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Oticon Government Services May 2024 Contract Update

Presenter: Kirstie Taylor, AuD

Hi, I'm Kirstie Taylor. I'm the senior account manager with Oticon Government Services. Welcome to our course for the May 2024 contract update. So, just to be fully transparent, I do get paid for my job. I hope you do as well.

So we have three learning objectives that you should be able to accomplish today. So after the course, the participants will be able to discuss the updated brain hearing features in the new Oticon intent product family. After the course, participants will be able to list the styles and the receiver options that are available for Oticon intent. And you will also be able to recall two updates to Genie 220 24.1 software that will help support more optimal fittings.

So, having been an audiologist for quite a while, actually it still remains the same that the biggest difficulty people with hearing loss have, and even those that are wearing some hearing aids, is hearing in noise. Just being able to organize that environment and separate the speech from the noise signal can be very hard as audiologists change and acquire damage. And unfortunately, most hearing aids out there, they've understood sound, they understand the environment often that you're in. However, they don't understand the user until now. And that's really what Oticon intent is about.

So at Oticon, we do things a little bit differently. If you've ever been in any kind of Oticon meeting or training, I'm sure you've heard about our philosophy called brain hearing. Long story short, really what we want to do is to be able to support the brain, to provide it with as much really good information rich of a signal as possible with the least amount of distortion. Really what we're trying to do is support what the brain can already do and how it already works. There's a lot that goes in behind the scenes to make this happen.

So Oticon is extremely fortunate because we have the relationship that we have with the Eric's home research laboratory, which is also in Denmark. Our headquarters are in Denmark, but they are separated. They're separated by about an hour in distance. The benefit of them being separated is that

at Eric's home research laboratory, they do all sorts of different types of research to look at what supports the brain the best. And what is a patient's brain who has hearing loss.

What do they need to be able to function in difficult environments with as least amount of effort as possible? So they're looking at personalized audiology and they're looking at precision audiology. They're also looking at artificial intelligence and sensor driven technology to be able to support the brain the way that the brain needs to be supported so that somebody exerts less effort in those difficult situations. I've had conversations with many audiologists over the span of many years of being an audiologist. And when I talk to people and ask them, why?

Why did you become an audiologist? Of course, there's the normal, well, I was going to go into speech, but that kind of board me. Or there's often somebody in my family was impacted with hearing loss, and it just gave me a lot of compassion. But ultimately, when it comes down to it, I have found that audiologists really care about the person sitting in front of them, and they want to make sure that that person can stay engaged in what they want to do. They really don't want their patients to give up doing the things that they want to do with the people that they want to be around, because it's too hard.

They have to work too hard. That's really where all of this research at the Eric's home research laboratory comes into play. We're able to figure out what would make it easier for somebody, what would make it so that they can stay doing what they want to do, so that their hearing loss or the way their hearing aids are working make them give up the things that they enjoy. So with that, you know, we have this long term research that occurs at Eric's home research laboratory. They then give that information to Oticon, like I said, about an hour away, and the engineers and developers then write our own processing chips so that we were able to take this idea and put it on this little chip, as opposed to buying a chip and saying, what can I do with it?

That gives us a lot more control, a lot more flexibility, and a lot more say in how the hearing aids are working to support that patient's brain.

We're talking about this philosophy of brain hearing. This has been a long time coming.

It's interesting because that research that's done at Eric's home research laboratory, they're looking at this in a very long term way. When we develop a new process, a new strategy, we've already fully vetted that we know this is going to help and support that patient so that they have an easier time. What you'll see is, as we come out with these new strategies, working towards the brain hearing journey, or along this brain hearing journey, each one of those is carried through to the next developed hearing aid. And when it's carried through, of course, as we're updating our chips and we're putting new hearing aids on new chips, that process is going to get better because the chips are faster, they're more efficient. So you're going to get more precision with that particular process or functionality.

So when you look at the way, like I said, we're trying to provide as much information with the least amount of distortion. When you look at hearing aids, hearing aids, when we move from analog to digital, they start distorting the signal, right, because they're adjusting on their own, as opposed to an analog hearing aid that once it was set, it stayed the. Where it was. It didn't do anything on its own.

You would have to flip a switch to go into directional mode or whatever. If there was feedback, you would just take out your screwdriver and adjust the potentiometer or plug your vent. But the hearing aid was self adjusting. So when we moved into digital hearing aids, that did create a lot more distortion. However, we had to.

We had to go through that journey to get to where we are now. So if you look at things that create distortion, the first thing that comes to mind is compression. Compression will inherently create distortion because you're taking somebody's dynamic range that has been reduced and putting all

those sounds there. So we're trying to make it comfortable and make sure everything is audible, but that can really disrupt the speech signal. So we came out with Speechguard in 2010, and what that does is it provides a linear window of twelve decibels that follows the speech signal.

