



Hand in Hand News

A Quarterly Newsletter from Advanced Pediatric Associates

Advancing Pediatric Care for Our Patients!

Volume 28, Fall 2011

Online Survey Helps Identify Opportunities for Improved Customer Service!

At Advanced Pediatrics our goal is to provide patients with the most advanced pediatric care and customer service available. We are continually evaluating our services and looking for opportunities to provide better customer service to our patients. On **August 30** we emailed an online survey to all patients who have signed up to receive our **E-News**. If you are on our email list and have not yet responded to our survey, we encourage you to do so. [This important survey is also available on our website "Home" page and covers topics such as urgent care, extended hours and online services.](#) It is designed to help us assess patient interest in new services we may consider offering. **We ask that all patients take 5 minutes to complete this brief survey.** We value your opinion and will use results from this survey to help identify areas where we might improve our services!

If you are not yet on our email list, we encourage you to sign up!

Please visit the **"Home"** page of our website at – www.AdvancedPediatricAssociates.com – and click on the yellow **"Hand in Hand News"** icon. Simply enter your name and email address and you are all set! We e-mail our quarterly newsletter – **Hand in Hand News** – to all patients on our e-mail list, as well as send occasional messages regarding important pediatric health alerts. And be assured - we will not flood your inbox! (On average we generally send 6 to 8 emails per year.)

Don't Have Computer Access? We still want to hear from you! We will be making the survey available in our offices for one week in October. In addition, we always welcome patient comments submitted on **Patient Comment Cards** available at each of our office reception desks.

Inside This Issue

Practice News page 2

Time to Schedule Flu Vaccines!

Welcome Dr. Clancy!

Welcome Dr. Sharrer!

Congratulations Kim Thomas!

Confused by Health Insurance?

Health & Safety page 3

Nutrition Tip - Healthy Restaurant Choices

Preventing Flu and Viruses

Live or Inactive Flu Vaccine?

Is it a Cold or the Flu?

Protect Infants by Vaccinating Others with Tdap

Focus on Wellness page 4

Keeping Your Teen Safe Behind the Wheel



Why Can't Pediatricians Prescribe Medicine Over the Phone?



In this online age of virtual and mobile services, parents sometimes request that providers prescribe medicine over the phone or via email. We value your time and try our best to make pediatric care as

convenient for patients as medically appropriate. Our website and nurse advice line are perfect examples of how Advanced Pediatrics works to make medically appropriate advice and recommendations for care available to parents in the convenience of their own home. Often parents believe that they can be sure of their child's diagnosis based on the symptoms they observe - for example ear pain - and want our providers to prescribe antibiotics without coming in for an office visit. **It is a pediatric provider's responsibility, however, to examine a child personally to evaluate signs and symptoms that a parent might miss.** Pediatricians evaluate a child's symptoms in terms of a **"differential diagnosis."** In other words, they consider the most likely cause of the symptoms, in addition to other possible causes that a parent may not be aware of. They also look for additional, less obvious, signs and symptoms that might indicate a more complicated diagnosis. In the end, the benefit of an accurate diagnosis far outweighs the inconvenience of an office visit.

APA Prescription Policies

Our physicians do not prescribe any medication after hours or on weekends over the phone. If your child is sick after hours or over the weekend, you may speak with a registered nurse from our after-hours service. Following pediatric protocols, these nurses will evaluate the situation and recommend whether your child can wait for a next day appointment or should be seen sooner for medical care in an emergency department.

Prescription refill requests will only be processed Monday - Friday during normal business hours.

We recommend that most refill requests be directed to your pharmacy. If necessary, they will contact our office for approval. If there are no refills left on your child's prescription, you may request a refill online by visiting our **Online Forms/Payments** page of our website or by calling our automated refill line at 720-870-0244. Our refill policies are based on what the medication is for, when the child was last seen, how many refills were authorized, how many refills a patient has already had, and when the patient was last evaluated for the requested medication. **Because refills require a thorough review of the patient's medical records, we require 48 hours to process refills.**

Hand in Hand for Healthier Children



Time to Schedule Flu Vaccines!

