Candidacy and Counseling for Cochlear Bone Conduction Solutions

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- [Instructor] Hello, and welcome to our webinar this afternoon. Thank you, Melissa. Thank you Audiology Online for inviting us to come and speak this afternoon. I'm really excited to speak today about Cochlear's bone conduction solutions. We always like to start with our mission here at Cochlear. And really, it's all about helping people hear and be heard. And I think as we talk through the bone conduction solutions, and that whole portfolio, you'll really be able to see how these three points are included in that. So we want to empower people to connect with others and live a full life. We want to transform the way people understand and treat hearing loss. And we want to innovate and bring to market a range of implantable hearing solutions that deliver a lifetime of hearing outcomes. Here are the learning outcomes for today's course.

So first, it's to lift the candidacy criteria for the Cochlear bone conduction solutions, and this will include both Osia and Baha. Describe the demonstration procedure for determining candidacy for bone conduction solutions. And finally, lift counseling considerations for treating patients with bone conduction solutions. Here's a look at our agenda for today. We receive a lot of questions from professionals such as yourselves, especially with the launch of Osia about candidacy process for bone conduction. And we want to really consider the different options that are available, speak through demoing appropriately and choosing options for recipients. So we hope today to provide clarity and new information that will really help you work with your patients who might be bone conduction candidates. The other thing I'd like to add today is that we do have a pretty full agenda to get through in the hour that we have together. So we will ask that any questions can go into the chat box. We will look at those questions at the end of the presentation depending upon time today. And if we do not get to those, then I will highly encourage you to reach out to your Cochlear representative as they will be able to supply you with additional information, additional resources to really help you as you're seeing these patients in your practice. So I'd like to start with a poll question. The first poll question is to select the description that most closely represents your daily job responsibilities. So just to give us some visibility of

who's joining us today for the webinar, so you can go ahead and select your answer. Wonderful, I see the responses coming in. So thank you for participating. And I'll give it another second. So it looks like the majority of you are working with patients with hearing loss in a medical setting. And then we have some that are in an educational setting, and some that are from the industry and then a couple others that are not regularly consistently working with patients right now with hearing loss. So nice diverse group we have here today. So hopefully this information will be very helpful for you. Okay, so let's go back. So before we get started, we want to make sure that we're all on the same page about what we mean when we're talking about bone conduction solutions for hearing loss. With recent introductions, it can be challenging to keep us all up to date and navigate the candidacy process. But really, there is a common thread and we're gonna talk about that today and that is bone conduction and mainly demonstrating and evaluating how bone conduction will work for each individual. Cochlear is proud to offer a wide portfolio of systems that can be used to treat individuals with hearing loss through bone conduction.

The Baha system is one that you are all likely a little bit more familiar with. But the new Osia system was just released earlier this year. And this really represents the next level of choice for a patient. So deciding which system will work best is the next step and this is really going to depend on the indications for the patient, their lifestyle needs. It could depend on insurance coverage, surgical medical needs, but really deciding on which system should come after deciding on bone conduction. So after the system choice, this might be when we choose a particular product. So there are surgical and there are non-surgical options for Baha. Many of you have likely worked with the Softband or the SoundArc and there are non-surgical options that can be used for bone conduction. But there are also the surgical choices that are connected through the skin or transmitted across the skin, like the all new Osia system. So we really wanna consider connection type as well. Another thing to consider is that patients may not always stay in one system choice. There may be a pathway often from non-surgical

to surgical, such as Baha or Osia. And this is definitely true for the pediatric market, who may start with a non-surgical option, perhaps based on their age, and then move to a surgical option as they get older. But it could also be true for adults. And this does not mean, of course, that patients will receive a surgical Baha before Osia but rather that a non-surgical option might lead to a surgical option down the road. So now that we've laid out our options, let's consider who we might consider for these different options. Okay, so who is suitable for bone conduction and why would we even consider bone conduction to begin with? So here's another poll question I'm gonna pop up, give you a couple seconds to answer. And this is when a patient comes to your clinic with chronic middle ear problems, which of the following would you say is most true about treating their hearing loss?

