



Virtual Multidisciplinary Clinic Model for all D/HH Children

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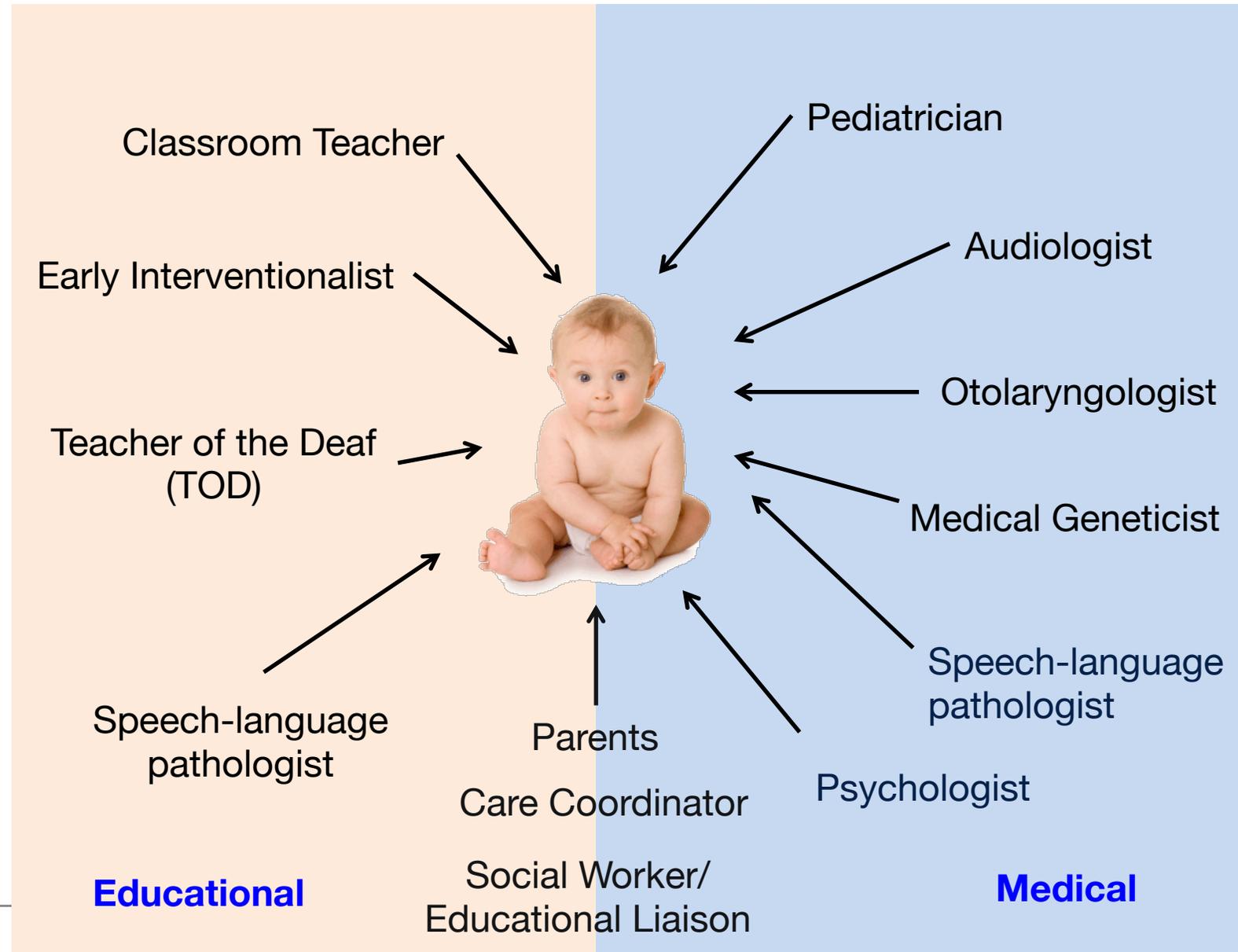
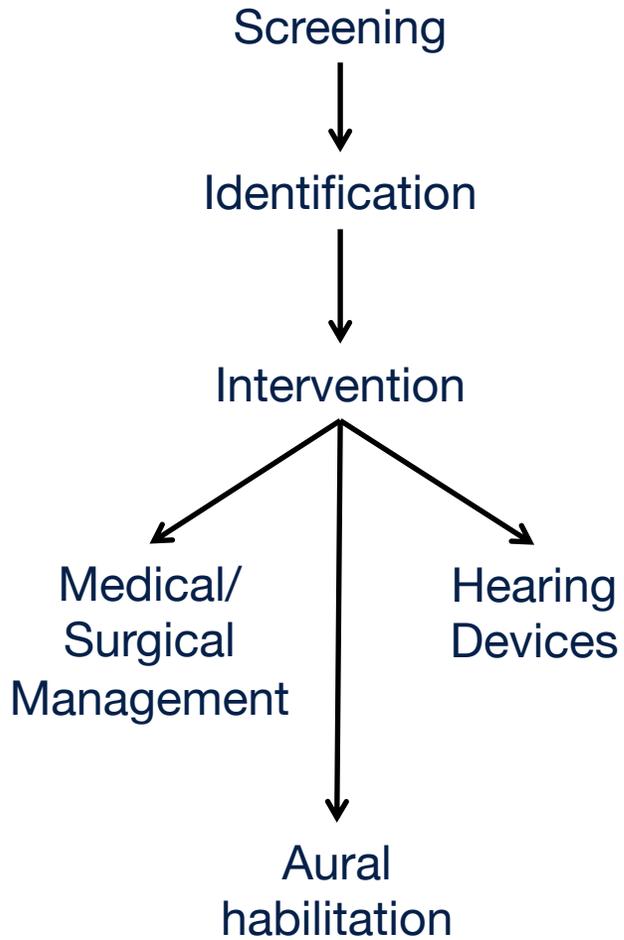
Jihyun Stephans, BS

