

Opportunities for Genetic Referral during the EHDI Process

Confirmation of Hearing Loss:

Who: Audiologist

Pro: Get the parents thinking about this early

Con: Parents hear “Your baby as a hearing loss” and nothing else.

Medical Clearance:

Who: ENT/Otologist

Pro: Medical work-up for sensori-neural hearing loss. Genetic referral could be worked in as part of this work-up.

Con: Not all ENTs feel all children with diagnosed loss need genetic referral
Need to find out why that is the case.

Routine Health Screenings:

Who: PCP

Pro: PCP is primary case manager, probably knows the family and has had more interaction with the family than the ENT. The genetic referral could be made at a set time of the well baby visits as a routine part of the child’s medical care.

Con: Not all families have PCP. Not all PCPs have little knowledge about the genetic aspects of hearing loss and don’t know local resources for this referral.

Hearing Aid Fitting & Follow-up Visits:

Who: Audiologist

Pro: Probably has a good relationship with the family by this point in time. The audiologist could discuss the benefits of the genetic work-up in depth, if knowledgeable about the benefits and who and where to refer the family.

Con: Many audiologists have little knowledge about the genetic aspects of hearing loss and don’t know local resources for this referral. This referral may be out of the “comfort zone” for many audiologists, feeling like this belongs more to the medical professionals.

Early Intervention:

Who: SPOE, Title 5, Others

Pro: This person is already assisting the family with coordinated care and could easily add the genetic referral to that care.

Con: Many early intervention people have little knowledge about the genetic aspects of hearing loss and don’t know local resources for this referral. This referral may be out of the “comfort zone” for many interventionists, feeling like this belongs more to the medical professionals.