Indiana's EHDI Alert Response System (EARS): A Year Later: Successes and Challenges

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Overview

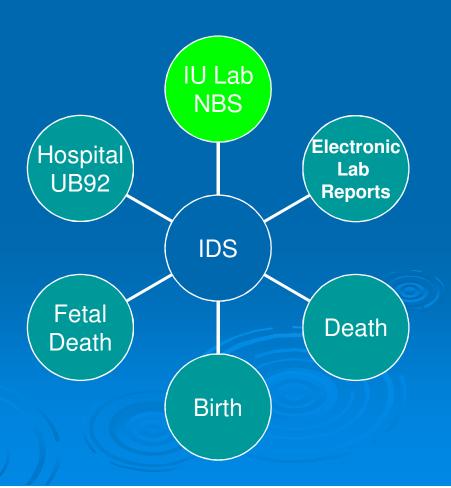
- Background: Integrated Data System (IDS) and the EHDI Alert Response System (EARS)
- > Working in the EARS environment
- Successes and Challenges

Landmarks in Data Integration in Indiana

- 1974- Regenstrief Institute began working on data integration.
- Mid-1980s-ISDH started moving forward with data integration.
- 1993-Indiana Legislature mandated the creation of the State Health Data Center.
- 2001-Operational Data Store developed.

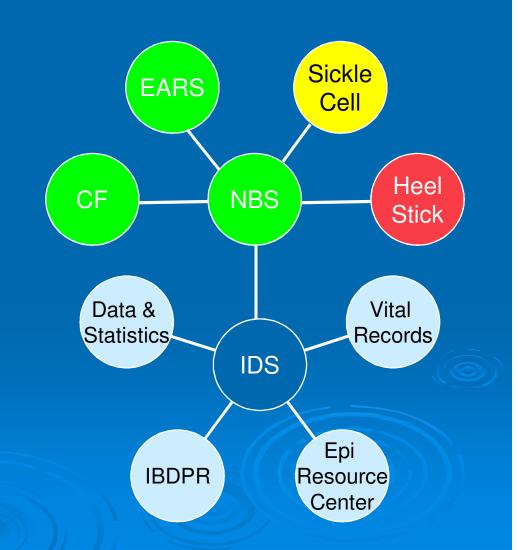
IDS Data Sources

- ➤ IU Lab Data Newborn Screening/Hearing
- Hospital (Reportable Birth Defects UB92)
- Vital Records Birth
- Vital Records Death
- Vital Records Fetal Death
- Electronic Lab Reports (Regenstrief)
- Cystic Fibrosis



IDS Users

- Newborn Screening
- Vital Records
- Data & Statistics
- > IBDPR
- > Epi Resource Center



EHDI Program in Indiana

EHDI in Indiana

- In 1999, the State
 Legislature passed PL911999 which mandates
 screening of babies in
 Indiana for hearing loss
- 16-41-17-10 states that ISDH is responsible for
 - "A centralized program that provides tracking, follow-up, diagnosis, management, and family counseling and support."



EHDI in Indiana

- Approximately 88,000 live births per year
- > 103 Hospitals & 3 Birthing Facilities
- Approximately 800 Home Births Annually



Indiana EHDI Data 2007

98% received UNHS

>	1.95% did not pass	n=1743
	Normal hearing	65%
	Hearing loss	7.6%
	In process	2%
	Died/moved/refused	4.6%
	LTF/LTD (screen to eval) 20.8%
	LTF/LTD (HL dx to EI)	20.9%

Prevalence of Hearing Loss 1.5 per 1000 screened

EHDI Alert Response System (EARS)

What is EARS?



- EARS is a web-based application that:
 - allows hospitals and audiologists to quickly and accurately enter information directly into a data store;
 - allows Indiana EHDI staff to view these entries almost instantaneously; and
 - generates alerts and informs the appropriate staff member that the next follow-up action should be taken.

