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## Path to Ponto: Incorporating Bone Anchored Hearing Systems Into Private Practice Audiology Clinics

Presenter: Dianna Tingle Gould, AuD

- [Alicia] Okay, thank you so much Melissa. Welcome everyone to the Path to Ponto: Tips for Incorporating Bone Anchored Hearing System into Private Practice Audiology Clinic. We're thrilled to see such a good turnout today. I have the privilege of introducing you to Dr. Dianna Tingle Gould. Dianna is running our presentation today. Dianna, can you go ahead and move on to your introduction please? Thank you. So Dianna serves as the Southeast Territory Manager for Oticon Medical and she specializes in supporting private practice development with an emphasis really on the introduction of bone anchored hearing systems into the private practice framework. Dr. Gould enjoys supporting audiologists and patients as they navigate through the candidacy process, and she is a wealth of knowledge and we're so glad to have her as part of our team.

Before I hand the presentation over to Dianna today, please allow me to move through today's agenda. Dianna, there you go, thanks. As with any device that you offer in your clinic, it is very important that you understand what the device is and how it works. And so today we will be discussing what bone anchored hearing systems are, when you would choose to use one over other hearing devices, the candidacy process, the fitting information necessary to help your patient make informed decisions. And then additionally, we'll discuss the minimally invasive procedures with our Ponto system and the importance of percutaneous transmission. Finally, we're going to take a deep dive into why you might like to include this type of device into your private practice and how you would go about doing so, and go to the next slide.

So by the end of today's course, it is our hope that you'll be able to determine which sound processor would be the most appropriate choice for your patient while also helping them to understand how minimally invasive procedures can benefit them. And then we also wanna help you understand when it would be appropriate to move forward with a direct transmission versus a skin transmission coupling like on a soft band. And then we also hope that you will feel comfortable describing the differences

between traditional hearing aids and bone anchored systems to your patient. So we do have financial disclosures before we get started today. Dianna is a paid employee of Oticon Medical. There are no non-financial disclosures and this course has been approved for one hour of CEUs by AAA and ASHA. And without further ado, I would like to introduce you all to Dr. Dianna Tingle Gould as she presents on the Ponto system and how to incorporate it into your private practice.

- Thank you so much, Melissa and Alicia, and thank you everyone who's joining us today live and anyone who's watching the recording later. I'm really excited to talk to you today about bone anchored hearing systems, Oticon Medical's Ponto specifically, and how and why you might choose to incorporate Ponto into your practice. We're gonna start today by discussing bone anchored systems in general, including candidacy. I am going to go off camera now. If you have any questions, you can type into the Q&A box, and I'm gonna check periodically throughout the presentation and address them after we talk about specific topics. So sorry, my clicker's not wanting to work. Here we go. So there are many, many different types of acronyms you may see used when we're talking about a bone anchored system.

If you don't hear me mention Ponto specifically, you'll hear me refer to it most often using the term BAHS. That's the term we most often use at Oticon Medical, but any combinations of the words you see over here can be used to refer to as a bone anchored system. The term osseointegrated you'd probably see more referred to in the surgical world because it's part of that surgical code. You're probably thinking, the term that I heard first was BAHA. BAHA and BAHS are the most commonly used terms, but BAHA is the product name for the bone anchor device sold by Cochlear. It's similar to when we say Kleenex. Kleenex is a brand name, but it's also often used interchangeably for a general term for bone anchored devices.

It's important if you go forward with Ponto to denote Ponto or Oticon Medical somewhere on the form. A lot of people use BAHA interchangeably, but do make sure that you are writing Oticon Medical or Ponto when sending anything into an ENT office or to an OR. So we call our device Ponto because it is Latin for the word bridge, the Ponto device serves as a bridge for your patient's hearing. We'll discuss this in much detail throughout the presentation. So we initially launched the Ponto system in 2009, and we've continued to innovate in the bone anchored space in both the United States and abroad. In 2015, we launched our first minimally invasive Ponto procedure called the Minimally Invasive Ponto Surgery, abbreviated MIPS.

Today 90% of Ponto surgeries in the US use a minimally invasive procedure. The next year in 2016 we came out with the Ponto 3 SuperPower, which was the first ever abutment-level SuperPower processor, meaning nothing on the ear, and last year we completely renewed our entire portfolio, releasing a new sound processor, as well as a new soft band and a completely new surgical procedure called MONO. This is our best Ponto system yet. So how does- I'm so sorry, can everyone hear me?

- [Alicia] Yes.

