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EHDI - PARIS

PARTNERING TO PROVIDE FREE TELE-PRACTICE SERVICES TO FAMILIES

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>> Good morning, everyone!

My name is Rachael Stough and I'm the EHDI coordinator for the Tennessee Department of Health and I'm here the Julie Beeler. Today we're going to talk about partnering we did to provide free tele‑practice services to families. A quick introductions about the presenters. I'm the EHDI Program Director along with Julie, who acts as the Program Liaison. We'd like to extend a special thanks to some people that were very involved in the very aspects of this project, which includes Dr. Yinmei Li, Jacqueline Johnson, Director of Tennessee Special Services Program, Patti Johnstone, associate professor and clinical director of audiology with Kim Yeager, and Emily Noss, and others instrumental in conducting the sessions is all of the faculty that has been involved from speech language pathologists to audiologists and their students.

So as the Program Director, I don't have any relevant financial relationships to disclose. Julie Beeler is employed as a Program Liaison for the University of Tennessee Department of Audiology and Speech Pathology and also employed as the Region IV Network adviser for NCHAM. So she has no other relevant financial relationships to disclose.

I want to share as an EHDI coordinator, how did we use the tele‑audiology funding within the state? So I collaborated with our title V children and youth special needs program called CSS in Tennessee. The University of Tennessee health science department is approved vendor for the tele‑audiology delegated authority within Children Special Services, so they have a budgeted line item for audiology. So because that was already established within our Children Special Services I was able to use my tele‑audiology funds as a means for allocating the funding within the state. So that was very difficult and took some time to manage, and so I thought it was really important that states understood the method in which these fundings were used. So the amount of the funding at this time to initiate services, and the number of families who would have access to the services depended on what vendor I used.

So a little bit about some benchmark data for Tennessee. This is based on 2017 births. We have over 86,000 births in our state. Of those, 85,000 are screened, which puts us at 98.7%, a little over 4300 were referred for diagnostics. 164 were identified with hearing loss. And of those, 75 received early intervention services. These definitions are based on CDC requirements, meaning they had IFSP date enrolled in early intervention.

So on the left side of the screen you're going to see diagnostic follow‑up. This is if any diagnostic follow‑up was done for the family. So 82% of the babies diagnosed had follow‑up and 61% were enrolled in early intervention. So the question is, did that meet my benchmark for the state?

For one‑month benchmark, we were 98.4%. Receiving diagnostics we were 92.3%. And then for early intervention we had 72.7%.

So for a project timeline in 2016, HRSA included a one‑time funding for tele‑audiology. And so we thought it would be great to have some free tele‑audiology services for Tennessee families that focused on some parent‑centered coaching and training for parents, new amplified children. And so in 2017, I had come on board previous months beforehand and we received some significant budget cuts from HRSA, and so then in 2018‑2019 is really when I was able to start intentionally partnering with UT Department of Audiology and speech. I'm going to let Julie take it from here and talk about what happened.

>> JULIE BEELER: Let me put my time piece here so I don't run over.

So, we're hoping today that if you came to this session, one of your takeaways and your objectives would be met by learning more about how you might be able to implement something similar in this state. So why did we choose this type of a tele‑audiology project? And as Rachael went over just a minute, the 1/3/6 benchmarks oftentimes, the one and the three are met by tele‑audiology projects that are screening based or diagnostic based.

This one is a little different. So we utilized this money as Rachael mentioned before, because we know that there are miles to go before we sleep in terms of improving the quality of the eyepiece, okay?

So once we enrolled, we know that child is enrolled in early intervention, we met a part of the I piece, right? But also amplification if the family chooses it. We know oftentimes because we work closely with our family support programs that they're reporting back that there's this gap sometimes between an amplification fitting or the recommendation for amplification, and when they're going to see their audiologist again. There are a lot of burning questions during that time, but we know also that timely follow‑up is absolutely imperative, but we know that families are really busy. We know they have limited resources. And we know some don't live very close to their pediatric audiologist. So getting those services sometimes in a real timely manner, getting them tomorrow, always doesn't happen. Even when parents have questions or concerns. And so we are trying to bridge that gap. We're trying to fill that hole. When parents have those burning questions or need consultation, that's what the crux of the project was about.

