The Power to Change Lives: Your Role in the Cochlear Implant Referral Process

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Thank you so much for joining us today. My name is Laura Lassen. I'm an audiologist and work as part of the marketing department here at cochlear. In terms of the learning objectives today for joining this class, we again hope that you're going to walk away with the ability within your practice to understand who qualifies and who may benefit from a cochlear implant evaluation. And after this course, you'll have practical counseling strategies to help your patients move forward in this process.

And finally, have an easy understanding and process to refer your patients for next steps and helpful resources that are available to them in terms of risk and benefits. This information is available in the course handout. And so today our session is the Power to Change Lives. Your role in the Cochlear implant referral process. One thing that we always want to mention at cochlear is our mission.

It really is something that rings through everything that we do across the organization each and every day, which is to help people hear and be heard. And with sessions like this, it really drives home our portion of the mission in which we want to transform the way people treat and understand their hearing loss. And that really starts with professionals like yourselves. You may be working more primarily with hearing aids than cochlear implants, and so you really have such power to be able to help how people can treat and understand their hearing loss in a new and different way. Cochlear was extremely proud in 2024 to be named one of the most trustworthy healthcare companies in the world.

We really believe that when a patient chooses a cochlear device, they're obviously choosing this device for their lifetime of hearing. And we want to support them whether they're in their candidate journey all the way through to a recipient or when they receive new technology. And so we're really proud of this recognition. So let's kick things off today with why is it important that we're talking about this topic? When we think about the utilization of cochlear implants, unfortunately, it's very low for all the patients that have severe to profound hearing loss or would be included in kind of expanded indications for cochlear implants.

The reality is that those that have it is very low. It's estimated in the US that it's just a little bit over 2%. This was done by Dr. Naziri, who did some great work, really looking at the utilization of cochlear implants. That's hard as an industry to say. We have all these patients who are struggling with this type of hearing loss.

But one of the technologies that's available to them isn't being utilized. And obviously a problem like this isn't a one, one problem or one reason to that. There's a lot of barriers that, that are why patients are not finding their way to a cochlear implant. And so that's what we want to talk about today a little bit is what are some of those barriers and what role do you play as a professional who might be seeing them for their hearing aids and being able to help them through this process? And so this again was a study by Dr. Naziri looking at the barriers to care here in the US and the two we really want to focus on today are the identification and referral for the cochlear implant evaluation, but also the unhelpful patient counseling that occurs around cochlear implants.

And I think as professionals who are working with them in their hearing aids, these are two areas that you can directly impact in what you do each and every day as you talk to potential patients. So what are some of the things we tend to hear from hearing care professionals as to why they maybe don't bring up cochlear implants or why they think it's not right for their patient? One of the ones we do hear is that they don't believe their patient has enough hearing loss for a cochlear implant. A lot of times this is something that goes back I think to 40 years ago when cochlear implants first came to market. At that time, it was a product that was designed really for profound hearing loss patients.

But technology has changed greatly in 40 years, along with the research that supports it. And so we are implanting patients with more hearing loss. And as a professional, it's important for you to understand again that this isn't just a product for someone who has no benefit from hearing aids or 0% discriminant. It's really about keeping up to date with when is the right point to bring up this topic to a patient. The

other thing we typically hear from professionals is that they say their patients are happy in their hearing aids or they're generally satisfied, I think satisfied with hearing aids for a patient who has severe to profound hearing loss is something that can be hard to determine for them.

Again, these are patients who have to have their hearing on hearing aids on in order to function through their day to day. They're not hearing just sounds for awareness. And so saying that they're satisfied may just be that they are getting Some help from them, but are they really satisfied in terms of how it's helping them in their lives? Are they able to actually function in the environments that they want to? You know, it's about asking those patients deeper questions to really understand are they performing in the way that they want to with their hearing aids?

The other piece that I think can be a barrier for professionals is not feeling like you have enough training or have the ability to really answer the questions. When you bring up the topic of cochlear implant, obviously patients are going to come back with other questions for you. And so if you feel like you don't have the answers, it's hard to feel like as a professional that, you know, you can't give them the right answer. But that's okay. You don't have to have all the answers.

