“Think Different”
How to simplify an EHDI Program to keep updated in a fast paced world

2008 National EHDI Meeting
New Orleans

Michelle Garcia, Au.D., CCC-A
Michigan Department of Community Health
Early Hearing Detection and Intervention Program
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

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.

~ 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

Follow-Up Consultant
Michelle Garcia, Au.D., CCC-A
517/335-8878 or garciam@michigan.gov

Parent Consultant
Kylie Sharp
517/335-8273 or sharpk@michigan.gov

Data Analyst
Erin Estrada, BA
517/335-8916 or estradae@michigan.gov

Audiology Consultant
Lorie Lang, MA, CCC-A
517/335-9125 or langlo@michigan.gov