

Partnering to Provide Free Tele-Practice Services to Families

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Today's Presenters:

Rachael Stough, Program Director, Tennessee EHDI

Julie Beeler, Program Liaison, UTHSC Audiology and Speech Pathology

The presenters would also like to extend a special thanks to the following people involved in various aspects of the project's launch:

Yinmei Li, Epidemiologist, Tennessee Department of Health

Jacqueline Johnson, Director, Tennessee Children's Special Services

Patti Johnstone, Associate Professor and Clinical Director of Audiology, UTHSC

Kelly Yeager, Professor and Audiologist, UTHSC

Emily Noss, Associate Professor and Speech-Language Pathologist, UTHSC

Others who were instrumental in conducting sessions during the project:

UTHSC Faculty – Velvet Buehler (SLP), Jestina Bunch (SLP), Mary Easterday (AuD), Ashley Irick (SLP), Erin Plyler (AuD), and Autumn Sanderson (SLP) as well as various UTHSC AuD students

Today's Presenters:

Rachael Stough is employed as Program Director for the Tennessee Department of Health EHDI Program. Ms. Stough has no other relevant financial or non-financial relationships to disclose.

Julie Beeler is employed as Program Liaison for the University of Tennessee Health Science Center Department of Audiology and Speech Pathology. Ms. Beeler is also employed as the Region IV Network Advisor for the National Centers for Hearing Assessment and Management. Ms. Beeler has no other relevant financial or non-financial relationships to disclose.

