

Ten Percent Loss to Follow-Up Rate...You Can Get There Too!!

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Newborn Hearing Screening Program

California Program Statistics



2006 Program Data

- Total births: 563,522
- Total screened: 425,638
 - 76% of California births
 - 98% of participating hospitals

California Program Statistics

- Refer rate: 2.1%
- Miss rate: 0.3%
- Waive rate:
0.3%



California Program Statistics

- Identified with hearing loss: 919
 - Incidence 2/1000
 - Identified by 3 months of age: 515 (56%)
- Enrolled in Early Start: 669 (73%)
 - By 6 months of age: 463 (69%)

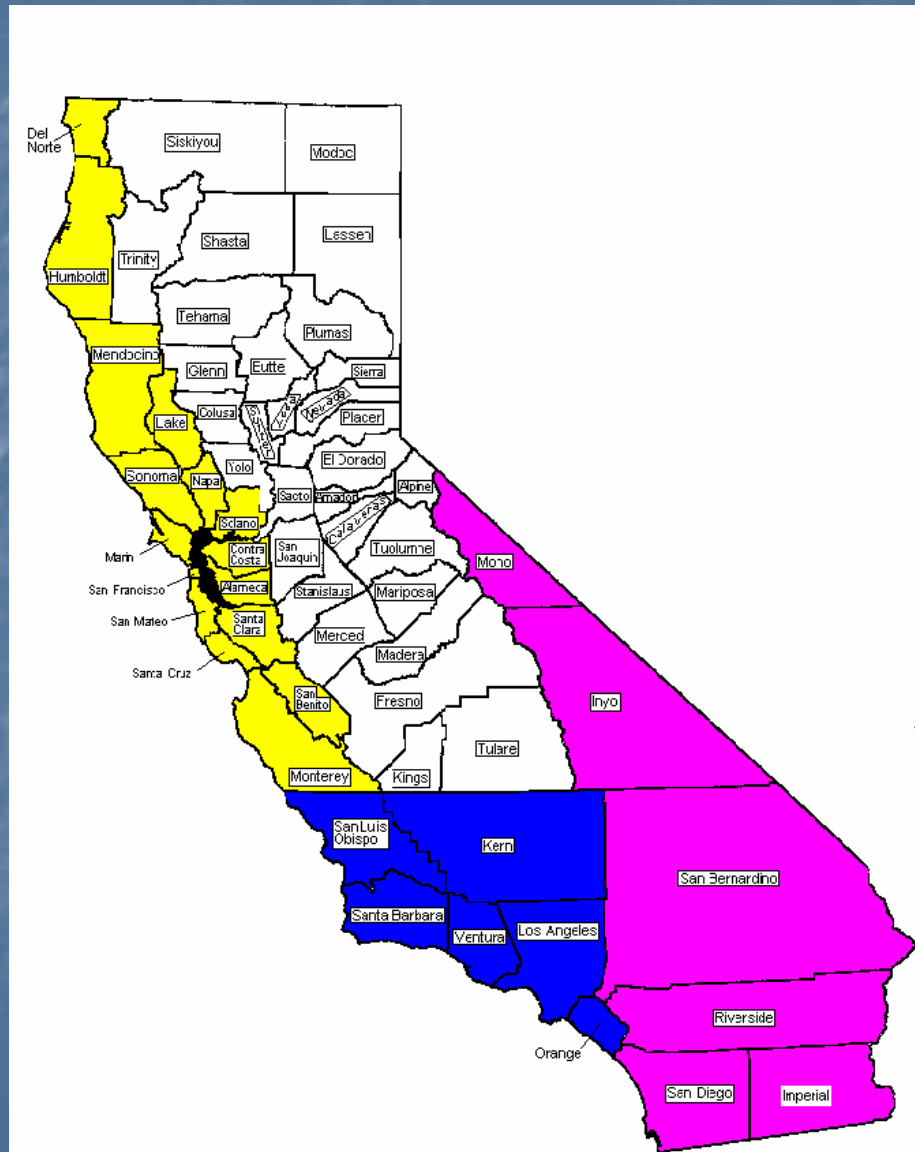


Hearing Coordination Centers



- Contractors who serve one or more geographic service areas
- Total Births by region (2006)
 - Region A: 111,641
 - Region B: 97,082
 - Region C: 110,073
 - Region D: 240,602