We know that the intervention piece itself doesn't always happen immediately after an amplification fitting occurs. So they don't always happen simultaneously and, again, there's questions parents may have about early listening that we could go ahead and field those questions and do some consultations. And so we included this one quote. And I think it just expresses why we felt so motivated and we were impressed upon to do this project this way. It says "I had so many questions once we started this journey with hearing aids and I really wasn't scheduled to see another professional again for several weeks."

These are actual words from a family that participated in the project. Okay?

So, who can participate in our project? We have family members of children, birth to three, with confirmed hearing loss. They can be newly amplified or soon‑to‑be amplified kids, and they also must live in Tennessee, of course, because funding was filtered through the Tennessee EHDI program, and they can be from any region. We ourselves at the University of Tennessee are located in Knoxville, but these services are delivered via video conferencing. They're tele‑services, and so we can serve anyone from across the state.

And so what do the services kind of look like again? They're coaching. Education. Consultation services related to a recent fitting of amplification or soon‑to‑occur fitting. So those type services were more audiology oriented, more amp oriented. It could have been amplification related to hearing aids, cochlear implants, a Baha soft band, whatever it might be. But the sessions could also take a different flavor. They could be coaching or education, consultation related to the development of early listening skills, okay?

So we're giving families some early information about things that they could be doing in their home with their child who is soon‑to‑be amplified or is already amplified. Here are some of the resources that we used. I don't have too much time to go into them, but we want a consistency across our providers. We wanted consistency across our students that were involved in this. So we created basically a big folder of resources that they would all be using, so that families were receiving the same type resources and being asked similar questions.

So who is it that conducts these services? Well, at UT and the audiology clinic we have three pediatric audiologists. We have five speech pathologists who specialize in just serving kids who are deaf and hard of hearing. We also involved our graduate students. These were not newbie graduate students, okay? These are more of our advanced Au.D. and SLP students who have completed pediatric audiology courses and already a practicum or two in pediatric audiology, and also for the speech pathology students, aural habilitation concentration type practicum experiences. So these students that were involved were taking it kind of to the next level in terms of supporting and counseling families.

So, how do we identify families who could participate? Because we really wanted to be able to get this information out about these free services to families across our entire state.

And so Rachael crafted a beautiful letter that was an endorsement of the project by the EHDI program, and we sent it out to an abundance of stakeholders. We have lots of listservs that include audiologists, speech pathologists, EI, statewide. So we also sent out promotional flyers to those same stakeholders. We did a statewide webinar. We've had a little bit of a slow uptake in terms of interest in this, and so we thought, well, why not do a webinar? And so Rachael and I did that to get out the information on what these services are about and how people might access them.

And then just to let you guys know, when a parent called to schedule a session, I myself at UT, I made sure that I confirmed, could they actually participate. So did they have the right technology, be it a laptop or some type of tablet, their own personal computer so it was equipped in the right way so that they could participate, and I also asked the magic question about connectivity. Because we do have some rural areas in the state, and they can be 20 minutes from what we consider our more metropolitan areas, and they don't have a consist sent cell service or they have spotty Internet. So we made sure that the parents could participate who called in and referred to us.

I'm going to hand the floor over to Rachael that talk about this concept of a "warm transfer."

>> RACHAEL STOUGH: Thanks, Julie. So as a parent of two children that have sensorineural hearing loss, profound, I understand that families, when they're going through this journey of early diagnostics to early intervention, we rely heavily on our audiologists for that medical expertise.

What I don't know if you're aware of or not, these families are going through this physical and emotional journey. We have highs and lows. And we are ‑‑ there is an element of trust that parents develop with you the more time that they spend with you.