Pediatric Otolaryngology-Head and Neck
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University of California, San Francisco

We have no relevant disclosures

Deaf and Hard-of-Hearing (D/HH) Care Team



UCSF Children's Communication Center

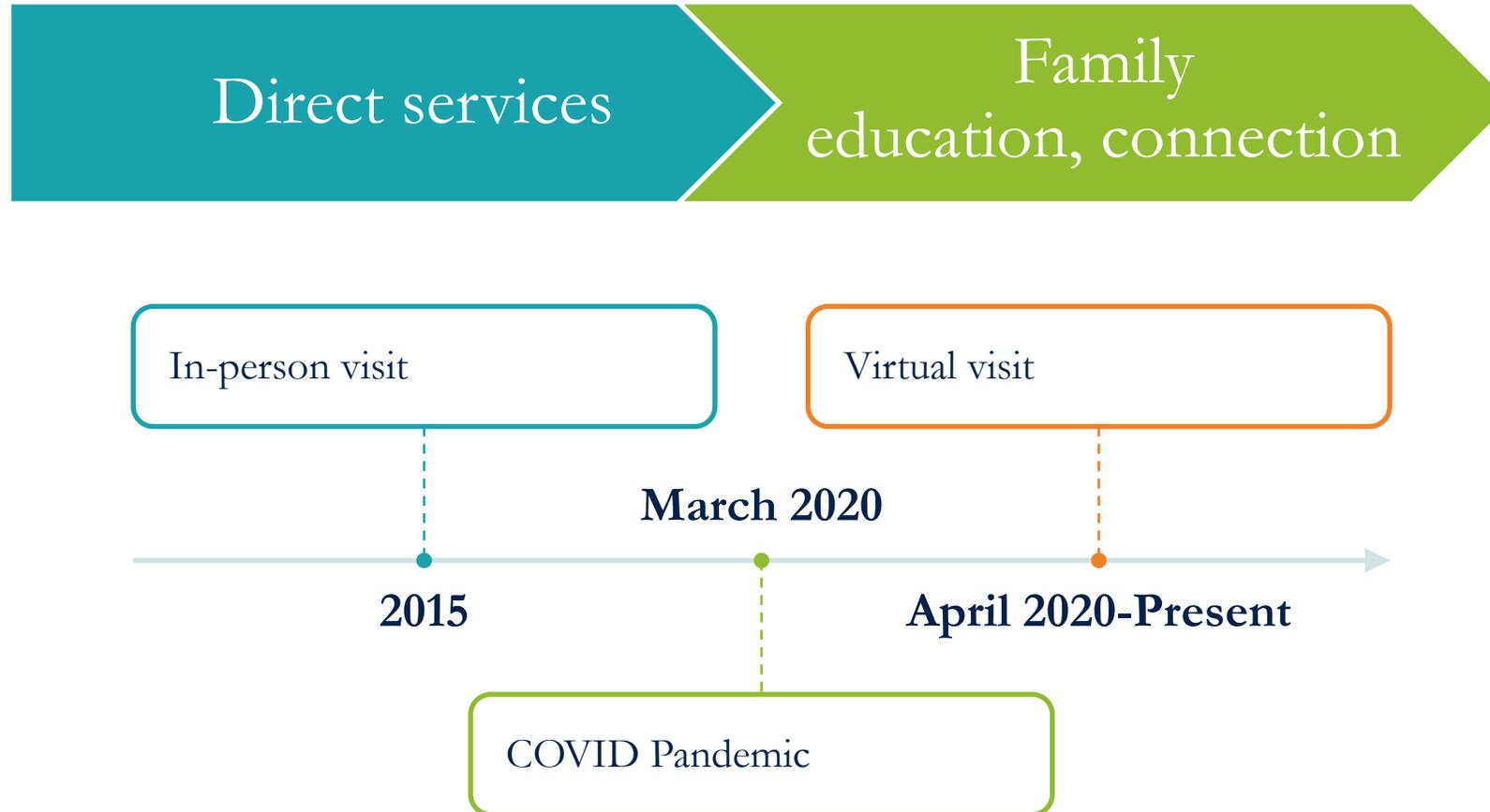


Multidisciplinary Hearing and
Communication Clinic (HCC)

D/HH Case Conferences

Outreach, Education, and Support
Activities

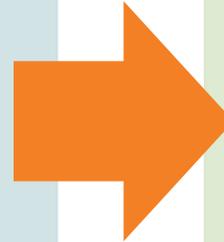
Evolution



Evolution

Direct services

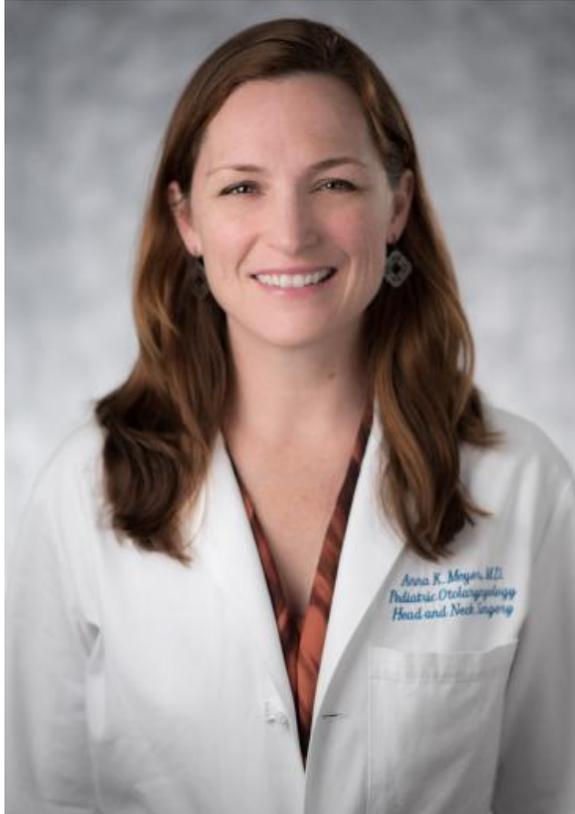
