Caregiving and Connection: Peace of Mind for the Hearing Aid Wearer and Caregiver with the Hear Share App

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Hello everyone and welcome to today's webinar. My name is Barbara Foster. I'm Director of Education and Training at Med El headquarters in the U.S. happy today to bring to you a presentation on taking clinic efficiency to the next level with Med El's Remote Care. I'll introduce my guest speaker as we continue with today's webinar. Here are our learning objectives today and those will be available in the handout at the conclusion of today's session.

Med El has new features that allow you to streamline service delivery in your clinic. Remote Care is the name of a service that works in tandem with a recipient app called Hear Care and that offers clinics like you more flexibility in managing your patients remotely, saving time and really improving your clinic efficiency. There is no charge to this service for clinics from Med El, and clinics can really determine which patients may benefit from this type of service. So it's really designed to save you and your patients valuable time and it can be used asynchronously or if you're using a telehealth option like MyChart, you can make changes almost instantaneously for your recipients.

So if you choose not to implement Remote Care, or maybe you don't feel like a particular patient is appropriate for Remote Care, they can still download the Hear Care app as a standalone feature, and with with it, the patients can complete a system check of their audio processor and their cochlear implant connection. They can back up a map configuration to the cloud, and they could load it on an empty processor or a processor that has already been programmed, as long as it's the same type. And this is available for any recipients with a Sonnet 2, Sonnet 3 or Rondo 3 audio processor, and that can be useful for recipients or parents or guardians or teachers or any other person with guardian functions to assist a patient in troubleshooting.

If you choose to invite a recipient to participate in Remote Care, there will be added capabilities for both you and your patient, and that includes having access to all of the information that they were doing in the Hear Care app, like looking at their system checks, looking at their microphone check, creating and

sending new map configurations via the cloud, or even to step out of that audio processor replacement process. Now, if you haven't yet enabled Remote Care for your clinic, simply reach out to your Med El clinical account manager to get the process started. Once the legal agreements are exchanged, Remote Care will be enabled for your clinic and you can choose which patients may be good candidates for this option.

So when Remote Care has been activated, you can navigate to the Users tab in Maestro and select Enable and you'll be sure to log in to your MyMod El account. It's important to note that both you, the clinic and the patient need to have my Med EL accounts to participate in Remote Care, and once the account has been created or enabled it will be noted here you can adjust any parameter in the patient's map and send the configuration remotely. This means recipients don't have to come back in for maybe some routine appointments, or perhaps they just need it a little bit louder or a little bit software, and that configuration will be saved to the computer so you can work from it whether they come back into the clinic for their next visit in person or you choose to send it to them via the cloud. The system check data performed by a recipient will download into Maestro when you open their patient file, and then you can easily review all that information in the Task Data tab in Maestro.

Another option with Maestro 11 and remote care is the ability to review a patient questionnaire from the cloud, and that means that you can actually push out a questionnaire on sound quality to your recipients to determine does the patient need to be seen in the clinic or maybe how soon do they need to be seen. So it really gives you an idea of how their sound quality is and how impactful it is to their daily life and lets you, the clinic, determine when you're going to see that patient again.

This is a quick video that just shows that you have a couple of options for starting Remote Care, either by right clicking on the patient name or clicking Start Remote Care Session and the data that a patient has completed will automatically download and then you can simply navigate to the icon you see here

and download and view the processor, check the microphone, check the IFT or telemetry data, or even answers to the questionnaire.

If you choose to make any changes to the patient's map and you're logged in as a Remote Care session, you can simply upload the configuration via the yellow icon there with a cloud photo and compared to in person sessions, you typically see a processor icon, but when you're in a Remote Care session, what you save is uploaded to the cloud and then the recipient gets an alert on their Hear Care app that they have new information they can download.

So let's talk about the Hear Care app from the patient perspective. There are a number of features patients will be able to access whether or not they're enrolled in the Remote Care session with you as a clinic.