Geographic Service Areas



HCC Responsibilities

- Hospital Certification
- Quality Assurance Monitoring
- Infant Tracking and Monitoring



Hearing Coordination Center Staff



- Director
- Audiologist
- Registered Nurse
- Clerical Support
- Parent

The Process of the CA NHSP

WBN

NICU*

↓
Outpatient Re-screen*

↓
Pass

↓
Refer

↓
Diagnostic Evaluation

*ABR required for NICU

Hospital Responsibilities

- Hospitals that have been certified by the HCC report individual results on babies that have:
 - Referred
 - Missed
 - Waived
 - Expired
 - Transferred
 - Been Determined Not Medically Indicated by a physician



Hospital Responsibilities

- For Infants who refer, the Hospital must:
 - Schedule an appointment for outpatient screening
 - Provide the family with appointment info at discharge
 - Report the appointment to the HCC with inpatient screening results
- For Infants who are missed, the Hospital must:
 - Contact the family and schedule the follow up appointment
 - Report the appointment to the HCC



HOSPITAL NAME

[Empty box for Hospital Name]

NEWBORN HEARING SCREENING Infant Reporting Form

INPATIENT SCREEN COMPLETED

IP Screening	RIGHT EAR		LEFT EAR	
DATE OF SCREENING				
TYPE OF SCREENING <i>(circle one)</i>	ABR DPOAE TEOAE	ABR DPOAE TEOAE	ABR DPOAE TEOAE	ABR DPOAE TEOAE
RESULT <i>(circle one)</i>	PASS REFER	PASS REFER	PASS REFER	PASS REFER

INPATIENT SCREEN NOT DONE (fax completed form to HCC)

- Transferred out to: _____ Hospital on (date): _____
- Missed; discharged without screen (**complete Follow-Up section below**)
- Waived (Face Sheet not required) - NHSP Brochure given to parent
- Expired or physician determined screening not medically indicated (Face Sheet not required)
- Baby has atresia- Bilateral Unilateral: right left *(circle one)* (**complete Follow-Up section below**)

FOLLOW-UP FOR REFERS/MISSED (fax completed form to HCC)

- Parent/Legal Guardian information on face sheet verified/updated
Primary Language (Circle One): English Spanish Other: _____
- Second contact information (relative or friend) is verified/updated on face sheet or below
Contact Name: _____ Phone: _____
Address: _____
City/Zip: _____
Primary Language (Circle One): English Spanish Other: _____
- Print Infant's Full/Legal Name: _____
- NHSP Brochure given to parent (Circle One): Refer Refer to DX
- Follow-Up Appointment made and written on Parent brochure:

APPOINTMENT: OP SCREENING DX EVALUATION FOR NICU PATIENTS OR INFANTS WITH ATRESIA

→ **DATE:** _____ **TIME:** _____ CCS Referral Made
County: _____

PROVIDER: _____ **Phone:** _____

- PCP who will see the Infant after discharge – Name: _____
Phone: _____
- Completed form faxed **with hospital face sheet** to your Hearing Coordination Center at (XXX) XXX-XXXX.

The HCC Role In a Perfect World



HCC Role Following Inpatient Refer Result

- If follow up results are not received within 14 days of the scheduled appointment the HCC contacts the provider
- If necessary, the HCC contacts family to ensure the appointment was kept and to determine the outcome.
- Lost to follow up is most likely to occur at the outpatient screening phase.

HCC Role Following Outpatient Refer Result

- Refer the baby to the Title V Children with Special Health Care Needs Program (CCS Program in CA) if not done by OP screening provider
- Available as a resource for medical justification for medical necessity



HCC Role Following Outpatient Refer

- Notify the diagnostic provider when an authorization has been issued.
- Notify Family
- Obtain appointment information from diagnostic provider
- If diagnostic results are not received within 14 days of scheduled appointment the HCC contacts the provider

HCC Role After Hearing Loss is Identified

- Assure referral to the Early Start Program (CA Early Intervention Birth to 3 Program)
- Contact the family 1 week after diagnosis to answer questions and make any necessary medical or community referrals



HCC Role After Hearing Loss is Identified

- Contact family 2 months after diagnosis
 - Assure Early Start Services are being provided
 - Provide parent support
 - Assess the need for community referrals
- Contact family 6 months after diagnosis
 - Confirm services
 - Offer support
 - Make necessary community referrals
 - Close the case

Reality Check

The HCC Role in a Not so Perfect World



Barriers to the Perfect World Scenario



- Diagnostic providers not scheduling appointments; waiting for families to call
- Parents not scheduling or no showing appointments
- Providers not submitting results
- The CCS Program delaying or not issuing diagnostic authorizations
- Not enough qualified pediatric

HCC Role in Navigating the Barriers



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- Encourage providers to contact families for appointments
- Assist the family in getting the appointment
- Send letters to the PCP and the family stating the child's screening status and enlist the PCPs help if necessary.

