Office for Genetics and Children with Special Health Care Needs

Infant Hearing News Summer 2011

Changes at the Maryland Department of Health and Mental Hygiene

The Office for Genetics and Children with Special Health Care Needs (OGCSHCN) is pleased to announce Tanya D. Green, M.S., CCC-A as Program Chief of the Maryland Infant Hearing Program. Mrs. Green earned her Masters degree in Audiology from Towson State University in 1994. She has over 16 years of experience in audiology, working with a varied population, including adults and children.

The OGCSHCN also welcomes Donna X. Harris to her new position as Office Director. Donna has been with the OGCSHCN as Deputy Director since 1999, and has over 16 years of experience in public health. Donna's training is in Special Education and she has hands-on experience working with children with learning disabilities, and working with community organizations in health promotion activities.

Additionally, the OGCSHCN welcomes Deborah Badawi, M.D. as the new Medical Director. Dr. Badawi is a pediatrician with 19 years of experience. She has been specifically serving Children and Youth with Special Health Care Needs for 15 years.

Finally, we welcome Deborah Harper-Hill, R.N. as the new Program Chief for the Birth Defects, Metabolic Nutrition and Sickle Cell programs. Deborah comes to the Office with over 15 years of experience in various community healthcare settings.

The new leadership of the OGCSHCN looks forward to continuing the work of the Infant Hearing Program. Their combined knowledge and experience will bring a valuable new perspective to the program and will be of great benefit to the Maryland Early Hearing Detection and Intervention community.

Inside this issue:

Infant Hearing Program Developments	2
2011 Infant Hearing Annual Stakeholder Meeting	3
For our eSP™ System Users	4
In the News	5
Announcements	6
Infant Hearing Program Contact Information	7

New Directions

New Developments in the Infant Hearing Program

The Infant Hearing Program expects to implement several new program initiatives in the coming months. As our program has evolved, we have become better able to track the 70,000+ infants born in the State each year. However, we have long known that we were missing information on a small percentage of State births. This month, in collaboration with the Maryland Vital Statistics Administration, the Infant Hearing Program has begun a process of cross-matching files. This new process will confirm that we receive documentation of all births and will enable us to ensure appropriate newborn hearing follow-up for all infants.

Next month, our program will be implementing an upgrade to our database that will allow us to capture data on language outcomes for infants identified with hearing loss. For this initiative, we have established a partnership with the Infants and Toddlers program at the Maryland State Department of Education. Our programs will be working together to ensure that infants with hearing loss are referred to the Infant and Toddler program at the earliest indication or diagnosis of hearing loss. We will also be able to track the impact of this early intervention through a module in our database that will allow us to collect and analyze this information.

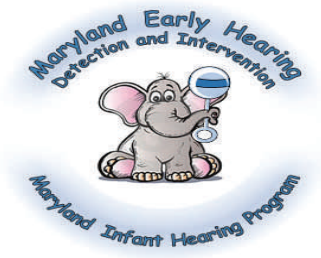
As we move into the summer and fall, our program expects to be awarded two federal grants. The focus of each award centers on reducing the number of infants who are lost to follow-up after missing or failing a newborn hearing screen. The funding from one grant will allow for the continuation of current program operations and will support new community outreach projects. The other grant will fund enhancements to our data management capabilities to increase the efficiency of our program. The combined impact of these grants is expected to increase the number of Maryland infants who meet the "1-3-6 protocol" of screening by age 1 month, diagnosis by age 3 months and intervention by age 6 months.

Did you know?

It is expected that the lifetime costs for all people with hearing loss who were born in 2000 will total $2.1 billion (in 2003 dollars).

