

## Session 2:

- Reviewed other state flow chart
- Short comings

Moving forward – ideas for things to work on

Sharon:

- Standard data fields
    - Vendors, software
  - HIE – conditions have to be coded – HL7
    - HL7: Language format how message is sent
    - Specifications haven't been set for many conditions
    - NBS – SNO MED codes – pathology codes are used
      - Spell out/detailed physical abnormality
      - ICD CPT used for billing
    - Other systems don't use this HL7; would these systems need to move to that?
      - Its cumbersome to use it
- National standard – reason to do it

Amy G

- False-negative tracking
  - In endo disorders; hugely under reported
    - Need to increase reporting
  - Physicians rely on screening; and rule that out as a possible dx

Gerri

- Expectations of EHDI in the future
- Working on EHDI follow-up from a HRSA grant
  - Repetitive?

Joan

- Developing tools to improve protocols
- Hearing and genetic conditions

Amy G

- Pulse Ox – would require a different system
  - Doesn't mind sharing algorithm – developed by cardiologists
  - Preemptively taking action
  - Who's issue ?
    - Involving cardio, telemedicine, etc? Need to have the right timing
  - Who's thinking about it?
    - MN doing a pilot
    - MI talking about a pilot; looking at algorithms
    - IN is starting because they have legis mandate
    - KY trying to get it ready; likely it's coming
      - Recommended by ACMG, KY adds

- May have to write legis for this though
    - WI will likely do it
- SCID Follow-up
  - WI will be doing it (screening)
    - Divided into who is doing data; who does follow-up

Troi

- CCHD – MN has shared information

Amy G : 1 in 100 .org – pulse ox legis/making it nation wide