



# EHDI E-MAIL EXPRESS

The monthly newsletter of Early Hearing Detection and Intervention Program



OCTOBER 2013

This is an e-mail communication from the American Academy of Pediatrics (AAP) "Improving the Effectiveness of Newborn Hearing Screening, Diagnosis and Intervention through the Medical Home" project funded through cooperative agreements with the Maternal and Child Health Bureau (MCHB), Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), National Center of Birth Defects and Developmental Disabilities (NCBDDD). It is designed to provide AAP Early Hearing Detection and Intervention (EHDI) Chapter Champions with resources and current clinical and other information. The EHDI E-Mail Express is sent on a monthly basis. Please feel free to share the EHDI E-Mail Express with colleagues working on or interested in childhood hearing detection and intervention issues. Distribution information appears on the last page.

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## FROM YOUR CHAIRPERSON



You know my column as the "Chairperson Column."

And many of you know that "Chairperson" refers to the honor I have been appointed to in playing a role on the American Academy of Pediatrics Task Force on Improving Newborn Hearing Screening, Diagnosis, and Treatment.

That's a mouthful, the perhaps overly-specific name of the Task Force. I suppose we would simply call it the "AAPTFINHSDT" if those letters sounded like a word, which they clearly do not. Not much of an acronym. But a heck of a Task Force.

The Task Force members meet once each year in person at the AAP headquarters in Chicago, but the work continues all year long with interactions with AAP staff, subcommittees charged with addressing loss to follow-up and physician education, telephone meetings, stomping out fires, learning about new developments, talking with state chapter champions and state EHDI coordinators, assisting with planning for the national EHDI conference, and the like.

At our yearly in-person meeting in Chicago this month, I was struck by the Task Force's continuing need to rely on you as our colleagues, rely on those who read the EHDI Email Express, and work in the trenches, and manage the difficulties and the changing EHDI climate in their own states, all on behalf of young children who are deaf or hard of hearing, and on behalf of the families of those young children.

Today's "Chair Column" is about leverage. Each of you reading this newsletter are part of our long arm in moving the work forward, improving each year, maintaining our gains and expanding our presence to assure timeliness and quality in early diagnosis and intervention.

Archimedes was quoted as saying, "Give me a lever long enough, and a fulcrum on which to place it, and I shall move the world."

Those who came before us, those pioneers in the field of early hearing screening, they are our fulcrum, and we lean upon that heritage every day.

And all of you, collectively, you are our lever.

Thanks for helping us move the world!

~ AI

## UPCOMING EVENTS

Event	Date	Location	Details
2013 American Speech-Language Hearing Association (ASHA) Annual Convention	November 14-16, 2013	Chicago, IL	<a href="#">Web site</a>
Public Health Planning for Hearing Impairment (PHPHI)	November 25—29, 2013	University of Cape Town, South Africa	<a href="#">Web site</a>

## THE ROLE OF TRANSMEMBRANE CHANNEL-LIKE PROTEINS IN HEARING



A study published in the *Journal of General Physiology*, [\*The role of transmembrane channel-like proteins in the operation of hair cell mechanotransducer channels\*](#), may help to identify the molecular components of the transduction channel through which sound enters the inner ear. Although the transduction channel was identified nearly three decades ago, its components have remained a mystery until now. This study provides evidence that the transmembrane channels couple with the transduction channel to tip links—the mechanical elements that provide directional sensitivity to hair cells—and are not the channel itself. This suggests that the transduction channel may be a membrane protein distinct from transmembrane channels that only functions properly once other key molecules are expressed. This study adds to growing research around understanding the cellular and molecular mechanisms that impact hearing.

Source: Kim K, Beurg M, Hackney C, et al. *The role of transmembrane channel-like proteins in the operation of hair cell mechanotransducer channels*. *Journal of General Physiology* 2013; 142: 493-505.