These are all features of the Hear Care app that can be used regardless if you establish a relationship via Remote care with a patient so they can complete a telemetry check, an audio processor check, or load an empty processor or already programmed processor with an existing backup from the same type of processor in the cloud. In addition, there will be device troubleshooting tips to help them troubleshoot if they get an error message when doing the device check. And this is a free app that also has a demo mode so you can even try it yourself and I would encourage you to go to your app Store or Google Play Store to install the app, download it and practice in demo mode now. Med El is not leaving patients behind with this new technology. Hear Care app can be used with any Med El cochlear implant with a recipient being implanted for the last 20 plus years.

That's all internal devices from Med El except for the combihe, which means that as long as the recipient has a Sonnet 2, a Sonnet 3 or a Rondo 3 audio processor, they can utilize this feature. And it is not just for newly implanted patients.

I'm going to play a short video that demonstrates how easily recipients can perform a system check in the app itself, as well as accept a remote care request from the clinic or or even pair an audio processor to the Hear Care app.

The Hear Care app features a system check for most Med El cochlear implants, including Rondo 3, Sonnet 2 and Sonnet 3 audio processors. To perform a system check, Simply open the HearCare app, select the Options menu, then System Check, choose the appropriate ear, and then choose Next.

By default, both the implant and the processor will be selected. Proceed by selecting Start Check.

As the check, recipient will experience a short period of no sound. This is how the check is normally performed and the recipient will not need to do any additional steps during this check.

Then after the check is complete, select Done.

A clinic can choose to connect with recipients via Remote Care, which allows for data exchange via the cloud. If the clinic sends a remote care request to a recipient, they will be able to connect to that clinic. In the Hear Care app. To accept a clinic request, simply navigate to the dashboard, select the Clinic request icon, then the appropriate clinic, then choose Accept. Remote Care is now activated.

Pairing an audio processor to the Hear Care app is easy. Select the Options menu, then devices choose Pair New Audio Processor. If the Hear Care app is unable to find the audio processor, ensure the audio processor is powered on and in Pairing mode. Then simply press Try again, Select Audio Processor, choose Next, choose the appropriate recipient and then Pair and you're Done. You have now successfully paired an audio processor with the Hear Care app.

Well, thank you for joining me for that brief review of remote care and the Hear Care app. I hope you see how easy it is to get that started for your clinic and for your patients. If you choose to do that, I'm going to turn it over to our guest speaker, Ariel Brownlee. She's an audiologist at Advent Health Medical Group in Central Florida. And Ariel will discuss how their clinic became interested in remote care, opportunities for their patients, tips for getting started, and how they develop their clinic protocol.

Thanks for joining us, Ariel. Thank you, Barb. I'm so happy to be here. So we have done a lot of work in our clinic to be able to implement remote care, and so I'm going to go through that with you guys today.

So I think all of us as clinicians have the issue of being booked out for several months and then also have the issue of being maybe one of the only implant centers in their area or specific radius that can see cochlear implant patients. And so that causes patients to have to drive in from, from miles and miles away. So the reason that we as a clinic decided to implement remote care is because we saw an opportunity to provide more convenience to patients by eliminating the traffic or the travel and also being able to get patients in a bit sooner. But not only was this convenient for patients, this convenience was also for the audiologists. We realized that by utilizing remote care we could shorten appointment times and this would also open the door for working from home, which may provide an audiologist with better work, life balance, perhaps more administrative time to complete certain tasks that we don't normally have time to complete until the day has already ended.

So lots of benefits to remote care, and that's why we decided to implement it and change our protocol.

So just that I had stated before, not only is traffic and driving distance a reason to consider remote care, but as a clinic it allows us to help more patients. On average, our in person visits last about 60 minutes, but with remote care appointments, we're able to complete those in 30 minutes or less. So that allows us to have more openings on our schedules so we can get patients in sooner for maybe more urgent matters or get those new candidates in sooner for their evaluation appointments. So there's a lot of

opportunities when you're able to shorten those appointment times, which is really only possible through remote care. So that was a big factor in why we decided to implement this.

Now I think sometimes it can seem a little overwhelming when you're considering changing your clinic protocol. I know I felt that way initially. So let me kind of break down our process and how we implemented this, because change is hard when change can be scary. But we took several segmented areas and we worked tirelessly to get these done. And now it is a very seamless process.

