



Targeting and Managing Esteem Patients



Nancy Cohen, AuD

A Doctor of Audiology with more than 30 years of clinical experience, Nancy Cohen, AuD, has been involved with the Esteem Implantable Hearing Device since the beginning. She participated in two of the device's clinical trials and has helped more than 50 people to hear better and live fuller lives with the Esteem. She earned her Doctor of Audiology degree from University of Arizona and is a Fellow of the American Academy of Audiology. Dr. Cohen served as Clinical Director of Audiology at Lahey Hospital and Medical Center in Burlington, MA.

In my experience, the Esteem Hearing Implant can make a dramatic difference in the lives of many patients, and the audiologist's part in this is significant. The audiologist is often the first provider to recognize that a patient might be a candidate for the Esteem device, or to respond to inquiries about it. Also, audiologists play a critical role in setting and managing patient expectations, preparing them for treatment and managing the follow-up care and programming.

Improving hearing—and life—for the right patient

The Esteem can make a substantial difference not only in hearing, but in lifestyle, for the right patient. So, who is this "right patient"? The reality is this is not always a black and white answer, which is why I believe it is so important to talk with and counsel these patients.

The Esteem Hearing Implant is indicated for adults with moderate to severe sensorineural hearing loss. It is ideal for those with an active lifestyle and those who don't want to think about their hearing or hearing aids. Because it is an implantable device, it is always on and working. The Esteem allows people to hear without worrying about or fussing with their hearing device, batteries, care, maintenance, etc. Yet, my experience with the Esteem has taught me that patients' appropriateness for this surgery and device involves other key considerations...and is one of the most important aspects of my role in their care.

Identifying ideal candidates, from audiogram to full understanding

By the nature of their work, audiologists are well suited for identifying and working with Esteem patients. But the

audiogram is only the first step. I find that my experience with the degree of hearing loss and outcomes of early Esteem patients has enabled me to better identify, qualify and help my later Esteem patients.

I learned that patients' level of understanding is vital to their ultimate results and satisfaction. Patients with good word understanding (or word recognition) in unaided or aided conditions perform well, while patients with extremely poor understanding do not do well with this device. Also, people with moderate to severe cognitive impairment are not good candidates, regardless of their hearing loss. I found that

Esteem Patient Profile

- Active lifestyle
- Value not having hearing aids
 - Hear 24/7
 - No daily maintenance
 - Invisible
- Moderate to severe sensorineural hearing loss
- Good understanding level
- Accept hearing won't be normal again

patients who know about hearing loss, have lived with it and are experienced with hearing aids do best with the Esteem device, because they tend to have more realistic expectations.

Good outcomes start with acceptance of hearing loss

My experience is that, as with any hearing device, Esteem patients must accept their hearing loss in order to do well with their device. I recommend that audiologists educate patients about hearing loss in general and their own unique hearing loss, with and without hearing aids. The guidelines for the Esteem are that all patients must have at least a 30-day history of wearing a properly fitted hearing aid. This is important. Some patients are considering the Esteem because of dissatisfaction with improperly fitted hearing aids. And people who haven't worn hearing aids need to have an understanding of the hearing technology that comes with wearing them.

The importance of understanding the patient

Audiologists are accustomed to getting to know patients, understanding their needs and counseling them, which is important with the Esteem Hearing Implant. Like other devices, there is a lot to convey about the Esteem: how it works, what it can and cannot do, that it can't restore normal hearing. But the audiologist must also make sure the patient understands the nature and extent of the surgery, the potential risks, the healing period and the need for programming and adjusting the device.

An important consideration here is that the audiologist needs to recognize when patients are or aren't processing this information. For instance, if you inform a potential patient that the Esteem might be able to reduce, but not eliminate, background noise, and the patient repeats that they are excited to be able to hear normally again, this is a red flag that the patient may not be happy with the device. So the audiologist needs to know the patient well... and develop a sense of who is likely to be best helped with the Esteem.

“So everyone—the audiologist, the surgeon, the surgeon’s practice liaison—must be ‘on the same page.’”

Working in close collaboration with the surgeon

The responsibility for educating patients and determining their eligibility for the surgery is one that is of course shared with the surgeon and his/her team...communicating with each other and communicating the same things to the patient in the same way, repeatedly.

In our case, we also found that surgeon and audiologist would be wise to plan together for postsurgical care. As the audiologist, I was directly involved in the programming of the device following activation. I would craft different program settings based on each patient's unique needs, reinforcing the importance of really knowing and understanding the patient. We would provide three programming sessions at two months, four months and ten months with the understanding that some patients may need additional programming.

In fact, the individual nature of each patient and surgery is central to the need to plan and work collaboratively with the surgeon. We realized that we needed specific, preplanned steps for how to deal with various idiosyncrasies. People hear differently. Anatomy varies from one person to the next. Every surgery is unique. I developed specific ways to respond to patients' varied needs, from programming the Esteem for specific situations to knowing when and how to interact with the surgeon.

Success through commitment

As an audiologist working to establish patients' eligibility for the Esteem device and procedure and performing device programming and patient follow-up, I've been rewarded by playing a central role in changing people's lives in a powerful way. Through that experience, I found that patient understanding and realistic expectations are perhaps the most important criteria for successful outcomes. It takes close collaboration and synchronicity with the surgeon, an understanding of the uniqueness of each case, as well as total commitment to the needs and best interests of each individual patient. As an audiologist, I was both ready for this commitment and eager to be able to change so many lives.

NOTE: Nancy Cohen is a paid consultant of Envoy Medical Corporation.