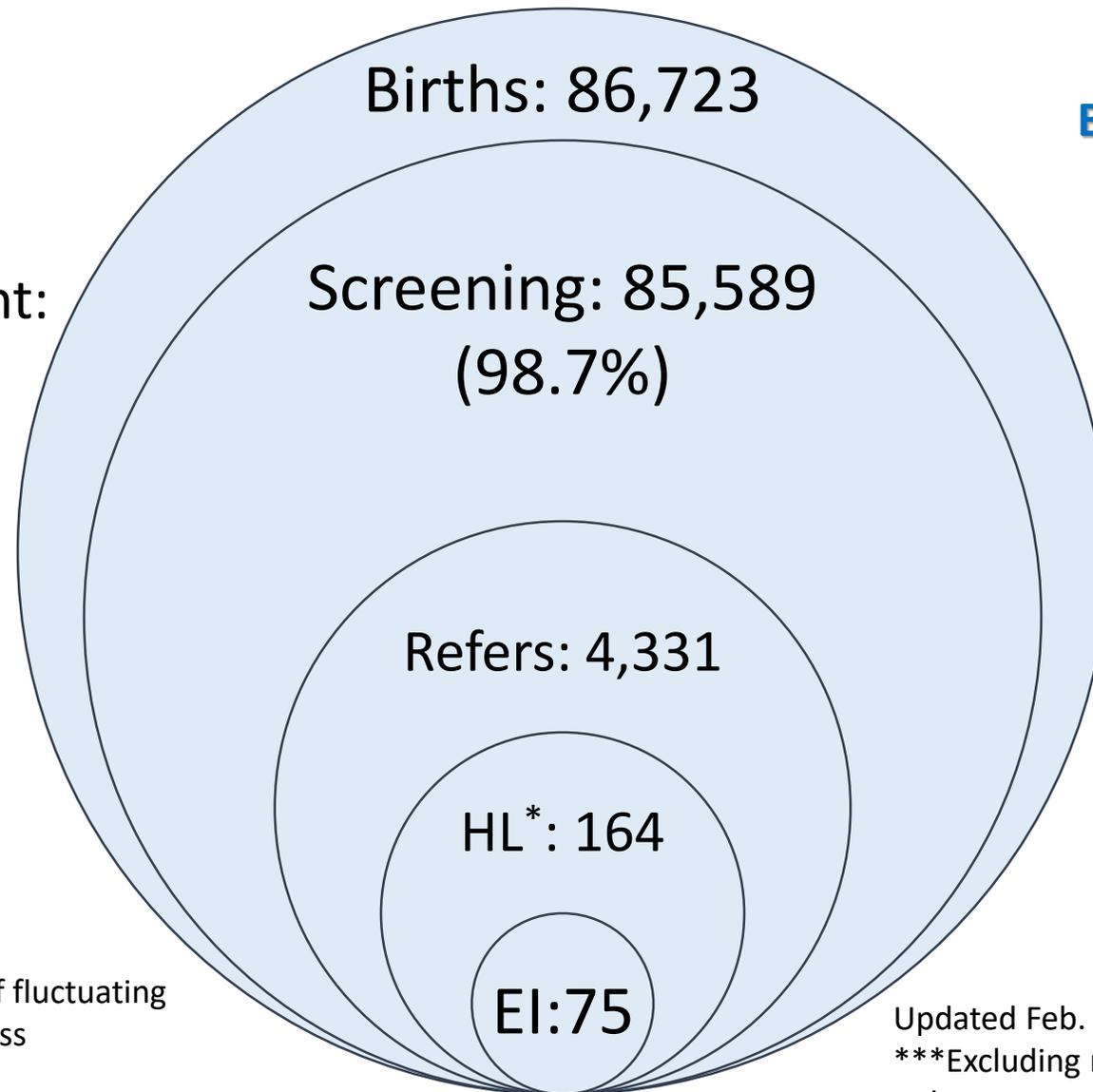
Tele-audiology Funding

- TN EHDI collaborated with Title V Children and Youth with Special Health Care Needs (CYSHCN) program entitled Children Special Services (CSS)
- University of Tennessee Health Science Center Department of Audiology and Speech approved vendor for Delegated Authority
- Budget line item for Audiology Services already established within CYSHCN CSS budget
- Amount of designated funding, time to initiate services, and number of families who would have access to services determined vendor selection

1-3-6 Benchmark Data for Tennessee, 2017 Births

Diag. FU:
81.2%

EI Enrollment:
61.0%**



**EHDI 1-3-6
Benchmarks*****

1 98.4%

3 92.3%

6 72.7%

*Including 40 cases of fluctuating
conductive hearing loss
**Excluding refusals

Updated Feb. 2019
***Excluding records with
unknown age

Project Timeline

2016

Health Resources Services Administration (HRSA) included a call for tele-audiology projects in grant funding to EHDI Programs. Idea: Free tele-audiology services for Tennessee families that focused on parent-centered coaching and training for parents of newly-amplified or soon-to-be-amplified children.

2017

EHDI programs nationally experienced significant budget cuts from HRSA.

2018-2019

Tennessee Department of Health EHDI (TDH EHDI) was awarded HRSA funds for a short-term tele-audiology project; TDH EHDI partnered with UTHSC to implement this program for families statewide for 6 week period (mid Feb – end March, 2018 and October, 2018 – present). Funding will end March 31, 2019.

Why this type of tele-audiology project?

- After a child receives amplification for the first time, timely follow-up services are imperative.
- Busy families, those with limited resources, and those who do not live close to their pediatric audiologist may find it difficult to obtain follow-up services in a timely manner – even when questions or concerns arise.
- Also, time between scheduled pediatric audiology appointments may leave a parent with important unanswered questions for a period of several weeks.
- Early intervention (speech-language therapy, developmental therapy) may not begin as soon as amplification is fit.

“I had so many questions once we started this journey with hearing aids and I wasn’t scheduled to see another professional again for several weeks.”

Who can participate?

- Family members with children, ages birth to 3, with confirmed hearing loss
- Children who are newly-amplified or soon-to-be-amplified
- Must be Tennessee residents; can be from any region

What services are offered?

