we'll talk a little bit more about that. So let's take a look

at each of the activities. If you think about what you do first in a clinic visit, many of you probably check the patient's implant site to ensure there's no redness or swelling or anything that needs medical attention.

Well, the first check is no different. The patient will be guided through a set of photographs of the implant site. For this check, it can be helpful for the patient to have a family member or a partner help them take photographs of the site, since a selfie of an implant site can be a bit challenging. But the patient is given a lot of guidance in the app on how to take these pictures. The next check is a questionnaire. This questionnaire is based on the SSQ12, and patients or parents will complete it in the app. You decide if the patient or parent version is given, based on whether you choose adult or pediatric when you assign the Remote Check.

The only real difference is the wording in the questions. In the parent SSQ, it talks about your child, versus in the patient, it talks about you. There are a few questions that have been added to the SSQ for Remote Check specifically, including asking things like are they having any dizziness or any specific problems with the coil or the device? The next check that's available is actually an audiogram. We'll discuss this in more detail later, but the idea is to provide a measure of audibility by streaming sounds directly to the sound processor. The great thing about this check is that it provides a direct measurement of audibility, and it can be a great tool to confirm that your patient is hearing as expected with their map.

I'm sure many of you use sound-field thresholds to do this in the clinic. This is a way to do it through the app. As a side benefit, since it's streaming directly, it's a great way to check audibility in an implanted ear if you have a patient with asymmetrical hearing loss or single-sided deafness. Another really unique check we have in Remote Check is the speech and noise activity. As with the audiogram, we're gonna discuss this a little bit more in detail, but this provides an objective measure of performance, and it can be

compared over time to provide a way for you to monitor how a patient is doing on speech perception. It's a great compliment to the patient's own subjective report that they give you in the SSQ.

The next few checks are measured automatically, and are sort of behind the scenes for the patient. They don't require any action on the patient's part to complete. The first is impedances. They're measured every time. Results are not displayed for the patient, but are always available to you as the clinician with every Remote Check. And then the last two checks are data logging and hardware health. Basically data is pulled from the sound processor to give you detailed information. With data logging, when you review them in myCochlear, you can actually see daily averages for data logging, which is even more than you get in Custom Sound Pro. And this is because the patient isn't there to explain any unusual results to you, so you need more detail.

So if you imagine you have a patient with a very low daily average, like a four hour daily average, is that because they're actually only using it four hours a day, or perhaps they don't wear it on the weekends? So the overall average is lower. The daily averages you get in remote tech will help you tease that out and understand what you're looking at when you look at data logging. Hardware health is just a quick check to see if any errors have been shown in the sound processor since it was last checked, so any self-diagnosed errors. This includes things like microphone shorts or issues with the processor itself, and it's designed to let you know if there might be a processor problem that needs to be addressed.

As I mentioned, I think it's important to note that clinicians enroll patients in Remote Check in the myCochlear portal. If you don't yet have a myCochlear account, this will be set up when you enroll in Remote Care. But enrollment is a clinician directed process. So what this means is patients don't have access to Remote Check in their Smart App unless they're enrolled by a clinician. This allows you to choose patients

who are appropriate, and enroll them when you've decided it is the right time to do. Once enrolled, patients will receive a baseline check. It's recommended that every patient who uses Remote Check have a baseline. This is to give you a baseline speech noise performance to measure against.

Interpreting Remote Check is similar to interpreting diagnostic information in the clinic. Each activity kind of contributes to an overall picture of how the patient's doing. Just like you wouldn't take one test in isolation to determine how someone is doing in the clinic, you don't really do the same thing in Remote Check. You wanna look at each activity, which gives you a different piece of information that contributes to an overall picture. Let's go through each one and decide what they'll give us. So the implant site photos are there to examine the health of the skin flap and incision site. Any issues with this could lead to a medical referral or a swap of the magnet strength. You can see how with Remote Check, you might be able to triage a patient who's having trouble with their device.

