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, stompign 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! ~ Al
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.


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**OBSTETRICIANS REFINE DEFINITION OF FULL-TERM PREGNANCY**

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**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.

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**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.

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
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 or (847) 434-4924. If you would like to unsubscribe to the update, please notify staff by responding to this e-mail.