

SUMMARY OF ADVISORY COMMITTEE MEETING

Virginia Early Hearing Detection and Intervention Program

Virginia Department of Health

September 23, 2011

Final

The following persons attended the meeting: Ann Hughes, Beth Tolley, Callie Beasley, Carol of CART Services, Casey Morehouse, Christine Eubanks, Christine Evans, Claire Jacobson, Daphne Miller, Darlene Donnelly, Debbie Pfeiffer, Ken Henry, Kristie Meehan, Leslie Ellwood, Jamie Lawson, Jill Young, Justine Angilletta, Kathleen Moline, Nancy Bond, Nancy Smith, Ruth Frierson, Susan Tlusty, Susan Ward, TyJuana Person, Valerie Luther

Agenda was reviewed and approved.

Membership and Introductions:

Justine Angilletta and Kristie Meehan were introduced as students of audiology.

Update on Regulations:

The regulations were reviewed and some of the following changes were made;

- The Primary Care Provider (PCP) section was revised from PCP receiving results to identifying who is responsible for reporting the results to the PCP.
- The Part-C Early Intervention (EI) section contained wording re; an interagency agreement between the Virginia Department of Health (VDH) and Part-C, which was removed.
- Added the definition for Chief Medical Officer

The revised version went before the Board of Health in June. The Attorney General gave approval, but more levels of review are needed and another posting for public comment.

Report from DMAS

No update.

Virginia Hearing Aid Loan Bank (VHALB)

Dr. Ellwood provided update, as provided by Lisa Powley, from the HALB. Funding for the HALB is provided by VDH and the Department of Education (DOE). Hearing aids have been purchased. The current aid warranties will expire at the end of 2011. The HALB was able to give away the old aids and FM systems that no longer have warranties. Recipients were very thankful. 20 applications for aids were received in the month of August. This is a record amount of applications for a single month. To date 535 children across the Commonwealth have benefited from the loan bank. Casey Morehouse praised the loan bank for the services it provides and Beth Tolley also recognized the great work done by Lisa Powley in managing the loan bank. Dr. Henry asked about the sustainability of the loan bank and what future funding looks like. Ruth informed the committee that VEHDI funds were able to provide some funding support for the HALB in previous years. However, because of current grant requirements EHDI funds were not used to support the loan bank. DOE has also cut their funding in ½, from

previous years. Dr. Henry asked what can be done to ensure sustainability of the loan bank. Christine Evans suggested having this discussion with Lisa Powley at the next Workgroup meeting. Beth Tolley asked about linking with organizations that have public funding. Dr. Eubanks pointed out that VCU also has a loaner bank for their patients.

Hearing Workgroup

Daphne Miller reported on the meeting held on September 12, 2011. The contract with Care Connection Children as the managing agency for GBYS ended June 30, 2011. Parent Notebooks continue to be sent to families in need of services and parent-to-parent support continues to be provided on a much smaller scale and as needed. Successes of the GBYS program were discussed during the meeting and alternate methods for providing services are being explored. Ann will coordinate a conference call between the national Hands and Voices (H&V) office, EHDI and the Virginia H&V chapter, to obtain information on the direction of H&V as it relates to GBYS. There is a need to staff the H&V Virginia board. 50% of the board must be comprised of parents of children with hearing loss. Ann will ask that every committee member be mailed one copy of the Communicator, which is the H&V publication. AC member can determine their level of interest. Bailey Clark is the Acting Director and sends out announcements to keep everyone updated. Ann pointed out that Bailey submitted an article to the Communicator explaining her approach and plans for the program. Dr. Henry requested information on meetings and requirements of H&V board members. Ann reported that the H&V board does not have any scheduled meetings. Ann will add all committee members' names to the H&V Database to facilitate email communication regarding the program.

Partnership for People with Disabilities

Ann - Virginia Network of Consultants (VNOC) had some early intervention providers call and ask for assistance from VNOC. Trainings continue across the state. Activities are funded through DOE. Deana Buck, facilitated a "Talks on Tuesday" webinar, aimed at providing training to early intervention staff on EHDI and hearing loss.

