MESSAGE FROM THE CHAIR
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University of Miami Miller School of Medicine
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I recently moved to Miami and have been thrown into the track of hurricanes. As we all witnessed, the most recent storm seemed to stall for some time before moving forward. I’ve worked in the cochlear implant field for 14 years and I have to admit often times it feels like the CI world behaves the same way. After returning from the annual meeting of the American Academy of Otolaryngology-Head and Surgery, I am happy to report the field is currently in forward motion, and it is truly an exciting time to be in the path of this storm!

The William House Cochlear Implant Study Group meets at the American Neurotology Society “Super Saturday” and it is well attended by most of the neurotologists in the country. Dr. Craig Buchman (who chairs the House Study Group) surprised the audience with an update on the ACI Alliance sponsored study being led by Dr. Buchman and Terry Zwolan PhD. It appears the ball is rolling in the right direction. (Details on the study outcomes are available in an article that they authored on page 13 of this issue of Calling.)

We also learned that Dr. Oliver Adunka and colleagues are exploring pediatric CI candidacy expansion. ACI Alliance is proud of our members for their continuing to weather the storm and fight the good fight for CI access. It is appropriate that with the current changes in our field, the upcoming CI 2020 International conference is centered on the theme of “expanding indications.”

Speaking of changes, ACI Alliance will initiate a new process for development of the scientific program for our annual conferences beginning with CI2021 (April 28–May 1, 2021) in Dallas. Instead of selecting one institution to develop the program, we will form the ACI Alliance Conferences Program Committee comprised of 12 individuals drawn from institutions across the United States. I spent years

continued on page 2
MESSAGE FROM THE CHAIR  continued from page 1

working in a CI center that would never have the opportunity to serve as host organizer due to the limitations of the city and available meeting spaces. I, for one, am thrilled to see the ACI Alliance change the format to allow for ALL members of our organization to have the opportunity to serve on the conference committee. More information about the new process is available here: https://www.acialliance.org/news/469238/Conference-Program-Committee.html

I look forward to reconnecting with each of you at the upcoming meeting in Orlando on March 18–21, 2020. Hurricane season will be behind us at that point, but I feel certain the cochlear implant storm will still be brewing, which is a good thing for all of us.

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16th International Conference on Cochlear Implants and Other Implantable Technologies

Plan Now to Attend CI 2020 International in Orlando
www.CI2020orlando.org

University of North Carolina
School of Medicine, Department of Otolaryngology – Head and Neck Surgery and Neurosurgery:
Kevin D. Brown MD/PhD,
Associate Professor & Chief of Division of Otology, Medical Director Children’s Cochlear Implant Center
Margaret Dillion AuD,
Research Associate Professor, Director of Cochlear Implant Clinical Research
Harold C. Pillsbury III MD, Emeritus Chair

As Conference Program Chairs, we are pleased to announce that the 16th International Conference on Cochlear Implants and Other Implantable Auditory Technologies will be held March 18–21, 2020 in Orlando, Florida. The conference theme

continued on page 3
CI2020 continued from page 2

is: Expanding Indications for Cochlear Implantation. The program aims are to identify the outcomes of cochlear implant recipients who exceed current candidacy criteria for cochlear implantation, determine the patient and device variables that contribute to patient performance, and explore different practice models to continue to provide the best care as the volume of cochlear implant recipients increases.

We are thrilled to announce that the John Niparko Memorial Lecture will be given by Konstantina Stankovic, MD, PhD on degeneration and regeneration of the inner ear. Dr. Stankovic is Chief, Division of Otology and Neurotology and Director of the Molecular Neurotology and Biotechnology Lab at Massachusetts Eye and Ear Infirmary, Harvard University. This special lecture at the Opening General Session on Thursday, March 19 recognizes Dr. John K. Niparko’s enduring commitment to cochlear implant research and clinical care and honors his significant contributions to the field.

