Association of University on Disabilities
Post-EHDI LEND Workshop
Transcript
March 18, 2021

SPEAKER:
Hello everyone, welcome!
We are just waiting for more people to enter the workshop and we'll get started in a minute. Welcome everyone! We have a lot of people joining today. Just going to take a minute to allow people to login. We will give it one more minute!
All right, I think we can get started! We have a lot of people joining us tonight. Welcome to the 2021 Post-EHDI LEND Workshop four LEND audiology trainees. My name is Jackie Czyzia Senior manager for the technical assistance team at AUCD. I manage iTAC otherwise known as interdisciplinary technical assistance center. For autism and develop into disabilities. Every year we typically host an in person workshop for LEND audiology trainees. Before any conference of course as many things this year, we get to do this virtually. And after the conference so welcome and, thank you for being here tonight! I am going to launch a quick poll To see who is with us today. If you could take a minute. Great! A lot of you are voting. Just give it a couple of more seconds! All right, we got 91 percent of you, I think that is great! A lot Of fourth years, a great mix! I'm sharing it so that you can see it, perfect! Before we begin, I would like to cover a few zoom logistics. Please ensure that your name is displayed correctly in the participant list. You may also include a program organization. As well as preferred pronouns, example, Jackie Czyzia, AUCD, preferred pronouns are she/her. To do this hover of your name in the participant box and select more. Then rename. Please remain muted if you're speaking you can un-mute. Please speak clearly which will help with ASL interpretation and captioning. Both are available. Please use a chat box to introduce yourself. This year is focused on telehealth. People will be able to describe the role of a audiologist and tell education and tele-intervention. Aunt discuss logistical requirements and limitation providing audiological services and telehealth. Then finally, they will be able to list at least two emerging challenges using telehealth. List at least two practical tools and strategies for responding to emerging challenges using telehealth. Then discuss the importance of providing telehealth services in audiological management. Prior to the workshop you are asked to do some homework as well as watching the keynote speaker, Dr. Jackie L. Clark. She's in audiologist and clinical professor at the University of Texas at Dallas. She's also immediate past president of the American Academy of audiology. She had a fantastic cannot provide a great foundation for the workshop. If you are late to register or register today the link is on our event page will also send a link after the workshop as well. Dr. Jackie L. Clark is with us today and happy to answer any questions within the breakup portion of the workshop. Thank you for being here, Dr. Jackie L. Clark. This is just a quick overview of what to expect tonight, we will start today's program with a quick welcome, from MCHB, we also have a moderated panel. Then we will have questions. After the panel we will launch into breakout rooms for small group discussions which will be led by faculty. And then I do not want to embarrass Dr. Shelby Atwill but it is her birthday today! And she has decided to be gracious enough to spend her part of her birthday with us today. So happy birthday! Finally before I give the floor away I would be remiss to not think the planning committee for tonight event. You

were instrumental in making tonight happen. Thank you! With that said I will now pass this to Lauren! Lauren is the division, Director of division of MCHB workforce development from the maternal and Child health Bureau. Thank you!

SPEAKER:
Thank you so much Jackie and thank you for allowing me to take a few minutes to welcome you this evening. It is really my pleasure to provide a welcome on the maternal and Child health Bureau. It is really the most every part of my job to spend time with trainees. You are the heart of our training programs and future leaders in maternal and child health really so happy to spend time with you this evening and listen to your conversations and learn from you. Before I launch into that, I wanted to thank Emma Fox for all of the work they do. Behind the scenes and all of our trainees and putting on this special event this evening. And to acknowledge the staff at un-muted more force Veltman and division of services for children with special health needs, who support the audiology training program. A great team that works together to support our trainees. Really, as I mentioned I'm really delighted to be here with you this evening. Tonight workshop is especially timely and relevant, the past year has been challenging to say the least. Across MCHB we are so grateful for faculty and trainees, unwavering commitment to advancing training, research and systems of care for children with autism spectrum disorder and developmental disabilities. Your efforts have just blown us away, your dedication and commitment to the populations we care about. All of the LEND programs have rapidly transformed to tele-training and telehealth models. Really think there quickly, how to create interdisciplinary practice experiences. How to continue research and most importantly, how to provide more virtual care for our families. We've seen a great proliferation of telehealth models, in particular for pediatric populations. We are really looking forward to continuing to learn from you about what models should stay in place, what could we enhance going forward? What isn't working that well? We really need to make sure that we pull back to in person care for the families we are serving. We have seen tremendous innovation across all of the training programs. And you're really at the forefront of that as you think through and had to be deliver culturally and linguistically -- with care in this environment. We've always done that well but particularly stepping up as we think about the unique the Plex opens -- unique disciplines with audiology in this telehealth environment. We are careful for the innovation and for sticking with it as trainees for keeping doing the things you are doing, and we did not expect to be doing them! We know that it will make even better clinicians going forward. As you really learn to connect with the families that we are serving. I think that everything from even just thinking about the types of masks and face shields that provide for the unique needs of families with communication issues and hard of hearing. This is new territory and as trainees and leaders in audiology, are charting a course for us. So, thank you for all you are doing! We look forward to continuing to learn from you as you advance those models going forward. I wanted to also spend a moment tonight, help making sure that you understand your part of this large amazing network of MCHB trainees. You may already be connected to other trainees within the LEND program and I think everyone is aware that the LEND programs tonight, you having the opportunity to connect with audiology trainings from across many LEND programs but also part of a greater network long-term training programs and other topics including adolescent health, nutrition, developmental behavioral pediatrics, public health and pulmonology. And as we think

about all of the trainees, we are really thinking about this amazing network as the future of the workforce. I'm so glad that you are here taking -- talking with one another and encourage you to think talking about that larger peer network that will support you throughout your career and take advantage of the ways that you might be able to connect within your program, across her discipline and across all of our training programs. Collectively you are the future of the MCH workforce. We know you have great impact on family and children's with autism spectrum disorder and other developmental disabilities and we are so looking forward to watching you as you progress in your career and really deliver amazing character families that we care about. I wish you all the best as you continue in your training program, thank you for being part of the MCH network and just let us know how we can continue to support you as trainees. Thank you for spending the time tonight. I'm sure it's already been a long day for many of you. We are glad that you are here taking advantage of this wonderful opportunity to connect and learn from these amazing speakers. Thank you again. And with that I will turn it back to Jackie!

SPEAKER:
Thank you so much, Lauren! I really appreciate you spending time tonight to join us. We will have now two audiology trainees, Nicole and Silvana, leading to Knights panel. I'll hand it over to Nicole to introduce the panelists! Nicole, are you here tonight?

SPEAKER:
Yes, can you hear me okay?

SPEAKER:
Yes.

SPEAKER:
Wonderful! It is so good to virtually see you all! My name is Nicole, I am a LEND audiology trainee. I have the privilege to introduce the first person, Dr. Shelby Atwill. She's a pediatric and cochlear implant audiology and cofounder sound start former LEND audiology trainee. Part-time supervisor for the -- please welcome, Dr. Shelby Atwill.

