

Reducing Loss to Follow-up through
Planning and Timing
Ginger Mullin, Au.D.

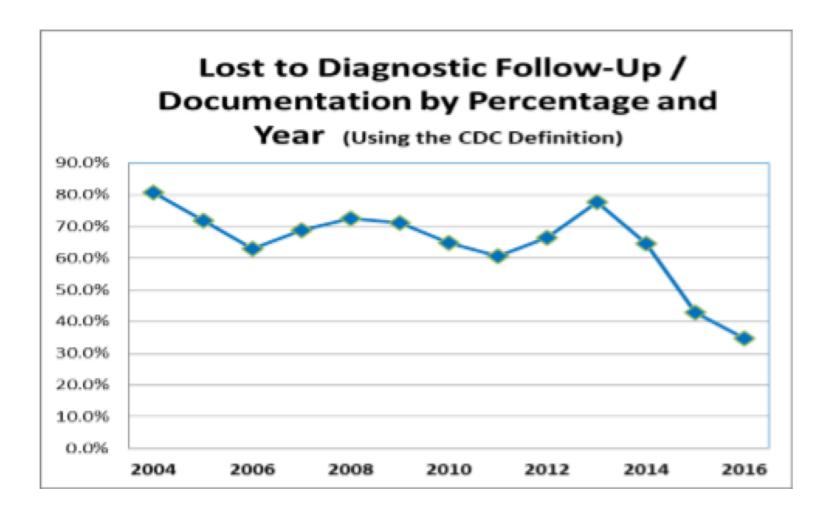
Alexis Scherba





- The success of collaborations to improve the state Early Hearing Detection and Intervention Program is highly dependent on education, motivation, and most of all relationships.
- 1. referring to local (community based) local health departments to conduct follow-up calls to families, drive by visits to families, and follow-up documentation from providers;
- completing an automated data exchange with Healthcare and Family Service (Medicaid);
- 3. implementing a web-based data reporting system; and
- 4. implementing hospital reporting audits







(410 ILCS 213/2 new)

Sec. 2. Definitions. As used in this Act:

"Department" means the Department of Public Health.

"Medical care facility" means a hospital, birthing center,

and any other licensed facility that provides obstetrical and newborn nursery services.



Sec. 10. Reports to the Department of Public Health. Physicians, advanced practice nurses, physician assistants, otolaryngologists, audiologists, ancillary health care providers, early intervention programs and providers, parent-to-parent support programs, the Department of Human Services, and the University of Illinois at Chicago Division of Specialized Care for Children shall report all hearing testing, medical treatment, and intervention outcomes related to newborn hearing screening or newly identified hearing loss for children birth through 6 years of age to the Department. Reporting shall be done within 7 days after the date of service or after an inquiry from the Department. Reports shall be in a format determined by the Department.



Sec. 23. Information sharing.

(a) For the purposes of documentation and coordination of medical care or intervention services, the Department may share newborn hearing screening information with medical care facilities, health care providers, early intervention programs and providers, local health departments, the Department of Human Services, and the University of Illinois at Chicago Division of Specialized Care for Children.



(b) For the purposes of documentation and coordination of medical care or intervention services, medical care facilities, health care providers, early intervention programs and providers, local health departments, the Department of Human Services, and the University of Illinois at Chicago

Division of Specialized Care for Children shall submit information or reports about newborn, infant, and child hearing screening and diagnostic testing, follow-up services, intervention, and parent support services to the Department. Documentation is only required to be provided for those services provided. Reporting shall be done within 7 days of the date of service or an inquiry from the Department. Reports shall be in a format determined by the Department. Reports by medical care facilities shall be in accordance with only subsections (a) and (b) of Section 5.



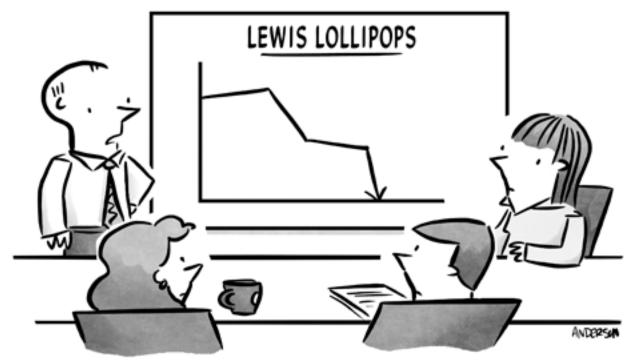
(c) Except in cases of willful or wanton misconduct, no health care provider, hospital, or medical facility acting in compliance with this Section shall be civilly or criminally liable for any act performed in compliance with this Section, including furnishing information required according to this Section.