Influenza is a serious virus which causes fever, sore throat, chills, cough, headache and muscle aches. **Influenza can cause children to miss a week of school and have a cough for three weeks.** Complications from the flu can be serious. This year the American Academy of Pediatrics and the Centers for Disease Control are **recommending the annual flu vaccine for every-one 6 months of age and older.** The flu vaccine is especially important for children under 2 years of age, those with certain

chronic health conditions, and close contacts of children younger than 6 months of age. Because the US seasonal influenza strains in this year's vaccine are identical to 2010/11, children under 9 years who received a vaccine last year will only require one dose this year, while children under nine years who did not receive a vaccine last year will require two doses. Parents may wonder why their children need to be vaccinated again this year if they received the same vaccine formulation last year. According to the Centers for Disease

Control, immunity is expected to have declined from last season and children may not have enough immunity to be protected from getting sick this year. Advanced Pediatrics is offering weekday flu vaccine appointments during regular business hours, as well as a number of flu vaccine clinics. **We recommend families check our website frequently for updates on flu vaccine clinic dates.**



Welcome Dr. Danielle Clancy!



Dr. Clancy graduated from the University of Colorado Health Sciences Center in Denver in 2008, following an undergraduate degree in Kinesiology with a minor in Biochemistry at University of Colorado, Boulder. During medical

school Dr. Clancy was awarded the Dr. C. Henry Kempe Award for academic excellence and community service and was the president and founding member of the Child Immunization Public Health Project. She completed her pediatric residency at The Children's Hospital in Denver, in 2011, and joined Advanced Pediatric Associates in August of 2011. She is a member of the American Academy of Pediatrics, the Colorado Medical Society, and the

American Medical Association, and is certified in pediatric advanced life support. Her interests in pediatrics focus on newborn care, obesity, sports medicine and cardiology. Her personal interests include visiting her home state of New York, rooting for University of Colorado athletics, spending time at the beach or in the ocean, and reading. She and her husband have two children.

Welcome Dr. Lindsay Sharrer!



Dr. Sharrer graduated from the University of Louisville School of Medicine in Louisville, Kentucky, in 2008, following an undergraduate degree in Neuroscience at Vanderbilt University. She completed her pediatric residency at Children's Medical Center in Dallas, Texas, in 2011, where she was responsible for

the instruction and supervision of medical students and pediatric interns. Dr. Sharrer joined Advanced Pediatric Associates in August of 2011. She is a member of the American Academy of Pediatrics and the Colorado Medical Society, and is certified in neonatal and pediatric advanced life support. Her interests in pediatrics focus on asthma management and promoting healthy weight and fitness. She and her husband enjoy traveling, hiking, attending sporting events, and are looking forward to learning to ski in Colorado.

Congratulations Kim Thomas, PA!

Please join us in congratulating Kim Thomas on her promotion to **Associate Clinical Professor** at the Children's Hospital. In 2008, Kim received the **"Outstanding Physician Assistant Teacher"** award from the Department of Pediatrics at The Children's Hospital. Advanced Pediatrics is a much sought after training rotation for PA and PNP students. In recent years our physician assistants and nurse practitioners have provided training for dozens of students pursuing careers as PAs and PNPs.

Confused by Health Insurance?

Understanding your health insurance is important so that you are not surprised by expenses that may be included in a deductible or co-insurance, or expenses that are not covered by your policy. Many companies will be making changes to their benefit packages over the next few months and may be changing benefits or even moving to a new insurance company. As the new health care law continues to be implemented, more changes are on the horizon.

We are happy that more and more companies are covering well-care services and immunizations at 100%. However, companies that are self-funded are exempt from these regulations and still may not cover, or may only partially cover, well-care and immunizations. And, although most of the

services at a well-care visit may be fully covered by insurance, there may be some services that are not considered part of a regular well-care exam. These services could include "additional health issues" (e.g., a wart removal or discussion about a chronic illness). If your child is diagnosed and treated for an illness during a well care visit (e.g., an ear infection), this also is considered an "additional health issue". In each of these cases, your insurance company may charge a separate co-pay for these services which are considered outside the scope of regular well care.

Our providers are focused on the health of your child and do not practice medicine based on knowing what is covered or not covered under a patient's health insurance. However, at the same time they are sensitive to the cost

of health care, and if you are knowledgeable about your insurance coverage and can share that information with the provider, he or she can help you weigh options and alternatives (e.g., generic medications, other resources for immunizations, etc.) that can help you manage health care costs.