SPEAKER:
Hi, thank you all for being here. As a former audiology LEND training if you look on performing my destiny by being able to talk to you after completing the program. Certainly it was the most critical part of my training. You all are so lucky to be here and as Lauren mentioned, have this network of excellent people to connect with. I'm hoping to talk to you today little about my experience with tele-audiology. And if you don't mind going to the next slide. As Nicole mentioned, I wear a couple of different hats in Oregon. One of my first was the Oregon audiologist which I did right out of graduate school and through that work, I was able to really clearly see that they were access to audiology disparities in Oregon. And when I created the clinic, we start a clinic right away in a rural part of the state. We knew that having increased access either by going to different places or making sure people could connect with us via virtual methods and tele-audiology was a way to help families. So, this is animated. I made a little chart that has all of the audiologists that can see babies as blue diamonds. You can see

there are some spread throughout but not everywhere. And then the two orange circles are where my clinics are, one towards the top in Portland and the rural location down in Roseburg. Then I also am supporting a clinic in Eastern Oregon, the yellow circle. By doing tele- orders with them so I have a pretty good spread in Oregon now and a lot of that is due to success of the tele-audiology initiatives I put together over the last year -ish. Next slide? Just a little bit of background on the things that I have done. Even before COVID I was doing a little bit of tele-audiology. I lots of times where working parents were able to join in appointments virtually that the other parent brought the child to or the nanny or babysitter brought the child to, so that everyone could stay in the loop and not rely on the other parent to transfer all of the information that went on. They could participate in that directly by being on the screen in the office. Through my work I provided technical assistance with hearing screeners. Supporting hospitals all over the state IMC cannot be there for everyone if they need my help right away so if they can show me what is going on using their phone and video, I can help walk them through those things without being there in person. Device troubleshooting with families. To be honest this is done over email for a long time before video was even really, that robust and available to people. But it has certainly helped matters. The nose actually piloting hearing testing using ABR and a AE testing. I was, had my toes wet for a little bit even before COVID started. After COVID I learned how to add training Constance virtually, a fitting to be done virtually in follow-up to be done virtually. Cochlear -- implant with older children and more. Next slide? I want to start out with some challenges because I know that there is a little bit of a bias towards audiology and how much you have to have equipment for and do in person and certainly those are true. Other things we ran into her logistics, getting equipment to the family, pieces that they needed and getting them back in a timely fashion, those were all logistical challenges. Internet access and speed, just as audiologists aren't everywhere not everyone has quality Internet that can support remote control of the computer or video access or two-way video access very easily and that is certainly a challenge. Parental or family tech savviness. As an audiologist if you like we are in the mix with technology a lot. That would be our comfort zone but a lot of families it is intimidating. And so, being able to do that and be supportive and not expect too much of them if they are trying this out with us, it was a challenge. But a lot of parents are younger than me and able to take this on and feel very natural about it. There certainly some people that was a challenge. And listing reimbursement because for the most part this worked out okay but there were a few things that were challenging like figuring out the right things to add for coding and talking to insurance companies about what we are doing when they have never asked that before we were doing in person and explaining how it's changed with virtual. But for the most part that was pretty smooth. I'm really looking forward to hearing the other panelists talk more about the billing and coding at expect because I have so much more to learn about that. Next slide? Successes. I felt like right away I saw increase in family involvement and self advocacy. I was relying on them to do a lot of these pieces that I would handle. So they had to put the ear mold in the air for the first time without me showing them how to do it, I got to just have pictures and a fake year and walk them through it over the computer. I felt it actually gave them a boost of confidence right away and they felt more involved and more effective immediately. Interpreter access was actually a pretty successful thing. We are all on video so is the interpreter, no matter the language that was pretty smooth and it took a little bit of concern away from us when we were trying to reduce the number of people present for an

appointment. That worked out pretty well. Timeliness of visits, fellas did not to travel. We didn't have to wait to come to them or for an appointment to be open person. We could see them much sooner. Fewer missed appointment due to childcare and illness and transportation and weather. And reimbursement was also successful. Like I said before a lot of things were covered like they should have been and it worked out well. Part of that was due to the emergency changes in rules and things like that. That worked out well for the most part for us. Next slide. Just in conclusion, tell audiologist is possible. You have to think outside the booth. There are ways to solve a lot of problems and it just is a matter of getting your team together to brainstorm and troubleshoot with you. Our practice tell audiologist services will continue especially for the families I serve at rural locations, we are only there every other month and if they need something in between, having this option to do virtual services was very helpful. The next for us, more spoke sites for hearing testing is a possibility now that we've kind of got our feet and worked out some of the kinks. Doing cochlear implant programming, getting some of the younger ones able to take advantage of this service. And speech -- aided speech perception testing. Next slide I think is just contact information. Anyone would like to try this, this year or five years from now, when you are out doing your own thing, I am always available to anyone who wants my help.

SPEAKER:
Great, thank you so much, Dr. Shelby Atwill! As we have Dr. Stephanie McViacr, pediatric audiologist. The director of EHDI in Utah including CMB and program manager and Department of Health children's and special health care needs Bureau in Salt Lake City. Please welcome, Dr. Stephanie .

SPEAKER:
Thank you! I am related to LEND that I was intricately related to the pediatric audiology program from Utah regional program for many years. The past couple of years I've had to pull back. But I'm still here so I'm happy to be with you. These are the three programs. They are all in state law. They are the three state laws that involve audiology in the state. EHDI, which you know about I did a great conference, and congenital -- we are three for one. I'd been the EHDI director in the state for 10 years. As you all know, there is the CDC one – three – six, these are the national milestones we subscribe to and every year we have to report how we do with these for each of the states and territories to the CDC. We all know that hearing screening the milestone is one month after baby needs to be screened for hearing before a month of age they do not pass then they need to be rescreened depending on the state. If they don't pass that rescreening go right to diagnostic evaluation. That should be done before three months of age and then if they are diagnosed with anything. About 10 years ago, our state was doing great with the one month milestone. We had a state law with universal hearing screenings since 1998. But the three-month master was definitely suboptimal. I decided that we really need to, I love this, Doctor at will -- Dr. Shelby Atwill think outside of the booth! Here is a beautiful state, Salt Lake City is in the upper left. If you've never been there, I recommend you come and visit. There is our city on the base of the mountains and the rest of the state, gorgeous and scenic and very rural and very frontier. If you go to the next slide, you get a sense of our state. I understand with Oregon, I know another states like ours that are out there. The

circled areas we call the Wasatch front and that's the mountain range. In the circled area around Salt Lake City and the capitol city, is where you'll find the audiology services. For pediatrics. Outside of that circle, they are few and far between there are a couple up north in Utah State University in Logan, near the Idaho border. There are a couple of down south and very far southwest corner of the state down in St. George. Other than that, that is it! I thought how are we going to get services to families that are outside the Wasatch front? So I thought well, this goes back quite a while ago. I thought can we do tele- AVR? we had a midwife in the middle of the state in Mount Pleasant. She was a great partner for EHDI and we provided hearing screening equipment and she was screaming all of her babies. She really wanted to help EHDI anyway she could and I said I've got something for you. We want to try and do tele-AVR fur baby so would you help and she said sure. At the site, which got our facilitator and then I decided I need to research what I need to do to start taking out something like this. These are very humble beginnings you guys. I'm telling you this because if we could do it, any of you out there can go and do the same thing. And it is way better now. Anyways, I reached out and we are lucky that the national resource Center for EHDI is right up at Utah State University and I talked to the telehealth network and got as much information as I could and they agreed to help us and provide technical assistance for us. I said we are ready to go, let's do a pilot project, prove the concept as soon as possible as to 10 babies. Next slide? We had to come up with logistics, we chose test equipment and we used (Term ?) it was quite revolutionary being able to test babies non-sedated so we chose that Andrew got new laptops. We chose portable cameras. They were not attached to the laptops so I could see the baby and take a look at the year and things like that. We had to decide how are you going to take over the test equipment so that remote desktop control and also, how will we do video interface? Videoconferencing? We chose and tested other programs and it was one that work best for us. We found it was really limited imminent -- Internet. So we chose BOMGAR. And also we used Skype. I don't even know if that's Rhonda Moore. Had protocols for HIPAA and other. We met in May 2012 and we got all of our equipment up to par, we got BOMGAR loaded with the encryption on our laptops because now they would be containing PHI, personal health information. Daniel is at the bottom left, and he is wonderful. He came down, my colleague Kurt is the older gentleman who has since retired but will get everything set up and then we had Daniel be our guinea pig and you can see there is Kurt cooking up -- hooking up data. My screen is on the bottle if you click the button, I want to show the difference between hardwired connection for Internet versus Wi-Fi. You can see the original image was quite fuzzy. We have too many things plugged in in the conference room. And so, they moved to another area of the building. You can see the difference in the fidelity of the visual quality. I just wanted to show you that example of how much a difference it makes. Go ahead, next slide. A couple of weeks from then, we went down to Mount Pleasant. I stayed up in Salt Lake City, Daniel and Kurt went down you can see the wonderful midwife. We taught her how to prep the baby, scrub the skin, put on electrodes with inserts in and we actually did testing on three babies that day. Three hours apart so it was really a long day but we got through it! And it was awesome to have Kurt and Daniel there because they helped troubleshoot technology and Kurt helped troubleshoot insert placement and things like that. If you go to the next slide, a couple of weeks later we did three more babies. So then we had done six. Now if you go forward a slide, over the course of the next couple of months, we did four more babies. We got our town! In a short amount of time, without our pilot project

done and the picture there is a colleague. She was helping with tele-audiology for the project and the next slide, do not go to it yet I want to prep it. There were definitely some growing pains during the pilot project. And I'm going to show you a tiny video clip and I'm asking Shannon at the end of the session, how many times did the Internet drop? Go ahead and press it. How many times did the Internet drop?