Implement or Abandon?

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"It's official. So long, suckers."



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(b) The facility performing the hearing screening shall report the results of the hearing screening to the Department within 7 days of screening.

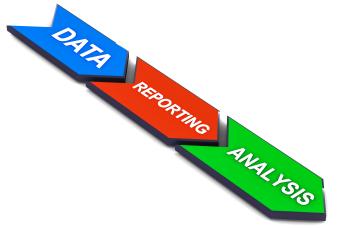
If there is no hearing screening result or an infant does not pass the hearing screening in both ears at the same time, the medical care facility shall refer the infant's parents or guardians to a health care practitioner for follow-up, and document and report the referral, including the name of the health care practitioner, to the Department in a format determined by the Department.



Implementing Web-based Reporting

 Illinois' Web-based HiTRACK transition was completed in 2015

- 118 Medical Care Facilities
- 7 EHDI staff
- 16 genetic metabolic staff









Challenges

- Visibility of data
 - Screening
 - Diagnosis
 - intervention
- Accessibility assigning users
- Security / HIPAA Compliance
- Server stability



Strengths

- Faster data merging
- Hospital self-monitoring
 - Accountability for every infant
 - Documentation of outpatient testing
- Increase in documentation of outpatient testing



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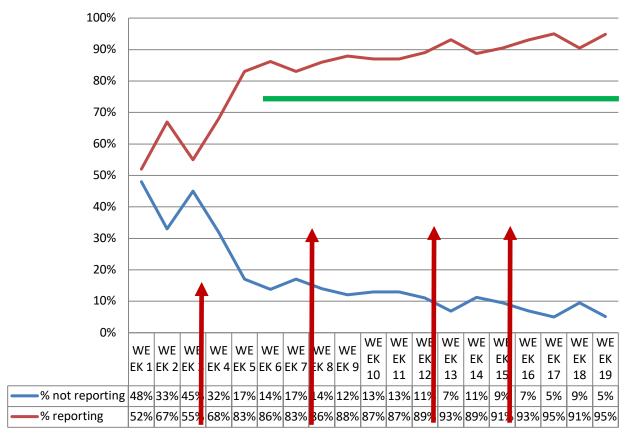
Hospital Reporting Audits



- Reporting timeline
- One-on-one data follow-up

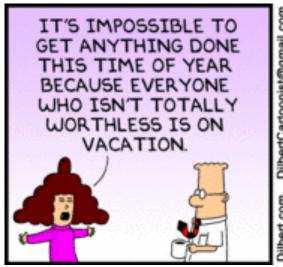


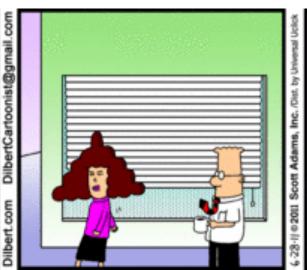
Percentage of Hospitals Reporting Weekly

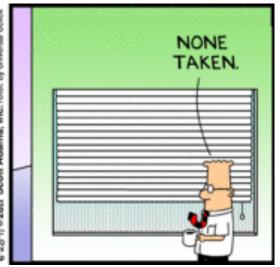


- Email reminders to the liaison
- Phone calls to the liaison
- 3. Report Cards / Phone calls to the nurse manager
- 4. Presentation to the perinatal network / Phone calls to the perinatal network manager















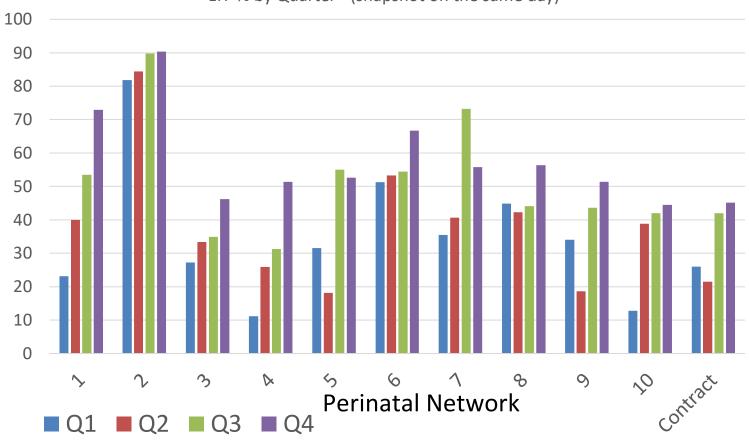


Monthly Education and Auditing Calls

- 2 EHDI staff members / 118 facilities
 - Accountability for every infants born
 - Updating transfer infants
 - Resolve NICU infants
 - Entering upcoming apptointments