It's not just about providing audibility for a patient. You want to make sure that that information is really good and has a lot of information in it, that it's a very rich signal with redundancies of different parts of the speech signal, like the peaks and valleys. Those are things that our brains also are looking for, especially as you get a more significant hearing loss. That's very important. Then we move to the Oticon, open one hearing aid.

What we did with that, another thing that creates distortion or doesn't represent the environment accurately is the use of traditional directionality, because it's eliminating sounds from the sides and the back. What we did was we chose to look at how can we use directional microphones in a way that better supports the environment. Our brains are constantly scanning the environment, and that doesn't stop if we don't have access to it. It's just exerting effort to something that has no outcome. We looked at using directional microphones in a different way.

We use what's called inverse directionality, where the hearing aids aren't looking for speech in front of the person. They're looking at noise, no matter where it comes from. By changing that simple process, we found that we were able to reduce listening effort from our prior best hearing aid, which was the Alta two circuit, to the open one hearing aid by 30%. Now, 30% is a lot, and if you can reduce somebody's listening effort 30%, they're going to be able to stay engaged in those difficult environments for longer. They're going to be able to participate, as opposed to just being in that environment.

They can actually participate and be part of it. So that's huge. Then in 2019, we looked at something else that creates distortion, and that's a feedback management system. Every hearing aid out there is looking for phase inversion, because that doesn't disrupt the output of the hearing aid. But in order to

find phase inversion, it takes time, and it can take up to 4 seconds, which is a really long time in that timeframe.

While it's looking for phase inversion, hearing aids traditionally have either put in some type of noise notch filter or done a frequency shift, and those things, of course, create distortion as well. So with open s, we were able to find a way to prevent that feedback before the output is disrupted. So we can actually call it a prevention system, because it's not disrupting the output of the hearing aid. The output gain is stable all day. And that's a really important thing, because not only is the hearing aid going to sound better, but you're going to have access to more speech information, because where does feedback occur?

It occurs in your soft, high frequency sounds. Well, what do we need to understand? Well, especially in a difficult environment, soft, high frequency sounds. So by changing that feedback management system to a feedback prevention system, we were able to decrease listening effort, again from the open, one by another, 15%. Now, when I'm talking about listening effort, the way that this is measured is using pupillometry.

So when you're exerting more effort, your pupils are larger, and when it's easier or when you give up, your pupils become smaller. By measuring the impact on the pupil, because it's not something you can change on your own, we're able to see what's exactly happening as far as effort being exerted. Then with the Oticon more hearing aid. In 2021, we had the first hearing, Aidan, that has an embedded deep neural network on each one of these hearing aids, and it's already learned what's an interesting sound, what's speech, what's noise, and it finds those nuances because it's been exposed to all these signals, as opposed to somebody writing an algorithm, you think about the limitations of an algorithm based hearing aid, and that's really the little nuances that we can't necessarily define. But if the chip has learned to, through exposure to different environments and different sounds, and it finds those little

nuances that we can't articulate, then it's going to be more accurate and more precise with its outcome.

And the benefit of that deep neural network is, like I said, it finds those little subtle nuances, and it's able to categorize what that particular sound is. But then what it's able to do is balance the environment the way that a more normal hearing brain would perceive that particular environment. So keeping certain sounds in the forefront, that should be like speech and sounds in the background, that should be perceived that way, like things in the distance or noises. So helping not only to identify what these sounds are, but organize that environment in a way that makes it easier for that patient to stay engaged. And when we did that, we were able to go from the open s to the Oticon more and again reduce listening effort by another 30%.

So each one of these steps is working towards the same goal and carrying through each one of these processes that its predecessors had. Then we moved to the Oticon real hearing aid. And what this hearing aid was looking at was other types of sounds that caused distortion or disruption. So wind noise, we don't talk about that much within, within hearing aids anymore, because there are solutions. Either you can provide really good audibility in noise, so you can be active outside with people, or it's going to really just cut everything out so that it's more comfortable.

Well, then you can't really participate. So there's been this kind of, like, teeter totter of do I like audibility? Do I like comfort? Well, we were able to find a way that we can prevent the noise from being that disruptive and remove that first, remove that uncorrelated signal that creates just pollution to the signal, and now we can provide audibility and comfort. So you're not having to pick what your patient is doing, because if you think about all the things that we do outside, I know, especially during the summer, going to ball games or walks or hikes or fishing, golfing, all those things that are very social, outdoor activities, we don't want that wind noise to make it so the patient either can't enjoy it or can't participate.

Then we also, with the Oticon real hearing aid, we implemented a new strategy for managing and normalizing the impact of sudden sounds. And I love this feature because it was driven by research on combat veterans. So it holds a very, very dear place in my heart. And knowing that, Oticon, we're very focused on how the government channel works and what you all need. And we're showing it in the way that we change our operations and some of our processes.