SPEAKER:
28. 28 times! (laughing) I'm done!

SPEAKER:
Next slide it never gets old! I'm sorry, it is better to laugh than to cry! But that was the honest to God truth. That it had dropped 28 times. However, we discovered that remote diagnostic ABR testing is indeed possible. And there is a few things that we found that made it much more successful, the Internet connectivity was huge. Having the test environment be as free of electrical interference as possible. Even though when it came out they said you know, if it is a teller that could be playing and as long as they're quiet they can get good waves. We found a baby has to be sleeping to get the best waves possible. And I want to let you know, keep in mind that when the session is over, the equipment is at the remote site. So they have your forms, as an audiologist we are used to when the patient is gone look at the forms again and double checking latency and measurements and all that. If you did not do that while the evaluation was going on, you have to schedule time with the remote site to get back on the computer and review the forms. One of the tip, we did have stipends that we give to the midwife and the families to thank them with sincere gratitude for participating in the pilot project and for being so patient because think about it was frustrating for Shannon with the Internet drop a 28 times, can you imagine families? Next slide. After this, we decided that we can do this! Let's formalize tele-audiology program so we got the paperwork in order, the forms that we needed and the post ABR surveys of the families and started tracking data. We set up additional sites and reimbursement. It was an issue. Not for us, per se because we had the support of our director who is letting us do this is a public health service. With three audiologists on the team and what reimbursement is a problem though is trying to have other audiologists be able to offer the service. So if they're in a corporation or private clinic, even though telehealth is in our scope of practice at the national level and in the state, audiologists are not recognized as telehealth providers. Hospitals which were future telehealth sites, they were able to build facilitation fee but still not the audiologist. So if you go to the next slide, currently, this is what we have going on. The little green smiley faces are two sites that we have a very strong since about 2017. Done at blue Mountain Hospital in the southeast corner of the state and San Juan. Hennepin Roosevelt, at Uinta basin medical center and we received some of telehealth funding over the past few months from a grant and we are in the process of expanding to three more sites those of the blue smiley faces. Unfortunately, our midwife moved a couple of years after the project and then we work hard trying to get by from other sites and eventually we found super passionate individuals to take on being remote at those hospitals I mentioned. Now we have three more so if you go to the next slide, this is what the setup looks like at the hospitals. Here Shannon on a portable video cart, the top right is labor and delivery. We had that set up to see the babies at one of the hospitals. In the bottom left we

had a sweet little baby from the reservation it was very content sleeping during the tele-ABR in his cradle, the set up at Uinta basin hospital is down at the bottom right. Not only does this save time and money, and gas money! And time off of work, things that Dr. Shelby Atwill talked about, but it actually does a lot of other good things for the family and before I go to that, if you click on, I just want to show you a quick set up of open teleworking since the pandemic. I am at Shannon's home office doing footage training you can see the set up she's got the machine on the left and family on the right and the best thing I think for these families, the brand-new parents during the tele-ABR, if you click, they get a chance to get a really nice -- the next slide. That is all I have! I will be around for questions, thank you so much for having me!

SPEAKER:
Wonderful, thank you so much for sharing your knowledge about all of that. I would now like to introduce Amber Woodcock a mother of three children, she is the president of Maine hands and voices as well as a program supporting families of deaf and hard of hearing children. Please welcome, Amber Woodcock.

SPEAKER:
Hi everyone.

SPEAKER:
Thank you for having me up tonight I've already learned a lot so it's good. I am first and foremost, she said I have three children my middle child is deaf. I'm also president of Maine hands and voices in a program coordinator. I will give more detail on a couple of slides. Go ahead to the first one. This is actually my son having his newborn hearing screening. This was his second time they did it in the room so I snapped a picture and I was go back to it every year it shows up in my memories and this is the moment our lives changed and I was safer the better because I'm here now and doing all of this. We had three different follow-up appointments. He was originally diagnosed with a bilateral mild to moderate loss. He does have incomplete partition -- which led to progressive loss. He does not have a profound bilateral hearing loss. Next slide. This is again, this is the night that we came home from him getting his first set of hearing aids in 2013. He was a little bit over three months old when he first received these. And this is him at the Boston Children's Hospital. This is after he was activated for his second implant. He did receive them six months apart. And we started with -- he now wears N7 bilaterally. Thank you for saying that he's A CUTIE I am partial but I think he is pretty cute too. This is him now. He is a and 1/2. He was the first child of cochlear Americas out of Boston Hospital to be mapped. We did this a few months ago and this is him sitting right where I am sitting right now at the dining room table. Our audiologist -- we used a Wi-Fi connection and technology with Bluetooth to map him just like he was in the Boston Children's Hospital. It was actually really cool and I learned a lot and I really enjoyed it. Next slide? Maine Hands and voices a chapter of nationwide nine profit hands and voices. Our motto is what works for your child is what makes the choice right. And our goal is to support families no matter what mode or method of communication that they choose to use for their child. Right now, we are hosting more online than in person events. But we are hoping in the near future to be able to get back to in person events, next slide? This is my oldest son, maverick. I had to throw him in there

somewhere. This is what of our hands and voices events. For the God by your side program that I'm the coordinator of, where for parent to parent support through the journey of having a deaf and hard of hearing child. We try to get involved in their process as early as we can. So that we can help them go through the initial audio testing or picking devices or anything or even the mode or method of communication, there's a lot of decisions that need to be made in the process. And sometimes you need to just talk through, a shoulder to cry on, we're just there to support them since all of us are parents of a deaf or hard of hearing child. We've been there and we try to support them in whatever way they need us. Every family is different, some families just want a text or a link with information research that we have done. Some parents literally want a shoulder to cry on. They want to get out there, the grief their frustrations and then, they can move on and be a better parent for their child. Next slide? The other program that I am the coordinator from or for I should say, is the ASTra program assess for advocacy, support and training. And we help parents to be able to better advocate for themselves and their children through the IFSP and IEP process. Those help the children eventually get the education they need and deserve. This is Raiden at his kindergarten open house. We have always been very fortunate to have great IEP team behind us. And I wanted to make sure that families, all the other families also are able to have the great support. I'm hoping with the program and hopefully everyone will have its support! I think this might be, yes, that is the end of me. I'm also sticking around for the breakout. Thank you!

SPEAKER:
Wonderful! Thank you so much for sharing your perspective. Lastly I would like to introduce, Dr. Stuart Trembath, audiologist and owner of hearing Associates. He's currently the American speech language and hearing representative to the American Medical Association editorial panel for the common procedural terminology. He's in on many boards and cochairs healthcare economics are many. Please welcome, Dr. Stuart Trembath.

