

Philly Cheesesteak and Trenton Tomato Pie: A Collaborative Approach to Hearing Healthcare

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Introduction

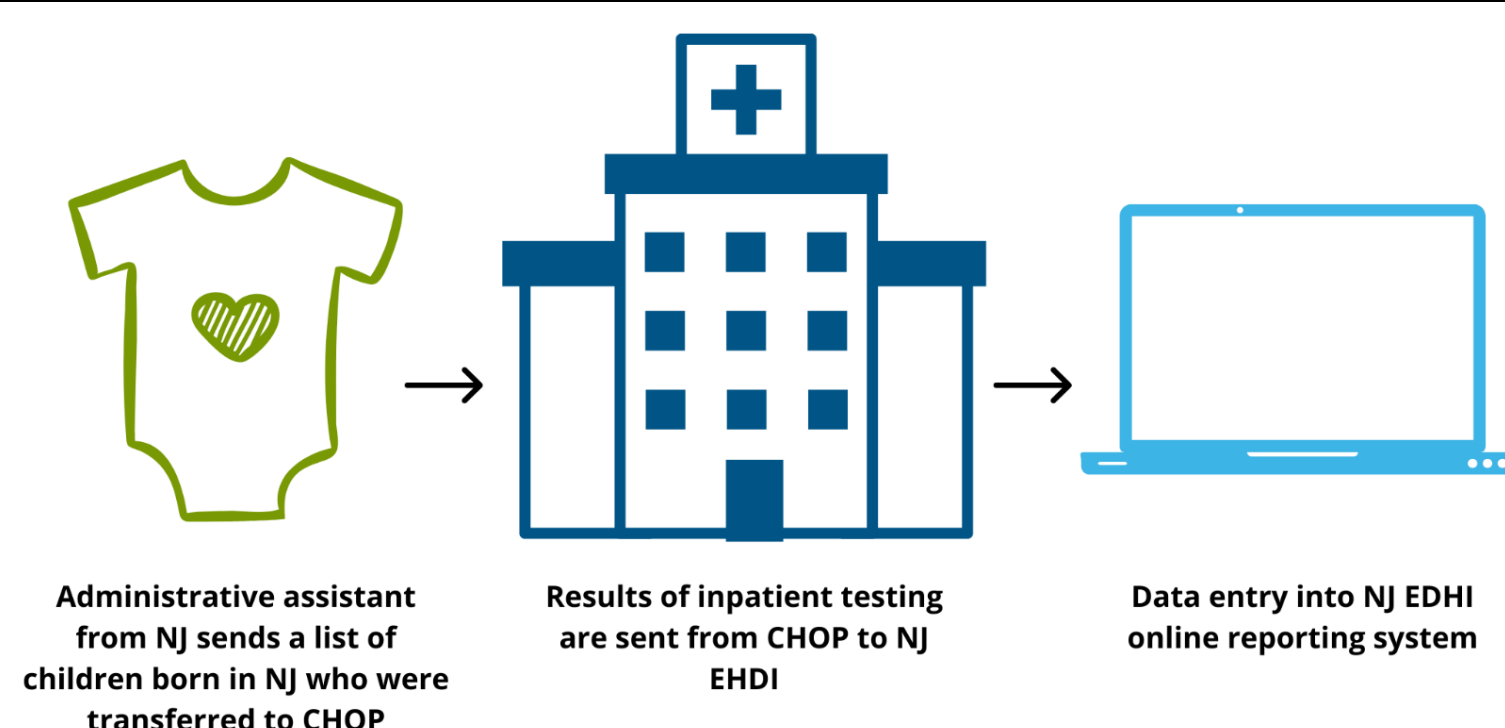
How does the Philly cheesesteak meet Trenton tomato pie? The foundation of the successful collaboration between the Children's Hospital of Philadelphia (CHOP) and New Jersey Early Hearing Detection and Intervention (EHDI) Program in Trenton originated during a dinner break at a National EHDI Conference over 15 years ago. Professionals from different states sat together, enjoyed southern cuisine and ended up sharing ideas on how to bridge services for children born in one state who receive hearing healthcare in another. What was learned is that while the best of each state's EHDI process is as unique as their individual cuisine, all share the same EHDI goals.

A challenge faced by many EHDI programs is developing effective strategies to secure timely documentation of audiologic outcomes for children receiving hearing healthcare services out-of-state. Compliance with the birth state's regulatory reporting requirements, unfamiliarity with their EHDI reporting forms, and a lack of awareness regarding the consequences of not reporting results to the birth state EHDI program are often barriers. Additionally, audiologists and newborn hearing screening providers may misunderstand or incorrectly interpret the Health Insurance Portability and Accountability Act of 1996 (HIPAA); therefore, making it difficult to ensure that timely screening and/or diagnostic audiologic evaluation has occurred for children born in one state but who receive hearing healthcare in another.

