How do we determine the best use of our tele-audiology efforts?

1. Identify the stakeholder groups in our System of Care
   a. Families/Children (Hands & Voices, AGBell, ASDC, F2F HIC, Family Voices, etc.)
   b. Private Providers (PCPs, ENTs, Audiologists, birthing centers, etc.)
   c. EHDI, other state administration (NBHS/EHDI, Part C/EI, TitleV, Department of Health, Educators, Audiologists, etc.)

2. Determine needs, inquire about; what is the most critical barrier is to getting kids screened/diagnosed? Which geographical areas have greatest need? Where is the “low hanging fruit” (resources in place, etc.). This creates buy-in, validates thinking/beliefs, identify potential locations.
   a. Survey
      i. Formal (survey monkey) and/or
      ii. Informal (asking around, inquiring)
   b. Analyze needs
      i. Did they match up with what we thought we knew?
      ii. New information not previously considered?
   c. Questions to be answered
      i. What areas had the highest Loss to Followup?
      ii. What birthing centers have high miss/refer rates?
      iii. Where are pediatric audiologists physically located?
      iv. Where/what kind of equipment is out there for doing screenings and diagnostic assessments? (type/locations)
      v. What are barriers to attending appointments? (Mileage/distance, terrain, weather, transportation, literacy, etc.)
      vi. How do we do referrals today?
      vii. Where are resources today that could be trained for “spoke” location?
      viii. Are there audiologists with minimal experience that we could train to be “spoke” to get them some experience?
   
3. Assessing needs of families/children
   a. Identify the stakeholder groups
   b. Examination of state EHDI database for geographical clusters of children lost to follow up
c. Information gathering from providers of diagnostic and rehabilitative audiology service providers regarding capabilities (also soon to be available from EHDI-PALS)
d. Survey Part C service coordinators about barriers to accessing care and recommendations about geographic areas in which to focus tele-audiology efforts

4. Assessing needs of private providers
   a. Contacts through state speech and hearing associations, state chapters of the academy of audiology.
   b. Surveys regarding continuing education needs.
   c. Partner with state speech and hearing associations to provide training (annual meetings/conferences, hands-on training).
   d. Provide training at state EHDI conferences

5. Assessing needs of EHDI, other state administration
   a. ??? what to say about this
   b. Medicaid? What information would they need to make a decision about reimbursement??
   c. Licensure boards