So first we needed to be able to train our patients to use remote care. So we had to instruct patients to download the hair care app and then teach them how to navigate the hair care app, accept our clinic request. All of those things that Barb had just spoken about, which were fairly simple. Now, the probably the more complicated part, which is what clinicians may find overwhelming, is the scheduling side of things. So we did need to schedule patients specifically for remote care appointments, which is a bit unfamiliar to a lot of audiology clinics.

They're accustomed to in person visits. So what I decided to do was create a flowchart for our schedulers to help them determine when it's appropriate to schedule an in person visit versus a remote care visit. And we have continued to refine that as we've been using it, because as we know, certain situations pop up and it's like, oh, I didn't think about that. And so we'll add it to the flowchart. And so it has been a very helpful tool for our schedulers so that are able to schedule these patients appropriately.

Now, at our clinic, we do use an EMR system called epic. And if anyone works with epic, you know that you have a blue sticky note. And this is information that anyone can see besides the patient, if you're opening their chart for a chart review. Previously, we were just storing their surgical and cochlear implant information there, but we added another area and that was eligibility for remote care. So that's actually the first thing that we started listing.

If a patient was set up for remote care, we would put eligible for remote care in that sticky note. And that's another area that our schedulers are trained to look if they're unsure, because, oh, you know, this patient called in and they just need a bump up in their volume. This could be a remote care visit, but I don't know if the patient is set up for remote care. So they go to the patient's chart, they click and open chart review, and then they see, oh, great, this patient is eligible for remote care. So they can be scheduled virtually.

So I highly recommend utilizing those sticky notes.

Now, once we started making these changes, we realized that we could adjust our clinic protocol so specifically our cochlear implant protocol to allow for more patients to come into the clinic and then also save on time, distance traveled, all of those sorts of things. So some of the major changes we made is after activation, all of our one month appointments for patients are now remote care appointments. So again, that's out of those several beginning appointments. Now we have one that is shortened and more convenient for a patient. And when it comes to those patients that have maybe been implanted for a year or more, when they're stable, we allow their annual visits to be remote so they don't have to come into the office every year.

We do have our patients, when they are stable, return in person, four visits every two years. So we can complete a full battery of testing and then get an eye on the equipment and make any changes that are necessary.

Now, I know another factor that clinics need to consider when they're implementing remote care is reimbursement. And this is something that we've worked very hard with our billing team to make sure that we would get reimbursed for these visits. So the first thing you need to know is that a remote care session in order to get reimbursed does need to be synchronous. And that means that you should be

seeing the patient, hearing the patient, and the patient should be seeing and hearing you as well in real time. Now, I know sometimes people are like, well, how am I supposed to do that when you're using an app or something else?

It's very simple. So as clinicians, we should have security to go through telehealth visits with patients. Maybe you've done this before. You've done a cochlear implant consult for a patient virtually so they didn't have to come into the office. It's the same thing.

So you would do a telehealth visit. Maybe they would be on their computer and while you're talking with them, you would have your Maestro 11 open and they would have their Hear Care app open. And you can be making changes based on what they're reporting, uploading that configuration to them, and then they can upload it to their processor right while you are both there live face to face in that telehealth appointment.

Now, an important thing when billing for these visits is to use the modifier 95 when you're putting those codes in. We have gone back and because we've been doing telehealth and virtual remote care for several months at this point, and we've gone back to some of our patients that we've performed this with and the reimbursement for in person cochlear implant checks versus virtual cochlear implant checks or remote care is comparable. It's about the same. So that was very, very good to see. And I hope that that provides some encouragement when you try to implement remote care.

And the question becomes, will we get reimbursed? The answer is yes. We know legislation is changing, but with the benefits of remote care, I don't see that going anywhere anytime soon. It is extremely helpful.

Now, Barb was mentioning that we are able to enable remote care with patients that we think would be able to perform remote care. And so you may be thinking to yourself, okay, well, who in my clinic would

I offer this to? Would it be, you know, someone who's maybe in their 40s or 50s, more comfortable with technology, or will be someone that lives two hours away? Well, I'm telling you, the answer is everyone. You want to offer remote care to everyone in your clinic?