If the implant site photos show you a problem, you can send them directly to the surgeon or to their local physician, rather than having them have to come into your clinic so that you can tell them the same thing. The questionnaire provides you with a great deal of information about how the patient's doing. It's really useful. Any reported problems on the questionnaire might lead you to consider maybe a Remote Assist session, or bringing the patient in for mapping, or it might indicate that some other counseling or training is needed for the patient. As mentioned, the audiogram is checking audibility, and it's really a direct check of the T levels on the map. Any issues on the audiogram really indicate a need for some kind of reprogramming.

And the speech and noise check is testing for objective hearing performance. Again, the test is designed to be easily repeatable and work within the app, so it's just looking for any changes in performance that you might explore further with an in-person visit. If

we continue on to the automated measures, obviously impedances are there to check the device itself and flag any issues that need to be addressed during mapping. Data logging provides you with that critical usage information. This can be so helpful in cases of poorer than expected performance, or patients that are reporting specific issues in certain environments. And then finally, the hardware health check will give you a heads up if there've been any sound processor faults, or any issues since the patient was last checked.

Obviously this could really lead to some kind of device repair or replacement under warranty. So we're gonna take a closer look at those two hearing performance tasks. These are the most unique checks, and these are the ones that often generate the most questions from clinicians. You will get a chance to take a look at the other checks. I'm gonna show you later how to download a demo onto your Smart App. But let's dig into these in a little bit more detail. So in Remote Check, we've got two ways to objectively test hearing. One, to test audibility, is the aided threshold test or ATT. The other, to test speech understanding and noise, is the digit triplet test or DTT.

So let's take a look at each. The aided threshold test was designed based on other app-guided hearing tests. Patients are able to play a tone and then decide whether they hear it or not. So they press the button to listen, and then they swipe right if they heard it, and they swipe left if they didn't hear it. There's a training series first, so patients can kind of practice the task before they're tested. It's important to note that sometimes when they press down on that hold to listen button, no sound is played, and that's to ensure there are not any false positives. If you've ever taken a hearing test through the app, I've actually done it on Apple Health, you'll recognize the interface is exactly the same.

And so it's an interesting way to check hearing. This portion of Remote Check can take a bit of time, sometimes lasting as long as seven or eight minutes, which can feel like a

long time for a patient to be listening. It's important to note that with a bilateral patient, they'll do each ear independently. So again, it can take some time, and this is usually what takes the most time in a Remote Check. Patients swipe right again if they hear the sound, and left if they don't. I can show you, you're gonna see the demo later, and it can take a little bit to learn how to do it, but we've seen that almost all patients, even our elderly or sort of non-techy patients, are able to use this successfully, even with just the training mode in the app for assistance.

But if you want, you can use the demo to show a patient how to do it in the clinic, if you want, before they will use it. Whatever you think is best. The audiogram will check frequencies one kilohertz, two kilohertz, three, four, six, and then 500 hertz and 250. It'll test from 10 to 62 dB as the range, but it uses a 1 dB minimum step size. As such, it's a very accurate check of a patient's thresholds. Because we're testing through a direct connection with the sound processor, there's inbuilt calibration, and the scan settings are overridden during testing. The patient's volume and sensitivity controls don't matter 'cause that's overridden. In all, the tech is a very reliable checkup threshold, and in some cases, like I mentioned, it can be even more useful than sound field testing, especially in cases of asymmetric hearing loss or SSD.

Results from ATT should not be compared to free field. They really are different tests. In a recent study on Remote Check, mean thresholds for the aided threshold test were on average about 6.7 dB better than what you'll see in the free field. Why is this? Well, it's because the stimuli is being streamed directly into the sound processor, and also we're testing it in one dB steps. The sound is also not coming through the microphone of the processors, so it's a really pure test of T levels. So you're probably wondering then how do I check the microphone? How do I know if I might have a microphone issue for a patient using Remote Check? And you'll remember that the hardware check and the SSQ are both also included in your test battery.

