

The #1 Hearing Care Practice Management Solution

# Sycle Private Practice Cochlear Counsel Program



## **Feature Overview**

Sycle and Cochlear have partnered to provide Audiologists the opportunity to offer hearing implant technology to patients to maximize their hearing experience.

This new feature allows Audiologists to track the discussions they have with patients about cochlear implants and also provides an opportunity for the patient to receive additional information about hearing implant technology and community support opportunities.

Patients interested in learning more can be sign up to be contacted directly by a Cochlear implant specialist who will personally reach out to your patient to help answer any questions about the process, products, technology and support and community opportunities available to the patient including the following:

- Hearing Health Seminars Patients can attend a free educational event where they can learn more about hearing loss, hearing implant solutions and the process of becoming a cochlear implant recipient. They can meet Cochlear representatives, hearing implant recipients, hearing implant specialists, and get answers to their questions.
- **Cochlear Connections** At any point during your patient's journey to a cochlear implant, he or she may want to connect with others that have gone through the process. Cochlear has a large community of people who want to support your patient and share their stories. He or she can reach out to a volunteer recipient or loved one through our Cochlear Connections program.
- **Community Chapter Meeting** Connect with Cochlear Family volunteers at in-person events to get answers to their questions and learn more about the Nucleus® Cochlear Implant System.
- **Coffee Chat** Your patient can connect with a local Cochlear representative and volunteers in an informal setting to discuss his or her unique hearing journey, hearing implant solutions and coverage. Chats provide an inperson opportunity to get questions answers but allow the patient flexibility to drop in at his or her convenience.



Learn more at www.Cochlear.com/US or call: 1-800-216-0228

#### **Cochlear Connections**

At any point during your patient's journey to a cochlear implant, he or she may want to connect with others that have gone through the process. Cochlear has a large community of people who want to support your patient and share their stories. He or she can reach out to a volunteer recipient or loved one through our Cochlear Connections program.

Learn more at www.Cochlear.com/US/CochlearConnections

#### **Cochlear Community Chapter Meeting**

Connect with Cochlear Family volunteers at in-person events to get answers to their questions and learn more about the Nucleus® Cochlear Implant System.

To learn more visit: www.Cochlear.com/US/Events.

#### **Cochlear Coffee Chat**

Your patient can connect with a local Cochlear representative and volunteers in an informal setting to discuss his or her unique hearing journey, hearing implant solutions and coverage. Chats provide an in-person opportunity to get questions answers but allow the patient flexibility to drop in at his or her convenience.

To learn more, visit: www.Cochlear.com/US/Events

#### **Feature Benefits**

- Identify patients who may benefit from implant technology and keep a history of your discussions.
- Sign patients up to be contacted by a Cochlear specialist to help answer any questions about the process, products, technology and support opportunities.
- Track cochlear surgeries on your patients to allow for follow up and continued patient care.
- Generate an Audiological report to provide to implant physicians along with your referral.
- Learn more about implant technology through the training and introduction videos available in the Patient Summary.

#### **Feature Guide**

There are two sections that will guide you through the Cochlear counsel program.

The first section will be regarding Patients with new hearing tests, and entering the outcome of the appointment.