Department of Education

Debbie Pfeiffer. Funding for the HALB was cut in ½ and was provided with \$25,000. We piloted an education project for speech and language pathologists working with pre-school children who are oral/deaf. We provided coaching for them and if possible we will redo. We continue to fund the oral preschool program founded by Dr. Barry Strasnick at Old Dominion. The program has been in existence for 3 ½ years. We continue to oversee the professional interpreter grant. In SITE training is continuing. We are finishing up a small grant for Dr. Emmett Jones who provides counseling for parents of deaf children. The idea was to put his training on video; fifteen have been completed. The National Summit for State leaders met to update the State Action Plan and participated on the national training through video conference. State leaders will meet again on October 5, 2011.

Part-C Early Intervention

Beth - The Early Intervention Regulations for Part-C from 2004 are now completed and should be available soon. As of October 1, every child with Medicaid will have targeted

case management. The requirements for Service Coordinators have been revised to be more specific. A Prematurity Workgroup that started a year ago to follow premature infants lost to follow up. Although no specific work plan has been developed. Daphne and Ruth participated in regional meetings to increase awareness among system managers regarding the EHDI program. Christine stated a “Talks on Tuesday” webinar was conducted for early intervention providers to learn about hearing loss. Based on the response they were able to identify the different types of training needed to fit different groups. This tells them where they have an audience ready to learn. Ruth passed out study showing this training has been the most viewed, thus far.

On-line Training Demonstration

Facilitated by Christine Evans

She has been working to set up a Virginia EHDI website for professional development which is now live. Ruth and Bailey were helpful with this. Now there is a portal to get training and information about Virginia EHDI. On line training modules have been developed for Primary Care Providers and Early Intervention staff and others will be added as they are developed.

A needs assessment survey was conducted to identify training needs. Findings of the survey indicated 60% of respondents are not familiar with the 1-3-6 EHDI process. This and other findings of the survey were used to develop the training, which uses a roadmap theme. The early intervention module was completed first, is captioned and contains educational vocabulary. The second module guides the user through the 1-3-6 EHDI process and ends with case studies that help the trainee determine what they would do in particular cases. The link to this training can be found at www.vaehdi.vcu.edu. There you will find resources for families, PCPs, audiologists and early intervention providers. The links across the top take you to free information for anyone that is interested. There is an online training module course assessment at the end of the training and a certificate can be printed upon completion. Modules were designed to run about 30 minutes unless a person explores the different links associated with them. Nancy Bond felt the nurses in acute care could use this as a learning module. They have 300 nurses at INOVA on different schedules and it would give them a better idea of what we are trying to accomplish. She would like to see this included as part of the learning program. Christine said they will be tracking the clicking and linking done to see where people are going to determine information most needed. At this point it is not know if the training will allow a person to end in the middle of a session and allow you to resume at the location where you previously stopped. Christine will check into this feature.

Dr. Ellwood took the lead on the PCP module. It looks similar to the Early Intervention piece. The EHDI module for physicians is more detailed and comprehensive for PCPs. Dr. Ellwood is assisting with the process of obtaining Continuing Education Credits for Virginia PCPs that complete this training. Dr. Henry suggested a module for parents of children going through this process. Christine pointed out there is information for families on the Landing Pad.

Public Comment

No comment from the public.

VDH/EHDI Report

- Virginia Learning Collaborative (VaLC), Ruth reported on the completion of the VaLC activities. 3 PCP facilities and 3 Audiology practices participated in this initiative over a 6 month period. Overall the LC highlighted some of the gaps in the follow-up system, which are primarily focused around sharing of information between the PCP and the audiologist. A complete summary of recommendations was provided to the AC and it also will be provided to audiologists during site visit. The Roadmap for Families, developed by the parents that participated in the NICHQ, was also tested twice within the same hospital. During both pilot periods 0 parents reported being were aware of the roadmap or referring to it for follow-up services. Although the roadmap appears to be useful information, delivery methods will be piloted in the future. Additional gaps identified;

- Follow-up hearing screening results were reported to VDH and PCPs only when infants were determined to be “within the newborn hearing screening process” and not reported on self-referrals, unidentified referral source, or in cases where the reason for the visit could not be determined.
- Infants with a failed screening, with a scheduled follow-up appointment that “no-show” for their follow-up appointment(s).
- Infants referred to an otolaryngologist do not usually return for additional follow-up testing and most parents are not aware that infants should have another hearing test after failing the most recent screening and after seeing the otolaryngologist.

