

HAAA-LA
AUGUST 22, 2015

>> PAT: GOOD MORNING, EVERYBODY. YOU HEAR ME?
FLIP THE LIGHTS.

GOOD MORNING, EVERYONE. LET YOU GET SETTLED. FIND YOUR PLACES. THERE WE GO.

IF YOU HAVE A T-COIL ON YOUR HEARING INSTRUMENT, SWITCH IT ON. THE ROOM IS LOOPED, AND THAT WILL ALLOW YOU TO HEAR MORE COMFORTABLE, HEAR ME DIRECTLY INTO YOUR EAR. OF COURSE WE HAVE CAPTIONING, THANKS TO OUR WONDERFUL CAPTIONIST, JANE.

WELCOME EVERYBODY. MY NAME IS PAT WIDMAN. AND ON BEHALF OF OUR PRESIDENT, LISA YUAN, I WOULD LIKE TO WELCOME YOU TO THIS MONTH'S HAAA CHAPTER MEETING. LISA IS IN WASHINGTON, D.C., THIS WEEKEND. SHE WAS ACCEPTED TO THE MENTORING PROGRAM AT GALLAUDET UNIVERSITY. WE ARE REALLY EXCITED FOR LISA, MISS HER NOT BEING HERE. WE ARE VERY EXCITED FOR HER. IT WILL BE A TWO-YEAR PROGRAM. IT WILL BE ON LINE FOR HER, EXCEPT FOR THIS FIRST WEEKEND SHE WENT FOR ORIENTATION.

AGAIN, WELCOME. WE HAVE A GREAT PROGRAM FOR YOU TODAY. WE HAVE SUZANNAH HAGAN FROM HOUSE HERE TO TALK TO YOU ABOUT COCHLEAR IMPLANTS AND OTHER TECHNOLOGY.

TO START OFF, I WANT TO DRAW YOUR ATTENTION TO, IF YOU HAVEN'T SEEN IT ON LINE OR HAVEN'T PICKED UP A COPY OF IT, OUR NEWSLETTER HIGHLIGHTS SOME OF THE THINGS GOING TO BE HAPPENING OVER THE NEXT MONTH OR SO. IF YOU DON'T HAVE ONE, ALICIA HAS MORE.

I WON'T GO OVER EVERYTHING, BUT I DO WANT TO MENTION THAT THE HAAA WEBINARS THAT YOU CAN FIND ON LINE, THIS MONTH'S TOPIC OR I GUESS IT'S – YEAH, IT'S – ACTUALLY IT WAS TWO DAYS AGO. NEVER MIND. [LAUGHTER].

HOWEVER, ONE OF THE THINGS I WANT TO POINT OUT, BECAUSE THEY DO THESE LIVE WEBINARS BACK-EAST TIME. THEY ARE ALL SAVED. YOU CAN GO ON LINE AND READ THE TRANSCRIPT OF THE WEBINAR SO YOU STILL HAVE AN OPPORTUNITY, WHILE YOU CAN'T ASK QUESTIONS AND HAVE A DIALOGUE, YOU CAN AVAIL YOURSELF OF THE INFORMATION. SO CHECK THAT OUT.

THERE ARE ALL SORTS OF TOPICS THAT THAT COVERS. THERE IS A LOT OF GREAT INFORMATION ON THE NATIONAL WEBSITE.

AND I DON'T KNOW IF THIS GOT TALKED ABOUT LAST MONTH, BUT ONE OF THE EXCITING THINGS WE HEARD ABOUT WHEN WE WERE AT THE CONVENTION IN ST. LOUIS, WAS THAT THE NATIONAL ORGANIZATION, IT HAS AN INITIATIVE THAT WILL BE COMING ALONG VERY SHORTLY THAT THEY ARE GOING TO HAVE A ONE-STOP SHOPPING, IF YOU WILL, ON THEIR WEBSITE, SO THAT YOU CAN GO AND

DISCLAIMER: This is NOT a certified or verbatim transcript, but rather represents only the context of the class or meeting, subject to the inherent limitations of realtime captioning. The primary focus of realtime captioning is general communication access and as such this document is not suitable, acceptable, nor is it intended for use in any type of legal proceeding.

FIND OUT ABOUT TECHNOLOGY, ANSWER YOUR QUESTIONS, COMPARE HEARING AIDS AND COCHLEAR IMPLANTS; THE GOAL IS TO PUT EVERYTHING THAT YOU COULD POSSIBLY NEED TO KNOW ABOUT HEARING LOSS AND LIVING WITH HEARING LOSS IN ONE SPOT SO YOU CAN AVAIL YOURSELF OF THE INFORMATION WITHOUT HAVING TO SEARCH ALL OVER THE WEB FOR DIFFERENT THINGS.

SO STAY TUNED FOR THAT. WE WILL HAVE MORE INFORMATION. NEXT MONTH OUR MEETING ON THE 26TH WILL BE IMPORTANT FOR A COUPLE DIFFERENT REASONS. #1, WE WILL BE STARTING OUR 12TH YEAR AS A CHAPTER – 11 YEARS AGO – [APPLAUSE]. WHEN WE STARTED THIS CHAPTER 11 YEARS AGO WE HAD NO IDEA WHAT IT MIGHT BE LIKE. WE WERE JUST SORT OF WINGING IT. SEVEN OF US KIND OF GOT TOGETHER AND SAID HOW CAN WE DO THIS? LET'S GIVE IT A SHOT. ONE THING WE DID WAS START A STEERING COMMITTEE BECAUSE WE WERE ALL A LITTLE BIT UNSURE ABOUT HOW TO TAKE THE ROLES OF LEADERSHIP WITHIN THE ORGANIZATION.

OUR ELECTIONS ARE COMING UP, THAT MONTH OF SEPTEMBER, AND WE REALLY HOPE THAT YOU WILL CONSIDER PARTICIPATING ON THE STEERING COMMITTEE OR IN SOME OTHER FUNCTION.

THE REASON WE HAVE BEEN SO SUCCESSFUL AS A CHAPTER, I AM CONVINCED IS BECAUSE EVERYBODY HELPS OUT TO GET THE JOB DONE. IT'S NOT JUST ALL ON A FEW PEOPLE'S SHOULDERS. EVERYBODY STEPS UP. AND WHETHER IT'S HELPING TO THROW A CHRISTMAS PARTY OR THE WALK4HEARING, WHATEVER IT IS, WE COME TOGETHER AND EVERYBODY HELPS OUT.

BUT COME SEPTEMBER, WE HAD A NINE-MEMBER STEERING COMMITTEE FOR THE LAST COUPLE YEARS. WE THOUGHT WE WOULD ADD A COUPLE PEOPLE AND SEE IF THAT HELPS SPREAD THE WORK LOAD. AND WE'VE BEEN TALKING THIS YEAR THAT WE THINK IT'S EASIER TO MANAGE WITH JUST SEVEN PEOPLE. SO ONE OF THE THINGS WE WILL BE DOING IN SEPTEMBER IS ASKING YOU TO VOTE ON A CHANGE OF THE BY LAWS TO TURN IT BACK INTO A SEVEN-MEMBER STEERING COMMITTEE.

THERE ARE THREE OF US THAT WILL BE CONTINUING OUR SECOND YEAR, ALICIA, KEN, OUR TREASURER, AND MYSELF, WILL BE NOT UP FOR REELECTION, WE WILL BE CONTINUING OUR SECOND YEAR OF TERM, BUT THAT LEAVES US AT LEAST FOUR SPOTS THAT WE ARE HOPING – WE'VE NEVER SPECIFICALLY RUN FOR A TITLE OR A JOB. WHAT WE'VE DONE IS ASK YOU TO SHOW YOUR WILLINGNESS TO SERVE ON THE STEERING COMMITTEE, AND THE STEERING COMMITTEE KIND OF COMES TOGETHER AND DECIDES WHAT JOBS AND THINGS WE NEED TO GET DONE.

SOME OF THE THINGS WE ARE TALKING ABOUT. OBVIOUSLY, WE HAVE A PRESIDENT AND VICE-PRESIDENT, SECRETARY AND TREASURER. THAT GOES WITHOUT SAYING, WE NEED THOSE FOUR PEOPLE. SO THE THREE MORE SLOTS, SOME OF THE THINGS WE

TALKED ABOUT IS WE WOULD CONTINUE WITH COMMUNICATION AND OUTREACH AND WAYS TO GET MORE PEOPLE TO KNOW ABOUT OUR ORGANIZATION AND TO GET MORE INVOLVED IN THE COMMUNITY AND THE COMMUNITY WITH US.

SO IF YOU ARE INTERESTED, NOMINATE YOURSELF OR SOMEBODY ELSE, AND IF YOU ARE NOT QUITE SURE YOU WANT TO DO IT AND HAVE SOME QUESTIONS, FEEL FREE TO ASK US TODAY OR ON LINE ABOUT WHAT IT ENTAILS.

AND IF SERVING ON THE STEERING COMMITTEE REALLY ISN'T YOUR THING, THINK ABOUT SIGNING UP – ONE OF THE REASONS WE WENT FROM NINE TO SEVEN IS WE THOUGHT WE COULD BE MORE EFFECTIVE IF WE HAD COMMITTEES. JUST LIKE THE ADVOCACY COMMITTEE THAT'S BEEN SO WONDERFULLY CHAIRED BY GEORGIA. AND IT'S A GREAT GROUP. THESE PEOPLE COME TOGETHER EVERY MONTH OR TWO AND HAVE BEEN TAKING ON A LOT OF PROJECTS.

TALKING ABOUT CONTINUING WITH THE ADVOCACY ON THE COMMITTEE. TALKING ABOUT HAVING A HOUSEKEEPING COMMITTEE. WE COME HERE, SET UP AND BREAK DOWN AND CLEAN AND MAKE SURE EVERYTHING IS BACK TO THE WAY IT WAS. WE NEED PEOPLE TO HELP US MAKE THE COFFEE AND TEND TO THE SUPPLIES AND JUST GENERAL HOUSEKEEPING THINGS. SO IF YOU WANT TO HELP AND NOT READY TO SERVE ON THE STEERING COMMITTEE, KEEP IN MIND ONE OF THE COMMITTEES.

UNLESS THERE ARE QUESTIONS SPECIFICALLY, I WILL TURN OVER THE FLOOR TO ALICIA AND LET HER INTRODUCE OUR SPEAKER. WE WILL GO TO ABOUT 11:00, TAKE A BREAK, HAVE A CHANCE TO EAT, DRINK AND SOCIALIZE, COME BACK IN 10 OR 15 MINUTES AND START BACK AGAIN SO WE CAN FINISH UP AT NOON.

ALICIA?

>> ALICIA: I JUST WANTED TO MENTION A COUPLE THINGS. CAN YOU HEAR ME OKAY? I HAVE A RASPY VOICE.

TWO THINGS I WANTED TO REMEMBER. ANYWAY, TWO THINGS. WE DIDN'T HAVE A SIGN-UP SHEET OUT SO I JUST KIND OF MADE UP ONE. WE WOULD REALLY LIKE TON WHO WAS AT THIS MEETING, YOUR NAME AND EMAIL, BECAUSE WE ARE TRYING – WE TRY ALL THE TIME TO COME UP WITH A MASTER LIST OF THE PEOPLE WHO COME TO THESE MEETINGS TO GET AN IDEA OF MEMBERSHIP, ET CETERA, PLUS TO REACH YOU.

SECOND THING, I WANTED TO ADD TO WHAT PAT SAID ABOUT RUNNING FOR THE STEERING COMMITTEE. THERE ARE ONLY TWO THINGS YOU NEED TO BE ABLE TO SIGN OFF ON, IF YOU WANT TO RUN. ONE IS BEING A MEMBER OF NATIONAL WHICH I BELIEVE IS \$35 A YEAR. YOU GET THE WONDERFUL MAGAZINE "HEARING LOSS" MAGAZINE. THEY HAVE A BUNCH OF OTHER SERVICES THAT THEY HELP WITH.

SO THAT'S ONE, THAT YOU BE A MEMBER. AND WE TAKE YOUR WORD FOR IT. WE ARE NOT GOING TO ASK YOU FOR ANYTHING.

DISCLAIMER: This is NOT a certified or verbatim transcript, but rather represents only the context of the class or meeting, subject to the inherent limitations of realtime captioning. The primary focus of realtime captioning is general communication access and as such this document is not suitable, acceptable, nor is it intended for use in any type of legal proceeding.

AND SECOND THING IS YOU BE AVAILABLE THROUGH EMAIL, BECAUSE SINCE WE DON'T GET TOGETHER IN PERSON, WE DO A LOT OF OUR BUSINESS ON EMAIL. SO YOU NEED TO BE THE KIND OF PERSON THAT CHECKS IN AT LEAST ONCE A DAY AND ANSWERS, YOU KNOW, WITHIN 21 OR 48 HOURS, OTHERWISE WE DON'T KNOW HOW PEOPLE FEEL ABOUT THINGS AND WANT TO GET BUSINESS DONE.