- [Dianna] Okay, thank you. So how does a bone anchored system work? A bone anchored system functions differently from a conventional air conduction hearing aid. It's a non-conventional form of amplification used to treat hearing loss through bone conduction. So similarly to your bone oscillator, the sounds are converted to vibrations. Those vibrations completely bypass the outer and middle ear spaces and transmit directly to the inner ear. So a bone anchored system can be surgically implanted, or it can be non-surgically worn, like Alicia mentioned on a soft band. A BAHs device is recommended to patients who are unable to use a standard hearing aid, or because a BAHs device is more appropriate for them based on their medical history and hearing loss.

There are several different options for bone conduction hearing aids, but today we will be talking about the Oticon Medical Ponto 5 family. So to get a view of our entire system, there's three core components. On the left here, you will see what we front primarily put focus on here in audiology world, which is the sound processor. That's what you would be fitting and programming. In addition to that, there are two parts of the surgical piece, the titanium implant as well as the external abutment. It's important for you to have this information, and to understand it so you can tell the patient about what they would be getting into before they make a decision on surgery. So bone anchored systems take advantage of a natural process called osseointegration.

The skull bone itself begins to grow onto the embedded implant, which creates a strong physical connection between them. The bone cells naturally wanna integrate to the implant and the surrounding bone, and this established a direct route for sound transmission. The middle photo you see here is a microscopic view of the process of osseointegration. You can see the bone fibers are growing over the implant itself. The photo on the left shows the implant that's down in the bone, as well as the external abutment that sits above the skin. The previous slide showed them as two separate parts. The abutment can be removed from the implant easily, it can be removed in office and changed without going back to the OR.

And then on the right you see someone with their abutment post-op, they're healed up and with the processor removed. So this is what it looks like with no processor after your surgery. All right, let's talk about what a Ponto candidate traditionally looks like. So we have three primary candidacy categories when we're considering discussing a bone conduction device with a patient unilateral, as well as bilateral mixed conductive hearing loss, as well as single-sided deafness. Patients being fit for mixed conductive hearing loss should have a bone conduction PTA of less than or equal to 65 dB at 500, 1,000, 2,000 and 3,000 hertz. And for a bilateral fitting, these PTAs need to be

symmetrical. If you have a single-sided deafness patient, we do want the better hearing ear to be normal or near normal, meaning you have a PTA of 20 dB or better at those same frequencies, 500, 1,000, 2,000 and 3,000 hertz.

So the patients can have a high frequency hearing loss, but we do prefer them to have near normal hearing. And finally, all your surgical candidates do need to be five or older. So I'm sure everyone here can think of some patients right off when you're thinking about a unilateral, bilateral mixed conductive hearing loss. This list here is by no means comprehensive, but they are common things we see causing someone to have this type of hearing loss. Microtia atresia, these children with microtia atresia commonly wear a Ponto on a soft band. People with chronic ear infections, middle ear disease, chronic otitis externa, people with cranial facial abnormalities, this can be the result of a syndrome such as Treater Collins, Gouldenhar, CHARGE.

As I said, this is just a sampling of the different causes of conductive hearing loss. So in the cases of conductive mixed hearing loss, your Ponto is bridging the air-bone gap, and your programming and your fitting the air conduction thresholds are not considered. We're only looking at the bone conduction thresholds for your fitting and programming of the device. So binaural benefit in cases of bilateral mixed conductive hearing loss, you're only gonna get bilateral benefit if the bone conduction thresholds are symmetrical. So if you have a patient come in and you're testing their hearing, your mass bone conduction thresholds come out to look like the second audiogram you see here in the middle of the page, it's considered bilateral if the mass bone conduction PTA has a 10 dB difference or less, and no one frequency has a 15 dB difference between ears.

These patients, if they're fit with two Pontos will receive bilateral benefit from their wear. If you test the same patient, and these are the mass bone conduction thresholds you get as you see in this audiogram, the Ponto fit on the ear with better bone conduction

is going to go straight to that cochlea. But if you fit a Ponto on the ear with worse bone conduction scores, that Ponto is going to function as a cross device. In these situations, this is when you would work pretty closely with your surgeon and possibly consult your Oticon Medical rep to determine what their best fit for this patient is to adequately aid to the best of your ability. So the third most common candidate is someone with single-sided deafness.

There are many different potential causes for a single-sided deafness patient. Common causes include an acoustic neuroma pre or post-op, sudden sensory neural hearing loss, as well as congenital single-sided deafness. Obviously that is also not comprehensive, but these are patients we commonly see. So in the case depicted here, a sound processor is placed on the ear with a profound hearing loss. The processor picks up sound that is transferred to the better hearing cochlea on the opposite side via bone conduction. So it's functioning very, very similarly to your cross device. There's just nothing on your better ear. So you can probably think of some patients who are single-sided deafness and would you recommended a cross system for them.