- Coaching/education/consultation related to a recent amplification fitting or a soon-to-occur fitting
- Coaching/education/consultation related to the development of early listening skills; how to facilitate those skills in everyday routines

All faculty/students are provided with similar resources to use during visits, including:

Med-El Little Ears auditory questionnaire

Jill Bader's Top 10 Strategies for Listening

UTHSC-generated manual of resources to facilitate discussions related to early auditory skill development

UTHSC-generated checklist for amplification follow-up

Who conducts these services?

- UTHSC's Audiology Clinic has three audiologists who see infants and children.
- UTHSC's Child Hearing Services Clinic has five speech-language pathologists who specialize in the development of listening and spoken language skills in children with hearing loss.
- ASP Graduate students involved – all advanced-level students who have completed pediatric audiology and/or aural habilitation rotations.

How have we identified families who could benefit and then participate?

- TDH EHDI sent a *letter endorsing the program* to providers (audiologists, speech-language pathologists, early interventionists, etc.) statewide.
- *Promotional fliers* have been distributed and shared with facilities and agencies who serve birth-3 children with hearing loss.
- TDH EHDI hosted a *statewide webinar* for stakeholders to promote the service.
- When a parent calls to schedule a session, UTHSC confirms family's ability to participate via cell phone, tablet, laptop, or computer equipped with audio/video. We also ask about connectivity.

What is a “warm transfer”? It’s our goal!

- As families begin their journey from early identification to early intervention, they could be experiencing physical and emotional changes for both themselves and their baby. Audiologists provide the medical expertise for children and their families and can work collaboratively with other providers to ensure families are supported.
- In addition to medical expertise, families receive emotional support from audiologists to ensure their child has trusted information from the medical provider and feel comfortable sharing concerns throughout the hearing journey.
- A warm transfer provides additional information during an appointment or phone call to make a family feel comfortable to use additional supports provided in the state.
- Examples: Use Introduction by provider, sharing brochure, emphasizing this service is for additional support only and does not replace the child’s audiologist

How do we facilitate the delivery of services?

- Synchronous (real-time) sessions are conducted via Zoom videoconferencing. Easy for family to connect via a secure password, making the experience HIPAA-friendly.
- Sessions are usually one hour in length, but can go longer if needed. Some have been slightly shorter.
- Sign language or foreign language interpreting can be arranged, if needed.

What clinical protocols do we incorporate?

“Create protocols that are as close as possible to face-to-face interaction. This will instill far greater comfort and confidence in the clinicians—professionals should not feel that they are doing something strange, unusual, or way out of line with their traditional practices”

- Ballachanda, 2017

- Sessions related to an amplification fitting are structured very much like an in-person amplification follow-up appointment.
- Sessions related to the development and incorporation of early listening skills are structured very much like an early, in-person aural habilitation appointment.
- Parents are asked to indicate which type of service they wanted first. Some parents requested both types of services within one session.

How many times can families access these services?

- Based on parent input, the planning team determined that benefit could be maximized if more than one session was offered to families.
- Families may elect to participate in up to three sessions.

What documentation and communication protocols are used?

Documentation

- Tele-visit Record (TVR), which is a one page report that summarizes the session.
- TVR sent to family member.