SPEAKER:
Hi everybody, thank you for spending time with us this evening. Hopefully, what I have to share will be helpful! As you consider telehealth as we move forward. A little bit about myself. I am a audiologist. I'm the owner of hearing Associates. We are in a community in Iowa, a community of about 25,000 people. We provide audiological services basically, birth to death. We are one of the diagnostic centers in the state of Iowa. The map that you are showing of Utah, and Oregon, looks vaguely familiar to me. Only in that there was a sparsity of places where these services could be provided. And that is true in Iowa as well. We are very happy that we have the capability of providing the service. We do not do remote testing at this point. And certainly, that is something that I think is going to be crucial in a rural state. Getting the service to the babies that need it as opposed to having the babies come to you. We are seeing families anywhere between 100 and 150 miles at times to get to us. Having the service locally, close by, would be very helpful to the family. And I believe it would result in quicker service delivery. As far as my other hat that I where I am the chair of war cochair of healthcare economics committee. Our charge out of the committee is basically working with coding and what used to be called reimbursement and now called payment. Because we actually get paid for what we do rather than reimburse for what we do. The current concept is that we look at payment policy,

being connected to the AMA CBT process also gives me a unique insight into what's happening with telehealth. My opinion is the future. It is something that we can just embrace and run with. We are going to be limited though in payment policy. And you heard others earlier talking about getting paid was difficult. And unfortunately, it continues to be extremely difficult. The reason for that were one of the main reasons for that is under Medicare law, were considered to be a diagnostic only service. That means that we can get paid to do diagnostic evaluations but we can't get paid for the full scope of practice within Medicare. Why is that significant? We can still do what we do regardless of what Medicare has to say. But most third-party payers follow Medicare when it comes to payment. And since we are not considered to be a therapy service for instance, we cannot do a lot of the things that we know are part of practice in terms of getting paid. That's what telehealth we are very limited because within Medicare there are 13 areas prior to the pandemic, were eligible to be paid for telehealth services. And audiology, we are not, those services. We are excluded legally from being paid. With the pandemic, and the national health emergency. Medicare was able to relax the rules. That will offer a number different services to be paid for via telehealth. That's what opened up the door for a lot of the telehealth services that we are seeing today. The issue and audiology is since we are a diagnostic service, Medicare sought to allow us to do more. And those codes are involved around cochlear implants. We can do the diagnostic, cochlear implant patient younger than seven years of age with programming younger than -- with subsequent programming. So the mapping that you saw being done with the, with Raiden in the previous slides, were one of the things that actually, Medicare law does allow us to bill for. And so, payments in theory, should occur and also allows for those seven years of age and older for the same procedures. That is the extent of what we're doing. The reality is telehealth is something that we can do, provided that we have the approval of the people that were providing the service. And they agreed to pay us for the service. Knowing that the service probably will not be paid by another third-party payer. That is something to think about. In our practice, we use telehealth in a number of ways there been a lot of challenges over the course of the last year. So we are growing and the people we serve are also growing in the capabilities of using the technology. You saw from Doctor Clark's presentation, a variety of things that can be done with telehealth. The greatest area at this point is related to hearing service, hearing aid fitting can be done remotely. As was discussed a bit ago. Also subsequent reprogramming and in some instances you can do it with face-to-face visit on the iPhone or android phone or tablet or computer. While you're working with the patient as well. What are the limitations? The limitations are your imagination. It is a huge limitation. We can only do what we can imagine that we can do. And if we limit what we can do to what we may get paid for by a third party, that will limit what we do as I mentioned earlier. The other thing that can happen as well, is, we are limited by the technology of the person we are working with that they have. For instance, did have adequate Internet service? Do they have adequate Wi-Fi signal, adequate cell phone signal? All those things that we are able to provide the service. All the able to open up an app and comfortably use it? One of the biggest challenges within the system for telehealth, was that patients did struggle with the use of the link to open up the telehealth appointment. And that continues to be a challenge. As we move forward and more telehealth is done, I think that we will see there will be a greater acceptance of the technology. And I think in the world of pediatrics, we have just huge opportunities. It is difficult to get a child out of school, get the child to the appointment, drive

however far it is in a big city you might spend 15, 20, 30 minutes in traffic, let alone, getting into the building and finding a place to park etc. appeared in a rural environment going from point A to point B. For any appointment that we have, there are challenges and if we can see a child or adult for that matter, and they only have to spend 15 or 30 minutes of their time for the appointment, we have given them a lot of time in their day and made it considerably more convenient. Also, what we're finding is within telehealth when it works, we actually spend less time with the patient providing the service. There is efficiency that can be gathered as well. Successes, the successes are providing service, to a person in their home, in their school, not necessarily in a clinic. It is less threatening. Certainly, to a large degree for some of the kids. Failures? No, I mentioned the imagination. The audiologist that work in my practice can think of lots of reasons why we shouldn't do it. Rather than thinking about all the reasons we should. I've had that problem as well. There are other issues related to telehealth, related to licensure. As we got that contact will occur less across state lines it will open it up. To provide service, -- legal for me to provide service from Iowa for someone that I take care of in Minnesota. Is it legal within the license for me to take care of somebody that is down in Texas for the winter? Those are all questions that have not been resolved yet. And certainly, limiting in terms of what we can or cannot do. But don't let all of that get in the way of trying to figure out how can we better use telehealth for the patient's.

SPEAKER:
With that, thank you! I look forward to any questions.

SPEAKER:
Wonderful, thank you so much all of our panelists for sharing your knowledge. I'm excited for the Q&A section that is about to start. I'm going to pass it over to Savannah to lead the next portion.

SPEAKER:
Hi everyone! As Nicole said, my name is Savannah and I am a trainee at (Name ?) I will start by kicking off question and answer since we are running a tad bit short on time. Thank you to all of our panel members. We really appreciate your time and your knowledge. If anybody has any questions, feel free to un-mute yourself and personally ask it or send it in the chat box and one of us will read it.

SPEAKER:
I see something in the chat for Amber.

SPEAKER:
Amber, do you see greater participation rate in your programs due to services being online?

SPEAKER:
I wish I would say yes but unfortunately, no. We find that especially parents are zoomed out. They don't want to do stuff online. They been in meetings and school, just everything is on zoom right now. So, we did a monthly webinar and maybe three or four people would show up.

We're doing a book club right now that is having a really good turnout. But everyone is really interested in the book and they got a free book out of it. So, we're finding anything that we give stuff away for, they will show up for. But other than that, no, everyone is just zoomed out.

SPEAKER:
I can totally see that but hopefully will pick up in the future. And we can go from there! All right, regarding the remote ABR 's from Medicaid or other insurance providers, or families paying out of pocket? They say understand the diagnostic is very expensive.

SPEAKER:
It is free to the families and that is because it is being provided by our team as a public health service. So, that is how we have been able to run our program and serve these families. Not everyone can do that. We've been very lucky to have the support of our Bureau director and upper management for us to continue to provide services for these families. And I think some of that might come from, children with special health care needs Bureau had in person clinics that we served across the state. Real itinerary clinics for word travel and fly down for a couple of days and to services. The legislature, lost our funding in 2015 and enclosed our clinics. I think they were more likely for us because we still had audiologist on the team to grant us permission to continue to serve the families for telehealth. We were been very fortunate so it's free to the families.

SPEAKER:
That's great! Thank you for sharing. All right, let's see, from Jessica -- she asks, has anyone ever done telehealth readiness assessment to prove the concept?

SPEAKER:
I can answer that, this is Shelby. We created a checklist basically to make sure all the items for sites that were considering this, sort of help them see what things they would need to do ahead of time. And needed to have. It was pretty straightforward to understand all of the pieces required.

SPEAKER:
Great! All right, we have another question. Would anyone else like to input that question before we move onto the next one? Okay, the next one, the question is, when training midwives in remote areas of Utah to learn how to set up for diagnostic ABR 's another testing, how much time did you devote in training before the program started seeing patients? Is it something that was relatively easy for the midwives and other professionals to run with training? What did they run into issues?

SPEAKER:
Sorry, it was really easy. It was pretty much instantaneous! We did the training and then we had babies there so, we could mentor while they were doing it. So then they did some on their own and was really nice is when we are doing the tele-audiology sessions, we have going at all times in our cell phone, chats with the facilitator. So at the two hospitals, they both of the

newborn hearings coordinators one is a nurse one is AMA and they both did a fantastic job. It is really quite easy and they feel comforted because we will do in person training with them and then they feel supported, the practice and so, actually, it's been, quite easy for them and they know even over screen that we are still there with them.

SPEAKER:
That hands-on training really helps and allows them to be comfortable and ask questions. All right, the next question is for Dr. Shelby Atwill. Can you comment on how conversations go with families we diagnose hearing loss remotely?

