

Milestones

July 2009
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Dear Colleagues,

It is a pleasure to summarize the accomplishments of the general pediatrics faculty over the last month. This month we welcome our new pediatric residents as well Keiko Hikino, MD, a general pediatrics international visiting scholar from Japan. Dr. Hikino will be collaborating with Dr. John Takayama on several general pediatrics research projects. Please join me in welcoming Dr. Hikino to UCSF.

Michael Cabana, MD, MPH
Chief, Division of General
Pediatrics, Core Faculty, Insti-
tute for Health Policy Studies
(IHPS)



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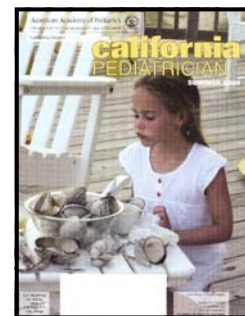
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UCSF General Pediatricians featured in *California Pediatrician*

The Spring 2009 issue of *California Pediatrician* featured articles by several UCSF general pediatrics faculty. *California Pediatrician* is published twice a year and is the official publication of the American Academy of Pediatrics (AAP), District IX (California). The publication is sent to California pediatricians as well as pediatric dentists, pediatric residents, pediatric nurse practitioners, state and federal officials, interested physicians across the country, and members of the American Academy of Pediatrics offices in Chicago and Washington, D.C.



In addition to timely reports and articles, each issue of *California Pediatrician* contains an updated roster of AAP-CA officers, members-at-large, committees and committee chairs, which members retain for reference.

Mark Miller, MD co-authored an article on "Wildfires: a hazard to children's health." The article included recommendations for avoiding environmental hazards from wildfires during a wildfire, as well as during the recovery phase after a wildfire. (continued on pg. 2)

A newborn boy with right-sided 'ear tags' x 2

Commentary by Michael D. Cabana, MD, MPH

The patient is a 3.250 kg (AGA) product of a 39 2/7 week gestation via spontaneous vaginal delivery to a G1, P0, 25 year-old mother. Serologies are unremarkable. Prenatal course was otherwise unremarkable. At delivery, rupture of membranes was for 5 hours. Light meconium was noted, but the baby cried spontaneously.



Apgars were 8 and 9. At the initial exam, the baby was noted to have an occipital caput and some acrocyanosis. The baby was admitted to the newborn nursery for routine care.

There was no family history of hearing or renal disorders.

During a initial assessment the baby is noted to have two right-sided 'ear tags.' The baby is alert with a vigorous cry. Temperature is 37.2. Pulse is 142. Respiratory rate is 47. There is a small occipito-parietal caput. There is a nevus simplex on both eyelids and the nape of the neck. There is no abdominal mass.

Turn to page 3 for dénouement



Congratulations to...

California Pediatrician (cont.)

Dr. Mark Miller is the director of the UCSF Pediatric Environmental Health Specialty Unit (PEHSU) and a public health medical officer for the California EPA Office of Environmental Health Hazard Assessment (CA EPA).



Dr. Miller received his MD from Michigan State University, where he also completed his pediatric residency. He received his MPH in environmental health sciences from the University of California, Berkeley and completed a residency in preventive medicine with the California Department of Health Services. He is a member of the core faculty of the UCSF General Pediatrics Fellowship Training Program. He is an Assistant Clinical Professor of Pediatrics and Occupational & Environmental Medicine.

Myles B. Abbott, MD, FAAP, is the current AAP District Chair of California. Dr. Abbot co-authored an update on the District's efforts at addressing healthcare reform, immunization payment and obesity prevention.



Dr. Abbott received his MD from the University of Miami School of Medicine. He completed his residency in pediatrics at UCSF and was Chief Resident in Pediatrics at San Francisco General Hospital. Dr. Abbott has been a full-time private practice pediatrician for 30 years in Berkeley and Orinda, California and has continued to maintain his strong ties to UCSF. As a member of the UCSF Clinical Faculty, Dr. Abbott has been awarded the Charlotte Baer Award and the Kaiser Award for Excellence in Teaching. Dr. Abbott is a Clinical Professor of Pediatrics.

Stephen Wilson, MD, PhD

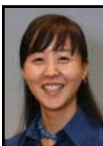
On June 5-7, 2009 Stephen Wilson, MD, PhD presented at the 'Pediatrics for the Practitioner' Conference at the University of Texas Health Science Center in San Antonio, TX. Dr. Wilson presented three topics including: 'Building a Patient Safety Program Using Clinical Events,' 'Thinking Differently about Pediatric Pain Management,' and 'Balancing Career & Family Life as a Physician.'