- **Hearing tests**
- **Speech-language screenings**
- Family and patient education
- Support school services
- Social and emotional support



Education and connection

- **Family and patient education**
- **Social and emotional support**
- **Connecting with outside providers**
- Speech-language screenings
- Subjective outcome measures

Provider Roles **Otolaryngology (OHNS)**



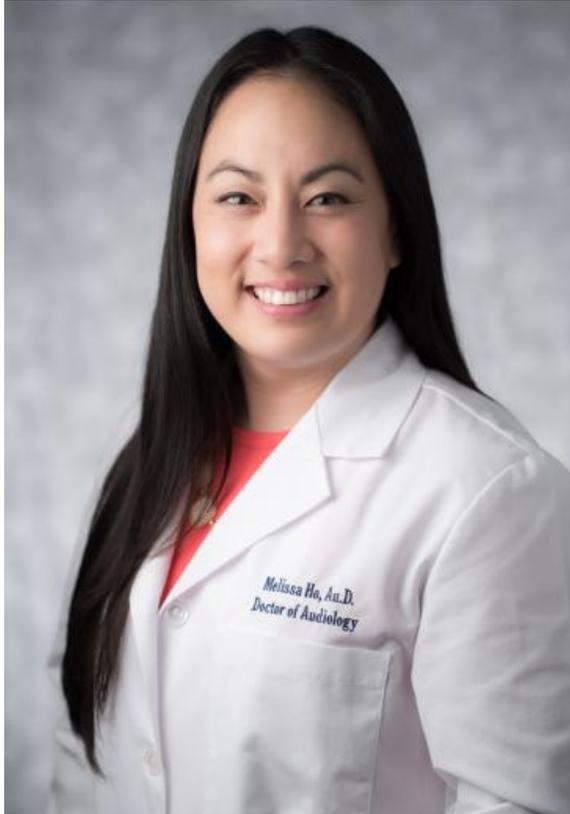
Name: Anna Meyer, MD

Role: Pediatric Otolaryngologist

As the medical provider during virtual HCC, I:

