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Next-Era Hearing Every Step of The Way

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- All right, well, I would like to thank everyone today for joining me in learning about the new line extension and additions to the Nexia family and also to Smart Fit 1.18. So again thank you so much for spending time. The outcomes today for this presentation, I'm hoping participants will be able to identify which rechargeable hearing aid styles were added to the ReSound Nexia family, name the launch features that impact each part of the hearing aid process, and then also state a fine-tuning tip provided within the fitting software Smart Fit 1.18. So today we're gonna be moving through a virtual fitting, and take a look at how each step of our hearing aid journey can incorporate one of the new offerings from our February launch.

We'll be wrapping up with a lightning quiz today just to test your knowledge, and as a hint, you might see some of those questions again shortly after the talk today, and you'll also have a handout that wraps up everything that we spoke about today and also provides some insight into the quiz answers as well, and that will be our summary for the afternoon. All right, so jumping into the hearing aid journey, so starting with hearing aid selection, this is the part of the journey where the hearing test has taken place, you've met with the patient, discussed solutions based on the results of the hearing evaluation, agreed on moving forward with the hearing aid, and now we're trying to arrive at a decision of which hearing aid to start out with or try, or fit at the next appointment.

So as you well know, it's important to have a lot of options to accommodate the patient's needs. There could be considerations to take for physical capabilities. They may have specific cosmetic preferences and lifestyle. So let's take a look at how the new Nexia line extension improves the offerings. So we started with the Nexia launch a couple months ago, or actually several months ago, about six to eight months ago with the RIEs. So these were the microRIE, which was the smallest form factor coming in a rechargeable. This also offered the first cross that came on the market from ReSound,

and also offered a tap control feature. If your patient's more interested in having the standard BTE style and a non-rechargeable battery, there's two offerings.

There's the 312 battery option, as well as the 13 battery, and these larger styles offer the rocker switch in the 13 battery style. Also you can have a telecoil in either one of these styles as well. So what we're adding is the custom. So we have the custom form factors now, which is also in that earbud style, and also offers rechargeability as well as the wireless. And then we have the BTE options, so this for more severe hearing losses, or somebody that wants a bigger device just to handle, also includes the DAI and the power BTE. All of these are offered in the technology levels nine, seven, and five, just as the original RIEs. However, we're not going to get into the details of the technology levels today, but I do wanna take a small opportunity just to compare this to the previous family, the OMNIA.

So the OMNIA you see here on the left side of the screen compared to the Nexia on the right. The blue dots indicate the features that are possessed by each one of the form factors. As you see here, the OMNIA does have a lot of offerings with streaming, however, does not offer the readiness for Auracast or the Bluetooth low-energy audio. This is within the Nexia family, and this is also provided with the customs and the BTEs that we're adding here in this launch. Both have telecoil options. The cross transmitter also is limited to the Nexia, and that is with the microRIE form factor only. That can be added to your fitting as the transmitter device.

Tap control is also housed within this form factor as well, the microRIE. Tap control is a feature where you're able to control some limited hearing aid function just by touching the side of the hearing or the side of the ear. The wireless accessories, again, the Nexia is backwards compatible for all the existing accessories, but offers an additional accessory with the TV streamer, the new TV streamer which is powered by the LE Audio. All right, so looking at some more details per form factor specifically, you'll

notice that the offerings are pretty consistent across the form factors, both new and previous, except with the CIC, which is non-wireless, so it does limit the capabilities with streaming, the Auracast availability, of course the accessories, and you'll see some of those little red crosses across the bottom rows as well, again tap control being limited to the microRIE form factor, and same with the cross again, limited to the microRIE factor, however, you can use the larger RIE models as cross receivers right now.

Okay, so now that we've explored the offerings within the form factors, let's get to the good part, which is dispensing the hearing aid for the patient. All right, so I added this slide here because I think that this is becoming more and more important, this unboxing experience, and I actually took the opportunity to look up if there was an Oxford definition for unboxing, and of course, it turns out that there is, and this is the act of unpacking something and examining the features, and typically, this is being filmed or shared on social media. So this unboxing phenomenon is definitely taken hold with different platforms such as YouTube, where people get excited about just taking the product out of the box.

