



**No Borders, No Barriers:
Strengthening Cross-State Coordination
for Continuity of Care**

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Presenters/Panelist

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Learning Objectives

By the end of this session, participants will be able to:

- ▶ Describe common continuity-of-care breakdowns for infants born or transferred across state lines.
- ▶ Apply collaborative strategies using relationships with hospitals and neighboring EHDI programs to track infants.
- ▶ Design informal workflows to follow up on cross-border cases where system integration is limited.

Session Topics and Activities

- ▶ Common system gaps.
- ▶ Challenges to cross-state collaboration and coordination.
- ▶ Strategies to strengthen continuity of care.
- ▶ Health Insurance Portability and Accountability Act of 1996 (HIPPA) and Privacy Rule.
 - Requirements and oversight.
 - Covered entities and allowances.
 - Allowable uses and disclosures without consent.
- ▶ Importance of relationships.

Common System Gaps

- ▶ No shared systems or clear handoff process.
- ▶ Hospitals report to state of birth only.
- ▶ Hospital staff are uneducated about process.
- ▶ Receiving states do not notify state of residence.
 - Families incorrectly assume their records “follow them.”

The Challenges of Cross-State Coordination

Common Scenarios

- ▶ Infants born in border state, status not reported to state of residence.
- ▶ Infants transferred to a neonatal intensive care unit (NICU) in neighboring state.
- ▶ Infants with failed screens receive follow-up in border state.
- ▶ Families move to another state following the birth.

Table Activity

Scenario: A family resides in State A, but is born prematurely in a hospital in State B. The baby is transferred to a NICU in State C. The infant fails the newborn hearing screen in State C. Two months later, the family returns to State A. The EHDI program in State A has no record of the birth or screening.

Discuss and write down your answers:

- ▶ What are the critical breakdown points?
- ▶ What would you do if you were State A? State B? State C?
- ▶ What strategies could help prevent loss to follow-up?

Strategies to Strengthen Continuity

EHDI Coordinators can strengthen continuity-of-care by:

- ▶ Building and maintaining active relationships with neighboring EHDI programs.
- ▶ Identifying and mapping high-volume cross-border births and NICU locations.
- ▶ Developing informal and formal tracking protocols.
- ▶ Using shared family consent forms to allow hospital-level outreach.
- ▶ Educating partners on the HIPPA Continuity of Care Rule.

HIPPA Requirements and Oversight

- ▶ Sets national standards to protect patients' sensitive health information.
- ▶ Requires:
 - Safeguards.
 - Limited uses/disclosures.
 - Informing individuals of their rights.
 - Accessing their records.
 - Requesting corrections.
 - Controlling who sees their data.
- ▶ HHS Office of Civil Rights oversees compliance.

HIPPA Covered Entities and Allowances

▶ Applies to:

- Health plans.
- Health care clearinghouses.
- Healthcare providers.
- Business associates.

▶ Allows uses for:

- Treatment
- Payment
- Operations
- Specific public health disclosures.

HIPPA Permitted Uses & Disclosures for Continuity of Care

The following can be done scenarios are allowed without written consent:

- ▶ Treatment, Payment, Healthcare Operations (TPO): Core functions of healthcare.
- ▶ Public Health: Reporting diseases, injury, vital events to public health authorities.
- ▶ Law Enforcement/Judicial Proceedings: Under specific conditions, like court orders.
- ▶ Emergencies: For disaster relief or to notify family involved in care.

Relationships Support Continuity of Care

- ▶ Familiarize yourself with contacts and processes in neighboring states.
- ▶ EHDI together – go the extra mile for your colleagues.
 - Provide a warm handoff for in-state hospitals.
 - Reach out to in-state hospitals and audiologists on behalf of the other state.
- ▶ Establish a process to routinely communicate missed, passed, and failed hearing screens.

Tools and Tactics

- ▶ Use secure email, fax, or cloud-based shared folders.
- ▶ Share contact lists for hospitals near borders.
- ▶ Establish memoranda of understanding.
- ▶ Use standardized request templates.
- ▶ Adapt EHDI information system to tracking out-of-state infants.

State Specific Examples – Alabama and Georgia/Tennessee

Alabama and Georgia/Tennessee ensure continuity of care by:

- ▶ Establishing a data query to provide information necessary information.
 - Patient demographic information.
 - Screen date.
 - Screen method.
 - Ear specific results.
- ▶ Sharing monthly reports.
 - Georgia - Includes all birth, regardless of screening results.
 - Tennessee – Includes only births with failed screens.
 - Increases data completeness for CDC reporting.

State Specific Examples – Alabama and Florida

Alabama and Florida have an informal process to ensure continuity of care by:

- ▶ Referring individual infants with:
 - Failed hearing screen who are born in Alabama and reside in Florida.
 - Failed hearing screen who move to either state.
- ▶ Referrals are completed by phone with follow-up by secure email.

National Survey of EHDI Programs

National survey EHDI Programs indicates:

- ▶ HRSA funded EHDI programs: 59
- ▶ Survey respondents: 63%
 - Respondents accepting referrals: 92%
 - Respondents not accepting referrals: 8%
 - Respondents continuing surveillance after referral: 71%
- ▶ Most common referral types accepted: Missed, fail/refer, new DHH diagnoses.
- ▶ Most common ages accepted: Birth to age 3.
- ▶ Most preferred communication method: Encrypted email

Table Activity 2: Designing an Interstate EHDI Referral and Information-Sharing Process

- Scenario:
Your states share a border, and families frequently cross state lines for birth, NICU care, or relocation. Infants are often born and screened in one state but reside in another. Currently, there is no standardized process for interstate notification or tracking.
- Goal:
Design a practical proposal for how neighboring state EHDI programs can securely and promptly share hearing screening to ensure that no infant is low to follow-up or documentation due to cross-state movement
- What are the biggest challenges you face when infants cross state lines?
- What would an ideal process look like?

In Summary

- ▶ Cross-state births and transfers are common and challenging.
- ▶ Continuity of care can be achieved to ensure children receive timely and high quality services with:
 - Strong informal and formal referral procedures and systems.
 - Intentional collaborative relationships.
- ▶ Loss to follow-up can decrease to support:
 - ▶ More complete and reliable data to reporting to HRSA and the CDC.
 - ▶ Resource management.

