



Hand in Hand News

A Quarterly Newsletter from Advanced Pediatric Associates

Advancing Pediatric Care for Our Patients!

Advanced Pediatrics Associates participates in *Project Bloom*, a pilot project designed to make mental health care more accessible to our patients!

Did you know that for the past year Advanced Pediatrics has been participating in a pilot project, funded by a JFK Partners grant, which seeks to make mental health services more accessible to patients by locating a mental health professional inside a primary care setting? Through **Project Bloom**, Advanced Pediatric patients may quickly be referred by one of our providers for mental health counseling visits located at our Aurora office. Melissa Johnston-Burnham, a licensed clinical social worker with a masters in social work, has been working at our Aurora office three days a week to provide quick access to mental health services for our patients. Melissa has been working in the mental health field since 1995 and was awarded the "Aurora Mental Health Center Clinician of the Year" for family services in 2003. The specific services that Melissa provides through **Project Bloom** include:

- ◆ Short-term mental health counseling appointments (1 - 3 sessions) for our patients.
- ◆ Assistance with coordinating follow-up psychiatric referrals and medication evaluations.
- ◆ Assistance to patients in accessing valuable community resources.
- ◆ Consultation and recommendations to our providers regarding patient mental health concerns.

Though **Project Bloom** counseling appointments are located at our Aurora office, patients from all of our office locations may be referred for these services. Once a referral is made by one of our providers, scheduling of the appointments will be made directly with Melissa and billed through Aurora Mental Health. Currently all insurances are accepted by Aurora Mental Health and uninsured patients may qualify for a sliding fee scale.



Recently we surveyed our providers to see how they feel **Project Bloom** has been working for our patients and results were overwhelmingly favorable. Each of our providers has referred a number of patients to see Melissa, and they unanimously believe that the program provides a valuable service to our patients. Our providers note the following benefits to our patients:

- ◆ Much quicker initial visits than can be achieved by outside referrals (important for patients in crisis).
- ◆ More efficient access to outside referrals, services and resources.
- ◆ Patients are more comfortable making their first visit with a member of the Advanced Pediatrics' team.

Advanced Pediatrics is pleased to be able to participate in this important pilot project and is hopeful that continued funding will allow for its expansion.

Working to Build a Better Community!

Advanced Pediatrics' Staff supports Blue Ribbon Commission for Health Care Reform !

Advanced Pediatrics is dedicated to making health care services available to all children, and we make every effort to accept most insurances, including the Medicaid PCP program and CHP+. We understand first-hand about the crisis in health care – too many uninsured children in our communities that are not receiving the necessary care, as well as the crippling high cost of insurance and medical care. Our staff applauds the work of the State of Colorado's Blue Ribbon Commission for Health Care Reform and supports our staff in working on various projects for the commission. Dr. Mark Pearlman is currently serving on the Medicaid Pharmacy Committee. This group is reviewing and revising the Medicaid drug formularies to ensure that the formularies are clinically sound and financially efficient. In addition, Denise Hall, Administrator, is working with a large task force that is developing a proposal to restructure and expand the Medicaid and CHP+ programs to ensure a medical home for Medicaid and CHP+ recipients, as well as making the programs financially feasible for health care providers. With almost 20% of Colorado children currently uninsured, we are dedicated to supporting the efforts of the Blue Ribbon Commission for Health Care Reform to help all Colorado children to receive quality healthcare.

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Hand in Hand for Healthier Children



New EMR (Electronic Medical Records System) in Full Swing!

If you have recently been to an appointment at one of our offices you may have noticed that we have implemented our new electronic medical records system! With our new EMR, patients will see our providers entering information from their appointment into a new laptop computer rather than a paper chart. We appreciate your patience as we continue to train our staff on learning the efficiencies of this new system. Our staff is very excited

about the many long term benefits that the new EMR will provide our patients and is making steady progress in training and implementation, working out any issues that have come up along the way. With three office locations and a very large patient base, it will take some time to get all of our patients' charts scanned and set up in our system. We have hired additional staff to scan patient charts and hope to have all charts scanned by the end of the year. Feel free to ask

your provider whether your child's chart has been scanned or any other questions you may have regarding the new EMR at your next appointment!



