Marketing
Does it Really Make a Difference?

Carrie Balian – IL GBYS
Rachel St. John: TX EHDI AAP
Chapter Champion
Let’s Start With Us

Our State Backgrounds

Texas

Illinois

Red Cardinal
3 State Agencies work together for the Early Hearing Detection and Intervention Program

Illinois Department of Public Health
UIC – Division of Specialized Care for Children
Illinois Department of Human Services
What we are going to cover

1. Our state backgrounds
2. Who are you again?
3. Getting buy-in
4. Tools
5. The NICHQ model
6. Measuring success
7. Tips to take home
The Texas Model

TExAS EARLY HEARING DETECTION & INTERVENTION
A system of care. A community of support.
TX EHDI Pilot

- Established in 2008 to address the ~50% LTF rate for failed newborn hearing screenings
- 5 pilot sites: Dallas/Plano, Fort Worth, Houston, McAllen, Tyler
TX EHDI Pilot

- Collaboration between TEA and DSHS (HRSA) to fund and support outreach collaborations with
  - Pediatricians
  - Family Practitioners
  - ENT’s
  - Audiologists
  - ISD professionals
TX EHD1 Pilot – Health Educator

- Efforts focused on provider collaboration and education
  - Regular travel to pilot sites
  - Printed information sharing with offices at brief provider visits
  - Presenting “Lunch-and-Learn” on-site educational modules
  - Community provider networking opportunities
  - Identifying local “champions” and supporting longitudinal goals and ongoing networks
Who Are You Again?
First Impressions

- How do you make a difference to your customer?
  - Screening allows those born with a hearing loss a chance at early ID
  - So, what now? What happens next?
  - What materials are given to the family?
  - How is the family introduced to you?
  - You want them to follow up, but do they know you? Do they remember you?
Do you know these slogans?

• Just Do It!

• I’m Lovin’ it

• Think Outside the Bun
What is your slogan?

- Do you even have one?
- Do you need one?
- Can it be done?
  - Texas
    - A system of care. A community of support.
  - Wyoming
    - Hearing Matters!

Screen it. Protect it.
Who knows about you?

- Audiologists
- EI providers and other interventionists
- Speech Therapists
- Pediatricians/Doctors
- Birthing Hospitals
- Parents
Who are you missing?

- Parents to be?
- Parents of school age children?
- WIC
- Early Head Start
- Parents As Teachers
- Midwives and Doulas
- Perinatal care providers
- Perinatal network or hospital administrators
- Community Health Departments
How do they find out about you?

- Letters
- Articles
  - State and local parenting magazines
  - Provider newsletters (clinics, audiologists)
  - Organization newsletters (ASHA, Pediatrics)
- Presentations
  - community baby showers
  - birthing hospitals
  - pediatric grand rounds (with residents and interns)
  - Telehealth
  - Exhibits for infant-toddlers and other conferences within state
  - Teachers of the deaf and hard of hearing
  - Deaf and Hard of Hearing Commission
- Networking
What are your benefits?

- What is offered to those that are part of your team?
  - Parent Notebooks to confirmed loss
    - http://www.tndisability.org/coalition_programs/family_voices/newborn_hearing_program (TN)
  - Parent Information Kits
    - MA provides a follow up call to go through kit and answer questions
    - Kit is online (friendly web link) www.mass.gov/dph/newbornhearingscreening

- Conference Calls for All

- Awards
  - Parent Achievement Award
EHDI Day 2011
GETTING BUY-IN
Strategies with Professionals

- Acknowledging time
  - Saw providers in their office
  - Scheduled during convenient times (often lunch, but not always!)
  - Bring info directly to providers and staff
  - Contacted local medical school through provider suggestion
- Discussed billing strategies
  - Billing for time
  - 25 modifiers
## Comparison of Select Congenital Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Newborns</th>
<th>Per 10,000 Births*</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hearing loss</strong></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>Cleft lip or palate</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Down syndrome</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Limb defect</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Spina bifida</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Sickle cell</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>PKU</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

* Statistics from The National Center for Hearing Assessment and Management

** Neonatal Intensive-Care Units experience higher-risk births, and results in a higher than average of newborn hearing loss.
## TEHDI Loss to Follow-Up FY09

