MCHB/AUCD LEND Pediatric Audiology Training Meeting

Summary of the Group Discussion

March 4, 2012

The following summary outlines a number of issues raised during the open discussion.

Additional topics may be found in the PowerPoint presentations offered by the Panelists (**Diane Behl** (NCHAM), **Robert Fifer** (Audiologist at the Mailman Center, FL) and **Michelle Reiter** (Trainee at the Marion Downs Hearing Center)

Question: Are the tele-practice activities you describe in your presentation within the system model?

Answer (Michelle Reiter): No they are not part of the Marion Downs Hearing Center. The clinics are not affiliated with the center, but we have the mentorship program set up where they are receiving support. This is one way we support them (the rural clinic, not affiliated with the MDHC). They do visit the main clinic but they are not satellite clinics. The rural sites provide pediatric care but in order to get the support through tele-health, they have to complete three steps including a visit to MDHC.

Question: Is there a camera set up in the room with the baby so that the remote audiologist can get the visual and auditory cues from the baby and the mother receiving the EP evaluation to help them know when to hit 'pause' for example.

Answer (Robert Fifer, FL): Most of the time, the rural audiologist is in control of the test session. The audiologist with the child makes the call about pausing etc. We have an infrared camera which allows you to visualize the baby better (i.e. seeing the earphone slip out of ear).

Question: How do you ensure quality of care is satisfactory?

Answer (Robert Fifer, FL): Family members are required to review and sign the consent form and they need to understand the limitations of this type of service. They need to understand and sign these forms before the start of services.

Additional issues raised and questions to consider:

Once the rural clinic is built to a certain level of competency - fully running and well trained, does the major center backs out or do they always stay connected to the rural center?

The risk of misinterpretation of the information is another consideration. The distance could create more of an avenue for misinterpretation of test results.

Who is going to break the news to the families of children with hearing loss? Consider that tele-health is not just technical, it is counseling-based. Who should lead the counseling? Should it be the less-trained satellite personnel who are in the room and in person, or the tele-audiogist?

Comment (Hallie Morrow, DHCS Children's Medical Services): It is important to develop the skills in the community, if possible. In California, many communities don't have any audiologists available to see rural babies. So these rural babies, who may be in low SES, are required to travel very far away to have an ABR. Or, these families can do tele-audiology in a rural setting with the major center audiologist mentoring the rural audiologist. When the family is asked which they would like to do, most prefer to do the tele audiology option rather than wait for months and then travel 5-6 hours to get the ABR. The telehealth activities we work on are largely grant supported.

Comment (Jennifer Sherwood, DHCS Children's Medical Services): The program in California has completed 6 evaluations via tele-audiology. The program still needs to continue to develop contacts in the community for follow-up services. However, we have found that families usually prefer to do diagnostic evaluation sooner rather than later via tele-health rather than traveling several hours for an appointment 4 months down the road. In our program, the EEG Tech provides set-up, but otherwise does not speak with the patient. All history and counseling is performed by audiologist. The audiologist is present for the entirety of the test.

Questions: During tele-practice activities, who will receive reimbursement? Is it the rural staff/audiologist or the remote audiologist? Whose patient is it? When you are grant funded, both sides of the process are getting reimbursed. But, who gets the payment when it is insurance paying for tele-practice?

Question: Diagnostic ABRs, what is the next step after they get the diagnosis? With treatment, what is the next step in a tele-practice?

Answer (Hallie Morrow, DHCS Children's Medical Services): In California they refer out to someone closer, but it could be possible to do remote hearing aid fittings.

Final Comment: there are parts of the country where there is no one to help our children. Tele-audiology may be a way to reach these families.