But it is about having just enough training and understanding to know, when do I even bring this topic up to them? And then finally, one of the things that we hear continuously is that they just say the patient's too old for surgery. I say, it's never too old to hear better. And we have patients who've been implanted at 100 years of age. So age is really not a barrier to keep someone from being referred for this technology.

I challenge each of you guys as you sit here today and you think about those hearing aid patients that you work with. I promise you have someone where this could be the best option for them. And typically, what you're going to see with these patients is these are the ones who they no longer can talk on the phone. Maybe you found that when your office calls to remind them of their appointment, the wife has

to be the one who now is handling those phone calls. And they just say, oh, I don't want to talk on the phone.

Is that the case? Or can they not really hear? Do you have that patient who, when they first get their hearing aids, they were back to doing everything that they loved, but now they seem to be withdrawing. They say they don't want to go to those situations. Many times they may say they don't want to go, but is it really that they can't function in those situations and so they just withdraw and start to pull back.

For those that are still working, how is it impacting them at work? You know, this can bring a lot of stress to a patient if they feel like they can't perform in their job. And so what are they telling them about that in terms of indicators that this might be a better. They need to seek a better solution. And, and finally, I always think these are those patients who are constantly back in your office wanting something to be changed with their hearing aids.

They need it a little louder, they need more sharpness to it, but they're really just not getting that clarity. And so they keep coming back, seeking more in terms of what the hearing aids can do. So let's talk about what are the actual indications and considerations that you need to be thinking about in order to send a patient for the evaluation. And one of the things we always want providers to know is that we, your recommendation is for the evaluation. You're not saying 100% that they're a candidate for the cochlear implant or this is something they have to do.

It's about helping that patient take the next step to the evaluation. I think in healthcare in general, we see this all the time. When some medical condition hits a point, our provider, we want them to say, hey, we should get more testing. And that's really what we're doing here, saying, you know, based on your hearing results, we should really look into other options and have more testing. So this has been a challenge.

I will say, however, in audiology, partially because the way we test for cochlear implants is different from the traditional audiometric testing that we're doing in offices. So again, attritional hearing aid tests are doing unaided thresholds. You're doing unaided speech recognition. However, when we determine candidacy, we're looking at aided results. So how are they doing?

How are they performing with their hearing aids? So we haven't actually had an apples to apples comparison to say, oh, this is someone who should be going for a cochlear implant. And this was actually a challenge that Terri Zwolland and her colleagues faced at the University of Michigan. She said they would go to events within the state and referring practitioners would say, when should I send someone? Can I send you a picture of their audiogram and so they wanted to study it to say, is there something that we can use as an indicator for when to send patients that accurately could help identify them?

And this is where the 6060 guideline comes into play. Again, this is when we should send for evaluation. So what 6060 says is if a patient has a 60db hearing loss in their better ear or 60% described or worse in their better ear, they should move forward to an evaluation. Again, it's about getting further testing to understand if this is technology for them. The other thing to think about and kind of to what we talked about with patient Red flags that you may see.

But how are they doing with their hearing aids? Are they not able to talk on the phone anymore? Are they withdrawing? These are all indicators that these are great patients who should get further testing to see if there's other technology that can benefit them. And why does it matter?

It's all about earlier intervention. You know, when we think about earlier implantation, research has continued to show that, that the shorter duration of severe to profound hearing loss, the better predictor it can be for hearing outcomes. You know, when a patient takes this journey to a cochlear implant, we want them to have the best hearing possible. So to ensure that we're sending them at the right time is

so important to make sure that they're getting the most out of how they can do with this technology. So again, you really play such a key part in helping them identify when they should start moving forward and maybe looking at this as an option.

And I always think as hearing care practitioners, we think a lot in audiograms. So it's really thinking about referring patient A, because they typically would have better outcomes than if we wait to send them for audiogram B, where that patient is now at a profound level. Again, they're typically going to struggle in terms of their outcomes if we wait until that point to refer them. The other thing to think about with cochlear implants now, however, is single sided deafness. Obviously we've had treatment options with CROs and bicrust systems, we've had bone conduction systems for these patients.