<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Births Reported to Vital Statistics</td>
<td>410,764*</td>
</tr>
<tr>
<td>Total Births Reported to the TEHDI System</td>
<td>389,248</td>
</tr>
<tr>
<td>Infants Requiring Screening</td>
<td>386,867</td>
</tr>
<tr>
<td>Excludes: deceased, parent refusal, terminally ill</td>
<td></td>
</tr>
<tr>
<td>Birth Screens:</td>
<td></td>
</tr>
<tr>
<td>Completed</td>
<td>380,706</td>
</tr>
<tr>
<td>In Process</td>
<td>1,887</td>
</tr>
<tr>
<td>Passed</td>
<td>371,607</td>
</tr>
<tr>
<td>Did not Pass</td>
<td>9,099</td>
</tr>
<tr>
<td>Missed</td>
<td>4,274</td>
</tr>
<tr>
<td>Infants Needing Follow-up:</td>
<td></td>
</tr>
<tr>
<td>Missed + Did not Pass</td>
<td>13,373</td>
</tr>
</tbody>
</table>

Data Source: Bureau of Vital Statistics, TEHDI System

* Provisional data
Getting buy-in...who’s in?

- Chapter Champions
  - Our Chapter Champion insisted that EHDI goals be included in two of our state's mandated medical provider training presentations. He has also been very vocal with our Part C Program about the need for improved communication between Part C and our EHDI Program.

- EI – DSC/Hearing loss contact

- Parents can help you share your vision
IL EHDI outreach packet
Who are you again?
Marketing Options

• Marketing materials
  • What is useful?
  • What works for you?

• EHDI day
  • Parents & Professionals gathering to recognize providers that have gone above and beyond in the field
  • Opportunity to give an EHDI update
  • Governor proclaimed day in IL
What do you see?
Ice Scraper!
Given to newborns in the hospitals (T-shirts have also been printed in Spanish)
Adult sizes available as well

Front

"I've Had My Hearing Screened!"

back of onesie

Don't forget my annual hearing re-screening
Wyoming Early Hearing Detection & Intervention

EHDI

307-721-6212
www.wyomingehdi.org

Sponsored by: The Wyoming Department of Health
Developmental Disabilities Division

front of onesie
Window Cling

Wyoming Early Hearing Detection & Intervention Program

Hearing Matters!
Screen It. Protect It.
www.wyomingehdi.org
Help them remember your program

- Thanks for letting me “POP” in
- It’s “time” to connect/It’s “time” we met
- Here’s the “Scoop”
- Let’s break the “ice”
What else is working...

- Connecting with birthing hospitals once a year (more frequently if necessary) **in person**
- Working with chapter champion – information posted on state AAP website, newsletters, grand rounds, luncheons with CME credit
- List-serves to birthing hospital personnel; audiologists; early intervention stakeholders, parents and advisory board to share new information regarding EHDI initiatives
  - Make a separate list for each category
- Webinars
What else is working (cont’d)

Introduction

letters (UT)

July 26, 2011

Dear Dr. ,

Childhood hearing loss has significant developmental consequences.

The American Academy of Pediatrics has a monthly e-newsletter, the EHDI Email Express that can help you stay connected to the issues. A copy of the June newsletter is included in this mailing for your review.

If you would like to see past issues you can go to the following link:

http://medicalhomeinfo.org/how/clinical_care/hearing_screening/ehdi.aspx#express

If you would like to sign-up to receive this newsletter each month contact Faiza Kahn at (847) 434-4924 or by email at fkhan@aap.org

Should you have any questions or need to make a referral for hearing testing, please do not hesitate to contact me at (435) 797-3701 or at Karen.munoz@usu.edu.