SPEAKER:
I took that into consideration when we were setting up this scheduling for the program. We ended up deciding to have a virtual appointment that day or two before with me and the family just to go over preparing their baby for the testing and reviewing the case history so they've had this low-pressure conversation to get to know me and for me to get to know them and develop a relationship. Then when I saw them the next day the solar foundation had already been there. And I'm lucky that the office I'm working with has a audiologist that can pick up where I leave off and do fitting for the babies so it's a warm handoff where they have met me, doing the testing, really results but bring in the audiologist to the room in person to sort of take over with the next steps. Everyone is right there already connected, there is no referral needed for the next step. It is just taking you into the room. So that's easy!

SPEAKER:
Seamless transition! Okay. Does anybody have anything else to add to that regarding if someone were to have to have that conversation via zoom?

SPEAKER:
This is Stephanie, I'll add to it. As an audiologist, I've been an audiologist for 31 years. It is still hard. And when we are doing our tele-audiology sessions, we do everything as if we were in the room with them. You know so even though we are separated, we are still saying, if I am not looking up right now, and I have a concerned look on my face, is me just focusing on measuring the waves, there is nothing you know we try to make it exactly as if we are in the room. And it just so you know our facilitators at the remote site, they stay with the families all the time. What's nice about these small communities, is they really know your hospital personnel so it is nice for the newborn hearing screening coordinators doing it because they've already been intricately involved with the family. Through the hearing screenings and talking to them when they fail the screenings and what the next steps were. They are there to hold their hands and still have that personal contact and touch. And so it is never easy. But it is still okay, it still is okay as it can be and we try to make it as close to in person as possible.

SPEAKER:
All right, thank you for that input! Anybody else have any questions? Any other ones, questions have been great so far, thank you! All right. I will hand it back over to Jackie and we will start

getting into the small group discussion. If anybody has any questions, just shoot it in the chat box.

SPEAKER:
Thank you, savanna! That was a different panel and lots of great questions. We are going to move into the small group discussion portion of the workshop. You should be seeing a prompt. We will have Dr. Jackie L. Clark as well as all panelists kind of moved each of the breakout rooms. If you have more questions as you are debriefing the panel, please, feel free to ask them as they stop by. And then of course, we also have one faculty that we part of the discussion. And leading the discussion for each group. If you have any issues with getting into your breakout room just stay in the main room and I will help you. And of course, was you into the breakout room, we would love to see your face if possible. So, you can turn on your camera so you can have more discussion that way. But if anyone has any issues, just stay in the main room and Emma put you into breakouts. Just a minute or so! Thank you, everyone!

SPEAKER:
Hello everyone! I am kind of stalling a little bit as people come on board. I am your LEND audiology faculty facilitator. I think we have about 10 participants so we might be where we need to be. My name is Sandy, I've been in audiology faculty since the beginning of time (laughing) we had one of the first audiology grants for LEND and the reason I'm bringing that up is one of the goals of the first LEND funded project was remote training to audiologists and as part of the project we did telehealth support. That was about a dozen years ago. A little bit different than what you are hearing because we partnered with a practicing audiologist in a rural area. His expertise was primarily adults to help support the pediatric population. And I think it is kind of a hybrid model that has not been mentioned. But maybe something when you guys did your interviews with audiologists, perhaps I came up at some point. I'm interested to hear what you've learned. I hope that you all enjoyed EHDI, things always a wonderful opportunity to get perspectives outside of audiology. For the EHDI system and different professionals and parent and mentor roles in EHDI. I think one of the things that we lost this year, was the networking. So here you go with a few minutes to network. So, hopefully, it's not quite the same! But hopefully we can see your faces and learn just a little bit about you. We will start with introductions. And what I hope you will do is tell us your name, program, what year you are in and something interesting about why you're doing what you're doing or what you've learned through the LEND process to help us to get to know you better. I'm going to go by who I'm seeing on my screen. If anyone would like to start, raise your hand. Come on, you can do it! Gabrielle? Do you mind starting?

SPEAKER:
I am Gabriel and I'm actually faculty on the URLEND I'm also at Idaho State University so I get to work with lovely individuals. We are all across the nation and the program. It's kind of fun!

SPEAKER:
Do you have any telehealth activities going on at the moment?

SPEAKER:
We don't. Our clinic is actually barely functioning at the University still. It's been tough getting back into it. But we are still seeing a few patients but nothing telehealth wise.

SPEAKER:
Great, Amber? Would you mind? Have anything to add?

SPEAKER:
I don't think so! I think you guys just heard everything about me during the panel. But I'm here if you have any questions about anything with the mapping we did with Raiden. Just ask away!

SPEAKER:
I do think one question I had for you and I will let these guys chime in. Did you feel like the experience gave you and your child what you needed? And at what point in your journey, would you have felt like turning on the telehealth option versus in person?

SPEAKER:
It definitely gave us what we needed. We have a lot of support from the audiologists. She's amazingly they give clear directions and walked us through everything. I think if I, if he would've been my first kid, and it was my first time at mapping, I probably would have been a little nervous going into it. But he is my second kid, we have been doing everything and I'm not new parent, I'm not new to mapping. I felt secure, I've seen them do it before. So, being able to step into the shoes doing that, I think it was okay. The map worked really well and he's gotten results from it and we haven't had any problems from being remotely mapped. When I say problems, it sounds bad but everything went really well! I'm happy that we did it and able to try it out.

SPEAKER:
Great, thank you for sharing. I wanted to grab you because I know you are rotating. Let's see, any trainees want to volunteer to introduce yourself?

SPEAKER:
I am Jessica, a third-year grad -- I am working on telehealth readiness survey for adults and one of the research -- we have a low income hearing aid bank and we do it through COVID. We are working on seeing if there ready for telehealth. It was interesting and very eye-opening to everyone if we were going to do telehealth going forward, what they would need to be supported.

SPEAKER:
Do you have a take-home message? What we should learn from your project?

SPEAKER:
I think maybe parents of new kids will be more prepared because a lot of them it was like, you know cell phone use was a section and a -- we said okay this is going to be difficult! So they had

their flip phone and that was it. They were going to need a lot more support to be able to be ready for telehealth.

SPEAKER:
Interesting! Another volunteer or should I just call on someone Shannon, do you want to introduce yourself?

SPEAKER:
Sure! I am 1/4 year student at University of Texas Austin. Currently, rotating through at work in health and science University. My experience with telehealth has, I've had a couple, I've been able to do some follow-up appointments with patients. I've worked with Dr. Shelby Atwill who presented, and so, I've seen and heard first hand from her a little bit about her tele-AVR experience and getting that project off the ground. And I've been with her for just kind of checking up with families who are kind of in more rural parts of Oregon and it's been really great to see, I feel we've seen a lot of benefits from the telehealth. And being able to connect with families who you know, others would have had to make like three hour drive and so, it's been a wonderful experience!

SPEAKER:
You are very lucky! To have that experience. Sam, do you want to go next?

SPEAKER:
Sure! I am Sam and I am in the Utah regional land with Gabe. I am also in Idaho. I'm actually one of her students! And I just decided to get involved because I've always wanted to work with pediatric population. And I felt it would just help me gain some more skills and more like collaboration and meeting people to different disciplines. My rotations we really haven't been doing tele-audiology. In C. -- people in person. The only example I can think of is when I was in schools, we were doing our IEP meetings. Through like Google meets but we have been doing appointments through telehealth.

SPEAKER:
Great! Thank you for sharing. All right, there are four more of you. I would go to draw straws or will someone unmute before I call them? Trevor?

SPEAKER:
I will go now. My name is Trevor, I'm a second year at UW Madison. Trainee near Madison through the Wiseman center. I primarily -- like pediatrics and the population as well. Which we don't really do a lot of telehealth within the Wiseman center clinics, specialty clinics. Some of them have telehealth appointments through other disciplines. In which they have more time than we usually do. And in the University clinic, the biggest amount of telehealth we do is with one of our instructors whose actually a supervisor, he does management through telehealth and I wish I had more of a heavier hand in that. It's pretty fascinating but unfortunately I haven't been with him very often at University clinic but yeah, it is nice to be here and meet all of you guys.

