



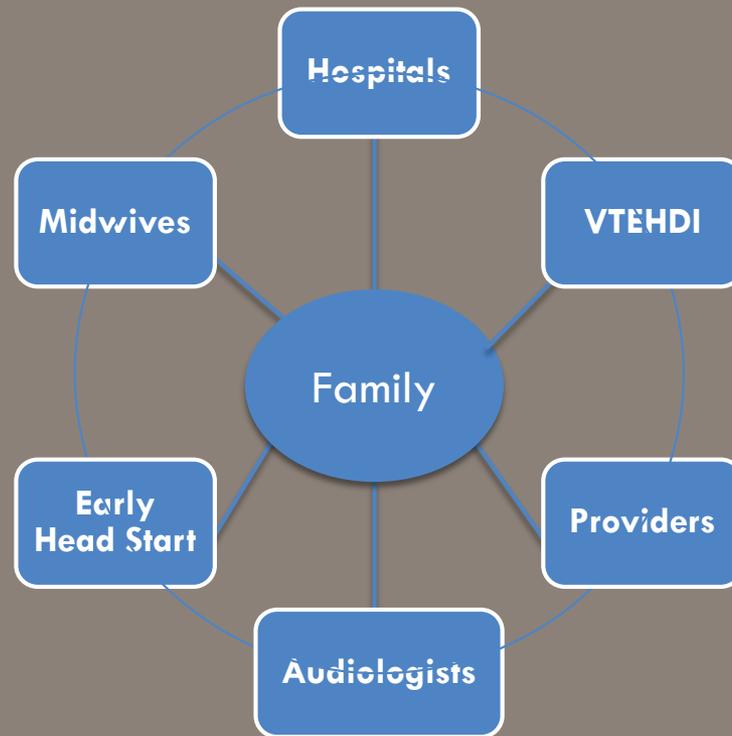
The Vermont Story

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Reducing Lost to Follow-up....

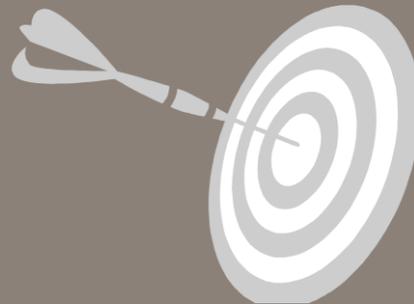


Why Collaborate With Providers?

- ❑ Opportunity to decrease LTFU for screening and diagnosis.
- ❑ Opportunity to decrease number of missed infants and family declines.
- ❑ Opportunity to educate provider practices.
 - ❑ Quarterly newsletters to provider offices.
 - ❑ Opportunity for providers to educate families.

Project AIM: Vermont State

- By April 2014, decrease lost to follow up (LTFU/D) for diagnosis by at least 10% per year.



Project Sub-AIMS: Primary Care Providers (PCPs)

- ❑ Increase the number of PCP practices to 10 who provide OAE screening by 2013.
- ❑ Increase the knowledge of PCP providers regarding EHDI national 1-3-6 goals by 2013.
- ❑ Increase the number of missed infants by 5% who receive hearing screening for 2013, 2014, and 2015.
- ❑ Increase the number of infants who receive a re-screening by 5% for 2013, 2014 and 2015.

