



**Newborn Hearing Follow Up Program**  
**Early Hearing Detection and Intervention (EHDI)**  
**Conference**

March 16, 2026

## Authors:

### Tennessee Newborn Screening Follow-up Program

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*Facilitating Collaborative Dialogue with Primary Care Offices to Address Newborn Hearing Screening Loss to Follow-Up/Loss to Documentation*

# Disclosures

Julie Beeler (today's presenter)

Relevant financial relationships:

- Audiology Consultant, TDH Newborn Hearing Follow-Up Program
- Program Liaison, University of Tennessee Health Science Center Department of Audiology and Speech Pathology

**1**

The participant will be able to identify ways to facilitate productive consultative meetings with primary care providers' (PCP) staff, addressing practice-specific ways to increase newborn hearing screening and follow-up efficiency.

**2**

The participant will be able to apply Tennessee experiences to their own programs to reduce loss to follow-up/documentation.

**3**

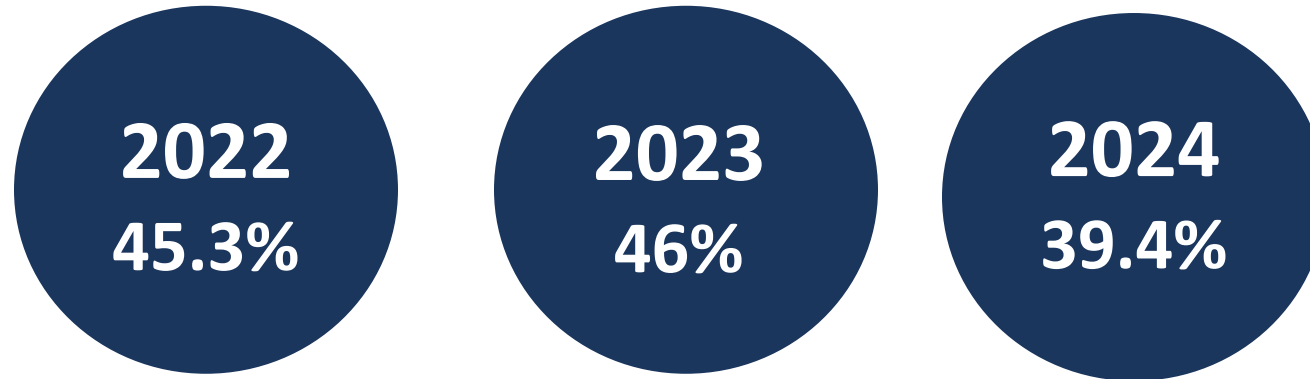
The participant will be able to identify at least two barriers for PCPs to report hearing results to the state's EHDI program.



**Learning Objectives**

# Background

Tennessee infants who failed the newborn hearing screening but did not have final evaluation outcomes documented in Tennessee's Newborn Screening Program database  
= Lost to Follow Up (LFU)



How many LFU infants are Lost to Documentation (LTD)?

<https://www.tn.gov/health/health-program-areas/fhw/newborn-screening/newborn-hearing-screening-dashboard.html>

# Background

- Since July 2023, the TN Newborn Hearing Screening Follow-Up (NHS) Program has received funding from the CDC to assess the extent of LTD.
- Early 2024 pilot study found that ~90% of the LFU cases were lost at the rescreen stage (an LTD rate of 44%)
  - much higher than the rate of 14% among those lost during the diagnostic evaluation stage



2024-2025: Deeper look at LTD, specifically within the context of PCP offices

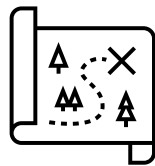
## “First line of defense”

After hospital discharge, PCPs are often the first to have critical discussions about the next step in hearing follow-up.



All Seeing Eye

Empathetic Ear



Knowledgeable  
Guide

Tireless Warrior




<https://littlehealthcare.com/primary-care-providers-the-first-line-of-defense-against-health-issues/>