|              |         |        | Left Ea               | r Heari | ng Los  | es:           |               |       |              |                |             |            |            |         | Right E | ar Hea  | ring L | 0.85          |         |    |    |    |   |
|--------------|---------|--------|-----------------------|---------|---------|---------------|---------------|-------|--------------|----------------|-------------|------------|------------|---------|---------|---------|--------|---------------|---------|----|----|----|---|
|              |         | evel:  | Did No                | k Test  |         | \$            | require       | vid . |              |                |             |            | L          | evel:   | Did No  | ot Test |        | \$            | nequin  | nd |    |    |   |
|              | 1       | Type:  | Sele                  | ct One- | -       | \$            | require       | be    |              |                |             |            | 1          | Туре:   | -Sele   | ct One- | -      | \$            | require | be |    |    |   |
|              | SI      | ape:   | None                  |         |         | $\frac{1}{T}$ | )             |       |              |                |             |            | SI         | hape:   | None    |         |        | $\frac{h}{T}$ | )       |    |    |    |   |
|              |         |        | Left Ea               | r Heari | ing Lev | els in        | dBs           |       |              |                |             |            |            |         | Right E | ar Hea  | ring L | evels in      | n dBs   |    |    |    |   |
| Levels:      | 125     | 250    | 500                   | 750     | 1K      | 1.5K          | 2K            | зк    | 4K           | 6K             | 8K          | Levels:    | 125        | 250     | 500     | 750     | 1K     | 1.5K          | 2K      | зк | 4K | 6K | 8 |
| eshold:      |         |        |                       |         |         |               |               |       |              |                |             | Threshold: |            |         |         |         |        |               |         |    |    |    |   |
| UCL:         |         |        |                       |         |         |               |               |       |              |                |             | UCL:       |            |         |         |         |        |               |         |    |    |    |   |
| BC:          |         |        |                       |         |         |               |               |       |              |                |             | BC:        |            |         |         |         |        |               |         |    |    |    |   |
| IP:          |         |        |                       |         |         |               |               |       |              |                |             | IP:        |            |         |         |         |        |               |         |    |    |    |   |
| MCL:         |         |        |                       |         |         |               |               |       |              |                |             | MCL:       |            |         |         |         |        |               |         |    |    |    |   |
| FF:          |         |        |                       |         |         |               |               |       |              |                |             | FF:        |            |         |         |         |        |               |         |    |    |    |   |
|              |         |        | Left Ea               | r Speed | ch Aud  | liometr       | v             |       |              |                |             |            |            |         | Right E | ar Spe  | ech As | diome         | try     |    |    |    |   |
| Use Hea      | aring L | evel:  | Yes                   |         |         | \$            |               |       |              |                |             | Use Hea    | ring L     | evel:   | Yes     |         |        | \$            |         |    |    |    |   |
| Rept         | Thres   | hold:  |                       |         |         |               |               |       |              |                |             | Rept       | Thres      | hold:   |         |         |        |               |         |    |    |    |   |
| Mos          | t Com   | f Lvi: |                       |         |         |               |               |       |              | Nost Comf Lyl: |             | f Lvi:     |            |         |         |         |        |               |         |    |    |    |   |
| u            | Jacom   | f Lyl: |                       |         |         |               |               |       |              |                | Uncomf Lvi: |            |            |         |         |         |        |               |         |    |    |    |   |
|              |         |        | Discrim               | inatio  | n In O  | ulet          |               |       |              |                |             |            |            |         | Discrim | inatio  | n In Q | ulet          |         |    |    |    |   |
| Spe          | eech L  | evel:  | Score:                |         |         |               | Speech Level: |       |              |                |             |            | 1          | Score   |         |         |        |               |         |    |    |    |   |
|              |         |        | Left Matrix Selection |         |         |               |               |       |              |                |             | Right N    | latrix 5   | ielecti | on      |         |        |               |         |    |    |    |   |
| Power Level: |         | evel:  |                       |         |         |               |               |       | Power Level: |                |             | evel:      |            |         |         |         |        |               |         |    |    |    |   |
| Peak Gain:   |         | Gain:  |                       |         |         |               |               |       |              |                |             |            | Peak Gain: |         |         |         |        |               |         |    |    |    |   |
|              |         | lope:  |                       |         |         |               |               |       |              |                |             |            | s          | lope:   |         |         |        |               |         |    |    |    |   |
|              | Slope:  |        |                       |         |         |               |               |       | -            |                |             |            |            |         |         |         |        |               |         |    |    |    |   |

When completing an appointment, and entering the outcome, cochlear candidacy will be based on the threshold data and/or hearing loss levels entered in the hearing test section. The following levels and threshold information will determine if the cochlear implant candidacy page will display.

Group 1: At least two of these frequencies must be equal to, or greater than 85dB to qualify for candidacy.

1,000 Hz 2,000 Hz 4,000 Hz

OR

Group 2: The value entered for the following frequencies between 70dB and 85dB:

500 Hz 1,000 Hz 2,000 Hz

If a hearing test does not include Audiogram information, then the patient's hearing loss level is used to determine the cochlear candidacy. If the hearing loss level is between Level 6 (Severe) through Level 9 (unaidable) then the candidacy screen is displayed.

