

## Texas Early Hearing Detection and Intervention (TEHDI) and the Medical Home: Providing Comprehensive Care



*“A Medical Home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care.”*

AMERICAN ACADEMY OF PEDIATRICS

### Texas Early Hearing Detection and Intervention (TEHDI)

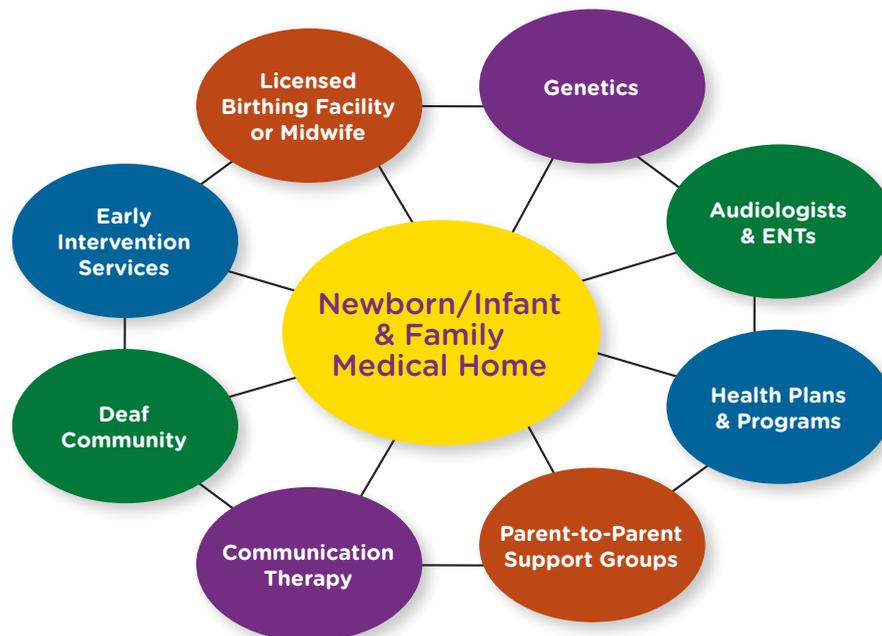
Evidence-based research confirms that the first six months after birth are critical for the development of communication and language skills. Texas Department of State Health Services TEHDI works to ensure that:

- All newborns have a newborn hearing screen before **1 month of age**, preferably before discharge from the birthing facility.
- All infants who do not pass have an audiological diagnostic evaluation with a pediatric audiologist before **3 months of age**, receive timely follow up, and have appropriate documentation of that follow up.
- All infants identified as deaf or hard of hearing receive appropriate early intervention services before **6 months of age**.
- All infants who are deaf or hard of hearing have a Medical Home.
- All infants and children with late onset, progressive, or acquired hearing loss are identified as early as possible. (The American Academy of Pediatrics encourages healthcare providers to use the Medical Home model to help decrease the number of newborns and infants that are lost to follow-up or lost to documentation.)

### Six Components in the TEHDI Continuum of Care

1. Newborn hearing screen.
2. Medical Home.
3. Outpatient follow-up screen.
4. Referral to Early Childhood Intervention (ECI) to assist the family in following up with an audiologist to confirm or clear an audiological issue.
5. Audiological evaluation.
6. Referral to ECI for specialized intervention services after confirmation of being deaf or hard of hearing.

#### Principles of a Family-Centric Medical Home Model



### Role of the Medical Home

The Medical Home helps ensure that parents continue the follow-up process and receive the necessary services to confirm a diagnosis when a newborn receives a “do not pass” hearing screen. When an infant is identified as deaf or hard of hearing, the Medical Home provides critical medical support and coordinates specialist and Early Childhood Intervention (ECI) referrals.

### Benefits of the TEHDI Management Information System (MIS)

A major challenge TEHDI faces is finding newborns and infants who are lost to the screening and referral process. The web-based TEHDI MIS supports care coordination by providing a central source of outcome information from a child’s team of providers. The TEHDI MIS:

- Helps reduce loss to follow up
- Lessens “lost” gaps on follow up
- Provides a place to make and document the referrals to ECI
- Tracks families who receive private early intervention (EI) services
- Assists care coordination when providers access and enter information

### Using the TEHDI MIS

Healthcare providers can contact the TEHDI program to obtain a user name, password, and schedule system training:

**Website:** [www.provideraccess.tehdi.com](http://www.provideraccess.tehdi.com)

**Email:** [ozhelp@oz-systems.com](mailto:ozhelp@oz-systems.com)

**Phone:** 866-427-5768, select option 3, and ask for a TEHDI coordinator (use relay option of your choice to call if needed)

### Medical Home Should Consider:

- Confirming newborn hearing screen results in the TEHDI MIS or with the screening birthing facility.



