SPRING 2018

Pediatric INSIGHTS
A Physician Resource from Children’s Hospital of Pittsburgh of UPMC • www.chp.edu

Special Page 4 Feature

A Sound Future
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Telemedicine Center
New location and expanded technology

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The SPRING 2018 issue of Pediatric INSIGHTS

Cover story: For children born with significant hearing loss like Oliver Gruber, there is hope for a sound future, thanks to a cochlear implant procedure performed by specialists at the Hearing Center at Children’s Hospital of Pittsburgh of UPMC. Read about it on page 4.

In addition:

> The Telemedicine Center at Children’s debuts in a new location with expanded technology to support a range of tele-health needs.

> On page 7, Andy Urbach, MD, medical director for Patient Experience and Development, discusses the changing role of diagnostic medicine, including the new Division of Pediatric Hospital Medicine and Complex Care Clinic.

> On page 9, meet Thomas Diacovo, MD, new chief of the Division of Newborn Medicine, and Abigail Schlesinger, MD, recently named chief of the Behavioral Science Division at Children’s.

We welcome your feedback, thoughts, and story suggestions. Please share them with one of our physician liaisons, whose contact information you can find on page 7.
Experts at Your Fingertips

New Children’s Hospital App Puts Medical Essentials a Tap Away

Children’s Hospital of Pittsburgh of UPMC’s newly released mobile app includes must-have features that parents and caregivers can access in a tap — including quick access to a patient portal, locations with directions, and a quick and easy search to find pediatric specialists for any condition.

The ChildrensPgh app is available for Apple and Android products through the App Store and Google Play.

“We understand the need for quick access to reliable health information. We designed our app to answer that need and to help users connect to all things Children’s Hospital with an easy tap," says Brian Martin, DMD, vice president of Medical Affairs, Children’s Hospital. “Our new app is a must-have for anyone who interacts with children and teens — from parents and caregivers to teachers, coaches, and day care workers.”

The new design is the first step in expanding the ChildrensPgh app and offering the latest in app technology. Additional features, such as push notifications, Children’s Community Pediatrics locations, and wait times for the Emergency Room and Children’s Express Care centers, will be added throughout the year.

ChildrensPgh is not a substitute for professional medical advice, diagnosis, or treatment. To make an appointment at Children’s Hospital, call 412-692-PEDS (7337) or go to www.chp.edu and select “Find a Doctor.”
Upcoming Children’s Hospital Webinars

Have you checked out the Pediatric Insights Webinar Series yet? The monthly series features specialists from Children’s Hospital of Pittsburgh of UPMC presenting on challenging topics that pediatricians, family practitioners, and other pediatric providers may face in their practices.

► Credits — CMEs or CEUs — are available for participants in the live broadcast, which occurs the third Wednesday of each month at noon. Credits are offered by the Center for Continuing Education in the Health Sciences at the University of Pittsburgh.

Set your calendar for the upcoming webinars:

► May 16, 2018
Newborn Screening for Cystic Fibrosis: What PCPs Need to Know
Daniel Weiner, MD
Co-Director, Antonio J. and Janet Palumbo Cystic Fibrosis Center

► June 20, 2018
An Approach to Evaluation of Chest Pain and Syncope in the General Pediatric Practice
Tyler Harris, MD
Heart Institute

► July 18, 2018
What PCPs Need to Know About Lyme Disease
Andrew Nowalk, MD, PhD
Division of Pediatric Infectious Diseases

See the full schedule and read more at www.chp.edu/webinars. Want to suggest a topic? Email us at mdrelations@chp.edu.
Expanded Telemedicine Center Debuts
Collaborative Workspace Keeps Physicians Connected With User-Friendly Technology

The use of telemedicine to enhance access to pediatric care at Children’s Hospital of Pittsburgh of UPMC is growing, and so is the high-tech center where physicians can gather to provide consults, tele-rounding and speak one-on-one with patients and physicians who are miles — and even continents — away.

Under the direction of Mariel Garcia, senior director, International Business, Telemedicine, and UPMC Global Care, Children’s new Telemedicine Center opened on the fifth floor of the main hospital in fall 2017. It is bigger and better equipped to support the needs of individual physicians and groups of doctors who are coordinating care for patients at regional locations and in Virginia, Florida, Brazil, and beyond.