Dr. Wilson received his MD from Harvard Medical School and his Ph.D. in Immunology at Harvard University Graduate School of Arts & Sciences. He completed his residency in Pediatrics at UCSF where he was Chief Resident. Dr. Wilson directs the inpatient service, the pediatric sedation service and the UCSF Children's Hospital Access Unit. Dr. Wilson is an HS Clinical Professor of Pediatrics.

Christine Cho, MD, MPH

On July 8, 2009, Christine Cho, MD, MPH was accepted to the Stanford Faculty Development Program for Clinical Teaching as part of the 2009-2010 academic year cohort. Each year six medical faculty from the United States are selected to attend the Stanford Faculty Development Program for training as Clinical Teaching seminar facilitators. The training provides participants with background knowledge and seminar leadership skills.



Dr. Cho is a pediatric emergency medicine physician and member of the Division of General Pediatrics. She received her MD and MPH in Epidemiology at the University of Medicine and Dentistry of New Jersey. She completed her residency and

Chief Residency at Yale-New Haven Children's Hospital. She completed a fellowship in Pediatric Emergency Medicine at the Children's Hospital of Philadelphia (CHOP). Her research focused on resident education and the development of professionalism. Her primary appointment is at Children's Hospital of Oakland. She attends at the UCSF pediatric urgent care center. She is an HS Assistant Professor of Pediatrics.

Valerie Flaherman, MD, MPH

On July 9, 2009, Valerie Flaherman, MD, MPH was interviewed by Radio KSRO 1350 AM about issues and recommendations about infant breastfeeding. Dr. Flaherman is currently funded by the Building Interdisciplinary Careers in Women's Health (BIRCWH) K12 program at UCSF. She conducts research on methods to improve breastfeeding rates in the nursery.



Dr. Flaherman received her MD from Harvard Medical School. She completed her residency in pediatrics at Oakland Children's Hospital. During her career in private practice, she worked on staff at Mt. Diablo Medical Center (Concord, CA) and served as Chair for the Department of Pediatrics. She received her MPH from the University of California, Berkeley.

In 2008, she graduated from the General Pediatric Fellowship Program and joined the UCSF faculty. She attends in the newborn nursery and Parnassus Urgent Care Clinic. She is an Adjunct Assistant Professor of Pediatrics.

Recently Published By Faculty



Bardach NS, Huang J, Brand R, Hsu J. Evolving health information technology and the timely availability of visit diagnoses from ambulatory visits: A natural experiment in an integrated delivery system. *BMC Medical Informatics and Decision Making*. 2009; 9: 35.

Background: Health information technology (HIT) may improve health care quality and outcomes, in part by making information available in a timelier manner. However, there are few studies documenting the changes in timely availability of data with the use of a sophisticated electronic medical record (EMR), nor a description of how the timely availability of data might differ with different types of EMRs. We hypothesized that timely availability of data would improve with use of increasingly sophisticated forms of HIT. **Methods:** We used an historical observation design (2004-2006) using electronic data from office visits in an integrated delivery system with three types of HIT: Basic, Intermediate, and Advanced. We calculated the monthly percentage of visits using the various types of HIT for entry of visit diagnoses into the delivery system's electronic database, and the time between the visit and the availability of the visit diagnoses in the database. **Results:** In January 2004, when only Basic HIT was available, 10% of office visits had diagnoses entered on the same day as the visit and 90% within a week; 85% of office visits used paper forms for recording visit diagnoses, 16% used Basic at that time. By December 2006, 95% of all office visits had diagnoses available on the same day as the visit, when 98% of office visits used some form of HIT for entry of visit diagnoses (Advanced HIT for 67% of visits). **Conclusions:** Use of HIT systems is associated with dramatic increases in the timely availability of diagnostic information, though the effects may vary by sophistication of HIT system. Timely clinical data are critical for real-time population surveillance, and valuable for routine clinical care.



Miller MD, Crofton KM, Rice DC, Zoeller RT. Thyroid-Disrupting Chemicals: Interpreting Upstream Biomarkers of Adverse Outcomes. *Environ Health Perspect*. 2009;117:1033-1041.

