Early Hearing Detection and Intervention Advisory Committee Meeting Minutes
Thursday, October 2, 2014
10 – 3:00 p.m.

Location: West Des Moines Library, Classroom on 2nd Floor

Members: Marcus Johnson-Miller, Linda True, Heather Dirks, Teresa Hobbs, Diana Hanson, Bill Helms, Bob Vizzini, Shandra Sarasio Meyer, John Cool, Valorie Caputo, Emily Andrews, Valorie Christianson

IDPH Staff: Tammy O’Hollearen & Esha Steffen

Introductions (Tammy)
Members introduced themselves.

Announcements
Marcus Johnson-Miller joined the bureau as Chief for the Bureau of Family Health on Friday, Sept 12th. This position was previously held by Randy Mayer as the interim bureau chief following Gretchen Hageman’s departure to Delta Dental in May.

Family Support/Follow up Coordinator position (Tammy)
Tammy reported that a total of 70 applicants applied for the follow up position. A survey was sent out and 50 responses were received back. Tammy explained their team is currently working on scoring the responses and hopes to begin interviewing applicants as early as next week.

EHDI Intern: Sarah Yeager completed her internship in the middle of September. Tammy expressed their gratitude for all of her hard work. Sarah did an outstanding job working with the EHDI program to improve quarterly reports and make them more automated, as well as continued work on the EHDI website. Sarah is headed to Creighton to complete a nursing program.

A student was recently interviewed from Drake University for an internship position with EHDI and the Genetics program. Tammy reported they hope to have her join the bureau towards the end of October.

Hearing Aid and Audio Funding (Tammy)
Tammy reported that Provider Claims has received 50 applicants this far for this funding. Claims are currently being processed. $48,000 has been reserved for children whose applications they have received to date.

Bob: Is the funding announcement on the EHDI website? Is there an age limit?
Tammy: Yes, the announcement is posted on the website at the top of the parents or professionals pages. The intent of this funding is to provide payment for hearing aids and/or audiological services for children whose insurance does not cover hearing aids and the families cannot afford the devices. The eligibility requirements include children under the age of 21, individuals must currently reside in Iowa, and applicant must not be eligible for hearing aids and/or audiological services under Title XIX or hawk-i.

Peloton Screening Services (Tammy)
Mary Greeley in Ames has contracted with Peloton Screening Services to provide newborn hearing screening for children born at their hospital. They use AABR to provide screening to all newborns. This would mean a separate fee would be charged to insurance for the hearing screen. Peloton took over mid-September.

One of the concerns expressed by a few audiologists is that nurses, audiology assistants, audiometrists, or audiologists are not conducting the screens. They have hired a unit clerk and nursing students to perform the screens. These individuals do not qualify as audiology assistants due to the lack of supervision by a licensed audiologist in Iowa. Supervision is taking place by audiologists outside of Iowa. They have sent a couple audiologists to provide onsite training.

Q. Have you visited with Mary Greeley to see how this is working for them?
A. Tammy explained she has been in contact with Peloton. She explained the hospital is legally responsible to provide screens and make sure Peloton is following rules and laws for universal screening and reporting. Tammy reported she is waiting guidance from the IDPH attorney.

Q. How long is the contract?
A. Tammy explained she is not sure what the terms of the contract are. She noted she has not been consulted by Mary Greeley and has had minimal conversations with Peloton. She noted Peloton did do an online meeting presentation to talk about their program and answered questions put forth by IDPH and the EHDI audiologists.

Regional Programs (John)
- The Iowa Board of Regents selected Steve Gettel as the new superintendent for the Iowa School for the Deaf. This position was previously held by Patrick Clancy.
- Susan Rolinger was recently hired as the Director of Extended Learning for Iowa School for the Deaf and Iowa Educational Services for the Blind and Visually Impaired (IESBVI). Her job duties focus on coordinating learning experiences for students and their families which are based on the expanded core curriculum. Susan is working from home and sometimes, from AEA 267 to assist in design of the regional program.
There is an upcoming meeting scheduled with the legislators on 10/03/2014 with Steve Gettel in Charles City. The schools are asking for $225,000 - Additional ask is 30% for the regional program.

Visited Northwest AEA to provide assistance with their sign language interpreters. Currently, working on professional development related to education on sign language for those interpreters. There are a total of 13 interpreters working in that area.

Q. Bob: The AEA 267- Regional Academy is starting officially now or next year?
A. Academy will start in the fall of 2015. John stated if they don’t get the additional funding of $225,000 that they are asking for, the Iowa School for the Deaf will use other money from their budget to get the regional program off the ground. The funding will only last approximately one year so it is not something sustainable.

Q. Does that include Transportation costs to and from the Academy?
A. Yes.

EHDI Audiology Technical Assistance (Emily)
- Members signed a card for Nick Salmon. Nick will be recognized at the upcoming ISHA conference.
- Following Nick’s retirement, Bill Helms took over and has been working with Emily Andrews to provide audiology technical assistance to the western part of the state. Bill was an audiologist with Heartland AEA for over 20+ years.
- Training: Emily Andrews and Bill Helms have looked at refer rates and it appears that some hospitals have really high refer rates. Emily and Bill will be having a conference call in the middle of October with the hospitals to help resolve this issue. Additionally, there will be some training provided to all the private practice audiologists on the EHDI database, eSP™. The goal is to have all the private practice audiologists trained on eSP by this fall/early winter.