Claire suggested we contact the ENT Association in order to assess training needs and identify collaboration activities.

Some of the recommended solutions;

- Identifying opportunities to provide information and educational materials to parents in a variety of settings.
- Audiologists will report hearing screening results to VDH and PCP on all infants under 3 years of age, regardless of referral source or reason for the visit.
- Practices will implement tracking methods for infants with failed hearing screening results.
- Audiologists will place appointment reminder calls to families of infants scheduled for follow-up testing.
- EHDI will provide funding for the development of an on-line training for Virginia otolaryngologist and identify other education opportunities.

- EI Collaborative Activities, Daphne reported 30 EI Managers were trained on EHDI during 5 regional trainings. One more training is scheduled in the Tidewater area. Managers were interested in enrollment rates for each of their local systems. EHDI will conduct informal surveys to determine information received by EI Service Coordinators.

- Midwives/Border Babies, TyJuana, as reported by Ashleigh Howard in a previous AC meeting, a survey of midwives was conducted and analyzed. A need identified by midwives is location(s) were to refer infants for a hearing screening. In the process of conducting hospital site visits, we are assessing if hospitals provide initial hearing screening for infants born outside of a hospital setting. We are also tracking hearing

screening results on infants born outside of the hospital setting and hope to report on this at the next AC meeting. However, preliminary review of the data indicates an increase in the number infants born at home with an initial screening. We continue to work with bordering states to increase reporting on Virginia residents born or screened in their state. We are identifying methods to consistently share hearing screening results on residents of bordering states born or screened in Virginia. From January 1, 2011 to date, there are 764 West Virginia residents born in Virginia and 752 received follow-up screening in Virginia. EHDI will start contacting birthing centers to identify trainings needs.

- Hospital Site Visits, Ruth stated we continue to do hospital site visits and Kathleen of Newborn Blood-Spot Screening has joined us in these visits. We meet regularly to identify opportunities to increase efficiencies through shared resources and collaborative activities.

- Grants/Funding Update, Ruth, since the last time we met, both the CDC and HRSA grant cycles have ended. We were awarded HRSA funds for the next 3 years, with approximately 13% reduction in funds. Tele-Audiology services were not funded. However, we will continue to pursue this activity in an effort to increase access to follow-up services in high lost to follow-up areas of Virginia. We were also awarded CDC Cooperative Agreement funds, which is focused on enhancing reporting systems. We have initiated activities aimed at providing audiologist access to web-based reporting in VISITS. A requirements document has been developed by Ruth and Susan Tlusty, which we would like to have audiologists on the committee review and provide feedback on. Our goal is to release the audiology web-based reporting next summer. The next planned systems enhancement will be the link between the Virginia Immunization Information System (VIIS) and VISITS. This will give PCPs the ability to access hearing screening results on their patients and will help VEHDIP identify PCPs. Virginia will also be participating in EHDI PALS. This is a national registration process for audiologists, similar to what Virginia currently does every 2 years, but manually. This will be a more comprehensive, automated, annual process. Audiologists will self-report the level of service they provide. Families will have access to all audiologists on the system based on their needs and regardless of state of residence. EHDI will continue to provide this information to families through several methods; parent letters, phone calls, the VEHDI website, and printed materials. GBYS will also be supported through grant funds, with an emphasis on recruiting multicultural parent guides with a focus outreach. Education and awareness activities will be enhanced through this funding, and EHDI will focus on developing innovative ways to increase awareness through sources other than just printed material. The Loss & Found video is now being used in some hospitals in their education channel and we hope to increase the use of this resource among hospitals and other providers. Debbie suggested this can be used at PCPs waiting areas. Christine Evans suggested the video be used along with the hospital screening. EHDI will initiate site visits to audiologists and use this opportunity to provide recommendations from lessons learned through the VaLC.

Next meeting:

December 9, 2011	10:00 a.m. – 3:00 p.m.	VHHA
March 9, 2012	10:00 a.m. – 3:00 p.m.	TBD