Additionally, our patient business office is always glad to assist patient families with questions about their insurance or why something was not covered. Unfortunately, because of the number of insurance companies and the hundreds of different plans available, we can not be aware of specific plan benefits. The **"Financial Policies"** page of our web-site has an article that discusses some basic information about health insurance.



Nutrition Tip for Fall - Kids Live Well Program

"Kids Live Well" Participants Include:



Burger King
 Carrabba's Italian Grill
 Chili's
 Cracker Barrel
 Denny's
 IHOP
 Joe's Crab Shack
 Outback Steak House

In an effort to curb the rising childhood obesity epidemic, the National Restaurant Association has recently launched a nation wide "Kids Live Well" program with over 15,000 restaurants participating. Participating restaurants must provide at least one full children's meal which adheres to the following criteria:

- ◆ 600 calories or less
- ◆ Two or more servings of fruit, vegetables,

whole grains, lean protein and/or low-fat dairy

In addition, "Kids Live Well" restaurants must offer at least one other individual item that has 200 calories or less, has limited fat, sugar and sodium, and contains a serving of fruit, vegetables, whole grains, lean protein or low-fat dairy.

Preventing Flu and Viruses

Cold weather is approaching and along with it come viruses such as influenza and the common cold. Advanced Pediatrics recommends the following common sense approach to preventing viruses:

- ◆ **Don't forget to schedule a flu vaccine!**
- ◆ Eat well balanced meals, drink enough water, and get plenty of exercise and rest.
- ◆ Wash hands or use an alcohol based hand sanitizer frequently, especially after being in public or around anyone who is ill.
- ◆ Teach your children to turn their heads and cough or sneeze into a disposable

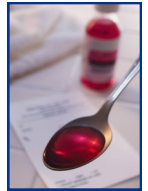
tissue, or the inside of their elbow if a tissue is unavailable.

- ◆ Remind children to avoid touching their eyes, nose or mouth with their hands, and not to share anything that goes into the mouth.
- ◆ Avoid close contact with those who are ill and keep your children home when they are sick.

A Reminder about Using Antibiotics

Antibiotics are only effective against bacterial infections, **NOT VIRUSES**, and frequent and inappropriate antibiotic use leads to the development of antibiotic-resistant bacteria. For proper antibiotic use:

- ◆ Be sure your child takes antibiotics exactly as prescribed, completing the full dose.
- ◆ Never give your child antibiotics without a prescription.
- ◆ Don't pressure your provider for antibiotics if your child has a virus.



The common cold and influenza are both **VIRUSES** and cannot be treated with antibiotics (although sometimes antibiotics are necessary to treat secondary infections of the ear, sinuses or lungs).

Live or Inactive Flu Vaccine?

There are two types of influenza vaccine:

- ◆ **Live**, attenuated influenza vaccine (LAIV) contains live but attenuated (weakened) influenza virus. It is sprayed into the nostrils and is often referred to as "Flu Mist".
- ◆ **Inactivated (killed)** influenza vaccine, the "flu shot", is given by injection with a needle.

Both types of influenza vaccine take up to 2 weeks for protection to develop and offer protection for about a year. One of the benefits of the live "Flu Mist" is that it avoids a needle stick and related soreness, redness and swelling at the injection site. Since the "Flu Mist" contains a live (weakened) influen-

za virus, it is not recommended for everyone. Before administering the vaccine, our staff will ask parents to answer a quick screening questionnaire to identify patients who should not receive the live vaccine. Some examples of patients who should not receive the live vaccine include:

- ◆ Children 6 - 23 months of age
- ◆ History of asthma or wheezing
- ◆ Possibility of pregnancy
- ◆ Chronic health problems
- ◆ Weakened immune system
- ◆ Long term aspirin therapy
- ◆ Received other "live vaccines" in past 30 days



Protect Infants by Vaccinating Those Around Them with the Tdap Vaccine

Infants less than 12 months are most at risk of severe complications from Pertussis (whooping cough). While they begin their pertussis immunization series (DTaP) at 2 months, it is not complete until 15 months, leaving them vulnerable to infection. Studies show that 80% of infant pertussis cases are caused by an infected household member. **By being vaccinated, close contacts of infants can create a protective "cocoon" for infants who have not completed their immunizations.** If you have an infant under 15 months, check to be sure that children, adolescents and adults in your home are fully vaccinated. Boosters should be given at the following ages: children (4 - 6 years), adolescents (11 - 12 years) and adults (19 - 64 years).