So for example, if you have a patient who's reporting they're not hearing well on the SSQ, but their aided threshold test results look really great, but they say they're not hearing soft sounds, that might be a clue that there's a microphone issue. You might wanna encourage them to change their mic protectors and see if that makes a difference. If the aided threshold tests also then show elevated threshold, that's when you might consider a mapping visit for that patient. What's really important to remember is that in the literature, there was no difference between test and retest results. And what that means is that a change on the aided threshold test definitely indicates that there's been a difference.

It's really well suited to longitudinal monitoring. Now, let's turn our attention to the digit triplet test or DTT. This test is a way to test speech understanding using the app. If you think about it, testing this kind of speech understanding can be really difficult since we can't record the patient's response. The digit triplet test has been used in hearing screening measures by phone for actually many years, and it has a long history of usage prior to its use in Remote Check. It's actually often used for hearing screening. In the test, patients are gonna hear three numbers in varying levels of background noise. They're scored until they reach a 50% correct level. This is the signal to noise ratio at which they hear 50% of the time.

So in this example, the patient would hear six, two, one, and they're asked just to type in six, two, one. Zero and seven are excluded, since those are two syllables. The test uses a fixed presentation level of 65 dB for the duration of the test, and the noise level is then varied until the patient scores 50%. Starting signal to noise ratio is minus six, and the SNR is adjusted in steps of plus or minus two dB. All SmartSound features are off during testing, and sound is presented 100% through the iOS device, regardless of the mixing ratio the patient has set. Just like with ATT, there's practice mode for DTT. If patients are unable to complete it, then the test is discontinued and they move on to the next task.

There are several advantages to using DTT for this type of testing. First, it's easy to translate into different languages. For example, it's available now in Spanish and French, and it just depends on the patient's smartphone language setting, which is really cool. More language will be added to the app in future updates, so there's no hardware upgrade needed. Another advantage is that DTT can be performed by children. It's been tested in kids as young as four. We are FDA cleared for use in children six and up. It also has a low linguistic load. What this means is it doesn't really rely as much on the linguistic ability or vocabulary of the patient as sentence or word tests.

This does mean it tends to be a bit easier than other speech and noise tests, and scores tend to be better, but the scores are well correlated, which means that as scores on other tests like BKB-SIN go up, so do scores on the DTT, and vice versa. So they're all really measuring the same skill, even though they're doing it in a different way. When interpreting the results of DTT, it's important to remember to compare them to the patient's baseline, rather than any other speech and noise tests. On average, the DTT results for adult patients were about plus 4.9 dB in early studies. This tends to be a little better than what we see in tests like BKB-SIN.

Again, it's not intended that these two tests be compared to each other. Rather, a baseline of this test should be performed when the patient reaches their initial plateau of performance, usually about three to six months, and then subsequent testing can be compared to that. Now let's talk about how you manage Remote Check on your end, in myCochlear. Once enrolled in Remote Care with Cochlear, you'll see a Remote Care tab that shows up on the side, on the left hand side of your myCochlear screen. You will know that you have a Remote Check to review in one of two ways, either an email that says a check is ready for you, or you can review your dashboard in myCochlear, which I'll show you in a minute, or both.

You can decide whether you want to be notified that a tech is ready for review by opting in and customizing the notification preferences in my account. So again, you can turn those email reminders on or off, depending on your preference. But here's the dashboard of checks that have been sent to patients in the Remote Check section of myCochlear. What you see here is that a patient gets assigned a remote check via the app, and they have 14 days to complete it. You'll notice that there's some patients here that are in red status, which indicates their check is overdue. Once they're overdue, the app will not continue to remind them of a Remote Check. It'll just sit there, and you can decide what you need to do next if you need to reach out to the patient to remind them to complete it.

That yellow status indicates that they've got about a week to go, and green is that they're in their first week and they've still got 14 to 8 days left to go. If you wanna access any patient's information in myCochlear, you can see, you can click on the patient's name here to navigate to their profile page. And on these status pages, you're gonna notice a little column here that says assigned to, and this will have the name of the clinician who assigned the check. You can decide if your clinic is gonna have just the clinician who assigned the check review it, or if you're gonna come up with some kind of schedule, whatever works for you guys. But you will be able to see who assigned the check to the patient in this screen.

