

## GUIDELINES FOR MEDICAL HOME

The American Academy of Pediatrics believes that the medical care of infants, children, and adolescents ideally should be accessible, continuous, comprehensive, family centered, coordinated, and compassionate. It should be delivered or directed by well-trained physicians who are able to manage or facilitate essentially all aspects of pediatric care. The physician should be known to the child and family and should be able to develop a relationship of mutual responsibility and trust with them. These characteristics define the "Medical Home" and describe the care that has traditionally been provided by pediatricians in an office setting (AAP, 1992).

The Medical Home should ensure that all newborns receive a hearing screen before ONE MONTH OF AGE. If the result of the hearing screen is unknown, the Medical Home should contact the birthing hospital's newborn hearing screening program to determine the hearing screen result. For those newborns who do not pass the birth-admission hearing screen, the Medical Home should ensure that a complete diagnostic outcome is obtained before the infant is THREE MONTHS OF AGE. If a hearing loss is identified, the Medical Home should ensure that early intervention services are initiated before the infant is SIX MONTHS OF AGE. It is the medical home's responsibility to monitor infants and young children for risk indicators for hearing loss (see Attachment A: JCIH Risk Indicators).

Costs of hearing screening, rescreening and/or diagnostic services may be covered by third-party insurers, Medicaid, Early On, MI-Child, and/or Children's Special Health Care Services.

- I. NORMAL HEARING SCREEN (pass result in both ears after a hearing screen or rescreen)
  - A. Screening Hospital's Responsibilities:
    1. Provide results to the infant's family.
    2. Provide written information to the infant's family regarding acquired, delayed onset, and progressive hearing loss.
    3. Provide the infant's family with a copy of the *Michigan's Community Hearing Screening Program: Information for Parents* (MDCH-0474 7/01). Copies can be ordered, free of charge, from the Michigan Department of Community Health, Early Hearing Detection and Intervention (MDCH/EHDI) Program at (517) 335-9560.
    4. Provide results to the Medical Home.
    5. Report results to the MDCH/EHDI Program (FAX: (517) 335-8036).
  - B. Medical Home's Responsibilities:
    1. Monitor ongoing development of communication skills, as well as risk indicators for acquired, delayed onset and progressive hearing loss (see Attachment A: JCIH Risk Indicators).
    2. Provide referrals to a pediatric audiologist and other medical specialists for parental/caregiver concerns and/or suspected delays. A pediatric audiologist has the competence, extensive experience and equipment

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needed to evaluate the hearing acuity of newborns, infants, and young children (See Guidelines for Diagnostic Audiologic Evaluation).

3. For infants who pass the newborn hearing screen but who have risk indicators associated with late-onset, progressive, or fluctuating hearing loss, the Medical Home should ensure that the infant receives ongoing audiologic and medical surveillance and monitoring for communication development (JCIH, 2000).

### II. MISSED HEARING SCREEN (or hearing screen not completed before discharge)

#### A. Screening Hospital's Responsibilities:

1. Hospital personnel will retain initial responsibility for recall and hearing screen.
2. Provide written notification to the infant's family.
3. Provide written notification to the Medical Home if infant does not return for the hearing screen after one month.

#### B. Medical Home's Responsibilities:

1. Ensure and coordinate the hearing screen with the family by one month of age or one month after discharge from the NICU.
2. Aid screening hospital with recall efforts, if needed.

### III. INFANT BORN OUTSIDE OF HOSPITAL

#### A. Medical Home's Responsibilities:

1. Provide the family with the name, address, and telephone number of the local birthing hospital or audiologic site that provides newborn hearing screening services.
2. Counsel the family regarding the importance of having a hearing screen completed as soon as possible or by one month of age.

### IV. ABNORMAL INPATIENT HEARING SCREEN (in one or both ears before discharge)

#### A. Screening Hospital's Responsibilities:

1. Provide and explain written results to the family before discharge.
2. Report results to the infant's Medical Home.
3. When possible, an outpatient hearing rescreen should be scheduled before discharge.
4. Report results to the MDCH/EHDI Program (FAX: (517) 335-8036).
5. Provide the family with a copy of the *Michigan's Community Hearing Screening Program: Information for Parents* (MDCH-0474 7/01). Copies can be ordered, free of charge, from the MDCH/EHDI Program at (517) 335-9560.

#### B. Medical Home's Responsibilities:

1. Ensure and coordinate the hearing rescreen with the family by one month of age or one month after discharge from the NICU.
2. Aid screening hospital with recall efforts, if needed.

V. ABNORMAL OUTPATIENT HEARING RESCREEN (in one or both ears)

A. Screening Hospital's Responsibilities:

1. Provide and explain written results to the infant's family.
2. Ensure that the family received a copy of the *Michigan's Community Hearing Screening Program: Information for Parents* (MDCH-0474 7/01). Copies can be ordered, free of charge, from the MDCH/EHDI Program at (517) 335-9560.
3. Provide the infant's family with a list of pediatric audiologists who can complete a comprehensive diagnostic audiologic evaluation as soon as possible, or no later than three months of age.
4. Provide written notification to the infant's Medical Home.
5. Report results to the MDCH/EHDI Program (FAX: (517) 335-8036).

