

Meeting Minutes: EHDI Newborn Hearing Screening Advisory Committee

August 19, 2020

Minutes prepared by: Jenna Laine, MDH

Location: WebEx

Attendance

Committee Members Present:

Ingrid Aasan, Renae Allen, Kathy Anderson, Joan Boddicker, Nicole Brown, Mary Cashman-Bakken, Kirsten Coverstone, Laura Godfrey, Danelle Gournaris, Hannah Herd, Tina Huang, Colleen Ireland, Joscelyn Martin, Abby Meyer, Gloria Nathanson, Jessica Novak, Sara Oberg, Elizabeth Pai, Anna Paulson, Emilee Scheid, Cat Tamminga, Katie Warne, Terry Wilding, Jay Wyant

Committee Members Absent:

Agenda Item Minutes

Impact of COVID-19 on Screening to Diagnosis within the EHDI System

- **PCP - Emilee Scheid and Elizabeth Pai**
 - Emilee Scheid:
 - Consulted with family medicine and peds, no concerns related to hearing tests in regards to delayed results during COVID-19
 - 1 did not know about a referral until MDH called, not related to COVID-19
 - 1 misreported result as 2 ear did not pass, when only 1 did not pass
 - Elizabeth Pai:
 - Unsure about when to cancel or reschedule appointments, all services, including supportive services throughout family medicine
 - Impression that back in a more normal routine now
 - Some discharge instructions from hospital instructing families to follow-up later than normal, but now back to a few days within discharge
 - Several newborns still following up for first visit later than normal
 - Many PCPs double checking to ensure that NBS follow-up is needed

- Parents have not reported any issues in scheduling follow-up testing, 1 parent reported struggling to get through to schedule (unsure about effort)
 - Parents who normally wouldn't have followed up on their own outside of Pandemic are the same families who are following up later, or need more reminders
 - Has not found the need to involve social workers at this time
 - MDH faxes and reminders about rescreens have been very helpful
- **Audiology - Hannah Herd and Joscelyn Martin**
 - Hannah Herd:
 - March/April-short screeners from Fairview system-about 5 weeks short, system has hired more screeners, and since then no continued issues of missing screens
 - More babies were seen in audiology clinic who had missed initial screenings in the hospital, many families were very prompt
 - 4 full-time audiologists on team, only 1 was in for end of March to beginning of June, prioritization for essential visits, Newborn Hearing screening was not included in this first group essential visits
 - Since June all 4 audiologists have been back full-time and are proceeding as normal
 - ENT clinicians had similar staff shortages, and procedures were reduced at this time
 - Have masking and cleaning protocols Joscelyn Martin:
 - Program uses audiology assistant staff
 - Late March, paused all visits except for lifesaving/life preserving care (this included newborn hearing screening)
 - During this time, did additional tracking through internal database to ensure appropriate follow-up took place later, spreadsheets per nursery type-once all clear given after 3 weeks, were able to schedule patients in outpatient setting, increased patient appointment slots, in a few weeks they were able to catch up and normal hearing screenings in hospital continued as normal after those 3 weeks
 - More newborns did not get initial or follow-up screening as before pandemic
 - Mask and PPE protocols (safety glasses, gloves, gown, mask, face shield) in the hospital, family also has to wear a mask when providers visit their room-some clear shields are being used, but infectious disease department has deemed those not current safe PPE, so they are working to get a better option (unsure what product is not recommended by infectious disease group)
 - <https://www.theclearmask.com/> FDA approved, this is being used at Academy, question if there is an advocacy group working to get more clear shields utilized-delay in ordering these per Terry (Per Kathy, yes there are groups working on access advocacy re masks, etc. a low incidence specialists/RLIF group share considerations with MDE Special Education Leadership, Hands & Voices, info sharing through social media, recent study of type of face coverings was completed through Moog centers)
 - Seeing slightly larger number of families choosing to leave the hospital at

about 24 hours of age, decreasing ability to have follow-up hearing screening in hospital- increase in outpatient referrals due to this

- Positive: teamwork, inter-professional collaboration (audiology, PCP, neonatologist, Infectious Disease specialists)-even now continue to have continued conversations, but increase discussions and reach outs
- Happy to be back to a relatively normal schedule and role, have learned what to do to keep people safe and well
- Ear mold companies-seeing delay, 3-4 weeks waiting to get ear molds from companies