Sincerely,

Karen F. Munoz, Ed.D., CCC-A
Assistant Professor of Audiology
Licensed Audiologist

Karen Muñoz, Ed.D., CCC-A
Assistant Professor of Audiology
Licensed Audiologist
Tools

- Roadmaps & Checklists
- Crib Cards
- Posters
- PSA’s/brochures
- Videos
- Websites
- Social Media
Early Hearing Detection and Intervention (EHDI) Guidelines for Pediatric Medical Home Providers

**Newborn Screening Birth**
- Identify a Medical Home for every infant
- Hospital-based Inpatient Screening OAE/ABR* (only ABR or ABR if NICU* 5+ days)
- All results sent to Medical Home

No more than 2 screening attempts recommended prior to discharge

**Screening Completed Before 1 Month**
- Newborn Screening
- Failed, Screen, Missed, or Incomplete*
- Home Births*
- Outpatient Re-Screening* (OAE/ABR*)
- All results sent to Medical Home and State EHDI*
- Program

**Diagnostic Evaluation Before 3 Months**
- Pediatric Audiologic Evaluation* with Capacity to Perform:
  - OAE*
  - ABR*
  - Frequency-specific tone bursts
  - Air & bone conduction
  - Sedation capability (only needed for some infants)

- Audiologist Reports to State EHDI* Program
  - Every child with a permanent hearing loss, as well as all normal follow-up results

- Refer to IDEA* Part C
  - Coordinating agency for early intervention

**Intervention Services Before 6 Months**
- Continued enrollment in IDEA* Part C
  - (transition to Part B at 3 years of age)

- Referrals by Medical Home for specially evaluations, to determine etiology and identify related conditions:
  - Otolaryngologist (required)
  - Ophthalmologist (recommended)
  - Geneticist (recommended)
  - Developmental pediatrician, neurology, cardiology, nephrology (as needed)

- Medical & Otolologic Evaluations
  - To recommend treatment and provide clearance for hearing aid fitting
  - Pediatric Audiology
  - Hearing aid fitting and monitoring

**Ongoing Care of All Infants**; Coordinated by the Medical Home Provider
- Provide parents with information about hearing, speech, and language milestones
- Identify and aggressively treat middle ear disease
- Provide vision screening (and referral when indicated) as recommended in the AAP "Bright Futures Guidelines, 3rd Ed."
- Provide ongoing developmental screening (and referral when indicated) per the AAP "Bright Futures Guidelines, 3rd Ed."
- Refer promptly for audiologic evaluation when there is any parental concern regarding hearing, speech, or language development
- Refer for audiology evaluation (at least once before age 30 months) infants who have any risk indicators for later-onset hearing loss:
  - Family history of permanent childhood hearing loss
  - Neonatal intensive care unit stay of more than 5 days duration, or any of the following (regardless of length of stay): ECMO, mechanically-assisted ventilation, ototoxic medications or loop diuretics, exchange transfusion for hyperbilirubinemia
  - In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis
  - Postnatal infections associated with hearing loss, including bacterial and viral meningitis
  - Craniofacial anomalies, particularly those that involve the pinna, ear canal, ear tags, ear pits, and temporal bone anomalies
  - Findings suggestive of a syndrome associated with hearing loss (Waardenburg, Alport, Jervell and Lange-Nielsen, Pendred)
  - Syndromes associated with progressive or delayed-onset hearing loss (neurofibromatosis, osteopetrosis, Usher Syndrome)
  - Neurodegenerative disorders (such as Hunter Syndrome) or sensory motor neuropathies (such as Friedreich's ataxia and Charcot Marie Tooth disease)
  - Head trauma, especially basal skull/temporal bone fracture that requires hospitalization
  - Chemotherapy


Notes:
(a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Infant Screening to Pediatric Audiologic Evaluation services, or may be referred directly to Pediatric Audiology.
(b) Part C of IDEA* may provide diagnostic audiologic evaluation services as part of Child Find activities.
(c) Even infants who fail screening in only one ear should be referred for further testing of both ears.
(d) Includes infants whose parents refused initial or follow-up hearing screening.

February 2010 - American Academy of Pediatrics Task Force for Improving Newborn Hearing Screening, Diagnosis and Intervention (www.medicalhomeinfo.org)
Please login below using your eScreener Plus username and password. If you have problems logging in please contact the help desk via e-mail at ozhelp@oz-systems.com or call 866-427-5768 Opt. 3, and ask to speak with the EHDI Coordinator.