But we're also showing it because we have a feature that was developed for this population. So in the past, yes, we have been able to take care of those sudden sounds that can be disruptive or could be distracting or even create any kind of reaction, maybe to them. You know, with loud sounds, we've been able to attack them, but then there's been a slower release time because otherwise you hear the hearing aid working and you hear it pumping or making some noises. But now, because our chips are so fast, our chips update 500 times a second. They're extremely fast.

And because of that, we can attack and release that signal instantaneously. Ultimately, what we're trying to do is not remove those sounds, but we're trying to normalize the impact of them. So knowing that a sudden sound could be disruptive to a conversation or could startle somebody, just making those more normalized. Because as we acquire hearing, hearing loss, of course, the topography of our cochlea changes and the way that we manage some of those sounds that are incoming is very different. And then you put a hearing aid on it.

So this patient has probably been getting these exaggerated versions of sounds for a long period of time. And I don't know about you, but I really don't like telling somebody you're going to get used to that sound. I'd rather be able to offer a solution that makes it more comfortable for them and it allows them to be able to relax and be engaged in those environments. With the wind and handling reduction as well as the sudden sound stabilizer, we are able to decrease listening effort from the Oticon more by another 22%. You can see that consistently, the development of each one of these processes results in

better outcomes for the patients.

Now we're going into the Oticon intent hearing aid. What makes that different? What makes Oticon intent so impactful for your patients? So let's get into that. And the research behind the Oticon intent hearing aid has been going on for a very long time.

And really what it's been about is looking at body behaviors. What do people do when they're listening to things? We tend to orient our head to people that we're listening to and that we're talking to and communicating with makes it easier because we can read body language. As the situation gets more difficult, we might lean forward or move closer or tilt our head move close, like being closer to the output of the signal, so we can obviously hear it easier. And then in a group conversation, we deliberately will look at one person when they're talking and then the next person when they're talking.

So we tend to move our head more when we're in a group. So knowing all of these innate behaviors that we exhibit when we're having different types of listening environments, when we're engaged in different types of. Of communication, we were able to develop the world's first 4d sensor technology, and it's the first one that looks at user intent to guide how the hearing aid is functioning in those noisy situations. What is it looking at? I know we've heard of sensors being in hearing aids before, but this is the first time that it's impacting the outcome in the signal to noise ratio from moment to moment based on what that patient is doing.

So it's looking at conversation activity, excuse me, head movement, the acoustic environment, and also body movement. And this helps to guide how much assistance that patient is getting based on what they're doing, not just what the environment that they go into is. Let's take a look at these three characters for our kind of play today. You have Dave. Dave is in an intimate conversation with one person, so he's really trying to focus on her voice.

James is navigating the situation, and Valentina is having a group situation where she's talking to multiple people. So let's pretend that they all have relatively the same hearing loss. They're, of course, in the same environment. And let's say that their hearing aids are all programmed in a way that is appropriate for their hearing loss. Do Dave, James, and Valentina need the same amount of support?

Do they have the same needs from their hearing aids in this situation? And the answer is really no, because they're all doing something different. They all have different needs. So if you're Dave and you're in that engagement, that one to one conversation, you're not moving your head a whole lot. They're smaller movements, and you're speaking quite a bit as well.

So what you want in that situation is have really good clarity of that incoming speech. And then if you are Valentina, you're doing more of a monitoring where you're deliberately looking at one person to the next, and you're probably speaking some as well. So you're looking at more bigger head movements and more conversation. With that, you need more speech clarity, but also awareness of the surrounding sounds. So if you're focused on one person and somebody else starts to talk, you don't miss what they're saying.

And then if you look at James, he's walking through that environment. He's trying to either find somebody or something, so he needs more awareness, not only so he can find what he's looking for, but also for safety purposes. So he needs a little bit more of those surrounding sounds and not as much just focused on speech.

Have any of you heard of precision medicine? You know, I find that most people, once I describe what it is, that they have heard of it, but they haven't really heard of that particular term. And I think the easiest way to describe it is to really describe what it's not. So I have my 15 year old son, he plays competitive baseball. And let's say he gets off the mound one day and he's like, oh, mom, my shoulder hurts.

You know, I might say to him, I said, put some tiger balm on it, but go to the medicine cabinet, grab the advil and read the instructions and follow that. So he gets it and he reads it. Over twelve, take two. All right, good to go. Then perhaps later that night, I get a bit of a headache.

I go to the medicine cabinet, I read the Advil. Over twelve, take two. There is no way that you can tell me that my 15 year old son and his much older mother are metabolizing things the same way. That is not precision. That is just a blanket prescription at that point.