So that is an emotional component. And so when we've looked at these services and why families might or might not be using this service, I talked with Julie on the phone one day and said, you know, I really think we need to go back to trust and comfort and what are these parents feeling when they have a really close relationship with a provider and then you're telling them about another provider. So a warm transfer has been used in some other sessions and entitled a therapeutic alliance, but it's the relationship you have with parents and then when you're sharing information about what are some additional supports that could help them until they see you again, providing additional information. Like you could call Julie in our state, who can answer some burning questions you have until we meet again. Julie is not replacing me as an audiologist. She's just going to be there available for you more often than me because I'm in the clinic all the time in case you have some questions.

And for me, when I was a parent and I was home with my baby and my new hearing aids and I'm trying to get them in, okay, I understood the message that I'm responsible for making sure I have that language rich environment and she always has access to hearing, and the only way to do that was by getting that little hearing aid in her lobe, and the parents are stressed out because I can't get it in there. If I could have picked up the phone and called somebody that said, oh, Rachael, if you tug that earlobe down and wiggle and put more wax in there, you'll get it in. That's providing emotional support for the family, relieving stress on a daily basis, and it lets the parents feel they have some additional support, but it really requires that audiologist to say, "This is okay. I am still here. They're not replacing me, but this is an additional support for you."

So giving them the name, calling the family, let's call together and try this out together, that is extending that trust and that therapeutic alliance towards another provider, and is a necessary component to ensure that families are compliant with some of these follow‑up appointments.

>> JULIE BEELER: How is it we facilitate these tele‑health services? They were realtime sessions. We use Zoom as our platform. We have a way to make it HIPAA friendly where we share a password in advance. It's a password that the family and provider only knows. That allows them to sign in that session in a confidential manner, a secure manner. They're usually one hour in length, our sessions are, but some can go longer if needed and some have been quite shorter. We had a couple of dads who have participated and they come in with their list of questions on their lunch break. They get their three or four questions answered and they're done. And it's 45 minutes into it or 30 minutes into it.

We do have the opportunity to incorporate sign language interpreters or foreign language interpreters if need be.

So when jumped kind of into this as a program on the UT side, we talked a little bit about clinical protocols, and we think about this quote included here, and basically we're using protocols that are absolutely positively as close to those that we use during face‑to‑face interactions. We're really not doing much that is different.

And so the sessions that related to amplification fittings, they were very much structured like an in‑person amplification follow‑up appointment. They looked a lot like it and sounded like it. If you were walking outside the door, as I often did when those sessions were taking place, I couldn't tell if they were doing them via tele‑health or if the person was actually in there.

And if they were sessions on the flip side of it that were more related to development of early listening skills, it's the same thing. They were very much in line with those early kind of in‑person aural habilitation appointments that take place between the SLP and the family during those earliest of days, during therapy.

And so the parents got to choose. They got to choose which type of a session they wanted to participate in first. There were some parents where both happen during that hour to hour and a half. Because we were able to access both faculty sides of the discipline, so we had audiologists and speech pathologists in there that were working with the family jointly together.

So we had to decide how many times. Because we had a budget that we had to work within. And so during the short period that we were able to do it, we are actually continuing those right now. We're in our next period of being able to deliver those services, but we offer this to family three times. They can do three sessions. And we knew that probably more families would desire more than one session. But we couldn't do an unlimited number of sessions, so we just paired it down to three.

And we did have several that decided to go ahead and select three sessions. So we paid really close attention because we're trying to teach best practice approaches to our students about documentation. We have an office visit record that is called a tele‑visit record. It's a one‑page report that summarizes the actual delivery of the services. And what we do is we give that to the family members, so that the family member can then share that with their community‑based provider who can know what questions were asked, how were those questions answered, and so what kind of consultative services occurred during that session.

And so in the project itself, we served 22 families. Most are from the East Tennessee region, which is where the University of Tennessee is housed. We did have referrals that came in from early interventionists who were making that warm transfer, that came in from Middle and Northeast Tennessee. We would love to have served more. We plan to. We hope to. But we're trying to figure out some things in terms of what is it that we need to do to attract people to this service.

