Delivering Services Differently: Towards Sustainable Person-Centred Services CIICA Round Table

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MBBS PhD FRACS

Round table:
short talks then round table discussion

Catherine Birman OAM (Surgeon) Australia	Elements of sustainable person-centred care
Paul Sommer (Researcher, Patient Advocate and CI user) USA	Quality services
Emma Stapleton (Surgeon) UK	Redesigning surgery around what matters to patients
Helen Cullington (Audiologist) UK	Beyond the clinic: Sustainable CI care at scale
Maryam Hussan (Audiologist) Netherlands	Towards future proof CI health care: smarter pathways and remote solutions
Melis Durmaz Yildirim (Speech Therapist and CI users)	Sustainable Hearing Care for Patients and the Planet: what can we do differently?

Disclosures: Nil related to this lecture

- Received in the past funding from **Cochlear Ltd** and **Med-el** for accommodation and travel costs for conferences attended either as a speaker in a symposium for the company or for a workshop hosted by the company
- Paid by **Cochlear Ltd** - for time spent on two studies- neither of these are discussed in this presentation. ***Royal Prince Alfred Hospital, Sydney, Australia*** will receive funding for one of the studies.
- ***Children's Hospital at Westmead, Sydney, Australia*** has received funding for the **Sensorion** trial- international multicentred OTOF AAV vector trial
- Consultant for **Sensorion** for a meeting
- **Cochlear Implant Neurotrophin Gene Therapy (CINGT) study received grants** from
  - NHMRC (National Health and Medical Research Council)
  - Passe Williams Foundation
  - Royal Australasian College of Surgeons
  - In kind support by Cochlear Ltd for the gene delivery array manufacture and CIs for the therapy cohort

Person-centred care- *places the individual at the centre of the planning, service delivery and decision making, treating them as a person first rather than a condition or label- NSW Health, Australia*

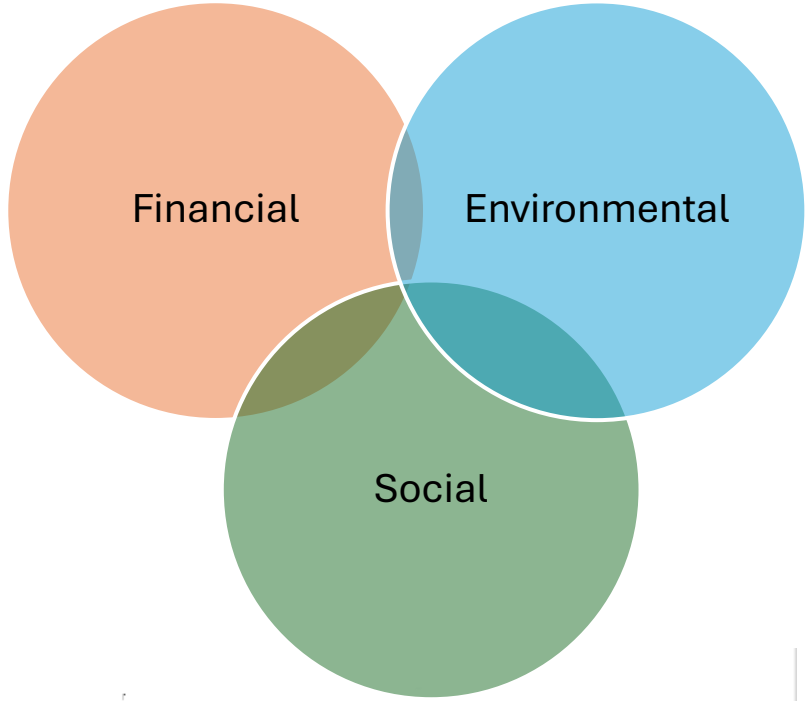


- Individual **autonomy**- own choice and goals
- Strengths- Based Focus- individual is an expert in their own life and focuses on their **capabilities**
- **Respect** for diversity
- Partnership and collaboration- involving families, carers and support **networks**

- Person-centred thinking- ***personal aspirations***
- Person- centred planning- ***person's goals alongside what is necessary for health and safety***
- ***Shared decision making***