Whether they have the product or not themselves, it's just fun to watch others do that. It's also important for the company as well, because this is an impression that they're giving to the user or the person doing the unboxing to give them an impression of their company, what values the company has, and the quality of the product. Also I found a couple interesting facts on the internet when I was digging into unboxing, and one of them was an article from 2022 from Shopify. It was a website, and it was talking specifically about material and packing, and I thought it was interesting that one of the quotes was discussing how sustainable or recyclable the packaging was and how that was important, because it really did make an impact on those that were receiving the product.

So we'll talk a little bit about that today. And I also found another interesting fact talking about packaging and how important it was to Apple and Steve Jobs where there was actually patents issued on the boxes of the products themselves to make sure that it was consistent, and only that experience was provided to the customer by the Apple product. So I don't know if you guys have ever watched any of the videos yourselves, but I certainly have seen my children watching unboxing videos more now about cosmetics, but before, I remember it was little toys like Shopkins and things. So keeping that experience in mind, whether it's you doing the unboxing prior to your patient arriving, or if it's an unboxing experience that you're sharing with your patient, it's an important experience.

And I can also relate because I remember all of the plastic packaging that I've had to throw away when unboxing a hearing aid, and I have a lot of garbage guilt personally, so it's hard to throw all of that plastic in the garbage and know that, you know, it served its purpose, but now I have a trash can filled with plastic or hard clamshell cases. So to help relieve that stress for people that have garbage guilt like myself, or just to give a more pleasant experience, considering the values of sustainability and recyclability, we are changing the packaging, and it is 100% recyclable packaging. This goal is a long-term goal actually for us here at GN, and we're hoping to reduce the carbon emissions by 47% with this packaging compared to the previous.

We're also using FSC certified paper materials, which again I had to also look that up, 'cause I wasn't sure what that was, but I've certainly seen it on a lot of products outside of hearing aids when using things around my home, and it actually is a commitment to how the paper is harvested for maintaining health of forests in the future. Also finally, talking about just reducing carbon emissions over time, the goal is 80% of our own operations and 25% across our value chain by 2030, so a lot going into this initiative here, and hopefully it has a positive impact on your unboxing

experience, again whether it's just you yourself doing the unboxing and assembling the hearing aid, or with your patient.

Okay, so now that we've talked about the packaging and the unboxing experience, and the hearing aid is assembled and ready to go, we can move into the fitting process. So a lot is involved typically in the hearing aid fitting. This happens alongside the patient, and you may choose to leave settings more at default right now during the fitting, and change more during the follow-up. You may have your own fitting protocol that you like to set up the hearing aid for your patients and make those changes either prior to the patient arriving or with the patient in the office. But no matter how you're doing your hearing aid fitting, you're typically using the software and making at least a few changes to the hearing aid with the patient, or as the patient is sitting in the office with you.

So that will bring us into the fitting software, since that is how we change our hearing aids today, and we'll talk about three features specifically when it comes to the enhancements that we have with Smart Fit 1.18. One of them is the remote consent that takes place when offering a ReSound Assist to patients, so this could be the asynchronous or synchronous solution. It involves the fitting software, cloud, and the app, and of course, since we're using the cloud, then there is a consent process that needs to happen, and there's been some major changes to that, but absolutely for the good to make it a lot easier on both the clinician and the patient to accept those consents and manage them going forward.

There are some AutoREM additions, so within this section, we will definitely talk about the additions, but also just show a brief video of AutoREM for those that have maybe not seen or used it. And there were some significant changes to AutoREM in 1.17 that you may not have seen or used, so it's worth showing those here I think. And then finally, the patient clinician report, so in terms of the fitting software, this is kind of the

highlight as we would say for the changes that happened in 1.18, and there's significant changes to how to build the report and report accessibility for your patients during the onboarding process. All right, so getting into the consent, again this is how to start up any remote services, so I'll briefly talk about how that process happens so you can kind of get a a mental model of where the consent fits in.

So the first thing that you would do during your fitting would be to log in. On that black header across the top, you can see that my name is there is I've logged into the GNOS services, so that's GN online services, where previously to that, you would've had to make an account and create an account for yourself or your office. So you would log in within the fitting software here. Second step would be to navigate to the patient tab, which is housed in the red level navigation, and then to the ReSound Assist in the white level navigation, and that's the one over on the far right. So what you'll see here are two toggles over here marked by the number four, and that's basically just which offerings do you wanna start out with for your patient when it comes to ReSound Assist.