Just to let you know, we did survey parents at the end of their session to see how they liked it. We got 14 parents out of the 22 that responded. And, look, we asked them only three questions.

Were you happy with the appointment? And everybody said they were extremely happy or moderately happy. We were pleased to see that.

Did you find it easy to connect to your appointment during the set time and date?

We only had one parent that said, no, they had trouble. We ended up doing a phone consultation with that family just because they were having some connectivity issues. The remainder of the families said, sure, it wasn't a problem at all, we were able to connect.

And would you be interested in participating in something like this again? 79% said, yeah, sure, we would love to do it again, and 21%, yeah, probably, we might do that again. Nobody said "no." We were really glad to hear that.

So here are some of the comments. I don't need to go into them in depth. We don't have a lot of time to do that, but they're positive comments that we got. It was a great opportunity to learn. It was super convenient. It helps when my next in‑person appointment is far away time‑wise.

We were really glad to hear some of that. We got some constructive feedback to make sure we gave text messages the day before to remind people about their appointments, that was very helpful for us.

Okay. So lessons learned. We've learned a lot. We have learned that families love these type of appointments because of the convenience. Somebody mentioned that in their commentary.

We had several mamas that did these appointments while their babies slept in the back seat, okay?

So the mom plugged into us after she had run to the Dollar General store or after she had been to the doctor, okay? The baby was still sleeping in the back. She just plugged in with her phone and put it on the dash and did the appointment.

We had several moms that did that. The students would always come in going... you're not going to believe this! This mom did this appointment while she was sitting in her car!

We had a couple of parents that had fenced‑in back yards and allowed their child to play while they received the consultation outside. So that was one of the pictures I wanted to represent. It's very super convenient.

Dads... we had dads really give great feedback on how much they liked the fact that they could be involved in their child's care and get their burning questions answered. They were always the techy questions, okay? Always. What does this blinking light mean? We got that several times.

And then there's just one of our students doing a session. Let me tell you, this was one of biggest lessons learned, I think. She had actually seen this family in‑house for a face‑to‑face visit. This is a family that is not from the United States. And she said, the demeanor of the mom was completely different during the tele‑session. She was relaxed. She was laughing. She was chatty. She said in the face‑to‑face appointment, she was very reserved, she acted a little anxious and nervous. So she was in her own house doing this in the comfort of her own kind of area, right? And so she was... she was a very different person to engage with. And so she asked a lot of questions. They felt like that the tele‑visit was very fruitful.

What we also found out is this is how this mom connects to her family members who live out of the country on a daily basis.

So this way of accessing services was Uber comfortable for her. She was like really comfortable engaging with people via video conferencing. So we learned that was great.

Yesterday we learned that we might get more interest if we call it something other than a tele‑audiology appointment. Because the feedback that we got is, well, maybe some people are not accessing this service because they think they already have an audiologist.

So we're thinking about moving forward from this point calling it maybe even something like a tele‑Q&A. So maybe people will see this free service as something that might be really meaningful and beneficial to them and they don't kind of link it just to audiology, okay?

So anyway, is there anything else you want to add, Rachael?

>> RACHAEL STOUGH: I think you brought it up beautifully. Really, addresses cultural sensitivity. And when you are able to work with families in their own natural environment, it makes the service more culturally sensitive, and family‑based on what their needs are.

>> JULIE BEELER: And I could do another whole session on the meaningful of this experience for our Au.D. and SLP graduate students. Off the charts. They had never done anything like this before. A few had delivered tele‑intervention, the SLPs, but the audiology students had never done anything like this before. And they just got a new appreciation of counseling off your hip, okay? Because they got a lot of questions they didn't anticipate.

I think we're out of time. So I don't think we have any questions ‑‑ any time for questions. But I will tell you, Rachael and I will both be outside after the session. And we're going to turn over the microphone and learn about tele‑audiology in Alaska. I can't wait!