WE ARE SO PLEASED TO HAVE SUZANNAH HAGAN. COMPLETED HER STUDY AT OHIO STATE UNIVERSITY IN 2009. SHE HAS A CATE IN DOCTORATE IN AUDIOLOGY. CLINICAL TRAINING AT CLEVELAND CLINIC FOUNDATION IN CLEVELAND, OHIO. SHE JOINED THE HOUSE CLINIC ADULT COCHLEAR IMPLANT PROGRAM IN DECEMBER 29 14. SHE'S BOARD – CERTIFIED. AMERICAN SPEECH/LANGUAGE ASSOCIATION.

I GOT BOTH OF MY COCHLEAR IMPLANTS AT HOUSE, MANY OF US DID. AND THEIR COCHLEAR IMPLANT DEPARTMENT IS ONE OF THE BEST IN THE COUNTRY, AND WONDERFUL.

SO ANYWAY, WE ARE VERY PLEASED TO HAVE SUZANNAH.

SUZANNAH HAGAN: OKAY.

HI, EVERYONE. I'M SUZANNAH. SO I HAVE TO SAY I'VE DONE THIS AT A LOT OF DIFFERENT HLA A MEETINGS, AND THIS ONE HAS A LOT OF ATTENDANCE. AND I THINK AOS BECAUSE YOU GUYS HAVE THE BEST FOOD SPREAD I'VE EVER SEEN. AND YOU TAKE A BREAK HALF WAY THROUGH TO GET MORE FOOD. GOOD IDEA. I THINK THAT'S HELPING YOUR MEMBERSHIP.

SHOULD I STAND? YEAH. SEE ME BETTER.

I WANT TO MAKE THIS REALLY INFORMAL BECAUSE I DO NOT LOVE PRESENTING AND I DON'T LIKE STANDING UP HERE AND TALKING AT YOU. SO I THINK THE WAY I THINK THIS WORKS THE BEST AND EVERYONE GETS THE MOST OUT OF THE SESSION IS BY RAISING YOUR HAND WHEN YOU HAVE A QUESTION, AND SHOULD I WALK THE MICROPHONE –

>> PAT: I HAVE ONE. SUZANNAH PERFECT. BECAUSE I THINK WHEN OTHER PEOPLE ASK QUESTIONS AND SHARE ABOUT THEIR COCHLEAR IMPLANT EXPERIENCES IT MAKES THIS RICH FOR EVERYBODY. SO INTERRUPT AWAY.

I PREPARED – YES?

DANNY: YOU HAVE TO LOG IN TO THE WI-FI AGAIN.

SUZANNAH HAGAN: ON MY COMPUTER? OKAY. GOTCHA.

MAYBE – IT'S NOT UP THERE IS IT? I HAVE JUST LIKE A LITTLE TWO-MINUTE VIDEO AT THE BEGINNING SO EVERYONE CAN SEE HOW A COCHLEAR IMPLANT WORKS IN CASE WE ARE NOT ALL AWARE.

VIDEO IS LOADED. PERFECT.

SO I PREPARED SLIDES. WE CAN STEER AWAY FROM THIS OR FOLLOW ALONG AS WE GO. I PLAN TO MAKING SURE EVERYONE KNOWS KIND OF WHAT AN IMPLANT IS AND HOW IT WORKS, WHO

WOULD BE A GOOD CANDIDATE FOR AN IMPLANT AND KIND OF WHAT IT'S LIKE GOING THROUGH THE PROCESS. WHAT DO YOU EXPECT WHEN WE TURN THE IMPLANT ON, WHAT DO YOU EXPECT SIX MONTHS DOWN THE ROAD AND ONE YEAR DOWN THE ROAD.

I WANT TO TALK ABOUT THE COMPANIES THAT MAKE IMPLANTS, THERE ARE THREE CURRENTLY, THE FOURTH IS ON ITS WAY TO AMERICA. AND THEN QUESTIONS AND ANSWERS.

HERE IS THE VIDEO. THIS IS FROM THE MED-EL WEBSITE. THEY ARE ONE OF THE THREE MANUFACTURERS. I LIKE THIS VIDEO BECAUSE IT'S PRETTY ACCURATE. AND I DON'T KNOW IF THE SOUND – [VIDEO] (CAPTIONED)

>> I AM GOING TO STOP IT THERE BECAUSE GETTING INTO MARKETING.

ANY QUESTIONS ABOUT HOW THE IMPLANT WORKS? WHAT THE SYSTEM – YES?

>> MITZI: MY QUESTION IS DO YOU KNOW OF ANY INSTANCES WHERE THERE IS AN IMMUNE RESPONSE TO THE ELECTRODES BEING PLACED.

>> SUZANNAH IT'S MADE OUT AN EXTREMELY HYPOALLERGENIC MATERIAL. I'VE WORKED WITH PATIENT WHO IS HAD INTENSE REACTIONS TO OTHER MEDICAL PRODUCTS. SO THEY CAN DO AN ALLERGY TEST TO MAKE SURE YOUR BODY WON'T REJECT THE IMPLANT.

>> JOHN: YOU SAID IT'S AVAILABLE TO PEOPLE OF ALL AGES. INVARIABLY HERE ARE THE QUESTIONS THAT WILL COME UP. WHAT IS THE TYPICAL COST OF THE EQUIPMENT AND THE TYPICAL COST OF THE SURGERY, AND SECONDLY, WHAT ARE THE TRENDS AS FAR AS INSURANCE POLICIES COVERING EACH PART OF THE COST.

>> SUZANNAH: SO THE FDA, THE FOOD AND DRUG ADMINISTRATION, DICTATES A LOT OF WHO CAN GET AN IMPLANT AND WHO IT'S SAFE FOR. SO CURRENTLY, IMPLANTS IN THE UNITED STATES ARE APPROVED BY THE FDA FOR PEOPLE WHO ARE 12 MONTHS OLD AND OLDER. SHOULD BE NOTED THERE IS NO END AGE ON THAT. SO AGE IN AND OF ITSELF IS NOT A CONTRAINDICATION TO GETTING A COCHLEAR IMPLANT.

INSURANCE IS TYPICALLY TAKE WHAT THE FDA SAYS AND FOLLOW THAT CRITERIA, OR THEY MAKE IT STRICTER AND THEN THEY MAKE THEIR OWN CRITERIA FOR WHO CAN GET A COCHLEAR IMPLANT.

SO WHEN WE DO A CANDIDACY EVALUATION, SOMEBODY COMES IN. THEY ARE GETTING MINIMAL BENEFIT FROM THEIR HEARING AID AND THEY ARE CONSIDERING A COCHLEAR IMPLANT, WE DO SOME TESTING AND WE DO A LOT OF TALKING TO FIND OUT IF YOU ARE A GOOD CANDIDATE. AND THE FDA RIGHT NOW SAYS THAT IF WE ADMINISTER A TEST WHERE A SENTENCE IS READ TO YOU AND YOU HAVE TO REPEAT WHAT IS BEING SAID WITH YOUR HEARING AIDS ON IN

THAT HORRIBLE SOUND BOOTH WE PUT YOU IN, THEN THOSE – SOLITARY CONFINEMENT. ON THAT TEST RIGHT NOW, THE FDA SAYS YOU HAVE TO SCORE, FOR ADULTS LESS THAN 50% REPEATING THOSE WORDS FROM THE SENTENCE WITH THE HEARING AID AND THE HEARING IMPLANT AND LESS THAN 60% IN THE OTHER EAR. A LOT OF INSURANCES FOLLOW THAT CRITERIA.

MEDICARE, MAKES ITS OWN CRITERIA AND IT'S MORE STRICT. SO MEDICARE SAYS THAT IN BOTH EARS YOU MUST HAVE LESS THAN 40% ON SENTENCE RECOGNITION TESTS IN ORDER TO PAY, AND PRETTY TYPICALLY MEDICARE WILL ONLY PAY FOR ONE COCHLEAR IMPLANT. WITH PRIVATE INSURANCES WE ARE MORE INCLINED TO GET PEOPLE COVERAGE FOR BILATERAL IMPLANTS.

SO THAT'S – THOSE ARE KIND OF THE THEMES THAT WE SEE. THERE ARE LOTS OF PEOPLE THAT COULD BENEFIT FROM THIS TECHNOLOGY WHO DON'T MEET THEIR INSURANCE CRITERIA OR EVEN MAYBE THEY DON'T MEET FDA CRITERIA. MAYBE THEY HAVE 10% SPEECH UNDERSTANDING IN ONE EAR AND THE OTHER EAR IS AT 65%. I AM WORKING WITH PATIENTS SPECIFICALLY WHO HAVE HAS THAT SITUATION. SHE DECIDED SHE WANTED TO PAY CASH FOR HER IMPLANT. SHE DIDN'T WANT TO WAIT FOR THE OTHER EAR TO GET UNDER THAT 50 OR 60% LINE.

>> MITZI: STOP ANSWERING THE QUESTION, JUST GO –

>> SUZANNAH: ETHICALLY I CAN'T SAY THAT. I KNOW IT HAPPENS. HAPPENS IN OUR CLINIC. WE JUST HAVE TO...

>> BRUCE: I COULD SHARE SOMETHING ABOUT THIS.

>> MALIK: I WANTED TO ASK YOU ABOUT THE ELECTRODES, BECAUSE I HAD THE IMPRESSION THAT DIFFERENT COMPANIES AS PART OF THEIR – WHAT MAKES THEM UNIQUE IS HOW MANY ELECTRODES THEY HAVE. THAT LOOKS LIKE IT'S A SINGLE ELECTRODE. I'VE HEARD OF 23, 24 –

>> SUZANNAH: I WILL SAY ONE MORE THING TO ANSWER YOU QUESTION. THEN GO INTO ELECTRODES.

I WANT TO TELL YOU EVERY CLINIC IS DIFFERENT. IN FLORIDA WHERE I WORK, CASH-PAYING PATIENTS WERE PAYING 90 TO \$100,000. THAT COVERED, SURGERY, EQUIPMENT FOR A YEAR. AT HOME \$55,000 - 60,000. THAT COVERS SURGERY, AND THE IMPLANT, AFTER CARE –

MAYBE I HAVE A BETTER PICTURE SO WE CAN TALK ABOUT ELECTRODES.

SO THE IMPLANT HAS LIKE THAT BIGGER PORTION THAT SITS UP BEHIND THE EAR, AND THAT'S WHERE THE MAGNET IS LOCATED. SO RIGHT HERE (INDICATING). THIS PORTION HERE IS CALLED THE ELECTRODE ARRAY. SO THAT PIECE THERE HAS MANY INDIVIDUAL ELECTRODES ON IT. DIFFERENT COMPANIES HAVE A DIFFERENT NUMBER OF ELECTRODES ON IT. THEY HAVE A DIFFERENT THICKNESS, A DIFFERENT STIFFNESS. SO DEPENDING ON YOUR HEARING LOSS,

AND HOW MUCH NATURAL HEARING YOU STILL HAVE REMAINING IN THE COCHLEA, THE TEAM OF PROFESSIONALS DECIDE WITH THE PATIENT WHICH ELECTRODE IS BEST FOR THEM.

WHILE ONE COMPANY, COCHLEAR, HAS THE MOST NUMBER OF ELECTRODES, THEY HAVE 22 INSIDE OF THE COCHLEA. YOU CAN'T REALLY SEE THEM. THIS PICTURE IS KIND OF FUZZY, BUT YOU CAN SEE THE INDIVIDUAL ELECTRODE CONTACTS GO ALONG RIGHT THROUGH THE TURNS OF THE COCHLEA.

COCHLEAR HAS 22 ON THAT PIECE. PASSED AROUND RIGHT NOW IS A COCHLEAR BRAND.

MORE ELECTRODES DOESN'T RESPOND TO BETTER HEARING, TO BETTER ANYTHING. THERE IS NO PEER REVIEW SCIENTIFIC ARTICLE PUBLISHED THAT SHOWS THAT PEOPLE WITH ONE MANUFACTURER PERFORM BETTER THAN WITH ANOTHER MANUFACTURER.

ULTIMATELY WHAT DECIDES IF YOU ARE A GOOD CANDIDATE, IF YOU ARE GOING TO HAVE A GOOD OUT COME, THE MAJORITY OF THAT IS RIGHT WHAT'S INSIDE OF YOU. WHAT'S THE HEALTH OF YOUR HEARING – ARE YOU MOTIVATED? WILL YOU DO YOUR HEARING EXERCISES? THOSE ARE WHAT DECIDES HOW YOU WILL PERFORM, NOT HOW MANY ELECTRODES YOU HAVE IN THERE.

>> BRUCE: THIS IS A DIFFERENT TOPIC. I WANTED TO SHARE REGARDING GETTING INSURANCE TO PAY.

TOM'S EXPERIENCE, BECAUSE TOM HAS KAISER PERMANENTE. THEY AT FIRST DIDN'T WANT TO CONSIDER HIM AS A GOOD CANDIDATE FOR COCHLEAR IMPLANT. HE PAID OUT OF POCKET TO GO TO THE HOUSE CLINIC AND SEEN BY A WONDERFUL DOCTOR THERE WHOSE NAME I FORGET. WE ASKED HIM TO WRITE A LETTER TO KAISER, REALLY INSISTING THAT TOM IS A GOOD CANDIDATE. AND FOLLOWING THAT LETTER KAISER AGREED TO PAY FOR THE IMPLANT SURGERY. AND ACTUALLY, KAISER HAS – THE DOCTOR FROM HOUSE RECOMMENDED DR. DOTERRO (PHONETIC) FROM KAISER, ONE OF THE BEST COCHLEAR IMPLANT SURGEONS. SURGERY AFTER THAT WAS EXEMPLARY. JUST TOOK THAT LITTLE PUSH TO GET THE INSURANCE TO AGREE.