History of EARS



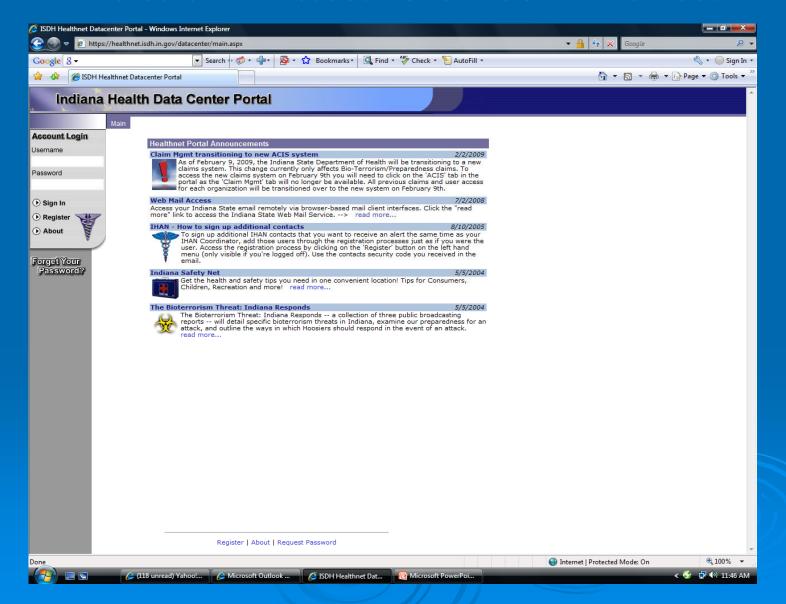
- 2005 received grant from the CDC to fund the development of EARS
- > 2006 began development of EARS
- 2007 began pilot testing EARS with the help of 4 central Indiana hospitals
- 2008 EARS moved to production and trained 80% of hospitals – began pilot testing of audiology reporting section – conversion from ODS to IDS began
- 2009 ODS/IDS conversion almost complete additional hospital training scheduled – begin development of webbased audiology training

Working EARS

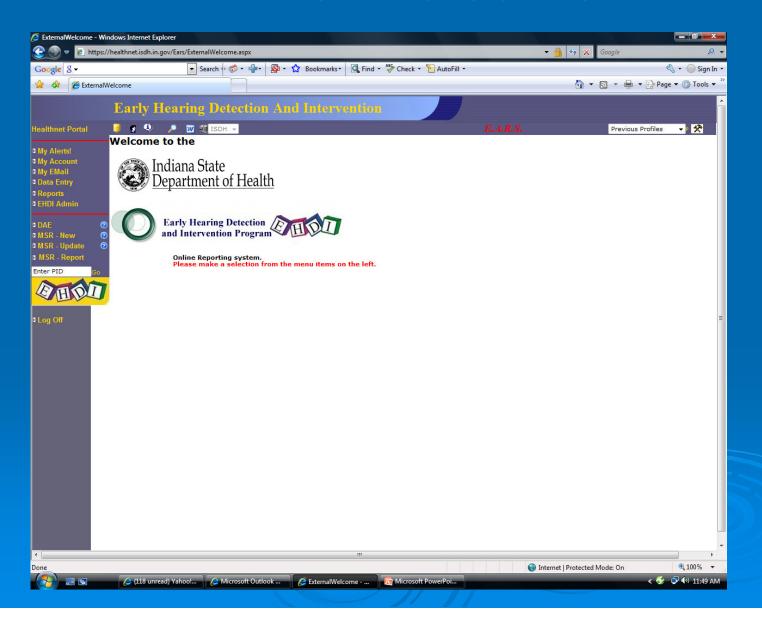


- Health Data Center Gateway
- Log on to system
- Step by step-Hospital Data Entry
- Checking an EARS Alert
- Processing an EARS Alert
- Communicating by secure E-mail
- Step by step-DAE entry
- Backdoor Information