SPEAKER:
Thank you! Robin, do you want to go next?

SPEAKER:
Sure, hello everyone! I'm actually with the maternal Child health Bureau. We find the LEND programs and supplements and programs are receiving. I am sort of a bystander today. But I do have a child, adult, going to be 21 next month with hearing loss. I've experienced a lot of the services we've discussed and it would've been very nice to have telehealth available to us 21 years ago. So, very intrigued to listen to the panelists and appreciate whatever had to say. Thank you all for the great work that you do.

SPEAKER:
I would say that Robyn is more of a cheerleader!

SPEAKER:
There you go! Thanks everyone.

SPEAKER:
Sherry?
SPEAKER:
Hello! I'm 1/4 year audiology student and training at -- Chileans evaluation. In Bronx, New York. We don't do any tele-audiology currently. My only experience with telehealth is, I observed an SLP during feeding therapy but nothing audiology related unfortunately.

SPEAKER:
Great! Get some ideas?

SPEAKER:
Yes, of course! It's very interesting. Something that I think is definitely going to become more prominent in the fields now.

SPEAKER:
Thank you. Last but not least, Caitlin?

SPEAKER:
I'm Caitlin student at University of Maryland -- audiology training at Kennedy -- currently we are doing in person services and a lot of tele- audio services being provided right now. As interesting thing about me that I was diagnosed with hearing loss when I was in kindergarten. And I've worn hearing aids since second grade. It's been a really exciting and interesting experience being on the provider side of pediatric cardiology. -- It's good to be on the side.

SPEAKER:

A provider and a personal advocate all in one! That's fabulous! So, let's think a little bit about how, for small, the need for pediatric telehealth. US have watched some of these presentations, heard our panelists, I think that we should talk a little about where you see the need because I think what we recognize by listening to everybody, is there are limitations that make it currently, so the expectation would not be to provide all audiology services through telehealth. If we could flip a switch and do that, maybe we would do that but if we think about the realistic need and then how the pediatric population might be more challenging, on one hand, but I think hearing kind of amorous perspective on the parent side, help might be more challenging from our perspective but might be valuable from apparently -- a family perspective. I like to start discussion with you just reflecting on what you've learned and what you think is your thinking about what you like your practice to be, I know in some areas, the need for rural support is less than other areas. But I also think during a pandemic or other family challenges that might make it so would be hard for them to even get you know, down the street, where do you see in your experience and the people you have talked to, the person you interviewed, what can you learn from what you see as the challenges for pediatrics and secondly, what is the need? How can we help prioritize what kinds of services to offer families? We have a couple of audiologists on, if you would like, either Stephanie or Gabrielle, if you want to share your thoughts and we could get some reflections from the trainees.

SPEAKER:
I can start. I see a great need kind of like when Amber expressed. After you have the initial contact and you have the report -- the reporter built, you can do some of the follow-up services via tele-audiology. We did a study, unfortunately we didn't have any participants but it was set up really well! Where after that initial fit of the hearing aid, then the follow-up service one week later would be a phone call or a zoom called to check in with the parents and go through the little survey and see how they were doing and everything was working well with the hearing aids and instead of having to drive back the week after, because usually there's not too much that happens with that first follow-up. Services like that I think would be fantastic to be provided by tele-audiology and those can be because they usually not charging anything for those follow-up visits. So that is something that could be started easily and working into the tele-audiology practice.

SPEAKER:
This is Stephanie. O, go ahead.

SPEAKER:
I just saw Sandra talking but she was muted.

SPEAKER:
Is so that but Stephanie go ahead. If you have something to add I like to hear your perspective.

SPEAKER:
I was just going to say that there are other places in our state that are offering tele-audiology services. For example Utah State University, they have been doing tele-intervention, even prior

to the pandemic. And they specialize in listening and spoken language early intervention and they opened up this service to not only the Utah families, because they are up in Logan so there in the north of the state. Near the Idaho border. Families who are choosing listening and spoken language and other areas of the state so they could get specialized early intervention through LSL and also serving other states around us that don't have it in their area. So they have been doing this successfully for a while now and it's really exciting and they also do through their clinic, at University. They are doing but was just mentioned by Gabe, they do follow-up visits for hearing aids over telehealth. They started this before the pandemic. I think the pandemic, has done, we're going to try and see if good has come out of it and so many people were thrown into it who would have been reticent maybe, to try it. Especially if it's an older person not very technically savvy. To have, is a great option for hearing aid follow-up visits and keeping them safe and so, I think it really is the wave of the future like Dr. Stuart Trembath said and people have found that it works and it's a vital option and for some people it is an incredible thing and opened up specialty services they hadn't been able to access before.

SPEAKER:
Trainees, have it any of you talked to someone or been revolved -- involved in a remote hearing aid session for a child or adult?

SPEAKER:
One of our providers will do hearing adjustments pretty much all over because of COVID with the University clinic which takes an act of Congress to get approved for University to allow that and they didn't end up allowing it face-to-face or zoom or anything like that but they can submit an email and we can remotely program and set adjustments. That is about as telehealth as we can get at our university clinic. When interviewed her, she said was one of the things she thought was stopping progress in telehealth because it's the only university that trains audiology students and the universities very against telehealth services. So none of us have graduated, able to see telehealth. She thinks is probably the biggest area, the focus for Oklahoma is to allow University to start training students in telehealth.

SPEAKER:
Do you know why they are against it?

SPEAKER:
There are differing opinions. Her opinion is that it is just too much of a data security issue. Which is frustrated because there are other clinics that have lots of compliant zoom or Skype but they've pushed back. It took probably three years to get even remote programming allowed.

SPEAKER:
Anyone else run into barriers like that where the system does not allow it? Or talk to people that that's an issue? No? I think many audiologists are providing remote programming assistance for hearing aids. I would venture to say in the adult world, the majority of them during the last few months, most of you have heard that there are, the hearing aid software

many allow you to do remote programming through their software. And I have talked to many audiologists who say, why would we go back and not do it that way? I think Amherst families experience of having remote cochlear implant mapping, that was not encouraged or allowed for a long time through the cochlear implant companies because of the issues with HIPAA, but now I think it's catching on like wildfire. I think faster for adults than for kids. But I think if you look at those two applications, follow-up to technology, adjustments, I think the time is, we passed the timer started and I think stopping it will be impossible. Hopefully, all of you will get some experience in your training so that when you're out there as professionals, you will feel comfortable with your options. What about other pediatric applications? Stephanie talked about doing a BR remotely and it is not an uncommon thing these days to have, have any of you talk to anyone else? Or do you see the need in your regions for implementing remote ABR were first diagnostic visit remotely?

SPEAKER:
I could say it did not before EHDI. I remember a session specifically it really opened my eyes to what can be done or even like attempted to be done with telehealth. You know with ABR and cochlear implant mapping. Even such things as doing remote ABR in you know, remote hospitals, with someone who is trained to help out, who may not be audiologists but is not a layperson we are sending things to. To help out in those hospitals I think it's a really cool idea and I don't think it is that out of the you know, that abnormal to suggested or tried to get that set up. Especially nowadays. I can definitely see how that would really help benefit the communities.

SPEAKER:
And I love the example that Stephanie used her pilot study of partnering with a birthing hospital. For the reason that she gave, maybe you can elaborate a little bit. Because if you think about the data out there, if you think about the referral rates for newborn hearing screening and if we're lucky, the hospital only refers three or four percent of their babies for follow-up testing. And that is a good hospital. So you think about all the babies that need diagnostic testing. That won't end up having a positive diagnosis. And saving families. And I don't know, Stephanie, if you can address that. I don't know if you looked at the date of those babies that would have been perhaps lost a follow-up just because of that issue of, we have to test six times as many babies to find one even if we have a hospital has a low refer rate.