# Method

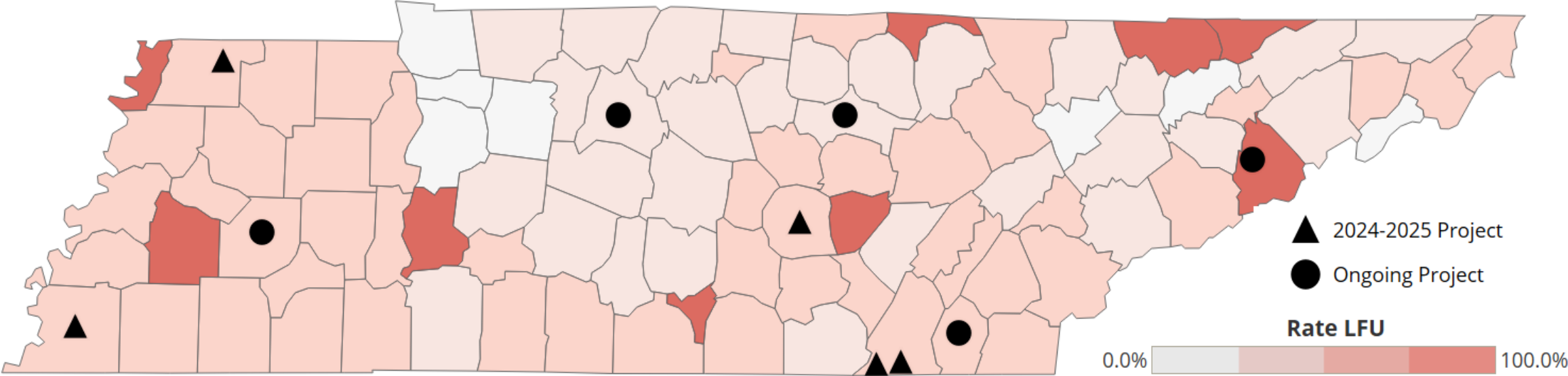
- Epidemiologists summarized LFU cases for 2022-2024 by PCP office
- Practices with high rates and volumes of LFU were identified
- Proximity to pediatric audiology was also considered

 5 practices participated in this project ('24-'25)

 5 practices anticipated to complete activities of ongoing project ('25-'26)

\*See next slide

# PCP Rate of LFU



Map courtesy of Charles Lechner, MS, Tennessee Department of Health

# Pre-Engagement Process

- Letter with invitation to participate
  - included hearing summary\*
- Phone calls to key staff to review project expectations
- Scheduling at convenience of practice
- Responsive PCPs were invited to engage with audiology consultant two times
  - 1) Virtual connection meeting
  - 2) Consultation call to review specific infant LFU list

\*See next slide

# PCP-Specific Hearing Summary

Newborn Hearing Screen Follow-up Summary  
[Redacted]  
Infants Born in Tennessee from 2022 – 2024

+

Metric	Number
All Infants for Your Practice	472
Infants Failed Hearing Screening	31
Infant Confirmed with Hearing Loss	0
Infants Lost to Follow-up	17

□

Hospital of Birth	Number of Infants	Percent
PARK RIDGE EAST HOSP	241	51.06
ERLANGER EAST WOMEN'S SERVICES	145	30.72
BARONESS ERLANGER MOTHER	85	18.01
[Redacted]	1	0.21
TOTAL	472	100.00

Summary courtesy of Yinmei Li, MD, PhD. Tennessee Department of Health.

# Engagement



## Virtual Meetings

- PCP office participation ranged from 1 to 6
- Guided topical discussions; most topics emerged organically