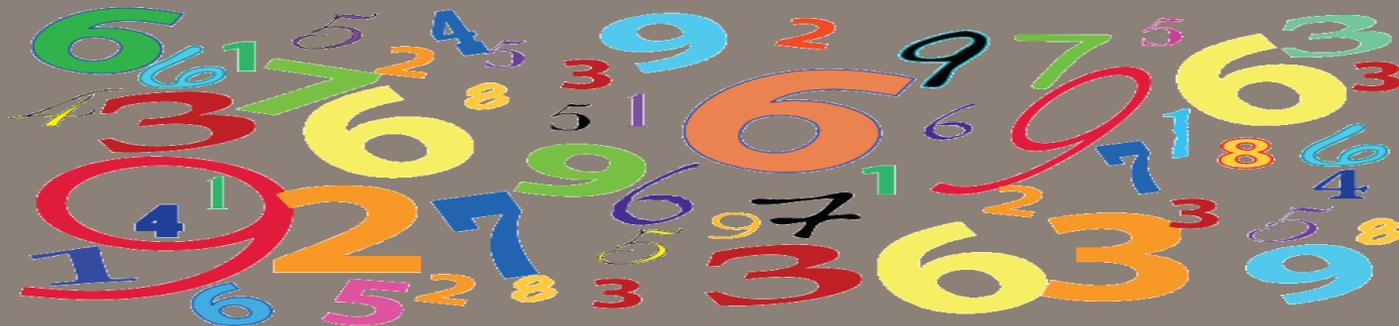
Project Sub-AIMS Cont'd: PCPs

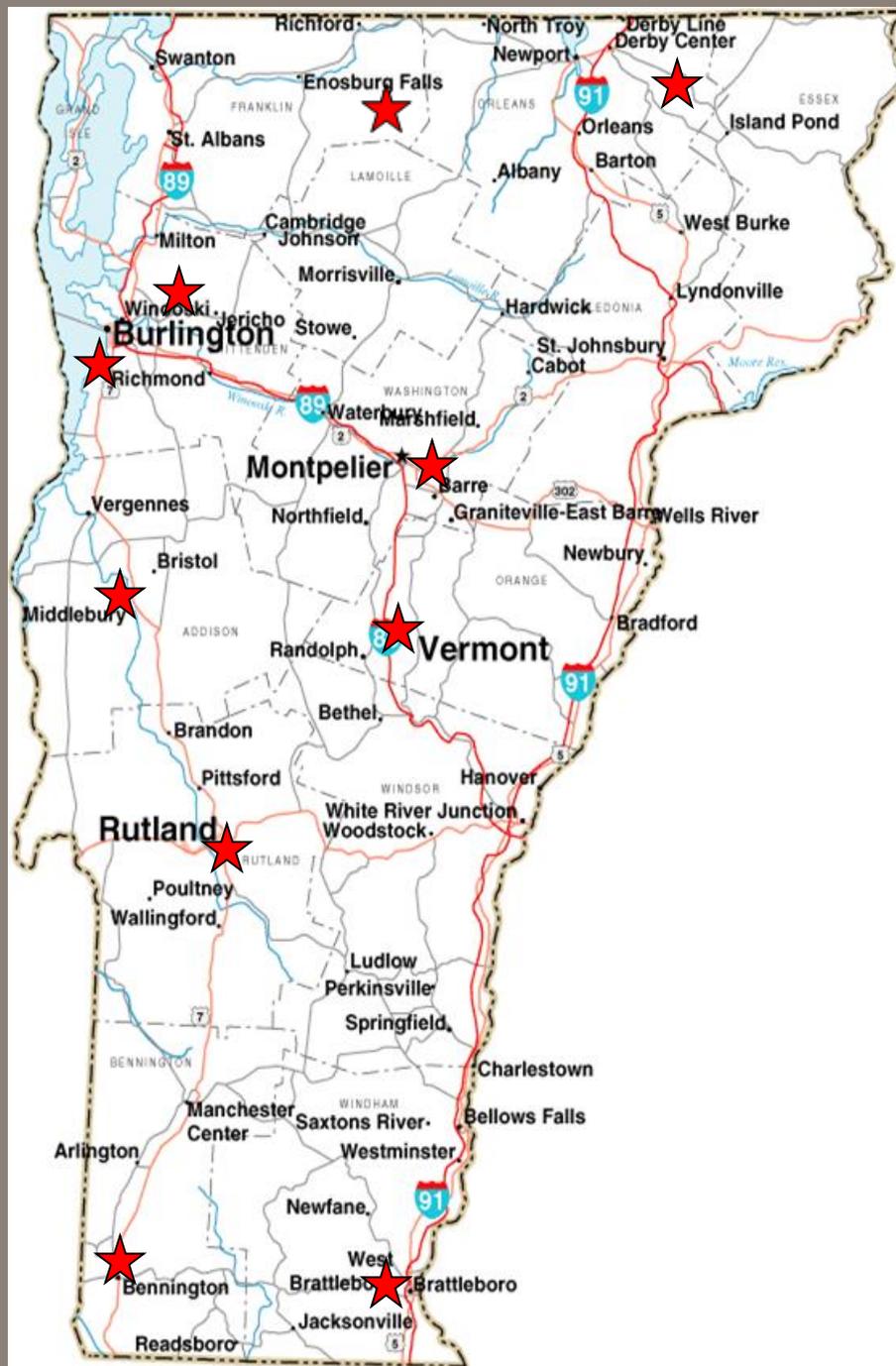
- Increase the number of PCP practices to 90% using web based reporting of screening results by 2016.
- Increase the reporting of early childhood screenings for high risk infants (6 months of age to 5 years of age) by 60% by April of 2017.
- Increase the number of infants screened or re-screened by 10% in primary care practices by 2016 without OAE Screening units.

Choosing PCP Practices

It is in the numbers!