So go ahead and please complete the poll. Great, I see a lot of replies coming in, thank you. Looks like the majority so far are bringing out treating hearing loss is considered alongside medical interventions. So for example, fitting a hearing aid or a bone conduction device, while the treatments and surgeries are ongoing, so that is really exciting to see because certainly, we want these patient's to be hearing well, regardless of where they are in the pathway and in their journey. So that's really exciting to see. Wonderful, okay. All right so to help us in our discussion today, I'm gonna introduce you to two fictitious patients, Krish and Mia. Both of them are struggling with their hearing and we're gonna follow them through their bone conduction journey to find out how their clinics handled evaluating them for candidacy, counseling them about their options, and eventually, what decisions were made in regards to their hearing. So let's take a little closer look here at our patients. So first, we have Krish. Krish is 67 years old. He's a recently retired school teacher. He's had a long history of chronic otitis media, with several attempts at surgical reconstruction in both of his ears. He has used a hearing aid off and on, but he struggles with drainage from his ears. His hearing is much poor in the left ear but with the right ear, he says he gets by. He feels increasingly disconnected from those around him, and his wife has

really pushed him to seek some help. But he's not sure what can be done since his audiologist has tried several different things with the hearing aids, but he really can never use them. He's very wary of getting yet another surgery that's promising to fix his hearing, since none of them have really helped him too much up until this point. As a side note, his insurance is Medicare with a supplemental insurance. Now let's take a look at Mia. So Mia is 26 years old, and she has SSD, single-sided deafness after a sudden sensor-neural hearing loss two years ago. She tried steroids but no improvement in hearing. She's been counseled about CROS aids but really is uninterested in trying them. She works as an insurance specialist for a large HMO and she is frequently on the telephone. She can hear well on the phone with her good ear, but does not like that she cannot hear her colleagues or other noise around her when she is on a call. She also feels much less safe walking and running with hearing in only one year and she is really looking for a solution. She is covered by her work's health insurance plan. So our introduction to Krish and Mia and we're gonna follow them throughout our webinar today.

So let's begin with the benefits of bone conduction and why would we would even consider it at all. So first bone conduction as many of you may know bypasses the middle ear, and it's going to stimulate the cochlea directly. This has advantages as we'll see for both patients with conductive hearing loss and those with single-sided deafness. Another advantage is that bone conduction solutions don't occlude the ear canal. Think about Krish, he struggled with hearing aids because of his drainage, so perhaps a bone conduction solution might be a better option for him. Bone conduction can improve overall patient performance, which hopefully is our goal, and the goal of our patients. We think about Mia. She struggles to hear in her noisy work environment, perhaps a bone conduction solution can help her. Bone conduction has some advantages over traditional air conduction aids. We don't have to try to amplify the conductive component for example, and this leads to a higher patient satisfaction. So there are two types of patients that we might consider bone conduction for, those with

mixed or conductive hearing loss, and those with single-sided deafness or SSD. Let's take a look at what the research says about using bone conduction for these types of patients. So why bone conduction from mixed and conductive hearing loss? So the greater the air-bone gap and studies show typically greater than a 30 dB airborne gap, the more a Baha system will outperform hearing aids. Hearing aid prescriptions for conductive and mixed hearing loss require more gain than for a sensory neural hearing loss. And the hearing aid fitting as you may know can be difficult if there is drainage from the ear, ear pain or a mastoid cavity present after the mastoidectomy. So why bone conduction for single-sided deafness? The Baha system bypasses the outer and middle ear and it sends a clearer, more crisp sound directly to that inner ear. We see studies show improved speech understanding in noisy environments, higher patient satisfaction than CROS for SSD. Certainly, it helps to lift the head shadow effect, and it can reduce some of those psycho-social consequences associated with hearing impairment, some of what Mia talked about or had in her history. And we do see long term patient satisfaction and hearing benefits.

So let's discuss some common etiologies that I know we all see in the clinic and explore why bone conduction might be a good choice or something to come to front of mind when we're seeing these patients in the clinic. So first, atresia/microtia. So it can be very uniquely suited for atresia and microtia when we cannot put anything into the ear. Chronic otitis media, excellent choice for those with chronic OM. Often the hearing aid is left into last and that treatment pathway, medical treatment comes first. Certainly it's very important, we wanna keep the ear dry. And subsequent attempts at restoring hearing can be successful, but may also leave patients with less than desired outcomes. So the use of bone conduction can help make hearing more of a priority early in the treatment process. And it looks like from our previous poll, many of you already acknowledged that and have identified that as part of the journey. It doesn't occlude the middle ear like hearing aids, something that can lead to recurrent infections, and it can create, most importantly, a more consistent hearing experience

for a patient since the amplification does not need need to be adjusted based on the air conduction thresholds. The fitting is only for bone conduction, which typically remains quite stable even as the disease progresses. Otitis externa, another example of an etiology where bone conduction may be beneficial, again, keeping the ear dry and clear of amplification and providing hearing directly to the cochlea. And finally, otosclerosis, another example, especially where a stapedectomy has been tried and failed. Research tells us that if the hearing was not restored during that first surgery, the chances of restoring hearing with a subsequent attempt are cut in half. Rather than recurrent attempts at fixing the hearing, surgeons can focus on keeping the ear healthy, while bone conduction can be used to restore hearing with a very high success rate. So let's move to another poll question. And if we think back to Krish and Mia, without yet knowing their audiograms, which patient would you consider a possible bone conduction candidate? And this is not a trick question. I'm seeing a lot of both, great, like the majority. Is there a second here?

