

# Physician Update



Lucile Packard  
Children's Hospital  
at Stanford

A PUBLICATION FOR  
REFERRING PHYSICIANS  
FALL 2011

## Packard Children's Opens New Hearing Center

### COMPREHENSIVE CARE PROVIDED FOR DEAF AND HARD- OF-HEARING CHILDREN

When a deaf child receives a cochlear implant to improve hearing, the work doesn't stop with the operation. The implant must be programmed correctly, which can require months of follow-up evaluations and adjustments. The process is often more complex for children than for adults, who typically had hearing before losing it.

"An adult can tell you, 'I can't quite hear; can you fix the program a little?'" said John Oghalai, MD, medical director of the Children's Hearing Center at Lucile Packard Children's Hospital. "A kid who has never heard before doesn't even know what it's supposed to sound like."

That's just one reason why comprehensive, multidisciplinary care is so important for children undergoing this procedure. Packard Children's has embraced this approach with the new Children's Hearing Center, which offers cochlear implants and a wide range of other services for deaf and hard-of-hearing children. The center treats all forms of hearing loss, temporary or permanent; diseases of the ear canal, middle ear and mastoid; and skull base tumors. Services are based at Packard Children's, ensuring a kid-friendly environment,

and the team includes specialists in audiology; ear, nose and throat (ENT) medicine; speech and language pathology; and other key disciplines.

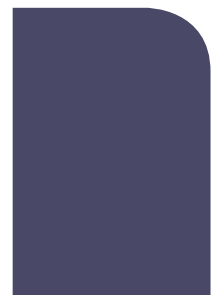
"We're drawing from the excellence that already exists at Packard and bringing it together into a cohesive team of pediatric specialists to assess and treat the child," said Jody Winzelberg, AuD, the center's administrative director and chief of audiology at Packard Children's.

The center is also a focal point for cutting-edge studies on hearing loss. Oghalai, who specializes in otology, neurotology and skull base surgery, joined Packard Children's in 2010 with extensive clinical and research experience in this area. His team is now investigating questions such as the effect of cochlear implants on children with developmental delays. These studies, along with other hearing-related research at the Stanford University School of Medicine, could lead to better care for patients. "We see the Children's Hearing Center as the ultimate outlet for discoveries made in the basic science lab," Oghalai said.

### Multidisciplinary Team

The center sees children from birth, including infants identified through the newborn hearing

### IN THIS ISSUE



“We’re drawing from the excellence that already exists at Packard and bringing it together into a cohesive team of pediatric specialists to assess and treat the child.”

screening program at Packard Children’s, and takes patients up to 21 years old. One to two children in 1,000 are born deaf, and another 17 per 1,000 will develop significant hearing loss by age 18.

Depending on the patient’s needs, the child may see an audiologist or ENT physician first. Hearing evaluations are performed at the Audiology Clinic at 1000 Welch Road. The audiologist determines the type and degree of hearing loss and, if needed, may fit the child with a hearing aid or other assistive device and perform further assessments. To manage routine issues such as common ear infections, the audiologist works closely with the referring physician. If the evaluation reveals more complex problems, the child may be referred to other team members.

ENT physicians at the Pediatric Ear, Nose & Throat Clinic at 730 Welch Road perform medical exams and order tests, which may include blood work, genetic tests and imaging studies; surgeries take place at the state-of-the-art Ford Family Surgery Center at Packard Children’s. In addition to Oghalai, the ENT team at the Children’s Hearing Center includes Packard Children’s pediatric otolaryngologists Anna Messner, MD, and Kay Chang, MD. Speech and language evaluations occur at 321 Middlefield Road in Menlo Park.

If the team is concerned about the possibility of developmental delays, the child may be evaluated by a developmental pediatrician, a psychologist or both. Patients may also undergo vision tests by a pediatric ophthalmologist. Genetic testing and counseling can often help determine whether the condition is inherited and inform parents about the risk of hearing loss in the patient’s siblings.

Once a week, a core team of specialists meets to discuss patients and decide the best course of action. If the child is deaf and can’t benefit from hearing aids or assistive devices, the team usually recommends a cochlear implant. The implant converts sound to electricity, which stimulates the auditory nerve. The center’s cochlear implant coordinator, Annie Vranesic, AuD, counsels the families and prepares the child for implantation. After the surgery, she performs follow-up evaluations to program the cochlear implant and assess progress with other members of the care team.