And they did not like the idea of wearing a hearing aid on their better hearing ear. This is something else you can recommend to those patients, particularly if you know this is something that financially they would not be able to keep up with. This is a really good solution for those SSD patients. So you might be thinking, I've had patients that have come in with a conductive hearing loss or a mixed hearing loss. I fit them with an air conduction hearing aid and it went well. They did well. So why would you consider a boned conduction device? Research suggests that if an air-bone gap of 30 dB or greater, this speech recognition is likely to be better with a bone anchored device than with a traditional hearing aid.

That's because air conduction thresholds or air conduction hearing aid, excuse me, require higher gain to overcome the air-bone gap. We know that can lead to excessive feedback and it can degrade the sound quality. Comparing the two against each other, the higher gain needed by a hearing aid, that causes problems with feedback and the louder sound delivered by the loudspeaker can leak out of the ear canal, be picked up by the microphone of the hearing aid. We typically combat that by fitting them with a tighter ear mold to prevent the sound from escaping the ear, which can be uncomfortable, more problematic for the patient with chronic ear infections, or the patient just simply may not like the idea of wearing a big ear mold for cosmetic reasons.

A higher amount of gain can also cause distortion of the signal delivered to the patient as the hearing aid is pushed close to its limit more often. The BAHS device does not have to compensate for that air-bone gap, so it uses less gain and that leads to better sound quality and less problems with feedback. And because the sound is transmitted by vibration through bone, the ear canal is completely open. So this is once again really good for patients who might have drainage, skin irritation, chronic ear infections, or people who simply can't tolerate something in their ear canal. So those are our three main candidacy criteria. There's a small group of patients with other medical indications that might be good candidates for a BAHS device.

When looking at their audiogram, we may not think right off the bat that they're a potential Ponto user, so this patient may have a hearing loss, like you see here, a bilateral sensory neural hearing loss, but they have a medical condition or a physical constraint that prevents them from comfortably wearing the hearing aid. This category includes individuals that have skin allergies, chronic otitis externa that could be aggravated by use of an ear mold, as well as patients with ear canal stenosis may not even be possible for them to wear a traditional ear mold. And of course with these chronic drainage patients, they would benefit greatly from having an open ear canal.

Those patients, all these patients that you're considering for non-traditional bone conduction fitting still need to have thresholds, that 65 dB HL hearing loss that needs to be able to be fit in that criteria or the Ponto won't be strong enough for their hearing loss.

Another category of fitting here, we think about children specifically who have fluctuating hearing loss. Some children will be fit with a BAHS until they outgrow their ear infections while waiting for another middle ear problem to subside, or maybe just awaiting surgery. By putting the BAHS device on there, we're amplifying them, giving them access to sound and less likely to have a speech delay. As the hearing loss fluctuates, the child does not need to come in for repeat follow-up appointments, like you might with traditional amplification as their air conduction thresholds change. The BAHS device is only factoring in their stable bone conduction. So this is reducing risk of over/under amplification as a child goes through potential hearing changes secondary to this medical issue.

And there are of course some people who are not good candidates for a BAHS device. Some of these patients include those with poor hygiene. They may not be able to adequately care for your abutment site, which can cause chronic infections, skin irritation, or possible abutment overgrowth. Those who have poor bone quality, so think about a patient who's had radiation to their head because of cancer, their bone quality may not be good enough to support the process of osseointegration. Also, those with poorly controlled diabetes and chronic smokers. Those who have skin conditions who may prevent the healing at the abutment site also are not ideal for BAHS surgery. And then again, as we mentioned, children under the age of five are not surgical candidates.

Young children do not have the appropriate bone depth for implantation. So these patients are typically fit on a Ponto with a soft band until they're old enough to be

considered for surgical implantation. So there are many, many different types of bone conduction devices. Here is a common classification of different bone conduction solutions. You see over here on the right side of the screen where it says skin transmission. We've already touched briefly on the soft band, which is the most common type of skin transmission device. Today we are going to be talking primarily about percutaneous abutments through direct sound transmission, and the Ponto is a percutaneous abutment. Okay, so let's discuss our Ponto system and what makes us different from other bone conduction solutions available.

I have a couple of poll questions for you. So go ahead and get ready for the popup on your screen and click in your answer. Okay, so we see a couple people have not recently fit Oticon, and there are a couple people who have fit Oticon recently. So let's go to our next poll question. So have you, if you've ever fit a Ponto device, think back in your training, your CFY, your fourth year when you were a student. Okay, couple people have fit a Ponto, so that's great. Let's talk briefly about Oticon versus Oticon Medical. So Oticon and Oticon Medical, we are totally separate companies under the same parent company. So if you call Oticon Customer Service, they're not gonna be able to help you with Ponto.