## Texas Early Hearing Detection and Intervention (TEHDI)

**Website:** [www.dshs.state.tx.us/tehdi](http://www.dshs.state.tx.us/tehdi)

**Email:** [tehdi@dshs.state.tx.us](mailto:tehdi@dshs.state.tx.us)

**Phone:** 800-252-8023 ext. 7726

(Use relay option of your choice to call if needed.)

**Texas Department of State Health Services**  
 PO Box 149347 MC-1918  
 Austin, Texas 78714-9909

- Updating profile and contact information as well as documenting newborn hearing screening results in the office medical record and the TEHDI MIS.

- Reviewing and discussing all hearing screen/evaluation results with the family as well as stressing the importance of follow-up and monitoring.

### For an Infant with a ‘Do Not Pass’ Screening Result:

- Confirm with the family that a rescreening has occurred.
- **If yes,**
  - > Obtain results of rescreening by accessing the TEHDI MIS, or
  - > Contact the birthing facility or audiologist that conducted the rescreening for results, and then
  - > Update the patient’s TEHDI MIS record.
- **If no,**
  - > Ensure a rescreen is completed by 1 month of age or as soon as possible, for practices that do not conduct a screening or rescreening.
  - > Schedule the rescreening and confirm results are entered into the TEHDI MIS.
  - > Screen the child, discuss results with the family, and enter results into the TEHDI MIS for practices that are able to perform the rescreening in their office. (Refer to AAP Guidelines for Rescreening in the Medical

Home following a “Do Not Pass” Newborn Hearing Screening at <http://infanthearing.org/medicalhome/docs/Medical-Home-Rescreening-Guidelines.pdf>.)

### Medical Home /Primary Care Provider (PCP) Provides Support to Families by:

- Sharing information about hearing, communication, and language milestones.
- Providing culturally compassionate support to families using the socio-cultural model of communication.
- Referring families to providers such as ECI/ EI, audiologists, other specialists including otologists, otolaryngologists (ENTs), and geneticists as needed as well as parent support groups such as Texas Hands & Voices.

Medical Model	Socio Cultural Model
Communication options (“either/or”)	Communication opportunities (“and”)
Hearing loss	Hearing level, status, abilities, or differences
Early intervention	Early family support and collaboration
Failed hearing test	Refer with explanation
Diagnosis	Identification
Fix the ear	Enhance access to sound
Deafness	Deaf, deaf people, being deaf
Hearing impaired	Deaf or hard of hearing
Vocationally limited	Unlimited opportunities
Grief process	Journey
Disability (cannot)	Culturally diverse (adapt)
Auditory technology	Visual and auditory technology

## Talking with Parents about Early Intervention

- Providers are required to make a referral to the Texas Department of Assistive and Rehabilitative Services, Early Childhood Intervention (DARS-ECI) for case management and services when it is suspected that an infant is deaf or hard or hearing and when a diagnosis is confirmed.
- Some parents may want to use a private early intervention (EI) service provider. Parents should be assured that ECI can help coordinate services and provide additional support through cooperation with local schools even if they choose an EI option.
- Healthcare providers should present all options without trying to influence the parents’ decision.

## Making a Referral to ECI

The referral to ECI should be made within 7 days, or as soon as possible, after identifying a child under the age of 3 with a suspected or confirmed developmental delay or disability.

It is recommended that referrals be made using the web-based TEHDI MIS, which connects to the ECI provider online list.

The system documents the provider’s referral and then sends an email message to the ECI provider using a system specific identifier.

Referrals can also be done by writing, fax, or phone to ECI:

- **DARS Inquiries Line:** 800-628-5115 (Use relay option of your choice to call if needed.)
- **Email:** [DARS.inquiries@dars.state.tx.us](mailto:DARS.inquiries@dars.state.tx.us)
- **Website:** [www.dars.state.tx.us/ecis/careline.shtml](http://www.dars.state.tx.us/ecis/careline.shtml)
- Texas Pediatric Society has an ECI Referral form on their website: [txpeds.org/sites/txpeds.org/files/documents/ECI-Referral-Form.pdf](http://txpeds.org/sites/txpeds.org/files/documents/ECI-Referral-Form.pdf)

## Tips to Help Infants and Children with Hearing Needs

Physicians, nurses, and office staff can help improve newborn hearing detection and intervention by:

- Identifying infants who have not had a follow-up hearing screening and children with special healthcare needs.
- Sharing information with parents about being deaf or hard of hearing and the importance of having their newborn or infant screened.
- Ensuring TEHDI brochures and videos are available in the waiting area to educate parents about the hearing screening process.
- Assisting families in finding resources and appropriate intervention services.
- Maintaining ongoing contact with specialists to coordinate and ensure appropriate treatment and services are provided.