>> SUZANNAH: OFTENTIMES THERE IS THE CENTER FOR AUTHORIZATION. DOESN'T STOP THERE. WE CAN APPEAL AND TRY TO GET THE INSURANCE TO COVER IT.

>> GRACE: I HAVE TWO COCHLEAR IMPLANTS. THEY GAVE ME MY SECOND ONE AS A SPARE BECAUSE YOU NEED ONE AND A SPARE. SO THEY MAPPED THE SPARE ONE FOR THE OTHER EAR. THAT'S HOW I GOT TWO.

ANOTHER THING. COCHLEAR IMPLANTS ARE COVERED, HEARING AIDS ARE NOT, SO I PRAY TO GET DEAF ENOUGH TO COCHLEAR IMPLANT.

WHEN THEY GIVE YOU THE SENTENCES, THEY GIVE YOU LOTS OF TIME. DON'T SIT AND TRY TO FIGURE IT OUT. IF YOU ARE SMART WITH

PUZZLES, YOU CAN FIGURE IT OUT. I FINALLY GOT DEAF ENOUGH WHERE I SIMPLY SAID IMMEDIATELY WHAT I HEARD, WHICH WAS NOT MUCH.

SPEAK IMMEDIATELY WHAT YOU ARE HEARING, AND THEN YOU WILL BE DEAF ENOUGH.

>> TELLING YOU TO CHEAT.

>> PAT: I WILL LET JOHN HAVE ANOTHER TURN AT THE MIC.

>> JOHN: REGARDING KAISER -- AND THIS IS A TRICKY QUESTION -- WHAT DO YOU SUPPOSE, ONCE THIS GOT APPROVED FINALLY, WHAT DO YOU SUPPOSE IS THE OUT-OF-POCKET COST?

>> TOM: I DON'T KNOW.

>> BRUCE: IT WASN'T MUCH. I DON'T RECALL IT BEING ANYTHING EXTRAORDINARY. ONCE IT WAS APPROVED, SEEMED --

>> JOHN: SUZANNAH SAID ANYWHERE FROM ABOUT \$60,000 IN CASH. NOW HOW MUCH WILL THE INSURANCE KICK IN? IF YOU ARE COVERED BY A MANAGED PLAN.

THE THIRD QUESTION, PRESUMABLY WOULD GIVE MORE BENEFITS THAN OTHERS.

>> PAT: I CAN ANSWER FOR MYSELF FROM KAISER. WHEN I WAS IMPLANTED 10 YEARS AGO, MY OUT OF POCKET WAS \$300. IT WAS MINIMAL. THAT WAS FOR THE HOSPITAL, WHICH IS AN OUTPATIENT THING, ACTUALLY FOR THE IMPLANT. FOR THE FIRST YEAR I WAS COVERED I THINK \$5 COPAYMENT. WHEN I HAVE TO BUY BATTERIES OR SOME OTHER EQUIPMENT, IT'S CONSIDERED DURABLE MEDICAL EQUIPMENT, SO I PAY 20%, AND INSURANCE, MEDICARE FOR ME PAYS THE BALANCE.

>> ALICIA: I WAS GOING TO ANSWER FOR THIS LADY BUT SHE'S HERE. I AM GOING TO HOLD OFF.

>> MICHELLE: I AM MICHELLE AND JUST MET ALICIA. MY SON WAS BORN WITH A MEDICAL ANOMALY. FROM THE MEDS HE HAS TAKEN WE BELIEVE THAT'S WHAT CAUSED A LOT OF THESE KIDS TO HAVE HEARING LOSS. NO CONFIRMATION OF THAT, BUT THAT'S THE ONLY THING. WE WENT FROM MEDICAL TO AUDIOLOGICAL. HE'S PROFOUND AND (INAUDIBLE) BILATERALLY. IF YOU HAD KIDS THAT HAVE HAD (INAUDIBLE) I GUESS I WONDER. I'VE BEEN -- THERE WAS A CONCERN ABOUT HAVING THE METAL CLOSE TO THE BRAIN, CAUSE MORE FRUSTRATION, ANXIETY; HAVING THAT TYPE OF ELECTRICAL TYPE OF A THING. IT'S JUST YOU JUST DON'T KNOW WITH AUTISM. HE'S HIGH FUNCTIONING. EVERYBODY IS AMAZED -- SO SPECIALISTS ARE ACTUALLY OUT OF CHILDREN'S HOSPITAL L.A., SO HEARING THINGS WE HEARD YEARS AGO.

MY FEAR IS WHATEVER LITTLE HEARING HE HAS, WOULD IT FREAK HIM OUT?

THESE ARE THINGS THAT PROBABLY NOT A LOT OF THE FAMILIES HERE DEAL WITH, BUT SOMETHING FOR ME. YOU MAY HAVE THAT

INSIGHT. MAYBE TRY TO GET A CONSULT OR SOMETHING DOWN THE ROAD. IT'S A LOT, I'M SORRY.

>> PAT: WHAT YOU ANSWER THEN –

>> SUZANNAH: THE FACT HE'S WEARING HEARING AIDS SUCCESSFULLY NOW IS A GOOD INDICATION WE WOULD BE OKAY WITH AN IMPLANT.

I'VE WORKED WITH CHILDREN WHO GOT COCHLEAR IMPLANTS,. SEVERAL HAVE COGNITIVE, AUTISM, THINGS LIKE THAT.

THIS IS COMPLETELY ANECDOTAL. I FOUND INITIALLY THERE IS SOME BEHAVIORAL-TYPE THING. BUT PRETTY QUICKLY, CHILDREN WAKE UP AND THEY WANT TO WEAR THEIR IMPLANT; GIVES THEM THE ABILITY TO COMMUNICATE WITH MOM AND HEAR SIBLINGS AND FRIENDS AND THINGS LIKE THAT.

WHEN YOU WERE COMING IN, WE WERE BRIEFLY TALKING ABOUT THE FDA AND THE RULES.

THEY HAVE SOMETHING CALLED THE HYBRID IMPLANT. IT'S NOT FOR SOMEBODY WHO HAS SEVERE-TO-PROFOUND AT ALL FREQUENCIES. IT'S FOR PEOPLE WITH HIGH-FREQUENCY HEARING LOSS.

SO THE COCHLEA, LIKE A PIANO, WHEN YOU HEAR A HIGH-PITCHED SOUND, THIS PORTION GETS STIMULATED. WHEN YOU HEAR A LOW-PITCH SOUND IT'S DEEPER. THE HYBRID DOESN'T GO THROUGH THE ENTIRE PORTION OF THE COCHLEA.

WHEN THE IMPLANT IS PLACED, TYPICALLY IT WIPES OUT THE REMAINING HEARING CELLS INSIDE OF THE COCHLEA. IF THESE ARE HEALTHY HERE, WE DON'T WANT TO PUT ANYTHING IN THAT PORTION. SO A HYBRID IMPLANT IS VERY SHORT AND FLOPPY AND ATRAUMATIC TO THE COCHLEA; JUST IN THIS PORTION WHERE THE HIGH-PITCHED HEARING IS. IT'S NOT FDA APPROVED FOR CHILDREN, BUT THERE ARE WAYS TO DO THINGS -- IT'S CALLED OFF-LABEL USE. I WORKED WITH A PEDIATRIC PATIENT. HE HAD HIGH-FREQUENCY HEARING LOSS FROM OTOTOXIC MEDICATION. THERE ARE MANY REASONS WE WOULD CONSIDER A HYBRID IN SOMEBODY THAT DOESN'T MEET THAT FDA INDICATION.

>> PAT: SOMEONE OVER HERE.

>> DIANE: I HAVE TWO. IF YOU WANT TO WAIT ON THIS FOR LATER, THAT'S FINE.

I WANT TO GO BACK TO KAISER FOR A SECOND. I THINK YOUR COST AT KAISER DEPENDS ON THE TYPE OF PLAN YOU HAVE. I HAVE SENIOR ADVANTAGE PLAN, MEDICARE AND MEDI-CAL, AND I HAVE BILATERAL IMPLANTS DONE THERE AND I DIDN'T HAVE TO PAY A PENNY FOR ANY OF THE PROCESS.

INTERESTING THING WAS WHEN I GOT MY FIRST IMPLANT THEY WERE ONLY DOING ONE IMPLANT PER PERSON. AND BECAUSE I HAVE A GENETIC DISORDER THAT ALSO CAUSES VISION LOSS, I WAS CONCERNED ABOUT JUST HAVING THE ONE IMPLANT, AND I WAS READY

TO FIGHT WITH THEM, GO TO AN APPEAL ON THAT. BUT ABOUT TWO YEARS AFTER I GOT MY FIRST IMPLANT, I WENT IN FOR AN ANNUAL MAPPING, AND THE AUDIOLOGIST SAID "WE JUST GOT APPROVED TO DO BILATERALS, WHEN DO YOU WANT TO HAVE YOURS DONE?" I HAD IT DONE A FEW MONTHS LATER.

I DO HAVE A QUESTION ABOUT THE COCHLEAR FREEDOM AND WHAT'S CONSIDERED DURABLE MEDICAL GOODS. PAT AND I HAVE THIS ONGOING DISCUSSION. I USE THE AUDIO CABLE DAILY, AND THEY ARE NOT COVERED BY INSURANCE. AND MY UNDERSTANDING IS THAT COCHLEAR IS NOT GOING TO BE PHASING FREEDOM OUT ANYTIME SOON. KAISER'S NOT GOING TO BE PHASING OUT ANYTIME SOON. I CAN'T AFFORD TO REPLACE THESE CABLES ANNUALLY. ANY CONVERSATION ABOUT ADDING THOSE TO DURABLE MEDICAL GOODS?

>> SUZANNAH: UNFORTUNATELY NO. I DON'T THINK THAT'S GOING TO HAPPEN. ALL SORTS OF ACCESSORIES ARE COMING OUT. TYPICALLY GET FOR FREE WITH YOUR INITIAL KIT WHEN YOU HAVE SURGERY. EVERY FIVE YEARS WHEN YOU GET AN UPGRADE, WITH TRADITIONAL INSURANCE.

MY (INAUDIBLE) – COCHLEAR JUST ANNOUNCED THAT IN 2019 FREEDOM PROCESSOR WILL BE OBSOLETE. IF YOUR PROCESSOR BREAKS, YOU CAN'T SEND THEM BACK TO HAVE THEM REPAIRED. THEREFORE, KAISER WILL LET FREEDOM UPGRADE IMPLANTS IN 2019.

I WILL SHOW YOU THE NUCLEUS 6, THE CURRENT COCHLEAR BRAND PROCESSOR. THEY HAVE WIRELESS CONNECTIVITY, AUTOMATIC PROGRAMS; SOME THINGS THAT WOULD REALLY BENEFIT MOST PATIENTS, AND IT'S JUST ONE OF THOSE THINGS WHERE INSURANCE SAYS "NO," WE HAVE NOTHING TO DO.

I KNOW A FEW – I DON'T KNOW WHAT IT'S CALLED OFF THE TOP OF MY HEAD, BUT I HAVE BROCHURES ABOUT AN ORGANIZATION WHO HELPS PEOPLE GET EQUIPMENT WHO MIGHT NOT BE ABLE TO AFFORD IT.

SO THIS IS A PERSON – I SHOULD HAVE BROUGHT THE INFORMATION, BECAUSE IF ANY OF YOU ALL HAVE EQUIPMENT YOU DON'T USE, IT WOULD BE A WONDERFUL GROUP TO DONATE TO. WE HAVE A LOANER PROGRAM AT HOUSE CLINIC TOO. AND IF ONE OF OUR PATIENTS COMES IN AND THEIR PROCESSOR IS BROKEN AND INSURANCE WON'T PAY, THEN WE CAN LOAN THAT TYPE OF EQUIPMENT. TYPICALLY THOSE CABLES -- AND THEY ARE REALLY EXPENSIVE, I KNOW.

>> DIANE: THERE IS ALSO A FACEBOOK PAGE CALLED "COCHLEAR PARTS SWAP" WHERE PEOPLE CAN GO AND SAY I NEED THIS OR I HAVE THIS.

>> SUZANNAH: THAT'S COOL. GREAT.

>> ALAN: PEDIATRIC HIGH-FREQUENCY LOSS, EXAMPLE YOU GAVE, WAS THAT JUST TO IMPROVE THAT FREQUENCY LOSS?