We have a totally separate customer service, totally separate reimbursement audiology on-call team. Your account numbers are not gonna be the same, so that is different. But for those of you with experience with Oticon, this is gonna be pretty familiar to you because we have the same signal processing as Oticon hearing aids, and our software looks very, very similar where you would typically see magenta for Oticon, you see orange for Oticon Medical. There are some slight differences on the programming software specific to a BAHS device versus what you see with the hearing aid. But those primary tools and screen that you're familiar with are still present. So here is a screenshot of our fitting software. This is Genie Medical.

So looking at things specifically related to bone conduction, BC in-situ, you see on your left side of your screen, that's a more bones conduction specific programming tool. But Fine Tuning, Feedback Analyzer, Program Manager, Automatics look and function much like what you're used to with Oticon hearing aids. So let's talk about Oticon Medical specific processors. The Ponto 5 family is composed of two processors, the Ponto 5 Mini, as well as the Ponto 5 SuperPower. The Mini is the world's smallest bone anchored sound processor. It has a fitting range of 45 dB HL, and that's the same PTA we've been using at 500, 1,000, 2,000 and 3,000 hertz. The Mini is appropriate for single-sided deafness fittings. The SuperPower is the world's most powerful abutment-level sound processor, and it has a fitting range up to 65 dB HL.

So aside from the differences in fitting range, the SuperPower uses a 675 battery, while the Mini has a 312, meaning the battery life is significantly longer on the SuperPower. And the SuperPower also has a multifunction button, and this is not present on the Mini. The SuperPower, as you can see, is also larger than the Mini, but the signal processing, the chip, all of that is identical. So if you're fitting patients that may audilogically be fine with the Mini, they may opt to go with the SuperPower because of the increased battery life, or wanting that onboard control of volume and program change on that multifunction button. So those of you who said you've been fitting Oticon recently will be familiar with OpenSound Optimizer and OpenSound Navigator.

This was originally released an Oticon Open hearing aids. So OpenSound Navigator is a paradigm shift from traditional noise reduction systems, which suppress noise by using null points. OpenSound Navigator allowed Oticon Medical to change how bone anchored hearing devices users experience complex hearing environments. The high speed precision of Oticon, excuse me, OpenSound Navigator technology opened up a 360 degree soundscape for the listeners. This preserves speech and gives access to sound from all around the user, while reducing noise at specific frequencies and

locations for which noise is detected in those complex listening environments. This allows for better performance in speech and noise. In addition to OpenSound Navigator, OpenSound Optimizer's another advanced feature that supports the function of the processor in various settings.

As you know, more gain typically means more feedback, but this is different in the Ponto 5 family because of OpenSound Optimizer. So it works by identifying feedback before it occurs. Thus it's providing more stable gain, ensuring soft sounds can be heard. Many other bone anchored devices suppress gain across all frequencies, which this can compromise audibility. OpenSound Optimizer gives access to more gain with no audible feedback. Data shows that can provide up to five to six dB more stable gain. So practically what does this look like? A recent study done out of Europe, which is comparing the Ponto 5 SuperPower and the Ponto 3 SuperPower shows the Ponto 5 SuperPower delivers 15% better speech understanding than the Ponto 3 in noisy environments. This is obviously a substantial overall improvement.

And as a reminder, though this data focuses on the SuperPower, the signal processing in the Mini is the same. So the Ponto 5 SuperPower is also proven to deliver more gain where patients need it. You can see this comparison here showing the 5 SuperPower to the 3 SuperPower. It strongly outperforms the 3 in the high frequency range from 2,000 to 10,000 hertz. And we know more access to high frequencies is going to allow for better overall speech intelligibility. So how do these two work together? We see a device with OpenSound Navigator and OpenSound Optimizer in orange. The competing device is in gray. On the right, you can see a noisy environment when OpenSound Navigator is helping reduce the noise while preserving the speech, and then a phone is placed to the ear.

The easiest place to see the difference in amplification between the two instruments is if we take a look at the speech signal around four seconds. Feedback is controlled, but

OpenSound Optimizer does this without reducing the gain, which is seen in the competing device. So the Ponto 5 Mini and Ponto 5 SuperPower processors are providing patients with access to sounds and complex listening environment, while greatly reducing feedback, which is resulting in better overall day in day performance and increasing their overall quality of life. So here are our color options if we're talking about getting to the ordering process, these are your color options you will have. Again, if you fit Oticon recently, these colors and names will be pretty familiar to you for your pediatric patients, and those who just want a little bit more color in their life.