But many times these patients may say they actually want to have hearing and stimulation in that poor ear. And so the great news is now cochlear implants can be considered for these patients. So we want to think about it the same way as those traditional candidates with severe profound hearing loss, but helping them to understand there is another treatment option out there. And, and it's something, again, they can be evaluated for and determine if it's right for them. So when you think about single sided deafness patients, again, these are individuals who within their poorer ear have a 80dB or greater hearing loss.

And then in the better ear, for cochlear implants they look at less than 30dB and for bone conduction less than 20. Again, I think this is a great kind of resource for you just to keep that in mind, that when you see these patients with single sided deafness, many times they may not have had this option five or six years ago when they walked into your office, but making them aware today that there's different opportunities and options for them in order to treat that poor ear. So from here, this is where once you're able to identify and say, hey, let's get your hearing tested further and see how you're really doing in terms of options, this is where the counseling comes in. And I think for every referring professional

that I've talked to, this really becomes the challenging part. Not all patients are going to be jumping for joy to say, yes, send me for this.

I want to do it. And so it really becomes, how do we handle this conversation to help them see this as an actual solution? Preparing yourself as a provider in terms of what are some of the common questions really can just help you? How do I answer what they ask? The one thing I would tell you, though, is don't feel like you have to have all the answers.

It's okay to say to these patients, you know what, this isn't my area of expertise, but I do know that moving forward and talking to someone else is going to benefit you. But some of the common questions that these patients will ask you is, what a stronger hearing aid work for me. Many times you've managed this patient for several years, so you've tried the strongest hearing aids on the market. They're in the most powerful receiver. So reminding them of the treatment that you have provided and that you've kind of exhausted a lot of the options there and, and that it's really time to look at different technology is important.

Again, the age issue will come up. They'll feel like they're too old. Really, the decision of whether they're healthy enough for surgery is that of the surgeon. So again, encourage them to just learn more and see if this is an option for them without using age as a barrier is important. Many times, again, with severe to profound patients, they're going to say that their hearing aids are doing something.

So why would they give that up? I think it's really about counseling the patient to what other options are there for hope? Are they able to function the way they want to? Are they able to live their life? While they may be getting some sound from the hearing aids, it's likely not giving them the lifestyle that they want.

And so there are other solutions that could help them better. Surgery is always a big barrier for a lot of patients, and so they don't feel like they want to do that just yet. Maybe they want to wait until they absolutely have to. I think, again, talking to patients how earlier intervention really is the best can really help them to see that again. The surgical discussion can be had with that surgeon who would be helping them so they can talk truly about what are the risks and benefits.

So don't feel like you have to get too in depth in terms of what the surgery actually entails. They want to know how they're going to do with a cochlear implant. There's great collateral out there that can show patients how improvement and satisfaction occurs. For most patients in terms of what that looks like, there's also great materials out there to counsel them in terms of the average improvement. So really just showing them that there are options.

And for most patients, this can be a better option for them. Again, we can't guarantee what their actual improvement will be, but there's great research to back up what the average patient can experience from this. And then finally, what if I lose all my hearing? This can be a scary one. The technology has changed and surgical procedures have improved.

So this is a conversation they can have with the surgeon, but it's about helping the patient to see that there's hope and that they could be actually doing better versus what they gain to lose by moving forward with this procedure. Again, if you think about it in a couple of different steps, just informing them that you've done everything you can, they're in great technology, but it's not giving them what they need. Introducing the topic of a cochlear implant. Some patients may know what this is, but there's still a lot of patients when we survey recipients that never had heard of this prior to their provider bringing it up to them. So talking to them that there's great options out there in terms of alternatives to hearing aids that can help them better, really encourage them to do their research.

One of the great things that we can do at cochlear is connect them with others who've been through this process. Hearing from someone really can make a difference in helping them see what the future could really hold for themselves. And finally just encouraging them to that evaluation that really is the next step is to understand more about their hearing. And are we doing the right thing with hearing aids, or should we look at other options? There's a great article that Terry Zwolland published again about counseling patients from hearing aids to cochlear implants.