SPEAKER:
Yeah absolutely. The study we're doing right now, already preliminary data is, we were first looking, we wanted to look at the improvement in the three-month milestone for babies that had to drive to get there ABR 's -- versus Tele ABR. it was complete and the process. We found it was astounding number of families and the areas that were lost to follow-up with them ever even received any service regardless of the timeline. There is a lot of barriers for the families so it's really exciting to be able to serve these families and get them what they need in a quick manner and a easy manner. And in the map I showed you, Blanding in the southeast corner of the state, there's a large reservation there. And they have a huge loss to follow-up in us because many of these families don't have phones or any way to contact them or anything so

we have built in a blue Mountain hospital, the hospital we were quick down there for this, when they fail and if they fail they are High-Risk and they will be difficult to come back, they will call us and we will try to do Tele ABR right then and there while the families there. Before they leave. Because women ever get a chance to see them again. It has been a really, it's been an exciting thing to see and you know, these families need the help and we are really lucky that we can provide that to them.

SPEAKER:
I think that's fabulous and I think one of our goals of course in the EHDI system is reduced lost to follow-up and give all families resources to be able to get a follow-up test ideally a follow-up diagnostic test. Obviously, one of the challenges that has come up is being able to get reimbursed for the services. And I think it seems to be universally agreed that it is challenging at best. It is prohibited at worst at this point. To get reimbursed for services. If you think about that as being a barrier, what are some of the things that you've heard about that we could implement? We just talked about one obviously it adjustment of hearing is it we can implement easily. Did you hear anything else in your time with EHDI or interviews with homework that would, that you could think of other things that we might be able to implement? That would not be prohibited for billing?

SPEAKER:
I guess like this isn't like, I guess I practice or procedure or anything but creating a 3D world or creating, was it 3D relationship in a 2D world was approved -- the presentation? I like what they said about body language, that we usually use that a lot an appointment. But in telehealth, they are seeing -- so we have to somehow convey all of that. In two being able to help them and I think just in the presentation we saw today talking about how many times you left Internet and how in the presentation to give the example of if someone is crying you say wait sorry, my Internet cut out can you repeat that? And it brings the sincerity out of the moment.

SPEAKER:
A guess of it strikes me about that and what you're saying is, and Stephanie as an example, and what we've had with ABR, it's so important to have someone on the other and for the family. Because you know, you're probably not making a diagnosis when they are sitting in the laundry room. You're probably making a diagnosis when they have a support person on the other end. Maybe a nurse, maybe a trained nursing assistant but somebody to help so if you do lose that connection, there is at least a support person there. And I'd say for most of these visits, especially if you have not built a relationship with the family at that point. But, I'm going to throw out a couple of things that I heard and see how you would react. I did learn something in the panel discussion that I naïvely had not thought about. And that is including other family members in your session. Remotely. And I kind of have this moment and I thought, why haven't we been doing this? You know, connecting dad, grandma, however, I would like to be part of the counseling session. Even if the child and one parent or the nanny or somebody is in the room. Have any of you talked, I know you're supposed to be doing this, have any of you heard about doing that? I cannot think of a reason not to unless your organization prohibits it. What a way to open up the support system for the family almost instantaneously. Any thoughts

about that? I wish I had candy that I was thrown to you every time you participated which is what I sometimes do in person. We'll have the virtual candy throw! If you guys can join in!

SPEAKER:
I had not previously thought about that but a great idea. There been a couple of appointments where because we are doing in person service, we are only evaluating one -- allowing one Guardian to accompany the kid to the appointment so there been times where the mother or father away in the garage and FaceTime them, involve them in the appointment. They will have the dad positioned in front so that he could see the child, the facial reaction. So it is a good way to involve different family members in the process. Who before this woman I have considered that they could experience that and share the experience with the family members. It's a good idea I don't know why it did not occur before but it is nice that is a consideration now.

SPEAKER:
That's a great example, thank you for sharing that. Because I think before, it would have seemed unnatural, maybe even the other family member would have felt like they were missing something. But I think now they will have the experience of being remote in some way, maybe we all will kind of embrace it as being a natural extension of what we already do. I'm glad to hear that you're doing it. I think that's great. Anyone else have something to add?

SPEAKER:
I'd just like to say that I have not seen more remote sessions with parents may be a teacher for the deaf and hard of hearing I think your situations will be helpful that there are certain kids that will see who maybe have a complicated living situation, they are with their parents and grandparents sometimes. Just depending on what's going on with their parents. And so I think to tie everyone together if they are in different places or different homes is nice to have the option of telehealth to let everyone in the conversation. And I think everyone will remember different parts of counseling and things like that. I definitely see that it could be a very beneficial thing even pass COVID moving forward.

SPEAKER:
One thing, and I don't know what kind of systems you have watched in your clinical rotations but many electronic medical records now, you can access video, a video session through the electronic medical record. Which makes it HIPAA compliant. I work it a center which is a nonprofit speech and hearing center. We use a platform called counsel here. It's a medical record that caters to audiology. We can actually have it HIPAA compliant. We can see the patient all they have to do is click on their phone through the link that ought to load software or have zoom preloaded or Google meets or whatever. It's worked really well and at the same time we can access the records. If you have not seen or talked to anyone that does it to the medical record, I think it takes out some of the concern that some of the institutions might have for not being compliant. Really have a few minutes. Does anyone have anything to add about what they learned that we have not talked about? Are questions that they have about what they learned? Or what, has intrigued them about their EHDI experience? All right, let's think ahead. As you think ahead to what your practice is going to be like in the next three, five,

10 years, what do you hope this kind of relationship is for families? Because I guess what I would, what I've said before my experience with telehealth would be, I hope that I could connect and help coach support counsel families remotely and feel like I have the same connection. And I think if you would have asked me early in my career, I would've said I'm not sure it's possibly need to be in the same room. And now with my experience of having done some sessions, particularly counseling and hearing aid programming, I do feel like I can connect with the family. Especially five created a relationship with them. But as you think ahead to where you'd like to see you know, your career, what do you hope happens in the next few years? Will you be doing ABR remotely? Will you be getting paid for tele-audiology? I think that is number one let's hope that we can get reimbursed for tele-audiology because I think the biggest thing that we have now learned is there are applications that can work, will work and hopefully, will be more available. Would you all agree with that? I think number one, let's get the reimbursement so it makes it possible. I think there are platforms that make it secure. Anything else that you guys might offer? What about the possibility of practicing in a rural area and being that person, the provider that would like to partner with an audiologist that has access to more knowledge or more resources? What about doing men touring from audiologist to audiologist remotely? Would that be something that would be attractive to you as a new clinician?

SPEAKER:
We have an audiologist assigned to the different regions within Idaho and if we locate somebody that may not be as familiar with doing this ABR, then they can complete the ABR and we can talk through with them. Then they would send tracings and check them out and make sure that they're looking at it the same way we are for those that have the experience looking at those different tracings. Hopefully it's something they continue and increase because then we can reach those other areas that might not have that pediatric audiologist specialist.

SPEAKER:
I love you! And I think we don't do enough, have former trainees who reach out to me and say we look at this ABR tracing or will kind of hearing it would you put on this? I hope that being part of the LEND community think about using the resource even if it's not formalized, you obviously have mentors that you feel comfortable with and maybe they cannot get reimbursed for being a real time in your three hour ABR session but maybe you could shoot them some tracings or you know, brainstorm with them and I think it certainly is an underutilized and under encouraged resource. It is not direct tele-audiology but it is kind of remote men touring. So think about as you go to the next, some of you only have a few months as a trainee, some of you have a couple of years of training, what that might look like, how to set up the relationships and how to ask maybe for help from your mentors but also the EHDI coordinators. I don't know Stefan if you want to chime in as a treadmill coordinator. I think the state corners have some resources at their disposal. They know who those people are willing to partner. They might know an expert you are not aware of in your region.

SPEAKER:

Absolutely. Go to your state EHDI coordinators. We really, we know what's happening across the state! And we know ones who need men touring and we know amazing mentors that can help. Also, look to your EHDI programs for positions, they are wonderful! And one of my colleagues, she is our audiology coordinator so she holds birthing hospitals and audiologist to state standards and best practice protocols and she works with compliant and works with those who need a little bit of extra help and a lot of people do not think about audiology and public health and if you live pediatrics, and working in a system-level and it's a great place to get to know.