Is it a Cold or the Flu?



Common Cold

Typically, colds begin slowly, two to three days after infection with a virus. The first symptoms are usually a scratchy, sore throat, followed by sneezing and a runny nose. Temperature is usually normal or only slightly elevated. A mild cough can develop several days later. Cold symptoms usually last from two days to a week.

Influenza

Signs of the flu include sudden onset with a headache, dry cough, and chills. The symptoms quickly become more severe than those of a cold. Muscle aches in the back and legs and fever of up to 104 degrees are common. The fever typically begins to subside on the second or third day, and then respiratory symptoms like nasal congestion and sore throat appear. Fatigue and weakness may continue for days or even weeks. **High risk children (including children**

under 2 years of age) may be given antiviral medication to reduce the duration of influenza illness if diagnosis is made within 48 hours of onset of symptoms. If you believe that your child might have the flu, call our patient care line to make an appointment with a provider for evaluation and treatment.

No Over the Counter Cough or Cold Medicines for Children Under 4 Years



Focus on Wellness



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Keeping Your Teen Safe Behind the Wheel

Though teenagers may complain about **Graduated Driver Licensing (GDL) laws**, a new study (published in the September issue of the Journal of the American Medical Association) shows that they are working to dramatically reduce fatal crashes among 16-year olds. In fact, in states where GDL laws are strongest **fatal crashes among 16-year olds were reduced by 26%**. Graduated Driver Licensing laws are designed to give young drivers more experience behind the wheel and limit driving in high-risk situations while they are in the learning stages. States began enacting GDL laws in the 1990s, with Colorado following in 1999.



Colorado Graduated Driver Licensing Laws require the following for drivers under age 18:

- ◆ **No operating a cell phone for ANY purpose while driving. THIS MEANS NO TEXTING, TALKING, EMAILING OR OTHER "SMART PHONE" USE** (exception only during emergency or to contact public safety entity).
- ◆ **No passengers under age 21** until the driver holds a valid driver's license **for at least six months** (siblings and passengers with medical emergencies excepted).
- ◆ **No more than ONE passenger under age 21** until the driver holds a valid driver's license **for at least one year** (siblings and passengers with medical emergencies excepted).
- ◆ No more than one passenger in the front seat of a vehicle driven by a person under age 17, and the number of passengers in the back seat must not exceed the number of seat belts. **All passengers must wear seatbelts.**
- ◆ **No driving between midnight and 5 a.m.** until the driver holds a valid driver's license **for at least one year**, unless accompanied by a parent/legal guardian. Exceptions: Driving to a school or school-authorized activity and the school does not provide transportation (signed statement from school required), Driving to/from work (signed statement from employer required), Medical emergency, Driver is an emancipated minor.

Advanced Pediatrics strongly recommends that ALL PARENTS enforce Colorado's Graduated Driver Licensing Laws with their children. While GDL laws may sometimes present an inconvenience, they save lives.

AT&T Texting Can Wait Campaign

There is no question that texting is increasingly becoming the way that many - **especially teens** - communicate. The allure to quickly read and respond—even from behind the wheel of a moving vehicle—can be tempting. **But texting and driving is dangerous.**

- ◆ Distraction from cell phone use while driving (hand held or hands free) impairs a driver's reaction as much as having a blood alcohol concentration at the legal limit of .08 percent.
- ◆ The No.1 source of driver inattention is use of a wireless device.
- ◆ Drivers that use cell phones are four times as likely to get into crashes serious enough to injure themselves.
- ◆ Driving while distracted is a factor in 25 percent of police reported crashes.

AT&T has launched a nationwide **"It Can Wait"** campaign urging people to take a pledge not to text and drive. Teens can visit AT&T's Facebook page to take the pledge.

AT&T Drive Mode Mobile Application

To reduce the temptation to look away from the road, AT&T has launched a **FREE "Drive Mode" mobile application**. When downloaded and enabled, the app automatically sends a customizable reply to incoming texts - much like an "out-of-office" email alert - notifying the sender that the user is driving and unable to respond. The app also allows disabling of e-mails, most incoming / outgoing calls and web browsing. When the app is turned off, the user can view calls, messages and e-mails as normal. "Drive Mode" is available to download for **FREE** for AT&T customers through the AT&T AppCenter and BlackBerry App World, with more supporting operating systems coming soon.