And she makes some really great points. One that I do want to highlight is what you say and how you say it matters. Again, being confident in saying, you know, we've tried everything, we need to look at alternative solutions really can help the patient realize that they need to make a future step and Again, we said it earlier, but don't feel like you have to have all the answers. There's so many resources out there, but you really are the integral step to help that patient realize that there's something else available to them. So that's just a few tips in terms of counseling, but I think there's no one better to hear it from than an actual recipient themselves who's been through this process.

And so I'm really excited to introduce you today, Kelly Flodin. Kelly is a volunteer with us at Cochlear, and he is a bilateral cochlear implant recipient. He received his first implant about five years ago, and now he is such an advocate. He talks with other recipients looking through this journey and helps them to understand, but also wants to be the guinea pig for new technology. Kelly is a welder and works with his hands along with machinery.

He works on old cars and fixes them up, but enjoys playing music and being outdoors. So, Kelly, I'm really excited to have you here today. I think your story really shows the impact that professionals have in terms of the referral process. So thank you again for joining us today. Glad to be here.

Yeah. So to start, Kelly, I know you and I had discussed you started to experience hearing loss in your 30s. You do come from a family of hearing loss. So other family members have been impacted by this. I

believe you mentioned your parents and the idea of a cochlear implant was actually introduced to you by your brother who had met someone with an implant, said they were doing great.

So you went to your provider at the time and said, hey, what is a cochlear implant? And you know, tell me more about it. Can you share with the audience what that initial conversation was like? Yes. So I do come from a family with lots of genetic hearing loss.

My grandparents, my parents, aunts and uncles, cousins. There's seven kids in my family, and five of us ended up with significant hearing loss. It's late onset, usually happens in your 20s or 30s. You start losing your hearing and it just gets progressively worse as time goes on. And that's exactly what happened to me.

I was probably around 30. I noticed I was not hearing good. I had the genetic loss, but also everything I do for fun and for work was extremely noisy. I didn't usually protection, you know, playing guitar, working on hot rods and outboard motors and motorcycles and heavy equipment. It just beat my ears to death.

So I was starting to struggle. I already had a two brothers and a sister that had hearing aids by this time. And so I knew what was coming down the track for me. My brother. My brother just got a set of hearing aids like Receiver and Canal high end, and he said that they working pretty good.

So I was in my 40s and I had to get something to help me out. So I got a set of them, exact same ones. I've got a audiogram done here in town with a big clinic, and I got a set of them, and I never really did good with them at all. We never got them hearing aids to work good. I.

The sound quality was bad and I had bad fitment with them. And so I spent a bunch of money on them and I was disappointed with them. So I kept going back, getting them tuned up. Never did good with

them. So they finally told me that I needed to swap to a more powerful hearing aid.

And I went to some Phonaks with the tubes and the full shells, and they gave me a little better sound quality, but they were still. I still struggled to hear and understand speech in anything except very quiet conditions. So I was frustrated with it. And my brother, he met a guy that had a cochlear implant and he told me about him and he said, you know, this guy is deaf, but he seems to be communicating pretty good. And so the next time I went to my hearing aid specialists, I asked her about it.

I said, man, these things are not doing me any good, and I'm frustrated with them. What do you think about cochlear implants? Because my brother met somebody and he said he was doing fine with it. And she told me, oh, no, you don't want to do that. That's for people that are completely deaf and the sound quality is terrible with them.

And then she told me a story about somebody that got one and. And something happened. They had to have it taken out and they were completely deaf. So that did not sound like a good option for me. And so I just put cochlear implants out of my mind and kept struggling along with my hearing aids.

Yeah, and I. You keep very detailed records. And so you had actually shared your audiogram. So, you know, here it kind of was where you were in 2017. You know, really severe hearing loss across the board.

And they noticed again, even testing speech understanding was really difficult because it was distorted and not very clear to you. And again, I know obviously you heard that didn't feel like it was an option. So I know you mentioned you really had resigned yourself to, I guess this is what it will be, and had even started to learn try to learn sign language. Right. Yes, I did.