B. Medical Home's Responsibilities:

1. Provide referral to a pediatric audiologist for a comprehensive diagnostic audiologic evaluation to be completed as soon as possible, or no later than three months of age.
2. Refer the family to Children's Special Health Care if financial assistance is needed for diagnostic testing.
3. Report results to the MDCH/EHDI Program (FAX: (517) 335-8036).

VI. CONFIRMED HEARING LOSS

The Joint Committee on Infant Hearing defines the targeted hearing loss for universal newborn hearing screening programs as permanent bilateral or unilateral, sensory or conductive hearing loss, averaging 30 to 40 dB or more in the frequency region important for speech recognition (approximately 500 through 4000Hz).

A. Pediatric Audiologist's Responsibilities:

1. Provide and explain written results and recommendations of the diagnostic audiologic evaluation to the family at the time of diagnoses.
2. Obtain a release of information for all facilities to which the infant will be referred for services or reports will be sent.
3. Report results to the Medical Home and the MDCH/EHDI Program (FAX: (517) 335-8036).
4. Counsel parent(s)/caregiver(s) on the effects of the hearing loss, communication, and the need for immediate intervention. If appropriate, earmold impressions may be taken at the diagnostic assessment to decrease delay in amplification intervention.
5. Provide the family with a copy for the *Services for Children Who Are Deaf or Hard of Hearing: A Guide for Families and Providers* (DCH-0376), which can be ordered, free of charge, from the MDCH/EHDI Program at (517) 335-9560.
6. Provide a referral to educational services for children with hearing loss (Special Education Director of the Home School District or Intermediate School District).
7. Provide a referral to *Early On*® Michigan County Coordinator (1-800-EARLY-ON or 1-800-327-5966).

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8. Counsel the parent(s)/caregiver(s) about family support through the Family Support Network (1-800-359-3722).
9. Counsel the parent(s)/caregiver(s) about financial assistance through Children's Special Health Care Services (1-800-359-3722).
10. Discussion of the importance of a genetic evaluation to determine etiology and other possible health related issues.
11. Schedule Audiologic Follow-up Appointments.
12. Refer parent(s)/caregiver(s) back to Medical Home for further consultation and referrals.

B. Medical Home's Responsibilities:

1. Provide a referral to an Otolaryngologist for medical management of hearing loss, determination of etiology, and medical clearance for hearing aid use (if intervention option is chosen by the family).
2. Discuss the importance of genetic evaluation for determination of etiology and other possible health related issues.
3. Provide other appropriate medical referrals that may include, but are not limited to, ophthalmology, cardiology, neurology, and nephrology.
4. Monitor middle ear status to ensure the presence of middle ear effusion does not further compromise hearing.
5. Monitor ongoing development of communication skills and other developmental milestones. Provide referrals related to parental/caregiver concerns or suspected delays.
6. Ensure that a copy of *Services for Children Who Are Deaf or Hard of Hearing: A Guide for Families and Providers (DCH-0376)* has been provided to the family. Copies can be ordered, free of charge, from the MDCH/EHDI Program at (517) 335-9560.
7. Coordinate and ensure, with the Service Coordinator (*Early On*® Michigan), that referrals for early intervention services are made as soon as possible after diagnoses (see Guidelines for Early Intervention, 1-800-EARLY-ON or 1-800-327-5966).
8. Ensure that the family maintains timely follow-up with an audiologist and other consultants. An immediate diagnostic audiologic evaluation should be scheduled when there is concern related to change in hearing.
  - a. Bilateral sensorineural hearing loss and permanent conductive hearing loss:
    - 1) Age 0-3: Every 3 months, after hearing loss is confirmed
    - 2) Age 4-6: Every 6 months, if intervention progress is satisfactory.
    - 3) Age 6 years or older: Every 6-12 months if progress is satisfactory.
  - b. Transient conductive hearing loss (e.g., otitis media with effusion), unilateral or bilateral:  
Should be monitored after medical treatment (completion of antibiotic treatment, PE tubes, etc.), and/or at least on a 3-4 month basis until resolved and normal hearing is confirmed.

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- c. Unilateral hearing loss (sensorineural or permanent conductive):  
Infants with unilateral hearing loss should be monitored every 3 months during the first year, then on a 6-months basis after the first year, to rule out changes in the normal hearing ear.
- 9. Monitor consistent use of amplification, sensory devices, and/or assistive technology if appropriate for the family.
- 10. Provide information on the infant's status to MDCH/EHDI (FAX: (517) 335-8036).
- 11. Monitor siblings for hearing loss.
- C. Service Coordinator's Responsibilities (*Early On*® Michigan)
  - 1. Assist the family in development of an Individual Family Service Plan (IFSP) to address the communication needs of the child.
  - 2. Report name and contact information of the Service Coordinator to the Medical Home.
  - 3. Help facilitate family service coordination for the family.