Once you click on the patient's test, it will pull up a dashboard with their test results. Items that are in gray indicate that no change has occurred between the checks, but anything in purple indicates that there's been some kind of change since the last time, and it might need attention. This is to make it easy to review, but you are able to click on each of those tiles to get detailed information about each check. All the patient responses are reviewable and available in the patient record. For example, if we click on that questions, the questionnaire section, you'd be able to see every single

response that the patient gave to every question. You'll notice up on the right hand side that there's an export button at the top.

This will allow you to print a full Remote Check report. You can print it obviously to a physical printer, but you could print it into a PDF to be able to save in an electronic medical record, or share it with colleagues, for example, if you wanna share those implant site photos with the surgeon. Each check is saved in myCochlear, and it's available for review at any time. Once you get to the bottom of that review and you're ready to finalize the check, you'll scroll down to a section called review check. What you're gonna do here is you're gonna select an outcome. These outcomes might include no clinic visit required, or clinic visit required. You can also select other action if the patient has requested something which can be actioned without a clinic visit, for example, they want you to send replacement mic covers or a link to a training video on how to use wireless accessories.

You might also follow up on a Remote Check with a remote assist session. In fact, this happens quite frequently, if there's any counseling needs or minor map adjustments. Again, please check out the module on Remote Assist for more about how that might work. You can enter notes or instructions for the patient in the free field text, and this will show up in their app. And you have the ability to add things that we call quick links, which they're, if they're relevant, which I'll explain in a moment. Once you click on complete, you will be asked to schedule the patient's next check. You can always reschedule that if you want to. And then the patient will receive a notification that says their check has been reviewed, and any notes or follow up information that you sent to them.

When finalizing the check, you can actually insert a pre-formatted response and links that give the patient quick access to content about common health topics. So let's say the patient needs to change mic protectors. That's a really common thing. This can be

included as a quick link, and it actually has a video on how to replace the mic covers. So you can see over here on the patient side that the patient receives their notification that their check was reviewed, and they get a little video that they can then click and watch that shows them how to change their mic covers. We are testing the usability of this quick link feature, and we expect to expand the range of content and link in future resources.

It's available for you, but certainly it is optional to use. Another cool thing you can do at the end of a check is to initiate bidirectional messaging, and this is to support if there's, like, a quick question or clarification that you have for the patient about something that they reported in the check. Maybe they said something on the questionnaire that you wanted more information about. Clinicians, you are able to initiate the message exchange during review of the check. So the patient can't initiate that messaging themselves. And then once the Remote Check is finalized, that is closed and the patient isn't able to use their app or Remote Check to message you again. So everything kind of remains within the content, within the context of that chat, and it is saved within the Remote Check session itself.

So for patients, using something like Remote Check might be a totally new experience. So what support's available to help them complete a Remote Check? First, there's tutorials and instructions in Remote Check itself. For the vast majority of patients, this will be enough. While some clinics choose to have patients complete their baselines during an in-office appointment, others have the patients do these just by themselves at home, and both are quite successful. If a patient needs more help, there is a getting started guide that details each activity, and it's designed to support the patient throughout the entire process. Finally, patients are always encouraged to contact Cochlear for any support that is required. We do recommend that if you're utilizing Remote Care as part of your clinic protocol, you consider counseling all of your patients right from the get-go about how it will be used.

We find that the more patients are exposed to Remote Care as part of their normal care, the more comfortable they are to use it. So now that you've had a chance to see a little about how Remote Care works, you might be interested in checking out what things look like for the patient. There's a Remote Check demo that's available to you. In order to access this, you'll need to make sure that you have the Smart App loaded on your smartphone already. Once you've loaded the Smart App, you're gonna scan the QR code on this slide, and it will download and open the Smart App for you. You should then see Remote Check in the burger menu that you can complete.

