# Utilizing Local Public Health; Closing the Gap in EHDI Follow-up

EHDI Conference 2011 Atlanta, GA



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#### **Presentation Overview**

- The Challenge
- Utilizing an Existing System
- Recruitment & Training
- Results
- Next Steps
- Ideas to Apply in your State







#### **Our Challenge**

Last year ~50 infants in Minnesota who have a hearing loss have not yet been identified

How do we effectively reduce loss to follow-up/documentation at each stage of the EHDI Process?



#### 2007 EHDI Legislation

- MN Statute 144.966
  - Mandated newborn hearing screening
  - Mandated reporting to MDH
  - Added hearing to newborn screening panel
  - Required evaluation of program outcomes
  - Long-Term Follow-up through age 18





# **Early Hearing Detection and Intervention (EHDI) Program**

#### Minnesota Department of Health







Public Health Lab/ Newborn Screening Program

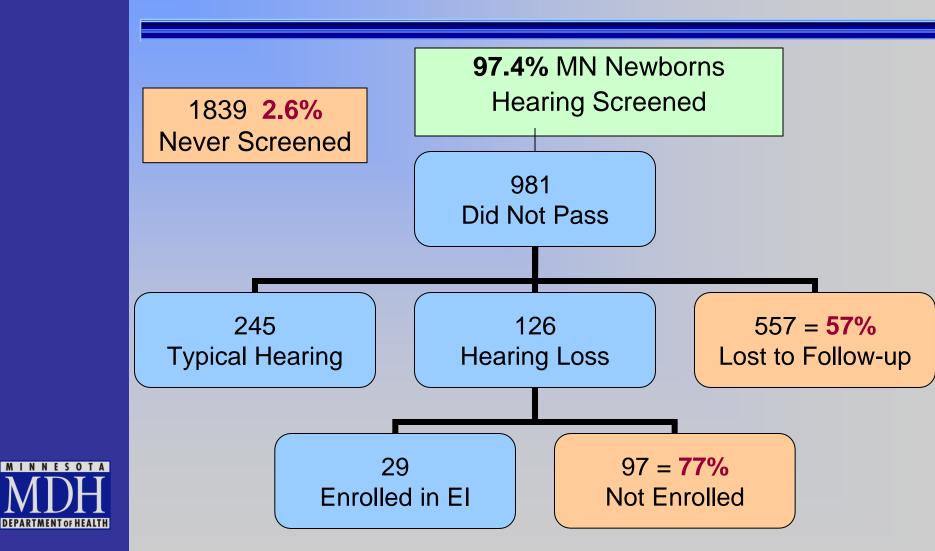
(Screening through Diagnosis)

Community and Family Health/MCH

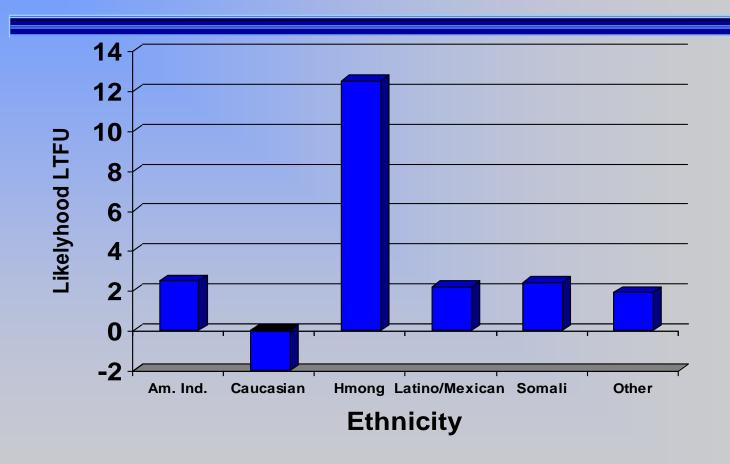
(Long Term Follow-up after Diagnosis)



#### 2009 CDC Data



# Lost to Follow-up by Ethnicity (after REFER result)





Children with an ethnicity other than Caucasian are more frequently "lost"

# Use what you have...



# Community Health Services (Local Public Health)

- Coordinated Approach
- 53 Community Health Boards
  - Cover all 87 Counties
- Experience providing F/U for surveillance systems



### **A Small Test of Change**

Public Health plays a pivotal role in reduction of "lost to follow-up"

In a small test of change, Local Public Health was aware of 75-85% of infants "lost" to the State EHDI System after initial hearing screening.





### **Gaining Support**

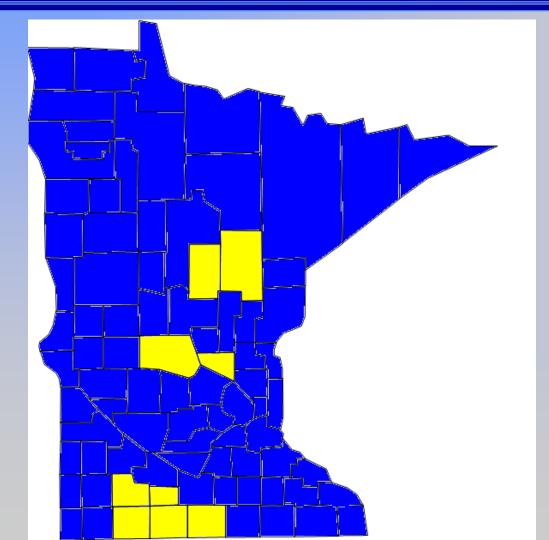
#### Recruitment

- Data, data, data
- Raising awareness
- \$\$\$ (at least a little)
- Assume participation
- Be careful what you wish for!