In addition to the Niparko Address by Dr. Stankovic, this year’s scientific program has been organized to include six special lectures by leaders in the field on specific topic areas, allowing them to share their work as keynote speakers. These speakers include:

- Oliver Adunka, PhD (USA) on electric-acoustic stimulation in adult cochlear implant recipients
- Matthew Carlson, MD (USA) on early cochlear implantation in children
- Teresa Ching, PhD (Australia) on language development in pediatric cochlear implant recipients

The John Niparko Memorial Lecture will be given by Dr. Konstantina Stankovic, Chief, Division of Otology and Neurotology and Director of the Molecular Neurotology and Biotechnology Lab at Massachusetts Eye and Ear Infirmary, Harvard University

Anticipated session topics at CI2020 International include SSD Surgery and Device, Intelligent Mapping in Expanded Indication Subjects, EAS in Adults, Beyond Speech Perception, (Re)habilitation and Education Strategies, Increasing CI Market Penetration and much more!

CI2020 in Orlando

Registration

The Early Bird Deadline is January 21, 2020. Register early and save.

Hotel
Book your stay at the Hyatt Regency Orlando, an iconic hotel in the heart of everything Orlando has to offer. All conference events take place at the Hyatt. Space is limited and reservations received after Monday, February 17, 2020, or after the room block fills, are subject to rate and space availability. Visit http://ci2020orlando.org/site/index.php/hotel-travel to make your reservation.

CEU/CME
Continuing Education credits, including CEU and CME, will be provided at the CI2020 International conference. Visit http://ci2020orlando.org/site/index.php/continuing-education for additional details on credits and providers as they are confirmed.

Travel Discounts

(Re)Habilitation Connect Forum
To be held Friday, March 20 from 12:30–5:00. The Forum and a reception following the close of the session is free to conference registrants. Attendees are encouraged to sign up as part of regular registration.

Student Scholarships
Student scholarships are available for a limited number of students and will be awarded competitively to students who are undergraduate or graduate students, residents, or fellows in hearing science. Applications are due on December 13, 2019 and can be found here: https://www.acialliance.org/page/CI2020

CI2020 continued from page 3

• Bruce Gantz, MD (USA) on measures beyond those conducted in the sound booth to assess the effectiveness of cochlear implant use
• René Gifford, PhD (USA) on bimodal and bilateral cochlear implantation
• Paul van de Heyning, MD, PhD (Belgium) on cognition and cochlear implantation

The program will offer the traditional panel discussions and podium and poster presentations. In addition, a new feature will be a point/counter-point session on controversies in cochlear implantation. The scientific committee generated topics specific to expanding indications for cochlear implantation to include:

• Candidacy for Cochlear Implantation: Determining Who May Benefit
• Surgical Considerations: Treating Patients with More Hearing
• Mapping: Considerations of Patient and Device Variables
• Aural Rehabilitation: Treatment Targets for the Individual Patient
• Objective Measures: Beyond Behavioral Evaluation
• Postoperative Outcomes: Demonstrating the Benefit of Expanded Indications
• Practice Management: The Cochlear Implant Program in the Face of Expanding Indications

We are grateful to the scientific and conference committee members for their efforts to ensure that this will be a thought-provoking and informative meeting. We are looking forward to sharing our Southern hospitality in Orlando, Florida!
From Data to Delivery: Implementing Research-Based Intervention

A Special (Re)Habilitation Connect Forum to be held Friday, March 20, 2020 from 12:30-5:00 PM at CI2020 International in Orlando

Maya Angelou once said, “Do the best you can until you know better. Then when you know better, do better.” As the ACI Alliance has grown in number and in reach, the awareness of the need to engage and support therapy practitioners and educators in a better way also has grown. This knowledge, in addition to the overwhelming positive response regarding the (re)habilitation sessions and opportunities at CI2019 in Miami, has led to a new offering for CI2020 specifically for therapy practitioners and educators or anyone interested in therapy and education.

In addition to (re)habilitation presentations throughout the regular scientific program, the ACI Alliance is proud to announce an afternoon forum on Friday, March 20 entitled: From Data to Delivery: Implementing Research-Based Intervention. During this (re)habilitation-focused afternoon, attendees will have the opportunity to participate in sessions designed to provide clinically-applicable, research-based information on topics related to:

- Complexities of family-centered care
- Reading and cognition
- Working with older children and teens

If as a therapy practitioner or educator you have wished for more in-depth information and more immediately applicable take-aways from the presentations you have attended at ACI Alliance meetings, this forum is for you. Please join us as we all strive to make our best better.