HCC Role in Navigating the Barriers

- Make a referral to the local EPSDT program (CHDP in CA) if a family no shows more than two appointments or a provider is unable to contact a family after three attempts
- Contact providers for missing results
 - Elevate the problem to the State if there is no resolution
- Establish relationships with the CCS programs to encourage on-going communication regarding authorization of services
 - Elevate any problems to the State

Tracking and Monitoring Manual

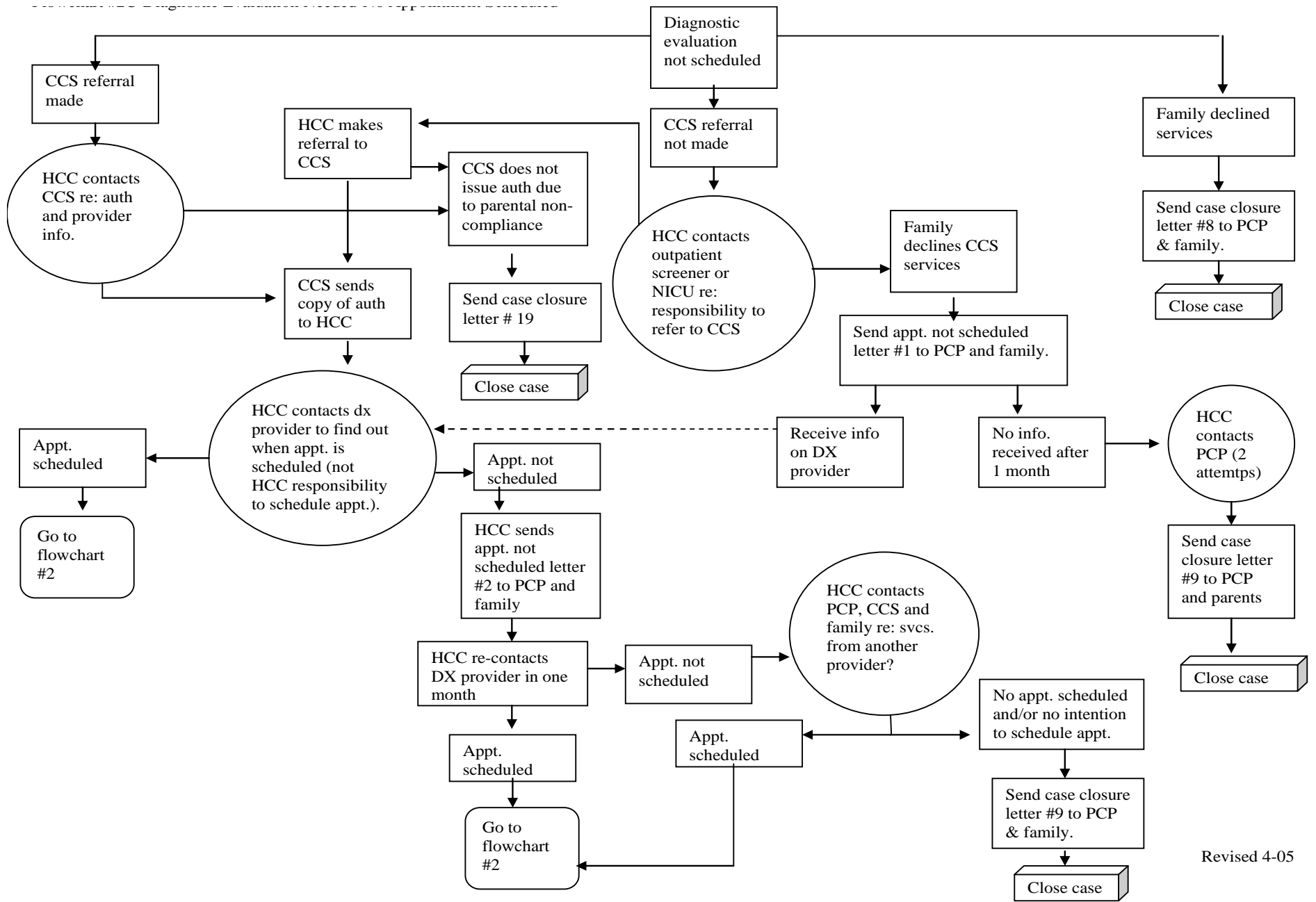
- Outlines the minimum expectations for the HCC
- Five Tracking Categories
 - Outpatient Screen Required
 - Diagnostic Evaluation Required
 - Hearing Loss Identified
 - Infant Transferred between hospitals
 - Infant Resides outside of CA
- Provides HCC a framework to follow cases to their conclusion