Sustainability-

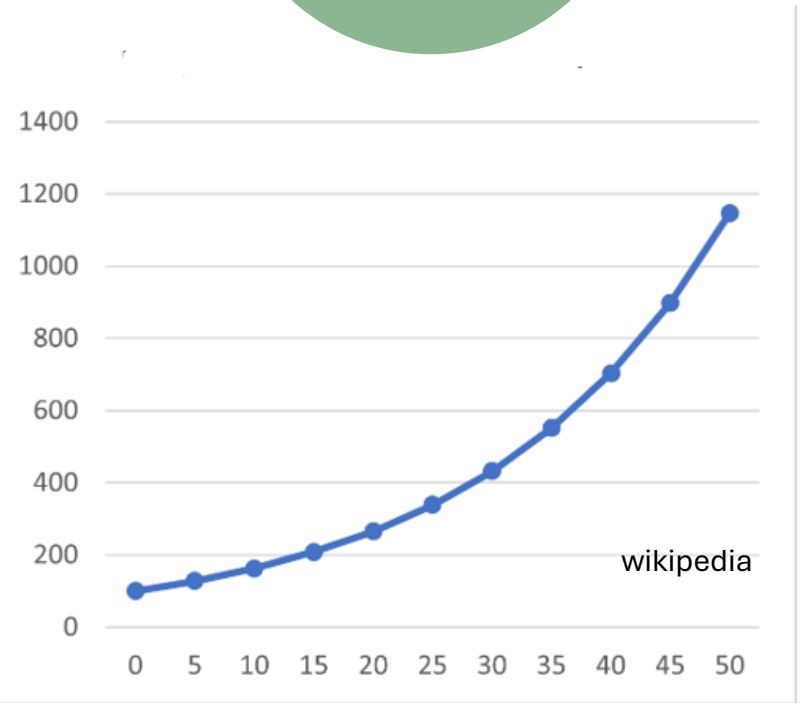
meeting current needs without hurting the ability of future generations to meet their own needs- UCLA sustainability



- Consider- a child receiving a CI today has over a 50% chance of living to over 90 years old: requiring more than 90 years maintenance; more adults can benefit and we live longer



- Sustainable financially/social-access, time taken, therapy, staying on the air, governance, training the next generation to provide CI care.
  - Governments
  - Private health
  - Individuals/ families and supporters
  - CI companies





C.Birman_CIICA OCT 2026

Blue sky

- Invisible hearing

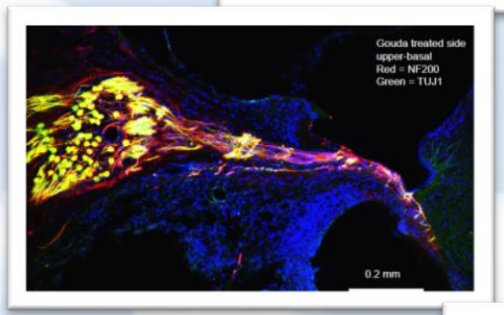
- Immediate reliable speech understanding
  - → regrown of neurites to the ci
  - → minimal inflammation
  - →optimised mapping

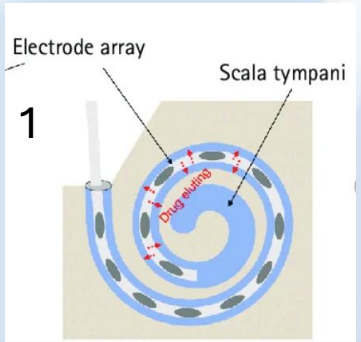
- Hearing preservation; better hearing in noise; better music appreciation

