



Strategies for Reducing Loss to Follow-Up in EHDI Programs

Hallie Morrow, M.D.

Jennifer Sherwood, M.A.

California Department of Health Care Services,
Newborn Hearing Screening Program

California Program Statistics

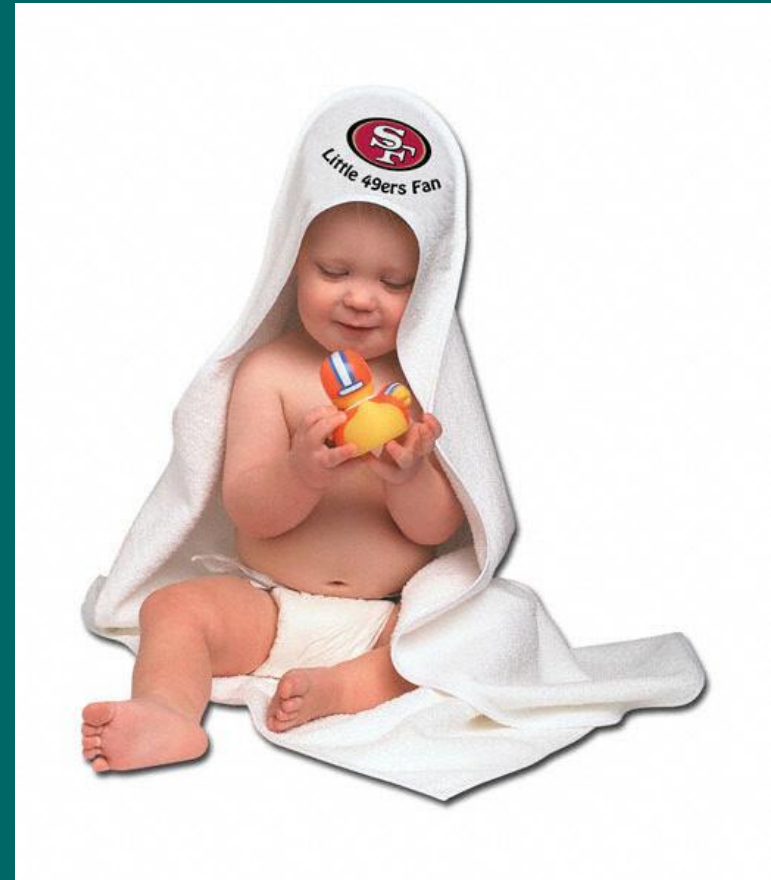


2008 Program Data

- Total births: 552,618
- Total screened prior to hospital discharge: 511,830
 - 93% of California births