Forum Coordinating Committee

Amy Lynn Birath, AuD, CCC-A/SLP, LSLS Cert. AVEd
Pediatric Audiologist/Speech-Language Pathologist
Coordinator of Speech-Language Pathology
The Moog Center for Deaf Education

Hannah Eskridge MSP, CCC-SLP, LSLS Cert. AVT
Associate Professor
Director, Children’s Cochlear Implant Center at UNC

Amy McConkey Robbins, MS, CCC-SLP, LSLS Cert. AVT
Speech-Language Pathologist
CI2019 Pediatric Breaks Records

Donna L. Sorkin MA, Executive Director, ACI Alliance

Conference Materials Available Online

The summer CI2019 Pediatric conference chaired by Drs. Ivette Cejas and Fred Telischi of the University of Miami was a spectacular success on a number of fronts. The meeting theme “Treating the Whole Child” was a concerted effort to address a child’s needs from across the care continuum. We are grateful to the entire University of Miami team as well as the many individuals who contributed as abstract reviewers, moderators, presenters, and judges for our student activities. The many contributors to the meeting are named in the CI2019 Pediatric Conference Program Book which is available on our website along with session materials, such as abstracts and Powerpoint presentations from session. In fact, there are a variety of important conference resources available online here: https://www.acialliance.org/page/CI2019. Videos are being produced of several of the Opening Sessions and we will notify our members and place them on the website when they are completed and available.

Diversity of Content

Our speakers covered the medical aspects of the CI intervention alongside of the social, emotional and cultural elements that are sometimes overlooked. We broke records for the numbers of speech pathologists, educators, and psychologists in attendance—professionals who have a key role in the development of the child and in fostering contributions of the entire family during the process of a child’s language learning and development. We also had a record number of students and fellows who joined us and presented posters. Reviews from attendees as part of the after conference input process were extremely positive and reflected the excitement our members felt in being part of an organization focused on cochlear implantation. Just a few of the special features of the conference we wanted to highlight include:

John Niparko Memorial Lecture

Nina Kraus PhD was selected as this year’s honored lecturer. Dr. Kraus presented on Sound Processing in Healthy and Hurting Brain: What Have We Learned from Music and Concussion?

continued on page 7
CI2019 Breaks Records  continued from page 6

Two Keynotes were given:
- Emotional Competence and Its Effect on Social Functioning in Children with Cochlear Implants was presented by Carollen Rieffe PhD (Leiden University, The Netherlands)
- What They Hear and What They Say: Language Learning in a Bilingual Context by Elizabeth Pena PhD (UC Irvine)

Student Participation
CI2019 had the strongest student participation to date at a CI meeting with 21 students awarded scholarships (https://www.acialliance.org/page/scholarship) a total of 23 submissions for the Student Poster Competition and six students receiving recognition for their poster presentation (three student winners, three runner ups). To view the students who participated in the competition: https://www.acialliance.org/general/custom.asp?page=ci2019studentposter

Donna Sorkin presents the Lifetime Achievement Award to Karl White PhD.

Lifetime Achievement Award
A new award was created and awarded by the Board of Trustees. The Lifetime Achievement Award for Service to Families and Professionals was awarded to Karl White PhD, Director of the National Center for Hearing Assessment and Management at Utah State University. To read the award language and learn about Dr. White’s lifetime of contributions, https://www.acialliance.org/page/KarlWhite

Poster session at CI 2019

Exhibit Hall

Student poster presenters

Dr. Colin Driscoll

Attendees at session

Socializing in the Exhibit Hall
MRI examinations can be stressful, but they are common and a necessary part of life. At Advanced Bionics we believe that MRI procedures should be hassle free for all cochlear implant patients. That is why we developed the HiRes™ Ultra 3D cochlear implant, which is compatible with 3.0 Tesla MRI with the multi-magnet assembly left in place.
State Champions Lead the Charge

Nichole Westin MA, Governmental Affairs Manager, ACI Alliance / nwestin@acialliance.org

