

Maryland

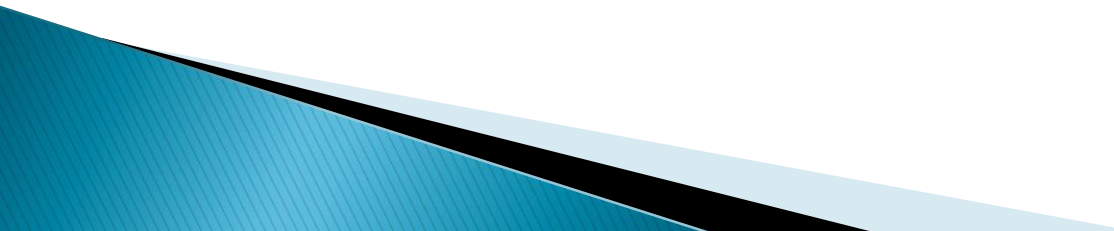
Newborn Screening



▶ QI Team :

- Team lead: Tanya D. Green, EHDI Coordinator
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- Team members and their roles within your EHDI program
 - Erin Filippone, Program Audiologist
 - Angela Sittler, Physician Outreach
 - Debbie Badawi, M.D., Maryland AAP EHDI Chapter Champion
 - Vicki Hunting, NCHAM QI Coach

Project Aim

- ▶ By March, 2017, the Maryland EHDI Program aims to reduce Loss to Follow Up/Documentation (LTF/D) from a baseline of 31% to less than 20% by providing face to face outreach to physicians in areas of the state where LTF/D rates are highest according to the results of a needs assessment.
 - ▶ This aim was chosen as an area of improvement because it aligns with the primary focus of the HRSA grant (to reduce loss to follow up after failure to pass the newborn hearing screening).
 - ▶ This aim is a part of a recent HRSA proposal.
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Strategies

Quality Improvement (QI) methodologies have been used in meeting the project goal.

Intervention for this project include the following steps:

1. Identifying particular primary care practices in the state with the highest numbers of infants identified as LTF/D.
2. Preparing educational and resource materials for primary care providers (PCPs) that emphasize the urgency of follow up for missed or 'not pass' hearing screens, and offering local resources for hearing screening/diagnostic evaluations.
3. Including mechanisms for improved care coordination such as identifying an office contact for EHDI.
4. Visiting identified practices to provide the educational and resource materials and identify barriers to obtaining follow up and/or documenting follow up for infants with missed or 'not pass' screens.

During practice visits, information is reviewed related to the following:

1. Infants assigned to that practice who were LTF/D
2. Infants in a zip code covered by the practice who did not have a documented primary care provider

In line with QI methodologies, a pilot phase of this project was carried out in June, 2014. Lessons learned from the pilot indicated that the project should be expanded. The result was improvements to materials brought to the primary care provider office and provided opportunities to assure that the current practice-specific data on LTF/D was accurate. Since the initiation of the project, 20 practices have been visited in 3 jurisdictions. 17 PCPs have been identified. 17 new hearing test results have been obtained and 1 appointment is pending as a result of recent outreach. Provider interest in signing up for access to the online state EHDI database has been a positive outcome of these visits and will likely help a great deal with LTF/D going down. Outreach efforts lead to the update of records, which previously contained missing or incorrect information.

This direct outreach to PCP offices has allowed MD EHDI to find 17 babies who could not be found using prior, traditional follow up methods (phone calls, faxes, emails and U.S. mail) allowing them to access the necessary follow up care.

Lessons Learned & Next Steps

Lessons learned

- ▶ A major lesson learned from this QI project is that EHDI presentations needed to be tailored to meet the individualized needs of the various PCP offices. Another has been the importance of having an EHDI contact person in the practice, whether that be a PCP, nurse or other office staff.

Next steps

- ▶ A more detailed review of provider contact with the state EHDI program might provide greater insights into how to strengthen relationships. A review of potential barriers to follow up in certain geographic areas or demographic populations will likely lead to more customized, and potentially more successful visits.
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