Blanket medicine, very generic. But what is precision medicine? Glucose meters. These things are amazing. They measure someone's interstitial fluid levels every ten milliseconds to determine exactly what that person needs at that particular time.

That is precision medicine, and that's what we're trying to accomplish. If you look at this, this is a traditional type of functioning hearing aid. The hearing aid measures what the level of the noise is in the environment. Is there speech occurring? And then it kicks into its noise program or noise mode, and it stays there the whole time, no matter what the person's doing.

This is your advil, right? So then you move into the more precision medicine, and this is where, if you're navigating the room, you can see that the signal to noise ratio output is going to be lower. And then as you're having those intimate one to one conversations, you're getting more enhancement of that speech. And this functions within this five decibels output signal to noise ratio. And it happens from moment to moment based on what that person needs at that particular time.

That is precision, that is precision medicine.

And what the impact is. You can see if this. This is an example of where the hearing aid perhaps is set in the software to have an eight decibels and r enhancement, but it fluctuates within those five decibels

based on how noisy the environment is, but also what the patient is doing. So tailoring, like I said, what they need at that particular moment, so they have awareness of the environment and safety because of that. And then they also have the speech getting more enhancement when they need it, and they can really focus a lot easier.

But the whole time. The one thing that I think is important to know is that access to speech is not changing. Regardless of what type of activity the person is, they'll still hear the speech when it's coming in. And this is very representative of how somebody with more normal hearing what their brain would be actually focusing on in those situations. Again, supporting the brain, the way that the brain is made to function, to always have access to speech, but to be paying attention to the noise depending on what they're actually doing at that particular moment.

The other thing that's new with the Oticon intent is we've updated our deep neural network. So we were running on an operating deep neural network 1.0 for the Oticon more and Oticon real. And what we did was we retrained it with a wider variety of signals and in more channels to provide more specificity and more precision. So you can see there's a little bit of a theme going through with that. What you're seeing here is a spectrogram of somebody saying the street was very busy in a zero DBS.

In our situation, of course, the bright part is where the speech is occurring. The dark part is where there's absence of speech signals. But the noise in the room is zero decibels, so there's still noise occurring. You can see how much more precise the spectrogram on the right is. The black is blacker, it's more defined, the brightness is brighter.

So you're just getting more precision. In the digital world, the more information you get, the more precise the outcome is. That is why we chose to retrain the DNN, and you can see the benefits here. Ultimately, what that means is 35% access to more speech. That includes both the use of the new deep neural network 2.0 as well as our 4d sensor technology.

That's what it's about. It's about making it easier for the patient. It's about giving them a better experience. It's about supporting the brain, the way that the brain is made to function.

So let's look at the practicalities of the Oticon intent.

It is a receiver in the ear style. It does now have a size 13 lithium ion battery. There are new speakers. The new mini fit detects speakers, and I will cover what those encompass shortly. There is a single use, easy to use, single push button.

Excuse me. So if you're wearing a binaural set, it's going to be right, raise, left, lower. We found that most people who wear Oticon hearing aids are not adjusting the volume because the hearing aids are providing what they need at that moment. There is a pulsing led light on the back. You can accept end to end calls much faster.

And I think one of the things that gets most people most excited is the ability to be able to program the hearing aids while they're in the charger. So when that patient comes in and they want an adjustment, however, they don't have a good charge. You don't have to go through those awkward conversations anymore. You can put them in the charger and program at that time.

It comes in a variety of colors, with our new hero color for the intent being the sky blue. It's a very subtle, pretty color. And then there's also a new honey beige. So where we've had the chroma beige in the past, that's a little bit more silver oriented. The honey beige is a little bit more warm toned.

So that is a wonderful new addition for, for different skin tones. We switched to contact charging because it is a little bit more efficient and it's more reliable. So you can see now you can get a full charge and just 2 hours. But if your patient just needs a little bit of use, you can pop them in for 15

minutes and get 4 hours of use. On the government side, the smart charger, the travel charger is the default that you would be getting.

However, there is also a desktop charger for those patients that perhaps have any vision or dexterity issues, if that's easier for them to use.

And like I said, 33% reduction in charging time because we're using contacts now. So I mentioned that we have new speakers. Oftentimes, people don't get super excited about new speakers. I will say, though, there are reasons why we switched to this, and I'm happy to share those with you today. Also, our other speakers were twelve years old, so it was time for a little bit of a refreshed.

So they have been redesigned for a better fit. They are going to hug the face tighter so you don't have that little handlebar effect of it sticking out away from the cheek. It has an eight pin connector, it's very secure. And the cool thing is, it's a smart speaker, so it knows what its fitting level is, what its own serial number is, which doesn't matter to you, but I'll explain why it matters in a moment, what the length of it is and if it's a right or a left speaker. There is a safety indicator light on the back to ensure that your patient is getting what they really need at that moment.