- **ENT – Abby Meyer**
 - Did not have as many shut downs since they are all Children, needed appropriate PPE, widespread testing before getting back to normal, deemed newborn screening as essential, so no real delay in intervention, surgical side-had to fill out an appeal form to justify why it's essential, each case was considered independently-was able to proceed with several impact surgeries
 - Tough to do telehealth as they want to look in ears, working on developing this process
 - Did have some staffing shortages/furloughs
 - Working to schedule ABRs during other appointments, quality has improved and connections to other services is better
 - Question: did patients have access to information about changes to follow-up? A: ASL access remained the same as before COVID-19, from ENT standpoint there were no access changes

- **MDH – Kirsten Coverstone (See PowerPoint presentation)**
 - Health alert went out to all providers through Health Alert Network, reminder that newborn screening is deemed tier 1 critical
 - Direct email sent to birth facilities, out of hospital providers, audiologists, clinics, etc.
 - Have never been in this position before, but MDH felt like our communication was very helpful
 - Official support statements from MDH came out sooner, but other national support was helpful in determining essential need for newborn screening
 - Variety of staff issues at hospitals, including sites that contract out for hearing screenings
 - Sites were good about tracking on their own end who needed initial and follow-up hearing screenings, many were able to make quick adjustments that were impactful
 - Several sites not screening babies of COVID+ mom's as inpatient
 - Seeing many early discharges, no inpatient rescreen or no screen at all, families aren't refusing screenings, just declining the screen in the hospital so they can be discharged earlier
 - Uptick in eligible births with missing hearing screens for babies born in March, April, and June 2020
 - MN infants screened within one month of birth dropped in March and April 2020 (still about 95% were screened within one month)
 - Changes in Audiology clinics varied statewide
 - Some changes in site protocols
 - Increased need for documentation by providers and at MDH increasing time spent on each patient

- Many notes stated “will schedule after COVID” or delayed during COVID, but unable to predict when that will be
 - 37% had a note stating some type of delay, likely higher than this, but this was from initial review
 - Delay does not mean that they didn’t meet 1 month timeline, but were screened later than they normally would have been
 - Positive: Infants with completed diagnostic assessment, have seen an increase in timely diagnosis within 90 days increased in March and April 2020
 - Learnings: increased MDH follow-up, increased number of contacts needed per case, more babies/families needing follow-up, cases taking longer to follow-up in general
 - Some MDH staff re-assigned to support COVID, which reduces ability to assist with hearing follow-up
 - Initial screening issues in system are being worked out
 - Continued message that follow-up should not be delayed
 - More outpatient clinics are opening for rescreen and diagnostic testing
- **Questions**
 1. **Joan: How did providers get your alerts, did you feel like most received them?**
 - Health Alert Network <https://www.health.state.mn.us/han> system emails get maintained by MDH, Newborn Screening manages our own contact lists to individual groups, providers, etc.
 2. **Terry: are there any racial inequalities with in the hearing screening system?**
 - Plan to look at data related to this question related to all health equity disparities
 3. **Rena: sharing that during local public health follow-up many families are preferring to delay all types of medical care and follow-up due to COVID-19. Question: have you found that anything works best with talking with families about this?**
 - Rena: appreciated FAQ document, each parent wants to do the best for their children, reminded that the clinics are doing their best to keep everyone safe, general unease and fear about families coming into the clinic setting. Laura: has also found this when working with parent advocates, that families are hesitant to visit the clinics in-person
 4. **Cat: Can you talk about why diagnosis numbers increased?**
 - Kirsten: only looking at babies with a diagnosis, change in protocol, instead of coming in for rescreen at 2 to 4 weeks of age, scheduling with flexibility to do rescreen, then go right to diagnostic testing, or scheduling diagnostic testing immediately to reduce visits back to the clinic
 - Joselyn: had a lot of availability to do diagnostic testing right away as other types of visits weren’t happening
 - Abby: combined visits really helped, the coordination is what really made the difference
 - Hannah: ABR appointments always scheduled for 2 hours, diagnostic protocol didn’t change
 5. **Kathy: how many babies have not yet received hearing screenings in 2020?**
 - Kirsten: in May 2.1%, in June 4.4% (MDH still working on infants not screened in hospital, or have yet to receive report yet)

Next Meeting

Date: November 18, 2020

Time: 1:00 – 4:00 pm

Location: (TBD) Likely a virtual meeting

Agenda items:

Approved: November 18, 2020

- Impact of COVID-19 on Diagnosis and Intervention within the EHDI System
- Submit proposed agenda items to ehdi@state.mn.us