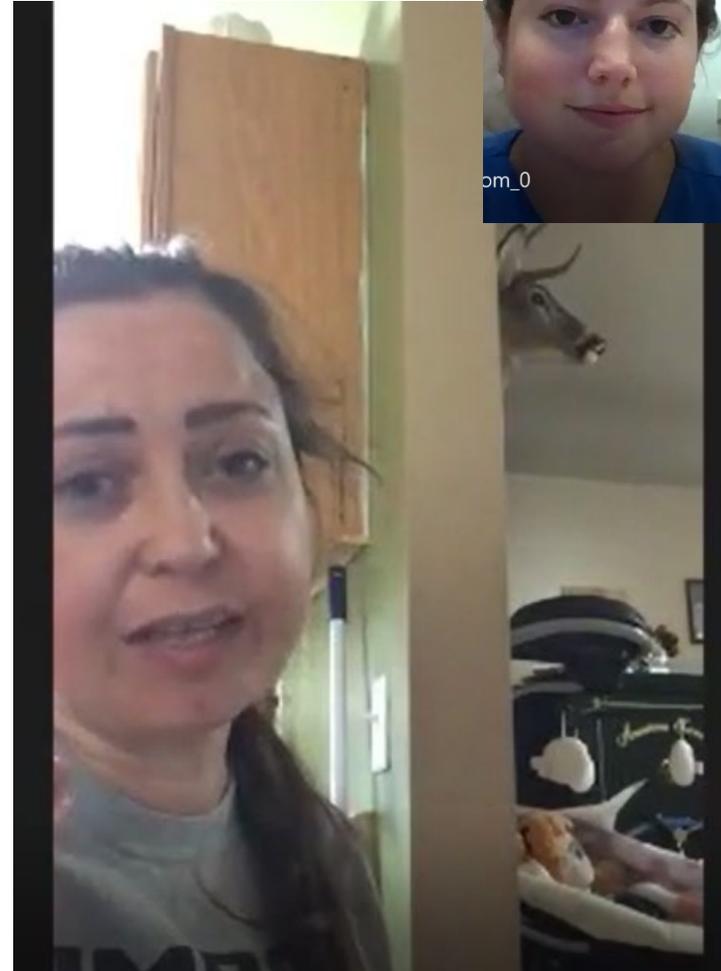
Communication

- Our goal for the project is to provide a service that supplements, not takes the place of, those delivered by the family's pediatric audiologist and interventionist.
- Each family is encouraged to share a copy of the TVR report with their pediatric providers.

Project Outcomes

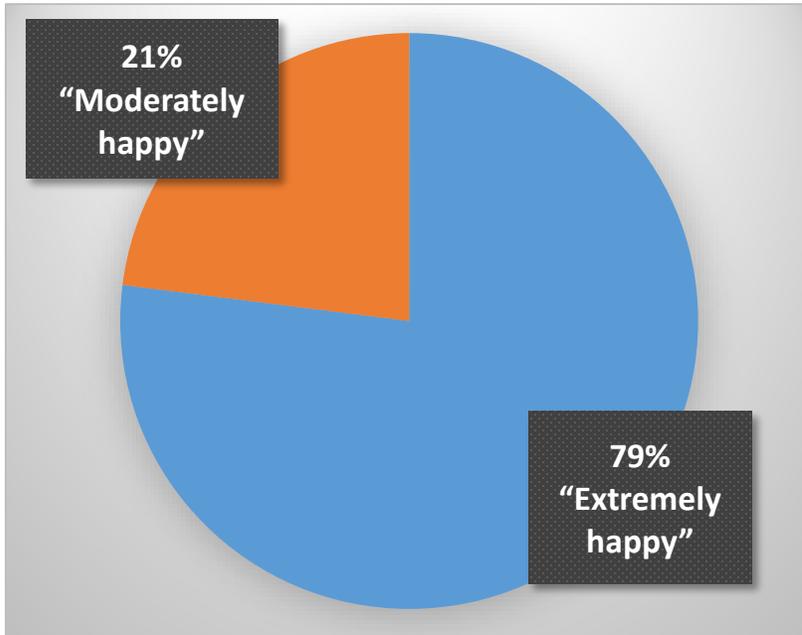
22 families served

- Most families from East Tennessee region
- Some from other regions, including Middle and far Northeast Tennessee (referred from early intervention agencies)
- We would have loved to, and really expected to, served MORE families.