The fun thing about autumn is that you only ever notice the growth of your trees when the pile of leaves in your yard seems nine times bigger than the year before. It is also the time to take stock and prepare for the coming new year, and we at the ACI Alliance are preparing our advocacy plan for 2020. In the August 2018 issue of Calling, we noted that we had 90 State Champs representing 40 states. In October 2019, we increased our numbers and we now have many more parent advocates and two dozen new State Champions from across the CI care continuum. With 112 Champions in 43 states, we are posed to have an impact on the issues we care about. Please consider becoming one of our State Champions. We are seeking multiple Champions in each state. For a listing of the individuals who comprise our State Champion network, visit the Advocacy tab of the website https://www.acialliance.org/page/ACIAStateChamps

Parent Choice
Our state champions and other advocates have carried out a focused effort to protect parent choice on communication and technology options. Due to a large number of state bills put forward by LEAD-K groups, this was a priority issue in 2019. The alliance of hearing health organizations we partner with and of course our committed State Champions were successful in beating back nearly a dozen state LEAD-K bills that did not move forward.

In 2020, we plan to better optimize the resources of our collaborators to respond faster and more effectively. ACI Alliance submitted comments on behalf our members in six states: New Jersey, Maine, Maryland, New York, Virginia, and Illinois. We expressed our concern with proposed legislation that imposes unnecessary and duplicative measures on families pursuing their chosen approach. We hope to change the conversation on this issue to how we can best improve early intervention services for all our children. For a copy of the ACI Alliance perspective on LEAD-K laws and their impact on children: Position Paper: Supporting Parent Choice for Children who are Deaf and Hard of Hearing https://www.acialliance.org/page/SupportingParentChoice

Medicaid
Medicaid remains a significant issue and barrier to access in some states. We initiated conversations with CMS to explore barriers at the state level which include reimbursement and equipment replacement and upgrades. State Champions are exploring coverage for adults in those states that currently do not cover the non-pediatric population, lowering the age for CI coverage under Medicaid for eligible infants, and Medicaid coverage for single-sided deafness. continued on page 10

New ACI Alliance Videos Improve CI Awareness

ACI Alliance announces the availability of four brief videos on topics about which we are most often queried. These videos will be of special interest to adult candidates, parents and other family members, and primary care clinicians. We also hope that non-CI hearing care professionals will find them helpful in counseling. Please share this information with your patient and professional communities and please consider including links on your own website. The videos are under the Awareness tab on the website as well as on our website homepage. https://www.acialliance.org/page/videos

The four video topics are narrated by experts in the field and cover the following topics:
• Cochlear implant surgery
• Cochlear implant adult candidacy
• Insurance and cochlear implants
• Facilitating spoken language in children with cochlear implants
Veterans

We continue to receive inquiries from veterans and service providers about CI services from the VA. We are discovering how varied CI access to those services can be, depending on the area of the country where one resides. A recent JAMA article (https://jamanetwork.com/journals/jamaotolaryngology/article-abstract/2740683) highlights the issue of geographical discrepancies and the need to explore more and better options for veterans access to cochlear implantation. Please contact us if you have information to offer on this topic and/or would like to be involved in our efforts.

Congenital Cytomegalovirus (CMV)

At the July in-person meeting, our State Champs agreed to explore how we might address awareness of the linkage between the CMV virus and hearing loss in children. Congenital CMV is the most common cause of viral birth defects and non-hereditary hearing loss (Goderis, J. et al Pediatrics 2014.) CMV is responsible for hearing loss in 1 in 5 hearing-impaired children with no other known risk factors or cause and 1 in 10 hearing-impaired children overall. We are exploring how we might partner with other groups such as the National CMV Foundation to improve awareness and follow-up.

Responding to State Issues

One of the elements that makes the ACI Alliance State Champion network unique is our ability to respond to, and assist on, issues specific to individual states. The diversity of populations, politics and problems often require that we craft individual responses to key state issues. Even those issues mentioned above can require tweaking depending on the situation. Our Champs are critical in helping us shape these responses and the more input we generate, the better the product. If you are interested in joining our State Champion program, please contact nwestin@acialliance.org.