“Now we have the capacity to do so much more,” says Sarah Claassen (below), program coordinator for Telemedicine. “The new, expanded Telemedicine Center reflects Children’s Hospital’s commitment to grow telemedicine programs with other hospitals, both domestically and internationally.”

Planners envisioned an open-concept telecommunications hub featuring four workspaces, each equipped with videoconferencing technology and multiple computers and monitors to enable physicians to simultaneously view patient charts, vitals, and remote monitoring cameras. “It’s like a cockpit, where you can have all of the relevant information in front of you. Users can access real-time data from any of our partner locations where we have digital feeds,” says Ms. Claassen.

Audio options range from individual headphones and microphones for private consultations to sound bars that allow larger teams of physicians to collaborate. There is a private workspace for physicians to conduct outpatient telemedicine clinics.

“Having a larger space already equipped technologically lends itself nicely to supporting our telemedicine partners’ needs in other ways, such as through tele-continuing education sessions, remote presentations for international pediatric conferences, specialty-specific webinars for patient families, and monthly webinar series for referring providers,” says Ms. Claassen.

Using the center couldn’t be easier. Simply contact Ms. Claassen and she will coordinate connections to the remote location. “We want to make the technology as user-friendly as possible so physicians can fully concentrate on the clinical aspects,” she says.

The center is available 24 hours, seven days a week. It is generally staffed from 8 a.m. to 5 p.m. Monday through Friday. For more information, contact Sarah Claassen at the Telemedicine Center at 412-692-8633 (TMED) or telemedicine@chp.edu.
**A Sound Future**

Hearing Center’s cochlear implant procedure makes life even more amazing for toddler.

**CHILDREN BORN WITH SIGNIFICANT HEARING LOSS** who cannot or do not benefit from a hearing aid face an additional challenge. The brain begins processing sound at birth. Without this stimulation, structures in the brain fail to develop optimally, which can make it more difficult to acquire language and lead to a host of cognitive and social repercussions.

And then there’s Oliver Gruber, who “gets to be a beautiful boy and participate in all the activities a 3-year-old should,” says David Chi, MD, Oliver’s doctor and chief of the Division of Pediatric Otolaryngology at Children’s Hospital of Pittsburgh of UPMC. “We expect that throughout his life, hearing will not hold him back from anything he wants to do.” That’s thanks to cochlear implants, to a loving family, and to his team of specialists at Children’s Hospital.

Oliver was born near Detroit in October 2014 and adopted at birth by Michele and Jonathan Gruber of Hampton. Although he had passed his newborn hearing screening in Michigan, his parents soon noticed that Oliver didn’t seem to respond to the sounds of their voices or to other stimuli. Mrs. Gruber says that it was especially noticeable because their son Emeric, whom they lost to Tay-Sachs disease on May 2, 2014, had an increased sensitivity to sound, as part of the disease. “If I were to drop a pan or something,” she says, “I’d look at Oliver and he was just oblivious.”
In January 2016, when Oliver was 14 months old, his parents brought him to the Hearing Center at Children’s for an evaluation. An auditory brainstem response test confirmed that Oliver had auditory neuropathy — a type of hearing loss that is typically not helped by hearing aids, says Dr. Chi, who also serves as vice-chair for the Pennsylvania Department of Health’s Newborn Hearing Screening Program. Luckily, these days many kids with hearing loss have another option.

**Cochlear implants**

“Hearing aids still use the ear,” says Dr. Chi. “But cochlear implant devices do not — they bypass the inner ear and stimulate the nerve that transmits sound to the brain directly.” Cochlear implant devices are considered to be the first electronic device to restore a human sense.

During implantation of a cochlear device, the surgeon opens up the bone behind the ear, identifies the cochlea, makes an opening there, places an electrode within the cochlea, and closes it back up, Dr. Chi says. The implant works in tandem with an external component that receives sounds, processes them, and delivers them through the skin to the internal component.

Oliver’s family and health care team determined that he would have two cochlear implant devices. Dr. Chi performed the first implantation on the right side in May 2016, and the second on the left in December 2016. After the devices were activated, there was no a-ha moment as Oliver experienced sound for the first time. But there have been many wonderful moments since then, says Mrs. Gruber. “We were in the car after a trip to Disney,” she says, “and he kept saying ‘up, up, up, down’ and making the sign for boat with his hand, and then he said, ‘Arrgggh!’ and I realized that he was talking about the pirate ride. That was the first time I felt like he was telling me a story.”