Post-Session Online Parent Survey

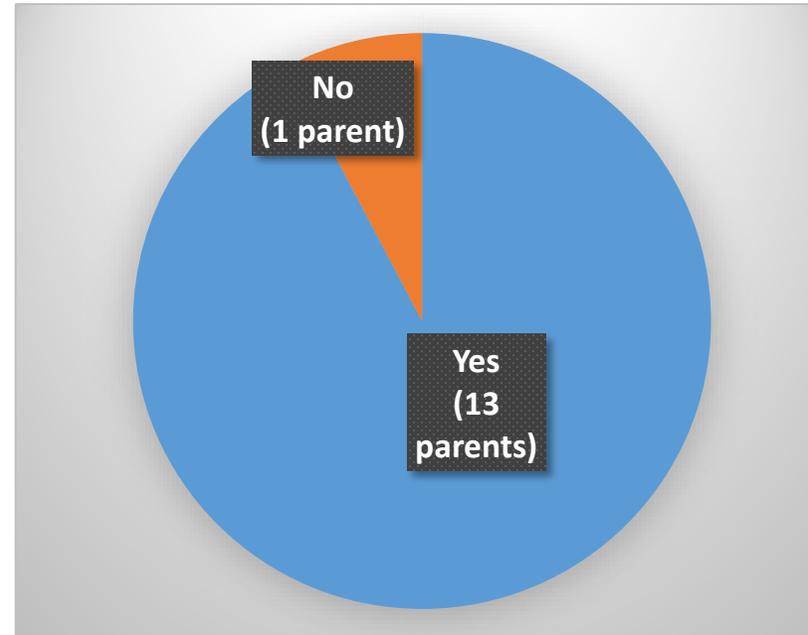
14 respondents



Q1 How happy were you with today's appointment?

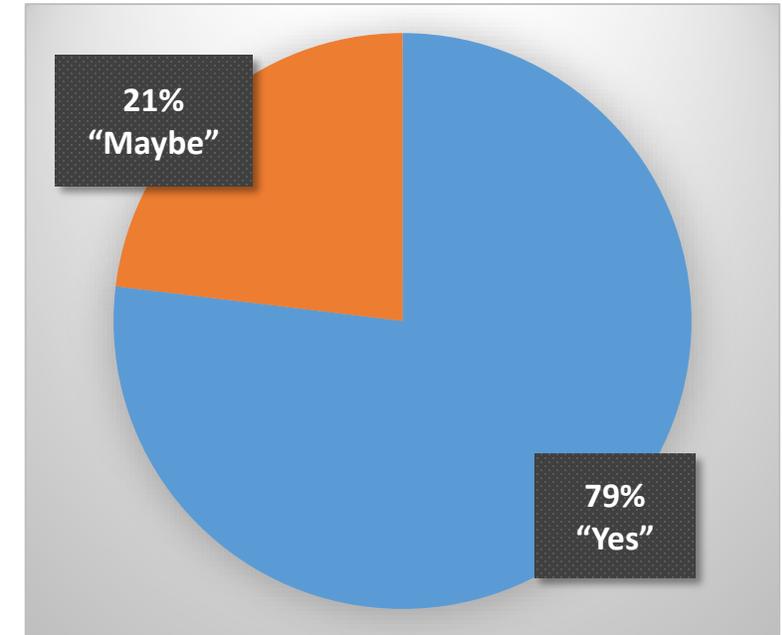
Other question options:

- Slightly happy
- Neither happy or unhappy
- Slightly unhappy
- Moderately unhappy
- Extremely unhappy



Q2 Did you find it easy to connect to your appointment at the set date/time?

"No" parent explained:
"I'm not very technology oriented"



Q3 Would you be interested in participating in other visits like this in the future?

Survey comments

(10/14 families left comments)

- Great opportunity to learn about my daughter's hearing loss.
- Great information and super convenient!
- It's nice to talk to someone who understands what we are going through. And helpful information.
- It helps when I have questions and my next in person appointment is farther away.
- I really appreciate the help and the information giving.
- Great opportunity to further my understanding of my daughter's loss.
- Thank you so much. All the information was very helpful.
- Everything was good on their end it was probably mine that needed work such as connection.
- A text message on the day of the appointment would be a great reminder.
- This was very helpful.

Lessons Learned



Thank you!

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