



Pivoting in a Pandemic: Just in Time EHDl Supports

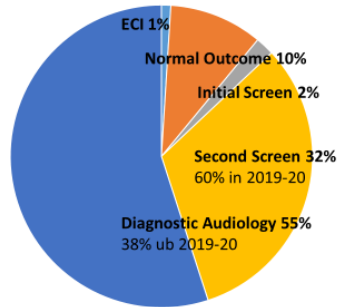
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From **April 2020-March 2021** the COVID pandemic disrupted medical systems, resulting in additional barriers to timely screening & diagnosis in the Texas hearing healthcare continuum. Texas Hands & Voices, in collaboration with the Department of State Health Services, provided timely information & accurate guidance to 4,500 families who were navigating rapidly changing systems that varied across the state.

Family Next Steps at Contact

An average of 400 Texas families at risk for LTF were contacted by Parent Guides each month. More than half have completed to the screen, but had not progressed to the diagnostic ABR. One third of the families needed to complete screening. In a typical month families with infants as young as 2 months an old as 18 months were contacted.



Addressing Three Types of COVID-Induced LTF Barriers:

Access to providers was restricted: “Mother returned my call & advised me that the audiologist appointment was cancelled due to the COVID-19 issues. A new date has not been given as the office does not have a reopen date yet.”

Families’ fear of exposure slowed follow-up: “She is still hesitant in taking her baby to any medical appointments due to COVID. Mom asked if we could follow up in 2 months to obtain an update. We will touch base then.”

COVID 19 placed additional burdens on families: “She feels like they have been in a blind spot with many questions and nowhere to turn to. Both parents lost their job due to COVID, & baby does not have insurance, family is struggling with medical bills.”

Implementing Strategic Team Training

The seven-year-long Texas Follow Through Guide Project had well-trained Parent Guides in place, & established relationships with providers across the state. In addition to families, Parent Guides connected with 260 clinical providers. The team’s collaborating audiologist provided data analysis & targeted training through the year, with topics including:

- Reviewing NCHAM guidance on COVID response, & identifying trends in Texas.
- Addressing medical home screening issues as an increasing number of primary care providers perform screenings with varied adherence best practices & reporting.
- Coaching parents on sedated ABR concerns as increased number of infants entered the diagnostic stage after four months of age, with confusion related to sedation & anesthesia.
- Using appropriate & accurate terminology for screening & assessment, as well as concepts of reliability & validity to improve communication with providers.
- Sharing ethical responsibilities related to consent, informed decisions, & protocol adherence with providers.
- Reviewing resources for mental health & social services, including providing scripts & contacts.
- Technical assistance in use of new technical applications including Zoho, Zoom, Google



Targeting Trends with a Regional Response

The team determined to stay on track with current cases, reinforcing 1-3-6 & following up on next steps; Contacts with families increased by 22% over the previous year.

A specific Parent Guide was assigned to each of eight regions of Texas, allowing members to develop a working knowledge of providers, build relationships, & identify trends quickly. Feedback from the team was used to update state’s database. Barriers experienced by families vary widely by region, with the most affected regions being the Panhandle of West Texas & the Rio Grande Valley in South Texas.

%TX Population vs %TEHDI Barriers Reported



A Google-based data sharing plan kept team current on availability of services & variations in protocol across regions, sustaining engagement with families & providers, & keeping TEDl informed about families’ experiences across regions & systems.

The Zoho One system provided a robust & secure interface to track information from families. Data was retrievable, meaningful, & flexible with statistics & volume constantly accessible. Trends in service needs & access across regions were readily apparent.

To improve outreach to families, state leadership allowed the team to send approved text messages (English & Spanish) early in the process to initiate communication, while maintaining HIPAA compliance, resulting in quicker connections with families. .