We do have skins as well as stickers available to any patient. Here's our full processor design. You see the round dome here, that's not a push button. That's actually where you would put the sticker. This is what comes in six colors, while the back of the processor is a black shell as well as the coupling is also black for a shadow effect on the head to allow for a more discreet wear. The device has two microphones in LED light and spring loaded coupling to the soft band or to the abutment, which prevents it from easily breaking at that connection point. And the battery door is located on the back of the device with the safety line attachment at the bottom.

Our devices are very durable and reliable. They're built to withstand the daily rigors of life. They've been subjected to over 30 different reliability tests, from humidity, those of you who live in a region like I do in the south, that's very important. And things like drop test, they're designed for an active lifestyle. And note that this IP5 57 rating is with the battery inserted into the battery drawer. The other part of the selection process for you besides the processor and the color will be deciding which accessory the patient gets. Each new system comes with one free accessory options. So we're just briefly gonna overview all the connections that the Ponto 5 can make. So Ponto is made for iPhone.

It directly connects to the iPhone through general accessibility, that's pairing you're used to. So you can also use the iPhone native control to adjust, do basic adjustments. Those of you who are used to Oticon, we use the same app as Oticon does, the Oticon ON app. you know this app will let you adjust volume, switch programs. It has Find My Hearing Aid, counseling advice, links to instructions, low battery warnings. So this is a very user-friendly app. If you do have a patient who has a non-iPhone smartphone, they can connect via the ConnectClip. So that ConnectClip will bridge the gap between the phone and the Ponto. This ConnectClip does this but also functions as a remote control, as well as a remote microphone.

It's by far our most versatile accessory option. And I would say this is the most popular accessory selected for my adult patients. The ConnectClip can also be used to connect to any Bluetooth device with a USB dongle. You can do things like connect to your PC. You would also need a ConnectClip if you have a patient who wants to use their landline phone, you would need the phone adapter as well. So it connect from the phone to the phone adapter, to the ConnectClip to their Ponto. Our next accessory option is the small remote. It's about the size of your key FOB for your car. It gives discrete control over the Ponto 5. You can adjust volume, change programs, and control connectivity sources.

This is beneficial and often selected for our patients with dexterity issues, or for people who don't use smartphones and wanna keep it simple. The connectivity range is about three feet between the remote control and the Ponto. The TV adapter I would say is my second most popular selection for adult patients. This has a connection distance of about 49 feet. And what's nice about this in particular is it's a one to many device. Meaning if you have a patient who has two Pontos, and their spouse has two Oticon hearing aids, they can all connect to this TV adapter. Finally, we have our EduMic. This is most commonly selected for pediatric Ponto users. It has four different modalities,

and this is compatible with the Ponto 4 and 5 family, as well as modern Oticon hearing aids.

So the Microphone and Jack mode are, can be used as one-to-one, so one Ponto to one EduMic, but it can also be used as one to many. So if you have children in a classroom, and multiple have Oticon hearing aids, multiple have Pontos, the teacher can use just one EduMic. This is true from Microphone mode and using stereo audio through Jack mode. And it has a range of 65 feet. The Telecoil and FM modes are one to one. They have a shorter range just under 10 feet. The FM mode is likely to be used in classrooms where you have another remote microphone system, like a Roger or an Amigo. So if the student has a Ponto 5 Mini, they can use the EduMic to connect to that existing classroom system.

And then finally, Telecoil. This might be where your adult patients would request an EduMic if they go to somewhere looped, if they're in an education setting, or if they go to see movies or the theater, or if their church is looped, they may select this option. Let's talk briefly about direct sound transmission versus skin transmission. This is important in your adult clinics, as well as your pediatric clinics because when you're demoing on an adult, it's important for them to understand that what they're hearing on the soft band or test band is not what they're gonna hear after they're surgically implanted. So soft band is the non-implant solution for your children who are too young for surgery, or for those that you're demoing in your clinic and don't have the implant or the abutment yet.

In soft band fittings, there's extra gain that's applied to overcome some of the skin attenuation. Indirect sound transmission, sound does not have to pass through the skin, which can provide up to 20 dB of additional output, particularly in the mid to high frequency range. We know how important those are for understanding speech. So here's a little visual for you when you're thinking about describing it to your patients. If

you have an adult demoing on a soft band, they may like the sound quality, but they're gonna get a lot more, especially in the higher frequencies once they're surgically implanted. This audiogram overlay gives you another comparison here, comparing the skin transmission versus a surgical abutment. So this is really important to explain to patients during a pre-op appointment that they are gonna get better sound quality after surgery.