The center also works with outside therapists and educators to ensure that patients receive the services they need in their communities. In-state residents aged 0 to 3 with hearing loss are referred to California’s Early Start Program, which offers a variety of early intervention services. For older children, the center coordinates with the patient’s school district.

## Cutting-Edge Research

In addition to providing top-notch clinical care, the center is exploring new strategies for improving hearing loss diagnosis and treatment.

In a clinical trial, Oghalai is testing a noninvasive method to ensure that a cochlear implant is programmed correctly. The child listens to a story while wearing a cap that measures oxygen levels in blood going to the brain’s auditory cortex. Oghalai’s team then reconstructs 3D images of the brain. By testing children immediately after cochlear implants are turned on, Oghalai hopes to determine if the auditory cortex is responding properly.

Oghalai is also investigating whether children with severe developmental delays can benefit from cochlear implants. While many of these children are so delayed that they likely will not be able to speak even after receiving a cochlear implant, Oghalai wants to find out if the treatment could result in other improvements, such as better quality of life or higher intelligence. His team is monitoring children after implantation and recording all verbal and nonverbal communications. Children under age 3 are eligible to enter.

The Stanford University School of Medicine has a large research effort investigating regenerative strategies to restore hearing. For example, Alan Cheng, MD, a pediatric otolaryngologist at the Children’s Hearing Center, is studying whether hair cells in the inner ear could be regenerated. Typically, people lose hearing when these cells die.

Some research is already making its way to the clinic: Oghalai’s team has developed an imaging technique that uses laser light to detect subtle changes in the cochlea, which will allow physicians to better determine the cause of hearing loss. The team expects to have the technique available for the center’s patients in about a year.

“When patients see a doctor at the Children’s Hearing Center, they can feel confident the doctor is up-to-date on the latest technologies and treatments,” Oghalai said.

For more information about the Children’s Hearing Center, visit <http://hearingcenter.lpch.org>. For more information about audiology services, call (650) 498-HEAR. For more information about pediatric ENT services, call (650) 724-4800. If prior authorization for insurance is required, call (800) 995-LPCH (5724).

# High-Quality Diet in Pregnancy Protects Against Birth Defects, Stanford Study Shows

## EXTENDING BIRTH DEFECT PREVENTION BEYOND A SINGLE-NUTRIENT APPROACH

The overall quality of a pregnant woman's diet is linked with risk for two types of serious birth defects, a new study from the Stanford University School of Medicine has shown. In the study, women who ate better before and during pregnancy gave birth to fewer infants with malformations of the brain and spinal cord, or orofacial clefts, such as cleft lip and palate.

Prior research on diet and birth defects has generally addressed one nutrient at a time. For instance, the B vitamin folic acid has been shown to protect against the neural tube defects anencephaly and spina bifida. However, after fortification of the U.S. food supply with folic acid began in 1998, these birth defects did not completely disappear. Others, such as cleft lip and palate, remained a concern. So scientists began examining other single-nutrient players in the diet-defect connection.

The new study took a different approach.

“Our study showed for the first time that the overall quality of the diet, and not just a single nutrient, matters in terms of reducing the risk of birth defects,” said Suzan Carmichael, PhD, who is the first author of the study and an associate professor of pediatrics at Stanford.

The study, published online October 3 in *Archives of Pediatrics & Adolescent Medicine*, asked women from 10 U.S. states about their eating habits immediately before and during pregnancy. The subjects included 3,824 women whose fetuses or infants had a neural tube defect or a cleft lip or palate, and 6,807 women with healthy infants. The researchers analyzed the diet information using two well-validated methods for scoring diet quality. One score measures how well the diet matches a Mediterranean diet pattern; the second assesses similarity to the Dietary Guidelines for Americans issued by the U.S. Department of Health and Human Services and the U.S. Department of Agriculture. The two scoring systems have much in common, with both rewarding consumption of fruits and vegetables and giving low scores for



“The overall quality of the diet, and not just a single nutrient, matters in terms of reducing the risk of birth defects.”

foods that deliver unhealthy saturated fats, such as red meat or butter, for example.

The study found that women with the highest diet scores (in the top 25 percent) were 36 to 51 percent less likely than those with the lowest scores (the lowest 25 percent) to have a pregnancy affected by anencephaly, depending on which dietary scoring system was used. Similarly, the women with the highest diet quality scores had approximately 24 to 34 percent protection against giving birth to a child with cleft lip. Higher diet quality was also protective against spina bifida and cleft palate, but the results were less strong.