LTF % by Quarter - (snapshot on the same day)





Strengths

- Documentation out outpatient follow-up plans
- Accountability for every infant
- Ability to address switched ear results
- Ability to update tracking status
- Intel



Challenges

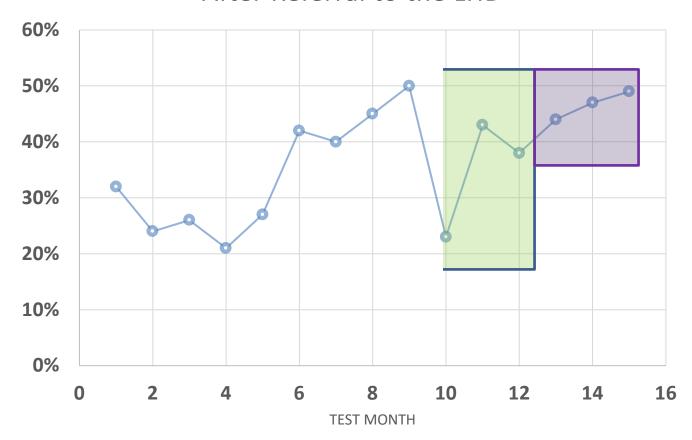
- Time
- Manual process for data matching to vital records
- Staff turnover



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Percentage of LTF Cases Resolved After Referral to the LHD



- 1. Referrals sent
- 2. NHSTC curriculum offered
- 3. LHD workgroup
- 4. Learning Community



The Interactive Newborn Hearing Screening Training Curriculum (NHSTC) is now available!





Strengths

- Community level resources
- Community collaboration between audiologists and the LHDs
- Additional information that assists with the CDC annual data report
- Utilization of OAEs in the Health Dept.



Challenges

- Reduced staffing in the LHDs
- Closure of programs
- Changes in state resources / insurance



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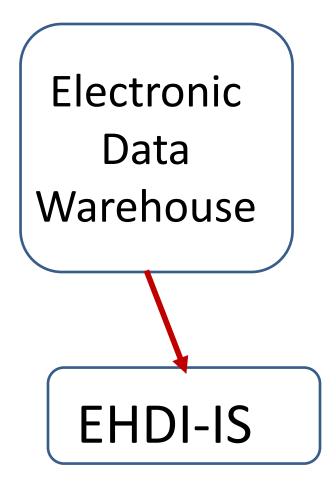


EHDI-IS

Medicaid Data System

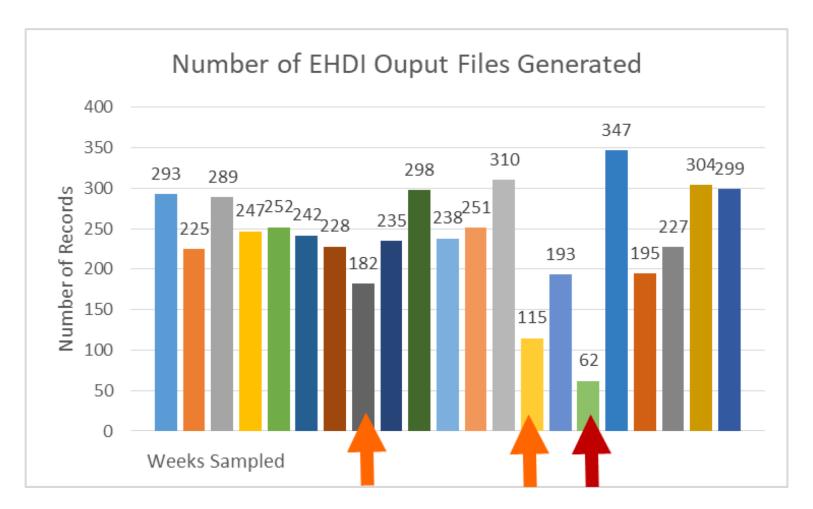
Electronic Data Warehouse







HFS Weekly Matched Files





Strengths

- Automated
- Updated physician name and primary contact address
- Weekly file transfer



Challenges

- Medical care provider is not always PCP
- Manual review of the updated file





THANK YOU

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INTERVENTION PROGRAM

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