According to the 2007 Joint Committee on Infant Hearing (JCIH) Position Statement, information management is used to improve services to infants and their families, assess the quality and timeliness of screening, evaluation, and enrollment into intervention, and facilitate collection of demographic data on neonatal and infant hearing loss. The number of babies lost to follow-up or lost to documentation has been, and continues to be, a significant concern (JCIH 2007). JCIH 2019 lists across-state-border births and transfers to both in-state or out-of-state hospitals as situations under which infants may be lost to the Universal Newborn Hearing Screening (UNHS) system in their state of birth/residency.

Given the geographic proximity, many infants and young children who reside in New Jersey are seen for audiologic services at CHOP in Pennsylvania. For over fifteen years, the Audiology Department at CHOP and the New Jersey EHDI Program have maintained a collaborative partnership. Information shared between these two entities includes newborn hearing screening results, diagnostic audiologic evaluations and enrollment into early intervention for children diagnosed with hearing loss in one or both ears.

Objectives



- Identify potential barriers in obtaining results of hearing healthcare services performed at out-of-state facilities
- Describe the successful collaborative process between the Children's Hospital of Philadelphia and the New Jersey EHDI Program that allows for a seamless exchange of information for New Jersey children receiving hearing healthcare in Pennsylvania
- Review the benefits of developing sustainable partnerships with border state hospitals and pediatric audiology centers

Methods

Each week, the Administrative Analyst from the New Jersey EHDI Program sends a list of children born in New Jersey who were transferred to CHOP for inpatient care to CHOP's New Jersey EHDI Audiology Liaison. Results of inpatient screening and/or diagnostic audiologic evaluations for these patients are then sent from CHOP Audiology to the New Jersey EHDI Program for data entry into the New Jersey EHDI online reporting system. Patients who are unable to be tested due to medical complications are added to an ongoing list and continuously monitored during their stay, with results entered upon completion of testing.

Results

Between January 1, 2019, and December 31, 2019, 197 children residing in New Jersey and currently followed by the New Jersey EHDI Program were transferred to CHOP. One hundred and fifty-five (79%) of these children received a newborn hearing screening. Fifty-three children (27%) were screened in New Jersey prior to being transferred. One hundred and two children (52%) were screened at CHOP prior to being discharged. Seven children (7%) were consequently diagnosed with hearing loss. Of the children diagnosed with hearing loss, three (43%) were enrolled in early intervention by 6 months of age.