U.S. CDC MMWR Weekly January 30, 2004 / 53(03); 57-59

Stakeholder Meeting



2011 Maryland Early Hearing Detection and Intervention Stakeholders Meeting

August 12, 2011 8:30 am – 4:00 pm

The Hearing and Speech Agency
5900 Metro Drive, Baltimore, MD 21215

Featuring:

Rachel St. John, MD, NCC, NIC-A

Fostering EHDI and the Medical Home

Other Presentations Include:

A Tour of the MD EHDI Database, Parent Medical Home Experiences
State of the State … Update on the Maryland EHDI Program

Please register by August 5, 2011

Name: _____

Company: _____

Job Title: _____

Email: _____

Telephone: _____

Special Accommodations Needed: _____

For more information or to register, contact:

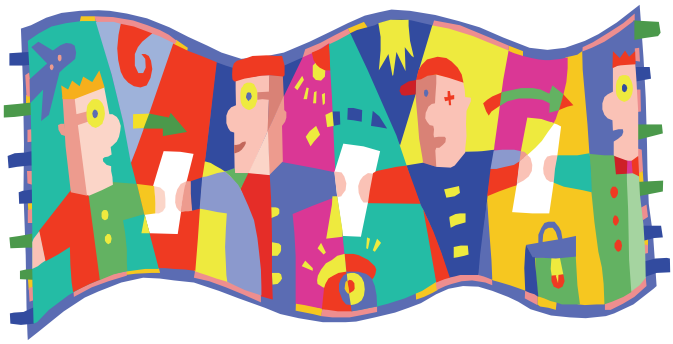
Cheri Dowling, Family Support & Resource Center

Tel: 443- 277-8899 Fax: 410-795-0965 cheri.dowling@msd.edu

The eSP™ system

The Infant Hearing Program database, OZ Systems' eSP™, functions as a repository of all information relevant to the Early Hearing Detection and Intervention (EHDI) process for each Maryland infant. It is securely protected and access is only available to healthcare providers involved in the care of each individual baby. There are many different professionals currently using this system. Primary care providers use the system to confirm the birth screen results, to report rescreens provided in their offices, to determine the need and timing for risk monitoring evaluations, and to see the results of any audiological testing. Audiologists use the system to see a history of all previous screen/evaluation results as well as any risk factors that would impact recommendations for further testing; they also report their test results directly into the database. Early interventionists will soon have access as well, and will use this system to report enrollment and outcome data to the program.

Why do we need all this information? First, we use the system to track infants to make sure they receive an initial screening. Maryland has over 71,000 births each year, and about 4,500 of those require follow-up for a failed or missed inpatient screen. Additionally, over 7,000 will require monitoring for potential late-onset hearing loss. Our program is required to ensure that each of those infants is informed of the need for this follow-up. Secondly, this system provides the most efficient means of ensuring that these infants follow the JCIH protocol: screened by age 1 month, diagnosed by age 3 months and intervention by age 6 months. This is a very limited timeframe, and each professional: hospital staff, PCP, outpatient screener, audiologist, ENT, etc., must rely on information from previous encounters in order to provide the most appropriate care in the most efficient manner.



The system was designed to facilitate the identification of infants with hearing loss at the earliest possible time to promote the best possible language outcomes for them. To be successful in this endeavor requires the cooperation and coordination of a large number of individuals. If you are currently using this system, please know that your efforts to provide accurate and timely information are very much appreciated. If you are not currently using this system, please contact the Infant Hearing Program for access to the hearing history for all your practice's infant and toddler patients.

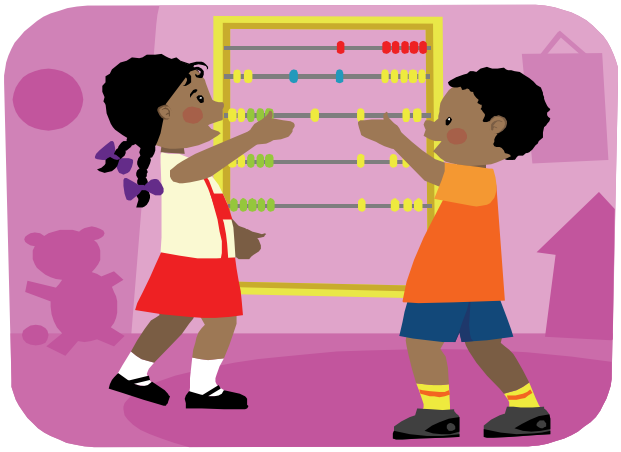
In the News

Newborn Hearing Screening Linked With Improved Developmental Outcomes for Hearing Impaired Children