- Gather comprehensive history
- Identify etiology of hearing loss
- Educate about medical and surgical interventions
- Engage in shared-decision making with families
- Coordinate interventions
- Reinforce other providers' input

Provider Roles **Audiology**



Name: Melissa Ho, AuD

Role: Pediatric Audiologist

As an audiologist during virtual HCC, I:

- Review hearing levels and impact on communication goals
- Develop amplification and monitoring plan
- Lead closing meetings (e.g. prior to CI)
- Track auditory milestones and outcomes
- Optimize device intervention with outside providers

Provider Roles **Speech-Language Pathologist**



Name: Chiara Scarpelli, MS, CCC-SLP
Kayla Kolhede, MS, CCC-SLP, LSLS Cert. AVT

Role: Pediatric Speech-Language Pathologist (SLP)

As an SLP during virtual HCC, we:

- Review relationship of hearing to speech and language skills, and provide consultative support to families
- Complete speech, language, and listening screenings
- Track skills and provide therapy services
- Review speech-language evaluations and services provided by outside providers to inform clinical team and to liaise with educational team to collaborate and coordinate patient care

Provider Roles **Social Worker**



Name: Silvia Bellfort-Salinas, LCSW

Role: Social Worker

As a social worker on the Pediatric D/HH team, I:

- Provide information and counseling about education services and social-emotional support for deaf and hard-of-hearing children and their families
- Organize and conduct parent education sessions and child social groups

Provider Roles **Program Coordinator**



Name: Jihyun (Jenny) Stephans, BS

Role: Program Coordinator

As a care coordinator on the Pediatric D/HH team, I:

- Serve as the primary point of contact for all families in the pediatric deaf and hard-of-hearing program and administrative, clinical and outreach support
- Coordinate outside records and communication with collaborators outside UCSF
- Manage and support clinical research efforts connected with the multidisciplinary Hearing and Communication Clinic

Key Timepoints

Minimum Checkpoints

- New identification of hearing loss
- IFSP to IEP transition
- Preschool to kindergarten
- Mid-Elementary school
- Elementary to middle school
- Middle to high school
- High school to next steps



