

# **Strategies to Involve Medical Home after Diagnosis of a Hearing Loss**

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**2010 National EHDI Conference  
Chicago**

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# Faculty Disclosure Information

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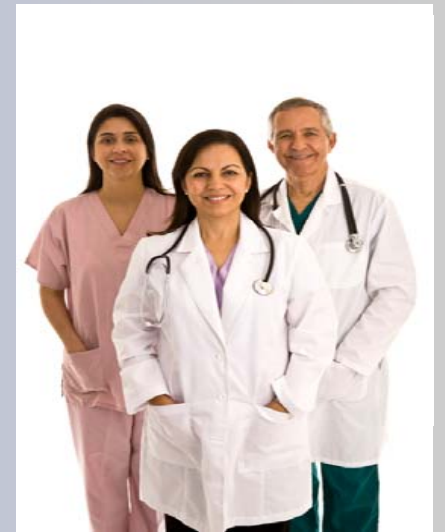
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**In the past 12 months, I have not had any financial interest or other relationship with provider(s) of the service(s) that will be discussed in my presentation.**

**This presentation will not include any discussion of pharmaceutical or devices.**

# The Medical Home

- **All infants with hearing loss will have a medical home – National EHDI Goal #5**



- **Medical Home responsible for ongoing surveillance and partnering with other specialists -JCIH Principle #6**

# However.....



**Hearing loss (HL) is a low incidence condition.**

**EHDI is relatively new.**

***“The ENT or audiologist is responsible for follow-up”***

# Jacob

**DOB 12/18/08**

**At birth: RE Refer  
LE Pass**

**Same Results for  
Rescreen by an audiologist**

**Diagnosis:**

**RE Auditory Neuropathy  
(Passed OAE AU; Normal 1000Hz  
Tympanometry)**



# Jacob - continued

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**Pediatrician Dr. B saw Jacob at 12/29/09 for well-child check up; did not talk about hearing issue**

**“No developmental delay”**

**“What do you want me to do?”**



# Involving Primary Care

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## EHDI Advisory Committee

### Medical/Audiological Work Group

- **Benchmarks**
- **Guidelines for Medical Providers**
- **PCP Checklist**



# Minnesota EHDI Facts

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**2007 Annual Births: 73,607**

**Prevalence per 1000: 1.3**

**2009 Reported Cases: 257**

**PCHL: 154 (Unilateral 34)**

**Non PCHL: 103**

**PCHL Late Onset/ID: 21**





# EHDI Program and PCP Partners in Care

## ★ Strategy -



- Implement standard protocol to call PCP when permanent HL is reported.



# EHDI Program and PCP Partners in Care

## Why notification to PCP?

- “Just in Time” education
  - EHDI Legislation, 2007
  - Additional Data (language/risk factors)
  - Best Practices
    - Parent support – MN H & V
    - Specialty referrals
    - Connection to EI services



# EHDI Program and PCP Partners in Care

## Why notification to PCP?

- Develop relationship in ongoing care
- Request for ongoing data





# Calls made to PCP

**Total # of HL Reported: 257**

**•257 cases- 42\* = 215 calls**

\*deceased, MOGE, opt-out, resolved

**# of PCPs contacted: 81.4%**

- 96 % of Children w/ PCHL**
- 32% of Children w/ “non-PCHL”**

# EHDI Program and PCP Partners in Care

★ Strategy –



## Individualized cover letter to the PCP

- Briefly refresh what was covered on the phone
- Remind to use the material
- Remind about the faxback form
- Offer further assistance

# EHDI Program and PCP Partners in Care

## ★ Strategy –

### Resource packet to PCP

- Cover letter
- JCIH 2007
- MN Recommendations
- MN H & V Parent Guide Info
- CDC EHDI Questions Brochures
- EI for Unilateral/Minimum HL
- MCSHN Role

# EHDI Program and PCP Partners in Care

★ Strategy –



## Follow up Call When Needed

- Material Package received or Not
- Feedback on Usefulness
- Challenges
- Further Assistance from MDH



# EHDI Program and PCP Partners in Care

★ Strategy –



## Ongoing Education

- EHDI Exhibits at Medical Conferences
- Publications in Medical Journals
- Short article about EHDI in ENT  
Newsletter