- We reviewed practices by looking at:
 - Lost to follow-up by practice/provider
 - High-risk patients birth-5 years old
 - Location





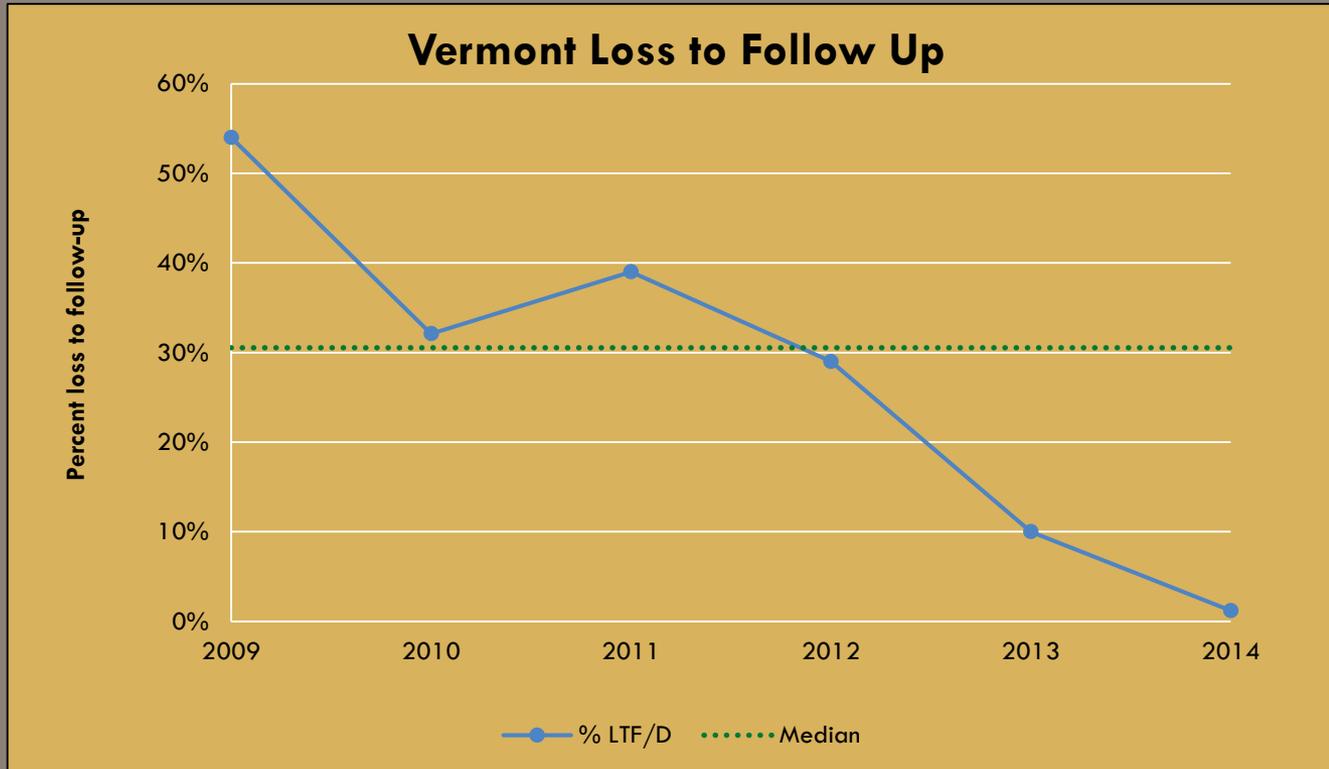
Measurement

- CDC format LTFU/D
 - ▣ Numerator: unresponsive, unable to contact, and unknown.
 - ▣ Denominator: total not pass final screen.
- Non CDC format LTFU/D
 - ▣ Numerator: unresponsive, unable to contact, unknown and missed.
 - ▣ Denominator: total not pass final screen.
- LTFU/S and LTFU/D data monitored with run charts monthly for current birth year.
 - ▣ Missed and family decline monitored and tracked monthly.
- Qualitative Data Collection
 - ▣ Interviews
 - ▣ Satisfaction Surveys