>> SUZANNAH: THE PATIENT I AM SPEAKING ABOUT HAD NORMAL LOW-FREQUENCY HEARING. I DON'T KNOW HOW FAMILIAR YOU ARE WITH THAT AUDIOGRAM CHART. WE SAY HE HAS A "PRECIPITOUSLY LOW SLOPE" IMPORTANT SOUNDS TO UNDERSTAND SPEECH. CLARITY, CRISPNESS OF SPEECH COMES FROM HIGH-FREQUENCY SOUND. WHEN YOU CAN HEAR SOMEONE TALKING BUT CAN'T UNDERSTAND THEM BECAUSE YOU CAN HEAR THE LOW-PITCH SOUND BUT CANNOT HEAR THE HIGH-PITCH SOUNDS THAT GIVE YOU CLARITY. SO YES. HIS NATURAL HEARING WAS UNTOUCHED IN THE LOW PITCHES AND SO HE COULD HEAR NATURAL SOUNDS THROUGH THE OPENING OF HIS EAR CANAL. LOW PITCHES AND THAT HYBRID IMPLANT JUST SIMULATED THE HIGH-FREQUENCY PORTION OF THE COCHLEA.

>> ALAN: KIND OF CONFLICTS WITH WHAT I'VE ALWAYS HEARD. ANY TIME YOU GO TO HAVE A COCHLEAR IMPLANT SURGERY, TAKES OUT ALL OF THE NATURAL HEARING, SO APPARENTLY I'VE HEARD WRONG OR –

>> SUZANNAH: THAT HAS TYPICALLY BEEN THE CASE, AND UNTIL ABOUT FIVE YEARS AGO, PATIENTS WOULD BE COUNSELED THAT YOU WILL LOSE ALL HEARING IN THE EAR WE PUT THE IMPLANT IN FROM THE INSERTION FORCE AND THE TRAUMA OF OPENING UP THE COCHLEA.

MANUFACTURERS HAVE DEVELOPED ATRAUMATIC ELECTRODE, KIND OF FLOPPY, CAN BE PLACED INTO THE COCHLEA AND NOT TRAUMATIZE THE DELICATE STRUCTURES. IN MANY PATIENTS WHO HAVE MODERATE-TO-SEVERE HEARING LOSS, WE STILL COUNSEL YOU THAT YOU CAN LOSE ALL THAT HEARING IN THAT EAR. IN PATIENTS WE USE AN ELECTRODE ARRAY THAT IS SOFT AND ATRAUMATIC. STILL COUNSEL THEM "YOU MAY LOSE HEARING IN THAT EAR." WE WILL STILL USE THAT ACOUSTIC SOUND QUALITY TO YOUR BENEFIT.

REASONS HAVING SOME NATURAL ACOUSTIC IN YOUR EAR CAN IMPROVE OUTCOME.

A LOT OF THINGS, FACTORS IN TERMS OF WHO WILL LOSE THEIR HEARING AND WHO DOES NOT. ONE OF THE BIGGEST IS WHO IS PUTTING THAT ELECTRODE INTO YOUR COCHLEA. DO THEY KNOW WHAT THEY ARE DOING? HOW GENTLE ARE THEY? ANOTHER IS WHAT IS THE HEALTH OF YOUR COCHLEA? A COCHLEA THAT IS VERY DAMAGED IS LIKELY TO LOSE THAT HEARING. OLDER PATIENTS ARE MORE LIKELY TO LOSE THE RESIDUAL HEARING IN YOUR EAR EVEN WITH THE ATRAUMATIC ELECTRODE.

>> ALEX: QUESTION ABOUT HYBRID CRITERIA.

>> MALIK: YOU HAVE OTHER THINGS YOU WANT TO TELL US?

>> SUZANNAH: THIS IS FINE. WE HAVE SLIDES WE CAN LOOK AT OR NOT LOOK AT THEM. I WANT THIS TO BE INFORMATIVE FOR YOU AS WELL.

HERE'S AN AUDIOGRAM, A HYBRID CANDIDATE. LET ME EXPLAIN QUICKLY FOR THOSE WHO DON'T KNOW THE AUDIOGRAM.

IF YOU LOOK ACROSS THE TOP, TALKING ABOUT – SITTING IN A SOUND BOOTH, YOU HEAR A BEEP, YOU RAISE YOUR HAND. THIS IS WHERE WE PLOT YOUR EXPERIENCES. WE PLAY LOW PITCHES ALL THE WAY TO MID AND THEN HIGH-PITCHED SOUND AND TEST HOW WELL YOU HEAR AT EACH PITCH.

ON THIS AXIS IS HOW LOUD WE HAVE TO MAKE THAT BEEP FOR YOU TO HEAR IT. NORMAL HEARING IS WHEN YOUR THRESHOLD ARE ABOVE THE 20 dB LINE.

20 YEARS AGO BOTH EARS HAD TO BE WAY AT THE BOTTOM OF THE AUDIOGRAM TO BE A CANDIDATE.

HYBRID HAVE REALLY GOOD HIGH-PITCHED. VERY SPECIFIC POPULATION GETS THE HYBRID IMPLANT.

ROUTINELY I SEE PATIENTS WHO SAY THEY SAW HYBRID IN AARP MAGAZINE.

IF YOU ARE HAVING A HARD TIME WITH YOUR HEARING AID, YOU COME IN FOR A COCHLEAR IMPLANT EVALUATION. AND BASED ON THE EVALUATION THAT DAY, THE MEDICAL TEAM DECIDES WHICH IMPLANT WE PUT IN YOUR EAR. MOST PEOPLE COME IN AND SAY I LIKE THAT HYBRID. MAY NOT BE THAT YOUR AUDIOGRAM FITS IN THAT SHADED AREA. OR YOU MAY BE MUCH OLDER AND WE DON'T THINK IT'S A GOOD IDEA TO PUT THAT HYBRID IN.

BECAUSE, REMEMBER, YOU PUT THIS ELECTRODE IN ONLY EXTENDS THROUGH THE HIGH FREQUENCY PORTION OF THE HEARING, AND THEN THE ENTIRE REMAINING PORTION OF THOSE HEARING CELLS IN THE COCHLEA GO AWAY FROM THE SURGICAL INSERTION, THAT PERSON THEN WILL ONLY BE ABLE TO HEAR HI PITCHED SOUND. AND IN THE RESEARCH, CLINICAL TRIAL FOR THIS, THAT HAPPENED TO MANY PATIENTS. SO WE HAVE TO PICK A HYBRID CANDIDATE VERY, VERY SPECIFICALLY AND CAREFULLY. AND CONSIDER AGE, HEALTH OF THE COCHLEA.

>> DANNY: WILL INSURANCE COVER THE HYBRID AS WELL AS THE NORMAL ONE?

>> SUZANNAH: YEAH.

>> DANNY: SOUNDS PERFECT FOR MY WIFE KAT.

>> SUZANNAH: TYPICALLY YES, THERE ARE A FEW INSURANCES THAT AREN'T THERE YET. IT'S FDA APPROVED AND TYPICALLY WE CAN.

>> ALICIA: ANOTHER FACTOR THAT MIGHT PUT YOU IN BEING A COCHLEAR CANDIDATE IS RECRUITMENT. I SUFFERED WITH HEARING AIDS. COULD BARELY KEEP THEM ON, MY SENSITIVITY TO LIFE SOUNDS GREW EXPONENTIALLY. DR. HOUSE SAID EVEN IF I WAS HIGH ARE ON MY RESULTS KNEW THEY WEREN'T WORKING. IF YOU HAVE THAT PROBLEM, PLEASE MENTION IT. IT WILL MAKE YOU A CANDIDATE.

>> KAT: THIS QUESTION IS BOTH FOR THE HYBRID AND THEN JUST REGULAR UNILATERAL COCHLEAR IMPLANT. WEAR A HEARING AID ON ONE SIDE, HOW DO PEOPLE DO WITH THE COMBINATION OF ACOUSTIC AND ELECTRONIC SOUND.

>> SUZANNAH: THAT'S A GOOD QUESTION, AND IT'S A REALLY HOT TOPIC IN AUDIOLOGY NOW.

THERE IS A PLETHORA OF RESEARCH THAT SHOW THAT PEOPLE WHO HAVE ELECTRIC HEARING ON ONE SIDE FROM AN IMPLANT, THEY DO WELL, THEY CAN DO WELL. IF THAT PERSON THEN IS FIT WITH A HEARING AID ON THE OTHER SIDE, EVEN IF THEIR EAR HAS NO HI PITCH HEARING WHATSOEVER AND EVEN IF THAT HEARING AID ALONE, NO IMPLANT ON, YOU CAN'T UNDERSTAND A SINGLE THING A PERSON IS SAYING, FITTING THAT EAR WITH AN ACOUSTIC HEARING AID WILL IMPROVE SEVERAL THINGS. ONE, AND THE BIGGEST IS SOUND QUALITY. A LOT OF PATIENTS, ESPECIALLY AT THE BEGINNING, I AM SURE PEOPLE HERE WITH IMPLANTS CAN AGREE, THAT THE SOUND QUALITY IS NOT NATURAL. DOESN'T SOUND VERY GOOD AT FIRST ALMOST A 100% OF THE TIME. HAVING AN ACOUSTIC INPUT ON THE OTHER SIDE RICHENS THE SOUND. YOU HAVE TWO EARS BUT REALLY YOU JUST HEAR IN ONE SPOT IN YOUR BRAIN. SO THE TWO EARS ARE BLENDED TOGETHER. MIGHT NOT HAPPEN THE FIRST DAY, BUT MAY IN THE FIRST COUPLE WEEKS, THE SOUND IS MUCH BETTER. ESPECIALLY WHEN YOU TALK ABOUT LISTEN TO GO MUSIC AND UNDERSTANDING SPEECH IN NOISE. SO HEARING AID, COCHLEAR IMPLANT ON ONE SIDE, HEARING AID ON THE OTHER. ELECTRIC-ACOUSTIC MAKES THINGS BETTER.

THE HYBRID IMPLANT IF ALL GOES AS PLANNED, THE STIMULATE THE HIGH FREQUENCY PORTION OF THE COCHLEA. BUT WHAT IF YOU HAVE HEARING LOSS IN THE LOW PITCH PORTION OF THE COCHLEA. YOU HAVE SOME – MAYBE YOU ARE HERE. NOT REALLY AT THE NORMAL LINE IN THE LOW PITCHES. WE CAN MAKE THE IMPLANT ON THE SAME EAR A HEARING AID AND A COCHLEAR IMPLANT. AND I WILL SHOW YOU A PICTURE. IT'S SO COOL.

SO THIS IS A COCHLEAR IMPLANT WITH THE EAR HOOK REMOVED AND AN ACOUSTIC HEARING AID RECEIVER. YOU ALL PROBABLY HAVE THESE ON YOUR EAR RIGHT NOW. THIS IS A PHONAK RECEIVER. IT IS AN ACOUSTIC SPEAKER. THE MICROPHONES PICK UP THE SOUND. THE HI PITCHED SOUND ARE SENT INTO THE COCHLEA THROUGH THE ELECTRODE, LOW PITCH AMPLIFIED THROUGH THE SPEAKER AND HEARD THROUGH THE NORMAL HEARING MECHANISM IN THE MIDDLE EAR. I HAVE FIT FOUR PATIENTS WITH THIS DEVICE AND IT'S THE COOLEST THING IN THE WORLD. THIS IS ALL ON ONE EAR. SO THE BENEFIT OF HAVING THE ELECTRIC AND ACOUSTIC WORKING TOGETHER IS GREAT. BUT WHEN YOU HAVE THAT ON ONE EAR THINGS GET EXCEPTIONALLY BETTER.

I ACTUALLY FIT ONE YESTERDAY. SO EXCITED ABOUT IT. HE EXPLAINED HOW MUSIC WENT FROM BEING CHOPPY AND – MECHANICAL, I THINK, TO VIBRANT, BRIGHT, BRILLIANT AND SHARP. AND IT WAS JUST ATTACHING AN ACOUSTIC SPEAKER.

ANOTHER PATIENT I WORKED WITH. WE DIDN'T KNOW HE HAD GOOD LOW FREQUENCY HEARING. HE WAS IMPLANTED FIVE YEARS AGO, AND TOLD LIKE PEOPLE TOLD YOU, WE PUT THE IMPLANT IN, YOUR HEARING IS GOING AWAY. I THINK HE HAS HEARING IN THAT EAR. I DID TESTING. HE HAD LOW FREQUENCY HEARING FIVE YEARS AFTER HE GOT THAT IMPLANT. WE ATTACHED THAT ACOUSTIC SPEAKER AND HE HAS PHENOMENAL INCREASE IN SOUND QUALITY.

THE FDA SAYS THIS IS ONLY APPROVED FOR PEOPLE WITH THE HYBRID INTERNAL IMPLANT, BUT WE ARE USING IT ALL THE TIME FOR PEOPLE WHO HAVE ANY TYPE OF HEARING PRESERVATION WITH THEIR EAR.

>> LINDA: ACOUSTIC, IMPLANT. HOWEVER YOU PUT IT. HAVEN'T HEARD THAT TERMINOLOGY.

