



WE-TRAC Overview

What is WE-TRAC?

WE-TRAC is a web-based data collection and tracking system that has evolved from a partnership between the Wisconsin Sound Beginnings Program (WSB) and pediatric providers to achieve our mutual goal of ensuring that all infants with hearing loss are identified and receive appropriate intervention by 6 months of age.

WE-TRAC URL: <https://wetrac.han.wisc.edu/index.html>

Some background and history:

Universal Newborn Hearing Screening (UNHS), an initiative to screen every newborn for hearing loss before discharge, has quickly become the standard of care in Wisconsin hospitals and nationwide. In 2004, an estimated 96% of Wisconsin newborns were screened through a UNHS program. However, in order for UNHS to be truly successful at preventing delays in speech, language, cognitive and socio-emotional development, all infants identified through newborn screening need timely access to diagnosis and appropriate intervention services.

The Centers for Disease Control and Prevention (CDC) recognized that a successful UNHS program must have an easy and secure way to follow babies who are screened, as well as the babies who are not. The CDC has supported Early Hearing Detection and Intervention (EHDI) grants to help states and pediatric providers connect UNHS to diagnosis and intervention via a data system for tracking and referral. EHDI has the following goals:

- 100% of newborns are screened for hearing impairment before discharge
- 100% of newborns who do not pass the hospital screening are re-screened by 1 month of age.
- 100% of newborns referred from the re-screen to an audiologist receive a diagnostic exam by 3 months of age.
- 100% of newborns diagnosed with hearing impairment enter an early intervention program (i.e. Birth to 3) by 6 months of age.

The Wisconsin Sound Beginnings Program in the Department Health Services received a grant from the CDC to implement a system called **Wisconsin EHDI -Tracking, Referral and Coordination, or “WE-TRAC”**.

The WE-TRAC system has a number of important features:

Newborn hearing screenings are reported to WE-TRAC using the Newborn Metabolic Screening blood card. This reporting will ensure that all newborns receive screening. Hearing re-screens, diagnosis, and intervention activities will also be reported to WE-TRAC. These reports will link a children’s initial UNHS screen to follow their progress through diagnosis and intervention, and will ensure that they receive needed intervention care. Medical homes, primary care providers, audiologists, nurseries, and other pediatric providers will be able to access information from the WE-TRAC database, both about individual children and about providers’ UNHS activity. This access to information will make caring

for children with hearing loss as they grow and develop both more effective and more efficient.

WE-TRAC is linked to Newborn Metabolic Screening at the Wisconsin State Lab of Hygiene, and will eventually be linked to other data systems, including Early Intervention programs, such as Birth to 3, and vital records. It is our hope that eventually, data will only have to be reported one time and in one system, decreasing the workload of busy hospital staff.

WE-TRAC, in partnership with providers caring for Wisconsin's children with hearing impairment, is an important step toward ensuring that no child falls through the cracks or fails to get vital hearing services.

How will children benefit from WE-TRAC?

Early detection of hearing loss is crucial to a child's academic, social and linguistic development. Studies show that an infant who is identified with a hearing loss at birth and receives intervention services prior to six months of age may develop commensurate to hearing peers. WE-TRAC will support and enhance pediatric providers' efforts to extend diagnosis and intervention services to children with hearing loss by no later than six months of age by providing feedback on the child's progress through the health care system. Pediatric providers will know what intervention services are still required by their patients, and more children will receive intervention services in a timely manner. Furthermore, by monitoring hearing screening on a population level, WE-TRAC will minimize the number of Wisconsin children with hearing loss that are lost to follow-up.

What does WE-TRAC require of hospitals?

WE-TRAC's information comes from the metabolic blood screening card. Once blood and hearing screening information is received by the SLH, the hearing screening information is separated from the blood screening information and messaged nightly via a secure pathway to the WE-TRAC system. If hearing screening has not been completed by the time the baby's heel-stick needs to be done, the screening results can be faxed to the SLH once the baby shows up on the hospitals' WE-TRAC queue.

What does WE-TRAC cost hospitals?

Participating in WE-TRAC adds no additional monetary expense above the cost of the Newborn Metabolic Screening card. Additional staff time needed to complete WE-TRAC reporting should be minimal, but will be dependant on the quality of the information entered on the blood card. Attention to detail on the front end will limit the amount of time spent in WE-TRAC. When requested, the Wisconsin Sound Beginnings Program will offer technical assistance in determining the most efficient process for staff in your hospital to report hearing screening results completely and accurately.

What does WE-TRAC offer hospitals?

WE-TRAC will offer support and timeliness in connecting infants with potential hearing loss and their families to a medical home, to diagnosis, to intervention, and to community support. By keeping track of referral rates, hearing loss incidence, and rates of successful follow-up and intervention, WE-TRAC will offer a method of quality assurance in UNHS programs. The basis of this support will be regular communication with hospitals, primary care physicians, audiologists, and others coordinating hearing care through follow-up phone calls self-generated reports. WE-TRAC does not replace working systems within hospitals, but rather will serve to enhance a hospital's capacity to offer the best care to their patients.

Is it legal to give UNHS information to WE-TRAC? Will hospitals be HIPAA compliant if they share data with WE-TRAC? WE-TRAC is a data system employed by the Wisconsin Division of Public Health (DPH) to perform an essential public health function for maternal and child health, under WI Stat. 250.04 (3)(a). As such, the DPH is not a covered entity under HIPAA, as defined in SS 164.512(b). The Division is therefore permitted to collect identifying information about newborns that have had a hearing screen. Furthermore, hospitals or other covered entities under HIPAA that share this information with WE-TRAC will remain in compliance with HIPAA.

The DPH guarantees in WE-TRAC data transmission and storage that is safe, secure, and confidential. Children's identifying information will only be released to organizations that have provided care to the family or are a referral source. Release of physician and hospital information will likewise be restricted.

How is WE-TRAC growing? WE-TRAC is a data system that contains four parts: universal newborn hearing screening information, information from the out-patient re-screen, information from audiologic diagnosis, and information from early intervention services. Currently, WE-TRAC consists of 3 of these parts, with the early intervention services expected to be online by December 2009.