Advanced Pediatrics Announces New Partner!



Advanced Pediatrics recently named Dr. Bradley Kurtz as a partner in the practice. As a partner, Dr. Bradley Kurtz joins his father, Dr. Michael Kurtz, Dr. Mark Pearlman, Dr. Freeman Ginsburg, Dr. Paula

Levin, and Dr. Stephanie Stevens as owners of the practice. The partners of Advanced Pediatrics share a vision and philosophy which includes providing the most advanced pediatric care available to our patients, building a strong business that offers quality employment in our community, and supporting the pediatric medical community by involvement in local and national medical organizations and teaching programs.

Dr. Bradley Kurtz joined Advanced Pediatrics in 2004 following employment as a pediatrician at The Children's Medical Center in Covington, Louisiana. In addition to his work at Advanced Pediatrics, Dr. Bradley Kurtz is a member of the board at Colorado Pediatric Partners.



MERCK Vaccine Recall

Merck & Co, Inc. has initiated a voluntary recall for 10 lots of HIB and 2 lots of COMVAX vaccines due to potential for contamination with bacteria during the manufacturing process. Merck states that the potential for contamination of any individual vaccine is low, however, they are issuing the recall as a precaution. As a result of this recall, there will

be a temporary shortage of HIB vaccine and no COMVAX vaccine available until the fourth quarter of 2008. COMVAX is a combination vaccine for HIB (Meningococcal) and Hep B (Hepatitis B). Consistent with recommendations from the AAP and CDC, Advanced Pediatrics will be substituting separate Hep B and HIB vaccines for the COMVAX vaccine start-

ing at the 2-month old well-care and administering only the Hep B vaccine at the 12-month well care (deferring the 2nd dose of HIB until national supplies are restored). Advanced Pediatrics will call patients to schedule catch up vaccinations once supplies are available.



How Well Do You Understand Your Health Insurance Policy?

The state of health care and health insurance is a very hot topic this year in the United States and for good reason. In addition to large numbers of uninsured people in our country, many health plans have changed benefits over recent years resulting in higher out of pocket costs for families. Sometimes lower premium, higher deductible plans sound better at the onset, but families are often surprised at the level of expenses that are not covered. This is particularly true for families with young children who have more frequent illnesses and significantly higher well care costs (including vaccinations). We recommend that families carefully check covered benefits with their insurance company prior to office visits, so that they are not surprised by unexpected costs

and can better budget funds to pay for their family's health care needs. We suggest that you ask the following questions regarding your health insurance plan:

- ◆ Does your plan cover well care visits? Some plans do not cover any well care visits or cover them only for specific ages.
- ◆ Are there restrictions to vaccine coverage? Some plans only cover certain vaccines, or for certain ages, or may have a maximum annual limit for vaccine coverage.
- ◆ How often are well care visits covered? Some plans require a full 365 days between these visits.
- ◆ Does your plan cover (or limit) sick visits?

- ◆ What co-pay, deductibles and coinsurance amounts does your plan require for well care and sick visits? Are deductibles per person or for the entire family?
- ◆ What coverage does your plan provide for emergency and urgent care visits?
- ◆ Does your plan require a referral from us to cover a visit with a specialist?
- ◆ What hospitals are covered by your plan?

Please note that we require payment at time of service for co-pays or any services that are not covered by insurance. If you have any questions regarding our financial policies, please contact our business office at 720-870-4740.

Employment Opportunities at Advanced Pediatrics

Come join the APA team! We often have positions open at our offices and invite qualified applicants to apply. Applicants must possess appropriate experience, have great customer service skills, and enjoy working with children and their families. Advanced Pediatrics offers competitive salaries and benefits and is an equal opportunity employer. For information on job opportunities at Advanced Pediatrics, visit the employment page of our website at: www.AdvancedPediatricAssociates.com



Health and Safety Tips



Nutrition Tip for Winter - Fuel Up with a Healthy Breakfast!

