Georgia’s Early Hearing Orientation Visit

Presentation to
2011 National Early Hearing Detection and Intervention Conference
February 21, 2011

Sarah J Rank, AuD
**DCH Mission**

**ACCESS**
Access to affordable, quality health care in our communities

**RESPONSIBLE**
Responsible health planning and use of health care resources

**HEALTHY**
Healthy behaviors and improved health outcomes
DCH Initiatives
FY 2011

Continuity of Operations Preparedness
Customer Service
Emergency Preparedness
Financial & Program Integrity
Health Care Consumerism
Health Improvement
Health Care Transformation
Public Health
Workforce Development
Georgia’s EHDI Program

- 18 Public Health Districts
  - 19 full-time Universal Newborn Hearing Screening and Intervention (UNHSI) Coordinators
    - Follow up of infants referred through Children 1\textsuperscript{st}s
    - Ensure timelines meet national EHDI goals of 1, 3, 6
  - Data entry into web-based tracking and surveillance system
    - State Electronic Notifiable Disease Surveillance System (SendSS-NB)
      - Allows for increased surveillance and participation of both UNHSI Coordinators and participating providers
Referral Process

• Initial referral sent to Children 1st
  – Contact with parent and physician within 2 weeks by UNHSI Coordinator in family’s Health District

• UNHSI Coordinator ensures follow up testing, diagnostic evaluation and referral/enrollment in intervention occur as needed
  – Maintain contact with parent and full involvement of PCP
Referral for Early Hearing Orientation Visit

- Diagnosed hearing loss
  - Chronic and/or permanent conductive hearing loss, Sensorineural hearing loss, unilateral or bilateral, mild to profound
- Acceptance of visit does not confirm enrollment in Early Intervention (EI) services
  - UNHSI Coordinator continues to monitor family to ensure appropriate EI services are offered
  - Work closely with Part C and can perform a joint visit