



Sound Matters

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Northern Cochlear Implant Programme

Hello and welcome to the inaugural newsletter from the Northern Cochlear Implant Programme (NCIP).

Thank you to all the audiologists who responded to our recent survey, and who told us they would like more information about cochlear implant assessments, eligibility criteria and waiting times for adults. We have put this newsletter together to provide you with the information you need as an audiologist working in the Northern Region (Taupo north). We'll send you a newsletter twice a year and, as always, we'd be really keen on your feedback so that we provide the information you need. Contact details for our Clinical Services Coordinator Gurdeep Singh are on the back of this newsletter if you wish to get in touch. Thanks for your interest and all the best for the remainder of 2009.

NCIP Audiologists, on behalf of the NCIP Clinical Team

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Who's on the NCIP Audiological Team?

PAEDIATRIC

Leslie Searchfield – *MNZAS*
Naomi Gibson – *MNZAS*

ADULT

Ellen Giles – *CI Rehabilitationist*
Bill Raymond – *Audiologist*
Gayle Watson – *Hearing Therapist*

BILL RAYMOND

Bill, 26, joined the Northern Cochlear Implant Team in July 2008. He is originally from across the ditch and grew up outside of Cottsworth, Queensland. Born with a severe hearing loss, Bill received a cochlear implant 13 years ago.

After leaving school, he studied at the University of Queensland where he obtained a psychology degree in 2005 and then gained his Masters of Audiology in 2007. Bill has worked at Royal Children's Hospital and at Hear and Say in Queensland. When not at work, Bill enjoys tramping, camping, reading, movies and motor-biking.



Bill Raymond

Referrals & Criteria

Who Can Refer to the NCIP?

Referrals are accepted from Audiologists, ORL Specialists, Advisors on Deaf Children and GPs.

Children

CHILDREN	
AGE (yrs)	IMPLANTS RECEIVED
0 – 2	12
3 – 5	3
5 – 12	5
13 – 18	2

During the 2008-2009 contract year, 22 children received cochlear implants.

Of these children, six were bilaterally implanted – two of whom received government funding for the second implant because they became deaf after contracting meningitis. The

other four children each had one implant privately funded.

In the current financial year, we have funding for 15 implant packages. We also have additional government funding for cochlear implants for up to eight children who have hearing loss discovered as a result of the newborn hearing screening programme.

PAEDIATRIC CRITERIA

- Bilateral moderate to profound sensorineural hearing loss (i.e. ≥ 90 dBHL at 2000Hz and above for better ear), also ski slope or reverse losses.
 - Referrals accepted for children, who have no oral language, up to the age of four (children older than three should have oral language developing).
 - Children with additional needs will be accepted for assessment.
 - Child should have worn carefully selected and well-fitted hearing aids.
 - Aided thresholds should be > 40 dBHL.
 - Limited or no useful benefit from hearing aids.
 - Aided thresholds fall outside the speech range.
 - Children who have developed speech: a score of 70% or less open-set sentence discrimination or $<30\%$ on word score at 55dBHL.
- ▶ **Please refer children who are struggling at school, who may be considered a borderline referral with our criteria.**

Adults

ADULTS	
AGE (yrs)	IMPLANTS RECEIVED
18 – 30	2
30 – 50	3
50 – 70	5
70+	7

During the 2008-2009 contract year, 17 adults received cochlear implants.

Current funding for the 2009-10 financial year is for five fully funded implants and five partially-funded adults through the Adult Subsidy Scheme – refer below. The waiting list has 60 people on it and although

this may sound grim, it is crucial for you to continue to refer patients because eligibility for adults' implants is based on a priority score rather than on the length of time an individual has been waiting. Also, it is important that true numbers of people requiring an implant are known so that appropriate resources can be allocated for cochlear implant services.

ADULT CRITERIA

- Bilateral moderate to profound sensorineural hearing loss (i.e. ≥ 90 dBHL at 2000Hz and above for better ear) including ski slope or reverse losses.
- No maximum age for referral.
- Patients with additional needs are not excluded.
- Post-lingual hearing loss with oral/aural communication skills.
- Limited or no useful benefit from hearing aids.
- 60% or less open-set sentence discrimination with no more than 40% in the ear to be implanted, or $<30\%$ on word scores at 55dBHL.

▶ **If you are in doubt about a possible referral for either an adult or child, please do refer them to the NCIP or call us to discuss. This includes any child who does not show a clear, consistent response to sound regardless of unaided levels. (i.e. your "red flag" children).**