So your overall benefits of choosing to go surgical abutment route, the aided thresholds in speech testing will improve, your sound quality and performance will be better, and more high frequency emphasis is demonstrated, more high frequency emphasis is coming through on that abutment, which was demonstrated in the visuals on the previous slides. In addition, those with surgical abutment have been shown to have increased listening speed and enhanced working memory. Okay, we're gonna touch a little bit on our minimally invasive procedures. It's important for audiologists to understand this procedure, particularly if you are in a clinic without a physician on site, you can briefly tell them what the surgery is going to be like before you refer them to the surgeon.

So early on in the bone anchored space, there's been a consistent desire to streamline the implant process to reduce costs and increase the likelihood of successful outcomes and improve your tissue preservation. A team out of Cambridge worked on this first and successfully created the linear incision technique. You can see a small diagram of that on the far left of this slide. As this technique grew, Oticon Medical continued to research to develop additional minimally invasive procedures and design the MIPS procedure, Minimally Invasive Ponto Surgery. And then more recently, the MONO procedures. As you can see in these photos, MIPS and MONO do not require an incision. Instead, you punch a hole with a biopsy punch and do the drilling through the cannula and insert the implant.

The MIPS procedure involves two to three bouts of drilling, where the MONO procedure involves one bout of drilling. In 2015, the FDA cleared MIPS as the world's first minimally invasive procedure indicated for patients five and older. And then in 2021, MONO was approved for adult patients, 18 years or older. Both of these minimally invasive procedures were designed to reduce time under anesthesia, create simplicity with the procedure and healing, and to improve postoperative quality of life. What does that look like today? The Ponto system is the only implanted bone anchored system that's truly minimally invasive. 90% of all Ponto surgeries in the US are performed using a minimally invasive procedure, and this continues to increase. We see patient or surgeons switching from linear incision to MIPS or MONO every day.

So overall, when your patients are getting a minimally invasive procedure, this is making a huge difference, not just to recipients, but to your surgeons or staff and audiologists as well. This is proven to reduce surgery time. The average surgical time for a minimally invasive procedure is less than 10 minutes. I've seen someone do this in four minutes. It's also proven to reduce costs during surgery because you're in surgery less time, and less post-op visits. This results in a six to 12% overall decrease in healthcare costs. And most importantly, the patients are reporting significant increases in their quality of life after implantation. 95% are reporting an increase in their quality of life. So while our implants offer significantly stronger osseointegration, they also offer a smaller surgical footprint, unlike any other bone implant system.

As we begin to talk about our footprint, we'd like to share with you the differences between the footprint of active transcutaneous bone conduction implant devices and our percutaneous Ponto implant. It's only five millimeters, the Ponto is so small, it's not immediately noticeable in everyday life. So there's a couple graphics here. Here's Competitor 1, Competitor 2, and then this is our Ponto abutment. In addition to this, even when adding our sound processor to the abutment, you can see that our processors remain small while providing ample power. The Ponto 5 SP, it really is

superpowered, it's capable of fitting up to that 65 dB bone line. Our Mini is the smallest external processor available of all current bone anchored devices. So again, we got some graphics here.

There's Competitor 1, 2, 3, 4. Here's our SuperPower device, and then the smallest available is the Mini. So it's important when we discuss the Ponto system that we address the artifacts seen on MRIs that can be caused by implantable devices. We know how important MRIs are for making diagnostic decisions. The average person has at least one MRI in their lifetime. So the amount of artifact you see on an MRI can be the difference between diagnosing an acoustic neuroma and totally missing it. The Ponto implant yields the least prominent artifact on an MRI compared to all other bone anchored hearing systems available. We know how important MRIs are for professionals. The Ponto implant has the smallest MRI artifact of five millimeters around the implant, and it's MRI conditional at both 1.5 and 3.0 Teslas.

Not only do we want our devices to yield low artifact on MRIs, we also understand the importance of the ability to make choices through one's hearing journey. Because of the design of the Ponto implant, our implant is compatible with 100% of abutment-level sound processors. So this means if a patient picks the Ponto implant today, they have the power to choose which device they would like to receive five, 10, 20 plus years in the future. So we believe this is futureproof because it's small, MRI conditional at both 1.5 and 3.0 Teslas, it's non-restrictive as it can be easily removed, often in office, and leaves only a tiny scar. And our abutment is universal and can be an appropriate option for patients as they embark on their hearing journey and it doesn't lock them into one type of processor.