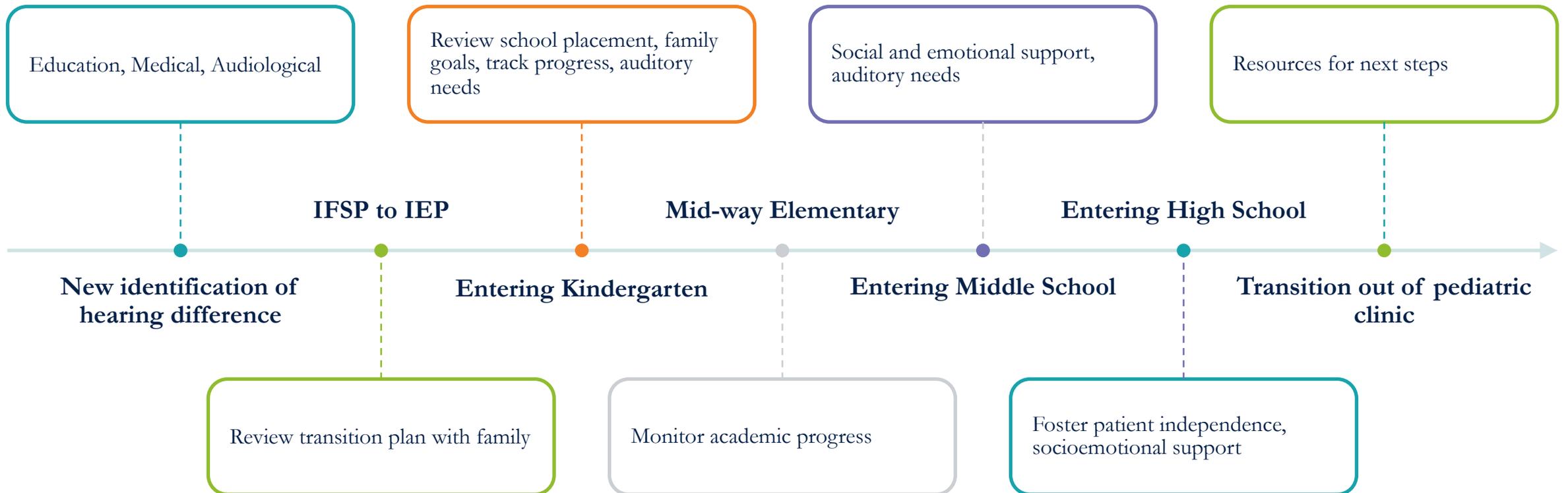
Other Checkpoints

- Post-amplification or implant follow-up
- Change in amplification plan or mode of communication
- Change in supports
- Closing meetings
- As requested by family or team



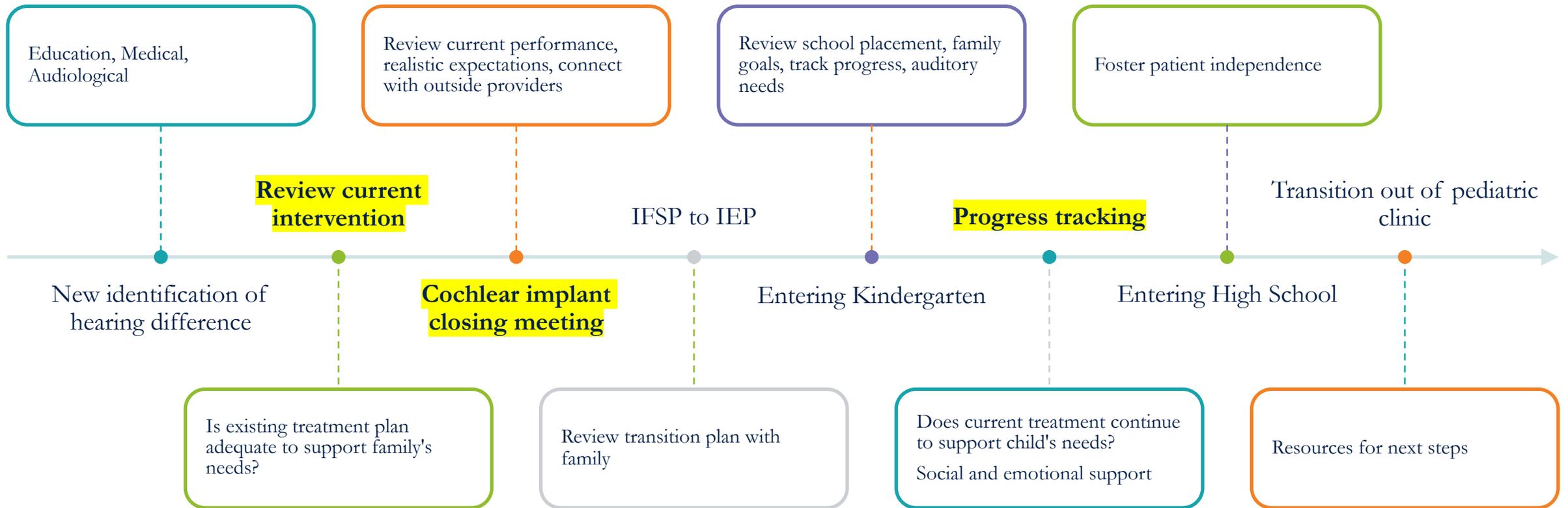
Key Timepoints

D/HH Journey (example)



Key Timepoints

D/HH Journey (example)



Virtual Hearing and Communication Clinic (HCC)

Providers

Team meeting – 30 min prior to first visits

- Create provider-based priorities

Visits – 4 patients within one 90 min slot (2 time slots, total 8 patients)

- Gather patient-family priorities
- Providers rotate to each family breakout room
- Coordinate updates on shared document

Team meeting – 1 hour after visits complete

- Create action plans
- Generate education letter for family

Virtual Hearing and Communication Clinic (HCC)

Patients

Login to Zoom visit

- HCC coordinator places in Zoom Breakout Room

Providers enter Breakout Room

- Discuss family and provider priorities
- Outside providers in meeting room to discuss updates and facilitate care plan