Today, Oliver attends the pre-school program at Pittsburgh’s DePaul School for Hearing and Speech, and returns to Children’s for appointments. His audiologist, Rena Levy, AuD, fine-tunes his implants, and his speech and language therapist, Jennifer Rakers, MSLP, works with him to continue to improve his skills. He’s making terrific strides.

“In the past, someone with a cochlear implant wouldn’t be able to go swimming, but now there are covers that make them waterproof,” says Dr. Chi. “There are even attachments that use Bluetooth technology to let kids listen to music like other kids.”

**A Leader in Pediatric Otolaryngology**

The Division of Pediatric Otolaryngology offers medical and surgical treatment of patients with diseases and disorders of the ear, nose, and throat (ENT). “Whether families come to Children’s Hospital for a simple procedure or for something more complex, they’re getting the best care possible,” says David Chi, MD.

**Cutting-edge procedures performed by the Division of Pediatric Otolaryngology:**

- Endoscopic and open techniques to augment a child’s airway, allowing the child to breathe more safely
- Bone-anchored hearing aids
- Congenital-anchored hearing aids
- Inspire® implants for persistent sleep apnea

**Initiatives that place Children’s on the vanguard of care:**

- Children’s is developing a pediatric Balance Center that will be one of only a few in the country.
- The Hearing Center is the largest in the tri-state area, and one of only a few pediatric hearing centers in the country.
- The division is partnering with pediatricians on research that spans the continuum of care, and with other institutions in a study funded by the National Institutes of Health looking at how interventions for cytomegalovirus-induced hearing loss affect hearing and language development.
Why come to Children’s for a routine ENT procedure, like tubes or tonsils?

**EXPERIENCE MATTERS.** Conditions that call for certain procedures, like bilateral myringotomies and tubes (BM-Ts) and tonsillotomies, are more prevalent in children, and there’s something to be said for experience. “Those who do these procedures the most have better outcomes,” says David Chi, MD. Children’s providers are experts at not just performing the procedures, but at answering — and anticipating — parents’ questions.

**MORE OPINIONS ARE AVAILABLE.** “We don’t jump to do surgery on everyone,” says Dr. Chi. “We work with other pediatric specialists to make the best decisions for each child.”

**MORE OPTIONS ARE AVAILABLE.** For example, says Dr. Chi, “The number one reason we perform tonsillotomies and adenoidectomies is sleep apnea. It’s usually curative, but for the small fraction of children that it doesn’t help, we are investigating a new treatment called Inspire® — an implant that pulls the tongue forward when the person takes a breath. We’re one of a few sites that is starting it for select kids.”

**CHILDREN’S CONTINUALLY STRIVES TO IMPROVE ACCESS TO CARE.** Dr. Chi is committed to making sure that patients are seen in a timely fashion in the Division of Pediatric Otolaryngology. The 10 physicians on staff work closely with four nurse practitioners and four physician’s assistants, and a new physician will join the faculty in September. Team members currently see children at Children’s Pennsylvania locations in Pittsburgh, Wexford, South Fayette, Monroeville, and Johnstown, and in Wheeling, West Virginia.

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**Pediatric Otolaryngology (ENT) by the Numbers**

| **102** | physicians’ combined years of practice |
| **18** | pediatric ENT specialists, including 10 physicians, 4 CRNPs, and 4 PAs |
| **6** | LOCATIONS |
| | Children’s Hospital of Pittsburgh of UPMC |
| | Children’s North |
| | Wexford |
| | Children’s South |
| | South Fayette |
| | Children’s East |
| | Monroeville |
| | Specialty Care Center |
| | Wheeling |
| | Specialty Care Center |
| | Johnstown |
| **6** | SUBSPECIALTY CENTERS |
| | Aerodigestive |
| | Congenital Ear |
| | Eustachian Tube |
| | Hearing |
| | Vocal Cord Dysfunction |
| | Voice Resonance and Swallowing |
| **1,935** | tonsillotomies performed in 2017 |
| **3,331** | BM-Ts performed in 2017 |
| **150** | cochlear implants expected to be performed in 2018 |

24 hours per day, 7 days per week on-call availability

For more information, visit [chp.edu/ENT](http://chp.edu/ENT). For an appointment, call 412-692-5460.

