

**Colorado EHDI Alliance  
Dx/Id and Entry into Intervention Task Force**

**Meeting Notes  
May 6, 2021**

<b>Attendees</b>	
<b>Name</b>	<b>Role/Agency</b>
<b>Heather Abraham</b>	Facilitator/Notetaker
<b>Arlene Stredler Brown</b>	Facilitator/Notetaker
<b>Emily Wojahn</b>	CO-Hear Coordinator
<b>Allison Sedey</b>	University of Colorado, ODDACE Project
<b>Jami Fries</b>	CO Hands & Voices
<b>Annette Landes</b>	CO-Hear Coordinator
<b>Richard Jeffries</b>	Director of Outreach, CSDB
<b>Laura Merrill</b>	Early Intervention Colorado
<b>Kristin Sommerfeldt</b>	Audiologist; University of Colorado
<b>Laura Greaver</b>	Audiologist; Children's Hospital
<b>Lynn Wismann</b>	CO-Hear Coordinator
<b>Dawn O'Brian Taylor</b>	Audiologist
<b>Brian Herrmann</b>	Pediatric Otolaryngologist; Children's Hospital
<b>Wayla Murrow</b>	CDHS
<b>Ashley Renslow</b>	CSDB
<b>Cliff Moers</b>	Colorado Commission for the Deaf, Hard of Hearing & Deafblind

<b>Sandy Gabbard</b>	Marion Downs Center
<b>Whitney Haggerty</b>	Denver Health Audiologist
<b>Allison Biever</b>	Rocky Mountain Ear Center

**ASL Interpreter:** Julia Ostberg

Meeting Agenda
<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Gain an understanding of the state of the state based on 2019 data</li> <li>• Monitor development of our tele-audiology initiative</li> </ul> <p><b>Agenda:</b></p> <ol style="list-style-type: none"> <li>1. Update on Tele-Audiology Initiative</li> <li>2. 2019 Data Report</li> </ol>

Agenda Items	Discussion	Action/ Decision	Champion	By When
<b>Tele-Audiology Initiative</b>	<p>Two Models:</p> <ol style="list-style-type: none"> <li>1. Tele-Audiology Model: A hub site (presumably on the Front Range) and a remote site (the Western Slope) are established with a professional (presumably an educational audiologist/s) identified to work at the remote site.</li> <li>2. Regional Diagnostic Services by Educational Audiologists: Educational audiologist/s are supported to provide diagnostic ABR in rural areas.</li> </ol> <p>The Tele-Audiology Subcommittee voiced a clear preference for the tele-audiology model (#1 above). There are several reasons supporting this choice: (a) increases collaboration between clinical audiologists and educational audiologists; (b) utilizes the expertise of clinical audiologists who see an extensive number of children; (c) utilizes the expertise of clinical audiologists to interpret a diagnostic ABR (which can be somewhat</p>	<p>Information was shared regarding a CMV webinar on May 11th.</p> <p>Arrange another meeting in the latter half of June, 2021 after CHCO has a decision about their equipment.</p>	Arlene & Heather	Ongoing

	<p>subjective); and (d) provides an opportunity to address diagnostic needs from a more global medical perspective (e.g., cCMV).</p> <p>Three Steps in this Initiative:</p> <ol style="list-style-type: none"> <li>1. Identify remote site (Western Slope)</li> <li>2. Identify host site</li> <li>3. Identify equipment</li> </ol> <p>The subcommittee continues to gather more information. For example, which CCBs are in the area, which counties are included, which Administrative Units (local school districts &amp;/or BOCES) are in the area, birth census per county, etc. Subcommittee members also recognize a need to ensure there is buy-in from professionals (e.g., ENTs, pediatricians, audiologists) and parents on the W. Slope.</p> <p>Billing issues will be discussed. Sandy Gabbard reported that as long as only one agency is billing, Medicaid and insurance will likely be a funding option for one site (likely the hub site in the metro area).</p>			
<p><b>2019 Data Report</b></p>	<p>Colorado EHDI worked closely with CDPHE to gather screening, diagnostic and demographic data for 2019. Allison Sedey provided intervention data. COEHDI is only authorized to share this information verbally, so information was not provided in writing and is not captured in these meeting notes.</p> <p>The goal of collecting this data was to gather statewide baserate data regarding screening, identification and intervention. The data has been reported to the CDC. We do not have data by geographic region nor hospital-specific information. .</p> <p>Some points of interest:</p> <ul style="list-style-type: none"> <li>● Referring an identified child by an audiologist to Part C: <ul style="list-style-type: none"> <li>○ Children who have a unilateral hearing loss are not automatically referred to Part C.</li> <li>○ Children with progressive hearing loss will show up as late identified because the age of their diagnosis will be noted without an indication of age of onset.</li> </ul> </li> </ul>	<p>Discuss the definitions in different databases (e.g., HIDS database, EI Colorado and CSDB-funded CO-Hear Coordinators)</p> <p>Work with CDPHE to obtain 2020 and/or 2021 data by geographic region &amp;/or by hospital</p>	<p>Arlene</p> <p>Arlene</p>	<p>n/a</p> <p>ongoing</p>

	<ul style="list-style-type: none"> <li>• More children are <b>referred</b> to Part C than the number <b>enrolled</b> in services. There are a few plausible reasons: <ul style="list-style-type: none"> <li>○ Children with a UHL are not categorically eligible for services. Of note, some parents request an evaluation for their child with UHL. And, children with UHL and additional disabilities may be eligible for services.</li> <li>○ There may be some children whose parents deny services.</li> </ul> </li> </ul> <p>We do not currently have the same definitions for “referral” and “entry into Part C” among different agencies. This will be addressed by initiating a gathering of representatives from relevant agencies (e.g., El Colorado, EHDI, CU, etc).</p> <p>The <b>national</b> prevalence of children who are deaf and hard of hearing, in 2019, was 1.7/1000. In Colorado, the prevalence, according to our reported data, is ~3/1000.</p>			
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Next Meeting(s)		
DATE	TIME	FUTURE AGENDA ITEMS
6/3/21	4:00-5:00 PM	<ul style="list-style-type: none"> <li>• Resume report of 2019 data (intervention, hearing loss characteristics, demographics)</li> <li>• System support for children identified with UHL</li> <li>• Report on definitions for early intervention (e.g., referral, entry to Part C)</li> </ul>
7/??/21	4:00 - 5:00 PM	TBD

**A note about accommodations:** Beginning February 1, 2021, all Alliance meeting and task force meeting accommodations (e.g., American Sign Language interpreters, Cued Language Transliterators, and/or Spanish translators) must be requested at least 72 business hours or 3 business days in advance. Requests may be made by contacting the Alliance or your task force facilitator. We will also enable Zoom's Live Transcription feature for all meetings.