

EHDI team: No changes to report.

EHDI Performance Measures (analysis updated 3/13/2014):

Oregon EHDI Performance Measures	2011	2012	2013, preliminary	Healthy People 2020 Goal
Ever screened (all births)	96.6%	96.6%	96.2%	--
Mandated screening hospitals (93.5% of Oregon births)	99.4%	99.0%	98.8%	--
Non-mandated hospitals (2.8% of Oregon births)	86.6%	88.9%	88.3%	--
Home births (2.4% of Oregon births)	26.3%	29.7%	28.3%	--
Birth center (1.3% of Oregon births)	44.2%	45.4%	42.2%	--
Screened by 1 month of age (all births)	93.6%	93.6%	94.0%	90.2%
Referred infants with documented diagnostic follow-up	53.9%	44.4%	43.3%^	--
Referred infants with documented diagnostic follow-up by 3 months of age	40.0%	33.3%	34.0%^	72.6%
Ever enrolled in Early Intervention	71.1%	68.3%	39.3%^	--
Enrolled in Early Intervention by 6 months of age	50.6%	40.2%	39.3%^	55%

^Diagnosis and Early Intervention measures will improve with time, as infants born in the latter part of 2013 have not had as much time to access diagnostic evaluation and Early Intervention services.

Program funding details: EHDI is funded through grants from the CDC and HRSA, with some in-kind staff time through the Title V MCH Block Grant. The CDC grant is focused on the development, maintenance and enhancement of EHDI information system and surveillance programs, with a keen focus on using evaluation for program improvement. The HRSA grant is focused on reducing loss to follow-up at the 1-3-6 milestones.

We submitted our continuation application for a new three-year funding cycle to HRSA in March and expect to hear about our funding status in the summer. Changes to this new HRSA Funding Opportunity Announcement include: a lower funding ceiling (\$250,000/year for 3 years), an expectation of a 5% decrease in loss to follow-up at diagnostic evaluation each year of the grant, and an expectation that states use the knowledge and quality improvement approaches learned during the NICHQ Learning Collaborative to improve our LFU.

We submitted our interim progress report for BY3 and our proposed budget and work plan for BY4 to the CDC in April. We expect for our CDC grant to be flat funded for the remainder of our 5 year grant cycle. A request for additional funding to offset the HRSA reduction was denied.

As a result of the reduction in the HRSA budget and our growing program expenses, the EHDI program is projected to have a slight budget shortfall next year.

All progress reports and any continuation application documents are available upon request.

Advisory Committee membership: April is the last meeting for our 2012-2014 Committee membership. At our first meeting of the new committee membership in June/July, we will revisit the meeting dates and times for the upcoming term, as well as the process to elect a new Chair and Vice-Chair. Bylaws state that the Chair may serve up to two consecutive two-year terms.

EHDI Information System Updates: The document upload feature in EHDI-IS is ready for use! This feature allows audiologists to upload their evaluation reports into the EHDI-IS for ease of communication and referral to Early Intervention Programs. To date, four audiological evaluations have been loaded into our system by an audiologist for sharing with Early Intervention. A satisfaction survey shows that there is increased confidence that audiological evaluations are being received by the intended recipient and are more secure (over sending by fax). In addition, it is thought that this feature will make it simpler and faster for Early Intervention staff to obtain the information needed to assess eligibility.

Meuy has been busy creating additional quality assurance reports for our team to help us monitor the quality of our data and perform our work more efficiently. There are a number of reports available for use in the EHDI-IS by both program staff and partners. For additional information or to suggest a QA report, contact Meuy at meuy.f.swafford@state.or.us.

EHDI Newsletter: Julie published the Winter/Spring 2014 issue of the EHDI Newsletter in February. If you haven't had an opportunity to review it, you can find archived issues on our website at <http://healthoregon.org/ehdi>, under the "EHDI Data, Reports and Newsletters" tab. She is starting to collect content ideas for a Summer/Fall 2014 issue - please send your suggestions to: julie.a.hass@state.or.us.