SPEAKER:
Another kind of played lipservice to this that you guys are the future leaders and the future visionaries. And that is at the part of the reason this topic is really relevant because you learn most of your basic audiology curriculum in your curriculum and training programs. LEND is meant to supplement that and meant to prepare you so when you are graduating, you're more prepared to provide pediatric services. Especially to children and families that have neurodevelopmental disabilities involved. And that makes you quite unique. Hope that you all think about taking that responsibility, seriously. How can I really make an impact in my community? Sometimes it might be to be a audiologist and connect with EHDI and your LEND program sometimes to work in a large urban area where they don't have enough you know, people with experience with a multidisciplinary approach. And working with families with developmental disabilities. You have unique role to play. We are not just saying that. I cannot tell you how many previous trainees that I've had in LEND just doing truly amazing things. And I really feel like the LEND opportunity as a trainee has jumpstarted you to be more prepared in your peers -- then your peers and was promoting remote support to families. Reflections from the trainees? Thoughts? Jackie, will say that we need candy to show them remotely for rewarding them for participating.

SPEAKER:
No, this was great! I've been jumping room to room and there been lots of different discussions, which is been interesting. Everyone has been focusing on a little bit something different. Some on reimbursement, some on how to make telehealth more family and patient centered. I'm not sure if you've spoken about that yet. So yeah, it's been great! I know are jumping in at the end of the conversation but all of the trainees have had amazing thoughts.

SPEAKER:
One thing we have not brought up, and I like to get the input from the trainees. That goes back to the family centeredness, we talked about how audiologist can benefit families can benefit but what about including mentors and advocates in a tele-remotely as part of what you are connecting families as an audiologist not just what the early intervention coordinator is doing or what they're getting from hands and voices. But you're often the person that first sees the families and yes, we hope that you make a referral to early intervention if it is age sensitive and referral but what can you do in your practice to help provide that extra connection with mentors either family mentors or adult mentors?

SPEAKER:
So, this is just a personal observation that I've made in the past year. The pandemic and it being harder for those that are deaf and hard of hearing to go out into the public world and communicate, there's been a larger social media presence. Both patients and service providers. And so, I think making these families more aware there is community sharing their stories and offering support services and I do remember who it was, but there was one instagram that was correcting -- collecting relative to some to be a mentor for different groups. There was different -- I think trying to get people connected, you have to look for it. Once you are in it you could see there are a lot of doors you just have to open them for these families.

SPEAKER:
Maybe you guys as trainees could help your supervisors and your families, even if you don't see them directly, understand that world because you're probably more connected to that world than many of your faculty and mentors. Maybe you could play a role in helping share that information with us! That's a great example I think. Any other thoughts about where you'd like to see the scope we could wave a magic wand in your career?

SPEAKER:
I just keep thinking of like the scenario and for five years, looking at my schedule and seeing that at 3 o'clock I have an hour-long you know, remote ABR with an audiologist and it is not that far like it's very feasible. And it is really cool to kind of like I could be -- it is part of you know what we do each day. Just thinking about you know, what it looks like is pretty cool and pretty excited for it.

SPEAKER:
Do you think it would take more energy and time are less energy and time if you had a mixture on your caseload? And the sun is setting on me so I'm going to turn the light on. Any thoughts about that? How that might change up your day?

SPEAKER:
I think of you had partners it can be energizing to have like a, I think if you are doing one a month with some and then troubleshooting would take over you get discouraged reviewed regular partners, it could just be normal like we have some classes that are in person and some on zoom so it is just normal to jump back and forth.

SPEAKER:
That's a great example! I think a lot of people would say it might even be slightly easier. In other words, you don't have to prep the room, you don't have to clean the room, don't how to put your mask on. There might be actually some time savings for you as a provider just as much is there might be for families as well.

SPEAKER:
This is --

SPEAKER:
Sorry.

SPEAKER:
Sorry, go ahead Trevor.

SPEAKER:
I was going to say could be like a satellite clinic almost pure like the second Thursday to fill up her schedule with these type of appointments or something like that. You know it is, feasible.

SPEAKER:
You could be in your pajamas from the waist down! (laughing) And so are the families!

SPEAKER:
I was going to add Windows a different room with faculty he was given the hard questions of, what happened if you had a facility just for telehealth. It would be the cost related to that, what would be the set up, do you think it would be a benefit or would not be a benefit? He was asking some really tough questions. But it just made me think about you know, doing it part-time versus it would be a full-time job, a full-time facility. Why don't providers want to provide telehealth? That was another big question that another group came up with. They named many different reasons, lots of different challenges. Including reimbursement issues. Really good to see all the connections between the groups. I have to head out to prep, will have a couple of minutes left until we regroup. It is nice journey of conversation for a few minutes!

SPEAKER:
Thank you. I know as we kind of wrap it up, I do that we've talked about so many opportunities. But also think that we have to not lose sight of that personal connection. And the thought of a full-time never meeting a patient in audiology, especially a full-time know audiologist media patient. Maybe you do not meet them but your partner in the rural area meets them. Because I think there are some things that would perhaps, be enhanced. But I think even if we believe that, we do not want to shut the door and opportunity either. So, I think we have a one minute. Do you guys have anything to add? I will just kind of say at the end when I said that we kind of lost that networking opportunity at EHDI I hope that you will recognize that you are part of a huge LEND support system that includes trainees and includes faculty and includes trainees a habit graduated. -- That have graduated there lots of people that have been trainees that are kind of have a spirit of this multidisciplinary support for families at a higher level. Support for families that have, that want to have center based, a family based services. An offering more than just a clinical approach to what you do. And you guys are getting that through LEND and hope that you carry that through whatever that looks like for you. But know that you are part of a big family and they're telling us we have 56 seconds. Anything else that you would like to add? All right, it was nice getting to know you guys. I wish you luck! And maybe I will see some of you at EHDI next year. And left click back and leave our breakout room.

SPEAKER:

Thank you!

SPEAKER:
Hello everyone! We are waiting as more people come back from their breakout rooms. I think we have almost everyone. So, we are about to wrap up. But before we do, and this was not part of the agenda. What does anyone want to share anything from their groups? From their small group discussions that they discussed, that that that was really interesting? Anything new? Another were a couple of panelists going around to different breakout rooms, and answering questions which was wonderful. And also I went to breakout rooms and I think each group is having a different discussion which was amazing. Talking about different challenges, the benefits, causing some really hard case study questions as well. Does anyone feel comfortable for a minute or two sharing what your group has discussed? Or -- something new that you learned? That is okay if not. Lisa, I see that you have your hand raised.

SPEAKER:
I'm trying to be polite. I'm just thinking about that when we usually do this all in one big room, they're all of these groups around tables and the acoustics in our group are quite lovely and I'm really glad I did not have to fight to listen in. And I'm really just going to say I'm a nerdy audiologist and it is okay Jackie that you don't know what that means. It was a really good signal-to-noise ratio for the meeting.

SPEAKER:
I love that. Make sure to add that to the evaluation. (laughing)
Anyone else? Okay. Well, with that, I just want to say thank you, it was such a great event tonight. Thank you to Dr. Jackie L. Clark who came and joined us tonight. Also, gave great foundational keynote presentation. To all of our panelists. Dr. Shelby Atwill, Dr. Stephanie McVicar, Amber Woodcock, and Dr. Stuart Trembath. I think that we all learned something new. And another is a couple of groups that they are writing down quotes from the presenters which is amazing! Also a big thank you to our LEND faculty who came tonight as well as those that facilitated the small group discussions. And of course, all of the trainees. And of course a big thank you to the staff and those that help support this event. Just some last minute items. Emma put the evaluation for the workshop into the chat. Please take five minutes to do that. You also send a reminder with the link in the next day or so. All of the recordings, workshop resources, have additional resources from some of the panelists. As well as the PowerPoint slides, will be available in one week of the workshop. And that is it! Thank you so much! I will stay on if anyone has questions.