A response on the Cochlear implant candidacy must be selected before the appointment is completed. Selecting **No** will then complete the appointment. Selecting "Yes" will populate additional fields to fill in.

A **Discussed on** date, which will automatically populate the patient's appointment date and a section for Notes.

| cochiane implante  |   |                                       |                                   |                          |  |  |  |  |  |
|--|---|---------------------------------------|-----------------------------------|--------------------------|--|--|--|--|--|
| cochiear implants  |   |                                       |                                   |                          |  |  |  |  |  |
| Continuum of Care Alert: John  | F. Kennedy's hearing in   | es might                              | quality                           | for a                    |  |  |  |  |  |
| bimedal hearing solution (a hearing aid + a cochlear implant)  |   |                                       |                                   |                          |  |  |  |  |  |
| Evaluation   |   | Cochlear Implant Criteria             |                                   |                          |  |  |  |  |  |
| <ul> <li>Potential candidate for a bimod</li> </ul>  | dai hearing solution  |                                       |                                   | Based on FDA indications |  |  |  |  |  |
| <ul> <li>Generate a cochiear imple</li> <li>Connect your patient with</li> </ul>   | art refemal<br>1 a Cochlean Coocleres to I  | laarn mar                             | n abaat t                         |                          | 16-12 [4]  |  |  |  |  |
| options. What happens when m   | v gatient is connected?   |                                       |                                   |                          | and in the   |  |  |  |  |
| Please review John F. Kenner   | dy's contact information  | below                                 |                                   |                          | 2 mm 1 1 1 1 1 1 1 1   |  |  |  |  |
| Preferred method to rec  | eive information  |                                       |                                   |                          |  |  |  |  |  |
| o Mail O Email   |   |                                       |                                   |                          | a management of the second sec |  |  |  |  |
| Street 1 *   |   | Home                                  | Phone                             | Number *                 |  |  |  |  |  |
|  |   | 407                                   | 123                               | 1235                     | Learn more about candidary criteria  |  |  |  |  |
| Street 2   |   | Email Address                         |                                   |                          |  |  |  |  |  |
|  |   |                                       |                                   |                          |  |  |  |  |  |
| City *   |   |                                       |                                   |                          |  |  |  |  |  |
| Chake *  | Zin Code *  |                                       |                                   |                          |  |  |  |  |  |
| Taras 4  | Lip cour  |                                       |                                   |                          |  |  |  |  |  |
| Lacknowledge that 3 have<br>contact information with C<br>purposes of contacting my<br>Saters.     Require   | neceived my patient's aut<br>achieve Limited and/or its<br>patient about cochieve im<br>red | horization<br>subsidiar<br>glant tech | to share<br>les and a<br>thelogy. | hisher<br>Tileber for    |  |  |  |  |  |
| Download birrodal patient one-paser           Download stient information cacket         Video Library           O Not a potential candidate         Video Library |   |                                       |                                   |                          |  |  |  |  |  |
| Recipient  |   |                                       |                                   |                          |  |  |  |  |  |
| Patient is a cochlear implant re   | ecipient.   |                                       |                                   |                          |  |  |  |  |  |
|  |   |                                       |                                   |                          |  |  |  |  |  |
|  |   |                                       |                                   |                          |  |  |  |  |  |
|  |   |                                       |                                   |                          |  |  |  |  |  |

You may also indicate if the patient would like to be contacted for more information about Cochlear implants.

After selecting a response to connect your patient with additional information, an acknowledgement of patient's authorization to share his/her information will appear and must be checked before a "continue" button appears.