Okay, great. So it is, like I said, it's not a trick question. And if you said Krish, you're right. If you said, Mia, you're right. If you said both, you're right. So either of them could be a candidate. And the thing here is that they're both going to go through the candidacy evaluation, but perhaps not end up with the same solution at the end. So let's see how things go for them. Okay, so now that we've reviewed who might be suitable for bone conduction, let's talk about the demonstration process. And I think it's important to acknowledge here that this may look different from clinic to clinic. And that is certainly, certainly fine in what we would expect. It's just about identifying those important factors that are part of this process. So it's often easy to look at a candidate or candidacy through one lens. We can feel like there's one test, one procedure to follow to determine candidacy for a bone conduction solution. But often, the picture is really a bit more complex than that. If we put Krish, for example, at the center of our candidacy question, a bone conduction demonstration may certainly be a part of deciding whether bone conduction is the right solution for him. But there's really more

to this question than that. So for example, we should think about his hearing health history. He's had a lot of attempts at improving his hearing, many of them surgical, how will that color his views on another surgery? We might wanna also think about how we're gonna explain to him or help him understand about a bone conduction solution before he makes a decision. He's also had bad experience with hearing aids, possibly we've tried everything we can with hearing aids, but he still never hears well or can wear them for an extended period of time. So we really have to take this into account as well. We obviously have to think about his hearing loss and we'll take a look at his audiogram here shortly. But sometimes for certain types of hearing losses, for example, those with significant air bone gaps, bone conduction is really the best treatment solution and will outperform other solutions such as hearing aids. We have to take that into account regardless of whether we even perform a demo.

Another aspect of care that can be overlooked and one that we discuss a lot more now with clinics is goal setting. So what are Krish's goals for treatment? What does he wanna be able to do after treatment that he cannot do now? Perhaps we ask him and his main concern is being able to talk to his grandchildren on the phone. We have to think about the best way to get him there. Maybe it is a direct connect with a Made for iPhone device such as the Baha 5 or Osia, or maybe it is a completely different solution to help him address his needs. But no matter what, his needs and his goal should be at the center of all we do. And finally, there may be other health concerns that help guide us. Perhaps hearing reconstruction surgery is no longer an option for him, perhaps he will need more surgeries just to keep that ear healthy, which will make hearing aids even more difficult. So these are all considerations that may be just as important as his audiogram or the demo in determining what is the best pathway for him. So certainly, there could be a lot more considerations than we have listed here on this slide. But the point is that a demonstration with bone conduction is one piece of the larger picture for a patient. We are very used to working with complex human beings and we need to be sure that we don't just look at one of these aspects like their audiogram or a demo,

when making a decision on what we want to do next. So why demo bone conduction? Well, the goals of bone conduction demos, it allows the patient to experience bone conduction before surgery, it can assist in counseling, and it can help provide some objective test opportunities if desired. We wanna be aware and mindful though of the potential pitfalls, expecting an exact prediction of post surgical benefits so we know the demo gives a very good idea and typically, if they perceive benefit in a demo, then we know it will be equal to or typically much improved or better once they actually have the device, as well as relying on it as the only way to determine candidacy as we just talked about and looking at all those other factors. So when we talk about how to perform a demonstration, as I mentioned before, all clinics will be different in how they implement and introduce Baha or Osia. And we really wanna note that the demo is for counseling, moreso than assessment. The surgical outcomes can be much different than, say, a Baha demo on a Softband or a SoundArc or a test rod.