# **Success – Dr. B story Continued**

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**Dr. B finally agreed to ask the parents to return to the audiologist for a confirmation evaluation.**

# Partners in Care.... It's WORKING!

- PCPs are asking for assistance.
- PCP email discussion about specialty referrals
- PCPs have educated audiologists
- PCP includes MDH in MD correspondence
- Follow-up data is improving



# Long Term Follow-up



## Early Hearing Detection and Intervention (EHDI) Program Follow-up on Children with a Permanent Hearing Loss

### Attention «PCP», «PCP\_Clinic»

Our records indicate it has been 6 months since the initial diagnosis of permanent hearing loss for the child listed below. In order to improve the access and quality of systems impacting children with hearing loss, please help us identify the utilization of specialty services for this child listed below. Please complete/update the following information and fax to the MDH, EHDI Follow-up staff at 651-201-3655 (confidential number).

Child Last Name at Birth: «Last\_Name», «First\_Name»  
Child DOB: «DOB»  
Date of last diagnosis of permanent hearing loss: «Date\_of\_Diagnosis»  
Audiologist: «Diag\_Audio» Phone: «Audio\_Phone»

1. Evaluation by an otolaryngologist (ENT):  Yes Exact Date  / /   No  Declined
2. Evaluation by an ophthalmologist:  Yes Exact Date  / /   No  Declined
3. Evaluation by a geneticist:  Yes Exact Date  / /   No  Declined
4. Enrolled in Early Intervention Services  Yes Exact Date  / /   No  Declined
5. What is the family's choice for the mode of communication with this child?  
 American Sign Language  Auditory oral/Auditory verbal  
 Simultaneous communication  Other  
 Cued Speech  Unknown
6. Are there any risk factors for progressive hearing loss? Please check all that apply:  
 Family history of permanent childhood hearing loss  Culture-positive postnatal infections associated with sensorineural hearing loss  
 ECMO  Head trauma, especially basal skull/temporal bone fracture  
 Congenital CMV  Chemotherapy  
 Syndromes  
 Neurodegenerative disorders
7. Etiology (if known): \_\_\_\_\_

If you have questions or concerns for this request, please call Dr. Yaoli Li at 651-201-3750 or 1-800-728-5420.  
We appreciate your collaboration in follow-up for this child.

Confidential

2/7/2010

## Faxback Form:

## •Sent 6 months after DX



# Long Term Follow-up

**6 Months (1-6/09)**

**Total # of Forms Sent:**

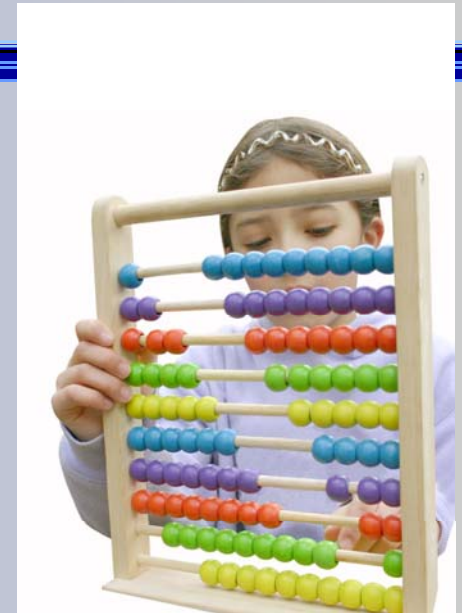
**PCHL: 59**

**Non PCHL: 38**

**Total # of Forms Returned:**

**PCHL: 45 (76%)**

**Non PCHL: 31 (82%)**



# Long Term Follow-up

## ★ Benchmark Data (6 Months):

**94% Have a  
Medical Home**

**66% have an ENT Date  
(35.6% within 4 M of Age)**



# Long Term Follow-up

**25.4% Have Genetics**

**(13.6% within 6 M)**

**25.4% Have**

**Ophthalmology**

**(15.3% within 6 M)**

**30.5% Have a Hearing**

**Aid Fit Date**

**(15.3% within 1 M of Age)**



# If You Can Do One Thing

**Make Personal Contact with  
Primary Care Providers**