>> SUZANNAH: THE QUESTION IS WHAT DO I MEAN BY ACOUSTIC SOUND? IT'S HOW NORMAL HEARING INDIVIDUALS HEAR SOUND, AND ANYBODY WHO IS USING A HEARING AID RIGHT NOW IS HEARING SOUND ACOUSTICALLY. SOUND IS A VIBRATION, SOUNDS ARE SOUND WAVES, AND THOSE VIBRATIONS ARE ACOUSTIC SOUNDS. SO ACOUSTIC SOUND IS NATURAL SOUND QUALITY.

>> LINDA: SO IMPLANT WILL PICK THAT UP?

>> SUZANNAH: NO, AN IMPLANT BECAUSE IT'S STIMULATING THE EAR WITH THE ELECTRODE, YOU ARE HAVING ELECTRIC HEARING. AN ACOUSTIC GUITAR VERSUS AN ELECTRIC GUITAR, ACOUSTIC IS MORE NATURAL NORMAL SOUNDING AND ELECTRIC GUITAR GIVES YOU THAT DIGITIZED SOUND. I HOPE I ANSWERED YOUR QUESTION.

>> GEORGIA: I AM GEORGIA. AND I JUST WANT TO MAKE SURE I UNDERSTAND, IS THE HYBRID COMBINATION HEARING AID OVER AN IMPLANT?

>> SUZANNAH: IT'S CONFUSING AND GETS MISUSED ALL THE TIME. THE HYBRID IS THE IMPLANT, THE ACTUAL DEVICE THAT'S INSIDE, SO THE HYBRID IS SPECIFICALLY TALKING ABOUT THE ELECTRODE THAT GOES INTO THE COCHLEA THAT'S VERY SHORT AND JUST GETS THOSE HIGH FREQUENCIES.

THIS IS NOT THE HYBRID. BUT MOST PEOPLE WHO GET THE HYBRID IMPLANT, IF THINGS GO WELL, THEY WILL GET THE ACOUSTIC COMPONENT ADDED TO THE SPEECH PROCESSOR. THERE IS REALLY NO NAME FOR THIS. PEOPLE CALL IT HYBRID HEARING. HYBRID MEANING YOU ARE HEARING ELECTRIC AND ACOUSTIC TOGETHER ON THE SAME EAR. BUT THIS IS ACTUALLY JUST CALLED AN ACOUSTIC COMPONENT TO A COCHLEAR IMPLANT.

>> MITZI: I WAS WONDERING WHAT YOU HAVE – MY FAMILY HAS REVERSE SLOPE, THEN WE START LOSING SOME OF THE HIGH END LIKE EVERYBODY ELSE. SO –

>> SUZANNAH: TYPICALLY – I KNOW THERE WERE SOME QUESTIONS ABOUT MAXUM. TALKING ABOUT THAT LOVELY AUDIOGRAM CHART AGAIN. WHEN WE CONSIDER WHAT TECHNOLOGY IS

APPROPRIATE, WE LOOK AT THE DEGREE YOUR HEARING LOSS AND YOUR WORD UNDERSTANDING; HOW WELL CAN YOU UNDERSTAND SPEECH IN IDEAL ENVIRONMENT AND NOISY ENVIRONMENT.

SO DEPENDS WHERE THINGS FALL ON HERE, AND ALSO HOW WELL YOU UNDERSTAND SPEECH.

SO THIS IS A MAXUM SLIDE. THIS IS A DISCLAIMER. BECAUSE MOST PEOPLE CAN USE HEARING AIDS DOWN UNDER THIS MAXUM IS FOR PEOPLE – OKAY SPEECH AND WORD UNDERSTANDING.

IT ALL DEPENDS. SO IMPORTANT WHEN YOU HAVE AN EVALUATION TO REALLY LOOK AT MORE THAN JUST THE AUDIOGRAM. MY EVALUATION STARTS WHEN I GET THE PATIENT IN THE WAITING ROOM. DID THEY HEAR ME CALL MY NAME. CAN WE COMMUNICATE AS WE WALK THE TWO MILES BACK TO MY OFFICE. AND CAN THEY COMMUNICATE WITH ME ONE-ON-ONE. CAN THEY COMMUNICATE WITH THEIR FAMILY MEMBERS. THEN WE GO INTO THE BOOTH. THAT'S JUST A PORTION OF THE EVALUATION. THERE IS A LOT THAT GOES INTO DECIDING WHAT TECHNOLOGY IS APPROPRIATE FOR A PATIENT, AND IT'S NOT A BLACK AND WHITE KIND OF THING.

>> DANNY: JUST REMINDS ME OF A LARSON CARTOON. AT THE HOUSE EAR, PEOPLE ARE WAITING TO BE SEEN AND MOST ARE SEVERELY HEARING-IMPAIRED. SOMEBODY'S GOING (SOFTLY), "KAT, IS THERE A KAT IN THE ROOM?" WHY DO YOU THINK THEY ARE THERE?

>> THE FDA SETS PRETTY ARBITRARY RULES AS LEVELS AS TO WHERE YOU HAVE TO HEAR AND NOT HEAR. I WAS JUST WONDERING, DO ANY OF THOSE PEOPLE HAVE HEARING LOSSES? [LAUGHTER] THEY HAVE STOPPERS IN THEIR EARS SO THEY CAN HEAR AT A CERTAIN LEVEL AND THEN MAKE A DECISION.

>> SUZANNAH: I AM INVOLVED RIGHT NOW IN AN FDA CLINICAL TRIAL. PATIENTS WHO HAVE COMPLETELY NORMAL HEARING IN ONE EAR AND WANT TO GET A COCHLEAR IMPLANT IN THE OTHER EAR, THAT'S WAY AGAINST THE CURRENT FDA INDICATIONS. JUST SO YOU KNOW, THE FDA GOAL IS TO PROTECT THE PATIENT AND EVERYONE SITTING IN THIS ROOM. THE WAY THEY DECIDE WHO GETS AN IMPLANT AND WHO DOESN'T GET AN IMPLANT IS BY THE OUTCOMES OF CLINICAL TRIALS WE ARE DOING RIGHT NOW. NO, MOST OF THEM DON'T KNOW ABOUT HEARING LOSS BUT TRY THEIR BEST TO MAKE SURE THERE ARE THE BEST OPTIONS. THEY ARE A PAIN IN THE BUTT, I WILL ADMIT IT.

>> PAT: ON THAT NOTE, LET'S TAKE A BREAK AND BACK AT 20 AFTER AND OPEN BACK UP FOR MORE DISCUSSION.
(BREAK)

>> PAT: COME ON IN AND FIND YOUR CHAIR AGAIN.
(INAUDIBLE) ALL THE QUESTIONS PEOPLE HAVE. I KNOW THAT
(INAUDIBLE) TALK MORE ABOUT IT [OVERLAPPING SPEAKERS]...
GET THOSE STRAGGLERS IN HERE. TURN YOUR T-COIL BACK ON.

DISCLAIMER: This is NOT a certified or verbatim transcript, but rather represents only the context of the class or meeting, subject to the inherent limitations of realtime captioning. The primary focus of realtime captioning is general communication access and as such this document is not suitable, acceptable, nor is it intended for use in any type of legal proceeding.

SIGN IN ON THE SIGN-IN SHEET. IF YOU HAVEN'T SIGNED IN, PLEASE DO.

WITH THAT WE HAVE ANOTHER 40 MINUTES OR SO OPEN TO US TILL NOON FOR SUZANNAH AND YOU GUYS TO ASK QUESTIONS AND HER TO SHARE MORE INFORMATION.

>> SUZANNAH: IS EVERYONE HEARING ME OKAY? AM I TALKING TOO FAST? I THINK I TURNED IT OFF. WORKS BETTER WHEN IT'S ON? 1, 2, 3?

OKAY.

SO QUESTION?

>> PAT: SOMEBODY HAVE A QUESTION OVER HERE? JOHN.

>> JOHN: NOW HERE IS A TYPICAL QUESTION I WILL PROBABLY RECEIVE. SAY YOU HAVE HYBRID OR COCHLEAR, WHAT'S THE LIFE EXPECTANCY OF THE IMPLANT EQUIPMENT? HOW FREQUENTLY MUST WE EXPECT TO HAVE TO REPLACE IT. AND ALSO HEARD FROM SOMEONE THAT MEDICARE APPROVES IT FOR ONLY ONE TIME ONLY.

>> SUZANNAH: WE TALKED ABOUT THE INTERNAL AND EXTERNAL PORTION WITH THE EQUIPMENT. THE INTERNAL DEVICE COMES WITH A 10 YEAR WARRANTY FROM THE COMPANY.

HOW LONG CAN AN IMPLANT LAST? IT'S SOMETHING WE DON'T KNOW. THERE HAS NOT BEEN SOMEBODY IMPLANTED WHO HAS HAD A LIFE AND TURNED 40 OR 50 YEARS OLD. THE TECHNOLOGY HAS ONLY BEEN AROUND FOR 20-SOMETHING YEARS. SO THE GOAL IS THAT YOU ONLY HAVE TO HAVE SURGERY ONE TIME, AND I KNOW THAT SOME OF THE PHYSICIANS I'VE WORKED WITH WILL TELL PARENTS OF YOUNG CHILDREN THAT IT'S LIKELY THEY WILL HAVE TO HAVE A REVISION SURGERY AT SOME POINT IN THEIR LIFE. I DON'T KNOW WHERE THEY ARE GETTING THAT DATA OR MAYBE IT'S JUST KIND OF JUST TO GET THAT SEED PLANTED, BUT WE REALLY JUST DON'T KNOW HOW LONG THE INSIDE LASTS.

TYPICALLY, INSURANCE WILL PAY FOR THE EXTERNAL EQUIPMENT TO BE REPLACED EVERY FIVE YEARS AND SO THE MAJORITY OF THE COMPANIES NOW OFFER A FIVE-YEAR WARRANTY FOR ALL OF THEIR EQUIPMENT. SOMETHING BREAKS, YOU SEND IT BACK TO MED-EL, THEY SEND YOU A NEW ONE, LIKE THAT. WHEN YOU GET A NEW SYSTEM ON THE EXTERNAL YOU DON'T NEED TO HAVE SURGERY ANYMORE. THEY ARE COMPATIBLE WITH YOUR IMPLANTED DEVICE.

I WANTED TO ASK A QUESTION. [LAUGHTER].

TWO DIFFERENT PEOPLE ASKED ME ABOUT THIS. AND I WANT TO TALK ABOUT TWO DIFFERENT THINGS. I HAVE TWO QUESTIONS: ONE IS HOW DO PEOPLE DO WITH IMPLANTS. WHY DO PEOPLE DO BAD WITH IMPLANTS IN WHAT COULD GO WRONG.

SO I LIKE THIS LITTLE BELL CURVE BECAUSE I ACTUALLY THINK THIS IS PRETTY ACCURATE. WE KNOW WHAT MAKES A GOOD OUTCOME, BUT SOMETIMES A PERSON HAS EVERYTHING THAT

RESULTS IN A GOOD OUTCOME AND THEY DO POORLY. SO IF YOU HAD A SHORTER DURATION OF HEARING LOSS, ONLY 10 YEARS OR SOMETHING, YOU ARE MORE INCLINED TO DO BETTER WITH AN IMPLANT THAN SOMEONE WHO HAD 50, 60 YEARS OF HI FREQUENCY HEARING LOSS. ANOTHER BIG THING IS HOW LONG DID YOU WEAR HEARING AIDS. THE COCHLEA IS A PORTION OF THE DEVICE, AND THEN THE OTHER REALLY BIG IMPORTANT PART IS THE AUDITORY NERVE. THE NERVE HAS TO BE FUNCTIONAL ENOUGH TO SEND THE SOUND TO THE BRAIN. WHAT KIND OF HEARING LOSS DO YOU ALL HAVE? SENSORINEURAL. IS IT SENSORY IN THE COCHLEA OR NEURAL WITH THE AUDITORY NERVE. AND THERE IS NO WAY FOR US TO ANSWER THAT QUESTION. WE DON'T HAVE A WAY TO MEASURE IF YOUR HEARING LOSS IS COMING FROM THE COCHLEA OR THE AUDITORY NERVE UNLESS WE KNOW FOR A FACT YOU WERE GIVEN OTOTOXIC MEDICATION.

WHEN A PATIENT I THINK WILL DO WELL WITH AN IMPLANT, AND DOESN'T DO WELL, OFTENTIMES I THINK IT'S THE HEALTH OF THE HEARING NERVE ISN'T AS GOOD AS IT SHOULD BE.

THEY PUT THE ELECTRODE IN, THE ELECTRODE REPLACED THOSE DEAD HAIR CELLS AND THINGS ARE BRIGHT AGAIN. BUT IF YOU ARE A PERSON WHO HAS GONE 10 YEARS OR 20 YEARS WITH HEARING LOSS AND YOU DIDN'T WANT TO WEAR HEARING AIDS AND YOU DIDN'T DO WHAT THE AUDIOLOGIST TOLD YOU, YOU PUT IT IN THE DRAWER, THEN WE KNOW THAT THE NERVE CAN BE AFFECTED. THE NERVE IS LIKE A MUSCLE. JUST LIKE WE EXERCISE OUR ARMS SO THEY STAY STRONG, YOU HAVE TO STIMULATE YOUR EAR WITH SOUND IN ORDER TO KEEP THE NERVE HEALTHY. AND FOR PEOPLE WHO DON'T WEAR THE HEARING AIDS, WE WORRY THAT THE NERVE HAS STARTED TO DECAY OR ATROPHY AND OVER TIME WE KNOW THAT THAT HAPPENS. SO PEOPLE LIKE THAT OFTENTIMES WON'T DO AS WELL WITH AN IMPLANT AS SOMEBODY WHO HAS CONSISTENTLY STIMULATED THE AUDITORY NERVE.

