Early Hearing Detection and Intervention
Advisory Committee Meeting Minutes
Thursday, July 10, 2014
10 – 3:00 p.m.

Location: Urbandale Public Library
Members: John Cool, Teresa Hobbs, Sally Nadolsky, Diana Hanson, Kathy Miller, Annie Smith, Lenore Holte, Valorie Caputo, Shandra Sarasio Meyer, Linda True, Lucinda Hollingshead
EHDI staff: Tammy O’Hollearn, Jinfer Cox and Esha Steffen

Introductions & Announcements
Members introduced themselves.

Hearing Aid and Audio Funding (Tammy)- Funding was approved in the last legislative session with a slight decrease, approximately around $160,000. There are no new changes with the application process; it is the same as before. As soon as the contract is in place, they will start processing kids that are on the wait list.

Q. How many children get funded every year?
A. Approximately, 120 children get funded each year.

Q. Is the application on the website?
A. Yes. There is also a FAQ sheet that provides directions including the toll-free number for the claims processing staff.

Regional Programs (John):
John reported they are currently in-between superintendents. Patrick Clancy’s last day will be July 30th, 2014 and Steve Gettel will begin on August 1st, 2014. A meeting with the AEA 267 is scheduled for Sept 16th, 2014 in Charles City (regional site). Currently, they are working on hiring the Director for extended learning opportunities. Additionally they recently hired an ASL instructor that will focus on providing sign language lessons that will reach beyond the ISD campus. This individual will also work with AEAs to review ASL competencies of their staff.

Administrative Rules:
In the next few months, EHDI staff will begin the process of updating the administrative rules. The Department’s attorney general liaison would like the advisory committee charter content to be added to the administrative rules. The charter outlines the s, membership responsibilities, term requirements, etc. EHDI staff will put a draft together and share it with the advisory committee for their feedback at the October meeting.

Gretchen Hageman resigned from her position as Bureau Chief of the Bureau of Family Health (BFH). The Department is currently in the process of hiring another Bureau Chief. The Department Director, Gerd Clabaugh, is looking into possibly restructuring the bureau since it is so large. The interview process will take place in the near future. An update will be provided at the next advisory meeting in October.
National EHDI Conference:

Tammy:
Iowa EHDI Coordinator and follow-up coordinator presented on “Improving loss to follow-up rates among Iowa Babies: Strategies for Success.” The presentation highlighted the various strategies used throughout each phase of follow up, and discussed the progress made towards decreasing lost to follow up/documentation rates and in meeting the needs of Iowa children, families and providers over the last three years. Tammy reported the focus of the HRSA grant continues to be on quality improvement to reduce the numbers of children who become lost to follow up/documentation (LTF/D). As noted in April, Tammy was a co-author on the poster regarding midwives and also presented on EHDI-PALS.

Esha:
Esha attended a few sessions that focused on successful follow up strategies including reducing LTF rates, obtaining second point of contact for the family, increased involvement of primary care providers, etc. One of the strategies Esha plans to use is obtaining a second point of contact when making a call to the primary care provider’s office. Hopefully, this strategy will help reduce loss to follow up LTF rates even more over time especially in cases where a family has moved to a different location or their primary contact number has been disconnected. Also, Iowa EHDI follow up staff will continue to make efforts to encourage the families to make a decision about getting the screen done or refusing the screen due to family’s personal beliefs, etc.

Overall, it was a positive experience and the meeting was very productive.

National Association of the Deaf (Kathy):
Kathy enjoyed the NAD conference. She reported there were about 1200 deaf and hard of hearing people in attendance. Around 44 different proposals were put forth but they could only accept approximately 20. Out of 20, a committee selected top what they thought were the top five proposals. A couple of them include:

1) Educate FEMA- Educating about the federal emergency management administration about deaf communication; ensure FEMA hires interpreters.
2) Quality of mainstream services: social emotional linguistic needs, Deaf Education Bills of Rights, preparing kids to enter kindergarten, outreach to deaf youth that might be distanced from the deaf community.

Q. What are they thinking about the state youth day? Is it more of a celebration?
A. It will be more of a recreational focus but with some educational opportunities built into it this year.

EHDI Transition (Tammy)

Infrastructure: Due to delay in grant notice, Susan Rolinger (previously the family support coordinator) is currently unemployed. She is still working with Iowa Hands and Voices and doing some things at the national level. During this time, Guide by Your Side referrals are still being sent to Hands and Voices for follow-up.

