Building Bridges: Developing Referrals Between Surgeons and Local Providers to Support Cochlear Implant Patients

Presenter: Laura Lassen, AuD; Scott Greene, MD

Well, thank you so much for joining us. We appreciate this time on audiology online today. My name is Laura Lassen. I'm the senior manager of growth channels at cochlear. And what my team and I are focused on is really helping professionals who don't work directly with cochlear implants and how they can help their patients.

So how can you understand when's the right time to refer and how do you really support them in this journey? I couldn't be more excited to be here today with Dr. Scott Green from ENT Associates, which is. Is located in the Tampa Bay area. So one thing that's really important at cochlear is our mission, and it really rings through across the entire organization.

And so we help people hear and be heard. We empower people to connect with others and live a full life. We transform the way people understand and treat hearing loss. And we innovate and bring to market a range of implantable hearing solutions that deliver a lifetime of hearing outcomes. And I always think of opportunities like this to really think about how we transform and treat hearing loss.

Again, as professionals who may not work with the technology directly, you're working with these patients and their hearing aids and really seeing them as they progress into potentially more severe hearing loss. And so really understanding how we can help these patients best on their journey. And so this really is an important aspect to us at Cochlear. And again, I'm excited to have Dr. Green with us today.

Dr. Green again practices in the Tampa Bay area at ENT Associates and has been there since 2014, where he started the Cochlear clinic at their practice. I know they have multiple locations in that area. Dr. Green completed his medical degree at the University of Texas Health Sciences and then went on to complete his residency at Vanderbilt.

So I think I see in the background a Nashville sign there for him. So I'm sure an era loves. And Dr. Green, I know cochlear implants for you are something that you just really have a passion for. What is it that you enjoy most about this kind of population of patients and working with this technology?

Yeah, thanks, Laura. And thanks for guys taking your. Your lunch break with us. You know, cochlear implants is. Is a passion of mine.

It started at Vandy, you know, a very ear heavy ENT program. And so got to really see the profound effects that cochlear implantation can have on a patient and their family and then serve the surrounding communities. In knowing that I wanted to start a Cochlear implant Program. We looked for a practice that was in an area that was an underserved area. And what we found in Pinellas, which is the little finger outside of Tampa Bay, is that this wasn't just an underserved area, but a completely unserved area.

The unique kind of part about our practice is that we're a purely private ENT practice. And so most people will associate cochlear implantation programs with large university settings. And so we wanted to kind of help break down some of those barriers of access in doing that and have been really successful at it. And really it's been, you know, Cochlear Americas has been instrumental in that process and providing that, that care to our patients and community. Yeah, no, I know it's.

I know that's one of the barriers again, is patients just getting access so, you know, again, having to travel and things like that. So I'm sure obviously in that area now there's a large population of patients who have the need. And so it is. I mean, it's a. You know, traditionally Tampa Bay was a retirement community.

I mean, certainly that's kind of changed over the course of the last 10 years that we've got to see. But traditionally a more aged population. And so with that, you get the patients that are long standing

hearing aids and hearing loss, and then all of a sudden they get to a point where that's not enough. And so. Yeah, yeah, well, it's great that you're in that area.

So a couple of learning objectives for the audience today. Obviously, we want to start with just understanding implant criteria. Obviously, I can speak for myself. I came more from the hearing aid side before coming to Cochlear three years ago. And so it's hard to keep up because it does continue to change.

And I think that's what's so exciting about the technology. But I think the other aspects we wanted to talk about in terms of objectives is really how as professionals, you can establish relationships again with surgeons or centers in your area and really maintain those relationships for better patient care. And again, what are some of the actions that you can take to really enhance this process? Because it isn't something that just happens overnight for these patients. It really truly is a journey that they take to get a cochlear implant.

So. And so again, I'll start with, I guess the why it's important. And you, you said it, Dr. Green, to kind of the under utilization that you guys had in your, your area. But I know for the audience that's on here, obviously hearing Healthcare in general is something where we see underutilization.

You know, when we look at penetration rates for hearing aids, estimates have it in that 25 to 30% range. And there's data to suggest that it has kind of slowly improved over time. But again, for the millions that suffer from hearing loss, we know that they're not all getting hearing aids. But when we look at cochlear implants, the utilization is even far lower. And as we've expanded indications and we can help more people, there's unfortunately just single digits in terms of the penetration rate.