Member Directory

Jessica Houk MBA, Manager of Information Technology and Membership Services, ACI Alliance jhouk@acialliance.org

Often overlooked, is a feature we have for members only, called “Member Directory.” On the ACI Alliance website, members can search for other members by going to the “Member” drop down, and clicking on “Directory.” Keeping in touch with colleagues through our online professional membership directory is an important benefit of membership. The Directory contains a listing of names, titles, addresses, and contact information for ACI Alliance Professional and Organizational members. Using the directory, members may search for other members by name, organization, or location. You can make yourself available as an expert, or find others who are working in similar fields. You can help to enhance the value of this database by updating the information in your membership profile. You can even include a photo. https://www.acialliance.org/page/SecurityPage
Introducing the Cochlear™ Nucleus® Profile™ Plus with Slim Modiolar Electrode (CI632)

• MRI at 1.5T and 3.0T\(^1\) without head wrap or magnet removal\(^1\)
• Thin implant design for natural and low-profile appearance\(^2\)
• Most reliable cochlear implant\(^3,4,5\)
• Improved hearing performance with close proximity to the modiolus\(^6\)
• Focused stimulation of hearing nerve
• Ultra-slim and atraumatic electrode

Cochlear Delivers the Complete Solution

Profile Plus is available with Slim Modiolar (CI632), Slim Straight (CI622) and Contour Advance (CI612) electrode arrays.

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1. MRI Guidelines DT74756
2. Data on File: FUN3630, FUN3631, FUN3632

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Our research team is pleased to announce that the new Cochlear Implant Quality of Life-35 Profile (CIQOL-35 Profile) instrument and CIQOL-10 Global measure are now available for research and clinic use with adult users of cochlear implants.

The CIQOL-35 Profile includes 35 items that measure QOL in 6 unidimensional domains (communication, emotional, entertainment, environmental, listening effort, and social). The CIQOL-10 Global provides a global evaluation of CI user’s QOL, but no domain-specific information. All CIQOL-10 Global items are included in the CIQOL-35 Profile, so a global QOL score can be determined from responses to the CIQOL-35 Profile instrument. These instruments are available to download at education.musc.edu/CIQOL.

Development of Instruments
The development of the CIQOL instruments included the participation of 748 unique adult CI subjects, who were recruited through the CIQOL Development Consortium (30 CI centers representing all regions of the United States). Instrument development included a combination of qualitative and quantitative methods following the Patient-Reported Outcomes Measurement Information System (PROMIS) and the CONsensus-based Standards for the selection of health status Measurement INstruments (COSMIN) guidelines.

As a result, these new instruments have several advantages over patient-reported outcome measures (PROMs) previously used with adult CI patients. First, several domains are included in the CIQOL instruments (i.e., entertainment, environment, and listening effort) that have not been included in previous PROMs. This demonstrates the importance of stakeholder engagement through focus groups in the development process, which improves the CIQOL instruments’ face and content validity. Second, the use of modern psychometric analyses in the development process led to superior construct validity when compared to the Nijmegen Cochlear Implant Questionnaire (NCIQ), from which we conclude that the CIQOL instruments are more comprehensive and have superior measurement properties compared to legacy PROMs.

We have also been working jointly with Health Measures/Patient-Reported Outcomes Measurement Information System (PROMIS) to create the final component of the CIQOL instrument suite—the CIQOL-Computer Adaptive Test (CIQOL-CAT). Computer adaptive tests are the most advanced and efficient means to administer PROMs. Here, the difficulty of items presented is predicated on an individual’s response to the prior item. This collaboration is a multi-step evaluation of our prior work to ensure the measurement properties are adequate for CAT development. We are pleased to report that we recently received this approval and the CIQOL-CAT will be completed in the coming months. In the process, Health Measures has also approved the integration of all CIQOL instruments into the well-known Health Measure platform, which will make the instruments more widely available.

Potential Benefits
We are excited about the potential benefits of these new instruments and believe they represent the beginning of a more comprehensive and patient-centered era of reporting and understanding CI patient outcomes. Although speech recognition outcomes are important, focusing solely on these abilities greatly limits our understanding of the social, emotional, other aspects of cochlear implantation. CIQOL instruments provide this information in an efficient manner and allows for a more
Evaluation of Revised Indications for Cochlear Implant Candidacy for the Adult CMS Population: An Overview of the Final Analysis

Teresa A. Zwolan PhD,
Professor and Director,
University of Michigan Cochlear Implant Program

Craig A. Buchman MD,
Lindburg Professor and Chair,
Department of Otolaryngology Head & Neck Surgery, Washington University School of Medicine

Medicare indications for a cochlear implant currently state “Cochlear implantation is reasonable and necessary for treatment of bilateral pre- or post-linguistic, sensorineural, moderate to profound hearing loss in individuals who demonstrate limited benefit from amplification. Limited benefit from amplification is defined by test scores of less than or equal to 40% correct in the best-aided listening condition on tape recorded tests of open-set sentence (re)cognition” (CMS Decision Memo for Cochlear Implantation (CAG-00107N)). These indications have been in existence since 2005 and are stricter than those of devices approved by the FDA, resulting in many Medicare beneficiaries being denied this important intervention.