USERNAME: 
PASSWORD: 
Login Now

OZ Systems e-Screener Plus v.4.0 © 2003-2010, all rights reserved

TEHDI
Parent Brochures

MAKE SURE YOUR BABY CAN HEAR THE SOUNDS OF TEXAS

ASEGÚRESE DE QUE SU BEBÉ PUEDA OÍR LOS SONIDOS DE TEXAS

TEHDI
Texas Early Hearing Detection and Intervention
Illinois Early Hearing Detection & Intervention (EHDI)

The next steps are:

- Enrollment in Early Intervention (EI). Contact EI for your local Child & Family Connections (CFC) office 1-217-782-1981
- Enrollment with Division of Specialized Care for Children (DSCC). Contact DSCC for your regional office 1-800-322-3722
- Receive an evaluation by an ENT specialist (Ear, Nose and Throat doctor)
- Contact Guide By Your Side for family support 1-866-655-4565
- Call to receive the free "Children and Hearing Loss" notebook from CHOICES for Parents 1-800-733-8729
- Discuss the use of personal amplification options with an Audiologist with experience in working with infants.
- Learn more about communication www.communicationwithyourchild.org

Next Steps

Test Results

<table>
<thead>
<tr>
<th>Ear</th>
<th>No hearing loss</th>
<th>Mild</th>
<th>Moderate</th>
<th>Moderately Severe</th>
<th>Severe</th>
<th>Profound</th>
</tr>
</thead>
</table>

No Later Than 6 Months

- Enroll in Early Intervention* services with providers that have experience serving children who have a hearing loss
- Children who participate in early intervention prior to six months of age can have age appropriate skills by preschool.
- Regular visits with your Audiologist and medical providers
- Evaluations to discuss with your baby’s physician (Medical Home):
  - Ophthalmologist (eye specialist)
  - Genetic Specialist
  - Other Medical specialists (for example: heart, development, kidney, etc.)

Here to Help

Illinois Early Hearing Detection and Intervention (EHDI) Program Coordinators:
- Illinois Department of Public Health
  1-217-782-4733
  Email: dph.newbornhearing@illinois.gov
- UIC/Division of Specialized Care for Children
  1-800-322-3722
  Email: ilsound@uic.edu
- EHDI website
  www.illinoishearingbeginnings.org
Division of Specialized Care for Children (DSCC)
- 1-800-322-3722
- www.uic.edu/hec/dsc
Hearing & Vision Connections (HVC):
- 1-877-731-8184
- www.morgan.k12.il.us/hec/hvc
Early Intervention (EI):
- 1-217-782-1981
- www.chs.state.il.us/ei
Guide By Your Side (GBYS):
- 1-866-655-4565 or 1-224-343-1873
- www.ilhandsandvoices.org/GBYS

For assistance finding audiology providers in your area, please call the Division of Specialized Care for Children toll-free at 1-800-322-3722

Child's Name: ___________________________
Mother's Name: ___________________________
Date of Birth: ___________________________
Birth Hospital: ___________________________
Congratulations! As a parent of a precious baby, you have a wonderful journey ahead. The fact that your child has a hearing loss is only one part of that journey.

Parents have lots of different feelings when they find out their child has a hearing loss. There are so many questions about what to expect and what to do next. Remember that parenting is always a journey taken one step at a time. You already know how to love, cuddle and comfort your baby. What will be new for you is learning about hearing loss.

There are lots of people and organizations ready to help:
- Your Doctor
- An Audiologist
- Schools and Other Programs
- Parent Groups

One of the most amazing things your child will learn in his or her lifetime is language. Children who are deaf or hard of hearing communicate in many ways, but just like hearing children, it is best if they start when they are very young.

Children who get help before six months of age can often learn language at the same pace as hearing children. They can do well in school and become whatever they want when they grow up. Their success depends on getting timely care from family members and professionals.

As a parent, you do not want your child to miss out on anything! Right now is your time to start. Learn more about communication and how to get the best help for your baby.

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Statewide Resources

UIC - Division of Specialized Care for Children (DSCC) (800) 322-3722 www.uic.edu/hsc/dsc - DSCC can help families arrange, coordinate and pay for their child’s specialized medical treatment when the child has an eligible medical condition and certain financial criteria are met.

Illinois Early Intervention (EI) (217) 782-1981 www.dhs.state.il.us/ei - EI's mission is to assure that families who have children, birth to three, with diagnosed disabilities, developmental delays or substantial risk of significant delays receive resources and support that assist them in maximizing their child's development, while respecting the diversity of families and communities.