EHDI Intern: Sarah Yeager continues to work with the EHDI program. She is currently working on several projects: Data Analysis (OAE & AABR analysis), EHDI Website, assisting with sending letters to families and providers, Hospital quality assurance progress reports, and many more.
EHDI Audiology TA:

Tammy:
Contract with Centers for Disabilities and Development (CDD): Iowa EHDI program signed a contract with the Centers for Disabilities and Development. The project period is for three years from April 1, 2014 to March 31, 2017. The Contractor has expert audiologists that are available to provide technical assistance to the EHDI program on hearing screening, diagnostic assessments and appropriate follow up. The audiologists will provide technical assistance and training on hearing screening equipment and recommended best practices to hospitals and audiologists serving children under the age of 3. The Contractor also maintains a loaner hearing equipment bank to assist hospitals whose equipment is being repaired or replaced.

Lenore:
Nick Salmon (audiologist) retired. He worked within the educational audiology system for over 30 years. Lenore shared that she plans to nominate Nick for an ISHA award. She said if any committee members had information they wanted to share in the letter, please contact Lenore. She noted that Nick has worked with the EHDI program for approximately 15 years providing technical assistance to hospital screening programs.

Lenore shared that she and Emily currently have a meeting scheduled with retired AEA audiologist, Bill Helms. Bill may take over Nick Salmon’s role and serve the western half of the state.

Family Support:
Request for position for family support coordinator and family follow-up has been submitted. Currently, EHDI program is waiting for approval from upper management at the Department.

Peloton Screening Services (Tammy/Lucinda)
Mary Greeley Medical Center in Ames entered into a definitive agreement with Peloton Screening Services in June of 2014 to take over their hearing screening program. They are currently in the early stages of implementation as they begin the first phase. In other states where there is a provider such as Peloton, families expressed concern about the costs to them associated with these services. State program expressed concerns about protocols not being followed, refusals, etc. Tammy met with Attorney General’s office to determine who has responsibility in these cases for screening, etc. Heather Adams reported the burden falls on the hospital to ensure screening is completed and results reported as required by law. Tammy has asked to meet with them before implementation to ensure all concerns are addressed, including personnel that will perform screens.

Lenore: Initially, Iowa EHDI had concerns about Peloton screening services but they have addressed the concerns and how they plan to manage the program over time. Peleton provided a webinar at the end of May, 2014.

Lucinda: Peleton will hire people that will come to Mary Greeley to conduct hearing screens. Nurses will no longer be performing hearing screens at that hospital. Peleton is expected to take over at the end of August.

Q. How many hospitals that birth over 1000 babies in our state?
A. Approximately, there are 10 hospitals in our state that birth over 1000 babies. However, that includes diagnostic facilities such as the University of Iowa Hospitals & Clinics and the Iowa Methodist Medical Center that have audiology services that most likely would not give up this service.

Q. How is the hospital going to do their evaluation?
A. Not sure at this point.
Q. How are they going to obtain risk factor information?
A. Not sure at this point.

Q. How would the hospital benefit from these services?
A. Hospital staff won’t have to take time out of their busy schedule to perform the screens and deal with equipment issues, etc. Presentation indicates cost savings.

Q. Is this the only hospital utilizing these services in Iowa?
A. Yes. They are the only hospital with plans to use this service at this time.

Q. Will they be approaching other hospitals in Iowa?
A. Yes. We are not sure which ones specifically and their timetable.

Q. Who will be performing hearing screens? Concern expressed about who they are planning to use to perform screens and how they plan to do follow up.
A. Peleton indicated they will hire screeners. They indicated they would use audiologists and/or nurses. The program is supervised by Audiologists out of state at this time.

Please email Tammy O’Hollearn at tammy.ohollearn@idph.iowa.gov to request a copy of the presentation slides, if interested.

**Audiology Student Research Projects (Lenore)**

Two students did a poster presentation at the national EHDI meeting in Florida in April of 2014. Caitlin Sapp’s poster presentation focused on home birth families. It was visually put together very well and easy to understand. Poster was very well received. Caitlin has now graduated and moved to Texas.

Amy Carlson did a poster presentation on risk factors. Recommendation was to get more uniform reporting of risk factors in eSP™. Biggest risk factor that goes sometimes goes unnoticed in children with delayed onset hearing loss is congenital CMV.

Other Projects: Undergraduate project by Gabrielle. She looked at demographic data from 2010 to 2012 to determine what factors contribute to loss to follow up including the distance from the audiologic site for families who reside in rural vs. urban areas; maternal education level, etc. Gabrielle just recently finished that project and a copy of the results will be forthcoming.

