

What does the infant's medical home need to do?

Direct and coordinate all necessary care for the infant who needs follow-up care, with support from the appropriate ancillary services.

Choose referrals for your patients who will, with parental consent, provide the following information, where available, to TEHDI or its designee:

- Results of follow-up care.
- Results of audiologic testing.
- Initiation of intervention services.
- Results of follow up and testing of children served under the state's medical assistance program.

The Joint Committee on Infant Hearing (JCIH) 2007 states that the medical home is responsible for:

- Ensuring referral to confirm hearing loss and determine etiology.
- Coordinating medical specialty evaluations, such as developmental pediatrics, genetics, ophthalmology, cardiology, and nephrology.
- Monitoring the infant for middle ear fluid which can further compromise hearing.

Health professionals are the key to ensuring hearing health!

Health professionals are extremely important in the follow up to newborn hearing screening because they:

- Assure that the audiology assessment is conducted on infants who do not pass the screening.
- Determine the etiology of the hearing loss.
- Provide referrals for specialty evaluations.
- Refer infants with hearing loss to the Early Childhood Intervention Program.
- Determine the presence of associated systemic disorders.
- Rule out late onset of vision impairments.
- Review an infant's history for the presence of risk factors for delayed or progressive hearing loss.
- Monitor middle ear conditions.

The TEHDI Program is dedicated to helping medical home providers ensure that all their patients receive appropriate follow-up care for hearing loss. Provider Access is a web-based gateway to comprehensive hearing health records for their patients. To access this tool go to <https://www.provideraccess.tehdi.com>

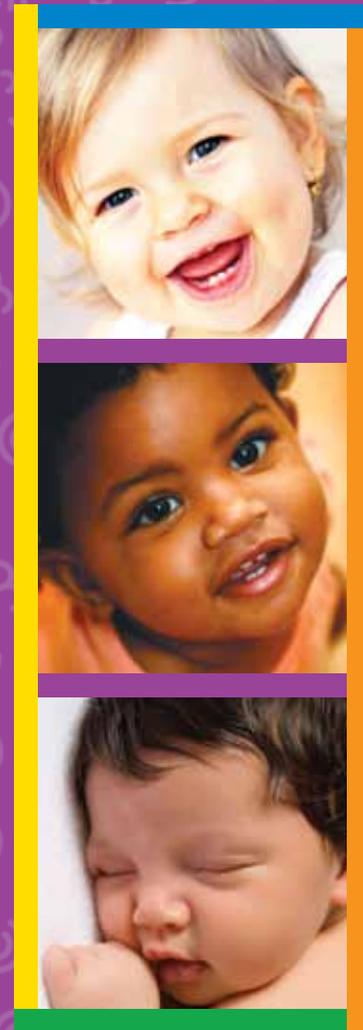
 **TEHDI**
*Texas Early Hearing
Detection and Intervention*



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INFORMATION HEALTH PROFESSIONALS NEED TO KNOW

TEXAS EARLY HEARING DETECTION AND INTERVENTION



The first question health professionals always ask:

Is the Universal Newborn Hearing Screening (UNHS) performed before hospital discharge good for babies?

- Almost half of the newborns identified with hearing loss had no risk factors for hearing loss.
- The average age of identification of hearing loss in the U.S. before UNHS was 24 months.
- Parents do not consistently identify hearing loss early.
- Cognitive outcomes are better if treatment begins before 6 months of age.

Research data demonstrates that you can:

- Screen all babies during a 48-hour nursery stay.
- Identify babies with hearing loss.
- Complete a diagnostic audiological evaluation on a 3 month old.
- Get babies into intervention by 6 months.
- Fit infants with amplification by 3 to 6 months and as early as 1 month.

Is it good for the babies? Yes!

- Two babies with hearing loss are born each day in Texas.
- The annual number of infants with hearing loss is more than twice that of all the genetic and metabolic disorders identified by blood screens.

How can we screen hearing in a newborn?

Otoacoustic Emissions:

- Non-invasive.
- Ear canal covered by a small eartip.
- A sound is put into the ear canal and echo from the cochlea is recorded.
- Reflects the middle ear and cochlear dysfunction.
- TEOAE and DPOAE are distinguished by the type of stimulus used.

Auditory Brainstem Response:

- Non-invasive.
- A probe tip or earphone is used.
- Electrodes are placed on the baby's head.
- A click is introduced into the ear canal and the electrodes attached to the surface of the scalp record the electrical activity from the brainstem.

What do Texas health professionals need to know?

- Every Texas newborn will have access to hearing screening by law.
- The law established a newborn hearing screening, tracking, and intervention program.
- The law requires insurance (Medicaid or private) to cover the screening.
- Follow-up services also are covered.
- Birthing facilities shall provide information regarding the results of the birth admission hearing screen to the parents, attending physician, or health-care provider and to the Department of State Health Services (DSHS) or its designee.
- Hospitals, audiologists, qualified hearing screening providers, intervention specialists, educators, and others who receive referrals shall either provide needed services or refer children. With parental consent, they shall provide the following information to TEHDI or its designee:
 - Results of follow-up care.
 - Results of audiologic testing of infants identified with hearing loss.
 - Reports on initiation of intervention services.



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For more information about TEHDI call
1-800-252-8023 or visit our website at
www.dshs.state.tx.us/tehdi/newbornhear.shtm