All Kids 1-866-4-OUR-KIDS (1-866-468-7543) or (877) 204-1012 (TTY) www.allkidscovered.com - The All Kids program offers Illinois uninsured children comprehensive healthcare.

CHOICES for Parents (866) 733-8729 www.choicesforparents.org - CHOICES for Parents helps families locate resources and connect with appropriate programs for families with children who have a hearing loss.

Guide By Your Side (GBYS) (866) 665-4568 www.ilhandsandvoices.org/GBYS - GBYS matches families with trained Parent Guides who also have children with a hearing loss. The Parent Guides provide unbiased emotional support and resources.

Hearing and Vision Connections (HVC) (877) 731-8184 www.morgan.k12.il.us/fed/hvc - HVC is a statewide training and technical assistance program regarding infants and toddlers who are deaf, hard of hearing or visually impaired.

Illinois Deaf and Hard of Hearing Commission (IDHHC) (217) 557-4495 www.idhhc.state.il.us - IDHHC works to advance the interests of all Illinois citizens with a hearing loss by advocating for systemic improvements, promoting cooperation and coordination among entities serving people who are deaf and hard of hearing and disseminating information to eliminate negative stereotypes surrounding hearing loss.

Illinois Hands & Voices (IL&V) (877) 533-5279 www.ilhandsandvoices.org - A parent-driven, non-profit organization dedicated to supporting families that have children who are deaf and hard-of-hearing without a bias toward communication modes or methodologies.

Illinois Service Resource Center (ISRC) (847) 559-0110 www.isrc.us - ISRC provides training, technical assistance and resources for parents and educators of students who have a hearing loss and behavioral/emotional challenges.

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National Resources

Family-friendly websites where you can learn more about hearing loss and what you can do:

- www.babyhearing.org
- www.cdc.gov/ncbddd/ehdi/CDROM
- www.communicatewithyourchild.org
- www.handsandvoices.org
- www.infanthearing.org
- www.ncbi.org
- www.nicd.nih.gov/health/hearing
- www.raisingdeafkids.org

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CRIB cards
IL Crib Card
front & back views
Posters

**CDC poster**

- Free
- Add your label?
- Implement now

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**Just In Time**

So your baby's care is right on time

Early Hearing Detection and Intervention

1. **Before ONE Month of Age: Hearing Screening**

2. **Before THREE Months of Age: Hearing Evaluation**

3. **Before SIX Months of Age: Early Intervention**

Questions?

Ask your health care provider for more information.

www.cdc.gov/ncbddd/ehdi
Posters

- **IL poster**
- **Branding**
- **Gives direction**
- **Clues for possible late onset**
- **1-3-6 model**
- **Repetition for providers**

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**Your Baby’s Hearing Development Checklist - Birth to 3 Years of Age**

<table>
<thead>
<tr>
<th>Week</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2 months</td>
<td>1. Ready to react to sounds.</td>
<td>1. Doesn't react to sounds.</td>
</tr>
<tr>
<td></td>
<td>2. Isaw sound by your voice.</td>
<td>2. Doesn't notice sound.</td>
</tr>
<tr>
<td></td>
<td>3. Turns head to you when you speak.</td>
<td>3. Doesn't turn head.</td>
</tr>
<tr>
<td></td>
<td>4. Isawed by music and sounds.</td>
<td>4. Doesn't respond to music.</td>
</tr>
<tr>
<td></td>
<td>5. Sees movement of your face, even while asleep.</td>
<td>5. Doesn't see your face.</td>
</tr>
<tr>
<td>3-6 months</td>
<td>1. Looks around or turns toward a new sound.</td>
<td>1. Doesn't look around or turn.</td>
</tr>
<tr>
<td></td>
<td>2. Copying sound and changes in tone of voice.</td>
<td>2. Doesn't copy sounds.</td>
</tr>
<tr>
<td></td>
<td>3. Enjoys different sounds and music.</td>
<td>3. Doesn't enjoy music.</td>
</tr>
<tr>
<td></td>
<td>4. Enjoys getting the idea that you can make sounds.</td>
<td>4. Doesn't enjoy making sounds.</td>
</tr>
<tr>
<td></td>
<td>5. Responds to talking in a way that makes sense.</td>
<td>5. Doesn't respond to talking.</td>
</tr>
<tr>
<td>6-10 months</td>
<td>1. Responds to higher, lower, and telephone ringing.</td>
<td>1. Doesn't respond to sounds.</td>
</tr>
<tr>
<td></td>
<td>2. Knows words for common things (eat, drink).</td>
<td>2. Doesn't know words.</td>
</tr>
<tr>
<td></td>
<td>3. Doesn't listen to repetitive words, even when spoken.</td>
<td>3. Listens to repetitive words.</td>
</tr>
<tr>
<td></td>
<td>4. Starts to request sounds or objects.</td>
<td>4. Doesn't request sounds or objects.</td>
</tr>
<tr>
<td></td>
<td>5. Listens attention to people when alone.</td>
<td>5. Doesn't listen.</td>
</tr>
</tbody>
</table>