“The take-home message from the current work is that diet matters,” Carmichael said. Women should not forgo vitamin supplements before and during pregnancy, but they should also pay attention to

the food they consume, she added. “A better diet seems to make a difference in protecting against birth defects.”

Obstetricians who suspect that a birth defect already affects a patient's pregnancy can refer women to Packard Children's five Perinatal Diagnostic Centers located in the Bay Area, Santa Cruz and Salinas. The centers' services include comprehensive prenatal diagnostic exams, genetic counseling, consultation with high-risk obstetrics, and referrals as appropriate to Packard Children's Center for Fetal and Maternal Health.

More information for referring providers is available at <http://www.pdc.lpch.org>.

# Pediatric Urology Service Ramps Up Robotic Surgery Program

## ROBOT ENABLES SOME OPERATIONS TO BE LESS PAINFUL, MORE PRECISE

When a 7-year-old boy visited the Pediatric Urology Clinic at Lucile Packard Children's Hospital last year, his family worried that he might lose one of his kidneys. The child had a very large renal cyst, and another hospital had told his family the entire organ would need to be removed.

With the help of a robot, pediatric urologist Michael Hsieh removed just the cyst. "The kidney is completely preserved," said Hsieh, MD, PhD, director of the Minimally Invasive Surgery Program in the Pediatric Urology Service at Packard Children's. "The patient went home the next day."

Hsieh specializes in robotic surgery, a procedure in which the physician remotely controls a robot to perform operations. Compared with open surgery, robotic surgeries generally require smaller incisions and leave smaller scars. They also tend to result in less bleeding, less post-operative pain and shorter recovery times.

Traditional laparoscopic surgery shares these advantages, but the instruments usually lack joints that articulate the way human arms and hands do, making certain tasks very difficult. Robotic surgery offers jointed instruments that allow more precise movements, as well as the binocular 3D vision and depth perception that a physician would have during open surgery.

"Robotic surgery takes some of the best of open and traditional laparoscopic surgery," Hsieh said.

The robot at Packard Children's, named Gizmo, is the latest model of the da Vinci Surgical System. It consists of a console where the surgeon sits, a patient cart with four mounted robotic arms, and electronics for the robot camera. The surgeon operates through three or four small incisions, manipulating the robotic arms through the console and viewing the surgery on a high-definition screen with 10X magnification.

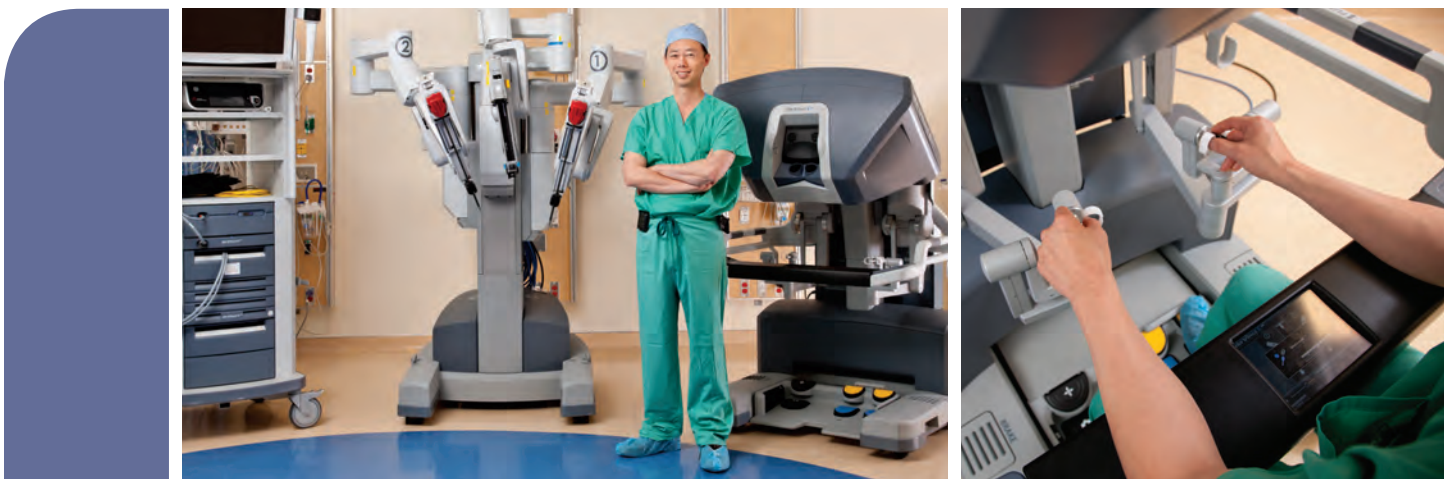
Packard Children's has one of the most substantial pediatric robotics programs on the West Coast. Hsieh performs many types of operations using robotic surgery, including pyeloplasty, a repair to relieve ureteropelvic junction obstruction; ureteral reimplantation to treat urinary reflux; removing renal cysts; and removing part or all of the kidney for patients with tumors or infections. He also performs urinary tract reconstructions to treat bladder dysfunction associated with spinal cord injuries or spina bifida.