#### **Contracts with Local Public Health**



78/87
Counties
Covered



#### Resources for LPH

### **EHDI Training Required**

- Basic EHDI Self Study 1.5 hours
- WebEx Training 1.5 hours

Over 80 Public Health Nurses Completed Training

### **Ongoing Support**

- Conference call
- Website





#### 4 Types of Follow-up

- Lost to the EHDI Surveillance System
  - 1. Screening
  - 2. Diagnosis



- All Permanent Hearing Loss
  - 3. Initial supports/services
  - 4. 3 months after DX







# Screening/Diagnostic Notifications to LPH

### 159 <u>rescreen/diagnostic</u> notifications April – August 2010

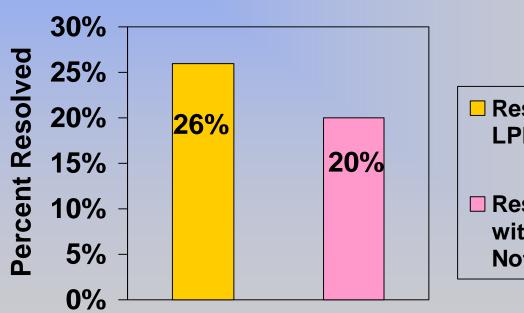
#### Reasons:

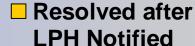
- No Show or canceled multiple appointments
- PCP recommended follow-up appt. not made
- MDH has been unable to contact PCP for follow-up
- PCP unknown



# Screening/Diagnostic Notifications to LPH

#### Results are mixed





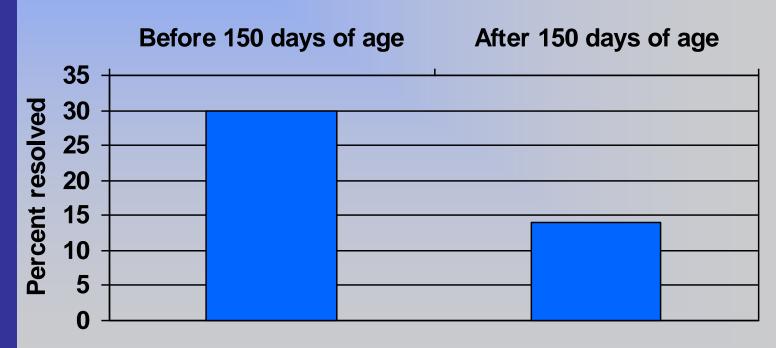
Resolved without Notification



Resolved LTFU Cases
April 2010-Aug. 2010

### **Promising Trends**

# Timely notification result in more cases resolved





Cases resolved after referral to LPH

#### **Promising Trends**

# LTFU codes identify areas with more success

Reason LTFU	% cases resolved after LPH notification	% cases resolved without LPH notification
PCP Unknown	25%	10%
PCP decided not to refer	50%	0%



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# Notifications Made to LPH for Confirmed Loss

## 62 Confirmed HL notifications

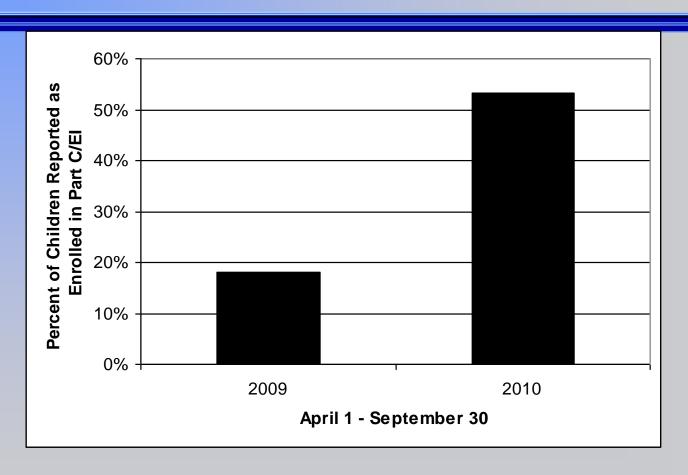
(April – September 2010)

- ~3 months after diagnosis
- Assure Connection to Services/Supports
  - Financial resources
  - Early Intervention





#### **Early Intervention Data and LPH**





 % of children reported enrolled in EI improved significantly

#### **Additional successes**



- New children (previously unreported CHL) reported
- Improved partnerships
- Enhanced awareness



### **Next Steps**



- Fine tune payment structure
- More training
  - D/HH specific
  - Care coordination
- Refine MDH Process for Referral to LPH (using data)
- Tribes/counties not participating
- Improvements in data collection
- Collaboration with Birth Defects Information Registry





### **Ideas to Apply in Your State**

- Look for existing local public health systems that can be utilized/replicated for EHDI follow-up
  - Home visiting
  - Title V
  - WIC
  - Disease surveillance (Hep. B, TB)



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