## OBSTETRICIANS REFINE DEFINITION OF FULL-TERM PREGNANCY



The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine have released a new definition of full-term pregnancy in the journal [\*Obstetrics & Gynecology\*](#) in an effort to improve health outcomes for newborns and reduce the number of medically unnecessary early deliveries by induction or C-section. Under the revised classification system, babies born any time between 37 and 38 weeks and six days of pregnancy will be considered early term, and full-term babies will be those born between 39 and 40 weeks and six days of gestation. Authors caution women not to panic about spontaneous deliveries and/or medically necessary deliveries at 37 weeks.

Source: The American College of Obstetricians and Gynecologists Committee on Obstetric Practice and Society for Maternal-Fetal Medicine. *Committee Opinion No 579: Definition of Term Pregnancy*. *Obstetrics & Gynecology* 2013; 122: 1139-1140.

## THE SEVEN "R"'S TO TRANSFORMING A MEDICAL PRACTICE INTO A MEDICAL HOME

The [\*October National Initiative for Children's Healthcare Quality \(NICHQ\) eNewsletter\*](#) featured the family-and-patient-centered medical home. NICHQ interviewed Jennifer Lail, MD, a medical home advocate and the assistant vice-president for chronic care systems at Cincinnati Children's Hospital, about how she became involved with quality improvement work in medical homes and what practices can start to do to move in that direction. Dr Lail shared her experience with respect to lessons learned from the NICHQ collaborative and her expert advice for practices striving to become medical homes. Below are Dr Lail's seven "R's" for medical home success:



- ◆ **Relationships:** The foundation of medical home is to build strong relationships with families, communities and other providers. Medical homes serve as the axle of the wheel around which a child's complex needs rotate.
- ◆ **Ready Access:** Expanding office hours in evenings, weekends and holidays so the families can get in.
- ◆ **Registry:** Developing a patient registry to support care coordination and care visit planning. This helps with pre-visit planning and understanding who the population is and who needs care.
- ◆ **Records:** Establishing an electronic health record system to measuring care. This is hard to do with paper charts.
- ◆ **Resources:** Developing a database of resources to make referrals easier. Through this database providers can look up, for example, a psychologist that would see a child on Medicaid, or a dentist who would see a child with autism.
- ◆ **Reimbursement:** Working collaboratively with Medicaid and with commercial insurers to document decrease emergency room visits and documenting that kids are healthier by getting their preventative and well services done. These help convince insurance companies to get onboard with supporting the medical home model.
- ◆ **Recruitment:** Sharing resources and information to encourage colleagues to develop their own medical homes.

And, she suggested practices visit the medical home implementation Web site ([www.medicalhomeinfo.org](http://www.medicalhomeinfo.org)) which has great resources for practices transitioning to medical homes including the [\*Building Your Medical Home Toolkit\*](#).

## DIRECTORS OF SPEECH AND HEARING PROGRAMS IN STATE HEALTH AND WELFARE AGENCIES



DSHPSHWA (pronounced by most as "dish-pish-wah") stands for the Directors of Speech and Hearing Programs in State Health and Welfare Agencies. DSHPSHWA is a non-profit, professional organization with a membership that is primarily comprised of those persons charged with the responsibility of directing and developing speech-language and/or hearing programs in the administrative units of state and territorial health and welfare agencies, or in other state and/or federally supported programs for children with special health care needs. The purpose of DSHPSHWA is to:

- ⇒ Foster a better understanding of programming for speech, language, and hearing disorders within the public health and welfare setting.
- ⇒ Encourage the development of more efficient programs for the diagnosis, treatment, and case management of speech, language, and hearing disorders within the public health and welfare setting.
- ⇒ Encourage research studies of the services for speech, language, and hearing disorders within the public health and welfare setting.
- ⇒ Provide a means for continued professional growth relative to programming for speech, language, and hearing disorders within the public health and welfare setting.