So we have the remote fine-tuning, which is the asynchronous offering, and that's kind of the I need help message to the clinician, and then let me send you some adjusted settings to your app to install at your convenience and test at your convenience to the app. The Live Assist is the synchronous solution, and this is basically an online appointment, so where you would have the video call with your patient, the fitting software up, hearing aids connected via the app, and you could be having a dialogue over video and audio at the same time while you're making live adjustments to the hearing aid that the patient can actually appreciate at that moment in time while you're getting feedback from them.

All right, so again in order to get this all up and running, there has to be consent. So the clinician consent basically is taken care of by signing up for GNOS and then logging in,

so that's saying that I'm going to use the cloud, I have consented through the process of GNOS, and now I'm logging into the software to offer these solutions to my patient, this particular patient here. So in order to get an appreciation for the new flow, we'll go through the old flow in case you're not familiar, and that is enabling just like we discussed in the previous slide. Number two step is the tricky one. So there was a consent within the fitting software, but it was designed for patient consent.

So the patient would either have a printed form that you, the clinician, would print out for them, they would sign the form, and then you could store that within their patient file or scan it in, or what would happen would be the clinician would have to offer the mouse over to the patient to go ahead and click consent after they scroll through the consent document, and then grant consent for services, both tricky offerings, doable, but could be time consuming again, or tricky within a workflow of a typical clinical setup. What we wanted to do was improve those steps two through four with our new design. The patient still would have to download the app. This would be something that could be assisted by the clinician or they could do this at home, and then they're ready for remote fine-tuning.

So the question is how did we improve steps two through four? We improved them by simply giving the consent to the patient in the app. So rather than having to do the printout or the handing over of the mouse and having them click, what they can do is once you've signed in and you set those toggles on for them in the fitting software, within their app, they're able to see the consent, read it at their convenience, click that they consent, and then they're ready for the remote fine-tuning. As a clinician, it's important to see the status of that consent because if there's a hiccup where maybe there isn't a transmission of settings that are being sent or something, it's important for the clinician to be able to go into the file and say, "Oh, well, they've never accepted the consent, so that's why my settings aren't making it to them, or that's why they're not able to use the app.

" So it'll tell that the consent is either required, it's been declined, or it's been accepted, and that's something that can be monitored once you're logged into the GNOS through the fitting software to see the status of the consent. It's also possible for the consent of course to be updated and changed over time, and as that happens, the consent will also be updated within the app. The patient will update their consent within the app, and again there will be the ability to monitor the status of the consent within that dashboard in the remote services. So this should make this process a lot easier instead of having to print out paper or hand over the mouse to the patient.

They'll be able to have everything on their own phone at their fingertips, and be able to look over the consent document without a hurry or someone looking over their shoulder. All right, great. So now we're gonna move into the AutoREM enhancements. These are pretty simple when it comes to .18. All we're doing is adding certifications for the Affinity Suite 2.8 tested with the Compact 4, and the Maestro 1.23 tested with the Trumpet. That means that internally, even though these do use IMC2, and in theory, anything that uses IMC2 should be able to work with AutoREM, we do like to verify the updates in REM software and the equipment just to make sure that everything's working as expected, and the compliance on both sides for IMC2 is being met, and it works for any system that we listed in our dropdown menu as certified.

Okay, so again there was some functionality that was added with .17, and I think that it's a good opportunity to just take a look at that functionality. So I created a video here so you didn't have to have me running back and forth with on myself, but we'll take a look at the functionality here, so I'm gonna go ahead and play the video and kind of talk through on top of it. Okay, so you see the AutoREM in the white menu under gain adjustments, and you can go ahead and click that, click the equipment that you're using or whatever's installed will actually populate in the preparation screen. We're already here in step two, which is the tube calibration, so once the piece of equipment

becomes connected, you'll be able to calibrate the tube right here within the AutoREM suite.

So once the tube calibration is complete, we will go to the unaided gain measurement and take those measurements here. You can navigate by clicking the next button in the lower corner, or just across the navigation in the top. And some of the pieces of equipment have a probe monitor, so they will show if you get red light, green light for probe placement. This piece of equipment, this is a Compact 4, does not offer that feature, but we do have it with most of the other manufacturers, and that's step three. And here in step four, I'm gonna go ahead and pause this for one second, because I think it's worth talking about. I just wanna focus your attention on the new features.