But we really wanna stress that what we're doing with the demo and the point of it, is that we're illustrating bone conduction benefit, which may be very new to many of these patients compared to their hearing aid experiences, but not necessarily testing expected outcomes. So some clinicians may turn to a simpler demo format, not programming the device for the patient, but more so setting up a demo processor with different programs that are maybe different depending on if it's a mixed conductive loss, or if it's single-sided deafness. But you can see here some different steps, suggested steps for performing a demonstration. So that would be using the Baha 5 Power Sound Processor on a Softband, or a SoundArc or the test rod. As I mentioned, you can use a pre-programmed sound processor for demoing. Your Cochlear representative will be helpful or will be very available to help you set that up, the protocols for that, or you can do specific programming the processor for that individual patient. The other idea here that we really wanna stress is allowing the patient to experience the sound of bone conduction. So hopefully they can get that demo on. And while you're in the session, while you're counseling, while you're talking through it,

they can listen and they can experience right then firsthand how this bone conduction experience might be for them. So there's also the importance of subjective benefit, how does it sound, doing questionnaires and then certainly, if possible, objective benefit. So speech perception and noise, specifically for those SSD candidates where it's gonna be really hard to assess in a demo situation with their good ear. So we can walk you through and give you guidance on those steps. And really remembering that the demonstration is a counseling tool that can give them a sense of what bone conduction might sound like to them. Here are just some demonstration tips. As I mentioned, if you can fit the patient early, let them listen with the demo device throughout the appointment, subjective-objective assessment, however you wanna incorporate that in that gives them a fuller experience with the counseling and the evaluation, choosing a demonstration method that fits your clinic's protocol. Again, they're all gonna look different and that is fine.

And however, we can support you in setting up those protocols, making sure you have the equipment and all of that that you need for a successful demo based on your protocol. We're happy to help with that. Also using subjective methods to determine benefits, so questionnaires, discussion, adding that objective method whenever needed or possible if a booth is available, and using the demo as a counseling tool to explain what bone conduction sounds like. Okay, so now that we've talked a little bit about that demo, let's move into device selection. We have this whole portfolio, what are our next steps? So as a reminder, Cochlear offers a portfolio of different bone conduction solutions. And when once you have decided that bone conduction might be the best way to treat your patient's hearing loss, we wanna then consider which system might work best for them. So we're gonna take a closer look at each of the systems, both the Baha and the Osia system and the candidacy criteria for each. So let's go ahead and start with all new Osia system. So this system might be new for many of you. I'd like to show you an introductory video about the Osia system to orient us all to how it is different to traditional bone conduction devices. There we go, pause

that video, okay, perfect. Scrolling down, okay, here we go. Hey, wonderful. So hopefully you enjoyed that video. And if you haven't seen Osia, I'm excited for you to see what we have here today in our webinar and touch base with your rep to even learn more about this exciting new solution. So let's go ahead and review the key benefits and features of the new Osia system. It offers a powerful through-the-skin connection that provides excellent hearing, especially in the high frequencies, the superior hearing performance of to bone conduction thresholds of 55 dB in mixed hearing losses, outstanding single-sided deafness performance, again, with that excellent high frequency gain and a nice clear sound, all the wireless accessories and connectivity that you've come to expect from Cochlear. There's also the waterproof hearing with the Aqua+ accessory that will be coming soon. So let's take a look at the Osia system candidacy. So very similar to Baha, which we'll review here in a minute, with the exception of the age and the fitting range.

So Osia is currently approved for patients that are 12 years or older, that have either single-sided deafness and that's air conduction PTA in the better hearing ear of 20 dB or better, as well as conductive or mixed hearing loss. And here we're looking at the bone conduction PTA, that is 55 dB or better. So again, here the thing is to really point out and in contrast with Baha, the age as well as the fitting range. There's also candidacy indications for bilateral candidates and that really includes that they should have some metric, bone conduction thresholds that's defined as a 10 dB or less difference between the ears on average of five, one, two and three or less than a 15 dB difference at individual frequencies. Okay, so let's look at the Baha candidacy. So we know that this is really a reminder of what is available through Baha. And this is still very true, even with the introduction of Osia and everything being based on that implant and the stability of that implant. So really, we have seen, since its introduction in 2012, that the Connect System with DermaLock is the most widely used direct bone conduction implant system in the world. And it really is setting the industry standard for reliability and performance, which certainly are important. We talked a little bit about

how we expect better performance than air conduction hearing aids as that air-bone gap progresses beyond that 30 dB gap, as well as with Baha, we have a portfolio of sound processors, including the most powerful bone conduction sound processor, the Baha Superpower, Baha 5 Superpower and all of them with direct streaming to Apple devices and wireless connectivity. Okay, so let's review the Baha system candidacy. So just as an overview, as a reminder, for those of you that are familiar with it, as I mentioned, the Baha candidacy is a bit more expansive than that for Osia currently and may include more patients. So here we see that the age is five years or older. And the important thing here to note is that that age of five is for the surgical Baha options. So the Baha Connect, the abutment, so if they are younger than five, they can certainly still take advantage of Baha with our non-surgical options as we saw in the portfolio. So whether it's the Softband or whether it's the SoundArc, we do have options for those children that are younger than five.

