

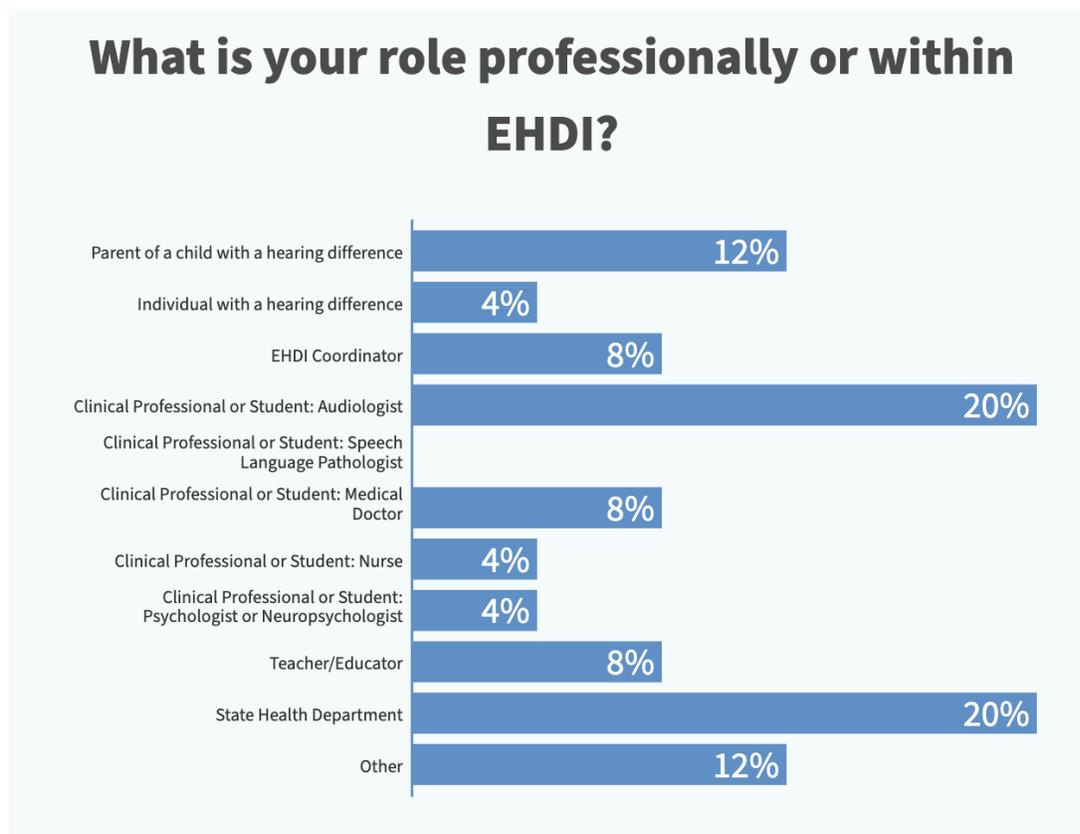
EHDI 2022 Interactive Presentation Responses

Thank you to everybody who attended our presentation! Below are the responses from the interactive Poll Everywhere application as well as responses in the chat from participating audience members. All responses have been copied verbatim as they were entered from participants across the zoom chat and Poll Everywhere Application.

If you would like to share more comments, ideas, or feedback please do not hesitate to reach out. If you would like to be notified when the Open Pediatrics module goes live I would also be happy to add you to an email list – we are hoping this will be in the next few months.

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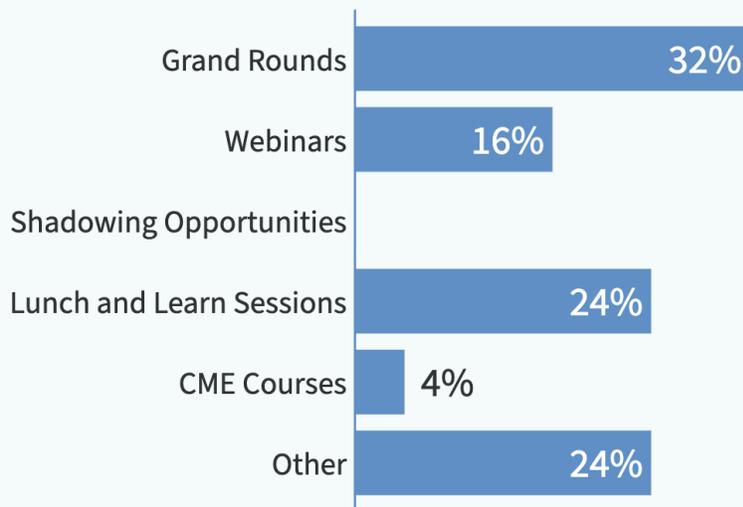
How would you measure the success of your MedEd intervention?