Another study has been published that provides evidence of the importance of Newborn Hearing Screening. The study, Newborn Hearing Screening Linked With Improved Developmental Outcomes for Hearing Impaired Children, was led by Anna M. H. Korver, M.D., Ph.D., of Leiden University Medical Center, Leiden, the Netherlands. Dr. Korver and colleagues studied the association between developmental outcomes and newborn hearing screening. All children born in the Netherlands between 2003 and 2005 were included and the evaluation ended in December 2009.

At follow-up, 263 children (0.78 per 1,000 children) who received a hearing screening at birth and 171 children (0.73 per 1,000 children) who did not receive a hearing screening at birth had been diagnosed with permanent childhood hearing impairment. The two groups were comparable in degree of hearing impairment and type of education.

Developmental outcome analysis showed that overall, children who received a newborn hearing screening had higher developmental outcome scores on measures of social development, gross motor development, and quality of life, as compared to those who were not screened at birth. The full text of the study can be found in JAMA and Archives Journals (2010, October 21).



Did you know?

The Early Childhood Hearing Outreach (ECHO) Initiative is part of the National Center for Hearing Assessment and Management at Utah State University. The ECHO Initiative focuses on extending the benefit of periodic hearing screening to children 0 – 3 years of age in a variety of health and education settings.

Welcome

The Hearing Advisory Council is pleased to welcome

Susan R. Panny, M.D.

as the new EHDI Chapter Champion.

Dr Panny was appointed to this position by the Maryland chapter of the American Academy of Pediatrics.

New Resource for Children and Youth with Special Health Care Needs

The Office for Genetics and Children with Special Health Care Needs at the Maryland Department of Health and Mental Hygiene has created:

The Children's Health Resource Line 1-800-638-8864

English and non-English speaking families can use this line for access and direction to the appropriate resources for their children. Some of these programs and services include:

- Sickle Cell Disease Program
- Metabolic Nutrition Follow-up Services
- Birth Defects Reporting and Information Systems
- Specialty Care and Resource Development
- Children's Medical Services
- Local Health Department Grants
- Transition Services (pediatric to adult services)
- Systems Development Grants
- Medical Home Services
- Genetic Services
- Data Development
- Family and Provider Resources

Infant Hearing Program

The staff at Maryland DHMH Infant Hearing Program is available to assist you with any aspect of Early Hearing Detection and Intervention. You can visit our website at:

www.fhamd.org/infant hearing

Program staff can be reached by phone or email:

- Tanya D. Green, Program Chief
  410-767-6432 TDGreen@dhmh.state.md.us
- Erin Filippone, Program Audiologist
  410-767-6762 Efilippone@dhmh.state.md.us
- Theresa Thompson, Follow-up Coordinator
  410-767-5093 TThompson@dhmh.state.md.us
- Stephanie Hood, Follow-up Coordinator
  410-767-6659 SHood@dhmh.state.md.us

WORKING TOGETHER… EARLY HEARING DETECTION AND INTERVENTION: THE KEY TO COMMUNICATION SUCCESS

This newsletter is intended to serve as a communication vehicle for all UNHS stakeholders. If you have any patient interest stories, photos, announcements, helpful hints, questions, or any information you would like to share with your Maryland colleagues, please e-mail them to Erin Filippone at *EFilippone@dhmh.state.md.us.*

The services and facilities of the Maryland Department of Health and Mental Hygiene (DHMH) are operated on a non-discriminatory basis. This policy prohibits discrimination on the basis of race, color, sex, or national origin and applies to the provisions of employment and granting of advantages, privileges, and accommodations.

The Department, in compliance with the Americans With Disabilities Act, ensures that qualified individuals with disabilities are given an opportunity to participate in and benefit from DHMH services, programs, benefits, and employment opportunities.