Once they are five, they may then be able to transition to a surgical option whether the Baha, if they have single-sided deafness, again here, very similar to what you saw with Osia, that air conduction PTA and that better hearing ear of 20 dB or better. And the same thing for conductive or mixed hearing loss. The only difference here is depending upon the degree of hearing loss, that's gonna help us determine which sound processor may be most appropriate for them. So the Baha 5 Sound Processor is for bone conduction PTA of 45 dB or less. The Baha 5 Power is for 55 or less, and then the Superpower is for 65 or less. And then we have the same indications here for bilateral candidates and that symmetry between the ears. So again, you'll note that really, the main differences here with the candidacy is that with the Baha system, we can go up to 65 bone conduction PTA with the Superpower device. So now that we've looked at this, with all the options available, how do you decide what is going to work best for your patient? There's a lot of considerations that we've talked about, and this might be a very helpful tool for you. So first to consider, as we've been discussing, is the patient a candidate for bone conduction, that's where we need to start first. So

using those indications for mixed, for conductive, for SSD as our guide. Second then, if we say yes, they are a candidate for a bone conduction solution, then we wanna talk about demonstrating bone conduction. And again, early in the process, hopefully while they're in that counseling session. So they can use the test rod, they can use the Softband, they can use the SoundArc as the clinician prefers, whatever is going to lead to the easiest, most consistent demo experience and allow them to wear that during the counseling session whenever possible. Next, we want to decide the patient, looking at the age. So if they are under five, or maybe they're an adult, and they're just unwilling at this point or unable to have any surgical procedure, then we might wanna consider a non-surgical option for them. So pictured there are the SoundArc, and then the Softband right below it. Then we might wanna think about, well, what about Osia? If an Osia candidate, we could go this way. If their bone conduction PTA is no worse than 55, then that might be when we're gonna consider them an Osia candidate. If not, if it's over 55 then we may be thinking more about that Baha 5 Superpower device, and we're gonna think more the Baha pathway.

But it's really important to always keep Baha in mind as well as you're having these counseling sessions and maybe discussing Osia. If Osia doesn't work out due to something through reimbursement, maybe it's someone who needs frequent MRIs or for some other reason, the patient is still a really good bone conduction candidate. We should consider Baha in this process. So let's go back and let's look at our friend Krish here. Here is his audiogram. We picked a pretty tough one to consider today. So it might be challenging to see the detail. There's a lot on here. So we picked, we'll look at where he falls in the indications for both Osia and Baha. So first we have to decide if we would consider him as a mixed conductive hearing loss or SSD. And probably in looking at this, you'll see that it's really not as straightforward as you would think because he does have an asymmetrical hearing loss. But the air conduction thresholds in his good ear, his left ear are not normal. So he's outside that SSD criteria we spoke of earlier. So if we consider him as a candidate under mix conductive, we know that to

be considered a candidate for Osia, we would want his bone conduction thresholds to be better than 55 dB. This is actually the case in his left ear but not in his right. And this audiogram really is not so straightforward. We also know that there is likely a masking dilemma here in the right ear. It is hard to mask when there is a bilateral mixed hearing loss. So we do have to pay close attention to these bone conduction thresholds to make sure we know what we're really looking at. But it does seem he falls in Osia candidacy range for the left ear but probably not in the right. So the question that is which beer does he want help with? And if you remember, he feels he needs most help with his right ear. So now let's consider Baha, which can be fit in mixed losses where the bone conduction thresholds are up to 65 dB. And you'll see how it changed on the screen. Here we see a much better fit for Krish, especially considering his pure tone average.