A couple of graduate students will be working on unilateral hearing loss and outcomes. More information will be shared at the next Advisory Committee meeting.

**OAE vs. AABR Analysis (Tammy)**

In an effort to decrease high refer rates and LTF rates in Iowa, the EHDI team completed an analysis of refer rates among hospitals that use OAE vs. AABR equipment to determine if there was a significant difference in infants screen results. The data gathered to perform this analysis included babies born in 2013 from quarters 1 through 3 that were screened using OAE, AABR and 2-stage (OAE/AABR) protocol. The findings showed a significant decrease in the average refer rates among those hospitals with AABR equipment as compared to the ones with OAE equipment only. It is worth noting that the average referral rate (2.7%) when using AABR was below the refer rates nationally recommended (4%) for an effective screening program. In addition, hospitals with 2-stage (OAE/AABR) screening were also found to have much lower referral rate.
(4.8%) than hospitals with OAE only (13.6%). This analysis indicates that a screening program using OAE alone have a greater number of children who require follow up which creates the possibility of babies being LTF/D once they leave the hospital.

Please contact Tammy O’Hollearn at tammy.ohollearn@idph.iowa.gov to request a copy of the complete article with graph, if interested.

Q. What is the average cost of the AABR equipment?  
A. $16000-18,000

Q. How often should the equipment be replaced?  
A. Equipment should be replaced every five years. Yearly equipment calibration costs $300-350.

Database Integration (Tammy)  
A Request For Proposal (RFP) was sent out to combine the dried bloodspot and hearing database. Three entities completed the application process. They visited the Department and demonstrated their respective databases. All demonstrations were completed at the end of May. OZ (existing vendor) was selected as the database vendor. The first two years will be focused on bringing the two databases together. The EHDI program is also looking at a way to eliminate the use of tokens due to the cost and management of token users and still provide a security so that only those serving a child have access to their record.

Case management module (CMM): All the birthing facilities and audiology providers (ENT clinics, AEAs) will be trained Fall/Winter on the use of case management data entry. It will help decrease duplication and increase efficiency on the follow up efforts. A webinar will be scheduled in the near future to train all the providers. More information will be shared at the next meeting in October of 2014.

Hospital Quarterly Report Ranking System Development (Esha/Tammy)  
Group Activity: EHDI program will be sending a report card to all the birthing facilities in Iowa in an effort to highlight areas of improvement. Some areas that will be addressed in the report card might include: miss and refer rates, number of missing children from the EHDI database, number of missing primary care providers from children’s records in the EHDI database, average days of entry into the database, etc. Members were divided into three groups to work on a sample report card. Below are some of the recommendations for the sample report card: Keep the information short and to the point.

- Areas to include: Miss and refer rate, number of screen attempts, no. of kids missing, number of kids diagnosed, number of days to enter
- Rubric (see sample)
- Ranking System: Comparing similar level, state and national average
- Director of Maternal Services & EHDI contact should be receiving the sample report cards.
- Frequency: Semi- Annual, Quarterly
- Members agreed with disclose the name of the hospital on the report card to highlight areas of improvement.
- Highlight the strengths and weaknesses

EHDI Parent Road Map  
Group Activity: Members were divided into three different groups. Below are some of the recommendations:

- Should be only handed to kids that do not pass hearing screening, or have risk factors.
- Should also be handed out to the PCPs.
- Include the road map on the EHDI website.
- Consider translating language from 24-30 months to two and a half years. It makes it easier for parents to understand the time period better.
- Make the wording easier- words such as diagnostic assessment might be difficult for parents to understand.
- Consider keeping some white space so the information is friendlier and not overwhelming for families or providers.
- Add a contact number in addition to date, name and location.
- Before 1 month, clarify the word “provider”- Is it Audiology? ENT?
- Change the “PCP” to “pediatric audiologist” for further guidance?
- At 3 months of age, change the provider to “audiologist”
- State and local resources are sufficient; eliminate national resources.
- Risk Indicators should not be expanded; risk indicators should be eliminated and a link to the website should be included.

Review EHDI Programs Goals – Outline council activities to support goals
This agenda item will be discussed at the next meeting due to lack of time.

Wrap Up/Sharing
Please send any agenda items for the next meeting to Tammy at tammy.ohollearn@idph.iowa.gov

Next meeting date for 2014: October 2nd; location - TBA