I kept struggling along with my hearing aids, buying newer ones every couple of years and not having any better success with them. And just finally I was in my mid-50s here and I was really, really struggling. I was struggling to make a living because I couldn't communicate with the people I worked for good enough to understand what they needed. I was. I couldn't talk on the phone anymore.

I was socially isolating away from my friends. You know, if there was a group of people over and many people were talking or they had a football game on or music was playing, I couldn't communicate. So I would just not go. And, you know, that got really frustrating and isolating. Yeah.

And I was, at that point, I was just like, if this is what it is, then I'm not going to get any more hearing aids. I'm just going to learn how to live and be deaf. And so I started studying ASL and was doing pretty good with it until I realized that even if I learned it perfectly, I didn't have any connections with deaf community. I didn't know anybody that signed, and it wasn't going to help me get my friends and family back. So, yeah, I just kept struggling along with my hearing aids.

Yeah. And you then were back in your provider's office. However, the typical provider you saw wasn't there that day. So you saw another audiologist who was filling in and, and she looked, you obviously explained kind of how you're doing with your hearing aids and what you were there for. She looked at your audiogram and said you need to look into a cochlear implant.

Tell me more about that because I'm sure obviously it kind of caught you off guard as you put it out of your mind. Prior. Yeah, I just, just recently bought my last set of Phonaks and I was going to a little. I swapped audiologist to a little place right down the street. There was an audiologist opened her shop up and I really liked her.

So I followed her down there and bought a new set of Phonaks off of her. And she was really, she was really a good audiologist and she had my best interest at heart, I'm sure, but just could never get the

hearing aids to work anymore. So I went and set an appointment up to go down and get them tuned up. And she was moving out of town and there was an interim audiologist filling in for her that day. And I, I went in.

First time I'd met her, she seemed like she was very confident. I explained what was going on and you know, how I was struggling to communicate and all the hearing aids I went through. And she pulled my audiograms up, my speech recognition score right here. And it was just like, man, your ears are shot. You just need to go get a cochlear implant.

So I was. I was very conflicted at that point because here, my one specialist that I depended on told me they were terrible and not for me. Now, I had this other new one that seemed very confident, but she was saying that they were a good option for me. So, yeah, conflicted at that point. And I know you walked away saying, well, I got to think about this.

But very shortly after said, well, yeah, refer me and let's look into this. Right? Yeah. Actually, I went back to her and I told her, I think that if I had control of my hearing aids and the programming, I could. I could program them where I could hear out in my real world environments.

I thought there was a miscommunication with my audiologist, and that's why I couldn't get any satisfaction from these hearing aids I was buying. So she said, I tell you what I'll do. I'll set you up with the stuff. So she gave me an interface and the software. And I came home and I worked as hard as I could.

I thought I knew something about sound from recording music and stuff. But no matter what I did, I could not understand speech out in my environments. So it really convinced me that my ears were bad. And so I started thinking that she might be right. I went back to her and told her, I think you're 100% correct.

My ears are shot. What do I need to do to get. See about a cochlear implant. Yeah. And from there, I'm going to share.

Again, you kept very diligent records of your testing. And so you were referred right there in Covid. So I know there was some delays in your ability to get in just due to the shutdowns, but this is your initial audiogram when you went in for your cochlear implant evaluation. So, again, severe sloping thresholds across the board. And when they tested your speech unaided, again, just 20% in your right ear and 32% in your left.

And when they went through the full implant evaluation, again with your hearing aids on, your aided thresholds, kind of in that mild range. But for the cochlear implant evaluation, looking at words and phonemes and sentences, just, you know, between 20, 28%, 42% for phonemes and about 30% for sentences. So clearly a candidate for the Cochlear implant. And you had no hesitation right at that point about moving forward? No, there was no hesitation at that point.

She set me up for a referral. And this was right at the end of 2019. Covid was in full bore and everybody was masked up and I could not understand any. I couldn't speech read anymore. I could not understand anybody.