>> MALIK: A PERSON COULD HAVE DONE ALL THE RIGHT THINGS AND STILL HAVE A BAD OUTCOME?

>> SUZANNAH: ABSOLUTELY. THE NERVE IS SOMETHING WE CONSIDER WHEN SOMEBODY DOES BAD WHEN WE THINK THEY WILL DO WELL. ANOTHER THING IS ARE THEY FOLLOWING THE RECOMMENDATIONS THAT WE GIVE PATIENTS. WHEN YOU GET AN IMPLANT IT'S NOT LIKE A HEARING AID WHERE YOU PUT IT ON AND GO AROUND AND SOCIALIZE, AND LIFE IS GOOD. THERE IS A LOT OF WORK THAT GOES INTO HAVING THE IMPLANT AND GETTING TO THE POINT OF MAXIMUM BENEFIT. I TELL PATIENTS YOU WILL GET RAPID IMPROVEMENT OVER THE FIRST THREE, SIX, NINE MONTHS. BUT THINGS CONTINUE TO IMPROVE EVEN UP TO TWO YEARS AFTER GETTING THE IMPLANT. THINGS LIKE TALKING ON THE PHONE, LISTENING TO MUSIC AND NOT THINKING IT'S THIS AWFUL SOUND, IT'S

MUSICAL. SPEECH UNDERSTANDING IN NOISY PLACES, THINGS THAT CONTINUE TO IMPROVE.

WHEN I PATIENT THAT DOESN'T DO WELL INITIALLY FIRST THING I ASK THEM ARE YOU DOING YOUR AUDITORY LISTENING EXERCISES AND ARE YOU WEARING THE DEVICE ALL THE TIME. BECAUSE IT DOESN'T SOUND THAT GOOD AT FIRST A LOT OF TIMES PEOPLE WILL ONLY WEAR IT FOR A FEW HOURS A DAY OR TAKE IT ON AND OFF CONSTANTLY. BUT THE ONLY WAY YOU WILL GET THE MOST BENEFIT POSSIBLE IS WEARING IT ALL WAKING HOURS, EVEN AT FIRST WHEN IT MIGHT NOT SOUND THAT GOOD.

SO – YES?

>> DIANE: WAITING FOR A MIC.

THE DIFFICULTY FOR ME WITH THAT IS BECAUSE I HAVE HAD A LIFELONG HEARING LOSS AND I GOT SO USED TO SILENCE THAT HAVING – BEING BARRAGED BY SOUND ALL THE TIME DRIVES ME CRAZY. IT STILL DOES. I HAVE HAD MY IMPLANTS SINCE 2006 AND 2008. AND WHEN SITTING AT MY COMPUTER, SOMETIMES, JUST BEING ABLE TO THINK, I NEED TO TURN THE IMPLANTS OFF SO I DON'T HAVE THIS BARRAGE; USUALLY A FAN GOING NEXT TO ME, A CLOCK TICKING. DRIVES ME CRAZY. I AM ONE OF THOSE PEOPLE WHO HAS THINGS TURNED ON AND OFF. AND MY MOTHER CAN TELL YOU THAT.

IT'S JUST – I THINK YOU HAVE TO FIND A HAPPY MEDIUM FOR YOURSELF THAT WORKS. I KNOW THAT MY SPEECH COMPREHENSION HAS GONE DOWN A LITTLE BIT, AND PROBABLY BECAUSE OF THAT. BUT I AM MENTALLY IN A GOOD PLACE WITH IT. AS LONG AS I AM HAPPY WITH IT, I'M FINE.

>> SUZANNAH: I THINK IT'S IMPORTANT TO REMEMBER THAT IT'S NOT JUST AT THE BEGINNING YOU SHOULD DO LISTENING EXERCISES, THESE ARE THINGS THAT SHOULD BE DONE THE REST OF YOUR LIFE. ONCE YOU HAVE THE IMPLANT IT'S NOT DONE.

>> GRACE: I HAVE HAD MY IMPLANTS, I HAVE A QUIET ONE SO WHEN I GO TO THE GYM IT'S NOT SO LOUD. PLUS THE FACT I GOT DEAD BATTERIES AT THE GYM ONCE, AND – I WENT HOME. I HAVE TO HAVE MY SOUND WHEN I AM UP AND AROUND OTHERWISE YOU KNOW IT'S CUCKOO.

>> SUZANNAH: ALSO IT'S YOUR HISTORY OF HEARING. WERE YOU BORN WITH NORMAL HEARING OR HAD HEARING LOSS SINCE YOU WERE A LITTLE KID. YOU WOULD BE MORE INCLINED TO LIKE QUIET.

ALL THREE COMPANIES HAVE SOMETHING CALLED DATA LOGGING. I CAN CONNECT MY PROCESS YOUR PROCESSOR TO MY COMPUTER AND SEE HOW MANY DAYS YOU ARE WEARING IT. THE PATIENTS WHO ARE BORN WITH HEARING LOSS OR HAVE HAD HEARING LOSS SINCE A YOUNG AGE, THEIR HOURS ARE ALMOST ALWAYS SIGNIFICANTLY LESS THAN PATIENTS WHO HAD NORMAL HEARING UNTIL LATER IN LIFE AND WANTED TO GET THAT BACK.

>> GRACE: YOU HEAR BETTER, ALSO IF YOU HAVE AN EXTENSIVE VOCABULARY. IF YOU KNOW WHAT TIMBUKTU IS YOU HEAR BETTER, AND YOU WONDER – LIKE YOU ARE WONDERING –

>> SUZANNAH: IT'S FUNNY BECAUSE TIMBUKTU IS ONE OF THE WORDS ON THE TEST THAT WE GIVE YOU.

KEEP GIVING YOU THE ANSWERS.

>> PAT: I THINK FOR MYSELF, I HAD A PROGRESSIVE LOSS, AND SOMETIMES IF IT'S JUST A REALLY BUSY DAY AND I AM MENTALLY TIRED, I WILL UNPLUG. BUT MOST OF THE TIME I GOT SO USED TO, OVER 10 YEARS NOW, TO HAVING MY HEARING BACK THAT I WANT THAT CONSTANT STIMULATION, WANT TO HEAR THINGS AROUND MY ENVIRONMENT. DEPENDS ON THE KIND OF DAY YOU HAVE. ANYBODY WHO WORE A HEARING AID, SOMETIME I JUST CAN'T TAKE ANY MORE OF THE WHITE NOISE.

>> SUZANNAH: WHAT I AM SAYING RIGHT NOW ABOUT CONSISTENT USE AND STUFF, I EMPHASIZE THAT ESPECIALLY OVER THE INITIAL FEW MONTHS, IT'S ESPECIALLY IMPORTANT THEN. WHEN I LEAVE MY OFFICE AFTER I TURNED ON THE IMPLANT FOR THE FIRST TIME. ONE OF THE MORAL THINGS THE PATIENTS SAY IS OH, MY GOSH, YOU ARE WALKING LIKE AN ELEPHANT. SORE STOP MAKING SO MUCH NOISE WITH YOUR COAT. WHEN I CHEW, WHEN I TYPE ON THE KEYBOARD. THAT IS REALLY NORMAL WHEN A PATIENT LEAVES THE OFFICE TO BE LIKE WHAT IS ALL THIS SOUND? THE NICE THING IS YOU CAN TAKE IT OFF. AND I TELL MY PATIENTS AT THE BEGINNING, IF YOU NEED A 20-30 MINUTE BREAK, TAKE IT OFF BUT PUT THAT THING BACK ON. THE ONLY WAY YOU WILL GET USED TO ALL OF THOSE SOUND AND NOT PAY ATTENTION TO THEM IS BY WEARING IT ALL THE TIME. I HAVE NORMAL HEARING AND I HEAR ALL OF THESE SOUNDS RIGHT NOW. I CAN THINK ABOUT THE FACT THAT'S MAKING A NOISE. THAT'S MAKING A NOISE. AND I DON'T PAY ATTENTION TO THEM AT ALL BECAUSE I AM USED TO HEARING LITTLE SOUNDS IN THE ENVIRONMENT, AND YOUR IMPLANT IS TURNED ON AND YOU ARE NOT USED TO HEARING THOSE LITTLE SOUNDS. ONCE YOU GET THAT CONSTANT NOISY STIMULATION IT WILL EVENTUALLY GO INTO THE BACKGROUND. IF YOU ARE ONLY WEARING IT TWO HOURS A DAY.

>> I THINK TO THE FAMILY MEMBERS, WE SHOULD HAVE A HAT OR SOMETHING ON WHEN IT'S OFF BECAUSE IT'S REALLY AGGREGATING. I HAVE IMPLANTS AND MY KIDS WHEN I DIDN'T WEAR THEM THEY GOT REALLY – THEY WERE REALLY PERTURBED AT ME. I DON'T KNOW IF YOU ARE WEARING IT OR NOT WEARING IT, SO PUT A HAT ON, MOM.

>> WENDI: I HAVE A COUPLE QUESTIONS. WHEN YOU TALK ABOUT THE SENSORINEURAL –

>> SUZANNAH: SENSORINEURAL.

>> WENDI: SENSORINEURAL AREA. YOU SAY THE LOSS CAN BE EITHER THE NERVE OR THE SENSORY AREA.

>> SUZANNAH: OR BOTH.

>> WENDI: AND THERE IS REALLY NO WAY TO DETERMINE. BUT THAT NERVE, IS THERE ANY INFORMATION YOU KNOW WHAT MIGHT CAUSE SOMETHING LIKE THAT. THAT NERVE IN YOUR EAR OR YOUR WHOLE NERVOUS SYSTEM?

>> SUZANNAH: ONE OF THE BIGGEST THINGS WE KNOW AFFECTS THE NERVE IS AUDITORY DEPRIVATION WHICH IS NOT WEARING A HEARING AID, DEPRIVING YOUR AUDITORY SYSTEM OF STIMULATION. THAT'S ONE. ONE OF THE OTHER THINGS THAT WE KNOW IS THERE ARE CERTAIN MEDICATION THAT ARE TOXIC TO THE AUDITORY NERVE AS IT CONNECTS TO THE COCHLEA. WHEN WE TALK TO A PATIENT DURING THE COCH-U-LEAR – SAID COCK-U-LAR, LIKE GEORGE BUSH – ONE OF THE THINGS WE ASK YOU IS WHAT IS YOUR CASE HISTORY, AND WE TRY TO FIND AN ETIOLOGY, TRY TO FIND OUT WHAT CAUSED YOUR HEARING LOSS, IF WE KNOW WE CAN TALK ABOUT OUTCOMES WHAT MIGHT BE YOUR OUTCOME WITH AN IMPLANT VERSUS SOMEBODY ELSE.

>> WENDI: I DON'T HAVE IMPLANTS, BUT WONDERING IF, YOU SAY STIMULATE YOUR HEARING, WHEN I TAKE MY HEARING AIDS OUT AND I WANT TO LISTEN TO MUSIC, I JUST PUT THE BUDS IN MY EAR. IF I TURN IT UP LOUD ENOUGH I CAN ACTUALLY HEAR – ESPECIALLY IF IT'S A SOUND I ALREADY KNOW, I DON'T KNOW IF I AM ACTUALLY HEARING IT, JUST REMEMBERING IT OR A COMBINATION. I ALSO KNOW THAT CERTAIN DECIBELS DAMAGE YOUR HEARING. MINE IS ALREADY DAMAGED. COULD I BE DOING WORSE BY LISTENING LOUD ENOUGH TO OR NOT HEAR:

>> SUZANNAH: YOU CAN BE. THOSE SENSORY CELLS INSIDE OF THE COCHLEA, THEY CAN BE DAMAGED BY NOISE IF YOU HAVE ANY TYPE OF AUDITORY HEARING LOSS. SO IF YOU ARE LISTENING TO REALLY LOUD MUSIC, YOU CAN –

>> WENDI: LOUD ENOUGH – OTHERWISE I WON'T HEAR IT.

>> SUZANNAH: WHAT I REMEMBER IS IF YOU ARE LISTENING TO JUST TRADITIONAL EAR BUDS OR HEADPHONES YOUR TOTAL VOLUME SHOULDN'T EXCEED ABOUT 60% OF THE TOTAL VOLUME. THIS IS A STANDARD SORT OF PLAYER. IF YOU ARE GOING ABOVE THAT I RECOMMEND GETTING SOME SORT OF HEARING AID THAT CAN RECEIVE MUSIC FROM YOUR CELL PHONE, BLUETOOTH, SOMETHING AROUND YOUR NECK THAT CAN BE THE MIDDLE MAN TO INTERFACE, SO YOU'RE PLAYING THE MUSIC THROUGH YOUR HEARING AID, GETTING THE VOLUME AT THE FREQUENCIES YOU NEED. MUSIC WILL PROBABLY SOUND BETTER TO YOU BECAUSE IT'S BEING PRESENTED TO YOUR EAR WITH VOLUME ADDED AT THE PLACES YOU HAVE THE MOST HEARING REDUCTION.

