

CHAPTER VIEWS AND NEWS

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Hearing programs make strides, but work remains

. AAP Department of Chapter and State Affairs



When the Academy's Early Hearing Detection and Intervention (EHDI) program began in 2001, its primary focus was on ensuring that all newborns were screened for hearing loss prior to hospital discharge.

Screening is the first step, but there is much more to the process.

The network of AAP EHDI “chapter champions,” who serve as the point persons within their states on EHDI issues, know all too well that audiological evaluation for infants who do not pass hospital screening is essential. In addition, the enrollment of infants identified with hearing loss in early intervention programs by 6 months of age can improve communication outcomes dramatically.

“Primary care providers should act on abnormal hearing screening

results with the same urgency as abnormal metabolic screening,” said Susan E. Wiley, M.D., FAAP, member of the AAP Task Force on the Effectiveness of Newborn Hearing Screening, Diagnosis and Intervention and AAP Ohio Chapter champion. “The newborn visit is a perfect opportunity to determine an infant's hearing screening results and encourage families to pursue a diagnostic audiology evaluation.”

Thirty-eight states have passed legislation mandating hearing screening prior to hospital discharge. These measures have led to an increase in the percentage of newborns screened to an all-time high of almost 90% — a 65% increase in the past five years. Most state programs, however, still struggle with high referral rates and inadequate follow-up.

The focus of the 4th national EHDI conference in March was on issues regarding infants who are “lost to follow-up.”

“Many physicians are not aware of the significant challenges related to loss to follow-up and believe that since an increasing number of infants are being screened for hearing loss, the EHDI programs are successful,” said Shirley A. Russ, M.D., AAP California Chapter 2 chapter champion.

Dr. Russ noted that it is important for pediatric health care clinicians to be aware of barriers to effective follow-up, such as lack of adequate tracking information, changes in families' names or addresses, absence of a medical home for infants, lack of audiologists equipped and trained to work with young infants, and health insurance that doesn't cover follow-up services.

Dr. Russ participated in a plenary session at the conference on loss to follow-up challenges in California. She noted that significant

strides have been made in coordinating follow-up, particularly through the state's Hearing Coordination Centers. However, much more work needs to be done.

She presented information on physician struggles related to follow-up issues. Few physicians have large numbers of children with hearing loss in their practices, so it is hard for them to gain expertise in this area; physicians are not reimbursed for care coordination activities, including obtaining and reviewing test results and obtaining authorizations for referrals; and the results of screening and diagnostic testing do not always keep pace with changes in providers and insurers.

Dr. Russ emphasized the importance of viewing EHDI from a “system” perspective, which encompasses more than just the screening component.

Several other AAP chapter champions were faculty at the national EHDI conference, including Dr. Wiley, Julia Hecht, M.D., FAAP, Betty R. Vohr, M.D., FAAP, Rachel St. John, M.D., FAAP, and Albert L. Mehl, M.D., FAAP. Forty-two AAP representatives from across the United States attended the multidisciplinary conference, which included almost 400 participants.

The task force that oversees the strategic direction of this AAP project and the chapter champions are working on educational messages highlighting the importance of the 1-3-6 approach: All infants should be screened by 1 month of age; infants who do not pass the initial or subsequent screening should undergo complete audiologic evaluation by a clinician equipped and trained to work with young infants by 3 months; and children with confirmed hearing loss should be enrolled in the state early intervention program by 6 months of age.

These individuals also are concentrating on establishing more effective partnerships with colleagues at the state level, including obstetricians and family physicians, who play a significant role in patient education on EHDI.

Funding for this project is provided by the Maternal and Child Health Bureau through a supplement to the National Center of Medical Home Initiatives for Children with Special Needs cooperative agreement.

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