Conclude

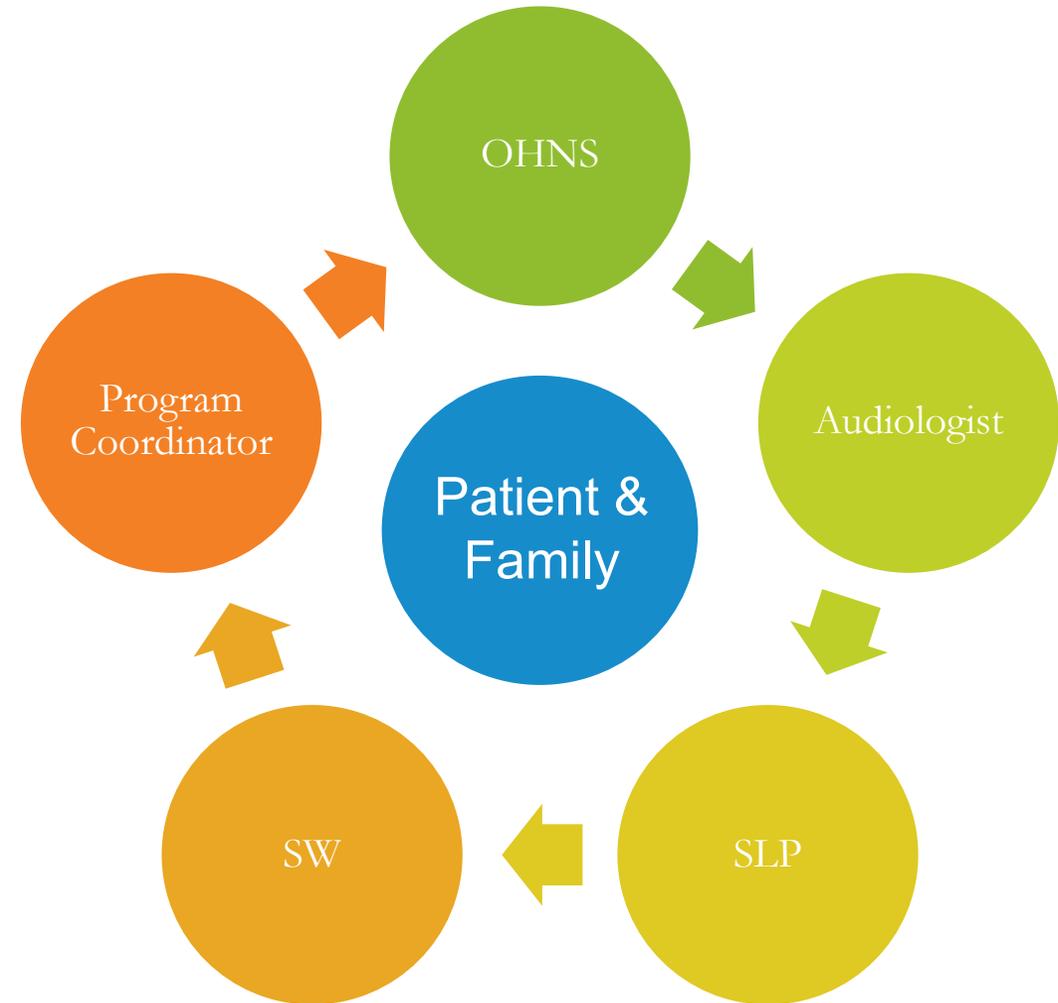
- Schedule follow-up visits
- Work with HCC to complete paperwork
- Introduce clinic programs and research studies

Zoom Rooms

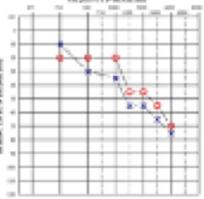
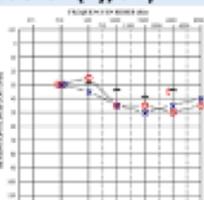
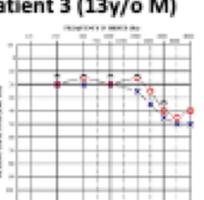
Breakout Rooms - In Progress

- 8AM Patient 1 (1 person) [Join](#)
- 8AM Patient 2 - Cantonese (3 people) [Join](#)
- 8AM Patient 3 (2 people) [Join](#)
- 10AM Patient 4 - ASL (2 people) [Join](#)
- 10AM Patient 5 - Spanish (0 people) [Join](#)
- 10AM Patient 6 (1 person) [Join](#)
- EXTRA ROOM (2 people) [Join](#)
- To Teacher of the Deaf [Move To](#)
- UA UCSF Audiologist [Move To](#)
- PROVIDERS ONLY (5 people) [Join](#)
- JS Jenny Stephans [Move To](#)
- SB Silvia Bellfort-Salinas [Move To](#)
- CS Chiara Scarpelli [Move To](#)
- KK Kayla Kolhede (she/her) [Move To](#)
- MH Melissa Ho [Move To](#)