>> WENDI: I DO THAT. BUT FOR HEARING AID USERS, THEY KNOW IT'S IN YOUR EAR ALL THE TIME. SOMETIMES YOU JUST WANT A BREAK, YOU WANT IT OUT OF YOUR EARS, MY OTHER WAY. SO I COULD BE DOING DAMAGE BY LISTENING AS LOUD AS IT TAKES FOR ME TO HEAR.

>> SUZANNAH: IF YOU HAVE AUDITORY HEARING, UNLESS YOU HAVE A COCHLEAR IMPLANT YOU CAN FURTHER DAMAGE YOUR HEARING BY LISTENING TO LOUD NOISE.

>> (INAUDIBLE).

>> SUZANNAH: DEPENDS ON WHAT KIND OF HEARING AID YOU HAVE. RESOUND IS A COMMON HEARING AID COMPANY. THEY HAVE A HEARING AID NOW THAT YOU DON'T NEED A MIDDLE MAN. DIRECTLY GOES MUSIC FROM YOUR PHONE TO THE HEARING AID. PHONAK THEY HAVE A NECK LOOP. YOU HAVE TO ASK YOUR AUDIOLOGIST. IF YOU DON'T HAVE ANY OF THAT STUFF. WE HAVE ON THE TABLE HERE, SOMEBODY BROUGHT IN THE CLEAR SOUNDS DEVICE. THAT'S SOMETHING THAT ANYONE THAT HIS HEARING AIDS WITH A TELECOIL, IT'S UNIVERSAL. YOU WEAR IT AROUND YOUR NECK. SENDS A BLUETOOTH SIGNAL FROM YOUR PHONE TO THE MIDDLE MAN AND TO THE TELECOIL OF YOUR HEARING AID.

>> MITZI: I AM THE ONE THAT BROUGHT IT IN. I IT'S NOT MUCH FOR SOUND QUALITY FOR MUSIC. SOMETHING ELSE, BONE CONDUCTION HEAD PHONES AND THEY ARE FABULOUS AND CHEAPER.

>> SUZANNAH: NICE THING ABOUT THAT CLEAR SOUND AND QUATRO DEVICE, ANYONE GETS A MED-EL GETS IT FREE IN THEIR KIT. YOU CAN TALK TO THE CELL PHONE WITHOUT DOING THIS KIND OF THING. IF YOU DON'T HAVE HEARING AIDS THAT HAVE THE TECHNOLOGY, BUT YOU HAVE TELECOIL, THAT CAN BE USED WITH ANY BRAND, NOT SPECIFIC TO THAT.

>> PAT: I HAVE A QUESTION HERE.>>

KAT: BACK TO THE HYBRID AND PAT MENTION SHE HAD A PROGRESSIVE LOSS. I ALSO HAVE A PROGRESSIVE HIGH FREQUENCY LOSS. I QUALIFIED FOR THIS HYBRID IMPLANT AND THEY JUST PUT THE ELECTRODES UP A LITTLE BIT, THE NEXT 10 YEARS WOULD YOU CONTINUE LOSING SOUND OR THEY COULD PUT IT UP A LITTLE MORE. HOW DOES THAT WORK CONTINUOUSLY LOSING SOUND.

>> SUZANNAH: IF YOU ARE A PATIENT THAT HAS PROGRESSIVE HEARING LOSS AND IT'S NOT BEEN STABLE, THAT'S SOMETHING WE WOULD PROBABLY CONSIDER A DIFFERENT IMPLANT FOR. UNLESS YOU ARE AT THE WAY TOP OF THIS RANGE HERE, THEN WE KNOW EVEN IF YOUR HEARING DROPS OVER 10, 15 YEARS YOU MIGHT STILL NUMBER THIS REGION WHERE THE HYBRID IS AN IMPORTANT OPTION.

THAT MAKES ME VERY NERVOUS AS AN AUDIOLOGIST A PATIENT WANTS TO GET A HYBRID IMPLANT. WE MIGHT LOSE THE HEARING AT THE TIME OF SURGERY, ALL OF IT. WE MIGHT LOSE IT OVER THE FIRST YEAR. THERE IS TALK ABOUT ELECTRIC TOXICITY TO THE EAR. DOES THIS IMPLANT DELIVERING ELECTRICAL STIMULATION TO THE FIRST PORTION CAUSE TOXICITY THROUGHOUT THE COCHLEA AND CAUSE THAT HEARING TO GO DOWN.

PEOPLE WHO HAVE THE HYBRID IMPLANT IN THE STUDY, SOME OF THEM LOST ALL OF THEIR HEARING AT THE TIME OF SURGERY,

SOME LOST THEIR HEARING A YEAR LATER, AND SOME ARE HAVING PROGRESSIVE HEARING LOSS THAT WAS HAPPENING NATURALLY. THESE ARE ALL THINGS WE REALLY HAVE TO TALK ABOUT. AND AGAIN, THE HYBRID IS FOR SPECIFIC, VERY, VERY SPECIFIC. IT'S NOT FOR EVERYBODY. AND COCHLEAR MAKES A KIND OF A MIDDLE MAN, SO IT'S LONG, IT GOES THROUGHOUT THE FIRST AND A LITTLE MORE. SO THE PURPOSE OF THIS IS THAT WE HOPE TO PRESERVE YOUR HEARING. BUT IF WE DON'T WE HAVE ELECTRODES THAT CAN STIMULATE ALL OF THE SPEECH FREQUENCIES, SO YOU CAN STILL UNDERSTAND SPEECH.

SO THE PATIENT I USED THE ACOUSTIC COMPONENT TO THE SPEECH PROCESSOR, THOSE PATIENTS DID NOT HAVE A HYBRID IMPLANT. THEY HAD ONE – ALL THREE OF THE COMPANIES MAKE SOMETHING THAT'S SUPPOSED TO BE UNTRAUMATIC (PHONETIC) SO IT EXTENDS FARTHER THAN RIGHT HERE. IT'S KIND OF MIDDLE GROUND.

>> PAT: OVER HERE. I HAVE THE MIC HERE AND MOVE DOWN THIS WAY AND BACK OVER.

>> SUZANNAH: I FEEL REALLY COMFORTABLE IMPLANTING THAT ONE. YOUR HEARING GOES AWAY WE CAN GIVE YOU SPEECH FREQUENCY. IF YOUR HEARING STAYS, WE CAN GIVE THAT ACOUSTIC COMPONENT AND ENRICH ALL ON ONE EAR.

>> BRUCE: TALKING ABOUT HEARING ARE IMPROVEMENT AFTER SURGERY, USING EXERCISES, IT'S YOUR BRAIN THAT'S IMPROVING, NOT THE EQUIPMENT.

I KNOW I WAS INTERESTED IN LEARNING MORE ABOUT SOME OF THOSE – MAYBE I SHOULD ASK MITZI. YOU HAD A SLIDE UP THERE WITH A TV. I WAS INTERESTED IN HEARING MORE ABOUT THOSE ACCESSORIES.

>> SUZANNAH: I WANTED TO SAY SOMETHING ABOUT YOUR FIRST COMMENT. ABOUT THE BRAIN.

WE TALKED ABOUT WHEN PEOPLE DO BAD. SOMETIMES IT'S THE AUDITORY NERVE. BUT YOU HEAR WITH YOUR BRAIN SO YOU HAVE TO HAVE A BRAIN STEM IMPLANT – BUT ALSO YOU HAVE TO BE ABLE TO LEARN AND PEOPLE WITH COGNITIVE PROBLEMS OR PEOPLE WHO ARE VERY, VERY OLD, WE KNOW, LEARN THINGS A LOT SLOWER. DOESN'T MEAN THEY CAN'T LEARN THEM, BUT THEY MAY BE A LOW PERFORMER FOR A VERY LONG TIME. AGAIN, AGE IS NOT A REASON NOT TO GET AN IMPLANT, BUT IT'S SOMETHING WE HAVE TO TALK ABOUT AT THE EVALUATION.

I LIKE TO SET EXPECTATIONS PRETTY LOW. I DON'T WANT YOU TO BE DISAPPOINTED. I WOULD BE FINE IF YOU ARE PLEASANTLY SURPRISED. IF I TOLD YOU PROBABLY WOULDN'T BE ABLE TO TALK ON THE PHONE AND THEN THIS YOU CAN TALK ON THE PHONE. THAT'S A GREAT THING. BUT IF I SAY YOU CAN TALK ON THE PHONE AND YOU CAN'T. THAT WILL BE DISAPPOINTING.

COGNITIVELY THERE HAS TO BE THINGS IN ORDER TO GET THE MAXIMUM BENEFIT FROM AN IMPLANT. THAT'S SOMETHING WE KNOW CAN PUT PATIENTS IN THE LOW PERFORMANCE CATEGORY.

MITZI, YOU WANT TO ANSWER THAT QUESTION? I WILL PASS SOME AROUND.

>> MITZI: I WOULD RATHER DO THAT PRIVATELY.

MY QUESTION WAS YOU BRIEFLY MENTIONED POSSIBLE ELECTRIC TOXICITY. MADE ME START WONDERING ABOUT NERVE IMPULSES, NANO-AMPS. WHAT'S THE DIFFERENCE, THE ELECTRICAL CHARGE YOU ARE DELIVERING WITH THE COCHLEAR IMPLANT COMPARED TO NATURAL NERVE IMPULSES, WHAT'S THE DIFFERENCE?

>> SUZANNAH: I DON'T KNOW. FRANKLY I DON'T KNOW THE ANSWER TO YOUR QUESTION. I KNOW IT'S GOT TO BE MORE. WE ARE STIMULATING ELECTRODES AT VARYING PORTIONS OF THE COCHLEA. YOU NORMALLY YOU HAVE THOUSANDS OF NERVE ENDINGS. I AM SURE IT'S DELIVERING MORE OF AN ELECTRICAL CHARGE THAN THE HAIR CELLS.

ON THE RIGHT WE HAVE A NORMAL COCHLEA, AND ON THE LEFT WE HAVE VERY, VERY DAMAGED HEARING CELLS. WE ALWAYS TALK TO KIDS ABOUT NOT LISTEN TO GO THEIR MUSIC LOUD.

ONE OF MY PARTICULARLY INTERESTING – I DID A LOT OF RESEARCH IN SCHOOL ABOUT KIDS, THEY ARE SAYING – TALK TO YOUR KIDS ABOUT THIS. THEY ARE SAYING THAT 10 TO POTENTIALLY 20% OF CHILDREN GRADUATING FROM HIGH SCHOOL ARE GOING TO HAVE NOISE-INDUCED HEARING LOSS. MOSTLY FROM IPODS AND CONCERTS AND VIDEO GAME AND MOVIE THEATERS.

I SHOW THIS PICTURE AS A SCARE TACTIC.

>> DIANE: LOOKS LIKE YARN.

>> SUZANNAH: TALK ABOUT THE AK ACCESSORIES. IT REALLY DEPENDS ON WHAT MANUFACTURER YOU ARE USING. DIFFERENT COMPANIES MAKE THEIR OWN SPECIFIC ACCESSORIES. THE GIST OF THE ACCESSORIES IS THAT THEY MAKE TRICKY LISTENING SITUATIONS EASIER. SO A LOT OF PEOPLE HAVE A HARD TIME TALKING ON THE PHONE. SO THEY DEVELOPED THIS PHONE CLIP. I AM GOING TO TALK ABOUT THE COCHLEAR ONE BECAUSE I HAVE A PICTURE OF IT. YOU PUT IT ON, CLIP IT ON. AND THE SOUND GOES FROM YOUR PHONE DIRECTLY TO YOUR IMPLANT. LIKE SOMEONE IS TALKING IN YOUR EAR.

I HAVE HAD CONSISTENT FEEDBACK FROM PATIENTS THAT THIS PHONE CLIP QUALITY IS SUPERIOR TO TELECOIL AND SUPERIOR TO ANY OTHER HEARING DEVICE THEY USE.

>> MALIK: I AM GETTING IT AND CALLING YOUR OFFICE TO SCHEDULE AN APPOINTMENT WITH YOU.

>> SUZANNAH: I CAN'T WAIT. I LOVE DEMONSTRATING THESE – I HAVE HAD 80-YEAR-OLD MEN WEEP IN MY OFFICE. MINI MICROPHONE IS WHAT YOU GIVE SOMEBODY ELSE TO WEAR. WIRELESS ACCESSORY

MADE BY COCHLEAR ARE ONLY COMPATIBLE WITH NUCLEUS 6 SOUND PROCESSOR.