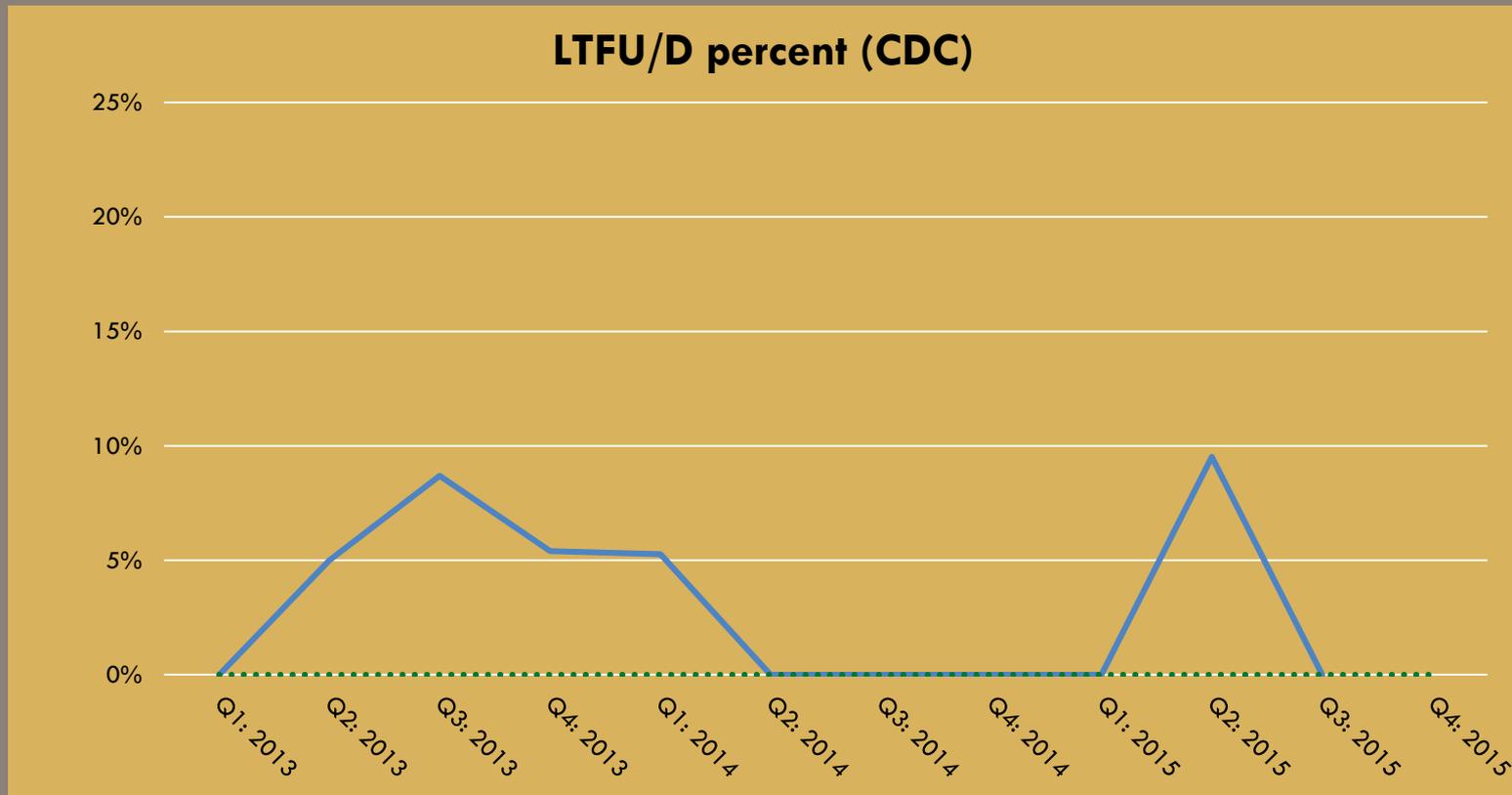
Measurement cont'd

- How we track data
 - Web based reporting via EHDI-IS
 - 60 % of PCP offices reporting electronically.
 - Weekly Reports via EHDI-IS
 - Rescreening, missed and referred for diagnostics
 - Monthly Data Reports via EHDI-IS
 - CDC and non CDC format
 - Quality Assurance reports via EHDI-IS
 - Qualitative Data
 - Phone calls and letters via Excel spreadsheets