EHDI Website: Our website has changed! Please go take a look! We have reorganized the information on our website and added new content and features, such as a new "Legislation and Policy" page, added recordings of webinar trainings and a "Concerns and Feedback" form.

Partner Training and Professional Development:

Hospital Screening Partners: As of April 2014, all of our screening hospitals, with the exception of four in Eastern Oregon, have participated in training or received a site visit. Most recently, Shelby visited Sacred Heart at RiverBend and Samaritan Lebanon Hospitals in April 2014. We will complete the site visits to our Eastern partners, as well as additional hospitals identified for special focus in 2014.

Public Health Nurses and Other Screening and Follow-up Partners: As a result of our participation in the MANA conference, EHDI was invited to present a similar panel at the Naturopathic Midwives Conference in April 2014.

Shelby has been offering a monthly free screening clinic at Portland State University since January 23rd, 2014. Families of infants born three months prior to the clinic date with (a) no documented screening or (b) still requiring follow-up are sent flyers about the clinic with information about how to schedule an appointment. A number of infants have been screened, including some for whom it took repeated contacts to motivate scheduling an appointment. Unassigned EHDI loaner equipment are being used to support this monthly clinic.

Pediatricians and Other Medical Providers: As part of our ongoing effort to reduce our loss to follow-up and communicate needed hearing screening and diagnosis information to primary care providers, we sent follow-up letters and requests for information on behalf of 1865 infants in mid-March. To date, we have received 137 new screening results and 43 new diagnostic evaluation results. We continue to receive reams of faxed information from providers and will continue to update the results of this effort in future reports.

In addition, Shelby sends letters with the screening results and flyers with information about screening resources to the primary care provider and/or midwife of each child tested through the PSU free screening clinic. To date, she has reached approximately 15 providers with this outreach.

Partner Performance Reports:

Hospital Screening: We have been providing quality assurance reports for hospital newborn hearing screening program staff through a secure online web portal since October 2010. These reports are available on-demand, and the user may select the date range of interest. Available reports include both aggregated summary data for each hospital's births, with summary indicators for diagnostic evaluation and EI enrollment, when data is available, as well as a child-by-child line report of each case with respective hearing screening outcomes. The intent is that hospital hearing screening staff will use the reports to monitor their status on a weekly basis, as well as use the indicators to identify areas for improvement to meet the national goals for screening, screening by 1 month of age, and maintaining a low refer rate.

In addition to these on-demand reports, we sent updated Hospital Performance Report Cards in January to all of our screening hospitals and out of hospital screening partners. Highlights from 2013 include:

100% screening rate: Good Shepherd Medical Center, Growing Family Birth Center, Harney District Hospital, Kaiser West, Mountain View Hospital, Providence Newberg, Providence Seaside, Santiam Memorial, St Charles Redmond, Tillamook County General, Tuality Community Hospital, Willamette Valley Medical Center + 24 additional hospitals screening at 99%+!!

Loaner equipment update: Since the January update, Oregon EHDI has placed OAE screening equipment at PeaceHealth Nurse Midwifery Birth Center (approximately 140 births/year). Staff nurses will provide

screenings at a two-week postpartum follow-up visit at their center. They will be added to our OOH screening site list after they have a month of experience to work out any kinks and identify a feasible scheduling process for community members. They will refer the babies who do not pass to pediatric audiology facilities in Eugene, but may offer a re-screen within the first month of life (depending on their refer rate).

Audiology Data Audits: We have expanded our monthly data audits to include additional audiologists. Currently, the following providers/facilities are participating: Legacy Audiology, Central Oregon ENT, Willamette ESD, PeaceHealth Hilyard, MidValley Hearing, Eugene Hearing and Speech, Providence Audiology, Oregon ENT in Medford and Audiology Associates in Grants Pass.