And it's the world's first self calibrating speaker. And what that means is how there is a variance in any audio equipment that is produced, and that variance that's acceptable is a plus or minus three decibels. Because this calibrates and lets the hearing aid know what its particular specs are. That plus or minus three is now reduced to plus or minus one. So you're going to get more accurate outcomes if somebody just pops in for a quick speaker change, if it's, if it's broken or not working correctly, you're not going to have to run, really, or to make sure that you're still hitting your targets.

And I mentioned the new wire design. It looks. I mean, it looks like you can't even see it. I was in the clinic the other day and the audiologist was wearing a pair of the demos. I had no clue.

She had them in and she had her hair pulled up. So in the software, it will indicate to you, like I said. Now the receiver fitting level and the length, so it's all stored in Genie and it's automatically read out for you. It will also know it's a right or a left, and it will indicate that automatically. You don't need to then play the jingle if you want.

It's still there. If that's part of, part of your routine, feel free to do it, but you don't have to anymore. Now the safety indicator light, why that is there is it will let you know if for some reason, the right and left speakers get swapped if you accidentally put on the wrong fitting level. And so the way. What it will do is it will give you a series of eight, or, excuse me, of four flashes of lights four times.

And that will let you know if the strength is wrong, if the side is wrong, or if while you're programming, there is something wrong with the actual speaker. Now this safety indicator light and it also has the information about the service beeps down at the bottom, which are measuring to make sure that your microphone and chip are working correctly. And that would be the series of eight beeps, four times that you would hear after the startup jingle. Only, only when the hearing aids start up. Not all day long, either of those things.

If they happen, your patient's going to want to come and see you. But whenever you get a new hearing aid, this sheet will come with it, so you can give that to your patient. So if they experience any of those things, they know. Exactly. That is the reason that I need to come see you and make sure my hearing aid is working correctly.

The mini fit detect receiver options. So this is one of our learning objectives that we want to cover. There are four different fitting the 60, the 85, the 100, and the 105. So those are the same as what they have been. The 60 and 85 are available in lengths zero to five, and the 100 is available in one to five, and then also the 105.

So you've got those different lengths as well as the fitting levels. One thing that has changed though, is that the frequency response is larger. We were starting at 250 hz before, now that's down to 80, so you get transmission of the signal from 80 to 10,000 hz. With each one of these different fitting levels. There is a new measuring tool, and this is actually a pretty important point.

If you wouldn't mind, just when we get off, when you finish watching this video, make sure that you have the gray measuring tool in your clinic. You're going to want to use that not only for the Oticon intent, but all prior hearing aids as well. So feel free to throw the white ones away or make them into Christmas tree ornaments or earrings. But the gray are what you want to use. And then, of course, you want to just use best practices and make sure that you're measuring at eye level.

You want to measure to the top of the aperture of the canal, and you're going to get a great fit.

So the other hearing aids that are on contract, the Oticon real hearing aid, is still available. Like I said earlier, it's only a year old. It's had amazing results. Out in the field, patients are loving this hearing aid. One of the things that I talked about earlier when I was talking about our brain hearing journey is the sudden sound stabilizer that was created with veterans in mind.

It is made to make it so that those loud or soft disruptive sounds are more comfortable and more more accurately represented in how the hearing aid is portraying them. So the Oticon reel comes in four different form factors. The mini write r is the rechargeable version. The mini write t is the traditional battery version. Now, this traditional battery hearing aid did not have to be defeatured to be put on the contract.

And again, it's only a year old. There's also the mini write BTE rechargeable and the mini write BTE traditional battery. Two different charging options. The desktop as well as the smart charger. For the

person on the go, the smart charger is the default still for the Oticon reel.

As far as skiff requirements for hearing aids to be able to go into secure areas, you can't have that two way bluetooth communication. So we have brought back the open s mini right rechargeable to be on contract. So that it's easy for you to order a really great hearing hearing aid for those people with those requirements. And that joins the lineup of all the other hearing aids that we have available on contract that can be ordered and meets that SCIF compatibility.

The Oticon play PX is now on contract. It's a mini right rechargeable hearing aid. When you might look to this as if you have somebody that says, I just want a bright hearing aid. I really want that. If I have that, I know I'm going to wear it all the time.

So it comes in a variety of beautiful, bright and fun colors. The Oticon Xsede superpower and Oticon Xsede ultra power are also on contract. For those patients that have very significant hearing losses, the ultra power is the most powerful hearing aid out there with a 120 fitting level. And it is. It's a great hearing aid.

Again, with having that feedback prevention system. So you're not having to manipulate the output of the hearing aid to accommodate feedback reduction. These patients are getting a stable output all day. And that's extremely important. Especially as you get a more significant hearing loss, that the hearing aid isn't fluctuating from moment to moment.