The Pediatric Urology Service offers other benefits as well. Three certified pediatric nurse practitioners are available to help train children with voiding dysfunctions, a time-intensive process. A fluorourodynamics unit—not commonly available at many institutions—can measure urinary flow and pressure through the bladder and urethra, enabling more accurate diagnoses. An ongoing clinical trial is investigating whether parent-guided hypnosis can help children get through a procedure called a voiding cystourethrogram with less stress and discomfort. The clinic treats a wide range of conditions, including hypospadias, a malformation in which the male urethral opening is incorrectly placed; undescended testes; hernias and hydroceles; tumors; urinary reflux; congenital defects and obstruction of the urinary tract; and more common problems such as incontinence and recurrent urinary tract infections.

Hsieh is also working with other researchers in the San Francisco Bay Area to develop robotic surgery-related technologies that improve operating room safety using the Microsoft Kinect. Meanwhile, pediatric urology fellows and residents are being trained in robotic surgery using a virtual reality simulator.

"It's another example of Packard leading the way," Hsieh said.

For more information about the Pediatric Urology Service at Packard Children's, visit <http://urology.lpch.org>. To refer a patient, call (650) 497-8156.





## Packard Children's Adolescent Health Van Celebrates 15th Anniversary

### MOBILE CLINIC HELPS UNINSURED AND HOMELESS YOUTH

“Some people write off these kids, especially kids who are more marginalized. We’ve shown you shouldn’t—they can do really well.”

In its 15 years of delivering health care to disadvantaged Bay Area youth, the Lucile Packard Children's Hospital Adolescent Health Van has become a safe haven for more than 3,500 impoverished young people.

The Van, which celebrated its 15th birthday in September, provides high-risk youth with free, confidential help in a welcoming setting.

“When we started the Health Van, our idea was that we would target uninsured youth and provide easily accessible, comprehensive care,” said Seth Ammerman, MD, medical director and founder of the Van. The Van uses a “Medical Home” model, a one-stop-shopping approach in which patients aged 10 to 25 receive primary health care, specialty care, medications, laboratory work, nutrition counseling, mental health care and social work services.

Since patients often lack transportation, the Van comes to them, making regular visits to seven Bay Area schools and community agencies in San Francisco, San Mateo County and Santa Clara County. The goal is continuity—patients can build trusting relationships with their caregivers.

The 8-by-36-foot rolling clinic, which includes two fully equipped exam rooms, is outfitted with preteens, teens and young adults in mind.

“Most important, we have a staff that likes to work with this age group,” Ammerman said. “They’re caring and helpful regardless of a young person’s situation.” About 40 percent of the Van’s patients are homeless, he added.

On an initial visit, patients meet the Van’s entire team, including a physician, nurse practitioner, medical assistant, nutritionist and social worker. They address the full gamut of adolescent health concerns—everything from asthma, acne and body-weight worries to sports injuries, sexual health questions and mental health issues.

Every dollar of the Van’s \$650,000 annual budget, which is funded primarily by the Lucile Packard Foundation for Children’s Health and the nonprofit Children’s Health Fund, averts \$10 in expenses such as emergency room visits and hospitalizations. Three-quarters of the van’s patients return for follow-up care.

“Unfortunately, the need for our program is greater than ever,” Ammerman said, noting that the economic downturn has brought many kids to the Van whose parents lost jobs and health insurance.

Ammerman is proud of the Van’s mission. “When kids start taking care of their health, they can really turn their lives around,” he said. “Some people write off these kids, especially kids who are more marginalized. We’ve shown you shouldn’t—they can do really well.”