Data

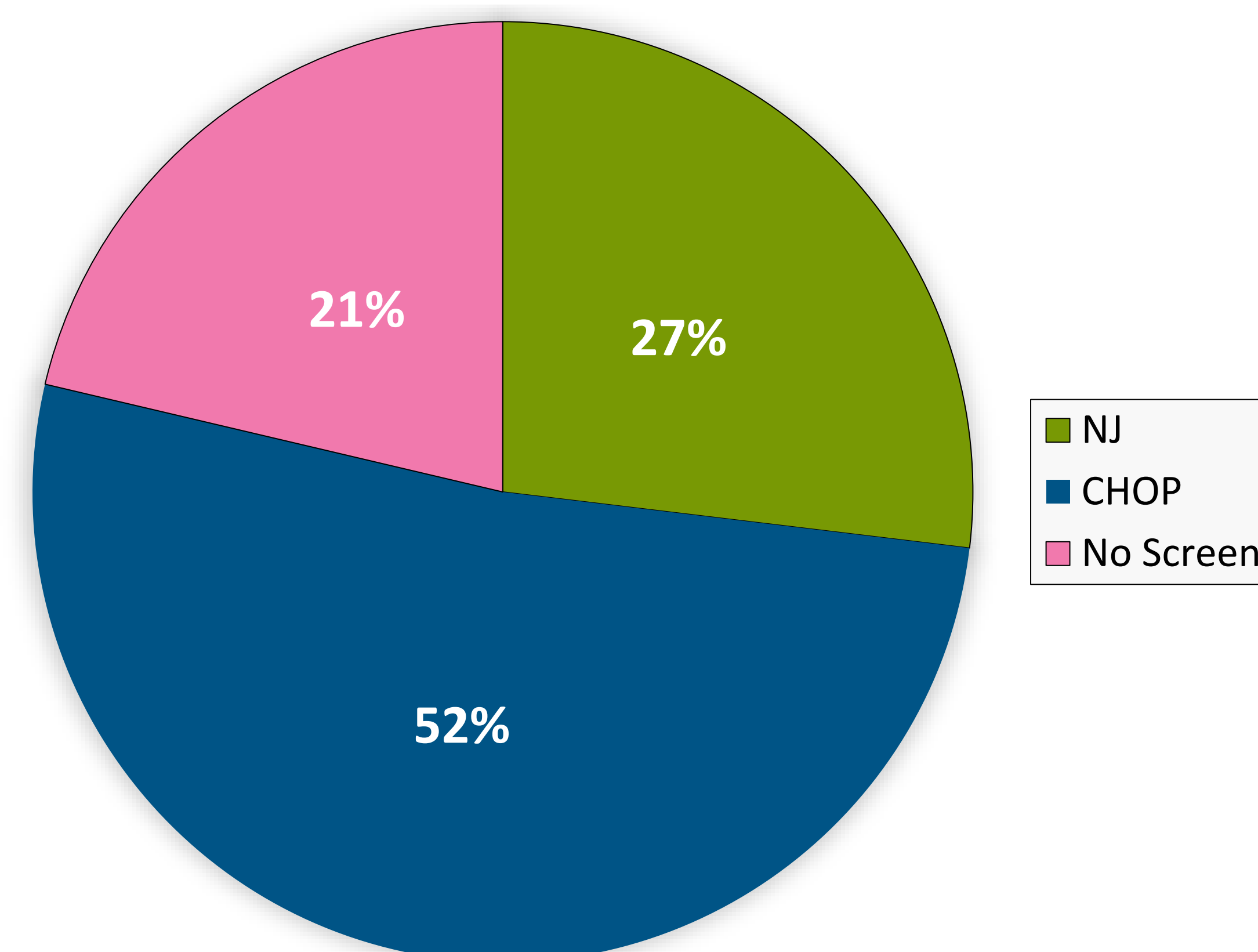


Fig. 1. Percentage of children that received a hearing screening prior to discharge from a New Jersey (NJ) birthing facility or the Children's Hospital of Philadelphia (CHOP). Some children did not receive a hearing screening at either location due to medical fragility.

Conclusion

For infants and young children who reside in New Jersey, the collaborative process between the New Jersey EHDI Program and Audiology Department at CHOP serves to bridge the gap between pediatric audiologic testing and follow-up care in Pennsylvania to timely enrollment in early intervention services in New Jersey. This highly successful collaboration has proved to be invaluable not only for children and their families, but also for audiologists and EHDI programs in both states. Consistent data sharing reduces the number of children who are lost to follow-up and increases the number of children who receive timely enrollment in an appropriate early intervention program, which is strongly supported by this data review.

Due to the successful and ongoing communication between the CHOP Audiology Department and the New Jersey EHDI Program, outreach to families who are potentially lost-to-follow-up has been streamlined to only include those who truly need assistance in obtaining follow-up care. Additionally, as the need for communication may be ongoing, strong interpersonal relationships with border-state colleagues make the sharing of information comprehensive and pleasant.

The collaboration between the New Jersey EHDI Program and the Audiology Department at CHOP continues to serve as a model for all border state and territory partnerships.

Discussion

Audiologists and newborn hearing screening providers are required by New Jersey state regulations to report newborn hearing screening results and diagnostic audiologic testing to the New Jersey EHDI Program. Obtaining timely audiologic test results performed outside of New Jersey has been challenging, with some facilities reporting that they require parental consent prior to providing results. Outreach to out-of-state audiology and pediatric centers that provide screening and diagnostic testing to infants in need of follow-up is desperately needed. Fortunately, HIPAA allows for the disclosure of health information across state lines for public health purposes. According to the HIPAA Privacy Rule and Public Health Guidance from Centers for Disease Control and Prevention and the U.S. Department of Health and Human Services, Privacy Rule expressly permits release of patient health information, without authorization, from a covered entity to a public health authority for the purpose of controlling disease, injury, or disability.

Considerations

The HIPAA exemption for public health purposes assures audiologists and other newborn hearing screening providers that the release of audiologic results and recommendations for children residing in other states is an exempt disclosure. Therefore, data sharing between EHDI programs is encouraged and allowed. Border state EHDI programs may consider entering into cooperative agreements for data sharing to ensure best outcomes for the children they serve.

References

- Centers for Disease Control and Prevention. HIPAA Privacy Rule and Public Health Guidance from CDC and the U.S. Department of Health and Human Services. (2003). *Morbidity and Mortality Weekly Report*, 52, 1-20. <https://www.cdc.gov/privacyrule/Guidance/PRmmwrguidance.pdf>
- Joint Committee on Infant Hearing Screening. Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. *Pediatrics*, 120 (4), 898-921.
- Joint Committee on Infant Hearing Screening. Year 2019 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs. *Journal of Early Hearing Detection and Intervention*, 4(2), 1-44.