

The EHDI Provider Puzzle: Putting It
Together in the Comfort of Your
“Medical Home”

There is an “/” in Team

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Financial Disclosure Information

- I have no relevant financial relationship with the manufacturers of any commercial products and/or provider of commercial services discussed in this CME activity.
- I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

National Center for Medical Home Implementation



The National Center of Medical Home Initiatives for Children with Special Needs



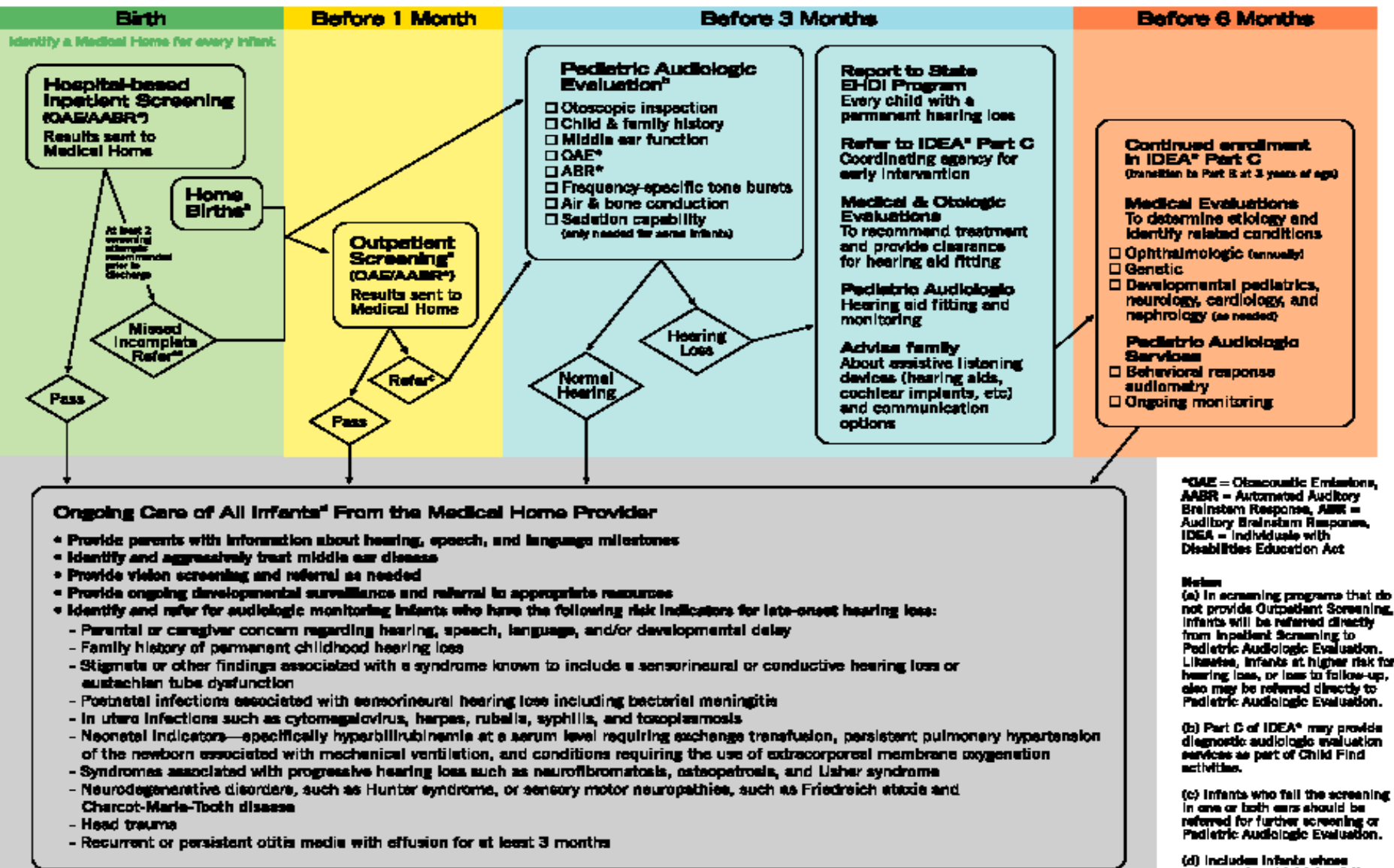
The National Center for Medical Home Implementation supports medical home implementation in order to ensure that all children and youth, including those with special health care needs, have the services and support necessary for full community inclusion.