Okay, so now that we've covered the Ponto system as a whole, we're gonna talk about the what is actually required from an audiologist and a clinic who's starting up a BAHS program. This will give you an idea if this is something that you want to incorporate into

your daily clinical practice. So when I go in with a clinic that are considering adding Ponto, we of course do training on the products and the software, but most of my conversation are more related to day in day out practicalities of fitting. So that includes things like the time commitment, ordering, and of course billing. Your BAHS candidacy evaluations and fittings are very similar to traditional hearing aid eval and fitting.

So versus setting up a CI program that is very, very different. But BAHS is very similar to what you're already doing with your hearing aid patients. From an ordering and billing standpoint, in most cases, your clinic is not gonna pay for the processor directly. This is generally paid for by insurance. Most of my clinics will base their service agreements, their fitting and their follow-up fees on what's charged for their traditional hearing aid fittings. And patients need to be told, and they need to understand that even though the surgery and the device are covered by insurance, your services are gonna be paid for out of pocket. You can bill 92626 for booth testing though. So you've decided you wanna go ahead and incorporate BAHS into your daily practice.

So you have a patient come in and they have a large mixed hearing loss with chronic drainage. You know that a traditional amplification, it's gonna be a challenging fit, it's gonna be hard for you as well for the patient. So you decide to consider a BAHS eval there. There are some things you should be thinking about when moving forward with this patient. Most of these are gonna be determined prior to seeing the patient. But first two questions is, should I schedule them for a separate appointment? And how much time do you wanna allot for them? Do you have a demo device you can use? And where are you gonna refer to for surgery? So questions one and two is going to be totally based on whatever you set up as your clinic protocol.

And again, this is usually pretty similar to what you do for your hearing aid evaluations and demos. For the third and fourth questions, your local Oticon Medical clinical specialist is going to be able to assist you with getting the software demo devices and

locating a surgeon near you that will do the surgery. And your local rep will of course provide training on your devices, the programming, as well as providing any fitting support you may need. So you've identified the patient, conducted your bone conduction evaluation and you're going to refer to a local surgeon. You're gonna be part of the ordering process. So once they see the surgeon and they've scheduled the surgery date, you need to have a bone conduction evaluation with them.

This can be pre or post seeing the ENT. So you'll need to select which processor, what color they want, as well as your accessory choice. This is usually a three page ordering document. The last two pages are for audiology. The front page is for surgery, and you don't need to worry about ordering from the surgical parts. This is usually filled out by the surgeon's office or the surgery center. And for a patient who's not going through surgery, if you're fitting a new soft band system, these processors are also typically ordered through insurance. So you would complete this full order form and submit to our insurance team at Oticon Medical. In rare cases, clinics can opt to bill insurance directly.

This is something that you would discuss with your Oticon Medical rep. So as I previously stated, your clinic is only responsible for fitting the processor post-op, or after the soft band system has been shipped to you after insurance approval. From here, determination on how you bill for services is totally up to you. You can bundle or unbundle, set your prices the same for your traditional fittings, or you can charge differently. One thing that's unique about fitting a bone anchored system is that patients are typically eligible for an upgrade through their insurance every five years. You will be part of the upgrade process, there is a packet to complete. This includes a Letter of Medical Necessity that has to have a physician's signature.

This can be the ENT, this can be their PCP, it just needs to be signed by a physician. You will update a current audiogram and send over that, as well as your recent chart

notes. And again, as with their initial fitting, the patient's going to be responsible for paying out of pocket your fitting fee and service fees. So in rare cases where insurance will not cover an upgraded processor, our soft band system, we do provide private pay options to the patient. And that's something you would discuss with your local rep. So why consider implementing this into your clinic? Recent data from over 23,000 patients in the US show that the average Ponto patient is only seen for 1.6 appointments for the entire life of the device.

So that's usually five years. In addition, the medium programming time is only 8.4 minutes. So this means a large majority of your patients are not gonna come back in for a follow-up appointment until it is time to upgrade. In my clinical experience, most of these patients are very happy the day of and do not require a follow-up appointment. If they do come in for a routine follow-up, they have minimal complaints and need only minor programming changes. In addition, there is currently no real ear equivalent available for these devices. So this does reduce your verification time as well. You as a clinician will spend less clinical time with these patients than with a traditional hearing aid patient.

So even though both the surgery and fitting require little overall time and follow up, patients report a positive change in their lives with the use of the Ponto system. A recent literature review found that 98% of patients report an increase in quality of life. And this increase is not small, but it's not far from the magnitude seen in CI reports. In addition, 95% of follow-up visits need no skin related aftercare, and there is an excellent implant survival rate of 98%. So this is a truly small procedure that changes patients' lives. So think of it this way, kind of in summary for why you may consider this. A few hours of your time will result in a very happy patient.