And self adjusting, that creates so much distortion that, you know, because when you think about it, amplification is not just about audibility. You need to provide a really good signal. So the brain has more to work with because it's not just looking for hearing something. It's looking for other parts of the speech signal. It's looking for the redundancies, like the peaks and valleys.

So being able to maintain that for these super and ultra power needs is a really big advantage for that patient. And it comes in a variety of hair and skin tone colors as well. Now, another hearing aid that we've had extreme success with is the Oticon CROs and CROs PX. Our CROs system has two different transmitters for you. You can get the rechargeable transmitter or the standard battery option transmitter.

The rechargeable will last 18 hours, so it's going to give your patient a full use of a CROs system for the entire day. It is clearly labeled on the belly of the instrument if it is a cross. So when it comes in and somebody says it's not working, you'll know how to manage that appropriately and not waste time. The cross. Both of those transmitters are available with all of these hearing aids that are on contract or have been on contract.

So basically, anything that is open s circuit and newer that fits over the ear. And that does include the new Oticon intent hearing aid. So what makes our cross system so great? Well, there's a couple different things, but it was the first CROs system to have the twin link, dual streaming capability. So our hearing aids use near field magnetic induction to transmit from.

Well, just to share audiological information between two hearing aids in general. But with the CROs system, that's how we send the signal from the transmitter to the hearing aid. The benefit of NMFI is that the bandwidth goes all the way out through 10,000 hz, so you're getting the entire signal. It's cleaned up with the transmitter's noise removal system before it is sent over to the hearing aid side. So you're not getting any garbage that that hearing aid has to weed through.

However, because we have two wireless systems, the 2.5 for can also be used at the same time for transmission from accessories or transmission from the phone. And I think this is a huge thing for those people that need cross systems, because you're not having to choose, do I want to listen to the movie, or do I want to hear my family, or do I have to sit in a certain place so I can do both? It doesn't matter.

Now, you can be connected to that tv adapter, be watching the movie with your family, and hear what they're saying, no matter where you are in that situation physically. So it's really, I think, a wonderful thing because it just takes that off that person's mind of somebody who has to think about that every time they go into a situation, especially when there's competing noise.

So ear moles are something that we get a lot of questions about. I think it's just done in rows differently with every manufacturer. So it can be a little bit of a stumbling point. We have changed the names of our ear moulds to reflect what they actually are. So the solid mold, a hollow mold, embedded mold, and BTE moulds.

So it should be very clear in rows what you're looking at. Keep in mind, if you're kind of on the border, do I want to do an instant fit with a dome or a grip tip, or do I want to go ear mold? You can still order ear moulds at no charge for 180 days, and all you would do is file it as a service request under the hearing aid serial numbers. As far as those instant fit options for domes, we have the open base dome. There is the double vented dome, and then double vented base dome, excuse me, and a power dome.

And those come in sizes five through twelve millimeter. The grip tips are some instant fit options that people, if they like the security of an ear mold better, but perhaps it's not as comfortable or you've taken impressions and you're waiting to fit them with the ear moulds. The grip tip can be a good go to for that. The hollow and solid moulds will come in audiotherm and also, of course, acrylic. And we also do have silicone for the solid moulds and BTE moulds as well.

And these are available. The, the domes are available in the grip tips for the 60, 85, and 100 fitting level speakers. With the 105s, they do need to be in an ear mold. So with the Oticon intent, we have a new ear mold called the micro shell detect. It's fully embedded, so it looks really good.

It looks really discreet. The wire hugs the face very tightly. And you can get this for all the fitting levels with the Oticon intent. And it comes in a variety of colors.

We still have a custom line on contract. This is the Oticon own hearing aid. It comes in five different styles and five different colors. So you've got a lot of flexibility there for your patients, depending on what they want. It is a traditional battery option hearing aid, so your patient will have that flexibility if they need to change the battery when they need to change it.

The canal, the half shell, and the full shell are all capable of having our dual wireless system. So you can program wirelessly. You can have accessories, you can use the app and the phone. Know that if you order the CIC or IIC, you would need cables to program those.

All hearing aids that Oticon has made for a decade, more than a decade, are IP 68 rated. They are very durable. They're very water or sweat resistant as well as dust or debris.

The Oticon accessories that are on contract include the Oticon edumic which can be used as a remote microphone, a table mic, or it has an audio jack that you can plug something into. It's a very versatile accessory with a very long battery life. So it's going to give you 10 hours of use a day. The tv adapter is really a great tv adapter. If you haven't listened to it, I would encourage you to listen to it.

It will stream in surround sound and it sounds really good. Then there's also the Oticon remote control. That's a simple remote. It has the volume up, down and a program change button on it. A lot of people will order that and the tv adapter at the same time and just keep it on the tv adapter.