www.medicalhomeinfo.org

www.medicalhomeinfo.org

- GO TO Screening Initiatives
- Newborn and Infant Hearing Screening Activities
- EHDI Related Articles
- **Fact Sheets**
- Early Hearing Detection & Intervention (EHDI) Programs
- **Resources and Tools**
 - **Hearing Screening Coding Fact Sheet for Primary Care Providers**
 - **Denial Management and Contract Negotiation for Hearing Screening Services**
- **Pediatric Resource Guide to Infant and Childhood Hearing Loss**
- **Universal Newborn Hearing Screening, Diagnosis, and Intervention-Guidelines for Pediatric Medical Home Providers**
- **Universal Newborn Hearing Screening, Diagnosis, and Intervention Patient Checklist for Pediatric Medical Home Providers**

Universal Newborn Hearing Screening, Diagnosis, and Intervention Guidelines for Pediatric Medical Home Providers



Appropriate Referrals

1. Audiologist knowledgeable in pediatric screening and amplification

Name
Telephone number
Fax
Date of referral:

2. Otolaryngologist knowledgeable in pediatric hearing loss

Name
Telephone number
Fax
Date of referral:

3. Local early intervention system

Name
Telephone number:
Fax
Date of referral:

4. Family support resources, financial resources

Name
Telephone number:
Fax
Date of referral:

5. Speech/language therapy and/or aural rehabilitation therapy

Name
Telephone number
Fax
Date of referral:

6. Sign language classes if parents choose manual approach

Name
Telephone number:
Fax
Date of referral:

7. Ophthalmologist knowledgeable in co-morbid conditions in children with hearing loss

Name
Telephone number:
Fax
Date of referral:

8. Clinical geneticist knowledgeable in hearing, lipal cleft

Name
Telephone number:
Fax
Date of referral:

9. Equipment vendor(s)

Name
Telephone number
Fax
Date of referral:

10. State EHDI coordinator

http://www.infanthearing.org/state_contacts.html

Name
Telephone number:
Fax
Date of referral:

11. AAP Chapter chapters

<http://www.aap.org/sections/infanthearing/Chapter%20chapters%2008.htm>

Name
Telephone number:
Fax
Date of referral:

12. Family physician(s)

Name
Telephone number:
Fax
Date of referral:

National Resources

Alexander Graham Bell Association for the Deaf and Hard of Hearing (AG Bell)
202/337-5220
www.agbell.org

American Academy of Audiology (AAA)
908/944-2336
www.audiology.org

American Academy of Pediatrics
www.aap.org

American Society for Deaf Children
717/334-7882
www.deafchildren.org

American Speech-Language-Hearing Association (ASHA)
800/438-2031
www.asha.org

Bay Area Center for Childhood Deafness
www.babyhearing.org

Centers for Disease Control and Prevention
www.cdc.gov/ncbddd/ehd

Cochlear Implant Association, Inc.
202/985-2781
www.cica.org

Families for Hands and Voices
301/200-5760
www.familiesforhands.org

Lowell Cline National Deaf Education Center and Clearinghouse of Gallaudet University
www.hawaii.cleardc.gallaudet.edu/info1990

National Association of the Deaf (NAD)
301/697-1799
www.nad.org

National Center on Hearing Assessment and Management (NCHAM)
www.hearing.org

National Institute on Deafness and Other Communication Disorders
www.nidcd.nih.gov

Oberlinster Foundation
www.oafed.org

The recommendations in this document do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Podiatric
with RN Nurse
Practitioners