[Broadcast Message to All](#) [Close All Rooms](#)



Shared document "whiteboard"

PATIENT	ENT	AUD	SLP	SW	FAM CONCERNS	NOTES
Patient 1 (4y/o M)  Bilateral <u>moderately-severe</u> SNHL	DONE Review GeneDx hearing loss gene panel and Exome (both negative) -brain MRI	IN Recently lost hearing aids	DONE s/l screener	DONE Check in (school transition)	Lack of school support	-Audiology follow-up
Patient 2 (7y/o F)  Bilateral mild to moderate SNHL	IN Imaging negative	DONE Check-in	DONE Speech delay concerns -did not pass screener. Evaluation recommended.	IEP support (recent IEP scanned)	Would like to advocate for more speech support through school	-comprehensive speech-language evaluation. possible weekly teletherapy.
Patient 3 (13y/o M)  Bilateral slight sloping to mild to moderate SNHL; GJB2+	DONE Review CMV results (negative)	Pt declining amplification	DONE Passed screener. No concerns.	IN Emotional support	Resistant to amplification	-ENT in-person follow up in 3 months

Relationship-Centered Communication

First provider

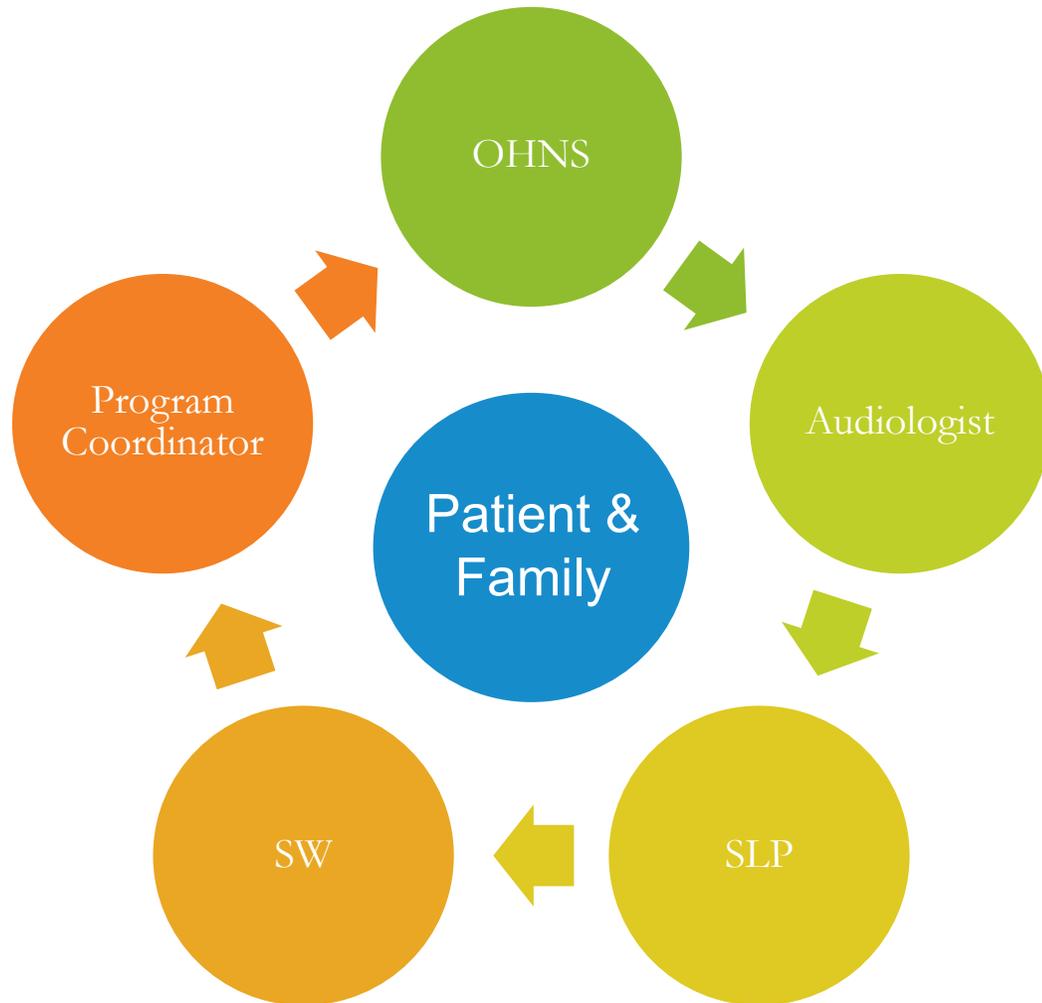
- Establishing rapport
- Eliciting list of concerns from family
- Assign the agenda to providers