The Baha might give us that extra headroom that we want to have to feel more comfortable with fitting something on his right side. So just a summary of his process. No testing was done with the demo or no specific questionnaire, but he had the opportunity to just, he had the opportunity to wear it, just not official testing and discussing options so he was seen at a busy ENT clinic. The audiologist immediately thought of bone conduction and fit him with a preset Baha 5 Power and a Softband. And she did that while she was discussing options with him so really gave him that opportunity. He told her he really wants to converse with his grandchildren on the phone and communicate better while he and his wife are traveling. He did love the look of Osia system but the audiologist recommended Baha based on his audio, and he subjectively really liked listening through the demo. He is still a bit concerned about a surgical option that just might not work. So he saw his ENT who agreed with the audiologist that bone conduction might be the best way for him to go. He was sent home with brochures and also contact information for the local Cochlear volunteer. He was scheduled to return to the clinic in two weeks to make a decision. Okay, so let's go to another poll question here. And the first thing here is we are asking you to pick

just one. There might be many on this list that you would want to talk to Krish about at the next visit, but which would come first in your mind? So no right or wrong. If you only had a few minutes on the phone with him, after he considered his options, what would you wanna address with him? We're just trying to get you thinking about the next steps with him, that counseling process and what might be included with that. Okay, great, thank you for all the replies. So concerns about surgery and how bone conduction might help him reach his goals. Wonderful. So as we said, there's no right answer here and a lot of these probably will hopefully be touched on with him at some point down the road, but he has been leery about surgery since it hasn't been helpful in the past. And he really has those goals of focusing on that and maybe how this is gonna help him in those challenging situations. So wonderful, thank you. All right. Okay, so let's revisit Mia here. So here is her audiogram, just as we did with Krish, let's think about which candidacy criteria to look at first.

She appears to be, obviously, SSD. So that's the criteria we're gonna consider for her. In order to be a candidate for both Osia and Baha, remember that her air conduction thresholds in the good ear, so here, her left ear, should be 20 dB or better. So we look at a pure tone average of five, one, two and three to determine this. Here the shaded area shows you where the 20 dB line is. And if we do the math, which I won't make you do right now, her PTA is actually 8.75 dB. So she is a candidate under both the Osia and the Baha criteria. So Mia was seen at a large medical center for a bone conduction candidacy appointment. The audiologist performed a Baha 5 Superpower on a SoundArc for her hearing loss and she was wearing that throughout the visit. Her goals include hearing better at work when she's on the phone and hearing better in noisy situations. You can see they actually did some additional testing in the booth during the candidacy appointment, did some testing with the QuickSIN, and she really liked the sound of bone conduction and loved the look of the Osia system, but she wasn't sure her insurance would cover it and obviously, was concerned about the cost if they did not. So the clinic is planning to submit a request for insurance approval. But the

clinic did discuss both Osia and Baha with Mia. She's not sure she would proceed with Baha, but is definitely interested in Osia. She also received some brochures from her clinic and she's gonna jump on social media to learn a little bit more about bone conduction. So with Mia, as we did with Krish, what do you think would be the most important thing that Mia's clinic did to assist her in considering candidacy? Again, pick what you feel is most important. A lot of these might apply. But think of the one thing you think had the biggest impact on the clinic's ability to help Mia decide on her treatment options. Oh, see those poll answers coming in. It's a little bit. And I think actually our, I think our poll, hold on, I may have, okay, I skipped one slide ahead. Hold on one second. Okay, here we go. Sorry about that. I was looking at what was being selected. And I apologize, I went one slide ahead. So, which do you feel was the most important thing that Mia's clinic did to assist her in considering candidacy? So I'm definitely seeing demonstration provided by the clinic, wonderful. And again, they did a lot of great things with her that this is just something to think again as part of that counseling and what will come next. Wonderful. Perfect.

So what's really important here to note is that while some centers and clinics might be able to do all of these things, some may not and that is still okay. Krish's evaluation was just as valuable to help him and provide him some clarity about next steps. These are just different ways to do things, not necessarily right or wrong. The really important thing here is to consider your clinic protocol, what will you do for your patients and why? What is most important it is in the time of essence. Let's talk a little bit through this counseling process. So when we think about different patients, what their goals might be, whether it's a patient with draining ears, whether it's a patient that is young and active and working and wanting to do well at their job is on the phone a lot, social, out running and active, we wanna consider all of that. So counseling really should be goal oriented, what does that patient want to achieve, including basic information about bone conduction systems and how they are different from other treatment options and really evaluating the patient lifestyle and what options and accessories

might be most helpful for them. Alright, so I know you already put your answers in for this one. So I'll just pop it up on the screen one more time, just so we can recapture here. So candidates describe to us a lot of different barriers to receiving treatment for their hearing loss or to treat it with bone conduction. What do you think, is the most commonly reported? So the fear of the surgery. Cost, right, is reimbursement of insurance going to cover it? No one suggested the treatment. Yes, definitely, we do hear that too. It has not yet been presented as an option or depending on where they are in their journey, it may not have been brought up yet. Wonderful, so when we've surveyed candidates about what took so long to get to this solution. The top answer is usually that bone conduction was never recommended. Interestingly, when we survey professionals, they usually cite a fear of surgery as being the reason candidates don't move forward. So either way, we know there might be many barriers to receiving appropriate treatment and we need to be aware of them so we can just address it head on during that counseling session.