So a real need, I think, to what you kind of had mentioned, Dr. Green, just that access to this technology, but also the awareness component. And I think that's something that we continue to see at

cochlear when we talk to recipients after the fact. I'm sure you've heard it from patients that they didn't even know this was an option until kind of late in their hearing journey or when things have gone forward. So kind of curious from you, what do you continue to see in seeing patients as the barriers to getting this technology and getting this career?

Yeah, it's interesting, you know, over the course of the 10 years that we've had our implant clinic, we've kind of seen it, seen a slight shift. But access and education still remain like the two cornerstones for barriers of cochlear implantation. So access being one, and that's, you know, finding, you know, either an audiologist that, you know, is familiar with the criteria for cochlear implantation and knows a CI surgeon or it's, you know, and the shift is that we starting to see now is that, you know, some of our age population, you know, are pretty tech savvy these days, and so they'll do their own research and come in with, you know, finding me in our clinic having not even seen an audiologist, saying, hey, I think I might be a cochlear implant candidate. So, you know, kudos to them for kind of doing their own research and kind of advocating for their own health. And then education.

And that education really kind of starts in our community. I mean, it's not just education of our hearing aid specialists, our audiologists in the community. It's really even our ent. I mean, all the way up to the level of the ents. I mean, starting my clinic, it was like going door to door and meeting our local community audiologists and hearing aid specialists and even primary cares.

Like, if your patient is hard of hearing in your clinic, that might be a problem. And it might be a problem from a social standpoint, from a networking standpoint, from a memory standpoint. So these are. And then even education from Ents. I mean, we have a large ENT practice, 17 Ents in our group.

I'm the only CI surgeon. And it's really even educating our own Ents as to what a cochlear implant patient looks like, because that's, that criteria has changed over time. And so it's one of those things. It's just like that gentle reminder of what those patients might look like. Yeah, no.

And I think again, to what my team and I do, we still hear a lot of those myths and the criteria from 30 years ago. And that's where so much has changed and continues to change. And so that education is so important. And this is where, though I know when they looked at kind of barriers to care for cochlear implants, this was some great work that was done by Dr. Naziri and colleagues in looking in the US what is it for adults in particular, not necessarily for pediatrics, that are the barriers to care?

I think probably for those on the call today, some of these are things you've heard, some of these are patient barriers, those surgery concerns and loss of hearing, the cost. But some of these are professional. Again, the care coordination, the counseling. I think again, we could probably have a whole day session to go into each and every single one of these, which I'm sure you have at meetings. But, you know, today we were really going to focus on the identification and that referral step, though, because again, I think just knowing when to send someone is one piece, but really helping to get the patient forward is another.

And, you know, this is where we estimate at cochlear that, you know, Sometimes up to 50% of patients can almost fall out at this point of, you know, being told and then, you know, not taking that next step, step forward. So again, I mentioned that I came more from the hearing aid side. And so that criteria I definitely had not kept up with it. And so this is where there was some really great work done by Terry Zwolin and her colleagues at the University of Michigan, because again, that is the challenge for providers who are seeing hearing aid patients. They're doing a standard audiogram, but when you evaluate for a cochlear implant, the testing's different.

So it's not an apples to apples. So how can you say based on the audio, that we, this patient should go to a cochlear implant? And I know Dr. Zwollin mentioned this is what they saw at their clinic. She would go to meetings and providers would come up and say, well I've got this patient and could you take a look at their audiogram?

And I'm sure you've had providers say that to you as well. Can I send this to you? And that's where the 6060 they said there's a real gap here in understanding when someone should be referred. And that's where this study came from. So would you mind kind of talking, I guess a little bit about what 6060 says and I guess more importantly, how do you talk to referring professionals about this in sending to you?

Yeah, absolutely. And you know, coming from an audio background, I think that, I mean you can feel free to chime in because you obviously have got, you know, a different understanding of these. But you know, this study was groundbreaking. A couple reasons, I mean, first and foremost, I mean the data that they got from the patients that they saw were, and it was like, and you can probably quote it better, but it's like upwards of 90% of these patients when they meet these criteria are going to be a candidate. And this is, I mean when we do a CIE valve for patients, I mean this is a very in depth study with word recognition scores and sound field testing and for a simple, you know, qualification that you can look on a pure tone average and a word recognition score that you get from a sound booth being 90% accurate is amazing.