We do not make assumptions based on anyone's age or geographic location to determine if they're a good candidate for remote care. There are, of course, some things that might prevent a patient from being able to do remote care, and we'll talk about that in a little bit. But I want to emphasize that it doesn't matter if a patient Is in their 80s or 90s, they are capable of doing remote care on their own, or likely they have family members that would be more than willing to help them with that. Because as you know, some of our older population, their children now become their caregivers. And so when they're coming in for those in person visits, they're having to take off work or work in the office while you're seeing the patient.

And it's very stressful for them. So introducing them to remote care helps them kind of alleviate that stress, and you're providing the same quality of care.

So as I had said previously, there may be some factors that prevent us from being able to use remote care, but those factors are pretty minimal and they don't happen too often. I would say we do not offer remote care to our patients that have more complex cases, maybe a history of facial stimulation. We also cannot use remote care if a patient doesn't have as many solid access to Internet. We do have some patients that live in rural areas and do not have Internet. Those are really the main things that would prevent us from being able to offer remote care.

Now, for the patients, majority of the patients that are eligible for remote care, some ways to get them enrolled or to have them oriented to this new feature, new equipment. We recommend that we schedule them with a one on one with Med El so they can download the Hear Care app and create that mymetal account. That's not something the audiologist needs to do in clinic with them. That's

something that you can do one on one with Med El. So then the patient is already ready to go the next time you see them.

And the next time you see them. I would recommend doing a patient practice remote care session in office. If a patient can see how easy it is and you can show them what buttons to press and that it happens seamlessly. And if it doesn't, then you can work through those issues in office before you're trying them when they're miles away and you're in clinic.

So as I had mentioned before, with all of these incredible benefits of remote care, we ended up changing our clinic protocol. And there were a few things that we needed to do in order to accomplish that. And it was training our schedulers by using those flow charts to determine what's appropriate for a virtual versus an in person visit. And then also having our new cochlear implant recipients have their one month visit as virtual. And then for all of those already established cochlear implant recipients, having their annual visits virtual and then their two year, every two year visits be in person for the full battery of testing, among other things.

Now, as I had mentioned before, audiologists or clinicians do need the security to do telehealth appointments, because we need this to be synchronous. So through epic, if you work with EPIC as your EMR system, I would reach out to your manager or your technician with EPIC and just make sure that you are able to perform telehealth visits. Because sometimes there are extra modules and quizzes that you need to complete in order to have security access to telehealth. Now, if that's not something that's possible, another avenue for telehealth would be doximity. Doximity does not require extra modules.

You may have to do maybe a short session on how to utilize it, but it's actually an app that you download to your personal phone and you can call, video, text patients, and the number that they are being texted from or called from shows up as your office clinic number. That is a very, very helpful tool when you are working remotely with patients.

Now, something that I've been very excited to talk more about is how remote care does offer the possibility of working from home. So once we started realizing how many patients we could transfer to remote care visits and how many patients were benefiting from it. We realized that we could actually create work from home days for our clinicians. So in our clinic, we have templated Wednesdays as our work from home days. And every telehealth appointment or remote care session is 30 minutes.

And the only appointments that can be scheduled during that time are remote care telehealth visits. There is specific scheduling blocks in EPIC that prevent anything else from being scheduled unless you have been able to pass all of the red flags that pop up. So that is really helpful when you want to make sure that your schedule stays accurate and you don't want any in person visits put onto that work from home day.

All right, so I've talked a lot about how we've implemented remote care and why we implemented remote care in our clinic because it is so helpful. But let me tell you about a couple of my patients that have actually benefited from remote care and why it is our main reason for using it. So this particular patient is a 67 year old woman. She has bilateral sensorineural hearing loss and she's newly activated with a left cochlear implant and she currently uses Rondo 3 processors. Now this patient has a lot on her plate.

She is a full time caregiver for her sister who is immobile and relies on her heavily. This patient is also extremely hesitant to try Bluetooth or any other new technology. And she was very honest about that right up front. She's like, I don't use Bluetooth. I don't understand it.

I don't know what it is like, okay, well, we'll tackle this together. Now this patient also lives over two hours away from our office. There's no other option near her that takes her insurance or is able to see her. So she has to drive over two hours away to come in from one of, for one of her visits. Now it did

take some some gentle counseling and encouragement, but I was able to encourage her to download the Hear Care app and create a My Med El account.