The Van is just one part of the Center for Adolescent Health at Packard Children’s. Located at 1174 Castro St. in Mountain View, the Center serves patients 12 to 21 years old. The Teen and Young Adult Clinic provides confidential care, including reproductive health services, general checkups and immunizations. Patients with anorexia nervosa, bulimia nervosa or an unspecified eating disorder can receive medical, nutritional and psychiatric treatment from the Comprehensive Eating Disorders Program. The Pediatric Weight Clinic helps kids and teenagers manage weight and focuses on overall health.

The current schedule for the Health Van is available at <http://adolescenthealthvan.lpch.org>. More information about the Center for Adolescent Health at Packard Children’s is available at <http://adolescentmedicine.lpch.org>. For information about the Health Van, call (650) 736-7172. For the Teen and Young Adult Clinic and Pediatric Weight Clinic, call (650) 694-0600. For eating disorder patient appointments, call (650) 498-4468.

# PHYSICIAN PARTNER RELATIONS UPDATE

## THANK YOU

Thank you to all referring pediatric physicians who attended our September 8 Pediatric Engagement Event at Stanford Park Hotel, and also to the community obstetricians who attended the August 24 Obstetrics engagement event. We appreciate your time. Packard Children's physician and administrative leadership will continue to improve access and communication with all our referring providers.

In mid-September, we expanded the scope of the notifications faxed to referring providers to include outpatient visit and appointment no-show notifications. These were added to the admit, discharge, ED and scheduling notifications that had already been faxed.

MD Portal: For information on how to register an MD Portal account or to schedule an in-service for your practice, please contact Marta Miller at (650) 724-9606.

## NEW STARK LAW POLICY

Packard Children's implemented a new policy to ensure compliance with the federal Physician Self-Referral Law ("Stark Law"). The *Business Courtesies to Physicians and Immediate Family Members Policy* addresses non-monetary compensation and incidental benefits from Packard Children's to referring physicians and their families. These forms of compensation are allowed under the Stark Law within limits.

Non-monetary compensation – items and services such as event tickets or holiday gifts – must be tracked by the hospital. These expenses will be processed automatically by FPO Physician Relations; referring physicians need not track them. The allowed value of such compensation is \$300 per calendar year per physician (including family). Cash, or equivalents such as gift cards, and prizes or contests that physicians can win are not permitted.

Incidental benefits are valued at less than \$30 per occurrence and used on the LPCH/Stanford campus, such as on-campus CME seminars worth less than \$30 per physician. Incidental benefits need not be tracked, and their value does not count toward the \$300 limit.

Questions about tracking non-monetary compensation should go to Dana Haering, controller, at (650) 721-2222 or [dhaering@lpch.org](mailto:dhaering@lpch.org). Please contact the Compliance Department at (650) 724-2572 or [complianceofficer@stanfordmed.org](mailto:complianceofficer@stanfordmed.org) with questions about Stark Law requirements.



## Medical Center Renewal Project Is Under Way

### EXPANSION INCREASES OUR CAPACITY TO CARE

Stanford University Medical Center has kicked off its \$3 billion renewal project, which will bring patients the most technologically sophisticated, environmentally sustainable and family-friendly facilities in the nation. The Palo Alto City Council gave its approval on June 6, paving the way for expansion of Lucile Packard Children's Hospital and construction of the new Stanford Hospital & Clinics and School of Medicine laboratories.

Construction-related work began in August, and two buildings on the site of the future Packard Children's expansion, opening in late 2016, will be demolished by December. Utility work is under way at the expansion site and along Welch Road, which is now one lane, one way from Quarry Road to Pasteur Drive.

Both hospitals are serving patients throughout the process. Visitors can access clinics at 730, 750 and 770 Welch Road through driveways from Vineyard Lane. Families are encouraged to drop off immune-compromised patients at the lobby door of Packard Children's and use the free valet service, available from 6 am to 8 pm. Visitors should add 15 minutes to estimated travel times and consult <http://renewal.lpch.org> for driving routes.

Families have received letters with construction information and travel directions, and signs and sidewalk decals have been added to the area. Multiple infection control measures have been carried out to minimize impacts on patients, families and staff.

The design of the expansion reflects the hospital's commitment to family-centered care. A net of 104 beds, nearly all in private, single-patient rooms, will be added. The patient rooms will overlook restorative outdoor gardens. Patients will have access to state-of-the-art cardiac cath labs, PET/CT, nuclear medicine and interventional radiology facilities with dedicated pediatric staff. Team spaces and conference rooms have videoconferencing capabilities, and the expansion includes translational research space.

