

# NCHAM 2010 Telehealth Survey

## October 1, 2010

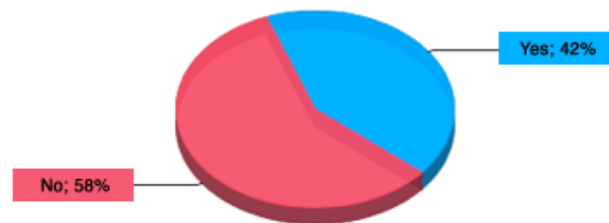
NCHAM administered a brief summary to state EHDI coordinators in August – September, 2010 to learn about telehealth or telepractice efforts underway throughout the United States and territories. The intent was to use this information to facilitate networking among states, providing opportunities for states to learn from one another and facilitate progress in this area.

### Respondents

Responses were obtained from 48 states and two territories. Respondents were primarily EHDI coordinators, though some were other providers that are working closely with the EHDI programs and engaged in the state's telehealth efforts.

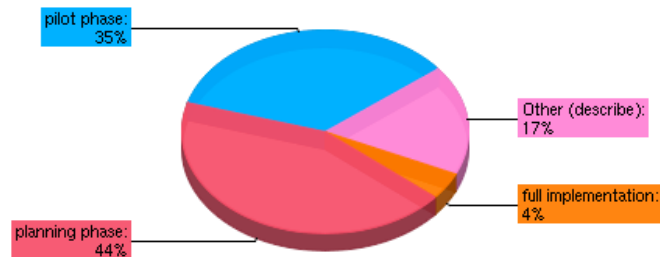
## Survey Results

**What kind of telehealth/telepractice efforts are either planned or underway?**



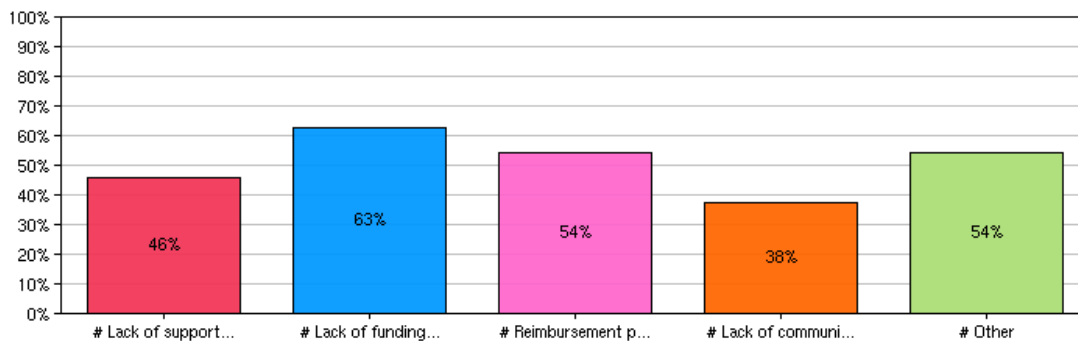
- 42% of states reported pursuing some efforts
- About 50% of these efforts are to provide diagnostic audiology or audiological management
- About half of these efforts are to support early intervention therapies or deaf mentors
- The typical target population for diagnostic services (i.e., ABR's) is birth to 4 months.
- Telepractice is typically being planned in conjunction with Part C Early Intervention serving children birth to 3 years

## How far along is your telehealth effort in its development?



- The majority of the respondents reported they were in the planning phase
- Slightly more than one third are in pilot phase
- Only one state described their activities as in full implementation
- Those that responded “other” included states in preplanning phase or multiple efforts underway but in different phases

## What are the issues surrounding telehealth that you find challenging?



- Lack of funding and reimbursement were identified as challenge by the majority of respondents
- Lack of support from providers/administrators and lack of communications infrastructure were also cited by a significant number of respondents
- “Other” challenges include lack of qualified personnel, too few children to make it cost effective, lack of common guidelines, need for protocols to follow, and philosophy that in-person interactions are essential.

## NCHAM Next Steps

NCHAM is in the process of bringing together states who have efforts in the “pilot” phase to share their experiences and problem-solve with one another. A learning community model – whereby states that are in the planning phase can learn from more advanced states – is also planned for 2011.

For more information, contact [Diane.behl@usu.edu](mailto:Diane.behl@usu.edu), or call 435-797-1224.