So it's, it's something, the 6060 rule is something that we kind of feed to our audiologists to even our ents in clinic because it's something that's very quick and easy and something that you know, you can generate from just a regular audiogram that you would get in office. So 60% or better, 60 decibel hearing loss or greater in pure tone average. So I think it's 500, 1000 and 2000 Hertz and then 60% word recognition score or less. Yeah, and I always point out with this one too because I know some people say, well I have patients who meet this but they're doing really well in their hearing aids. But this is really just to get to the evaluation because again we know that again the loss will likely progress.

So how do you again, if you bring, if you have a professional say, well I've got someone, I think they're happy in their patients but they meet this. What do you kind of recommend? I guess, Yeah, I mean, you know, it's really listening to the patient and then also listening to the family members. And so you know,

in working in a large geriatric population, some of the red flags that I look at when I'm speaking with the spouse or family members or even the patient, even when they're, well fit for hearing aids and I do fine, it's asking those simple questions like, well, how, you know, how is your social life? Like, you know, what is, when are you going out to dinners?

Like, how are, how are conversations at dinners or coffee shop or do you go play, you know, or meet with the guys for coffee on a Saturday morning? Well, I've stopped doing that because I can no longer follow the conversation. I'm like, well, you might not be doing as well as you think you are if those are the situations where you're starting to withdraw from social interactions, things like that. So it's really kind of just a simple conversation that you have with that patient or family members where you can kind of start to discern, like, how well are you really doing? Yeah, yeah.

And again, it's just that first step, I think, to, you know, even if they don't qualify today, that at least they have that knowledge and that understanding too in moving forward. Because, you know, the other thing I think that we see with data is the benefits of earlier implantation and how that helps patients. So I don't know if you can speak a little bit to what you've seen again with patients in terms of earlier implantation. Yeah, absolutely. I mean, so, you know, it's one of those things that, and I, this is kind of my kind of spiel that I kind of tell to everyone, this is not this, my job is to educate you and the family.

My job is not to push you into cochlear implantation or, but to just to provide you with what options are available. But those options can be starting or at least that conversation can be started so much earlier now because you're looking at like a 76 year old that meets CI criteria who is having these kind of red flags where, you know, family members or grandchildren are starting to get frustrated with them or they're, they've stopped playing pickleball because they can't follow conversations, things like that, you know, well, at 76, 78, 81, they come back and they're like, I'm now I'm super frustrated now. I've, you know, I've really fallen off the map. And it's like, well, we had 10 years where you could have had an

improvement of your quality of life and we just miss that. And they're, while they're still grateful to get their implant at 81 and can live a thriving life and enjoy the benefits of that.

It's like, man, that's, that's a missed opportunity in, in my book. Mm. Yeah. And I know that's one thing. Obviously we do a lot with recipients after they're implanted and so many say, I wish I would have done this sooner.

You know, that we don't usually get the quote of I should have waited five. You know, it's always they wish this is something that they would have pursued earlier in it. So some of those. Sorry, Laura. I mean some, you know, there's a, there's a whole host of excuses or reasons I should say for why that patient would wait.

Right. That you'll hear, oh, I'm hearing well enough, or I, you know, sometimes there's a lot of misperceptions, I'm going to lose what I have left. But when you're looking at someone who's got, you know, once you start introducing a little bit of noise in that room and their word recognition scores dropped like the 20s or 30%, it's like, what, what really are you, are you losing? Like, how much are you losing? Yeah, no.

And I think to what you've mentioned on just the quality of life as you see them with drawing, even though, yes, they have hearing aids, they're great technology when they're not doing what they want to do in life. I mean, I think that's where we should absolutely be intervening. And again, knowing the identification and why it's important to refer early is so important. But this was just some data that I looked at in terms of just healthcare in general. So when patients are referred to a specialist, only about 2/3 of patients actually kind of follow through with that recommendation, with that.

And so we know non adherence just in general in healthcare is a challenge that patients will follow through. But I think in looking at this again, there were factors affecting follow up that as professionals

we can help with. Right. So maybe not necessarily. If you practice in a remote area, the access to specialists might be harder.