California Program Hospital Statistics

- Refer rate: 2.0%
- Miss rate: 0.2%
- Waive rate: 0.1%





California Program Statistics

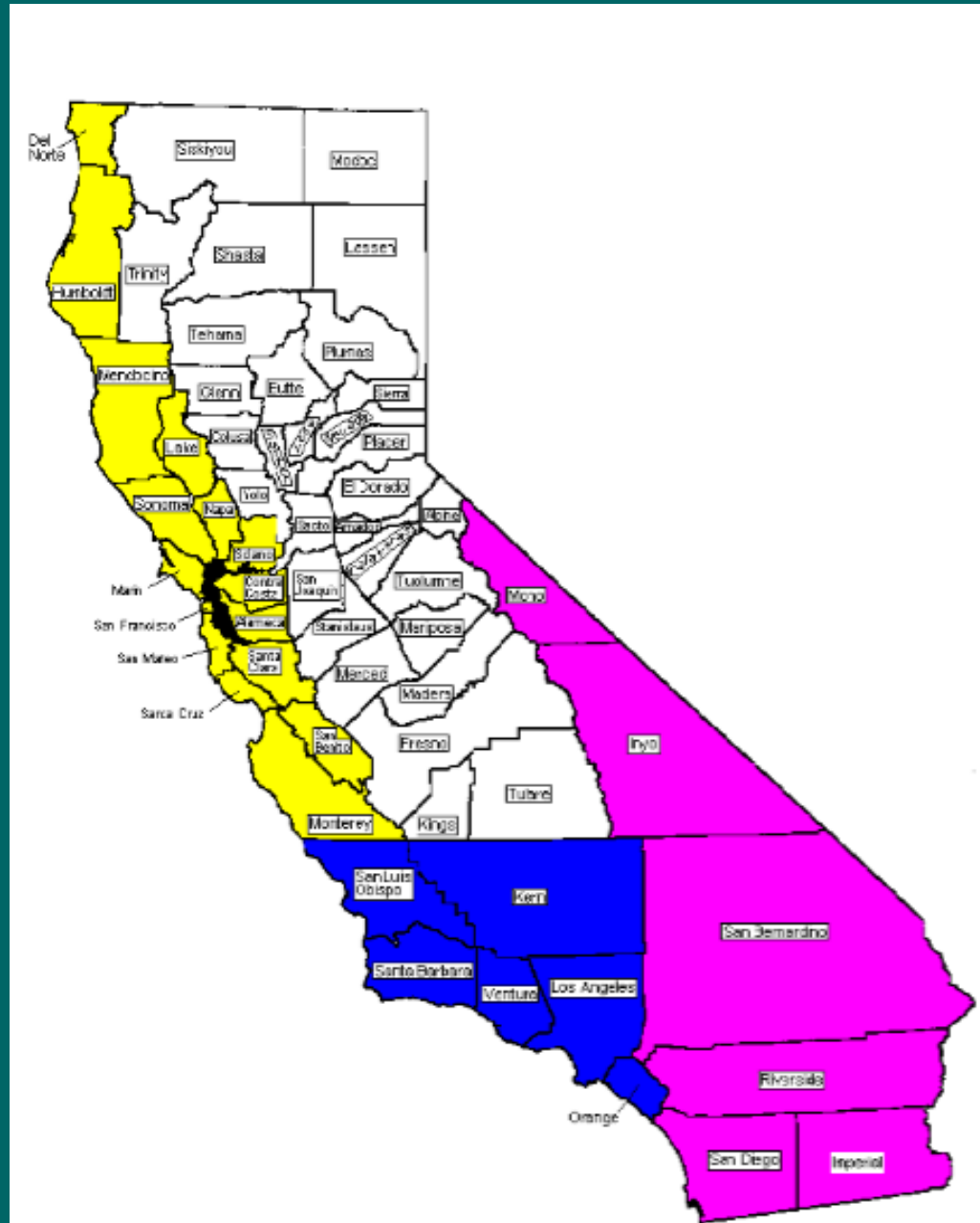
- Identified with hearing loss: 832
 - Incidence 1.6/1000 screened
 - Identified by 3 months of age: 553 (66%)
- Enrolled in Early Start: 718 (86%)
 - By 6 months of age: 494 (69%)

CA Lost to Follow Up Rates

- Did not pass final screen=14.5%
- Left hospital needing outpatient follow-up=3.9%