You will be reimbursed well for the time spent, and offering these services will diversify your clinical practice. You're providing an invaluable service to your community where

depending on where you live, this patient might have had to drive hours to receive fitting and programming. So once you've decided this is something you wanna incorporate into your clinic, your local Oticon Medical clinical specialist will provide you with everything you need to get started, including demo devices, soft bands, or the hard test bands that look similar to your bone oscillator, and other resources you need to support your first BAHS evaluation. During your demo appointment or after your fitting, you may want to conduct speech and noise testing to evaluate patient performance with and without the processor.

So for this, Oticon Medical did develop a testing protocol for both pediatric and adult patients. This can be conducted the day of the demo or done after surgery. So our recommended testing procedure is first fit the patient with the BAHS sound processor using a test band if they have not already been surgically implanted. You can also use a soft band. Program the device according to guidelines, and this can be with your Oticon Medical rep. You are then gonna complete unaided speech and noise testing using the QuickSIN if you haven't already completed it, and then complete aided speech and noise testing with the QuickSIN. Then administer your self-assessment questionnaires. These can be what you've been using for your traditional hearing aid patients.

Commonly used questionnaires in clinics I see are the COZY and the AFAB. And then there are some optional things you can do as well. So you probably have these patients on the hearing aid side as well, patients who are just never going to be able to perform on the QuickSIN for whatever reason. You can do functional gain testing as well as aided word recognition testing to show them improvement, especially if they're not gonna be able to perform well on the QuickSIN, regardless of what they're fit with. This will provide a confidence boost and show them results, how they're doing better while they're aided. So all of this we have on laminated sheets. So your local Oticon

Medical rep can provide you with all of this, either on that laminated sheet, or they can also send it to you as a PDF.

So just thinking about booth testing here, your setup is going to be different based on the type of hearing loss the patient has, as well as how your speakers are positioned. So here, this is for mixed conductive hearing loss. It depends on your speaker setup, but both of these are appropriate for presenting to your patient. Set up a little bit differently for your single-sided deafness patients that your patient should be positioned so that the speech stimuli, the target sentences are directed at the patient's test ear, so that's gonna be the ear with the Ponto. And the multi-talker babble is going to be directed to their better ear, which is the non-test ear. So again, all of this is available as paper copy as well as digital to help you get started.

We even have record sheets that you can walk through the process and record on those record sheets. If you are interested and would like to get started on fitting Ponto, set up your account and connect with your regional Oticon Medical representatives, please note this number and this email here. This is for our Auditory Technical Services team, Alicia and Gill, our audiologist, and they're absolutely fabulous. They will help you with any and all things Oticon Medical and Ponto. They will walk you through the beginning steps, including connecting you with your regional rep. And once you're established in fitting the devices, they're also available anytime during standard business hours on Eastern Time to answer any questions you have regarding Oticon Medical and our devices.

You can always reach out to your regional rep, but they are often more available as they are home-based and not traveling. They're available for virtual trainings as well if your regional rep is not available. So they're truly a one-stop shop. I ask them questions all the time, so please go ahead and write down their information. Okay, so I would like to thank Alicia and Melissa for helping me put on today's presentation, but thank you so

much for joining me and showing interest in providing services to bone anchored patients and fitting Ponto. This is a very niche part of audiology, but the clinics that I've onboarded have started doing this, really enjoy it because it diversifies what they're doing in their clinic.

It's something that you can promote on your social media because it's something a little bit different, and it provides them, you know, something new to do during the day. And you really do spend a minimal amount of time for a pretty high payment at the end of it for charging for just a few hours of your time. So I would love to take any questions if anyone has any questions for me.

- [Melissa] All right, Dianna, at this time if there are no questions, we can certainly wrap. I do have one in the chat if you wanna grab that first.

- [Dianna] The question here was that, does the Ponto system come with an accessory option? Yes, that is a free accessory that will come with any new order, either a soft band system or a surgical order. That also will come with upgrades as well. So if they upgrade to a new processor, they can select a new accessory.

- [Melissa] Great. I'm not seeing any other questions, so thank you so much for this. This has been great. Wonderful, we will be posting the recorded class in a couple of days from today. So if anyone missed it, you'll be able to point them in the right direction on AudiologyOnline to find that class from Oticon Medical. Dianna, thank you so much for being with us today.

- [Dianna] Thank you Melissa, and thank you for everyone who joined. Have a great rest of your day.

- [Melissa] Have a great day, everybody. Feel free to go ahead and log out now and have a good rest of your week.