



“Think Different”

How to simplify an EHDI Program to
keep updated in a fast paced world

2008 National EHDI Meeting
New Orleans

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Overview

- Background of Michigan EHDI
- Communication with Providers
 - Birth Hospital Staff
 - Audiologists
 - Primary Care Providers
 - Otolaryngologists
 - Parents
 - Early On Coordinators
 - Community Agencies



What is Michigan EHDI?

- The Michigan EHDI program collaborates with
 - Hospitals
 - Audiologists
 - Healthcare Providers
 - Parents
 - Early Intervention Services
 - Community Agencies
 - And others to ensure EHDI goals are met



Michigan Legislation

- Screening
 - Medicaid policy
 - More than 15 Medicaid births then hospitals required to screen infants
 - Standard of care
- Reporting
 - Mandated reporting as of February 23, 2006

2006 Michigan Data

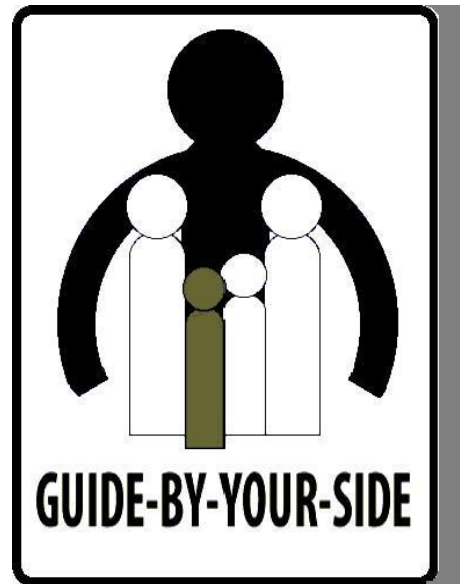
- 126,338 births
- 123,754 screened (97.9%)
- 1,882 infants did not pass final hearing screen
- 101 children have permanent hearing loss
- 25 children late onset hearing loss
- 33/101 children enrolled in Part C



Parent Support in Michigan



HANDS &
VOICES



What Works For Your Child Is What Makes The Choice Right

Michigan Hands & Voices

- Non-profit organization dedicated to supporting families and their children who are deaf or hard of hearing, as well as the professionals who serve them.
- Parent-driven, parent/professional collaborative group that is unbiased towards communication modes and methods.



HANDS&
VOICES

~ Michigan Hands & Voices is partially funded by an MCHB grant through the Michigan Department Community Health ~



Guide-By-Your-Side (GBYS) Program

Provides

- ✓ Opportunity to establish a supportive relationship with another parent of a child who is deaf or hard of hearing
- ✓ Unbiased information regarding communication options
- ✓ An understanding of the unique needs of infants and young children who are deaf or hard of hearing
- ✓ Answers to questions or links to other knowledgeable resources available locally, regionally, statewide or even nationally
- ✓ A nurturing introduction to the *Early On* ®, local school district, or other agencies/organizations who may be able to provide families with additional support

Communication with Providers

- Birth Hospital Staff
- Audiologists
- Primary Care Providers
- Otolaryngologists
- Parents
- Early On Coordinators
- Community Agencies





Ways to Communicate

- Website
- List serves
- Personal phone calls
- Site visits
- Advisory meetings
- Conferences
- Exhibits
- Mailings
 - Letters, resources, reports, quarterly newsletters



National EHDI Goal

- Goal 1: All newborns will be screened for hearing loss before 1 month of age, preferably before hospital discharge
 - Objective 1.1 Universal screening. All birthing facilities will have a universal newborn and infant hearing screening (UNHS) program that screens all newborns. Small hospitals that do not screen newborns will refer infants to a screening program.



National EHDI Goal Continued

- Performance Indicator
 - Number and percent of birthing hospitals in the state that screen at least 98% of infants before discharge.
- Objective 1.7. Linkage and referral to audiologic follow-up. Each state will identify a linkage system to ensure that all infants who do not pass the hearing screening will have appropriate referral for diagnostic evaluation.



Birthing Hospital List

- County
- Birthing hospital (name/address)
- # births per year
- Screening method
- Start date
- Screening contact information
- Re-screen site
- Diagnostic site

How Do You Keep It Updated?

- Screen contact information changes frequently
- Fax back form
- Mail merge





Fax Back Form

- Purpose of fax back form
- Verification of contact information for hospital
- Requested corrections/additions to the information listed and fax back to the EHDI program



Fax Back Form Continued

- Hospital Name
- Contact Name(s)
- Alternate Contact
- Phone Number and Alternate Number
- Fax Number
- Equipment Used
- Re-screen Site
- Email Address



Results

- First group
 - Faxed 96 letters
 - Received 41 responses (42.7% return rate)
- Second group
 - 1 month later
 - Faxed 57 letters
 - Received 17 responses (29.8% return rate)



Conclusion

- Only 38 hospitals to contact by phone
- Benefits
 - Fax back form is efficient and reduces staff time
 - Received email addresses
 - Initiate a list serve



Other Methods to Communicate with Birth Hospitals

- Quarterly newsletters
- Quarterly reports
- Missing reports
- Hospital Site Visits



Michigan Hospital Site Visits

- Site visits began in 2005
- 96/96 hospitals were completed by the staff nurse consultant for EHDI
- 1-2 visits per day (meeting length-2 hrs.)
- Meetings in conjunction with newborn screening program nurse
- Nurse Manager/Hearing Screening Coordinator and Audiology Dept. invited



Hospital Site Visit Agenda

- Review of EHDI goals and “Best Practices”
- Comparison of statewide vs. hospital statistics on quarterly reports
- Provide updates on reporting to MI EHDI
- Complete hospital survey
- Educational Packet distributed
- Follow up letter is sent with recommendations/suggestions for improvement



National Goal

- Goal 2.3. List of diagnostic audiologic providers.
- Each state will maintain a current resource list of diagnostic centers and/or pediatric audiologists who have experience and expertise in administering diagnostic audiologic evaluations for infants, according to the protocol and guidelines.



Michigan Audiology Statistics

- Audiology survey completed in 2005
- Directory includes 96 providers of audiology services to children (including two border facilities in OH and WI)
- 22 diagnostic sites for infants
- 70 providers of hearing aid services for infants
- 60 participate with Children's Special Health Care Services (CSHCS)



Audiology Site Visit Agenda

- Review of MI EHDI goals and objectives
- Mandatory reporting
- Use of the Audiology/Medical Form for reporting
- Provide evidenced based documents for diagnostic assessment and follow up of infants
- Clarify need for type and degree of hearing loss in reporting and for amplification purposes.
- Provide information regarding the parent support program, GBYS and HV and introduce regional Parent Guides



Communication with Audiologists

- Occasional mailings
- Have to use EHDI list, state licensure has home addresses only
 - Approximately twice per year
 - Pediatric Audiology List
 - State Resource Guide



Communication for Audiologists

- Audiology List serve
 - Audiologists for diagnostic sites only
 - Quarterly emails
 - Reminders, dialog about difficult cases, changes in follow-up system, new activities, feedback



Other Ways to Communicate

- www.michigan.gov/ehdi
- List serves
- Personal phone calls
- Site Visits (completed hospital, audiologist, next will be Early On)
- Advisory meetings
- Conferences—presentations & exhibits



Communication with Other Providers

- Use all list serves
 - 3 Audiology Organizations
 - HI Supervisors
 - Early On
 - Metabolic
 - ENT
 - Michigan Hands & Voices
 - GBYS Parents
 - Newborn Screening



EHDI Contacts

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