Did you know that numerous studies support the link between eating a healthy breakfast and improved student readiness, academic achievement and overall well being? Eating breakfast is important to providing your child's body with the protein and energy it needs to start the day and carry him through to lunch. Children who do not eat a good breakfast often become tired at school and have shorter attention spans, especially in the morning. Unfortunately many children rush off to school with barely more than a few sips of juice and a bite or two of cereal. A good breakfast should include nutritious foods from three of the four food groups. Whole-grain

bread or cereal, fruit, milk, yogurt or eggs are good breakfast options. Here are some tips to getting your child to eat a better breakfast:

- ◆ Offer a variety of healthy whole grains and cereals that are lower in sugar.
- ◆ Cut up fruit the night before so that it's ready to add to cereal or yogurt in the morning.
- ◆ Keep convenient foods on hand such as yogurt, fruit, cheese and instant oatmeal.
- ◆ Whole grain toaster waffles topped with yogurt and/or fruit make a quick breakfast that many kids enjoy.

- ◆ If your child doesn't enjoy typical breakfast foods, consider a sandwich, leftovers, or a whole wheat English muffin topped with peanut butter or mozzarella and tomato sauce.



If eating breakfast before school just doesn't fit in with your family's schedule, check with your child's school to find out about breakfast options there. Many schools make breakfasts available to their students that are both affordable and nutritious.

No Over-the-Counter Cough and Cold Medicines for Children Under 6



The providers at APA join the FDA and the American Academy of Pediatrics in their recommendation that over the counter cough and cold medicines NOT be used for children under 6 years of age. Federal health advisers now say cold and cough medicines

do not work for younger children and can actually be harmful when given improperly or in combination with other medications.

How can you make your child feel better?

While there is no "cure" for the common cold, we recommend a few tips to help your child feel better:

- ◆ Thin the mucus by using saline nose drops.
- ◆ Use a cool-mist humidifier to help moisten the air and clean your child's nasal pas-

sages, making sure to clean your humidifier often.

- ◆ For babies, clear nose with a suction bulb. Teach older children to blow their nose.
- ◆ Apply petroleum jelly to the nasal openings to protect them from irritation (cleanse the skin first).
- ◆ Have your child sip on warm chicken broth to help relieve a sore throat.
- ◆ Have your child sip warm apple juice or sit in a steamy bathroom to relieve coughing spasms.
- ◆ Children > 4 years can be given a piece of hard candy or a cough drop to suck on to soothe a sore throat or cough.
- ◆ Give appropriate dosages of acetaminophen or ibuprofen to relieve pain or fever. **Never give a child aspirin due to its associated with Reye Syndrome.**
- ◆ Make sure your child drinks plenty of fluids.

Call us if:

- ◆ Fever is greater than 104, lasts > 3 days, or returns after going away for 24 hours or more.
- ◆ Any fever occurs if < 12 weeks old.
- ◆ Sore throat present > 5 days.
- ◆ Nasal discharge lasts > 14 days, or congestion does not improve with saline drops and cool-mist humidifier.
- ◆ Cough that is continuous or lasts > 3 weeks.
- ◆ Any cough if < 1 month old or if lasts > 3 days for babies 1 - 3 months old.
- ◆ **Your child becomes worse, is wheezing or lips have turned blue, is unable to sleep, coughs up blood, has chest pain, ear pain, sinus pain, yellow or green eye discharge, or yellow scabs around the nasal openings.**
- ◆ **Anytime** you have questions or concerns, or believe your child needs to be seen.

Vaccines NOT Linked to Autism!

Contrary to a new **FICTIONAL** ABC Television drama - "Eli Stone" - scientific research encompassing five major studies over the past decade has decisively and repeatedly found **no association** between childhood vaccination with thimerosal containing vaccines and the development of autism. In fact, just last month new results were released from a 12 year study in California which showed autism cases in California continued to climb between 1995 - 2007 even after thimerosal had been removed from routinely administered childhood vaccines. If, in fact, there had been a risk from the vaccines, autism rates should have dropped.

The scientific and medical community - including the Centers for Disease Control, the Food

and Drug Administration, the American Academy of Pediatrics, the American Medical Association, the Institute of Medicine, the Canadian Health Authority, and the World Health Organization - is united in its conviction that there is no link between preservatives in vaccines and autism. In addition, today (with the exception of some influenza vaccines), none of the vaccines used in the United States to protect preschool children against 14 infectious diseases contain thimerosal as a preservative (and there are brands of influenza vaccine that are thimerosal preservative-free).

