

EHDl Staff and Advisory Committee: Effective June 30th, Shelby Atwill's position was cut by the Oregon Health Authority leadership. The EHDl audiologist position was a "limited duration" position, which as a group are being terminated as they expire.

Program funding details: OHA has added shared costs to grants. For EHDl, the shared costs for facilities, IT, risk (liability coverage), state government service (Secretary of State Rules Assessment fees) and telecommunications + existing 17.45% cost allocation saps 22% of the annual CDC budget for non-program and non-personnel expenses. Amounts are based on expenditures for the previous grant as a percent of personnel and fringe.

We anticipate that in 2016, CDC EHDl grants will be competitive.

MCH Title V Block Grant new priorities for 2016-2020

Well woman care
Breastfeeding
Physical activity for children
Adolescent well visits
CYSHN – medical home
CYSHN – transition
Oral health
Smoking
Toxic stress, trauma, adverse childhood experiences
Nutrition and food insecurity
Culturally and linguistically responsive services

EHDl Information Exchange for Hospital Screening Data:

Oregon EHDl and MCH Informatics team members recently completed Phase Two of the Clinical Document Architecture (CDA) pilot project in partnership with CDC and the Public Health Informatics Institute. Phase One demonstrated the feasibility of receiving a well-formed, valid CDA Newborn Hearing Screening Outcome Report and parsing the data into our EHDl-IS. In Phase Two, OHSU sent screening results from their Epic EHR via HL7 message to Oz Systems, where a Hearing Plan of Care (HPoC) document was created, sent to EHDl, and then received and parsed into our Information System. EHDl and MCH Informatics staff presented a poster about this project at the 2015 National EHDl Meeting.

Big picture findings of the project:

- Receiving data directly from hospital EHR could improve reporting timeliness
- Hospital staff would likely need to perform some workflow review and changes
- There would be a significant investment in QA leading up to the transition, so that we could have high confidence in the quality of the data in the EHR.
- Hospital staff would likely still need to perform periodic case reviews and audits to assure ongoing quality of data.

Next steps: applied for funding to support dx data exchange project – create flowsheet to collect dx elements needed for reporting, auto populate audiology report, send via HL7 message to EHDl, EHDl creates a HPoC for care coordination with providers. Should hear in August whether funded.