Universal Newborn Hearing Screening, Diagnosis, and Intervention

Patient Checklist for Pediatric Medical Home Providers

Patient Name: _____

Date of Birth: ____/____/____

Birth	Hospital-based Inpatient Screening Results (OAE/AABR) (also Home Births)	DATE: ____/____/____
	Left ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^{a, c} <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Missed <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^{a, c} <input type="checkbox"/> Pass	
Before 1 month	Outpatient Screening Results (OAE/AABR)	____/____/____
	Left ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^{a, c} <input type="checkbox"/> Pass Right ear: <input type="checkbox"/> Incomplete <input type="checkbox"/> Refer ^{a, c} <input type="checkbox"/> Pass	
Before 3 months	<input type="checkbox"/> Pediatric Audiologic Evaluation ^b	____/____/____
	<input type="checkbox"/> Hearing Loss <input type="checkbox"/> Normal Hearing	
	Documented child and family auditory history	____/____/____
	<input type="checkbox"/> Report to State EHDI Program results of diagnostic evaluation <input type="checkbox"/> Refer to Early Intervention (IDEA, Part C) <input type="checkbox"/> Medical & Otologic Evaluations to recommend treatment and provide clearance for hearing aid fitting <input type="checkbox"/> Pediatric Audiologic hearing aid fitting and monitoring <input type="checkbox"/> Advise family about assistive listening devices (hearing aids, cochlear implants, etc.) and communication options	____/____/____ ____/____/____ ____/____/____ ____/____/____
Before 6 months	<input type="checkbox"/> Enrollment in Early Intervention (IDEA, Part C) (transition to Part B at 3 years of age)	____/____/____
	Medical Evaluations to determine etiology and identify related conditions	
	<input type="checkbox"/> Ophthalmologic (annually) <input type="checkbox"/> Genetic <input type="checkbox"/> Developmental pediatrics, neurology, cardiology, and nephrology (as needed)	____/____/____ ____/____/____ ____/____/____
	<input type="checkbox"/> Ongoing Pediatric Audiologic Services	

Ongoing Care of All Infants^d

Provide parents with information about hearing, speech, and language milestones

Identify and aggressively treat middle ear disease

Vision screening and referral as needed

Ongoing developmental surveillance/referral

Referrals to otolaryngology and genetics, as needed

Risk indicators for late onset hearing loss:

(refer for audiologic monitoring)

Service Provider Contact Information

Pediatric Audiologist:

Early Intervention Provider:

Other:

Other:

Other:

(a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiologic Evaluation. Likewise, infants at higher risk for hearing loss, or loss to follow-up, also may be referred directly to Pediatric Audiologic Evaluation.

(b) Early Intervention (IDEA, Part C) may provide diagnostic audiology evaluation services as part of Child Find activities.

(c) Infants who fail the screening in one or both ears should be referred for further screening or Pediatric Audiologic Evaluation.

(d) Includes infants whose parents refused initial or follow-up hearing screening.

OAE = Otoacoustic Emissions
 AABR = Automated Auditory Brainstem Response
 ABR = Auditory Brainstem Response
 IDEA = Individuals with Disabilities Education Act
 EHDI = Early Hearing Detection & Intervention

This project is funded by an educational grant from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services.