So when they walk into the room to watch tv, they just click the program button and go right into it. Makes it super simple. Then they can adjust the volume of the input from the tv independent of what other people in the room might be doing. There's also the jack of all trades, the Oticon connect clip. It

can be a remote microphone.

It can be a remote with the volume adjusting and program change. And it can also be a Bluetooth intermediate device. So you can pair phones that don't have two way hands free communication to it. To allow for that, the phone adapter is available for analog landline phones. There aren't a whole lot of those out there anymore, but we still have something to help those patients should they need it.

That does need to be ordered in conjunction with the connect clip to be able to pick up the person's voice. The Bluetooth Dongle 800 BT-D 800 is available as a plug and play accessory that you can plug into a USB source and audio output source. You pair that to the connect clip and it makes the Bluetooth signal from computers. Well perhaps your computer doesn't have Bluetooth in it. Of course then it makes it compatible.

So if they're doing a lot of webinars or virtual meetings, they can just listen through their hearing aids and where they connect clip. However, also often, very often at times, the Bluetooth antenna in a computer is embedded in the middle of all the wires and all the electronic and the computer. So the signal isn't always great. So by moving it externally like that, you have a lot more reliability with that signal.

As far as connectivity goes, the Oticon intent has an expanded connectivity profile. Working with phones that have Bluetooth low energy audio, which is awesome. Bluetooth low energy audio is the first Bluetooth language that was created specifically for audio transmission. So it sounds really good, it sounds richer and fuller, and it streams to both hearing aids. So you're not going to lose any of those nuances because it's not going to both the hearing aids.

The Oticon intent is also aurical ready. So once that becomes more prevalent, there would be an update to the hearing aids and then you would be able to use aura cast out in the wild. And there's also

now hands free calls with those Android phones. If they have Bluetooth, low energy audio, and that's becoming much more prevalent. So they would function then like, like how an Apple phone has functioned for a while, where the patient's voice is picked up by the hearing aid, they would need to answer the call on the phone itself and then the transmission all goes through the hearing aid both ways.

We now have call tap control. It is a double tap to be able to answer a call or end the call. It is turned on in the software by default, but you can disable that either in the companion app or in the genie two software. This is only with Oticon intent hearing aids, and this is where you would be able to activate or deactivate it in the software. So under that end fitting screen, if you go to controls on the left menu, the very bottom thing that says use tap control.

If your patient doesn't want it or like it, you can uncheck it. I will also tell you, however, that our tap control doesn't call, make calls for you or call Siri or anything like that. It only answers a call if the phone is ringing and disconnects it if you're on a call. We still have our amazing QR code to determine if your phone is compatible with our hearing aids and how that streaming would be compatible. So if it is compatible, you'll get a cute little smiley face that'll have a check mark that says it's compatible.

And then if it is a two way, hands free. So if it's either the, the more current iPhones or if it has Bluetooth, low energy audio, it'll have a second check mark that tells you it is compatible for two way hands free. So we really encourage that you try to scan phones if possible, with the QR code. Now we know not everybody has great signals in their clinics, and that's completely understandable. But the other thing that this QR code does is it bounces back and tells us what kind of phones are out there and what's being used so that we can encourage different phone manufacturers to update their transmission language.

We have the Oticon companion app. This app came out, I believe, a couple of years ago, and it, it basically took our Oticon on app and our remote care app and put them into one. So now we have one app that can do everything. It's very easy to use, but it does have some really good updates that would allow the patient to be able to make changes to the frequency response, very minor ones, within four decibels, as needed to customize that particular environment. If they are somebody who likes to play with their hearing aids.

So that gives them a little bit more to do. Let's jump into some updates in genie again. Another course goal is to be able to identify two things that are different. So let's, let's see what those are. The more sound intelligence screen has changed, so it's now more sound Intelligence 3.0, and it was redesigned to be more interactive for you to help counsel with your patient.

It's very easy to use the way that it's laid out. So let's walk through how you would perhaps approach this in a fitting. First, you would ask your patient which situations are easy or difficult for you. If you hover over any of those little boxes, the very simple, simple, moderate, complex and very complex, it will list examples of what they mean by those types of environments. The reason this is important is because of the way that we do noise reduction.

Using our inverse directionality and our deep neural network 2.0, we are able to have more aggressive noise management kick in at softer levels. That is something that is very unique to Oticon and very important for the patient, because not everybody only struggles in loud environments. They might have a harder time separating and organising the environment at softer level. So you have that capability because we're doing it in a way that supports the brain, so it sounds very natural to them. So after you ask them which situations they start to struggle with, then you can come down in here and personalize where you put that neural noise suppression, whether it's the easy or the difficult environments.