So the most important thing is to explain bone conduction and how it works. We might explain it as the way they hear their own voice or possibly why the dentist's drill seems so loud. Explaining their hearing loss and what portion the bone conduction solution will bypass. Also explaining that there's no need to have something on the ear with bone conduction or in the ear. This is quite different from hearing aids and might not be obvious to the patient. And it might be a really important point for those with draining ears or those who need very large ear molds. Think of those mastoid surgery patients that we've all seen. Also thinking about the gain for sensory neural hearing loss and not conductive, thinking about how we might explain this point to candidates. So for example, you might tell a candidate that the fluctuating portion of their hearing loss is conductive, and since bone conduction bypasses that, fewer adjustments will be needed or explain that the need for a power hearing aid is mostly because of the conductive component of their hearing loss. And since Baha or Osia bypasses that, a smaller device can be used. So whatever really makes the most sense and resonates

with that recipient. Now if we think about considerations for SSD, certainly does not require anything to be worn on the good ear, provides improved speech understanding in those noisier environments. Osia users are showing a significant improvement in their ability to understand speech in quiet and noisy studies or conditions. Again, we're seeing that improvement or that emphasis on the high frequency hearing. And studies showing that the Baha system can provide better speech and understanding and noise than the CROS system. Surgical counseling, so that was one that was called out. So one of the key reasons whether we think it or they think it is that they don't move forward because of a fear of surgery. We wanna help them understand address the concern head on, that it is a very safe and straightforward. In many cases, it is quicker and a lot less complex than many of the other ear surgeries that they've probably had. So ossiculoplasty, tympanoplasty. And recovery is quick, so we want to address this, especially if the patient is mentioning it during that counseling session. We talked a little bit about meeting the needs for their different lifestyles. So both the Baha and the Osia systems are compatible with a wide range of wireless options. So we have Made for iPhone direct streaming.

We have access to a Baha and an Osia smart app so they can control their device right in the palm of their hand. Then we also have the compatibility with the wireless accessories. So the Mini Microphone, the phone clip, the TV Streamer, there is also FM compatibility using that Mini Microphone device. So they have access to all of those wireless options. Really, the best way to think about the ordering process is thinking about the lifestyle of the patient. So really thinking about what does their daily life look like, do they use an iPhone or an Android? Will they be using a smart app or would they need a remote control? Which wireless accessory might be best for them? Will they need a Mini Microphone, maybe for meetings or those group settings or a TV streamer to hear the TV at home? We also have a power up program, which assists Medicaid recipients by providing a battery supply of up to seven years as one of their accessory choices. The patients would need to select a color for Baha. However, for

Osia, all the color covers are provided. So they can change it up as they go or as their hair color changes. And also there are several retention accessories both for Baha and Osia. Those are all complementary and can be ordered as needed. Again, we're really reviewing this candidacy and counseling piece today. Your Cochlear representative will be able to provide you a lot more detail on the color options, the accessory options and guide you through that process to help you find the best solution for your patients. So sometimes we understand visits are short, everybody's busy trying to be efficient and we just can't cover it all in one visit. Think about Krish. He was sent off with a set of brochures and a decision to make. So really connecting him to the Cochlear Concierge team could be a lifesaver for busy clinics, as many of you have, and can provide him with the support that he needs from experts. We like to say they have the questions and we have the answers. Candidates often want to chat with someone who has been through a similar experience, or they may think of questions after they leave your office. So our Concierge program is here to help with that and to help you and them.

The Concierge team can connect candidates with similar individuals who have received a bone conduction implant and they can help support them by answering questions, explaining the process and the company and inviting them to events in the area. The communication is totally on the patient's own terms. They can email, they can call, they can chat and just answer a question now and then, but they can take all the time needed to make sure that your patient, that candidate is prepared for surgery. So the Osia system really utilizes the human design to help more patients say yes to bone conduction. So when we think about why, why choose Cochlear for bone conduction? We are very committed to our recipients and we strive to provide the most options available, the most options possible with that portfolio to help treat your patients. The innovation continues and we really like to design our products to be backwards compatible whenever possible. So we've been delivering, we've been working with bone conduction solutions for almost 40 years and that portfolio, again, is

all inclusive from the Baha side to the Osia side to non-surgical options and a pathway for these patients as they go through their hearing journey. We also offer numerous benefits for your patients that might not always just the obvious and jump out prior to surgery. And it can be helpful though to discuss some of these, things like support for insurance coverage, whether it's that initial coverage that we're trying to get, whether it's repairs, whether it's upgrades, access to newer technology, personalized information that they can get by being part of cochlear family about their device, rehab resources. And the Here Always program which provides expedited sound processor repairs. So certainly, something that you would expect would be important to a recipient, as they don't want to be without sound when they don't need to be. So these are all things that patients really might not think of before they have device, but will really be critical points afterwards. So let's go back and revisit our two candidates here and see where they ended up in their journey.