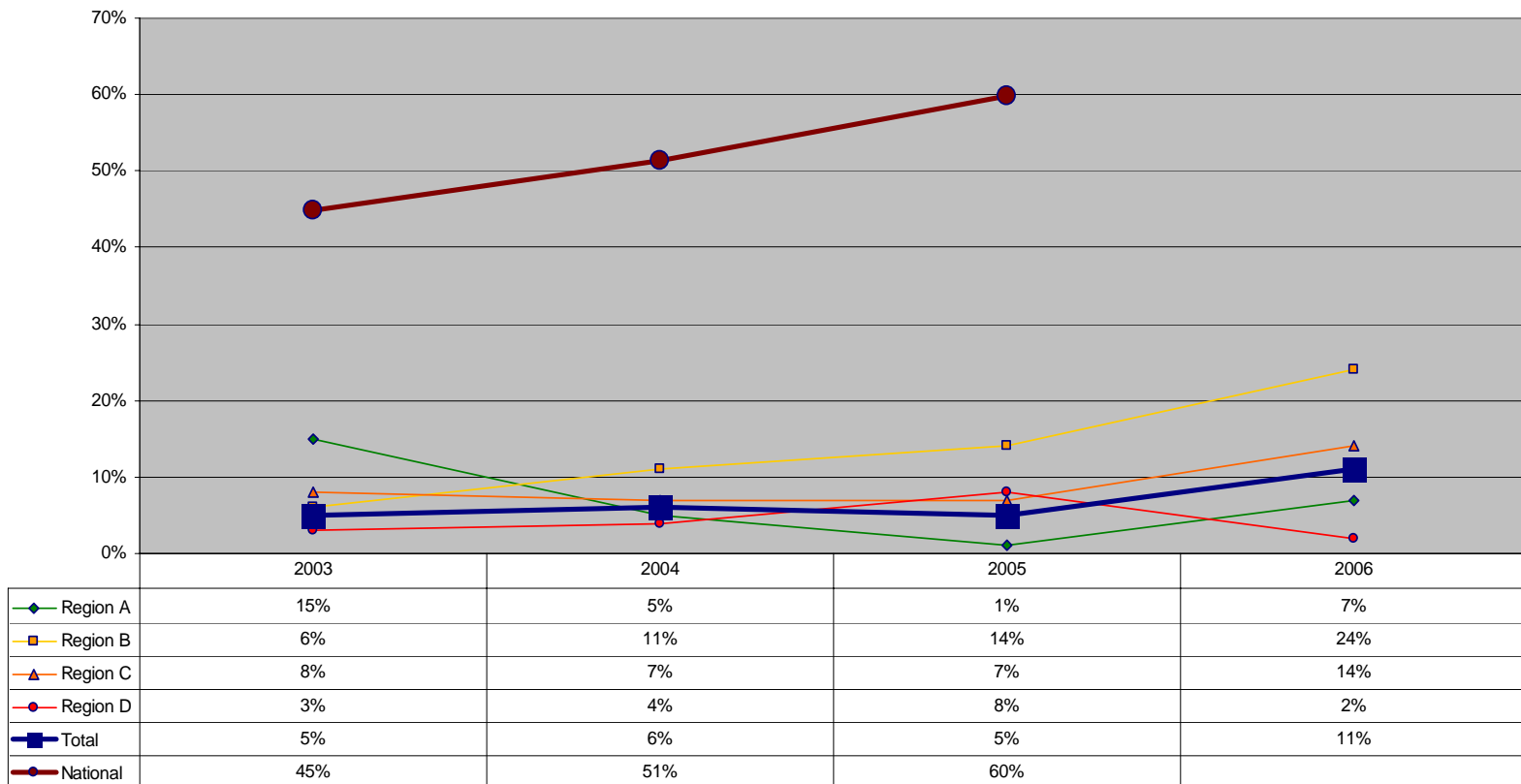
Tracking and Monitoring Manual



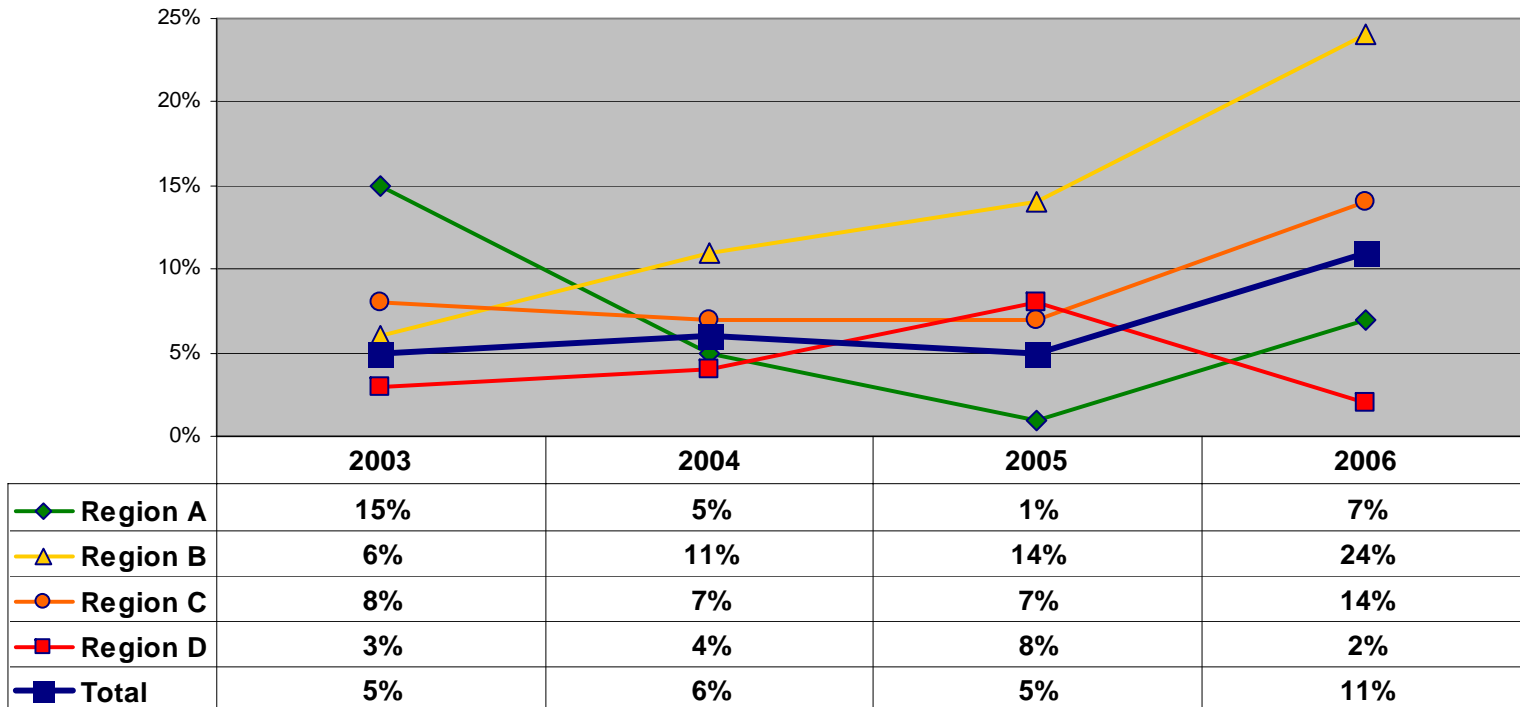
- Includes guidance on contacts with providers and families
- Letter content
- When to close a case



Loss to Follow-Up: National



Loss to Follow-up by Region



Tracking a Baby with the CA Process

Conclusions

- Procedures implemented regionally in CA can transfer to other state's programs
- The CA Tracking and Monitoring Manual can be adapted to suit any size program
- Steps can be implemented within any program to put safety nets in to place.



Questions?