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Continued from page 5

Oliver is on track to develop just like his peers, which includes giggling at noises the human body can make. Mrs. Gruber recalls one night at dinner when she got the hiccups. “Oliver thought it was hilarious, and now he imitates me. If he hadn’t been able to hear, he would just see my body jerking, and it might be scary. The sound is what makes it funny. It’s just one of the little things he’d miss out on,” she says. “Oliver would still have a full and happy life without hearing — but it’s pretty amazing with it.” •
A New Role for Diagnostic Medicine

If you’re a pediatrician in western Pennsylvania, chances are good that you have referred a challenging or perplexing patient to our Paul C. Gaffney Diagnostic Service for an outpatient consultation — to identify a problem, coordinate care for a child with multiple and complex medical problems, or secure a second opinion.

That is why it’s important for you to know that, effective April 27, this service has changed. New outpatient referrals are no longer seen in our diagnostic clinic. Instead, our new Paul C. Gaffney Division of Pediatric Hospital Medicine, with Interim Chief Ben Miller, MD, will be transitioning to an inpatient care focus.

Complex Care Clinic

We remain acutely aware, however, of the need for focused outpatient services for your patients with difficult and chronic problems. Our new Complex Care Clinic, directed by Stacey Cook, MD, PhD, and Christina Imming, MD, has been specially created to provide consultations, primary care, and urgent care services to these patients and their families. We also will continue to serve existing programs, such as the Down Syndrome Center and Vascular Anomalies Clinic.

And whether you have a patient question, need help interpreting a finding, or seek an alternative plan of action, our pediatric hospital medicine specialists will remain available to provide you with “curbside” consults by phone.

Why is this change necessary?

I’d like to underscore that this move was not made lightly, finalized only after intense review and discussion. I personally followed the process with great interest, since my own career at Children’s started in diagnostic service.

Pediatric medicine is changing and the hospital must respond to that change. For instance:

> Demand for outpatient diagnostic consults from the Paul C. Gaffney Diagnostic Service at Children’s has dropped nearly by half, while the inpatient census has grown exponentially. Our diagnostic service physicians are currently responsible for all general pediatric patients at Children’s, totaling more than 7,000 patients each year.

> An outpatient referral is no longer the requisite “short cut” for patients to be seen by our pediatric specialists, thanks to our growing number of specialists and improvements in scheduling.

Ultimately, our objective in making this transition is to offer a more robust in-hospital staff whose doctors can provide greater quality of care for your patients and improved communication with referring physicians. As pediatric hospital medicine becomes a board subspecialty next year, this change also will enable us to continue our mission of educating new generations of skilled inpatient diagnosticians.

Andy Urbach, MD, is medical director for Patient Experience and Development at Children’s Hospital. He welcomes your comments and questions. Please send an email to MDrelations@chp.edu.

At Your Call

VISIT NAVIGATION

Our outpatient visit coordinator helps manage the complexities of scheduling multiple medical appointments for patients who need to return to Children’s Hospital of Pittsburgh of UPMC three or more times within the same month. For more information, contact Visit Navigation at visitnavigation@chp.edu or 412-692-5687. Erinn Kasubinski, RN, BSN, is the Visit Navigation manager.

PHYSICIAN LIAISONS

Our team serves as liaisons between physicians in the community and our pediatric specialists. Contact them with questions, comments, and concerns.

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judi.feinberg@chp.edu

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Phone: 412-692-5135

Complex Care Clinic  
Main Hospital, Floor 2  
Phone: 412-692-7644
Unoma Obijulu Akamagwuna, MD, Pediatric Rehabilitation Medicine, was selected as a Quality and Safety Improvement Scholar by the Academic Pediatric Association.

Kelly Bailey, MD, PhD, Division of Pediatric Hematology/Oncology, received the Emerging Scientist Award of $100,000 from the Children’s Cancer Research Fund to study heterogeneity and chemotherapy response in Ewing sarcoma.

Hülya Bayir, MD, internationally recognized for her work in the area of traumatic and ischemic brain injury, received the 2018 University of Pittsburgh Chancellor’s Distinguished Research Award. Dr. Bayir is research director, Pediatric Critical Care Medicine Research, Children’s Hospital of Pittsburgh of UPMC, and professor, Critical Care Medicine and Environmental and Occupational Health, University of Pittsburgh School of Medicine.

Beverly Brozanski, MD, medical director, Neonatal Intensive Care Unit, was honored with a 2018 Women of Achievement Award from Cribs for Kids in March. The award is given to women who have demonstrated commitment to the betterment of their communities, excellence in their professional fields, or outstanding accomplishments for the advancement of women.