This is the vent accommodation. I think this is really important and sometimes overlooked, where if you know that you fit the hearing aid with a earpiece that has some venting in it, even though the hearing loss and the prescriptive targets might be asking for low frequency gain, it's important that you set this two on, because it will allow for more low frequency roll-off, and sometimes we have to make those choices for our patients because they're not tolerating occlusion, or the comfort of the open dome is just better for them. So if you see any gain being prescribed in the targets in the low frequencies, but you know that there's some vent leakage, just go ahead and set this to on so you're not getting a ramp-up in the low frequencies to try to overcome that vent effect.

The other piece that I'd like to draw your attention to are these little check boxes, one column saying match target, the other saying quick run. The match target feature is required for the 65 DB input. It will set all three inputs to the deltas between what was measured and what the targets are, and then if you wanna go ahead and fine-tune your inputs for the soft and loud, you can click match target for those as well, and it will run it as a sequence. If you would like to come back and measure them after the fact, you

can do that. And if you wanna measure them simply as we did before with AutoREM and not make fine-tuning adjustments or additional fine-tuning adjustments to the loud and soft inputs, you can just press quick run, and it will not fine-tune the targets any further, I'm sorry, the gains any further, and it'll just give you a measurement curve for record keeping.

So in the video here, I just showed the highlight over each one of these INFOCONs to remind what each means. You can make your selections here, and I did run the 65 here just to give you an opportunity to see how it looks, but did not run the others just for the sake of time and getting through the other features we have today. Okay, so this is showing that the gain is overshooting quite a bit here, and then it will run again the ISTS signal after some gain adjustments have been applied, and you'll see the curve go down closer to target. And once the match criteria is met, it will tell you with a green checkbox that you have matched target, and then you can go ahead and go to step five, which is apply gain.

So in the apply gain, you can take a look at the curve in a different view which shows you how close you are to target by how accurately it matches the zero, and you can choose to or not apply the gain to the hearing aid for when you exit the AutoREM feature. Once you hit save on the bottom here, this actually saves to NOAA. So you can go ahead and review all of the measurement curves that you've done here later within your REM module. Okay, so that brings us to the report building part of the fitting. This again is the highlight of the release, and to appreciate the new solution, you have to be familiar with the old solution or have at least experienced that flow.

So just reminding what the old solution provided, that's the upper screenshot here where there's two white menu options, one for clinician report and one for patient report, and both of those were under the red navigation finalize tab. So if you wanted both the clinician and the patient report, you would have to navigate to the tab

separately. Two of the biggest requests that we were getting over over the years for the improvements of the reports was the ability to select a language for the patient, and then the print size being adjustable. This is important, because for example, if I have a Spanish or Polish speaking patient, and I would really like their report to be printed in the most accessible language to them, I didn't have the option to do that.

I had to print it in the language in which I installed the fitting software, and that was a limitation as well as the print size. So if I needed to provide somebody with larger print option, I was not able to do that until now. So that improves the accessibility too of the reports to the patient. So walking through the flow of, or our new flow compared to the old, you'll notice in the red navigation finalize tab, there's only one reports item, and everything for the clinician and the patient's housed on the same page. So first would be selecting who you're building the report for, indicated by the green one and moving from left to right, and here, we're gonna start with the clinician.

If you'd like to, for example, use the device controls in your print report, you would just select it and it will move right over to that report. Same if you were to toggle for the patient, if you'd made a selection here on the left, it will move to the bottom right section. And same for unchecking, if you uncheck something here, it will move back to the report section and out of the report that you built. There's modifiable options within both the clinician and patient report, and that is indicated by the little pencil, so that tells you that you can make modifications or customizations to that option. And here in the right side in the print card, you can see that you can change the language, you can click for larger print type for your patient, and then you can also get decide on where or how the patient gets the report, or how you would like to store your clinician report.

So you can save things as PDFs, you can email them, and you can print, all within the same page. All right, so again I have another video here just to show how these things are moving around the screen quickly, 'cause I think it's a little easier to appreciate

than the static screenshots. Oh, here in number seven, just to remind about restoring to defaults, these are what we call sticky preferences. So if you make a selection here or a change because you rebuild your reports the same way for everybody, it will remain this way for the next patient, but if you want to restore the defaults, you can go ahead and just click here, and it will wipe everything that you had done for one patient and clean it up for the next.