Health Data Center Portal



EARS Welcome

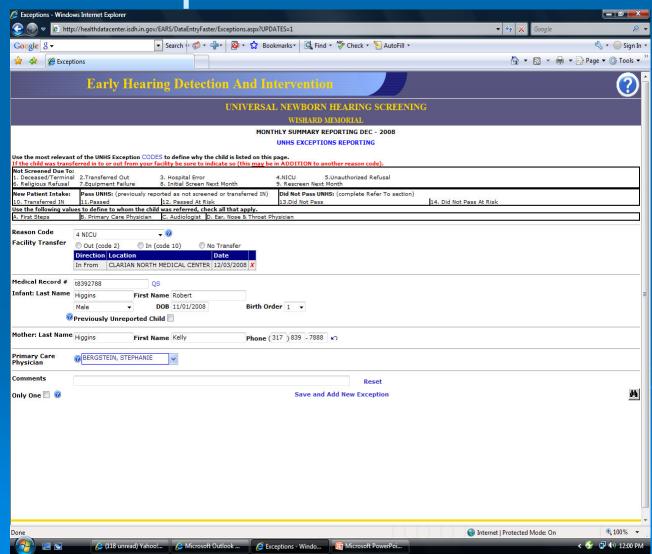


EARS

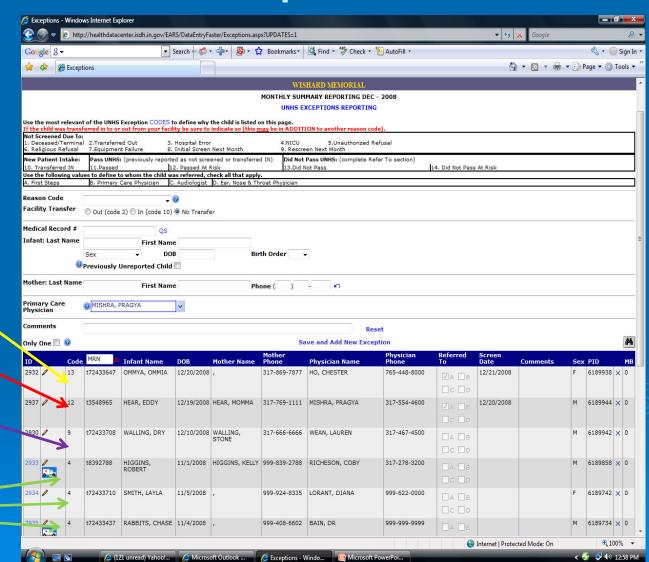
- Enables Improved Communication between EHDI Staff and
 - Hospital Staff
 - First Steps System Points of Entry
 - Audiologists
 - Physicians
- > And here's how....

Hospital Staff Report "Exceptions"

- Not Screened
 - Deceased
 - Transferred
 - Hospital Error
 - NICU
 - Unauthorized Refusal
 - •Religious Objection
 - •Equipment Problems
 - Screening Next Month
- Did Not Pass UNHS
- Passed but At Risk



EARS Exceptions



Did Not Pass

Passed At Risk

Rescreen Next Month

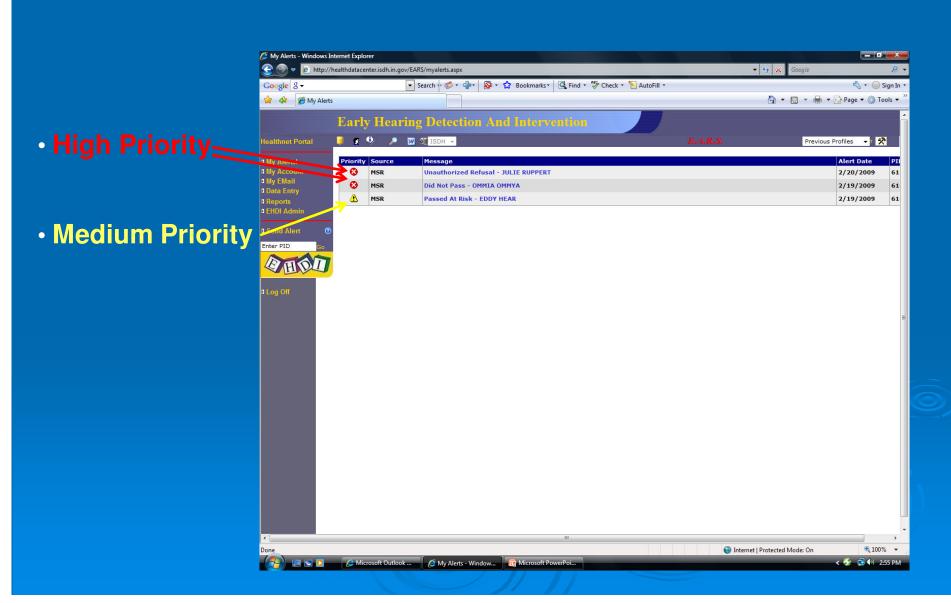
NICU

EARS "Hold Overs"

- Babies who have not been screened
- •"Hold overs"
 must have an
 updated code to
 complete final
 submission of report
- If screened, results will be displayed



Exceptions Create Alerts



EARS Child Health Information Profile CHIP

Alerts Create Responses ARC

Diagnostic Audiology Evaluation

Responses Enable Case Determination

(H)EARS Challenges



- > Buy-in, training, and use of the system
- Increased technical support to end users
- > Increased internal workload
- Data Integration

Conversion

New HIPAA-covered entity

Communication with the data system

Evolution of the EARS application

(H)EARS Successes



- Improved accuracy and reporting by hospitals (direct data entry)
- Increased timeliness of data sharing
- Improved relationships in EHDI system
- More accurate identification of children through larger database (IDS)
- Reduced loss to follow-up
- and documentation of children
- Easy to access, paperless, "active" system that "works" for the user
- Foundation for other Newborn Screening applications

(H)EARS the Real Conclusion