For more information, contact Jill Sullivan at [jsullivan@lpch.org](mailto:jsullivan@lpch.org). Information for families is available at <http://renewal.lpch.org>, and additional construction information is available at <http://sumcrenewal.org>.



## FACULTY UPDATE

Four Packard Children's clinician-scientists recently received Faculty Scholar awards from the Stanford University School of Medicine based on research proposals they submitted. **Alan Cheng, MD**, an assistant professor of otolaryngology-head and neck surgery, was appointed to a five-year term as the Akiko Yamazaki and Jerry Yang Faculty Scholar in Pediatric Translational Medicine; **Matthew Porteus, MD, PhD**, an associate professor of pediatrics in cancer biology, hematology/oncology and human gene therapy, was awarded a five-year term as the Laurie Kraus Lacob Faculty Scholar in Pediatric Translational Medicine; and **Deirdre Lyell, MD**, and **Carol Conrad, MD**, were selected for three-year terms as Arline and Pete Harman Faculty Scholars.

**Neville Golden, MD**, was recently elected to the American Academy of Pediatrics National Committee on Nutrition. This influential committee makes national policy recommendations on issues related to nutrition of infants, children and adolescents. Past policy statements include recommendations on the duration of exclusive breastfeeding, diet for children and adolescents, bone health and calcium requirements, soft drinks in schools, the pediatrician's role in prevention of childhood obesity, the use of energy and sports drinks in children and adolescents, and new cholesterol screening and treatment recommendations.

**Lynn Peng, MD**, has been selected as one of 10 National Fellows for the inaugural Society for Cardiovascular Angiography and Interventions Emerging Leader Mentorship program, in partnership with the American College of Cardiology and the Cardiovascular Research Foundation. The program takes a small, select group of up-and-coming physicians and facilitates their transition into the next generation of leaders in the field of interventional cardiology.

A research team led by Packard Children's pediatric cardiologist **Marlene Rabinovitch, MD**, has been awarded a five-year, \$10.8 million grant from the National Heart, Lung and Blood Institute for the study of a novel drug therapy's ability to treat three distinct lung problems. The researchers will conduct preclinical studies investigating whether the elastase inhibitor elafin can aid treatment of pulmonary hypertension, ventilator-induced injury of the immature lung and lung transplant rejection. The

research team includes several Packard Children's clinicians: neonatologist **Richard Bland, MD**; pediatric cardiologist **Jeffrey Feinstein, MD**, who directs the Wall Center for Pulmonary Vascular Disease; pediatric pulmonologist **Carlos Milla, MD**; neonatologist **Krisa Van Meurs, MD**; pulmonologist **David Weill, MD**; and collaborators in adult medicine at the Stanford University School of Medicine.

**Steven Roth, MD**, has been appointed director of the Packard Children's Heart Center. Roth was appointed the division chief of cardiology earlier this summer and has been medical director of the CVICU for the past eight years. Roth will join Frank Hanley, MD, executive director of the Heart Center, in the leadership of this nationally recognized center.

**Kathleen Sakamoto, MD, PhD**, has been named as the new chief of the Division of Hematology, Oncology and Stem Cell Transplantation in the Department of Pediatrics at the Stanford University School of Medicine. In addition, she will direct the Bass Center for Childhood Cancer and Blood Diseases at Packard Children's. Sakamoto, who began her new positions November 7, comes to Packard Children's from Los Angeles, where she was professor and chief of the Division of Hematology-Oncology and vice chair of research at Mattel Children's Hospital and the David Geffen School of Medicine at UCLA.

**C. Jason Wang, MD, PhD**, who is a general pediatrician at Packard Children's and acting associate professor of pediatrics at Stanford, received an NIH New Innovator Award in September. The award, which provides \$1.5 million in research funds over five years, is designed to support unusually creative investigators at an early stage of their careers. Wang will use his award to study how to motivate patients to do a better job of following medical advice. His team will design a smartphone application that links health behaviors such as tooth flossing, diet modification and asthma management to activities that individual patients already enjoy.