She wasn't comfortable meeting with one on one with Med El because she thought she would mess up the visit. So I had no problem taking the time in our in person clinic visit to show her how to use the hair care app and how to create an account. And then we even practiced it in office and she, she was still hesitant. She's like, I will try it. I will try it.

Anything's better than driving over two hours. And I agree. So, so her next visit was a remote care session and I was speaking with her telehealth through video visit and we were talking through some different things that she needed adjusted and we were able to do everything successfully through the telehealth and remote care session. I was even able to help her with her audio link because she had said that it seemed to not be working. Her sister was wearing it so she could hear her sister if she needed something.

And so being able to have that video live feed between the two of us, I could see what buttons she was pressing and if things were paired properly. So that was just a, a really, really amazing experience. And she was so grateful. And you can tell that she feels more confident using different technologies, but she thought she wouldn't be able to. So it was a very encouraging visit and she wants to continue using remote care.

So I think I'll have a hard time bringing her into office now, which is not a bad thing from where we started.

Now this other patient, he is a frequent flyer as we call them in our office. He is a 60 year old male, he has single sided deafness and he was activated with a right cochlear implant and he has been activated for a little over a year. And he currently uses a Sonnet 2 processor with the audio stream

sleeve. Now this gentleman is a computer scientist. He works full time and because his schedule is very busy, he has a hard time taking off of work.

Now you're probably wondering what makes him a frequent flyer. Well, usually when I make changes for him and he's very particular, it sounds good in office. But then when he leaves and goes into his natural normal living environment or work environment, he requests adjustments. He'll message and email me constantly saying if there's any way that I can get him in with flexibility of his schedule. And as you know clinicians, we don't have a lot of flexibility.

If we're squeezing someone in, it's usually we're double booking ourselves. And with him he didn't have a lot of flexibility either. So when remote care became available, I was so excited to talk to him about this and he was immediately on board. You know, he loves technology. So again we were able to do a video telehealth visit.

And while he was using his Sonnet 2 with the audio stream and then the Hear Care app, we were able to make those adjustments while he was listening to his movie theater room where a lot of the adjustments he, he wanted occurred. So he was able to try those adjustments live and give me immediate feedback. And that has reduced his appointment request significantly. He is much more satisfied with his processor and he doesn't feel stressed to have to take off of work and make the trek over to our office, which is such a pleasure to be able to help patients in that way. Now those are just a couple of our success stories that I wanted to share with you.

I am going to turn it back over to Barb. Thank you.

Thanks Ariel. Thank you so much for sharing your clinical protocol and I hope it inspires all of you listening to start your own remote care journey with your patients and really start thinking about the populations that may be benefiting from those types of appointments. And we have a lot of resources

available to support you. Ariel mentioned a few of them already. We do have quick guides available for you and your recipients, kind of step by step walking you through what is available for you and for them.

So in case you don't have the opportunity to go through the app with them in the clinic, you can provide this quick guide to them. In addition, we have compatibility charts, YouTube videos for troubleshooting and we also have Med El Mondays or one on one appointments and that if you don't have time to walk through how to access the app or download the app or do some troubleshooting with your patient, please refer them to us. These are free appointments either in small group settings or in one on one settings to help your patients navigate how to get to the app Store, how to download the app app, how to create a My Med El account, even we're happy to take that off your plate. A lot of that is non reimbursable time. I know that you don't always have in your clinic so you can find all of that information on our website.

And of course we have more than 12 hours a day of audiology technical support for you in the clinic. You can call us and we're happy to help you with any programming questions that you have with your recipients and I encourage you to reach out to us if you have any questions or reach out to your Med El representative if you have any questions about these resources and many of them are also available in Spanish. So thank you so much for listening and spending your time with us today. I look forward to working with you and your clinics in the future and I hope you're ready to begin your remote care journey with Med El. So I encourage you to reach out to your Med El representative and get that process started and encourage your recipients to download the Hear Care app to save them time and while importantly you time.

So thanks for joining us and have a great rest of your day.