In order to improve access to cochlear implants for CI recipients, members of the American Cochlear Implant Alliance submitted a proposal to the Centers for Medicare and Medicaid Services (CMS) to investigate expansion of Medicare indications for a cochlear implant. This study, titled “A Proposal to Evaluate Revised Indications for Cochlear Implant Candidacy for the Adult CMS Population” (NCT02075229), was approved by CMS in July, 2013. This enabled ten clinics enrolled in the study to provide cochlear implants to Medicare beneficiaries who obtained scores greater than or equal to 40% correct but less than 60% correct on AzBio sentences in the best-aided listening condition. The number of sites able to enroll patients into the study was later increased to 20. These sites were selected to obtain a geographical spread across the US in hopes that this would improve access for potential study subjects (Table 1).

A total of 32 adult subjects who received cochlear implants between 9/17/2014 and 7/10/2018 were enrolled in the study at eight participating centers. The study protocol included administration of a speech recognition battery that included recorded CNC Monosyllabic Words (Peterson & Lehiste, 1962), recorded AzBio Sentences in Quiet (Spahr et al., 2011), and CUNY Sentences (reference) that were delivered via live voice over the phone by the implant audiologist. All subjects participated in testing using their implant alone. If they indicated they used a hearing aid in their contralateral ear more than four hours each day, the speech recognition measures were also administered in a bimodal condition of HA+CI.

The battery also included three self-assessment questionnaires: the Abbreviated Profile of Hearing Aid Benefit (APHAB, Cox & Alexander, 1995), the Short Form-36 (SF-36) (Ware et al. 1993), and the Health Utility Index Mark 3 (HUI-3) (Furlong et al. 2001). Both the speech recognition measures and the self-assessment questionnaires were administered pre-implant and 6 and 12 months post-implant.

August 2019 Meeting with CMS
In August 2019, final findings of the study were presented to leaders at the CMS offices in Baltimore (MD). These findings are summarized in Figures 1 and 2. Figure 1 provides a summary of the mean speech recognition scores obtained at the three test intervals (pre-op, 6 and 12 months post-op) when subjects used their implant alone (CI only). If subjects participated in bimodal testing, the best score obtained when CI alone and CI+HA were compared was used to determine the “Best Aided” mean scores, which are provided in Figure 2.
CIQUOL continued from page 13

patient did not use a contralateral hearing aid, their CI alone score was used to contribute to the mean “Best aided” score.

Study Findings

Both Figure 1 and Figure 2 demonstrate early, significant improvement on all 3 speech recognition test measures. Mixed Model analysis indicated a significant change in both AzBio and CNC scores over time (p<.05). For all three measures, the largest increase was seen between pre-implant and the 6 and 12 month assessments, with a much smaller difference noted between 6 and 12 month assessments.

Mean scores obtained by subjects also improved over time on the self-assessment measures. Many of the subtests of the APHAB significantly changed over time, with the exception of Aversive. On the Health Utilities Index (HUI), scores significantly changed on HUI-Hearing, HUI-Dexterity, and HUI-Multi score. No change in Sf-36 domain scores occurred during the study visits, indicating a steady quality of life and health utility over the course of the study.

Next Steps

There are several steps that still need to be completed before the Medicare indications can be changed. This includes a formal meeting of CMS personnel, a formal National Coverage Determination (NCD) request, publication of the findings from this study in a peer-reviewed journal, and review of the NCD application that will include opportunities for public comment.

We will be calling on ACIA members to be actively involved in the public comment opportunity, and we’re hopeful that doing so will help bring about important change to the indications for cochlear implants for CMS beneficiaries.