IDPH EHDI staff will be providing access to all hospital token users to the case management module in the coming month. Tammy O’Hollearn and Esha Steffen will be holding a webinar on Nov 19th, Dec 10th and Dec 17th to provide training to all birthing facilities on EHDI best practices and the use of the case management module.

Explore tele-audiology partnership between CDD/AEAs (Emily/Tammy)
Tele-audiology has a great potential to ensure that infants in need of diagnostic audiology services can receive them in a timely manner. A nurse at CHSC in Oelwein has assisted with some tele-health AABRs in the past year. The EHDI would like to expand this effort and even train AEA audiologists to perform the diagnostic assessments in areas where families would have to drive long distances.
Q. Why do it?
A. In Iowa, there are a limited number of audiology clinics with pediatric audiologists available to perform a diagnostic assessment on infants. This increases the likelihood that the infant could become “lost to follow up” or have a delay in diagnosis because of the distance a family must travel to reach a pediatric audiologist and because there are so few clinics and scheduling can be untimely thereby delaying early intervention services. Tele-audiology has a great potential to ensure that infants in need of diagnostic audiology services can receive them in a timely manner and it has been very successful in other states and countries.

Q. Are you comfortable knowing what’s going on and able to trust the results from afar?
A. Yes. Emily explained they look at the wave forms to determine if it’s working. Emily explained there is a time lag when performing a test using tele-health due to connectivity which is probably the most challenging part of the testing.

Q. Why are there so few diagnostic centers?
A. Tammy and Emily explained that equipment costs are among one of the biggest reasons and audiologists that have been out of school for a while are not used to performing them so they would need training. Audiologists coming out of school are very comfortable with doing them but a number of new graduates have moved out of Iowa. Additionally, it requires more time to do the diagnostic test. In some cases, it may take up to two hours.

Q. What is the cost of the AABR equipment?
A. Approximately $20,000 depending on the type of the equipment.

Q. How many AEAs have audiology assistants/audiometrists?
A. All of the AEAs in Iowa have audiology assistants/audiometrists.

John Cool said he would be interested in partnering with the EHDI program and audiologists and may be able to find funding for a piece of diagnostic equipment. Committee member’s explored purchasing a piece of equipment that could be loaned to the various AEAs to use throughout the state as needed. Another option would be to look into loaner equipment. Diana Hanson is open to providing training and mentorship to audiologists interested in learning how to perform diagnostic ABRs. Diana will let Tammy O’Holleam know what her availability is after talking with her upper management and she will also get estimates on equipment costs.

Teresa Hobbs volunteered to speak with the audiologists in her area about their interest in serving as a pilot John said it might be a great partnership because they are already working with that AEA in providing additional training and supervision of interpreters. Val Caputo will send out an email to the leadership team to have them speak with audiologists in each AEA about their interest in performing diagnostic assessments.
Diana Hanson’s Partnership with Mercy:
If Mercy NICU has a baby that doesn’t pass their newborn hearing screen, Diana will screen provide further testing, including a diagnostic assessment on those babies on Thursdays. Diana is also receiving well-baby referrals from Mercy for babies that do not pass their OP hearing re-screen. Diana said this partnership with Mercy has worked great so far and Tammy said it really stresses the importance of timely referrals.

EHDI Road Map Finalization/Plan for Dissemination (Tammy)
Groups suggested the following changes/modifications:
- Make parent roadmap electronic
- Change the statement on the front page, “Please call your primary care provider to schedule an ABR.
- Change the 2-21/2 years old back to 24-30 months.
- Change the images on the roadmap (babies don’t appear to be 1-3 months of age).
- Family history of childhood permanent hearing loss
- Add Boxes in front of “Your child did not pass” (Left/right)
- Change the colors of the parent roadmap to make it easy to find

Administrative Rules Revisions/Discussion (Tammy)
Members were divided into groups and worked on revisions to the current administrative rules. IDPH EHDI will review all the suggestions provided by the committee members and a revised copy will be shared with the members at a later time. Tammy reviewed the administrative process of updating rules.

Data Integration (Tammy)
Tammy updated committee members on the effort to integrate the EHDI and dried bloodspot databases. She explained the contract negotiations were still ongoing. As soon as they are complete, a gap analysis will be completed and development will begin.

Wrap Up/Sharing

The Guide By Your Side (GBYS) program is on hold at this time until a new staff is hired. See notes above about hiring. Until that time, Tammy noted all GBYS referrals need to be sent to Iowa Hands & Voices. Tammy is looking to partner with Susan Rolinger with the Regional Academy and explore other options with Marsha Gunderson.

Please send agenda items for the next meeting to Tammy O’Hollearn at tammy.ohollearn@idph.iowa.gov. NOTE: There is no meeting in January, 2015.

Meeting dates for 2015: April 2, July 9, Oct. 1