- No maintenance/ automated →AI mapping; remote mapping

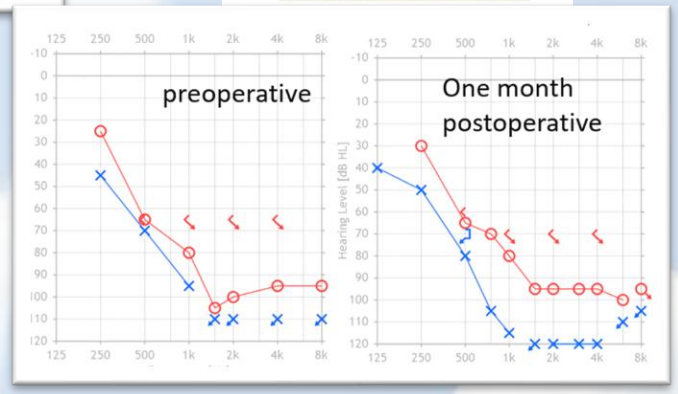


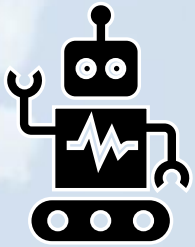


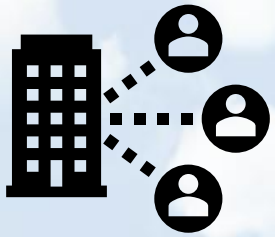


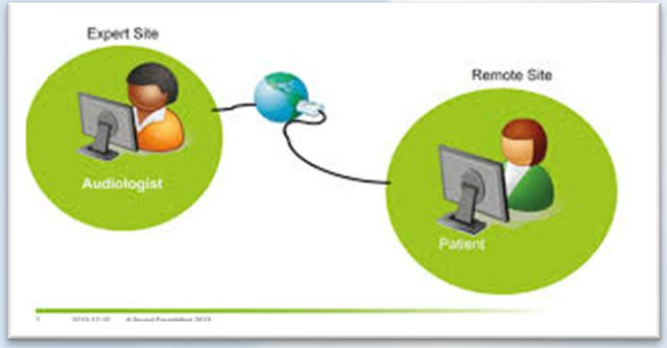


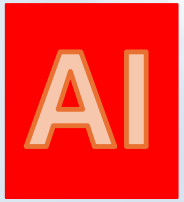






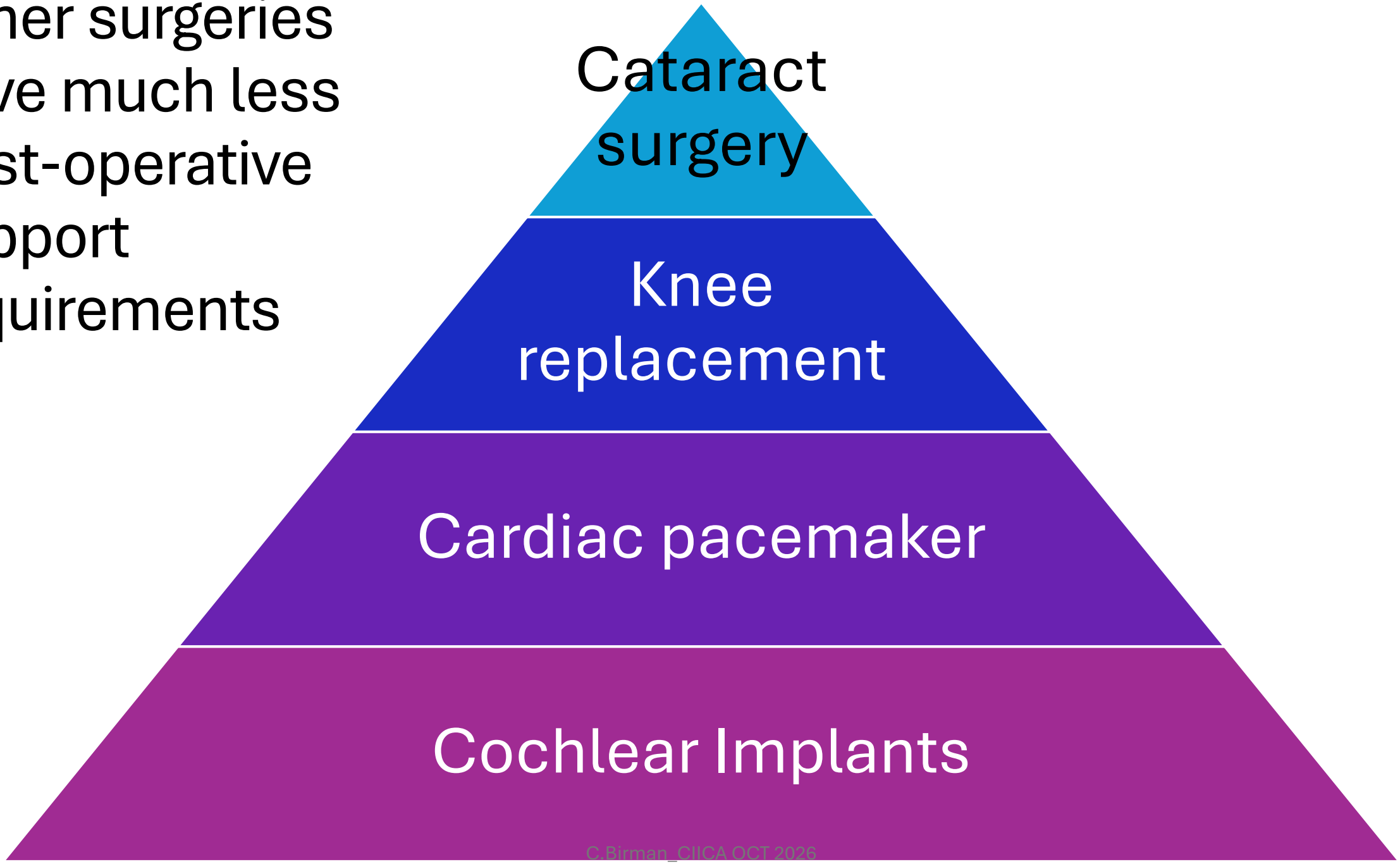






1. Creative commons licence- picture of drug eluting array
https://www.researchgate.net/figure/Drug-elution-through-a-cochlear-implant-device-An-electrode-array-is-directly-inserted_fig2_370979422