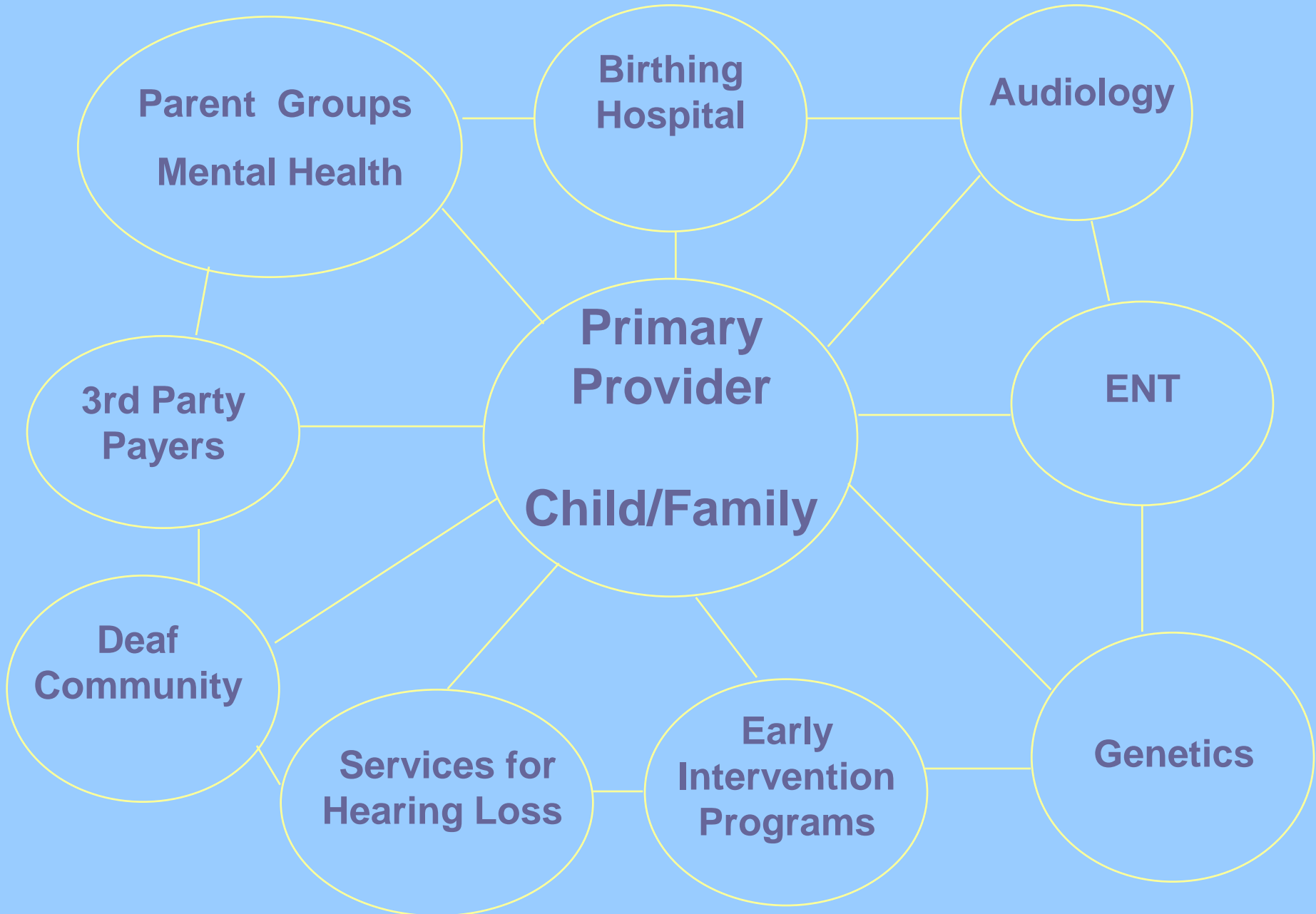


Primary Care Provider's Role

Medical Home

“Pediatricians, family physicians, and other allied health care professionals, working in partnership with parents and other professionals such as audiologist, therapists, and educators, constitute the infant's medical home.”

JCIH 2007



**Parent Groups
Mental Health**

**Birthing
Hospital**

Audiology

**Primary
Provider**

ENT

**3rd Party
Payers**

Child/Family

**Deaf
Community**

**Services for
Hearing Loss**

**Early
Intervention
Programs**

Genetics

What do families want to know when a child is diagnosed with hearing loss.....

- **What** do we do next?
- **When** must we take action?
- **Where** do we get more information?
- **How** do we decide?
- **Who** will help us?
- **Why** do we need early intervention?

Emotions of Families with a Deaf or Hard of Hearing Baby

(Grief) Reactions to Unexpected Diagnosis

(Pressure) Urgency of Communication Decisions Search

(Confusion) Search for Experienced Professionals

(Isolation) Availability of Services and Support

Medical Intervention

Primary Goals

1. Identify the etiology of the hearing loss to help the family anticipate their child's needs as well as those of the siblings
2. Prevent or diminish the impact of secondary medical concerns (ie vision, middle ear disease, immunizations)
3. Appropriate referrals and ongoing care

Just in Time

So Your Patients Care Is Right On Time

1-3-6 Plan

1 Before ONE month of age:
Hearing Screening

3 Before THREE months of age:
Hearing Diagnostic Audiological Evaluation

6 Before SIX months of age:
Early Intervention

No Later Than 1 Month

- Ensure hearing screening for all newborns
- Review results & risk factors for late onset or progressive hearing loss with parent/guardian
- Schedule diagnostic audiological evaluation for all “Refers”