All right, so here is the next video, and we are going to be building a report that is for a Polish speaking patient with a RIE device, and does not have accessories. So here, I'm building my clinician report. I wanna make sure I include the device controls, 'cause I modified those. I took the accessory option out, 'cause I don't need that. I moved my session notes up, I'm adding some additional session notes here on top of what was saved from my last patient, and I have that in my report, and then I can quickly toggle over to my patient and build their report similarly, in that I can take away my accessory because I don't have an accessory for this patient, but I do wanna include the device controls since I modified those for the rocker switch.

I am changing the next appointment for this patient here, and this will also print out on their report or email to them, however I choose. And then I can select the language that I would like to have my patient see their report, and again, I selected Polish, so I am going to change that, and I'm gonna select the larger print type option. If I print or if I do print preview, I can see exactly how I built my report and how it's gonna look after I print it or send it. And then I can also make a choice if I'd like to email it to them, and it pops up my email screen if I choose to do that.

So now I click restore defaults, and wipe away all the changes I made for this patient in the case that I would like the accessories back within my report by default, and then the device controls outside. All right, so just last screens on giving a little bit more detail about the enhancements here, so we're looking at the languages. The list is quite

extensive, so I wasn't able to show the entire list here in the screenshot. The larger print type here is the detail on what the print types are. So this does change on your screen, but the previous standard was 16 pixel, and the new standard is 19, and if you were to click the larger print type, now you're looking at 22 pixel.

And finally, for the print window, we have the option to do the print preview like I showed in the video. You can save wherever you like within your PC, and then go ahead and send that file to the patient or whoever needs to receive that file. All right, so we're ready to the fine-tuning section. So the fine-tuning, this can be thought as something that happens during the actual fitting where you're making fine-tuning adjustments, or this could be reserved for once the patient returns after they've worn the hearing aid for some time. But again these are fitting software based changes, because typically how we do hearing aid fine-tuning is with our fitting software, our Smart Fit 1.

18. This is talking about some different tools within Smart Fit, and enhancements within these existing parameters. So we do have vent awareness features, which I'll talk about the old ones and the new enhancements for 18. Again talking about some enhancements regarding some fine-tuning with the gain and the warp compressor, warp compressor being something that's old, but worth talking about it again and reminding, and also first time user onboarding profile, which was launched with fitting software 1.17, but we'll review it here. All right, so one of the things that I get a lot of questions about is venting an earpiece selection and impacts of those, and the badge, and why is the badge on one dome versus maybe another?

And I think something that's really important here when we're talking about earpiece selection and its impacts on the fitting is how much energy do you wanna keep in the low frequencies trapped in that ear canal? So if you have an open-type fitting, you are not really trapping any of that low frequency energy in the ear canal, so we can expect

our real ear measurement or what's actually happening in the ear canal to look like the image I have on the right, where those lowest frequencies are kind of flat-lining around zero, and there's really no gain, and then you're getting your gain in the highs. And it's important to get that gain in the highs, because especially with an open fitting, that's where you're gonna maximize your directional impact, But we really can't expect anything in the lows in terms of gain when we have an open fitting.

So if there is gain that is being prescribed in the low frequencies, it's important to choose a dome with some occlusion. And that's why when we have the badge, which you can see here in this screenshot under the text is it really is looking at a limited piece of the puzzle, and it's basically looking at the hearing loss and the gain and saying, "Is there any gain that's needed, or how much gain is needed in the lows?" And then it's using the dome associated with those leakage effects, which are shown, a couple of them are shown here in the table in yellow and blue. And if you look at that table, you can see that some of those roll-offs in the lows are large, and they really can't be compensated by hearing aid gain, so you're just kind of taking a loss there when it comes to gain in those frequencies, depending on the earpiece you're selecting.

So when you look at the badge and you think, you know, I need something different for this patient, absolutely clinical judgment is paramount. Go ahead and make that dome selection based on what you see, because the hearing aid dome selection or earpiece selection is simply based on the audiogram and the gains. It has no knowledge of the patient's tolerance for occlusion and it has no knowledge of the ear anatomy for the patient, so it is really making it based on limited data, and you as a clinician have all of the pieces of puzzle in front of you, so if you disagree with the badge, by all means, use what you think is best for the patient sitting in front of you.