Lost to Follow-Up Rate (LTFU/D) for VT

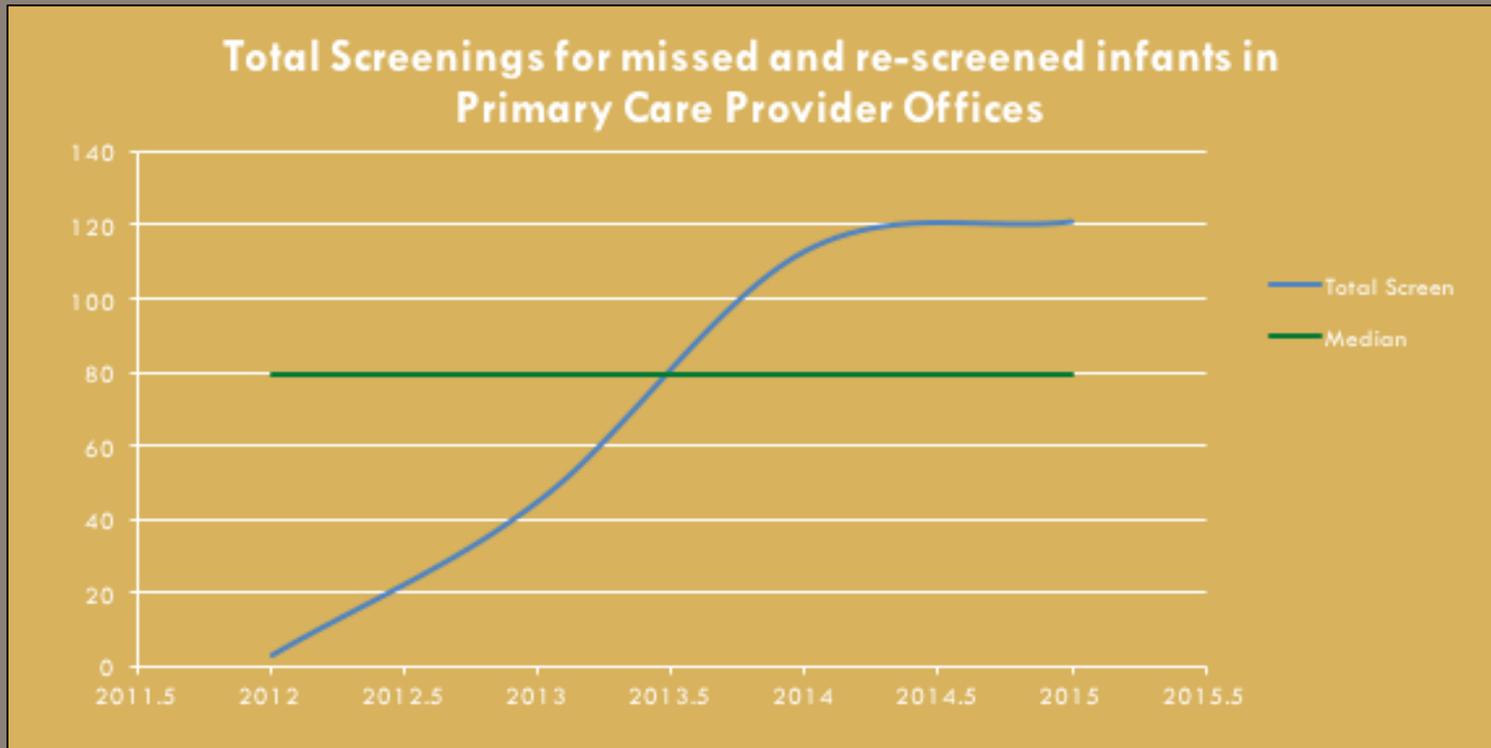


VT (LTFU/D) Quarterly 11/2013 to 10/2015



Measurement Continued

- Increase in PCP Practices Screening: Correlates to Decrease in LTFU/S and LTFU/D



What do PROVIDERS think?

Satisfaction Survey:

- ❑ Sent to 2 sites
- ❑ Positive feedback
- ❑ Want more information on babies they should be tracking

Strategies Tested



- Started with 1 primary care provider office (pilot)
 - Establish primary contact
 - Phone meeting
 - Initial training/meeting (in-person)
 - On-going support and technical assistance
- Through PDSA cycles we tested the strategies of:
 - Primary care provider training
 - Availability of OAE equipment
 - Web based reporting system training

Continued Testing and Scaling Up

- Added 2 additional primary care provider offices.
 - ▣ Continued testing of same strategies
- Added 2 more primary care provider offices.
 - ▣ Continued testing of same strategies
- Adopted strategies as a change package
- Scaled up project to include 11 PCP practices.
- All practices continue to be active.

Lessons Learned and Next Steps



Lessons Learned

- ❑ Working with PCP is an effective way to reduce LTFU for screening and diagnosis.
- ❑ Importance of collaboration and buy in.
- ❑ Challenges for reimbursement of OAE screening.

Next Steps

- ❑ Satisfaction survey to all practices.
- ❑ Primary care provider report cards.
- ❑ High risk monitoring reports.
- ❑ PDSA cycles missed and declines.



Reducing Lost to Follow-up....

never
never
never
give
up

(winston churchill)