So she referred me. The evaluation got put off for a little while because of COVID So in the meantime, I just started studying everything that I could possibly find on cochlear implants. I went and got some books. I studied the Internet every night. And there's tons of information out there if you go looking for it.

And a lot of it is very good information. There's a lot of misinformation, there's a lot of old information. So I waded through all of that and I. I just kind of settled on all the like peer reviewed articles and stuff, how cochlear implants work. I watched some surgeries on YouTube, how they put them in and

everything I could find. And I came to the conclusion that if they said that I was a good candidate, I was going to jump on it seemed like a good option for me.

I was frustrated with my hearing aids and I was ready to do something radically different. Yeah, and I know again, you actually from evaluation had your surgery within just a couple weeks, I believe, and then activated. Can you tell us a little bit more about that activation and what that experience was like for you? Yes. So the surgery, I was just four weeks and the surgery came along.

The surgery went fine, healed up a couple weeks and activation day came. That's the big day. And so Kara gave me some programs, you know, set up a basic program and then she switched it on for the first time. And all I could hear was like some chimes and some beeps and whistles and some static. And I could see that she was talking across the table from me behind her mask.

And then suddenly out of the sky up there, real high, super up, like an alien little robot voice was saying, can you hear me? Can you hear me? And I just busted out laughing. It was like, yes, I can hear you. I had never heard anything this strange in my life before.

But I can hear you. So she did, you know, the baseball mushroom, hot dog thing, said some colors, I got all of them. And you know, I had some high anxiety because it sounded so strange. But at the same time I was encouraged because I was understanding what she was saying behind her mask and I would not been able to do that weeks before with my hearing aids. So I was really, really encouraged about that.

And so I just want to tell you a few things about how the process goes.

She told me that it was a good start and that things would settle down and become more normal in time if I went and listened. That's what the big thing was. It's so much about your brain getting used to the

input. So that's what I did. I started listening as much as possible, just streaming podcast and audiobooks all day, talking to people.

And sure enough, it settled in. And then about two months, I had a big breakthrough. You know, listening to some music. The bass popped on this first bass I heard. With it, voices became much more normal.

And it made me realize I was depending completely on my cochlear implant at that time. My hearing aid was just along for the ride. So I told her when I went back to get my mapping done, I said, I would like to get my other ear done. And so I got my second surgery was four months after my first one. And wow, every.

Everything went about the same with activation. It was weird. It was robotic. Now I had two streams coming into my head at two different pitches, and it was a little bit wacky, but I could hear better immediately after getting a second one. And then six months later, I had a big breakthrough moment.

And that's really when everything settled in. Binaural hearing finally switched on. The brain's able to take the inputs from the two ears, blend them together into one bigger, better perception of sound. I got home from a mapping, and I noticed on the ride back that music was sounding better. But I stepped out of the truck.

I could hear everything. There was no longer two streams. Everything was blended. Everything sounded like it was out in the real world where it belonged. You know, I could hear the chickens clucking around, the birds up in the trees, the trucks out on the highway.

Everything sounded so much more normal. And that's when all the frustration and anger with hearing loss, all the frustration I had with my hearing aids, all the anxiety I had about cochlear implants and how

strange they sounded, all that stuff just went away. And I was completely at peace that I had made the right decision. And if things never got any better than they were, I was way ahead of where I was just, you know, 10 months earlier. Yeah, and just to share, because you had again, your postoperative results, you know, you went from just one month with that first implant.

Again, you were between 20, 30% on most of the tests, up to 70% for the words and 90 on sentences. You know, three months after that, you know, you're at 90% across the board. And then you shared where you are now today with, you know, a couple of years ago with both those implants and at 90% in all those different conditions. I just think about what your life, again, was like at 20% to now, close to 190 and 100%, and how that really can change it. And I know for you, after you got that second implant, you went back to your referring provider that sent you and brought up that cochlear implant again to you.