As you can see now, easy goes from zero to six decibels, and difficult goes from six all the way to twelve decibels, noise reduction. So you can get a lot of benefits of that deep neural network in those particular environments as your patient needs. You can also click on this carrot down here to open up the screen and view what the visual, or, excuse me, the virtual outer ear is set to. So that's replicating the pinna effect. Putting it on more aware will give you more access to sounds around you focused, is going to give more of a boost in front then those difficult situations.

You can also look at what's called sound enhancer that feeds back a little bit of information from one to. Why that's important is if you have so much noise reduction, it can almost feel unlike the environment that the patient is in is a little artificial. So you can boost some of that back in and you don't have to worry about upward spread of masking, but it provides more character to that environment. You can also deactivate the sensors if you find a patient that they're not working great for. Keep in mind that the DNN is more advanced with the DNN 2.0, so you're not, the sensors are there to help as well.

But the DNN is also going to be more effective. And if there's any reason that you might want to deactivate the DNN, that's where it says neural noise suppression. You can uncheck that. Mostly that would only be done if you were going to create a manual music program. But we have a music program in our software called my music that is amazing.

It sounds really, really good.

So again, that's where you'd make those changes. If you hover over anything that has that little I, it will pop up and tell you what exactly you would be doing should you make a change to that particular feature so you don't have to remember everything. It's all embedded in there for you. We talked a little bit about sudden sound stabilizer being able to normalize the impact of those sudden sounds that could be disruptive or distracting or perhaps create other types of responses physically for the patient. So here you can see it defaults to the medium setting.

One thing to think about with sudden sound stabilizer is this is customizable as well. And what I would look at if I were working with a patient is the activation level. So you can see if it's on low, it's not going to activate till a 60 decibels type of sudden sound where if you go up to high, it drops down to 40. So if you have a new user, you have somebody who's very sensitive to any of those types of sounds that could be distracting. You can have it activated a softer level, and then as you go from high to maximum, you can see the amount of reduction increases as well.

So it's just another way that you can personalize this hearing aid for that particular person who's sitting right in front of you for their needs.

The feedback analyser is, of course, still in the software. You don't have to run the feedback analyser. However, what I have seen is that oftentimes it will give you a little bit more headroom. So it's not a bad thing to do. You would be notified that you should run it if you see that, that little down arrow next to the battery indicator up at the top by the right and left hearing aids.

So let's walk through how you would do a fast first fit.

What I would recommend, if it's the first time that you're programming the hearing aids in your clinic, that you come into the welcome screen and connect from here, especially if there's somebody who's worn Oticon hearing aids in the past, the software might try to seek out the old hearing aids. So just save yourself some time, jump to welcome and hit connect from there. So that's the first thing you would do. Then the second thing you're going to do, it's going to pop automatically into this selection screen, and you're just going to want to make sure that it's read out the right fitting level, all that kind of good stuff. Just verifying your fitting level now with the intent it does know it.

However, with the, the other hearing aids, the prior hearing aids, if you had changed the speaker to a different fitting level, you would have to select that. It will then have you verify what your acoustics are. So, what your dome is, or your ear mold venting, all that kind of stuff. Then you go into the fitting screen so you can see we're just walking right across the top of the top of the menu, the fitting screen. This is where you're going to run real ear.

Make sure you're hitting your targets. Make sure that patient is getting exactly what they need. Then you go right into the end fitting screen, and it gives you a summary of how the hearing aids are set. If you go to controls, you can then have them listen to the different indicators to make sure that they understand how to use the hearing aid. And then you go back to the save and exit screen, and you just save and exit.

Everything is set and ready to go. So those are your quick five steps. I hope that this course has been helpful for you. Just reviewing what's on contract with the new Oticon intent, with the 4d sensors and the updated deep neural network 2.0, as well as the Oticon reel that's only a year old and that has been wildly successful. And the other hearing aids on contract for skiff purposes, the Oticon play PX for colors and the super and ultra power instruments, as well as our a variety of accessories.

And I hope you understand how to look at ear moulds easier within rows. And then the last thing that quick genie fit. 12345, you're done. Yeah. So if you have any questions, we would love for you to reach out to your Oticon account managers or your inside audiologist group, or even our customer service.

We're all there to support you. We work as a big team, and ultimately our goal is to make it so that your patients can stay engaged. This beautiful world that we live in, so that they're not giving up doing the things that they want to do and that it's easy for them and they can do it with less effort. So it's more enjoyable. The other side of that is looking at how we've changed the ordering process of things in rows and our five first, five step first fit, our fast first fits.

I hope that you also get a good takeaway of how easy it is to fit our hearing aid, hearing aids to make things very efficient for you in the clinic. The other thing that we see is very few follow up adjustments, appointments for adjustments, because the hearing aids are doing such a great job supporting that patient's brain. So if there is anything that you need, please do reach out to us. Otherwise, thank you so very much for watching this, and I hope you learned what you needed to. Thank you.

Take care.