Geographic Service Areas



HCC Responsibilities

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

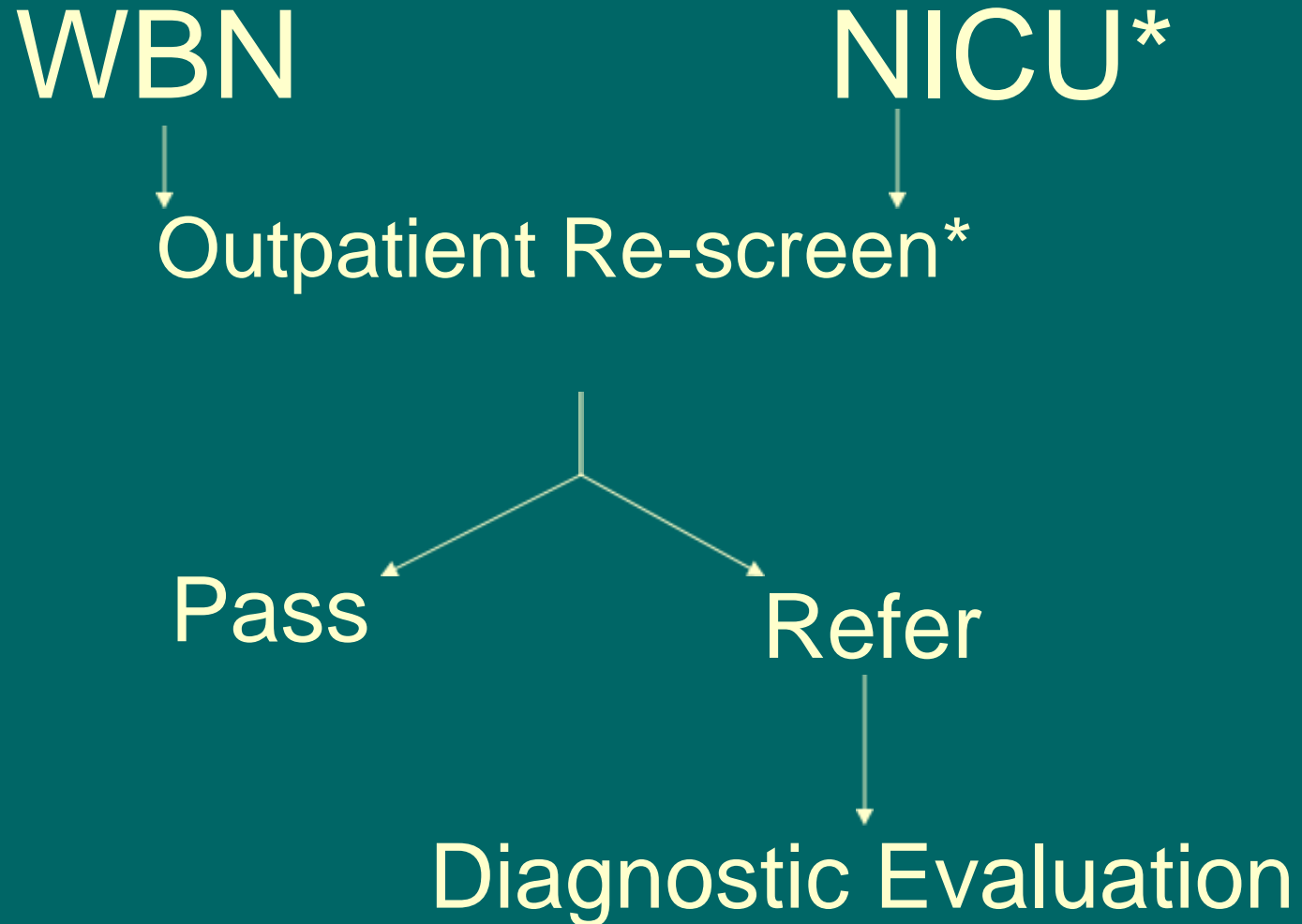


Hearing Coordination Center Staff



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

The Process of the CA NHSP



*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
 - Give family appointment info at discharge
 - Report the appointment to the HCC with inpatient screening results
 - Identify PCP
 - Get second contact



Hospital Responsibilities

- For Infants who are missed, the Hospital must:
 - Contact the family and schedule the follow up appointment
 - Report the appointment to the HCC
 - Identify PCP
 - Get second contact



HOSPITAL NAME

[Grey 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 FollowUp section below)**
- Waived (Face Sheet not required) NHSP Brochure given to parent
- Expired or physician determined screening not medically indicated (Face Sheet not ~~used~~)
- Baby has atresia Bilateral Unilateral: right left *(circle one)* (complete FollowUp 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 fax **with hospital face sheet** your Hearing Coordination Center at (XXX) XXX-XXX.



HCC Role Following Outpatient Refer Result

- Refer baby to the Title V Children with Special Health Care Needs Program (CCS Program) if not done by OP screener
- Notify diagnostic provider, PCP, and family when an authorization has been issued.
- Obtain appointment information from diagnostic provider
- Contact diagnostic provider if results are not received within 14 days

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





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
 - Assure linked with audiology and medical services
- Contact family 6 months after diagnosis
 - Confirm services
 - Offer support
 - Make necessary community referrals
 - Close the case

California Challenges



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



HCC Role in Addressing California's Challenges

- Encourage providers to contact families for appointments
- Assist the family in getting the appointment
- Contact family if appointment is cancelled or they no show
- Send letters to the PCP with child's screening status and enlist the PCPs help if necessary



HCC Role in Addressing California's Challenges

- Referral to the local EPSDT program (CHDP in CA)
 - For families that no show two appointments or can't be reached 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 for on-going communication regarding authorizations
 - Elevate any problems to the State

National Initiative for Children's Healthcare Quality (NICHQ)



- Letter to families needing OP follow-up introducing HCC
- Schedule two diagnostic appointments two weeks apart
- 3-way calls to schedule appointments



National Initiative for Children's Healthcare Quality (NICHQ)

- Liaison in diagnostic provider office for appointment scheduling
- Hospitals submit reporting forms on specific day of week
- Return incomplete Infant Reporting Forms



Tracking a Baby with the CA Process

Tracking and Monitoring Manual

- Five Tracking Categories
 - Outpatient Screen Required
 - Diagnostic Evaluation Required
 - Hearing Loss Identified
 - Infant Transferred between hospitals
 - Infant Resides outside of CA





Tracking and Monitoring Manual

- Provides HCC a framework to follow cases to their conclusion
- Guidance on number and frequency of contacts with providers and families
- Letter content
- When to elevate to the State and when to close a case
- Currently updating to include DMS activities



Tracking and Monitoring Manual

- The manual is available on our website:

<http://www.dhcs.ca.gov/services/nhsp>

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?