| cochlear implants  |  |               |         |                                     |  |  |  |  |  |  |
|--|--|---------------|---------|-------------------------------------|--|--|--|--|--|--|
| Continuum of Care Alert: John F. Kennedy's hearing loss might qualify for a<br>bimodal hearing solution (a hearing aid + a cochlear implant)   |  |               |         |                                     |  |  |  |  |  |  |
| Evaluation   | Cochlear Implant Criteria  |               |         |                                     |  |  |  |  |  |  |
| Potential candidate for a bim  | odal hearing solution  |               |         | Based on FDA indications            |  |  |  |  |  |  |
| <ul> <li>Generate a cochlear imp</li> </ul>  | ant referral   |               |         | Hereiz [Hz]                         |  |  |  |  |  |  |
| Connect your patient will<br>options. What happens when i<br>Please review John F. Kenn  | th a Cochlear Concierge to<br>my patient is connected?<br>edy's contact informatio   |               |         |                                     |  |  |  |  |  |  |
| Preferred method to re   | ceive information  |               |         | di anna -                           |  |  |  |  |  |  |
| o Mail 🔿 Email   |  |               |         |                                     |  |  |  |  |  |  |
| Street 1 *   |  | Home Phone N  | umber * |                                     |  |  |  |  |  |  |
|  |  | 407 123       | 1235    | Learn more about candidacy criteria |  |  |  |  |  |  |
| Street 2   | _  | Email Address |         |                                     |  |  |  |  |  |  |
|  |  |               |         |                                     |  |  |  |  |  |  |
| City *   |  |               |         |                                     |  |  |  |  |  |  |
| State *  | Zip Code *   |               |         |                                     |  |  |  |  |  |  |
| Texas \$   |  |               |         |                                     |  |  |  |  |  |  |
| I acknowledge that I have received my patient's authorization to share his/her<br>contact information with Cochlear Limited and/or its subsidiaries and affiliates for<br>purposes of contacting my patient about cochlear implant technology. Submit • Required |  |               |         |                                     |  |  |  |  |  |  |
| Download patient information     O Not a potential candidate   | Download bimodal patient one-pager Download patient information packet Video Library |               |         |                                     |  |  |  |  |  |  |
| Recipient  |  |               |         |                                     |  |  |  |  |  |  |
| Patient is a cochiear implant  | recipient  |               |         |                                     |  |  |  |  |  |  |
|  |  |               |         |                                     |  |  |  |  |  |  |
|  |  |               |         |                                     |  |  |  |  |  |  |
|  |  |               |         |                                     |  |  |  |  |  |  |

The second section of the Cochlear Counsel program will be regarding Current Patients with existing hearing tests, and the patient's summary.

In a patient summary, a Cochlear Implant panel will be displayed only if the patient qualifies based on previous hearing test criteria.

| Patient Summary getient finance<br>Patient: John F Kennedy  | chart history HCFA purchase new appointment archive  |
|---|--|
| dentity   | nuick anté - anté fuil antak   |
| Full Name: John F Kennedy Preferred Name: Jack External ID: Sycle Patient ID: 518713 Address: TX USA Snowbird Address: TX USA     | Patient Type: Prospect<br>Insurance Patient: no<br>Tinnitus: no<br>Speech Pathology: no<br>Gender:<br>Date of Birthi<br>Age:<br>Preferred Language: English<br>Phone Number: (407) 123-1235 (home)<br>Email Address: |
| cochlear implants   |  |
| Evaluation <ul> <li>Potential candidate for a bimodal hearing solution</li> <li>Not a potential candidate</li> </ul> CI Treatment | For Professionals<br>Resources for you<br>and your patient<br>Who can benefit<br>Cochlear Provider Network<br>Video Ubrary   |
| Implant Details<br>Left Ear Right Ear   | Edit   |
| Processor Details<br>Date Ear Processor   | + Add  |

The Cochlear candidacy process in the patient summary will be the same steps as a new patient's appointment outcome.

On the right had side of the Cochlear Implant panel will be additional information for professionals.

|   | for Professionals                     |
|---|---------------------------------------|
| 2 | Resources for you<br>and your patient |
|   | Who can benefit                       |
|   | Cochlear Provider Network             |
|   | Webso Library                         |

The Video Library shows educational videos for professionals, which can also be shared with patients.