It's just a suggestion in which to help guide, but not to just select for you. Another tool that we have within the fitting software to give a little bit of insight into the occlusion for the particular patient in front of you is the calibration. So the calibration is part of the connection flow, and this is actually what turns on, effectively, the DFS system or the feedback management system. So when you run the calibration, it says, "How hard does this system need to work?" And it shows you a curve, and that curve gives you an indication of how hard does the system need to work and at what pitches does it need to work the hardest. So that's the primary function for the calibration, but it does actually give you some insight into the ear coupling and how occlusive is the ear coupling for that particular patient.

And if you see the curve is dipping quite low, as we can see in the open dome screen here, we know that there's a lot of vent leakage. If you even just occluded a little bit more, and that's why I put the tulip dome measurement there, you can see that that curve kind of comes up even just a little bit, and that's showing, in this particular ear, which is mine, the tulip dome has quite a bit of an impact on on how much gain or occlusion that I'm gonna be experiencing in my ear. Some people, you can go from an open dome to a tulip dome, and there really isn't much of a change when you calibrate, so that tells you that they're functioning similarly when it comes to occluding the ear canal.

So I think this is nice, because while the badge and some of the other tools within the fitting software are based on averages, this is an in situ measurement that you can actually use on your patient, and it's for that hearing aid, that ear coupling, and that patient's ear, so it gives a little insight before you even get into the fitting. I think it's also nice that it's paired up here with the target curves, so the lower you see that curve dipping towards the target curve, you can imagine that if your gain settings start out there, if you plan on turning them up at all and it starts encroaching on that, you might get some feedback and some leakage there.

Okay, so here I'm just highlighting that this fitting does have targets that are prescribing some low frequency gain. That tells me that I really wanna make sure that I'm getting some kind of occlusion, which means I'm gonna want that kind calibration curve up more towards that 50 line or the flat line. Okay, another tip or trick that we have in the fitting software to give you an idea on vent effect is the vent correction display. So that's housed in that little center panel in between your left and right graphs, and you can open that up. Just like I'm showing in the screenshot here, it's on the far right, it's called vent correction. This is a simulated vent effect.

So if you have it turned on, as you see on the left graph here or left appearing graph, not left ear, you'll see that there's a mismatch between the target and the gain curve. So the target curves being the dotted lines that we saw in the calibration screen, now we have the gain overlay. So this is telling me that with the dome that I selected within my fitting software, I can see that I am really not gonna match target with that dome in an average ear, because those lows are rolling off, and this is a simulation of what could happen in the ear. That's what these graphs are when we're looking at the gain view or output view, but this is the gain, how much gain am I getting per frequency in a real ear, average real ear.

So I'm not really getting any. If I turn this off, which it's off by default, you can see that the vent correction will show you what the hearing aid is actually putting out. So the difference between what I have in the on and off position here is showing me that my ear coupling is having a dramatic effect on what the hearing aid is actually going to get to the eardrum, because I have the disparity between the target and the gain curve here. So it's important to understand this screen, because it can lead to some confusion if it's left on. If this is left on, as we saw with our yellow and blue chart on the first venting screen, we know that we can put a lot of gain in that ear, and it really won't do very much.

So you can click, click, click the low frequency gain, and this chart won't move, typically, when you have the vent correction turned on, because it's not something that we can measure in the ear canal. So if we want to actually see what the hearing aid is putting out rather than what is simulated in the ear canal, we need to turn this off. So when this is left on, if you click, click, click the low frequency gain and you don't see the chart changing, and you don't see your real ear measurements changing, it doesn't mean that the software isn't doing anything. It means that the simulation on the screen is telling you you're not gonna see it in the real ear measurement, and your real ear measurement isn't going to show it on screen either, however, the tricky part is this could be happening behind the scenes.

The gain is being increased from the hearing aid level and from the compressor, and it is coming out of the hearing aid. It's just not measurable, and it's just not being appreciated by the patient. So a lot of times when you turn the vent correction off, we see what I like to call the swan, where you have the configuration kind of going from high to low with the gains, because the clicking increased the gains in the low pitches, but it's not being measured or heard. So this is where we introduce an alert in the case that that vent correction toggle was accidentally left on. We have a alert in blue here, drops down from the top of the screen, disappears after 20 seconds, or you can click it away with an X.