## PUBLICATIONS

**Assessing teen smoking patterns: The weekend phenomenon.** Bailey, Jeffery, Hammer, Bryson, Killen, Ammerman, Robinson and Killen. *Drug and Alcohol Dependence*. 2011 Aug 30. [Epub ahead of print]

**Impact of anatomical and socioeconomic factors on timing of urological consultation for boys with cryptorchidism.** Bayne, Alonzo, Hsieh and Roth. *The Journal of Urology*. 2011 Oct;186(4 Suppl):1601-5.

**The use of botulinum toxin for pediatric cricopharyngeal achalasia.** Barnes, Ho, Malhotra, Koltai and Messner. *International Journal of Pediatric Otorhinolaryngology*. 2011 Sep;75(9):1210-4.

**Single-site umbilical laparoscopic splenectomy.** Bruzoni and Dutta. *Seminars in Pediatric Surgery*. 2011 Nov;20(4):212-8.

**Extravascular Papillary Endothelial Hyperplasia Mimicking Neoplasm Following Radiosurgery.** Karamchandani, Vogel, Fischbein, Gibbs, Edwards and Harsh. *Neurosurgery*. 2011 Sep 20. [Epub ahead of print]

**Perspectives on cost-effective medicine and the use of cost-effectiveness analyses in pediatrics and pediatric gastroenterology.** Park. *Journal of Pediatric Gastroenterology and Nutrition*. 2011 Sep 14. [Epub ahead of print]

**Pneumonia in normal and immunocompromised children: An overview and update.** Eslamy and Newman. *Radiologic Clinics of North America*. 2011 Sep;49(5):895-920.

**Do adhesions at repeat cesarean delay delivery of the newborn? Greenberg, Daniels, Blumenfeld, Caughy and Lyell.** *American Journal of Obstetrics and Gynecology*. 2011 Jun 29. [Epub ahead of print]

**Advances in pediatric body MRI.** Vasanawala and Lustig. *Pediatric Radiology*. 2011 Sep;41 Suppl 2:549-54.



**Lucile Packard  
Children's Hospital  
at Stanford**

725 Welch Road  
Palo Alto, CA 94304

Non Profit  
Organization  
U.S. Postage  
**PAID**  
Palo Alto, CA  
Permit No. 29

## Physician Update

is published quarterly as part of an ongoing effort to serve the needs of physicians who refer to Lucile Packard Children's Hospital at Stanford. To share comments or secure more information, contact:

**Fouzel Abbas**

*Director, FPO Physician Partner  
Relations*

Lucile Packard Children's  
Hospital  
1520 Page Mill Road  
Palo Alto, CA 94305  
(650) 725-6861  
fabbas@lpch.org

**Jodi Martino**

*Marketing Manager*

Lucile Packard Children's  
Hospital  
4100 Bohannon Road  
Mail Code 5894  
Menlo Park, CA 94025  
jmartino@lpch.org

## IMPORTANT CONTACT INFORMATION

### Physician Hotline for Referral & Consultation

24-hour, immediate referral and  
consultation

Tel. (800) 995-5724  
Fax. (650) 721-2884  
referral@lpch.org

### Contact LPCH Faculty

pedsfaculty@lpch.org  
(888) 358-6245 (voice mail)

### Critical Care Consultation & Transport

24-hour, immediate  
consultation for neonatal,  
pediatric and maternal critical  
care and transport issues

(650) 723-7342  
(877) 464-5724

### Hospital Page Operator

24-hour access  
(650) 497-8000

### OTHER CONTACTS FOR REFERRING PHYSICIANS

#### Admissions

(800) 995-5724 /  
(650) 497-8229

#### Continuing Medical Education

(650) 497-8554

#### Diagnostic Imaging

(650) 497-8376

#### Grand Rounds

(650) 723-5535

#### Health Plan Services

(650) 736-0167

#### Medical Group Services

(650) 736-0167

#### Medical Staff Services

(650) 497-8566

#### Professional Services Billing for Physicians

(650) 498-5850

#### Radiologist Consult

(650) 497-8757

### PHYSICIAN REFERRAL LIAISON SERVICE

Providing assistance and  
information to referring  
physicians and their staffs.

Monday–Friday  
8 am–5 pm

Tel. (800) 995-5724  
Fax (650) 721-2884  
referral@lpch.org



(888) 637-5724

## UPCOMING CME COURSES

### 20th Annual Pediatric Update & Pre-conference

July 19–21, 2012

Frances C. Arrillaga Alumni Center, Stanford, CA

For complete conference and registration information, call  
**(650) 497-8554**, email **cme@lpch.org** or visit **http://cme.lpch.org**.