Can you tell us what you said to her? Yes. That day that I was just describing, it was a really emotional day for me, and I was very, very grateful that she was up to date enough and cognizant enough to know that cochlear implants were a good option and that the technology was very good and the outcomes kept getting better and better. So I went by her office and just gave her a big hug and a big thank you, told her how much I appreciated that she was up to date enough to know when somebody was really struggling with co. With hearing aids to suggest that cochlear implants might be a good option for me. And, yeah, actually, now she connects you with other people that she has, and you help them kind of through this journey as well.

Yeah, see, she had somebody that. She said she really needs a cochlear implant, but she's deathly scared of the surgery and, you know, scared of his results. And would I go by and see her? So I got in touch with her. I went by.

She just lived down the road a little bit. I went by and saw her and her husband, and she was really struggling. You know, she. She reminded me so much of me is I would talk to her husband. She would watch and look, and then her husband would interpret because she's used to listening to him.

And it was exactly where I was, you know, a year before. And so we talked a couple times, and she finally decided she would do it as she got her first implant. And just within a couple months, you know, her communication was so much better. She has since gone bilateral. She waited a couple years, but she went bilateral.

She's doing great. Yeah. Back to living life. And it made me really feel good to see the impact that that made on somebody else's life. So that's kind of what got me into the advocacy end of it, the research end of it, is just try to push that technology forward for.

For the coming Generations of people that need them. Yeah. And I have no doubt, I know you've impacted other individuals like yourself, but in this, professionals that are listening today, impacting them to see the power that they have in making that referral and probably seen in you maybe patients that they work with currently. So any last words that you would have for them in terms of your journey? I just say I know that the hearing we as deaf or hard of hearing people, depend on.

On our hearing aid technicians to steer us in the right direction. And I know that the technology keeps improving and it's hard to keep up with it all, but I would just encourage. Just to keep your foot in the cochlear implant side of things. You know, it doesn't need to be two separate things. I think I would love to see it more blended where everybody knew a little bit about each each other's field.

But that 6060 rule is the key. If you have a patient and you have them in good equipment, you know that you've programmed them to the best of your ability. And they're still struggling in the booth with word recognition. The audiograms are down. They come in and talk to you, and they're struggling to

communicate across the desk from you.

They need a referral. And you know, it's a frustrating and lonely way of living when you're in that condition and there's absolutely no need for it. With as good as cochlear implant technology has become and the outcomes are great, there's no need to be living with that any longer than you have to. And I think just getting them, getting them referred as quick as possible, because most people are not like me. They.

They go years before they finally pull the trigger on it, even once they find out their candidates. So the earlier you can get them in, the quicker they can get used to the idea and the quicker they can get it and get back to living their life. Yeah. Well, Kelly, your story is truly inspiring and I just want to say thank you for joining us today and sharing with these professionals again how powerful that referral was for you. So I know we're just a little bit over time, but just.

Yeah, of course, yeah. Just a few resources and next steps for those of you that are on the call. This is where we talked about not having all the answers and just want you to know that Cochlear is here to support you, whether it's collateral or information to be able to share with patients about what this technology looks like. We also have a form that was shared with you. In terms of your resources for this webinar, that makes it really easy to be able to connect your patient for next steps.

So again, if you scan this QR code, we really do encourage professionals to bookmark it on your work computer so that it's there. All you have to do is choose again. Are you sending in the patient? Maybe it's their spouse or carer for them and share a little bit about them. Who's the patient?

What's the best way to get in touch with them? Tell us a little bit about their hearing loss. Tell us who you are as their professional so we can keep you up to date. And finally, if you do have a preferred implanting center in your area, you can note that to communicate with the patient. And finally from

there, just letting your patients know to expect outreach.

Cochlear will call them as well as send emails whichever way is easiest for them to respond. We'll help them find an area center, answer those commonly asked questions that you may not know all the answers to and help them know the information to get set up for that evaluation appointment. And then from there really just support them for whatever they need through this process. So again, this hopefully makes it an easy way for you as a professional to help get your patients on the right track. And that's all we have for today.

So just want to say thank you for joining us. And again, Kelly, couldn't be more grateful for you sharing your story. And if there's any questions, feel free to put them in the chat and we'll be happy to follow up from here. But that's all we have for today. Thank you so much for your time.