It's just a reminder that maybe you wanna close up the ear a little bit more, or that you may wanna turn off the vent correction in the display. This only happens when there's a dramatic change in low frequency gain, not gain overall, so you may never actually see this message. It's just a reminder if you're somebody that uses that vent simulation tool and then it's typically accidentally left on. So if you do see it, it's just a reminder. You can click it away, but it's to help put the two pieces of the puzzle together. All right, so warp compression, this is again not a new feature. This is how the compressor works.

It's just a processing technique used within hearing aids and outside in conjunction with dynamic range compression, and this is how ReSound and GN products use their, this is how our compressor works.

This is a unique design to us, so that's why it's worth talking about a little bit. And some of the questions are why, and it literally mimics the cochlea. So if you look at how the cochlea is built and the high frequencies going to low, you look at the auditory filters, the small going to wide, that's exactly what's being mimicked here within the channels within the hearing aid. There are some papers about the benefits of this and why we're using that, won't get into it here. Also we're getting close to end of time, but also just to move into more of the enhancement that comes along with this is how the gain handles are structured. So we have some gain assignments in depending on how you choose to use your gain handles.

So you'll notice on the bottom of the screen here, there's an option for a six and a 10, six collapsing them, 10 widening them. 10 will give you absolutely the most fine changes, but it's really important to remember how that band structure is and that it actually overlaps behind the scenes. And with the six, you can imagine that that gives you more gross changes, because there's more bundling of the handles together, and then there's the overlapping that is maintained with the six handles, of course, at the compressor level. But the change that we did here was actually to gain assignments that when you're going from the 10 handles to the 6 handles, we reduced some of the redundancy of how those bands were signed to give you a little bit more control in that collapsed view.

So I do have a short video here just showing you the normal behavior of the compressor. So I'm starting here with the 10 handles, and I'm gonna make some changes to the low frequencies. You can see the adjacent band, so the 250 and the 750 are changing quite a bit alongside the 500 changes. But when I go to 3,000, you

could see that the two and the four also change, but not as readily, 'cause that gives you the idea of how the band structure is, wider for the lows, more narrow for the highs, and same thing in the collapse view. I can go ahead and make quite a few changes to the 4,000 Hertz region, not see any changes to the adjacent bands, because now I've collapsed 'em.

But if I do make enough changes, eventually those will pop up width, and if I go to the low frequency, same type of phenomenon, I'm able to make changes here, but the adjacent bands will change more readily, and that is normal behavior for the warp compressor because of the overlapping band structure. All right, so last feature that we're talking about today before we get into the lightning quiz, which Melissa's gonna help me with and get the responses up, so first time user onboarding profile launched with .17, replaced the Comfort User profile, and the goal here is it to be basically a quick button. So if you have a patient that is a new user, and you have them in first time or you have them in experienced and they are just not comfortable with the sound of the hearing aid, the gains are a little too high, the noise is a little too loud, this is simply a quick button type profile to onboard a patient.

It increases the noise reduction strategies, and it also lowers the gain from 100% of first time user target to 70% of first time user target. So if you're changing to the first time user onboarding profile, it will be dictated by your preferences. So those default to 100 for all of the experience levels except the onboarding level. The onboarding level is defaulted to 70%. You can change any of these. If 70 isn't enough for you, you can change it to 60. If you prefer to increase it to 80, you can do that, and whenever you use the profile, those gain percents will match your default selections from the preferences. Noise reduction increase, as I mentioned, this is just showing the per environment noise tracker settings.

If you have a lower level of technology, this still applies, it will just go up one step. If you're changing from the first time user onboarding profile, a manual change in the gain percent is required. So this is if you had somebody in the onboarding profile at the 70%, and you're deciding to change them to first time user 100%, or if you're changing them to experience level 100%, you'll need to change both fields individually in order for that change to take place. This is intentional that we're leaving it up to you as the HCP to make the gain level changes, and they're not automatic at this time when you change the experience level. The noise reduction changes will also take place, so again looking at the per environment settings, we have the first time user being just a little bit higher than that of the onboarding, and then slightly reduced settings for the experienced user.

Okay, so getting into the lightning quiz, we have about 10 minutes left to get through the quiz and any additional questions and our summary screen. So the first question in our lightning quiz is, and you can go ahead and just put your answers right here, the ReSound Nexia line extension includes which set of hardware, so which is the new pieces that were launched in February as opposed to the existing? Okay, so we have people entering their answers, and now seven entered of about 21 participants, and everybody's correct so far, so great. All right, so we have about half of the responses in, and everybody responded correctly in answer B, which is the BTEs and customs. All right, next question for our quiz, the Nexia family offers which form of Bluetooth that is not offered in the OMNIA line?