Other surgeries have much less post-operative support requirements




Cochlear implants are indicated when hearing aids are not enough

Still need ***GOVERNANCE***

Multidisciplinary approach and long term follow up

Long term speech perception outcome results
every year
→ check for optimisation of the map, check habilitation, check device position, check device function



Note:
Many programs around the world do not change the map each time the patient is reviewed, they check the speech perception, check the device and check the device is working

Trouble-shooting: complex issues: long term maintenance and support

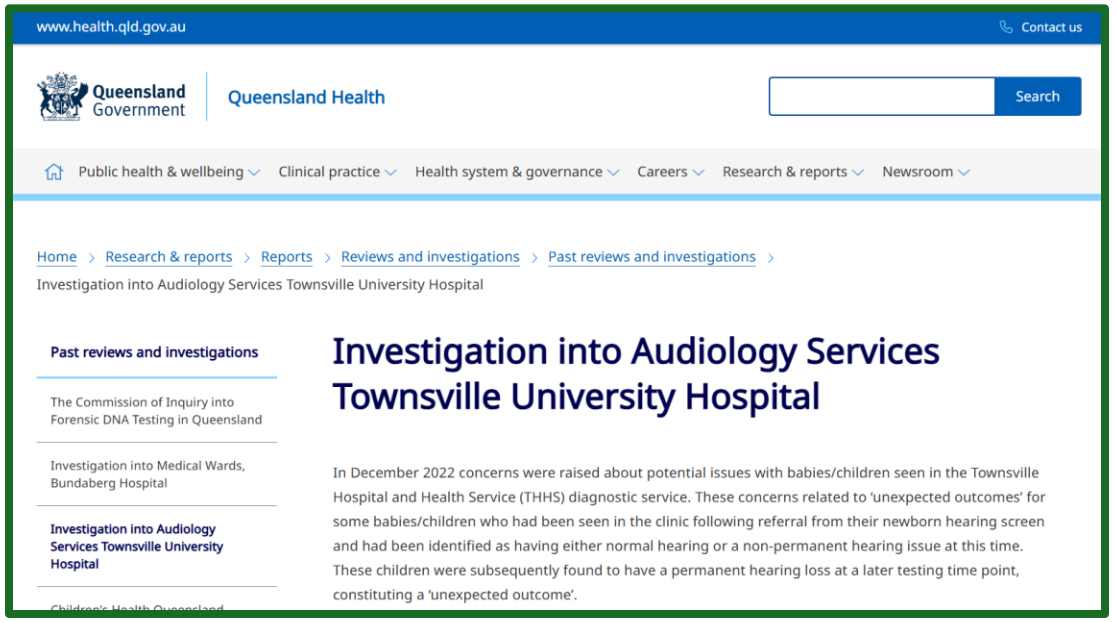
Review of indications and outcomes
→long term
Medical hospital system is legally set up for grouped patient governance (morbidity mortality review)

Adelaide and Townsville –recent Audiology issues in Australia









Adverse outcomes from incompetent mapping settlings

Paediatric audiology department mistakes regarding neonatal hearing diagnostic ABR results

In Australia we have a situation in areas of Australia. Medicare and NDIS funding- aimed at making better accessibility for all, but with unintended consequences

- Any Audiologist can perform cochlear implant mapping and charge for it from public funding
- Any Speech Pathologist can do auditory training paid for by other type of public funding
- Any ENT surgeon can perform CI surgery.
- Are outcomes optimised or standards maintained?- not necessarily
- So what started off as patient focused – care close to home, accessible
- But who checks on training of professionals and the CI outcomes? Are they the same?
- Where is the governance?
- Parents/ CI users swap audios, speech pathologists, surgeons if they tell them something they don't want to hear. Or may fall between the stools when one provider takes the public funding for that year for habilitation, leaving none for the rest of the year.

Conclusion

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