But I think this is where there's now remote telehealth options. Some practices will do that if patients have to drive a long distance. But just even from understanding the referral, the ease of scheduling, those are all things that can influence the follow up rates for patients as well as just being proactive. So if we send a patient out for specialty services, you know, maybe doing that touch point to see were they able to get scheduled or did they hit any barriers. So you Know, again, I think knowing that not everyone's going to follow up, what are the things we can do in the care process to really remain patient centric and help them move forward.

Sorry to lord to that point. I mean, I think that every, every cochlear clinic is going to have their own set of, like, how a patient gets filtered into that clinic. And some are maybe very streamlined. I mean, obviously you're dealing with it with hearing loss, and so you kind of want to make it as easy as possible for that patient. But it just, in a nod to cochlear America's, I mean, you guys do an incredible job at being able to identify, to be able to receive that patient and then send them to a clinic that's close to there.

So, I mean, even if you are in a remote spot and you don't have a university or a CI surgeon near you, I mean, reaching out to you guys and allowing your team to kind of handle that has been a seamless process for many of our patients. Oh, that's great to hear because again, I think we want, we know that there's so many barriers and so what are the things. And that's what I, you know, hopefully for the professionals on today, understanding what are the resources that are out there that can help. But I'm sure for some of the audience, they're saying, well, I would love to have a relationship with the cochlear implants that are in my area or, you know, a specific surgeon, because they want to help these patients. You know, they're, they're recommending this.

So I was hoping you could talk through, you know, what are some of the things that, you know, a provider can do to. To start a relationship and maybe establish it, but again, to kind of hopefully keep it going and really help their patients in the best way possible. Yeah, I mean, I think every clinic's different. I mean, you know, in speaking kind of from. From our region.

I mean, it's usually me reaching out to them because I want that relationship, because I want them to feel comfortable with sending a patient to me. And so. But, you know, they're. I can't imagine a cochlear clinic that wouldn't be happy with hearing from a provider in their area and sitting down either for a cup of coffee or coming into their clinic and kind of seeing what the workflow is like and how you guys can be mutually beneficial for your patients. Because as an audiologist, either in a standalone clinic or in a rural area, I mean, you've got these patients that are frustrated, that keep coming back, that they're well fit, they're in a high powered hearing aid and they're still struggling.

And so it's like to be able to care for those patients, you certainly want to be able to give that patient options outside of hearing aids that aren't benefiting them. Yeah. And I know in identifying specialists too, this is where sometimes we get questions a lot in the field of just, well, who is in my area. And so I know there's obviously lots of resources online, but I always encourage providers to, you know, talk to your hearing aid reps because a lot of times they're walking into your office and their office and so they can, whether it's again, for a cochlear implant or anything else, you know, they know, oh, well, I can get you in touch with that office and help make that connection. But I, I think I've been just so amazed at how many of the surgeons for cochlear implants, again, they're really open, they want to have these relationships and want to keep it going because you've seen the benefit to patient outcomes and how that helps.

I mean, it's a feel good surgery. Right. I mean, it's one of those things, you pinch me, I'm walking out of the OR and it's like, I can't believe I get to do this every day. And so I would assume that most, if not all

would be very receptive to someone in their community reaching out and, you know, having that rapport. I mean, I can only speak for ourselves, but I mean, I share my cell phone number.

And so when I see that patient, I get to text that audiologist or, or pushing the community back and say, hey, I saw them, they're a great candidate. And if they're not, then getting them back and getting them fit in newer technology or a more power hearing aid, it becomes a relationship. Yeah. And that's where I think having, doing the outreach to say, hey, what is the best way to communicate with you? It does seem like so many more people, it's like, just shoot me a text and that's going to be the way.

No more emails, please. No, I wish I could live in that world with no more email. Yeah. But again there's. And whether it's yourself or maybe you or the office has CIA coordinator.

I know a lot of offices, it's really just, you know, establishing who's the best person. You know, when I have that patient that I could follow up with or you know, things like that, to see how they're doing because I think that's one of the frustrations that we've heard from sometimes referring professionals is they send, but then they don't know because they don't have that relationship. So I think such important steps just to outline, you know, who, who can you follow up with? I mean it becomes probably more challenging in a university setting just because it becomes this like huge like beast of a thing. And, and so.