So there was one that offered, or one that was offered in both, but then there was one that was limited to the Nexia line, if you could remember the difference in two between the two. All right, we had just over 10 participants in last time, so 10 we have now, and most people got this correct, great, so that is the, oops, the Bluetooth LE audio and the Auracast readiness is limited to the Nexia product when compared to the OMNIA product. So that was from this slide here with the blue dots from the beginning of the

presentation, so good job. Okay, so getting back into the unboxing, and talking about packaging and how important that is, even though it seems like such a small thing, what is the feature that makes our new packaging more eco-friendly?

Is it that it's a smaller packaging or that it's recyclable packaging? All right, 13 respondents, 14, 15, getting the all correct is we have the 100% recyclable packaging, perfect. You guys are good. Okay, so getting into the consent flow, so what are the changes with consent flow? Is it that the patient doesn't need to consent any longer making it easier? Or is it how we present the consent to the patient that makes it easier by putting it in the app and allowing the HCP to monitor? All right, answers coming in really fast this time, and again, they are all correct answers, perfect. All right, everybody had this one correct as well. So the answer is B, we have it in the app at the patient's fingertips to do at their leisure, or you can assist them in office, but you're still able to monitor within the fitting software if the consent status changes.

All right, so next question, changes that were made to the report section, which there were a lot of changes here, but two of them really speak to the patient's accessibility. So one option A would be the increased print size and language selection, or the ability to do both on the same screen within the fitting software, which previously you had to toggle between two specific tabs to make those. So talking about patient accessibility, yes, great, we are getting lots of answers in here, and majority has answer A, and that is the correct answer. So when we're talking about accessibility, we're talking about language and font size, although answer B is correct, that that was definitely an enhancement that was made in .

18, but if you see a question later about accessibility, remember it's the language and font size. All right, and that was found in the print panel. Okay, question number six, so two more questions, we have eight total. So there are two tools that are in the fitting software that can assist with earpiece selection. So this one was a simulated vent

checkbox, and then also having that reference of the target and gain, or is it the badge and the ability to collapse the handles? A little more thinking happening on this one, I think 'cause of the way I have the answers, but yes, everybody is getting it correct so far. All right, great, all right, so A, so the simulation of the vent is important, and then also just having that reference.

Do you see low frequency gain? If you do, you're gonna wanna occlude the ear. The gray recommendation badge is definitely a tool to assist with earpiece selection, also defer to clinical judgment, of course, it's just a recommendation. And then while we did talk about the six and 10 gain handles, it was not within the section specifically talking about the venting. All right, so answer A is correct. All right, calibration curve, let's see this one. Calibration curve, vent correction, and low frequency gain notification assist in which acoustic phenomenon? Is it the vent effect or is it the converting from dB HL to SPL? So this one, everyone's getting correct. Certainly, one of these was not a topic in the presentation today, and we all know what it is, perfect.

So nobody selected option B. We did not talk about this today, but we did talk a whole lot about option A, which is the correct answer. Okay, all right, so first time user onboarding profile may be used to make the adjustments to the hearing aids more comfortable for the patient, but after the adaptation period, you would or would not want to increase the experience level and gain percentages? All right, this one is another thinker. Read carefully. Again this could be something that you may or may not wanna do, but just in the context of the presentation, this is a recommendation that onboarding means that this is a temporary setting for the patient and we do wanna get them to gain, so the correct answer here is B.

So again within the context of the presentation, we just wanna make sure if you're trying to match target and you're trying to get them out of that adaptation period into a different set of settings, I think the take-home message here is that you want to make

those changes because they're done manually. Nothing increases on its own without using the adaptation manager. You'll need to set the experience level and the gain percentage manually when increasing. Okay, and that's the end of our quiz. And this might look a little familiar to you here. I am not gonna go over it because it's a handout, and you have this handout accessible to you, and by the looks of the lightning quiz, everybody will do great on the quiz after the talk.

And I would like to thank you once again for sharing your time with me and your lunch period or any time that you had. I really, really appreciate it. I hope you were able to take some of these pieces of information and tips and tricks back to your clinic when you're fitting the Nexia line and using our Smart Fit software. So thank you so much for your time, really appreciate it, and enjoy the rest of your day.