Renee R. Jenkins, MD, FAAP, President of the American Academy of Pediatrics, states that, "Vaccines are the single-most powerful, cost-

effective public health intervention ever developed." The American Academy of Pediatrics, March of Dimes, Immunization Action Coalition, and Centers for Disease Control have all issued statements calling on ABC to reconsider airing "Eli Stone," as the fictional script is riddled with misinformation about the safety of life saving vaccines. According to Jenkins, "A television show that perpetuates the myth that vaccines cause autism is the height of reckless irresponsibility on the part of ABC and its parent company, The Walt Disney Co." For accurate information on autism, immunization and other child health topics, visit the AAP's website at: www.aap.org.





Focus on Wellness



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Give Your Child the Gift of Sleep in 2008!

A recent poll by the National Sleep Federation indicates that on average, American children get 15 - 20% less sleep daily than recommended by sleep experts. While common sense tells us that an overtired child can be difficult to deal with, parents may not be fully aware of the range of consequences from chronic sleep deprivation in children. Did you know that:



- ◆ **Sleep deprived children are 86% more likely to suffer from injuries.** Children between the ages of three and five are especially at risk.
- ◆ **Sleep deprived teens are more likely to get in car accidents.**
- ◆ **Sleep deprivation increases a child's risk for obesity.** Overtired children are more likely to crave sweets and junk food and less likely to exercise. In addition, experts believe that insufficient sleep may cause hormonal changes which increase hunger and interfere with how the body stores calories.
- ◆ **Sleep deprivation can lead to poor performance in school, poor decision making and mood swings.**
- ◆ **Sleep deprivation can lead to symptoms that are mistaken as ADHD.**

Signs that your child may be suffering from sleep deprivation:

- ◆ Difficulty waking in the morning
- ◆ Irritability in the afternoon
- ◆ Falling asleep during the day
- ◆ Oversleeping on the weekend
- ◆ Having difficulty remembering or concentrating
- ◆ Waking up often / having trouble going back to sleep
- ◆ Needing too much "help" from parents to fall asleep

How much sleep do children need?

While individual sleep needs can vary, the average amount of sleep suggested by experts for particular age groups is:

0 to 2 months: 10 1/2 - 18 hours/day

Infants: 14 - 15 hours/day

Toddlers: 12 - 14 hours/day

Preschoolers: 11 - 13 hours/night

School-age children: 10 - 11 hours/night

Teens: 8 1/2 - 9 1/2 hours/night

What age group is the most sleep deprived? - Teens

Biological sleep patterns shift in adolescence making it more difficult to fall asleep earlier in the evening. Removing cell phones, TVs and computers from a teen's room, encouraging a balanced schedule, and insisting on "quiet time" after 9 or 10 pm can help teens get to sleep earlier.

Suggestions to help your child get the sleep they need:

- ◆ Cut down on caffeine consumption (including chocolate and sodas).
- ◆ Provide the opportunity for daily exercise (at least 2 hours before bedtime).
- ◆ Help children achieve a balanced schedule which allows for sufficient downtime and sleep.
- ◆ Take technology out of the bedroom - TV, computer, cell phone etc.
- ◆ Establish a consistent, reasonable bedtime and wake time throughout the week. This schedule should be maintained on the weekends, though teens can be permitted to sleep in 1 - 2 hours on weekend mornings.
- ◆ Wind down activities (homework, TV, computer, etc.) at least 30 minutes before bedtime.
- ◆ Have a light snack before bedtime.
- ◆ Establish a relaxing bedtime routine such as reading.
- ◆ Interact with your child at bedtime - don't let the TV, computer or video games take your place.
- ◆ Make sure your child's bedroom is comfortable - quiet, cool and dark (no more light than nightlight).
- ◆ Remind your child to stay quiet and in bed, then say goodnight. Don't stay with your child till he falls asleep. Children need to learn to fall asleep on their own.
- ◆ Praise your child for caring enough about their health to get a good night's sleep.
- ◆ Talk to your child's provider if you are concerned about your child's sleep or if he or she has trouble breathing at night or snores while sleeping.

Hand in Hand for Healthier Children