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**Illinois Early Hearing Detection and Intervention Program**

Congratulations to the new addition to your family. Communication between a parent and a child is a vital part of development. Your baby had his/her hearing screened in the hospital. Follow-up is the only way to ensure language and communication development for your child.

If your baby passed the hearing screening, you should continue to monitor hearing development. If your baby did not pass the hearing screening, get follow-up today.

For more information:
www.illinoissoundbeginnings.org
Illinois Department of Public Health
Tel: 1.217.782.4733 Email: dph.newbornhearing@illinois.gov
UIC Division of Specialized Care for Children
Tel: 1.800.322.3722 Email: jkound@uic.edu

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If you have concerns regarding your child's hearing, contact your primary care physician. If you would like assistance finding an audiologist, you may contact Division of Specialized Care for Children at 1-800-322-3722.
Posters

**WY poster**

- Branding
- Several versions
  - Teen
  - What HL sounds like
- Clean
Videos

- Loss & found video

- NCHAM video
  - www.infanthearing.org
Websites

- What is “above the fold”?
  - That’s what everyone sees
    - Is it important? Is it interesting?
- Easy to navigate?
- Family input?
Top 10 website tips

1. Attract attention with your home page and headline
2. Maintain interest with text that’s about “you,” not about “me”.
3. Build desire with frequently updated content
4. Links on home page for search engines (Bing, yahoo, Google)
5. Make your site easy to use and navigate
Top 10 website tips

6. Post your phone number and street address on every page

7. Collect e-mail addresses to communicate with clients

8. Test your site before launching it

9. Have a workgroup to rate your site/offer suggestions

10. Link to your Social Media site(s)
Successful Websites

Do you....

– Draw new visitors to your site?
– Keep them there for several pages?
– Bring them back for repeat visits?
– Answer “What’s in it for me?”
Social Media

- Facebook
- Twitter
- LinkedIn
- Idealist.org
- Blogs
Social Media (cont’d)

- What’s your benefit?
- Fostering partnerships
- Making it easy
Technology working together

- Don’t Be Afraid to Network!
  - Tell everyone!

- Be Persistent
  - Post often
  - Be consistent (same day each month, etc.)

- Build Anticipation
  - Adjusting your website?
  - Adding a file/recording?
  - Event coming up?

- Find Good Partners
  - Agreements to “link”

- Advertise Your Popularity
  - Do you know how many “visit”?
NICHQ

- What is NICHQ?
- Asking the questions:
  - What are we trying to accomplish
  - How will we know if the change is an improvement
  - What changes can we make that will result in improvement
- Plan, Do, Study Act (PDSA)
  - Small tests of change
- Spread
NICHQ Learning Collaborative

- Developed through collaboration between HRSA MCHB, National Center for Hearing Assessment and Management, and the National Initiative for Children’s Healthcare Quality