DSHPSHWA formed in 1959 and was granted non-profit status in 1985. Since then, the organization has maintained an Executive Board, elected representatives that sit on various national committees, and upheld membership by way of registration and attendance at an annual meeting. DSHPSHWA is a relatively small organization, with approximately 100 members. While small, DSHPSHWA has a reputable history of involvement and investment, especially in the Early Hearing Detection and Intervention (EHDI) community. DSHPSHWA has a longstanding relationship with federal partners from the Health Resources Services Agency/Maternal and Child Bureau (HRSA/MCB) and the Centers for Disease Control and Prevention (CDC). In addition, a large percentage of DSHPSHWA members are state EHDI Coordinators or have positions (e.g. follow-up coordinator, audiology consultant) within their state's EHDI Program. Historically, DSHPSHWA members have participated in the development and implementation of essential policies for children who are deaf or hard of hearing, their families, and the professionals who serve them. Please take some time to review the Web site ([dshpshwa.org](http://dshpshwa.org)) to learn a little more about DSHPSHWA.

DSHPSHWA and AAP have recently re-engaged as partners and are exploring new ways to promote collaborative relationships between members of the two groups. As Chapter Champion, consider scheduling a time to sit down over coffee to discuss the current status of the state's EHDI Program including both successes and challenge or working together to engage new partners across your state, such as medical providers in rural areas who are unfamiliar with the state EHDI Program

DSHPSHWA hopes that the efforts from both parties to take their relationship to the "next level" will ultimately lead to improvements felt both within state EHDI Programs and, ultimately, by those we are charged to serve – children who are suspected to have or have been identified with hearing loss and their families.

Please watch for additional information in future newsletters about DSHPSHWA and how to get engaged. DSHPSHWA's current President Gayla Hutsell ([dshpshwa@hotmail.com](mailto:dshpshwa@hotmail.com)) is happy to address any questions.

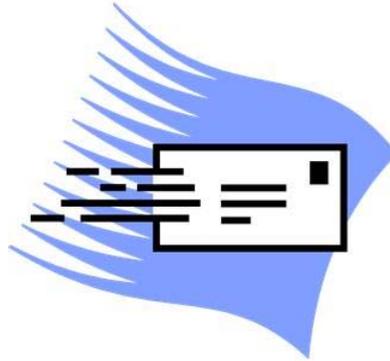
## CALL FOR NOMINATIONS FOR THE ANTOINA BRANCIA MAXON AWARD NOW OPEN

Nominations are invited for the 2014 Antonia Brancia Maxon Award for EHDI Excellence. This award is presented each year at the National EHDI Meeting to honor an individual or group of people who have made noteworthy contributions in achieving excellence in EHDI programs nationally or in a particular state or region of the country. **The deadline to submit nomination(s) is December 2, 2013.** Nominations should be a maximum of 500 words highlighting specific EHDI-related successes achieved through creativity or initiative. They can be e-mailed to Karl White ([karl.white@usu.edu](mailto:karl.white@usu.edu)) or post mailed to NCHAM • Utah State University 2615 • Old Main Hill • Logan, Utah 84322-2880 • Attention: Antonia Brancia Maxon Award. Additional details and guidelines are attached as a pdf.

### *Words of Inspiration...*

If your actions inspire others to dream more, learn more, do more and become more, you are a leader.

~ John Quincy Adams



***Distribution Information:***

*The AAP EHDI Program implementation staff send this e-mail update to the Academy's EHDI Chapter Champions, other interested AAP members, staff and state EHDI coordinators. For additional information on hearing screening and to access previous editions of the EHDI E-mail Express, click on the following link <http://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/PEHDIC/Pages/Early-Hearing-Detection-and-Intervention.aspx>. Previous e-mail updates are available upon request from Faiza Khan, [fkhan@aap.org](mailto:fkhan@aap.org) or (847) 434-4924. If you would like to unsubscribe to the update, please notify staff by responding to this e-mail.*