All providers

- Open-ended inquiry
- Empathy
- Attend to grief
- Shared-decision making

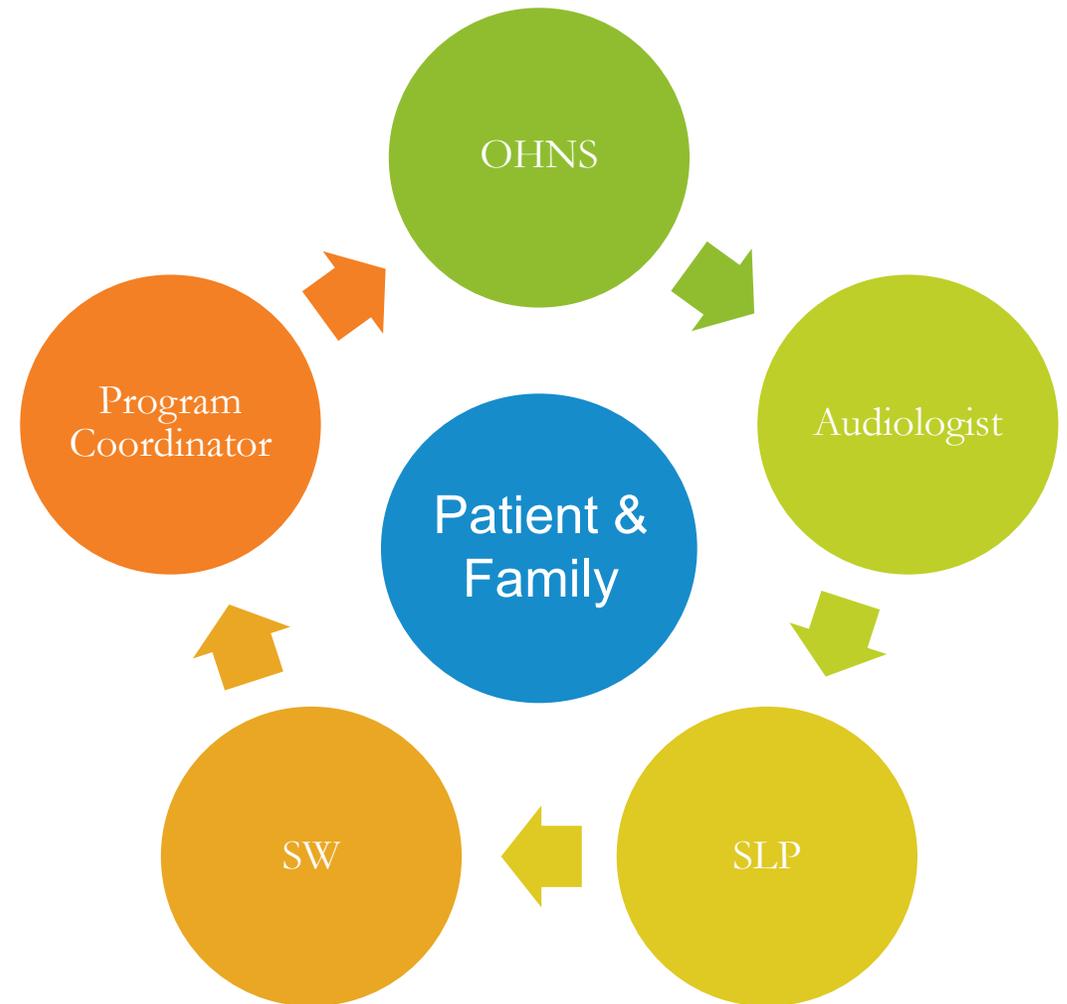
Last providers

- Teachback



Case Study

- Bilateral mild to moderate SNHL
- Longtime hearing aid user
- No longer wearing hearing aids consistently
- Speech delay
- Transitioning school districts, currently without speech therapy
- Unstable housing
- New genetic results



Summary

- Virtual multidisciplinary care model can be achieved using Zoom Breakout Rooms
- All D/HH children have important checkpoints in their journey
- Virtual care models can focus more on family support and education vs direct patient care services
- Virtual care models serve to connect providers across specialties and institutions



Thank you for your attention! Questions?

