

EHDI Follow up questions

Question	Response
<p>I'm wondering about how best to train pediatricians and primary care providers in how to lead those discussions about a diagnosis of hearing loss, treatments and steps moving forward for families if they are to be expected to lead these discussions. Is there a role for residency curriculum or ACGME requirements around training if providers are expected to lead these discussions to make sure they are based on current evidence? Related, what is already being done in this area about training PCPs about hearing loss, deafness, communication and hearing technologies.</p>	<p>Thank you for your interest in this important topic. Many of the issues you raise are addressed via the efforts of the American Academy of Pediatrics (AAP) Early Hearing Detection and Intervention (EHDI) program. Through this program resources and information are provided that can assist in supporting the ongoing education of pediatric clinicians regarding how to lead discussions with families about audiologic diagnostic results, effective interventions, and next steps for a child and family who has been identified as deaf or hard of hearing (D/HH).</p> <p>As a background, the primary objective of the AAP EHDI program is to link the physician community at the national, state and local levels to activities that support early hearing screening, diagnosis, risk factor assessment, and early intervention for treatment/management as well as for follow up within the context of a medical home. The program also focuses on improving the coordination and documentation of hearing screening and follow-up services to ensure all children who are D/HH reach their full potential.</p> <p>Chapter Champions are volunteer pediatricians who work to promote EHDI initiatives throughout their states and communities. To effectively lead discussions with families, clinicians are supported with tools and resources that help them better understand the needs of parents as they provide effective and supportive communication throughout the process of screening, diagnostic testing, risk-factor assessment, early intervention and ongoing support for families. Partnership exists and is encouraged among state EHDI coordinators, Hands & Voices parent leaders, and the AAP Chapter Champions. Together, this network provides support and education for clinicians and families. Additional efforts include sharing information through their peer networks (AAP chapter membership), educating colleagues and other health care providers, contributing to state EHDI advisory committees/boards, and participating in quality improvement projects.</p> <p>Educational tools, ongoing training and communication, and technical assistance is provided by AAP EHDI program staff to the EHDI Chapter Champions to ensure they are supported, well informed, and prepared to lead discussions and training, incorporating current guidelines and evidence of intervention efficacy. A priority for the Academy is to provide clinicians with the most up-to-date information regarding the guidelines for care, the best approaches for sound and communication/language development, information about available community supports, and important next steps in care coordination for children and families.</p>

	<p>In addition to the support structure that the AAP has in place to provide guidance to Chapter Champions, the following resources are available at aap.org/EHDI:</p> <ul style="list-style-type: none"> • “Early Hearing Detection and Intervention (EHDI): The Role of the Medical Home” – this is a customizable presentation for general audiences that allows for integration of local/state data and information of interest to specific target audiences. • “Early Hearing Detection and Intervention (EHDI): A Primer for Residents” – this is a customizable presentation for residents that allows for integration of local/state data and information of interest to specific target audiences • Early Hearing Detection and Intervention (EHDI) Guidelines for Pediatric Medical Home Providers, an Algorithm. This easy to follow flow chart serves as a guideline for pediatric primary care providers by providing a step-by-step guide on hearing screening, diagnosis, and management from birth through 6 months of age and beyond. • 1-3-6 Newborn Hearing Screening Checklist The checklist serves as a guide for pediatric primary care providers to ensure all steps are taken in the care of an infant who does not pass newborn hearing screening. • Reducing Loss to Follow-up/Documentation in Newborn Hearing Screening: Guidelines for Medical Home Providers • Early Hearing Detection and Intervention (EHDI) Patient Checklist for Pediatric Medical Home Providers • Appropriate Referrals Form for Pediatric Medical Home Providers • PediaLink Course: Childhood Hearing: A Sound Foundation in the Medical Home. (This course is currently under revision and the new course is expected mid-2018). <p>Regarding the role for residency curriculum or ACGME requirements around training, the American Academy of Pediatrics will review the criteria, however, as an organization, the Academy does not have control over what is included in individual residency program training curricula or the ACGME standards.</p> <p>If you have specific questions or need additional materials, please reach out to Sandi Ring.</p>
<p>When do you have the families fill out the PICS- in the PCP office? from a mailed form?</p>	<p>In our experience, we have sent the PICS tool out for the family to complete it at home- either by creating an electronic survey and sending it out via email or mailing it via paper. However, there is nothing that would preclude it from being completed outside of the home setting. We would recommend against a provider administering the tool to be respectful of the dynamic- families might not feel comfortable answering questions honestly if they believe their answers will be linked to their name.</p>

<p>You mentioned that these tools can be used outside the medical construct in other settings. Can someone give an example of how a shared plan of care can work for a family who is literally at a doctor's office maybe once or twice during the first year after the identification? and if/then this is all community based care plan How is this NOT redundant to service</p>	<p>The primary care pediatrician/clinician and community-based service should first determine the nature of their co-management relationship and develop a care plan that supports this relationship. Care coordination, by design, is centered around a partnership between the family, the primary care pediatrician/clinician, and other health care providers. Care coordination is team-oriented and once a decision is made that a child/family needs care coordination, the roles and responsibilities are outlined to ensure that everyone on the team knows what to do. In some cases, the primary care pediatrician/clinician or member of the practice staff take the lead in care coordination; in other cases, it is a different member of the team. This will be discussed further in webinars 2 & 3.</p>
<p>Do you have the PICS filed out after final audiology eval when hearing loss is dx</p>	<p>There is not a yes/no answer for this- it depends on what you are using the PICS to measure.</p>
<p>Where can we download the PICS tool?</p>	<p>For a copy of the instrument, please email: hannah.rosenberg@childrens.harvard.edu.</p>