Adult Subsidy Scheme

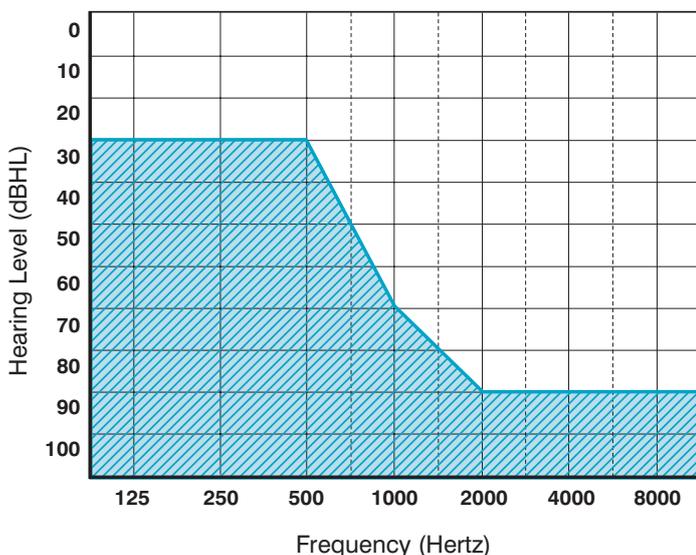
The Northern Cochlear Implant Trust (NCIT) has developed a Subsidy Scheme to:

- improve adults' accessibility to cochlear implants within existing funding.
- improve the sustainability of the programme, given that costs are increasing due to the growing number of CI recipients.

The Subsidy Scheme was developed with assistance from the NCIP's Clinical Team. A trial was conducted in the 2008-09 financial year during which four adults accepted the offer to join the Subsidy Scheme. These four adults were provided with fully-funded implant devices and understood that they would need to pay for all other costs associated with their device, including the surgical costs, audiology and rehabilitation. In effect, costs were split between the NCIT and the patient.

GUIDELINE AUDIOGRAM

Unaided Thresholds



Following the successful trial of the Subsidy Scheme, the University of Auckland's clinical team will now offer adults on the cochlear implant waiting list the chance to join the subsidy scheme in the 2009-10 and 2010-11 financial years. Up to five adults will be able to join the Scheme in each of these years.

Offers will be made to clients who are unlikely to receive an implant under the public programme within a reasonable timeframe. The position of clients on the waiting list will determine the order in which they are approached to join the Subsidy Programme. Although it is not ideal to ask clients to pay for costs associated with their implant, the Trust believed that introducing such a scheme was the only responsible course of action, not least because it would enable more people to receive an implant.

Subsidy Scheme candidates will be approached using best practice protocols and will receive extensive information about their options, particularly the estimated costs they are likely to face should they choose to join the Subsidy Scheme. It will be made clear to adults considering joining the Scheme that doing so removes them from the public programme and that, consequently, they will pay for all other costs associated with their fully-funded implant device.

Introduction of the Subsidy Scheme will allow a total of 10 adults to be implanted within funding from MOH in each of the 2009-10 and 2010-11 years. This total comprises five fully funded adults and five Subsidy Scheme adults. Without implementation of the Subsidy Scheme the total number of adults able to be implanted would have needed to be cut.

The Pindrop Foundation is currently assessing ways to assist Subsidy Scheme clients to fund the significant costs associated with their cochlear implant.

The Northern Cochlear Implant Trust emphasises to audiologists that it is crucial that all potential CI recipients are referred to NCIP so they can be assessed, and so they can be prioritised for an implant.

- ▶ If you have further questions about the Subsidy Scheme you can call Lee Schoushkov at NCIT on 021 757 423. For further information about referral processes please call Gurdeep Singh, NCIP Clinical Services Coordinator on (09) 579 2333.

Cochlear Implant Recipients



Sama Yaghi

SAMA YAGHI

Sama was born in Jordan and diagnosed with a moderately severe-to-profound hearing loss when she was two. Sama had consistently worn hearing aids but never showed confident responses to sound. This made her very difficult to test. Her thresholds were inconsistent and her progress with developing speech was slower than expected given her ABR thresholds and aided responses. Sama's audiologists at Auckland District Health Board performed a further ABR and it was determined that she had abnormal cochlear microphonics, leading to a diagnosis of auditory dysynchrony.

Sama received a left cochlear implant in December 2008. Her cochlear implant was switched on in January and the results were stunning.

Sama received a left cochlear implant in December 2008. Her cochlear implant was switched on in January and the results were stunning. Sama immediately became a confident, consistent responder during MAPPING sessions, and this followed through to soundfield testing and increased oral language. She continues to make good progress and is rapidly closing the language gap between herself and her normally hearing peers.



Wayne and Kyle

WAYNE CLOETE

Wayne was diagnosed with a sensorineural hearing loss when he was five. His hearing became progressively worse and was assessed for a cochlear implant when he was 37. Wayne is married to a profoundly deaf signer, and has two children. His son, Kyle, is also deaf and now also uses a cochlear implant, while his daughter does not have a hearing impairment. Wayne can use both speech and sign language for communication. His main wish with a cochlear implant was to be able to hear his children better and especially to be able to monitor his son's speech so that his son would learn to speak clearly.

'[Wayne's] main wish with a cochlear implant was to be able to hear his children better and especially to be able to monitor his son's speech so that his son would learn to speak clearly.'

When Wayne was using hearing aids his HINT score was 2% auditory alone and 77% with lip patterns. Wayne received his cochlear implant in 2008 and at his nine-month review, he scored 41% auditory alone and couldn't be happier!

REFERRALS & FEEDBACK

Please send your referral or any questions and suggestions to:
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