For additional information on the history of the study, please visit the ACI Alliance website Research area here: https://www.acialliance.org/page/MedicareExpansion

Editor’s Note: Funding support for the Medicare revised indications study was provided by American Cochlear Implant Alliance. Drs. Zwolan and Buchman served as PIs and contributed their time (with no financial support) over the entire study timeframe. Dr. John Niparko was involved as a PI in the early years and until his death in 2016.

A Proposal to Evaluate Revised Indications for Cochlear Implant Candidacy for the Adult CMS Population

Figure 1

Study Subject Accrual

<table>
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<th>Site</th>
<th>Total Subjects</th>
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<td>001 Univ of Iowa</td>
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<tr>
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<tr>
<td>018 Medical University of South Carolina</td>
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<td>Total Subjects Enrolled to Date</td>
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<td>Projected Total Enrollment</td>
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Study Updates:

Withdrawn: 4

Figure 2

Study Summary - Results-to-Date (Percent Correct)

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<th>12 months (n=31)</th>
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<td>AzBio: Ear to be implanted</td>
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<tr>
<td>AzBio: Best Aided</td>
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<tr>
<td>CUNY: Ear to be implanted</td>
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</tr>
<tr>
<td>CUNY: Best Aided</td>
<td>70</td>
<td>69</td>
<td>69</td>
</tr>
</tbody>
</table>

Figure 3

Aversive

Implanted Ear

Pre-op [N = 33] 6 months [N = 31] 12 months [N = 31]

Best Aided

Pre-op [N = 33] 6 months [N = 31] 12 months [N = 31]
Why RONDO 2?
Easy for Them, Easy for You

With RONDO 2’s wireless charging, there’s no need to open the processor or change batteries—making it incredibly simple to use. The lightweight off-the-ear design is so comfortable it’s easy to forget it’s there. And RONDO 2 adapts to changing listening conditions for optimal hearing on the go.

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- Easy to charge
- Easy to wear

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A YOUNG ADULT’S PERSPECTIVE

Empowering the Next Generation of CI Users

Kennedy Patlan

Kennedy Patlan, a 24-year recipient of bilateral cochlear implants helped us open CI2019 in Miami by sharing her experience and empowering future users. Kennedy graduated magna cum laude from Syracuse University and currently resides in Washington, DC. Here are highlights from her well received speech to the conference attendees.

1997. I received a cochlear implant on my left ear. For the first years of my life, I wore a body worn sound processor. My mom would help me wrap the belt around my waist and tried to help me keep the processor on as much as possible. Despite my mom’s worries about the looks I received, I confidently requested she send me off to school with two pigtails, my processor on full display.

2004. I have a new processor. It is significantly smaller, but my life gets significantly larger due to the possibilities of being implanted at such an early age. But during elementary school games of telephone, I remember wishing that my friends could pass their secrets on to my right ear. One day I asked my parents, “Could I get a second implant?” And immediately, as they always do, my parents worked to make sure that I could succeed.

2005. The day after my 9th birthday I receive my second implant. While I can’t remember my first surgery, I do remember the difference in my scars. My parents and I are amazed at the difference in speed, efficiency and surgical incisions that had developed over the years. We are equally impressed by the opportunity children are afforded as bilateral implantation became normalized.

2014. I’m a freshman at Syracuse University on a full tuition scholarship. I know I would not have made it there without my cochlear implants. Not because it made me a unique applicant, but because growing up with implants has given me many lessons in resilience and empathy. It taught me the importance of advocating for myself, a skill that once embarrassed me every time my Mom got on the phone with the principal. Being a CI kid is much more than being gifted with sound—although that is pretty incredible. It is a social, personal, and sometimes political identity that transforms you. I encourage you all to equip your parents and patients with the information they need to understand that they have the power to leave lasting change in their own lives, as well as the lives of many others through their unique experiences.

2019. I am a full-time employee at a national nonprofit in Washington, D.C. I belong to a unique community and as I have gotten older, I have seen more of me in film and in art. I have seen fellow recipients become audiologists and politicians. It has been empowering to witness the success of my fellow 1990s CI kids as we get acclimated to this thing called adulthood. From school to sports to dating and careers, we’re figuring it out and making it happen one sound at a time.

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