- Increased referrals for evaluations
- Fewer D/HH children starting school language delayed
- Parent report of satisfaction w services and child progress
- EHDI 3 and 6 month milestone improvement
- Increased referrals to EI in states where providers reside
- Overall time to diagnosis or EI enrollment
- LTF rates going down
- Number of providers completing the training

For parents and d/Deaf or hard of hearing individuals, what information has been most helpful that your provider shared with you?

- We always had providers that supported my husband and me, too. That gave us what we needed to support our daughter.
- That it was going to be up to me to constantly educate everyone around me, and that they would forget and I would have to remind them. (and him!)
- Honestly the most helpful information came from other parents rather than providers – I feel like providers often seem afraid to tell me the wrong thing.
- Try it all to see what works. You don't stick to one thing, and can always change.

How are you educating providers in your state?



Powered by  Poll Everywhere

Response for "Other" in the Zoom chat:

- One-on-one phone calls
- Pre-covid, did on site visits direct to PCPs. Appts with ENTs.
- Letters to providers
- Alabama Hands & Voices as supporters of AL EHDI created spreadsheets of all peds that we could find on-line and are having parents call and provide flyers from newborn screen re JCIH 1-3-6. This is slow going so we need something better.
- Nebraska sends out an annual newsletter with topics of interest to educate PCPs about the EHDI process. We have also collaborated with our Chapter Champion and a pediatrician to present information on EHDI to larger pediatric practices.
- Michigan sends letters/packages about every 5 years to all pediatricians with EHDI info. But when a kiddo is diagnosed, a package with resources and next steps is sent directly to the kiddo's PCP.
- For the Pediatric Residency Program that I was involved with as Assoc Program Director and as teacher in the outpatient clinic, we had a group of Parents who agreed to have up to one Pediatric Resident per month during a Developmental Rotation, and the Resident would make a home visit to see how the family made adaptations in their homes and lives to

accommodate and then stimulate optimal development of their child. Each resident spent ~ 2 hours or more in the home to learn what day to day life was for the family, and they have a series of questions to ask to get a little more depth into what the family and child goes through on a day to day basis.

- In KY PCPs get letters when a child does not pass the screen or has a risk factor. They also get a list of the risk factor list we created based off the JCIH 2019 updates. They also receive a statewide listing of all approved testing centers for them to refer their patient to if a f/up has not been scheduled. We have recently added a line where the PCPs can report back to EHDI if a repeat screen or diagnostic testing has been scheduled so EHDI can continue to monitor. PCPs also get a letter when a child on their caseload is diagnosed with PCHL. These letters all recommend next steps for the PCPs.

Other comments/ideas for future projects

- Creating similar project for providers with a more ongoing focus-like working with kids with HL further out from a diagnosis
- Connect with providers through professional licensing boards, practice managers for email addresses
- State EHDI programs across the country could be involved with disseminating this as part of NBHS follow up
- Involve inpatient hearing diagnostics programs
- Involve state chapters of the American Academy of Pediatrics
- Create a module on just ongoing management
- Collaborate with Council on Children with Disabilities (COCWD) of the American Academy of Pediatrics
- If you get CME approval, and set the program up so that providers can use it as a QI Project to improve care for kids in their practice. If it is set up as a module where they learn how to improve outcomes, then first goal would be to recognize hearing loss potential, and improvement goal would be getting them into correct programs or specialists, then they could get MOC Credits also.
- Including a Deaf cultural perspective even for EHDI is essential for the medical field to maintain a neutral approach for parents and families in regards to hearing differences.

- Strongly recommend PCP's offer texting as an option for their clients to communicate. Children with hearing loss become adults with hearing loss.
- How can we leverage the MedEd system to include educating medical professionals about the social model of disability?
- PARENT feedback often indicate they don't get full information about signed modalities, especially in terms of bilingual-bimodal options. How can we encourage medical professionals to present those options?
- Can you create a module with information about language deprivation, emphasizing significance of bonding between parent and child, eye contact, visual language access, gestures and basic sign language for increased bonding particularly for the children who spend time in a NICU.