- Response to PCP’s lack of access to screening/diagnostic results, lack of information regarding local intervention services
<table>
<thead>
<tr>
<th>EHDI Phase</th>
<th>Change Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase 1: screening (includes initial screening and any rescreening)</td>
<td>Verify PCP with parents and providers for all infants who do not pass screening. Standardize process for recording screening results in newborn record. Call PCP to inform him or her that the infant has not passed the screening. Identify second point of contact for the family. Perform any rescreening before discharge.</td>
</tr>
<tr>
<td>Phase 2: refer to audiology and notify medical home (referral for diagnostic testing and linkage with PCP)</td>
<td>Standardize process for referral to audiologist for those infants who do not pass screening. Schedule audiology appointment within 3 d of not passing the screening. Streamline payment process and scheduling system for newborns who do not pass the screening. Coordinate with PCP to verify follow-up plan.</td>
</tr>
<tr>
<td>Phase 3: confirmation of hearing loss (diagnostic testing and informing PCP of results)</td>
<td>Prepare family and PCP in advance of the diagnostic audiology visit to maximize chances of an effective evaluation. Use fax-back forms to communicate results and care plan to PCP after referral. Empower families to be full partners in care-planning; use care notebooks for referral information and educational materials. Schedule 2 appointments for audiologic evaluation 2 wk apart; cancel second appointment if not needed.</td>
</tr>
<tr>
<td>Phase 4: identify etiology (includes referrals to and appointments with ENT, ophthalmology, genetics, and sometimes developmental pediatrics, cardiology, and/or neurology)</td>
<td>Provide “just-in-time” information for PCPs with standardized evidence-based materials. Implement fax-back communication to PCP for all referrals. Standardize the process for identifying etiology. Educate the PCP about the medical workup for hearing loss. Reduce waiting time for appointment with specialty providers. Develop a communication tool, modeled after AAP guidelines to engage and empower families with information about specialty visits.</td>
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<tr>
<td>Phase 5: offer treatment/implement amplification (begins immediately after diagnosis; includes process of discussing communication options and possible intervention pathways with families)</td>
<td>Standardize script for discussing amplification options. Identify who is responsible for discussing communication options and developing communication plan with family. Share communication plan with all members of the care team. Coordinate referral process to minimize authorization delays with insurers.</td>
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<tr>
<td>Phase 6: enroll in EI (formal enrollment in an EI program)</td>
<td>Have PCP play coordinating/communicating role between the EHDI and EI programs. Streamline referral process to EI. Use fax-back form from EI to PCP to verify that enrollment is complete.</td>
</tr>
<tr>
<td>All phases: state-level infrastructure</td>
<td>Customize AAP guidelines for medical providers with state resources; distribute to the PCPs. Create educational documents for parents with appropriate reading levels and languages. Create a Web-based resource guide that includes information on services for the deaf and hard-of-hearing and clinical tools such as letter and fax templates. Measure parent experience with EHDI and use the feedback to guide system improvement. Create and use a registry for infants with hearing loss.</td>
</tr>
</tbody>
</table>
MODEL FOR IMPROVEMENT

Cycle: __________ Date: __________

Objective for this PDSA Cycle:

PLAN:

Questions:

Predictions:

Plan for change or test: who, what, when, where

Plan for collection of data: who, what, when, where

DO:

Carry out the change or test: collect data and begin analysis:

STUDY:

Complete analysis of data: summarize what was learned.

ACT:

Are we ready to make a change? Plan for the next cycle.
TX Outcomes

- Pilot closeout interviews

- Simple, 3 question survey administered in person or over the phone regarding experience with pilot participation and perceived outcomes in practice and community
Beneficial Outcome from Pilot Participation?

- Heightened awareness of importance of conducting and reporting newborn hearing screening
- Higher incidence than previously thought
- Empowerment to find and take advantage of community resources
- Increased collaboration of multiple disciplines in community
- Awareness of Texas statistics
Change in Practice?

- Increased diagnosis – one practice now screening all children in practice currently in SL services
- Increased referrals to ECI, decreased mean age referral
- Increased referrals to AuD, decreased mean age
- Instituting ECI/ISD joint visits to providers offices
- More aggressive referrals to ECI from medical home and AuD providers
How do you know it’s working?

- Data monitoring
- Surveys (survey monkey)
- Focus groups
- Parent work group/Parent feedback
- MVOS
Tips to take Home

Bringing it all together
5 Marketing Tips To Take Home

1. Branding
2. Connections
3. Follow-up
4. Benefits
5. Create a plan
THANK YOU!!

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