Patient referral form is a printable document professionals may print out that describes the patients hearing loss, and a recommendation to see a Cochlear Implant specialist. The left side of the referral form allows you to pull an existing hearing test. The evaluation summary will pull any outcome notes associated with the hearing test date that was selected. The implant referring physician dropdown is a list of previously saved referring cochlear implant physicians. There is not an additional Admin area to manage this information. To help professionals who may not have a preferred implant physician, there is a link under the Physician dropdown menu that allows users to find an implant physician on Cochlear.com.

| Referral Form<br>Create a new referral form or download an existing report  | Saved Referral Forms Date Created Physician Name | Action |
|---|--|--------|
| Hearing Test  | There are no saved referral forms.               |        |
| Choose a hearing test to associate with this referral form<br>or leave blank to not include an Audiological report. |  |        |
| Hearing Test  |  |        |
| - Select  |  |        |
| Evaluation Summary  |  |        |
| Implant Physician   |  |        |
| Physicians + Add New  |  |        |
| - Select - ↓<br>Need help? Find a CL clinic mear you >  |  |        |
| Create Referral Cancel  |  |        |

The right side will include any previously saved/created referral forms.

Once all the information is entered into the referral form, you may simply click on the "create referral" button, and this will generate a PDF referral form.

The PDF that is generated from the referral form will include the following core information"

- Clinic information (Name, contact information, and logo)
- Patient Information
- Hearing test and Audiogram information
- Implant physician referral information
- What to bring information

|  |  | Dallas   |
|--|--|--|
|  |  | Alameda West Audiology 123 Main Str<br>Dallas, TX 123<br>Phone: (401) 737-13<br>Fax:   |
| Audiologic Re<br>John F.   | port<br>Kennedy (208: 11/30/-0001 (20  | 120 years old)   Evaluation Date: 04/22/2020   |
|  |  | Speech Audiometry  |
| -14<br>4-<br>14  |  | C Research D X Right Loft Loft   |
| 34   |  | Word Recognition   |
| 10-10-10-10-10-10-10-10-10-10-10-10-10-1   |  | Al (master (R) Al (Constant (R) |
| 21-  |  | Acoustic Reflex / Decay  |
| 124  | Stal Table 2014 (MA) 2014<br>204 (SCH CHA) 2014<br>Frequency (SCH  | Souther trans S<br>Souther trans A<br>S00 Hz<br>1000 Hz<br>2000 Hz   |
| Evaluation 5<br>the patent has a<br>rouble some when<br>Recommente<br>Schedule is follow<br>to review your her | Summary<br>anar hoaring loss in the low pitches decreasing<br>intyring to can manipally in the presence of back<br>station<br>rup appointment with Dr Hertr from Helena<br>ning report and discuss cachiner implents optio | to profound hearing loss in high pilotes. Spooch understanding is particularly<br>ground mase.   |
| Implant Physic   | ian Referral   | What to Bring  |
| Physician  | Dr Hertz   | - Health insurance information   |
| Address  | Helena<br>123 Easy Street<br>Birmingham, AK 35215  | <ul> <li>This referral document (Audiologic Report)</li> <li>List of prescription medications and desages</li> <li>List of medications that you're allergic to</li> <li>List of associates are may have</li> </ul>   |
| Contact Info   | Phone: (205) 311-1626<br>Email:  | <ul> <li>Each or questions you may have</li> <li>Paper and pendit to take notes</li> </ul>   |

After the referral form is created, it will be displayed on the right hand side of the referral form page. It will be listed by ordered date in descending order, newest form first. The table includes the following information:

- Date Created, the date the referral form was generated. Clicking the date field will open the form in PDF.
- Referring Physicians name
- Delete, clicking the delete link will remove the form from the list.

| Referral Form   | Saved Referral Forms               |        |
|---|------------------------------------|--------|
| Create a new referral form or download an existing report   | Date Created Physician Name        | Action |
|   | There are no saved referral forms. |        |
| Hearing Test  |                                    |        |
| Choose a hearing test to associate with this referral form<br>or leave blank to not include an Audiological report. |                                    |        |
| Hearing Test  |                                    |        |
| - Select - t  |                                    |        |
| Evaluation Summary  |                                    |        |
|   |                                    |        |
|   |                                    |        |
|   |                                    |        |
|   |                                    |        |
| Implant Physician   |                                    |        |
| Physicians <u>+ Add New</u>   |                                    |        |
| - Select - +  |                                    |        |
| Need help? Find a CL dinic mear you >   |                                    |        |
|   |                                    |        |
|   |                                    |        |
|   |                                    |        |
| Create Referral Cancel  |                                    |        |
|   |                                    |        |