


The Medical Home and EHDI

Albert Mehl MD

Chair, AAP Task Force on
Newborn Hearing Screening

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.
- I paid too much for my car.
- I'm not a great tipper.
- I will not charge extra for questions today unless they are silly questions.
- There are no silly questions.

Evolution of the Role of the PCP

- 1955: Twist the arm of the baby's ignorant doctor to acquiesce and do what you already know is critically important.
- 1992: Give the PCP the knowledge to participate and even be a leader in successful newborn hearing screening.
- 1996: Give the PCP enough knowledge to at least stop interfering with successful screening.
- 2000: Give up on PCPs already in practice and start better training residents.
- 2005: Honor the role of the PCP under the banner of "Medical Home," and watch the PCP spontaneously improve.
- 2011: ????????

The Medical Home

- A philosophy of care that emphasizes the primary care physician
- Or... something much more complex

The Medical Home Should Be:

- Comfortably Accessible
- Continuous
- Centered Around the Family
- Coordinated
- Compassionate
- Culturally Competent

Low Frequency Chronic Medical Conditions

- Congenital Heart Disease
- Diabetes Mellitus
- Leukemia
- Cystic Fibrosis
- Cerebral Palsy
- Phenylketonuria
- Congenital Sensorineural Hearing Loss

The Medical Home Should Also Be:

- Comfortable in our ignorance

The Medical Home Should Also Be:

- Comfortable in our ignorance
- Committed to education

The Medical Home Should Also Be:

- Comfortable in our ignorance
- Committed to education
- Cooperative with non-physician providers

The Medical Home Should Also Be:

- Comfortable in our ignorance
- Committed to education
- Cooperative with non-physician providers
- Co-management-style friendly

The Medical Home Should Also Be:

- Comfortable in our ignorance
- Committed to education
- Cooperative with non-physician providers
- Co-management-style friendly
- Connected with the family

The Medical Home Should Also Be:

- Comfortable in our ignorance
- Committed to education
- Cooperative with non-physician providers
- Co-management-style friendly
- Connected with the family
- Clever about advocacy

The Medical Home Should Also Be:

- Comfortable in our ignorance
- Committed to education
- Cooperative with non-physician providers
- Co-management-style friendly
- Connected with the family
- Clever about advocacy
- Conductor of orchestra of talented artists

The Story of a Talented Pediatrician

- Highly respected board certified pediatrician
- Trained at Stanford University
- Twelve years in general pediatric practice
- Office location 12 feet away from the chair of the AAP Task Force on Newborn Hearing Screening
- Has attended CME presentation on universal newborn hearing screening
- Facile in the use of computer, technology

The Story of a Talented Pediatrician

- Infant born into her practice with failed newborn screen and timely diagnosis of moderate bilateral sensorineural hearing loss.
- The mother of the child has read about recommendations for a genetics evaluation and asks her opinion.

The Story of a Talented Pediatrician

- Instead of simply asking her highly qualified colleague, she agrees to demonstrate how she might proceed on her own.
- Major pediatric textbooks
- Shelves of monthly copies of pediatric journals
- Google search: An assortment of websites with marginally useful information.
- AAP website search: Unable to find EHDI algorithm.
- CDC website search: Marginally useful information.
- E-mail to expert ENT consultant: Information received only partially consistent with JCIH recommendations.

The Moral of the Story

A caution about the “medical home” model:

We will not now solve with words...
what we have not yet solved with systems.

Never mentioned “Medical Home”:

- 1955: Marion Downs (...just figured out who’s arm to twist)
- 2010: World Health Organization’s worldwide summary on “Newborn and Infant Hearing Screening”

The Moral of the Story - 2

If it doesn't look like
“Just-In-Time” learning...
then don't expect it to work.

Just-In-Time Learning

- Which professional has the information first? (a. failed screening; b. family didn't return for follow-up; c. hearing loss confirmed; etc.)
- Who needs to know the information next, and what to do with the information?
- How do we connect the dots?

Just-In-Time Learning

- Arrives “Just-In-Time”
- States clearly what the professional (or parent) needs to know or do
- States why the information is important
- States where the recipient can go if more information is desired or required
- Fits on one side of one page

Re: EDDIE E. EHDI

DOB: 02 / 02 / 11

Dear Dr. Mehl,

You are listed as the primary care provider for this child. The initial newborn _____ was found to show _____.

Given these results, this child may have _____, and we recommend that you _____. If the infant _____, then we suggest _____.

Even though additional testing may prove to be normal, it is important to re-test, because _____. Many children with _____ show no signs of the disorder initially, but re-testing should not be delayed. If _____, then _____, and further evaluation would be warranted.

We recognize that _____ can be somewhat complex, and we are here to help you. Please feel free to call us to review the test results, to discuss this case further, or to arrange for consultation with _____. Additional information about _____ is available at [www. _____](http://www._____).

Thank you very much for your assistance.

Things that don't look like Just-In-Time Learning, and therefore shouldn't be expected to work:

- Lengthy written information in a binder or in a book
- Posted information on a website
- Educational materials for CME credits
- Residency training programs
- Hospital presentations or Grand Rounds
- State Guidelines for Newborn Hearing Screening, Diagnosis, Intervention
- Statements of the Joint Committee on Infant Hearing

Audience Participation

(An “audio” exercise: Follow the bouncing ball...)

Nah, nah, nah, nah, nah, nah, nah, nah,

Nah, nah, nah, nah, nah, nah, nah, nah,

Nah, nah, nah, nah, nah, nah, nah, nah,

Nah, nah, nah, nah, nah, nah, nah, nah...

BATMAN !



Just in Time Learning... Batman Style

Every Bruce Wayne
Needs An Alfred.

Just in Time Learning... Batman Style

- Served on a silver platter
- Arrives before Bruce Wayne even knows he's hungry
- Dainty portion sizes
- Come with information about where to find more if still hungry

The Silver Platter

- Snail mail
- Fax machine
- Electronic communications (??? EMR)
- Hand-carried by the parent
- Hand-delivered by one of us

The Moral of the Story – 3 (take your pick)

- Many hands make heavy work light.
- A stitch in time saves nine.
- A journey of a thousand miles begins with a single step.
- No PCP is an island.
- We don't do these things because they are easy...we do them because they are hard.