Regional and facility-specific lists are generated of children who referred on newborn hearing screening but for whom we have no diagnostic evaluation results. We ask these providers to review lists of children from their facility or region who meet these criteria and identify if they have seen any of the children but neglected to report results.

Early Intervention Reporting: We have requested that all Early Intervention providers indicate EHDI as a referral source and obtain and indicate consent to share data for all referred children as well as those who are being considered for hearing impairment eligibility, regardless of referral source, in the EI data system, ecWeb. These simple steps enable data sharing and reduce the burdensome process of reporting outcomes by phone or fax. Our efforts to build relationships with our EI partners and reiterate the importance of sharing referral outcomes is paying off. In 2011, we received eligibility and enrollment information for 86% of our referrals to Early Intervention. Reporting improved slightly in 2012 to 87%, and is looking to be on track or better for 2013 referrals (currently at 83%, but late 2013 referrals have had less time to be evaluated for eligibility and for data to have been reported to EHDI). Of these results, 67% of eligibility and enrollment reports on our 2013 referrals were received through data matching and import.

The EHDI automated referral process has expanded to include 6 of the 9 Early Intervention Service areas representing 19 of Oregon's 36 counties and approximately 77% of all our referrals. This process allows audiologists to refer children diagnosed with hearing loss directly to the appropriate EI Program through EHDI IS at the time of reporting. EHDI IS documents the referral details and an automated report monitors the receipt of the referral. With three simple steps, EI Program staff can enable data sharing of eligibility and enrollment outcomes from ecWeb: 1) enter EHDI as referral source in ecWeb, 2) obtain and record parent consent in ecWeb, and 3) enter child ID in EHDI-IS. Most recent additions to the pilot include Columbia, Clatsop and Tillamook Counties, part of the NW Regional Service Area.

Our partnership and work with Early Intervention is ongoing: 1) to support EI providers in routinely obtaining consent and indicating EHDI as a referral source in their data system; 2) to support the remaining 3 EI Service Areas not currently participating in the direct audiologist to EI referral process in joining, and 3) to work with

audiologists and EI providers to assure reporting on all children being evaluated for hearing impairment, whether initially referred through EHDl or not.

OTHER PROJECTS:

Phase TWO of EHDl Information Exchange with Hospitals for Screening Data: Oregon EHDl successfully completed our participation in the Clinical Document Architecture (CDA) pilot project with the CDC to demonstrate electronic data exchange between clinical Electronic Health Record (EHR) Systems and public health EHDl information systems using Health Level Seven (HL7) standards. Our team demonstrated the feasibility of receiving a well-formed, valid CDA Newborn Hearing Screening Outcome Report and parsing the data into our EHDl-IS. The other pilot state, North Dakota, demonstrated sending a newborn's demographic and hearing screening results to the ND EHDl-IS where an Early Hearing Care Plan CDA document was created and sent to a nurse provider who was then able to access and read the report.

The Oregon EHDl team was instrumental in identifying key elements for a readiness assessment for other states to use in determining capacity and resources to participate in projects like this in the future.

Our new BY4 CDC objective 1.4 is to develop and pilot receipt of newborn hearing screening data via HL7 messaging using standardized codes with at least one birth hospital. Initial steps include developing a draft budget and participating in the Public Health Informatics Institute strategic planning activity and assessment. This activity will assess and improve the readiness of our EHDl program to perform electronic information exchange with our clinical partners. The assessment will examine the following aspects of interoperability: workflow, policies, infrastructure and data/standards.

NCHAM Audiologist Practices: Parent Hearing Aid Education & Support Questionnaire: Oregon EHDl is planning to participate in an upcoming NCHAM survey to learn more about audiologists' practices related to parent hearing aid education and support. The information collected will be used to identify training needs. We will provide the names and mailing addresses of pediatric audiologists that provide hearing aid services to families of children birth to 5 years old. We will label and mail the questionnaire to our audiologists, and send several follow-up postcards to encourage participation. NCHAM will provide all mailing materials related to the project and will analyze the results and provide a summary of findings for our state.