But if you find a CI surgeon in your local community or larger ENT groups, I assume that they would be very receptive as we would. I mean we have a clinical coordinator that's kind of our point person, allows us be, you know, be able to communicate on a day to day patient with a day to day with a patient. And you know, communications can be difficult as well. So it's like, what's your best means of communication? Would you like us to text you?

Do you want us to email you? Do you have a caption phone? Like. And so I mean it's one of those things. It's a little bit more sophisticated of a process, but it's something that, that should be taken care of.

So yeah, yeah, but it's, I think again it's just taking that step to really do the outreach and just find out who's there and say, hey, I'd love to work together because I think most are very open to. So you know, I know again for our side and in talking to referring professionals and we talked about that patient centric care. But there's so many things that providers can do to really enhance the process for the patient. And so these were some things that you know, we really talk to referring professionals about. So the first one being clearly communicate the reason for the referral.

It's funny because I think we've probably all had this experience and I know I recently was talking to my parents and it was like, well, they're sending me for this. And I was like, well why are you going for that test? I don't really know. So I'm assuming you've had a patient. Why, why am I here to see you, Dr.

Green? Why am I here? I mean, all day? Yeah. So yeah, I mean clear communication with the patients.

I mean one of the barriers that we do see where, where we maybe the, the clinician has identified that, you know, with a 66 year old that this might be a CI patient saying oh, I think you might be a cochlear implant patient. I mean all of a sudden that's like a huge stigma. Now the Patient's like, oh, my brain surgery. Like, I don't want surgery. And so we were just talking to a bunch of audiologists in our community the other night at dinner and kind of trying to figure out what's the best means of being able to communicate that to a patient.

And really, it's just, we're not saying that we don't even know if you're a candidate yet. It's really what options are available. You're struggling currently in the technology, in the best technology I can possibly provide you. Let's see what other options are available. I mean, that you, you frame it however you

want, but that might, that might be a great way to at least kind of start that conversation.

You're going to go see Dr. Green because he's going to provide you with what other hearing options might be available to you. Yeah, no, and I think that's something we try to communicate to, you know, the next step really is just evaluation. It's always the patient's journey and it's their decision. But just like any other healthcare ailment, sometimes if it gets more severe, we have to do more testing.

And that's really what this next step is. But the other thing I always, we talk to referring providers about is that this is a great point to identify where they can still fit into their care. You know, sometimes I think if you send a patient, they think, well, I guess I'm supposed to go here now. And so we encourage providers to say, you know, 70% of patients are going to work, continue to wear a hearing aid, and that's what I'm here for, taking care of you for this long. You know, come back to our practice and we'll continue to see you for that.

Because again, they, in sending their patients, they want them to hear better. And so just encouraging them to come back for that bimodal component, I think is, is great within this referral process. So the other thing we always talk about is, and that really enhances the process for patients is written materials. I know it's well known that obviously patients don't walk out of visits and remember everything that's said. So or they may actually have that loved one with them at that visit.

So whatever you can do to reinforce. And this is where we encourage, if they have that relationship with offices like yours, what are the materials that they use and talking to them about what do you guys give to patients at that point? That way they're similarly educated. Right? So, yeah, 100.

I mean, you know, it's in our online world. Now we still have, you know, knowing what sources to look at, how to filter out what information is beneficial to me or not. So having like a hard copy of something is essential. And so we provide them with manufacturers information so that they can take a look at

what implants there are. We also have an implant folder that's going to kind of walk them through their journey.

So, you know, today we did this, and this is what we have to look forward to on your next visit. And, you know, you're scheduled for a CT scan because Dr. Green needs to see the anatomy of your ear. And if we get to that process, you know, to get to that level, then it's like we're going to talk about, you know, pneumococcal vaccines and why that's important for you. And so kind of walking that, that journey out for them, even if they don't go through the journey, knowing what steps are next, kind of gives them a little comfort and security.

Yeah, no, absolutely. Again, I think that kind of goes hand in hand with visual aids. But, you know, sometimes just even showing them the changes visually of their hearing over time, you know, for so many of these practices, they've managed them for 10 years, so they've seen that slow progression. So again, you know, visually reinforcing the need for the referral. But we also talk to them about encouraging questions.