So with Krish, after discussions with his clinician, and he did reach out to the Cochlear Concierge, he decided to move forward with a Baha Connect, using a Baha 5 Power device. He also then, for his accessory choice decided on the Mini Microphone to help him when traveling, when eating out. He also loved iPhone features that really helped him connect more with his grandchildren. And how about Mia? So Mia's request for insurance approval of the Osia was initially denied. After working with Cochlear's insurance support services, her clinic was able to get the denial overturned on appeal. So she was able to move forward with her Osia device. She loves using the direct to iPhone streaming at work, and she can hear much better in that fast paced office environment. So we'd like to just find with this final poll question, what subject would you be most interested in learning more about when it comes to bone conduction? We know we've covered an overview of candidacy and counseling and demoing today, what additional information are you interested in, that you think your Cochlear rep will be able to provide to you that will help you even better understand the portfolio of bone conduction solutions. So let's go ahead and take this poll. Sorry about that. Good, so

we have a good range, certainly device product information. We've teased you a little bit about the different product lines and the portfolio. Yes, research and clinical evidence, always something very important to us as well. We have that data with our Baha 5 devices. And certainly now since we've launched Osia, we have additional information, looking at outcomes in quiet and in noise and that's what we're very excited about is seeing that bump in the high frequency gain that they're able to have access to, which is really helping them in some of those more challenging environments. Programming and follow-up. And more about Osia, yes. So that doesn't surprise me. Like we said, it's something a bit newer. We're still learning and clinics are really starting to offer that as part of this option in the portfolio. Wonderful. Hey, thank you for that. Okay, so really we've talked about how counseling is a critical component to ensuring that your patients receive treatment.

There aren't right and wrongs in that process. Regardless of the solution, we feel that Baha and Osia are wonderful solutions and are all part of that portfolio for patients that can benefit from bone conduction. And that's really the main goal and the main priority is that these patients get some sort of treatment that's going to help them along their way and in their hearing journey, their day to day living. So no matter which solution it is, which solution is best for them, treating their hearing loss, connecting them with the world is the best possible outcome and one that we are very proud to support. So I thank you for your time today, I will look and see it looks like a couple questions before we wrap up are posted. And as I mentioned, some of this, we will definitely encourage you to reach out to your Cochlear representative to provide you with some additional documentation resources to support your questions. And if you are unsure who that is or the part of the world that you live in, you can certainly call our clinic services department at any time and they can let you know who that might be and get you connected back up. So let's see. So I do see one here about a demo with Osia. It's a wonderful question. And right now what the suggestion is, is that that Baha 5 Power so what we're using to demo Baha. And what we're using to demo Osia at this time are

similar. And it's really about getting them to understand what the bone conduction solution can offer. So you're not demonstrating specifically with an Osia processor device, but you're helping them understand how bone conduction sounds and looks different than maybe previous treatment that they've seen. And certainly, we didn't go into all the details of Osia today and the research and the outcome. But that would be additional information that would help support that journey and that experience as you're in the counseling session. I see that there's some other general comments here just regarding Osia and the color, I know there's a lot of excitement. This is a brief introduction to what it is and you didn't get to see all the fun details to it. So again, I will go ahead just so that information is consistent, I encourage you to reach out to your rep, they will be able to show you, go into a little bit more detail on the accessory options, the functionality of the app, as well as the color options for the processor, what all comes with that, so that you'll have better access to that and they can really focus more on the specifics of Osia for you. All right, and we'll go ahead and we'll capture those questions as well. So we can get those points addressed and get that information to you as a follow up and make sure that you're getting that information from Cochlear. So I thank you all very, very much for your time today in attending the webinar. I hope it was a good over for you, piqued some interest, especially in Osia as I'm seeing here, so much more, much more to come on that and you'll continue to see these seminars and webinars highlighting a lot of those features and providing too, some of that more data that we know everyone is interested as well. So thank you very much.