Craig Byersdorfer, MD, PhD, Division of Blood and Marrow Transplantation and Cellular Therapies, received an award from the Amy Strelzer Manasevit Research Program for the study of post-transplant complications. The award was presented at the 2018 BMT Tandem Meetings in Salt Lake City in February.

Amy Houtrow, MD, PhD, MPH, chief, Pediatric Rehabilitation Medicine, participated on the development team for the newly published American Academy of Neurology Child Quality Measures. She also recently joined the National Quality Forum’s Measure Applications Partnership Medicaid Child Workgroup.

David Keljo, MD, PhD, was named to the new position of director of Research for the Division of Pediatric Gastroenterology, Hepatology, and Nutrition.

Sandra Kim, MD, co-director, Inflammatory Bowel Disease Center, received the Rosenthal Award for Patient Support and Care from the Crohn’s & Colitis Foundation of America in March. Dr. Kim is a two-time recipient of the award.

Jennifer Marin, MD, MSc, Pediatric Emergency Medicine, was elected to a three-year term on the board of directors for the Pennsylvania Chapter of the American College of Emergency Physicians.

Elizabeth Miller, MD, PhD, chief, Adolescent and Young Adult Medicine, received the Visionary Award from Pittsburgh Action Against Rape for her impact in the lives of survivors and in the prevention of sexual violence. In May, she will receive the 2018 Woman of Distinction in Health Care Award from the Girl Scouts of Western Pennsylvania.

The Antonio J. and Janet Palumbo Cystic Fibrosis Center (CF Center) received the Cystic Fibrosis Foundation’s Quality Care Award recognizing outstanding quality improvement practices. Joseph Pilewski, MD (left), and Joel Weinberg, MD, (center), are co-directors of the Adult Cystic Fibrosis Program. Daniel Weiner, MD (right), is co-director of the CF Center.

Kristin Ray, MD, director of Health Systems Improvements, Children’s Community Pediatrics, is now board-certified in Clinical Informatics.

Two Children’s Hospital physicians have received the Academic Pediatric Association’s Young Investigator Award to support research. Alison Culyba, MD, PhD, MPH (left), Adolescent and Young Adult Medicine, will study “Understanding Neighborhood Contexts to Prevent Youth Violence.” Proposed research by resident Jacquelin Rankine, MD (right), is titled “Building Better Together: School Nursing and Primary Care Partnerships.”
Drs. Diacovo and Schlesinger to Lead Clinical Divisions

Two New Division Chiefs Take Their Respective Helms at Children’s Hospital of Pittsburgh of UPMC This Spring

Thomas Diacovo, MD, has been appointed chief of the Division of Newborn Medicine and director of Neonatal Cardiovascular Research at the Heart Institute at Children’s. He comes to Pittsburgh from Columbia University Medical Center, where he was professor of Pediatrics and Pathology and Cell Biology and served as director of Newborn Research and associate director of Neonatology. He is board-certified in Neonatal-Perinatal Medicine.

His research team is the first to conduct a clinical trial using a novel agent designed to prevent blood clots in an artificial conduit placed during surgery to establish essential blood flow to the lungs of newborns with single ventricle physiology.

Dr. Diacovo has been a champion for the development of pharmacologic agents and devices specifically designed for NICU patients, and in particular for those with congenital heart disease who are at high risk for forming blood clots.

Abigail Schlesinger, MD, has been named chief of the Behavioral Science Division at Children’s. She is also the medical director of Children’s TIPS (Children’s Telephonic Psychiatric Consultation Services) and the medical director of Ambulatory Integrated Behavioral Health for Western Psychiatric Institute and Clinic of UPMC. Dr. Schlesinger is also an associate professor of Psychiatry at the University of Pittsburgh School of Medicine. After receiving her medical degree at the University of Pittsburgh, she completed her post-graduate psychiatry training at the University of Michigan Medical School, and completed the Child and Adolescent Psychiatry program at the University of Pittsburgh School of Medicine.

She was instrumental in the development of Children’s Community Pediatrics Behavioral Health (CCPBH), a service that embeds therapists and psychiatrists in pediatric primary care. CCPBH has won local, state, and national awards for efficiently improving access to care.
Saturday, June 23
Schenley Park

Register your team today at
walkforchildrens.com

Addison, 2018 Walk for Children’s Patient Champion