I think, you know, you brought up so many patients just have those barriers if they do know what a cochlear implant is and just creating the environment to where they can ask that, you know, and not feel like, oh, this is a silly question, or I'm not. I'm going to leave this office and not do it, because I'm not sure. So I think sometimes we say, oh, you should go do this, and then we walk out. But giving them that time to ask the questions being really giving them that time to ask the questions in clinic and then knowing, because I'm a patient as well. And so when you walk out and you're like, oh my gosh, I should have asked that, or encouraging them to either write down your questions or that's when you've got a, an implant coordinator who can start to screen those questions and filter them to the right sources.

And then, you know, one conversation I have with my patients a lot is that, listen, I'm a CI surgeon, I've done over a thousand of these. I can talk to your ear off about the intricacies of the surgery and the implants and everything else, but I don't have A CI and so empowering that patient to, I mean Cochlear America does a great job. We try to like age coordinate, you know, gender coordinate with like other, like I can introduce you to a another 86 year old, you know, spouse that just got his CI or is two years out. And asking questions to someone that has been through that journey is super empowering and allows them to really start to kind of that comfort level where that now they can really start to ask the questions that they might have been a little bit hesitant to ask me in clinic. Yeah, no, absolutely.

And this is where again enhancing the process just, you know, what is your follow up? And I know, I know you just came from clinic. I'm sure probably half the audience today maybe just saw patients too. It may not be yourself as the provider who does the follow up, but you know, outlining within your office who can just do that four week outreach to say hey, because again, I know this is where if a patient hits a barrier with insurance or a patient hits a barrier with not getting to the right place, they don't know where to go and so they kind of stop. So I think that follow up and this is where I think the benefits of our technology with EMR systems or database management systems, you can set that email to go out in the future and you don't have to, you know, keep it in the back of your mind or things like that.

So I think, you know, how do you want to follow up and how to use the technology to schedule this? These are all ways, you know, to really what we talked about, hopefully get better adherence when you do make that referral and make the process hopefully better for the patient. Absolutely. And you know, if you're able to establish a relationship with a CI surgeon or implant clinic in your area, being able to, there's nothing wrong with asking the question like, hey, can you send your clinic notes to me so that I can be in the know? I mean, because I make sure that all my clinic notes go back to the referring source as probably most do.

But that way you get to, you know, as a provider in the community, you get to actually experience that process and know what step that patient is in through the whole thing. Yeah, no, and I love to hear that because again, that's what I think makes the care holistic for the patient is that everyone who's involved in the process really knows what's going on. So I know we're actually coming up on time today, so I did just want to highlight, you know, we talked about having Visual aids. And so again, if. If you have that relationship, I encourage you to reach out to your referring center and say, hey, what else are you guys using?

But we have so many resources at cochlear as well and are happy to help you have those materials in your office to really help facilitate the conversation. So the little image up on the top right corner, I mean, those come in magnet forms and we have those magnets tact in every single one of our audio booths. And it's just. It's always just like a nice gentle reminder, you know, it's. It's easy.

Yeah. Yep. No, and that's where I think we hope that the 60, 60, you know, just continues to kind of be top of mind as they see patients and they're starting to see those changes in hearing of just. Yeah, you know what, we should start to bring this conversation because we know again, sometimes it can take many years and the earlier we do this, the better it is for the patient. So I'll kind of ask and see if there's any questions that have popped up for you.

Dr. Green, nothing has come through the Q and A. Please feel free to post your questions in the Q and A or come off mute. Great. Well, hopefully that means that we just covered everything that they had questions on, so.

But I know that's kind of all we had for you today. Again, if you're interested in connecting with someone locally in your area, again, if you're interested and you're in the Tampa Bay area and want to connect with Dr. Green, we're happy to provide you that information so you can contact us@amemochlear.com and I just want to say a huge thank you again, Dr. Green. Again, your expertise in this area and really

hearing again about how developing this relationships can help patients, but also the things they can do to establish in this, their community is so important.

So. Well, thanks, Laura. I appreciate the opportunity. Yeah. All right, thanks you again for joining.

Thanks crew. Have a great rest of your lunch.