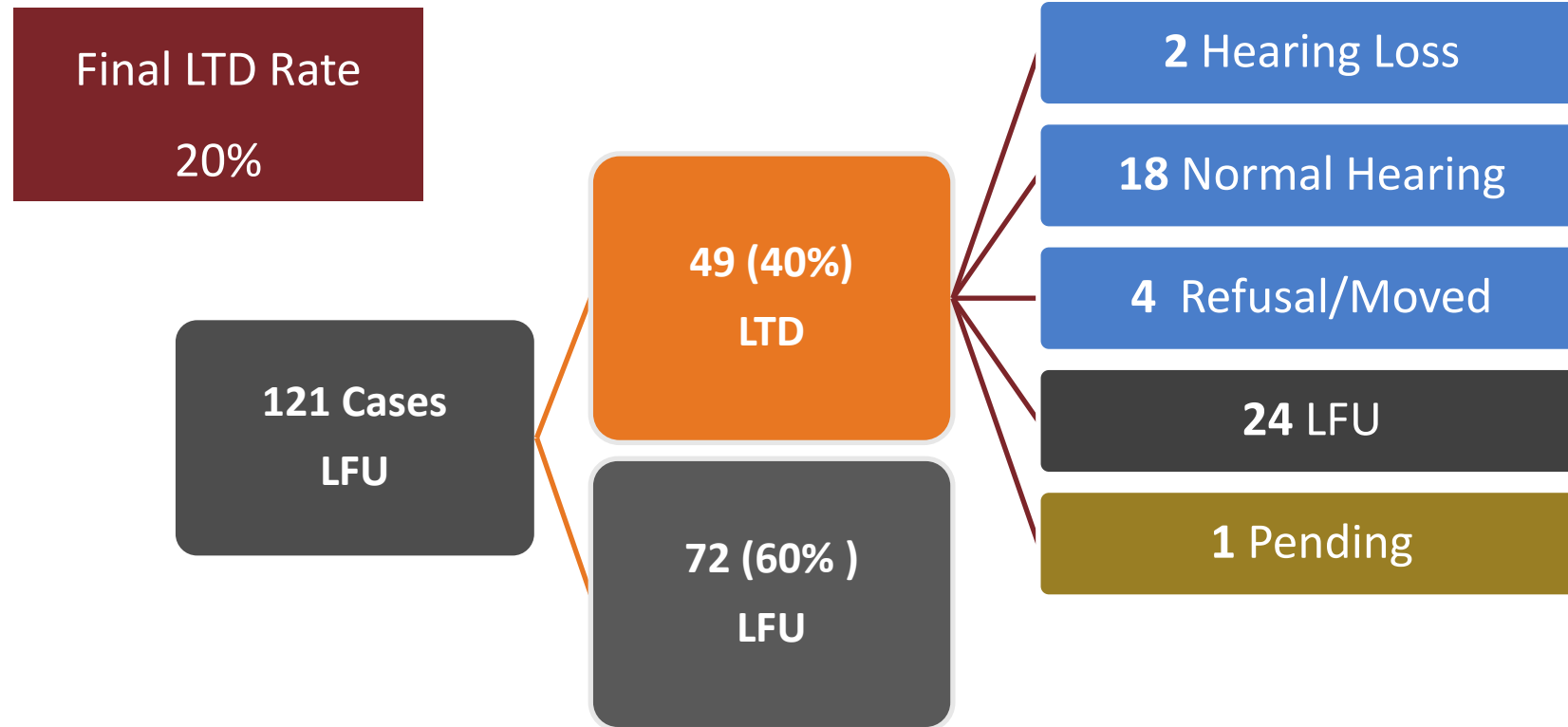
## Consultation Calls to Review Infant LFU List

- Details of re-screening outcomes
- New family information, procedural strengths and breakdowns
- Addressed team questions

# Guided Topical Discussions

- Infant Notification Letter (Missed or Referred)
- Secure Remote Viewer (SRV)
- Use of Otoacoustic Emissions (OAE) Device
- Internal Procedures
  - Identifying infants in need of hearing re-screening
  - Timeline of discussion about follow-up
  - Referrals to audiology
  - Reporting to state
  - Tracking infants with pending outcomes
- Communication to/from Audiology
- Perceived Barriers for Families

# Results from the 2024-2025 Project



Data and figure courtesy of Yinmei Li, MD, PhD. Tennessee Department of Health.

# Findings



3/5 were unaware that the SRV existed and were excited to enroll



2/5 interested in purchasing an OAE unit; 2 others already using OAE



4/5 had positive feedback about local audiologists relative to timeliness of visits and/or communication



PCPs with access to eMR of birthing hospital (and/or audiologist records) commented on ease of records access and referral process

# Findings



Of those deemed LFU, a substantial number of infants were never (or are no longer) in the practice

- e.g., @ one practice, 15/26 babies on the LFU list were NEVER a patient



Timeframe for discussing results/plan for hearing follow-up varied from office to office

- 2-month appt
- 6-week appt
- 2-week appt

# Findings



5/5 had systematic internal procedure to identify infants needing hearing follow-up

- Easy to describe how they go about identifying those who needed hearing follow-up after hospital discharge
- Various strategies identified. Use of lists sent from hospital, use of SRV, use of state letter to trigger PCP discussion or referral



5/5 were challenged to monitor status of hearing follow-up *after a referral* to audiology was made

- Patient non-compliance with appointments was a primary reason for losing track of status of hearing follow-up

# Findings



4/5 were familiar with the letter from the state alerting practices of infants who need hearing follow-up



Mixed feedback about reporting when infant was not in practice

# Findings

## Perceived barriers to follow-up

- Transportation issues
- Distance to pediatric audiology
- Phone numbers changing – difficult to reach to refer
- Mothers with many children
- Single-parent families
- General non-compliance with health appointments
- Insurance coverage e.g., 1) local ENT not taking Medicaid, requiring families to drive 2 hours for care; 2) lack of any insurance