If you have any issues getting this to work, please don't hesitate to reach out to your Cochlear representative, but this is a great way for you to check out Remote Check yourself, and even maybe use it for training or counseling if needed. Before we end, I'd like to talk just a bit about how to get started. The Remote Assist module in this series contains more information about how Remote Care might fit into your clinical protocol, but let's talk a bit about the kinds of patients Remote Care might be for. Most patients with a compatible sound processor can use Remote Care services once enrolled as long as they install and use the appropriate Smart App. However, Remote Care is not intended to substitute for every appointment.

Patients should have access and motivation to use a smartphone and chat functions, for example. One question I've heard clinicians ask patients is whether they like using their smartphone. It's a quick and easy question that tells you how comfortable a patient might be with their technology. You can also ask a patient if they use their smartphone for things like FaceTime or Zoom or chat or other apps. But one piece of advice we've had from those who've been using Remote Care is not to just limit it to patients that you see as tech savvy. We've seen great success in patients, even those maybe who are home bound, or who might need some assistance with the technology, but for whom a remote visit is very critical.

Remember, if a patient can't do any pieces of the check, the test is discontinued, but you'll still receive whatever information they can send. So we would suggest you go ahead and try it if you're not sure. When choosing patients, remember, you can assign for both adult and pediatric patients, and consider other factors, like how far the patient lives from the clinic, whether there's any challenges with health and mobility, or other lifestyle situations that just make it hard for them to get into the clinic. For sure, most patients benefit from a blend of in-clinic and remote appointments, so consider how that will fit into your clinical protocol. As a reminder, for Remote Checks specifically, we're talking about Nucleus sound processors, the Nucleus 8, Kanso 2, and Nucleus 7 sound processors, but Remote Assist is available for Nucleus sound processors, as well as the Baha 6 Max sound processor.

So how do you get started with Remote Care in your clinic? First and most important, reach out to your Cochlear representative, who will guide you through the process. You'll want to start by identifying the needs in your clinic. Do you want more careful follow up of existing patients? Do you want an easier way to monitor patients who have been newly implanted? Are you looking for increased efficiency in your clinic time or the time to be able to care for more complex patients? Or do you want to be able to offer patients, who might not live nearby, an option for care? All of these might be goals for your clinic, and finding out what your clinic's goals are will help you decide how to implement Remote Care in the best way, and which patients to target.

The next step is to enroll in Remote Care with Cochlear. There is a fee for the use of Remote Care, in accordance with federal regulations, since this is a service that you can charge your patients for, if you desire, Cochlear is required to charge you for the service. Please talk to your Cochlear representative about subscription options, and you can choose the correct package for your clinic, based on your needs. Then begin using Remote Care. This seems obvious, but choosing which patients to start with and

how Remote Care might impact your current clinical protocol is an important step. Getting started can sometimes be the hardest part. I often recommend just starting with a patient you know well, perhaps a volunteer, or a patient you recently saw.

This lets you try it out on kind of a friendly patient, and they can give you feedback on how it went. Once you use it once, it'll be easier to use it with more tricky cases. Please remember that the Cochlear team is with you every step of the way to help if you need it. And finally, we'd recommend that after using it for a while, you evaluate it. How's it going? How are you seeing it used? It's a new technology, and the way it impacts your clinic might change over time. You may want to implement it in stages, or different uses may present themselves as you start using it with patients. Consider what this looks like for your clinic, and make sure you maximize the use of this important new tool.

We have prepared materials to support you, both in implementing Remote Care in your clinical practice and introducing it to your patients. There are getting started guides for both patients and clinicians that are included in the handouts with this talk. We also have support for the implementation of Remote Care. For example, data and security guidelines and policies, as well as reimbursement considerations. Please connect with your Cochlear representative if you need any guidance in these areas. We are really happy to help. Thank you so much for your time today. Please reach out and let us help you get started with delivering convenient, flexible, and secure Remote Care solutions to your patients.