No Later Than 3 Months

- Schedule a pediatric diagnostic audiological evaluation for babies who do not pass the initial screen or re-screen.
- If a diagnosis is confirmed:
 - Refer to Early Intervention(Part C)
 - Schedule ENT, Ophthalmology exam, Genetics
 - Provide medical clearance for hearing aids/cochlear implants/therapies if chosen by the family
 - Provide medical referrals: Neurology, Developmental Pediatrics, Cardiology and Nephrology

No Later Than 6 Months

- Complete the ENT evaluation
- Provide pediatric audiologic services including ear molds, hearing aids, information about cochlear implants, follow up etc.
- Enroll child in Early Intervention Services(Part C)
- Provide family with information regarding communication options
- Communicate with family and other service providers for continuity of care

Knowledge is Power

Need for referral to geneticist?

- 11% Pediatricians
- 3% Family Physicians
- 22% ENTs

Need for referral to ophthalmologist?

- 1% Pediatricians
- 0% Family Physicians
- 7% ENTs

Talking Points. ASHA Sept. 2008

EHDI Phase II Campaign

“Nearly 40% of children identified with hearing loss and their families are not referred to the Part C early intervention system and may not be aware of the broad array of services and funding available to them. Part C is the primary source for families to link to other medical, audiologic and intervention services.”

Part C of IDEA

- Early Intervention Program for Infants and Toddlers with Disabilities. Est. 1986
- Federal grant program assists states in operating a comprehensive statewide program of EI services for infants and toddlers, ages birth through age 2.
- Statewide early intervention systems differ in many ways from state to state.

Evaluation and Assessment

- Under IDEA, evaluation and assessments are to be provided at no cost to the parent.
- *Evaluation* refers to the process used by the multidisciplinary team (*qualified people in the areas of speech and language skills, physical abilities, hearing and vision, and other important areas of development*) to find out whether or not your child is eligible for early intervention services.

Eligibility for Part C

- Part C eligibility is determined by each state's definition of developmental delay
- Includes clinical opinion of professionals with experience in the development of young children
- States have been given a lot of discretion for determining eligibility for entry into programs
- Only half of states include EI services to children with mild or unilateral hearing losses
- If your child is determined to be eligible, the next step is to create an IFSP

Individualized Family Service Plan (IFSP)

- IFSP documents and guides the early intervention process for children with disabilities and their families. It contains information about the services necessary to facilitate a child's development and enhance the family's capacity to facilitate the child's development.
- Family members and service providers work as a team to plan, implement, and evaluate services specific to the family's concerns, priorities, and available resources*.
- A service coordinator then helps the family by coordinating the services outlined in the IFSP.

Example

- Listening and Spoken Language
(includes Auditory-Verbal or Auditory-Oral)
- Hearing aids and earmolds needed
- Speech therapy and Occupational therapy
- Requested AV Therapist
- \$5,000 per year allowance in services

From Part C to Part B

- IFSP team should start preparing for transition into Part B (Special Education) around 30 months of age
- An exit IEP (Individualized Education Plan) is made to determine the services that your child will receive after transition
- IDEA includes Child Find mandate which requires all schools to identify, locate and evaluate all children with disabilities

www.wrightslaw.com

Resources

- Part C service coordinator/IFSP
- Other families*
- Physicians, speech therapists, OTs etc...
- National organizations focused on communication method chosen
- AAP state Chapter Champion
- Local schools/special education dept.

Resources

- Early Intervention
 - Contact State EHDI Coordinator – see www.infanthearing.org
 - www.nectac.org
- Parent-to-Parent
 - www.handsandvoices.org
 - www.beginningssvsc.com
 - www.babyhearing.org
- Physician support
 - www.aap.org
 - www.medicalhomeinfo.org

Physician Resources



The National Center of Medical Home Initiatives for Children with Special Needs

<http://www.medicalhomeinfo.org/screening/hearing.html>

ALSO: hearing loss module on
<http://www.pedialink.org>



Department of Health and Human Services
Centers for Disease Control and Prevention

<http://www.cdc.gov/ncbddd/ehdi/>

Questions?

Thank you!

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