# Findings

## Suggestions to overcome barriers

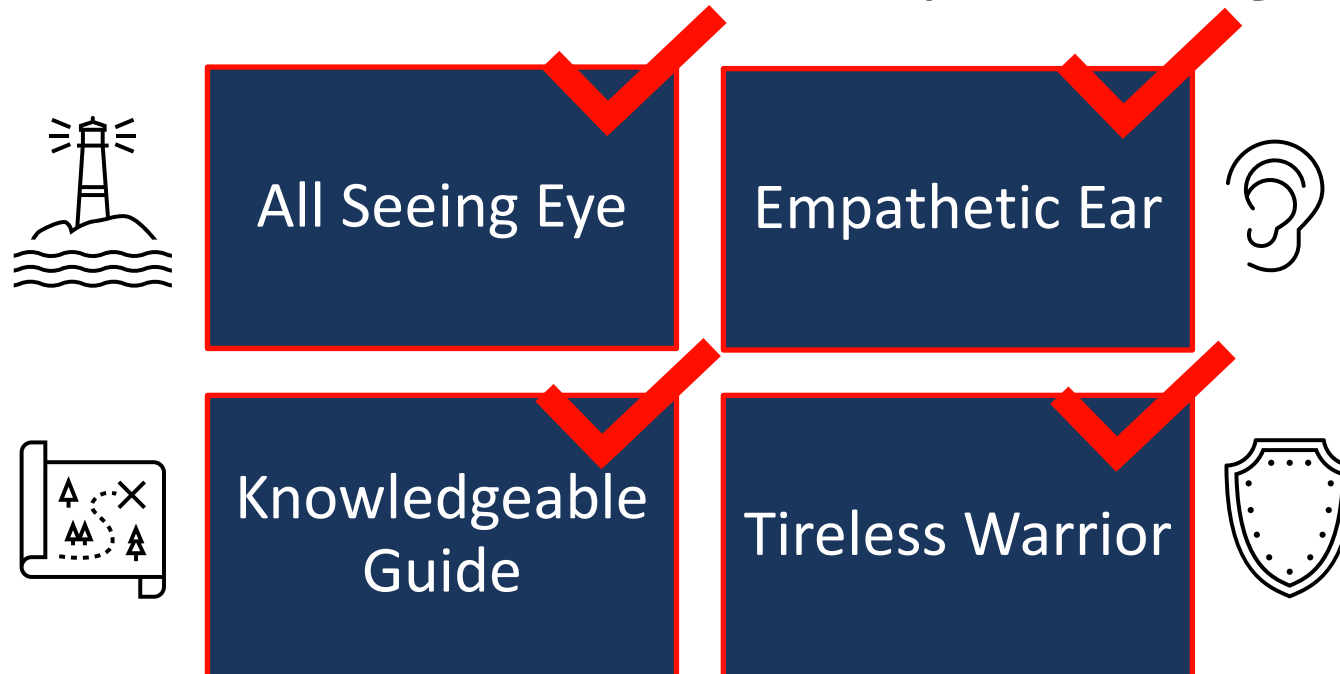
- More pediatric audiology opportunities in area
- Having rescreens in county health departments
- Medicaid transportation is not always ideal for moms/newborns. Explore other trustworthy (and timely) transportation options for this population.
- For lower SES, mail is not a good way to communicate. Consider texting.
- Audiologists must have interpreting service or capability.

# Conclusions

- Directed, topical discussions with PCP offices are fruitful (likely yielded more than a survey would have)
- Consultations to review infant-specific LFU lists are helpful in gathering data relative to LFU/LTD, but process may be timely
- PCP offices were appreciative of invitation to share ideas and express concerns
- Transparency in sharing practice protocols yielded new insights about clinic-specific approaches to support infants needing hearing follow-up

## “First line of defense”

After hospital discharge, PCPs are often the first to have critical discussions about the next step in hearing follow-up.



<https://littlehealthcare.com/primary-care-providers-the-first-line-of-defense-against-health-issues/>

# Opportunities and Future Directions

Update

Educate

Support

Modify

Connect

Expand

**Thank you!**

*Thank,  
you!*



**Our team extends heartfelt thanks to the providers and staff at the PCP offices who have worked with us to date.**

# Notes

- C. Lechner, Y. Li, Data extracted from Tennessee Department of Health Newborn Hearing Follow-Up Program Dashboard. Accessed 2.16.2026.  
<https://www.tn.gov/health/health-program-areas/fhw/newborn-screening/newborn-hearing-screening-dashboard.html>
- N. Thompson, 2023. “Primary Care Providers: The first line of defense against health issues” in Little Health Care. Online. Accessed 2.16.2026.  
<https://littlehealthcare.com/primary-care-providers-the-first-line-of-defense-against-health-issues>

# Contact Information

THANK YOU FOR  
YOUR INTEREST!

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