There is increasing evidence in humans and in experimental animals for a relationship between exposure to specific environmental chemicals and perturbations in levels of critically important thyroid hormones (THs). Identification and proper interpretation of these relationships are required for accurate assessment of risk to public health. **Objectives:** We review the role of TH in nervous system development and specific outcomes in adults, the impact of xenobiotics on thyroid signaling, the relationship between adverse outcomes of thyroid disruption and upstream causal biomarkers, and the societal implications of perturbations in thyroid signaling by xenobiotic chemicals. **Data sources:** We drew on an extensive body of epidemiologic, toxicologic, and mechanistic studies. **Data synthesis:** THs are critical for normal nervous system development, and decreased maternal TH levels are associated with adverse neuropsychological development in children. In adult humans, increased thyroid-stimulating hormone is associated with increased blood pressure and poorer blood lipid profiles, both risk factors for cardiovascular disease and death. These effects of thyroid suppression are observed even within the "normal" range for the population. Environmental chemicals may affect thyroid homeostasis by a number of mechanisms, and multiple chemicals have been identified that interfere with thyroid function by each of the identified mechanisms. **Conclusions:** Individuals are potentially vulnerable to adverse effects as a consequence of exposure to thyroid-disrupting chemicals. Any degree of thyroid disruption that affects TH levels on a population basis should be considered a biomarker of adverse outcomes, which may have important societal outcomes.

Dénouement

A newborn boy with right-sided 'ear tags' x 2

Preauricular skin tags are located near the tragus of the ear. They do not communicate with any structures of the ear. As an isolated finding, preauricular skin tags are benign. Surgical removal can be indicated for cosmetic reasons.

During the sixth week of gestation, the first and second branchial arches form the hillocks of His which later form the tragus and helix. Supernumerary hillocks lead to preauricular tags. Preauricular tags can also be found in a variety of syndromes including, Goldenhar syndrome and Nager syndrome.

Preauricular skin tags and ear pits have been associated with permanent hearing impairment. In addition, patients with ear anomalies have a higher incidence of renal anomalies. As a result, renal ultrasonography may be in-

dicated if there are ear anomalies and a family history of hearing disorder or repeated failed audiographic testing.

In this case, there was no family history of hearing disorder and audiologic screening was unremarkable. The infant was discharged with no further work-up.

References:

Ari-Even Roth et al. "Preauricular Skin Tags and Ear Pits Are Associated with Permanent Hearing Impairment in Newborns" *Pediatrics* 2008;122:e884.

Lizama M, et al. "Association of isolated preauricular skin tags and nephrourological anomalies: case-control study." *Pediatr Nephrol*. 2007;22:658-660.



Upcoming Meetings of Interest

- June 24, 2009** **Division of General Pediatrics Quarterly Meeting:** Location: LHTS, Room 263, Time: 6:00pm—7:30pm. Presenter: Dan West, MD. Dinner Provided. Please RSVP to: mcconell@peds.ucsf.edu
- July 1, 2009** **New Fellows Orientation:** Parnassus Campus
- August 5, 2009** **General Pediatrics Translational Research Seminar:** Anna Song, PhD Title: “Methodological considerations in adolescent disparities research” Location: LHTS, Room 262 from 11:00am-12:00pm. Lunch is provided.
- September 2, 2009** **General Pediatrics Translational Research Seminar:** Naomi Bardach, MD Title: “TBA” Location: LHTS, Room 262 from 11:00am-12:00pm. Lunch is provided.
- September 9, 2009** **Field Trip to City Hall:** More details to follow
- September 16, 2009** **New Faculty Welcoming:** Workshop at Laurel Heights. Details to follow
- September 23, 2009** **General Pediatrics Translational Research Seminar:** David Nunez, MD, MPH Title: “TBA” Location: LHTS, Room 262 from 11:00am-12:00pm. Lunch is provided.
- September 29-30, 2009** **Pediatrics Residency Retreat:** Details to follow
- September 30, 2009** **General Pediatrics Translational Research Seminar:** Lynda Boyer-Chu, San Francisco Unified School District Title: “TBA” Location: LHTS, Room 262 from 11:00am-12:00pm. Lunch is provided.
- October 7, 2009** **General Pediatrics Translational Research Seminar:** Anisha Patel, MD Title: “TBA” Location: LHTS, Room 262 from 11:00am-12:00pm. Lunch is provided.



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