ADVANCED BIONICS AND COCHLEAR HAVE PARTNERED WITH HEARING AID COMPANIES SO IF YOU USE AN ACCESSORY, A WIRELESS MICROPHONE, I TALK INTO IT AND YOU HEAR ME, IF YOU HAVE TWO NUCLEUS 6 PROCESSORS YOU WILL HEAR IT IN BOTH EARS OR IF YOU HAVE A NUCLEUS 6 AND A PARTICULAR BRAND HEARING AID, RESOUND, IN THE CASE OF COCHLEAR, YOU CAN TALK INTO IT AND YOU HEAR IN THE IMPLANT AND THE HEARING AID. IF THEY CAN WORK TOGETHER AND YOU CAN GET THAT ELECTRIC-ACOUSTIC SOUND TOGETHER, YOU WILL HEAR SO MUCH BETTER.

>> DOES IT HAVE TO BE PAIRED. SO SOMEONE –

>> SUZANNAH: NOBODY ELSE CAN HEAR IT.

>> SO TWO PEOPLE WITH NUCLEUS SIXES.

>> SUZANNAH: PARTICULARLY PAIRED TO YOUR CELL PHONE AND DEVICES.

SOME MAKE A WIRELESS MICROPHONE, A PHONE DEVICE, AND ADVANCED BIONICS AND COCHLEAR MAKE A TV TYPE OF ADAPTOR. COCHLEAR IS TRULY WIRELESS, NO CODE. ADVANCED BIONICS AND MED-EL YOU WEAR SOMETHING AROUND YOUR NECK.

>> GEORGIA: I WANT TO CLARIFY SOMETHING ABOUT THE HYBRID. IF SOMEONE DECIDES ON THE HYBRID AND LATER ON THEIR HEARING GETS WORSE, IS IT EASIER TO GET A – LIKE THE HYBRID IS THAT LIKE A COCHLEAR IMPLANT – IT'S SURGERY, BUT IF YOU USE THE HYBRID DEVICE. BUT LATER ON YOU GET A COCHLEAR IMPLANT, SO DOES THAT MAKE THE SURGERY FOR THE COCHLEAR IMPLANT EASIER OR THEY HAVE TO DO A COMPLETELY NEW SURGERY.

>> SUZANNAH: IT DOES MAKE IT EASIER.

A COCHLEAR IMPLANT TRADITIONAL LOOKS LIKE THIS. A HYBRID COCHLEAR IMPLANT LOOKS LIKE THIS. THE ONLY DIFFERENCE IS THIS TINY LITTLE PORTION HERE. NONE IF YOU NOTICED, IT'S PRE CURLED LIKE A COCHLEA. THE HYBRID, CUT OFF THE CURLED PORTION, IT'S A STRAIGHT LITTLE TIP. IF YOU HAVE THE HYBRID DEVICE IMPLANTED AND YOUR HEARING COMPLETELY GOES AWAY, THE SURGEON WILL REMOVE THE HYBRID AND PLACE THIS IN ITS PLACE. IT'S A MUCH QUICKER PROCEDURE BECAUSE THE MAJORITY OF THE SURGERY, DEPEND ON THE SURGEON, MAYBE ONE AND A HALF TO FOUR HOURS. THE MAJORITY OF THAT SURGERY IS GETTING TO THE COCHLEA. DRILLING THROUGH THIS THICK BONE, THE MASTOID TO GET TO THE COCHLEA. THAT PATHWAY HAS ALREADY BEEN PAVED FOR THEM. JUST PLACING THE NEW DEVICE. THERE ARE RISKS INVOLVED WITH THAT. WE TRY NOT TO GO BACK TO SURGERY UNLESS WE HAVE TO.

THERE IS A PATIENT IN THE HYBRID STUDY THAT COCHLEAR DID FOR THE FD ALOFT ALL OF THEIR RESIDUAL HEARING, AND HAPPY WITH THE QUALITY OF JUST HEARING THE HI FREQUENCY SOUND WITH THE IMPLANT BECAUSE THEY HAD ACOUSTIC HEARING WITH THE HEARING

AID ON THEIR OTHER EAR. YOU HEAR WITH YOUR BRAIN, THAT PATIENT WAS SATISFIED.

YOU DON'T WANT TO HAVE – THEY DIDN'T WANT TO HAVE SURGERY AGAIN.

>> PAT: I WANT TO REMIND EVERYBODY WE ONLY HAVE A FEW MINUTES LEFT. AS MUCH AS WE WOULD LIKE TO KEEP SUZANNAH FOR THE NEXT THREE HOURS.

>> TRYING TO WRAP MY HEAD AROUND SOME OF THAT. ONE OF THE BIGGEST THINGS FOR ME, HAVING COMPLETELY LOST THIS TWO YEARS AGO, IS NO LOCKER HAVING WHAT I CALL STEREO LOCATION, AMBULANCES. SOMEONE CALLING MY NAME, I HAVE TO LOOK AROUND TO SEE WHERE THE PERSON IS.

>> SUZANNAH: WHAT YOU ARE TALKING ABOUT, WE CALL IT SOUND LOCATION LOCALIZATION. HOW CAN YOU LOCALIZE THE DIRECTION IT'S COMING FROM. TO TRULY BE ABLE TO LOCALIZE SOUND YOU NEED TO HAVE TWO EARS THAT ARE PRETTY EQUAL. EQUAL NOT IN TERMS OF I HEAR SPEECH BETTER ON ONE SIDE, NO. VOLUME. SO AUDIOGRAM, HOW LOUD DO YOU HEAR THOSE PITCHES. IF YOU ARE EQUAL ON BOTH EARS THEN YOU CAN TRULY LOCALIZE DIRECTION OF SOUND, OTHERWISE IT'S EXTREMELY DIFFICULT.

>> PAT: I HAVE A QUICK QUESTION. IF YOU HAVE COCHLEAR IMPLANT LIKE I DO ON ONE SIDE BUT NOT WEARING ANYTHING ON THE OTHER, WOULD YOU GO THROUGH YOUR REGULAR COCHLEAR AUDIOLOGIST TO SEE ABOUT EVALUATION FOR A HEARING AID ON THE OTHER SIDE? OR DO YOU NEED TO GO TO SOMEBODY ELSE. SUZANNAH IT DEPENDS. AT HOUSE CLINIC, THERE ARE TWO COCHLEAR IMPLANT AUDIOLOGISTS AND NEITHER ONE OF US ARE LICENSED TO FIT HEARING AIDS. SO THAT'S SUBJECT TO CHANGE, HOPEFULLY SOON.

>> THIS IS A DIFFICULT QUESTION. BUT I WANT YOU TO KNOW THE PROBLEM IS VERY COMMON, SPECIALLY AMONG SENIOR CITIZENS WHO ARE OVERMEDICATED. PHYSICIANS THE ROUTINELY WRITE NEW PRESCRIPTION AND ADD TO THEIR LISTS AND PRETTY SOON A PERSON IS TAKING TWO MEDICATIONS A DAY FOR SOME TYPE OF PROBLEM. YOU MENTIONED PRESCRIPTIONS ARE KNOWN – I DO KNOW FOR A FACT THERE ARE PATIENTS TAKING MEDICATIONS THAT SHOULD HAVE BEEN REMOVED FROM THEIR LIST A LONG TIME AGO, BUT THROUGH NEGLIGENCE OR IGNORANCE THEY ARE CONTINUING TO TAKE MORE AND MORE DIFFERENT KINDS OF MEDICATIONS WHEN THEY SHOULDN'T NEED TO AT ALL. AND I DIDN'T KNOW THAT THESE TOO COULD AFFECT HEARING CAPABILITY.

>> SUZANNAH: THERE ARE FOUR DIFFERENT CLASSES OF DRUGS THAT CAN CAUSE HEARING LOSS. I AM NOT A PHYSICIAN AND I AM NOT SUPPOSED TO GIVE MEDICAL ADVICE. TALK TO YOUR DOCTOR. THE BIGGIES ARE NSAIDS AND OTOTOXIC MEDICATIONS FOR CANCER, AND SOME ANTI-INFECTION DRUGS. IT'S NOT LIKE BLOOD PRESSURE, BIG

TYPICAL MEDICATIONS PATIENTS TAKE AS THEY MATURE AREN'T ON THERE. AND IF YOU ARE TAKING A MEDICATION THAT IS KNOWN OTOTOXIC, YOUR PHYSICIAN SHOULD BE HAVING A PRETTY LONG SERIOUS CONVERSATION WITH YOU BEFORE THAT DRUG IS EVER ADMINISTERED.

>> PAT: I AM GOING TO GO AHEAD – JEANNE HASN'T SPOKEN. SHE WILL BE OUR LAST QUESTION.

>> JEANNE: AFTER I LEAVE MY AUDIOLOGIST, I HAVE FORGOTTEN HALF OF WHAT SHE'S TOLD ME. IS THERE ANY TUTORING FOR THESE?

>> SUZANNAH: I ALWAYS ENCOURAGE PEOPLE, ONCE YOU PICK YOUR COMPANY, YOU PICK COCHLEAR, THEY HAVE SUPPORT GROUPS. THEY ARE TRYING TO TEACH PATIENTS HOW TO MAXIMIZE USING THESE EFFECTIVELY.

>> JEANNE: IS THERE A CLASS KU GO TO?

>> SUZANNAH: CALL YOUR AUDIOLOGIST. THE AUDIOLOGIST AND THE REP FROM COCHLEAR HAVE A RESPONSIBILITY TO BE SURE YOU KNOW HOW TO USE YOUR EQUIPMENT BEST.

ONE OF THE DOCTORS, I WAS USING THE MINI MIC. TOLD ME YOU ARE WASTING SO MUCH CLINIC TIME. PHYSICIANS DON'T REALIZE THESE GADGETS MAKE A HUGE DIFFERENCE. THERE ARE MANY IMPLANT CENTERS ACROSS THE COUNTRY THEY GIVE THEM TO THE PATIENT AND YOU NEED TO FIGURE OUT HOW TO USE IT. WE CANNOT BILL YOUR INSURANCE FOR ANY OF THIS. AND FOR ANYBODY THAT HAS WORKED WITH AN AUDIOLOGIST, THESE THINGS TAKE A LONG TIME TO SET UP AND TEACH YOU HOW TO USE. I SPENT AN HOUR WITH A PATIENT THE OTHER DAY SETTING THESE UP. DON'T TELL THE DOCTOR I WORK FOR. I CAN'T BILL THAT PATIENT FOR ANYTHING. ACROSS THE COUNTRY, IMPLANT PROGRAMS ARE TELLING US TO STOP DOING THINGS AND --

>> JEANNE: START A CLASS YOURSELF AND CHARGE PEOPLE.

>> SUZANNAH: I WANT TO GIVE EVERYTHING AWAY FOR FREE.

>> PAT: ONE OF THE BENEFITS OF GROUPS LIKE THIS AND PEER MENTORING, WE CAN HELP EACH OTHER OUT. YOU CAN GET TOGETHER AND SEE IF YOU CAN FIGURE IT OUT TOGETHER. I MEAN, THAT'S WHAT WE DO BEST IS HELP EACH OTHER LEARN HOW TO LIVE WITH OUR HEARING LOSS AND ALL THE GADGET AND THAT SORT OF THING.

KEEP COMING TO OUR MEETINGS PEOPLE, KEEP SUPPORTING EACH OTHER.

I HATE TO CONCLUDE THIS, BUT WE WANT TO THANK SUZANNAH SO MUCH. [APPLAUSE]. IN OUR APPRECIATION.

THANK YOU, AND WE WILL BRING YOU BACK ANOTHER TIME TO ANSWER EVEN MORE QUESTIONS.

THANK YOU EVERYBODY FOR COMING TODAY. BEFORE YOU GET UP AND START HUSTLING OUT OF HERE. WE CAN USE HELP BREAKING DOWN THE ROOM AND GETTING IT BACK TO THE WAY IT WAS BEFORE

DISCLAIMER: This is NOT a certified or verbatim transcript, but rather represents only the context of the class or meeting, subject to the inherent limitations of realtime captioning. The primary focus of realtime captioning is general communication access and as such this document is not suitable, acceptable, nor is it intended for use in any type of legal proceeding.

WE CAME. WE HAVE A GREAT HOST HERE WHO DOESN'T CHARGE US ANYTHING FOR USING THESE FACILITIES. WE NEED TO KEEP IT CLEAN AND SET.

WE NEED YOUR HELP PUTTING CHAIRS AWAY, CLEANING UP, VACUUMING.

>> MAKE SURE YOU SIGN IN.

>> THERE ARE ABOUT 8 PEOPLE WHO HAVEN'T SIGNED IN YET.

>> PAT: NOT EVERYBODY WHO IS A LONG TIME MEMBER SIGNS IN EVERY TIME. ESPECIALLY IF YOU HAVEN'T BEEN HERE BEFORE OR HAVEN'T BEEN FOR A WHILE, CHANGE YOUR CONTACT INFORMATION.

SPEND THE NEXT MONTH THINKING ABOUT CONTRIBUTING TO THE CONTINUED SUCCESS OF THIS CHAPTER BY SERVING ON A COMMITTEE OR THE STEERING COMMITTEE. WE REALLY NEED NEW ENERGY AND GIVE PEOPLE A CHANCE TO STEP DOWN FOR A WHILE. IF YOU HAVE QUESTIONS, TA TO US, THANK YOU FOR COMING AND SEE YOU IN SEPTEMBER.