

# Central California Pediatrics

May 2014

Specialty information for physicians who treat children and expectant mothers.



## Hearing Loss: New Frontiers



Mark Rowe, MD  
Pediatric Otolaryngologist

Our Pediatric Otolaryngology practice is dedicated to the care of children with all diseases of the ear, nose and throat. Hearing loss is a disability difficult to quantify, and can cause social anxiety, withdrawal and poor school performance. Previously, an otolaryngologist would just discuss the hearing test results and send the patient to a hearing aid dispenser. Now advanced technology helps the pediatric otolaryngologist isolate the hearing deficit, determine potential causes of the loss, and provide surgical intervention that may allow the child to hear again.

When working with a child with possible hearing loss, we follow the “Five C’s of Hearing Impairment”:

- **Core information:** Gather all information available from family members and hospital records including birth data.
- **Confirm hearing threshold:** Children who fail a newborn hearing screen or school audiogram should be tested by an audiologist trained in testing children. Obtain documented hearing data to confirm hearing difficulties.
- **Characterize the hearing loss:** Sensorineural (loss from the eighth cranial nerve’s inability to function properly), and Conductive (inability for sound to reach the inner ear intact).
- **Cause:** Attempt to determine the cause of the hearing loss.
- **Care:** Provide appropriate care to assist the child with developing communication skills.

### The Bone Anchored Hearing Aid

The BAHA is one of the newer technologic advances for the hearing impaired. This hearing assistive device attached to a softband can be worn around the head to help a child hear better than with traditional hearing aids. We strongly recommend considering use of this device at a younger age. The BAHA is clinically indicated for children with bilateral conductive hearing loss, unilateral sensorineural hearing loss, and when traditional hearing aids cause too much otitis externa.

With the BAHA, the sound hits the processor and is transmitted by bone conduction to the ossicles. The ossicles vibrate and therefore create the ability to hear. It is most useful in children with bilateral conductive hearing loss where there may be no ear canal in which a hearing aid mold could fit.

The BAHA is composed of the screw, which fixates to the bone; the abutment; and the processor. The processor is the actual hearing aid that adheres to the abutment. The BAHA is placed about 2 cm behind the pinna of the ear in the hairline. It provides excellent cosmetic appearance and offers superior hearing results. The outpatient procedure takes about 30 minutes. We wait eight to 12 weeks after fixating the abutment into the bone for osseointegration to occur where the bone grows around the abutment. Next, we place the processor.

Nothing has made such advances in hearing impairment since the Cochlear implant. Complications are rare.

For information/referrals, please contact us.

### Medical Staff News

The following pediatric specialists recently joined Children’s:

#### Critical Care

Shaghig Kouyoumjian, MD  
Mary Mazel, MD

#### Endocrinology\*

Sarah Brickey, MD  
Animesh Sharma, MD

#### Gastroenterology\*

Joshua Warolin, DO

#### Genetic Medicine and Metabolism\*

Aaina Kochhar, MD

#### Hematology/Oncology\*

Latha Rao, MD

#### Hospitalist\*

Whitney Kalin, MD

#### Nephrology\*

Julia Tzeng, MD (and Charlie Mitchell)

#### Neurology\*

James Nelson, MD

#### Orthopaedics\*

Thu-Ba LeBa, MD  
Kerry Loveland, MD

#### Pediatrician\* (Charlie Mitchell)

Ama Wijegunawardena, MD

#### Urology\*

Puneeta Ramachandra, MD

\*Member of Specialty Medical Group

#### Other Medical Staff Changes:

**Dr. Nilufer Goyal**, a pediatrician in the Charlie Mitchell Children’s Center, and **Dr. James Trietsch**, a hospitalist, recently left Children’s.

View or download our PEDIATRIC EAR, NOSE and THROAT and other referral guidelines online:  
[ChildrensCentralCal.org/refer](http://ChildrensCentralCal.org/refer)

To contact our ENT practice, call **559-353-6453**.

## Children's Advocacy

Below is an update on key items of interest to physicians as of April 23, 2014.



Tim Curley  
Director of Community  
and Government Relations,  
Children's Hospital  
Central California

### Medi-Cal Physician Payment Increase

State Assembly Member Richard Pan has introduced Assembly Bill 1759, which would make permanent the existing temporary Medi-Cal primary care physician rate increase beginning Jan. 1, 2015. Should the legislature pass and the Governor sign the bill, implementation is contingent upon continued federal financial participation.

At this point, it is unclear whether the Congress and/or the President support funding the rate increase beyond calendar year 2014.

### Medical Injury Compensation Reform Act (MICRA) Ballot Initiative

On March 24, 2014, Consumer Watchdog and the state trial lawyers filed signatures to qualify an initiative for the November 2014 ballot that seeks to more than quadruple MICRA's cap on noneconomic damages, lifting the amount to roughly \$1.2 million. The California Secretary of State has until June 26, 2014, to verify the signatures filed. State Sen. Darrell Steinberg had introduced legislation in an attempt to broker a compromise and negate the need for a ballot initiative, however that effort was unsuccessful.

### Children's Hospital Graduate Medical Education (CHGME) Program

On April 7, President Obama signed legislation re-authorizing CHGME funding for the program for another five years at \$300 million per year. The last five-year authorization, which expired in 2011, authorized \$330 million per year.

The authorization gives Congress the ability to spend up to that amount if it chooses to. The amount Congress ultimately chooses to appropriate through the annual budget process, however, is usually less. For example, under the CHGME authorization that expired in 2011, the highest level Congress funded the program was \$317 million in 2010.

For federal fiscal year 2015, which begins Oct. 1, 2014, Children's Hospital will be working with its Congress members to ask that CHGME be funded at the highest level possible.

For more information on these and other issues, visit

[www.childrenscentralcal.org/CAN](http://www.childrenscentralcal.org/CAN), or contact

**Tim Curley at 559.353.8610 or  
TCurley@childrenscentralcal.org**

## How To Connect With Children's

**Children's Access Center** – 24/7 Access for Referring Physicians **866.353.KIDS (5437)**.

**eReferral** – Complete the eReferral Form and Submit Electronically at [ChildrensCentralCal.org/refer](http://ChildrensCentralCal.org/refer)

**Outreach Centers:** Merced Subspecialty Pediatric Center 209.726.0199 / Modesto Subspecialty Pediatric Center 209.572.3880



Children's Physician Liaison David Chuhlantseff is available to answer questions or assist you at (559) 353-7229 or [physicianrelations@childrenscentralcal.org](mailto:physicianrelations@childrenscentralcal.org).