



# Hand in Hand News

A Quarterly Newsletter from Advanced Pediatric Associates

## Advancing Pediatric Care for Our Patients!

### Advanced Pediatrics Top Nine for 2009!

The clinical committee at Advanced Pediatrics has identified our top nine pediatric health issues to watch in 2009. This committee will be monitoring each of these areas to ensure that our patients are receiving the most advanced pediatric care available.

1. **Medical Home** - A consistent relationship with a primary care physician is essential to providing comprehensive medical evaluation / treatment and coordinating care with community specialists and services.
2. **Well Care** - Regular well care is key to maximizing health, preventing illness and monitoring development.
3. **Immunizations** - Amid publicity for alternative vaccine schedules, APA and the medical community are united in the conviction that US vaccines are safe and save lives.
4. **Asthma** - Accurate identification and regular well care, immunizations and asthma visits lead to optimal treatment plans and a reduction in acute visits and trips to the emergency department.
5. **Mental Health** - Anxiety, depression and suicide among teens have risen due to increased stress/pressure. A balanced lifestyle, supportive family, and early intervention are important.
6. **ADHD** - Advances in ADHD evaluation and treatment help kids lead more successful lives.

7. **Shaping Up Kids** - With soaring rates of obesity and Type 2 diabetes, more attention must be paid to better nutrition and more physical activity.

8. **Adolescent Health Care** - Adolescents have special health needs ranging from acne... mental health ... gynecology ... to new vaccines (Tdap, Meningococcal & Gardasil). State laws protect teens' confidentiality relating to mental health, substance abuse and sexuality.

9. **Sports Medicine** - Increased competition has led to an increase in emotional stress, overuse injuries and concussions.

### APA Patient Satisfaction Survey Results!

Thank you to all of our patients who completed our patient satisfaction survey back in August! Surveys were completed by over 600 patients and rated Advanced Pediatrics on a wide variety of services. Overall, results were very positive, with most services receiving an A or B+ rating. When given the opportunity to make comments or suggestions, a majority of responses were overwhelmingly favorable:

- ◆ *"Been coming here for 32 years. It's getting better every year."*
- ◆ *"Advanced Pediatrics has been the best!! So many of my friends have brought their children here. Great care/Great Service!"*

## Advanced Pediatrics wins MGMA Awards!

### Advanced Pediatrics wins "MGMA Better Performing Practice" Awards for 2008!

For ten years in a row, the national Medical Group Management Association has identified approximately 400 medical practices across the United States as a "Better Performing Practice". Advanced Pediatrics is honored to be the **only** pediatric practice in the Denver area to be featured as a "Success Story" in the 2008 report, and one of only two Denver pediatric groups identified by winning "Better Performing Practice" in three categories! Advanced Pediatrics won "Better Performing Practice" in the following three categories: 1) patient satisfaction, 2) cost management and 3) staffing. Denise Hall, administrator of Advanced Pediatrics, attributes the success of Advanced Pediatrics to our dedication to continuous qual-

ity improvements. She adds, "Our clinical committee is aware of current clinical trends and provides leadership in developing clinical guidelines, opportunities for new programs, and areas for improvement." Denise also credits administrative efficiencies in our success. The partners at Advanced Pediatrics have taken special care to develop a model for pediatric care which combines the benefits and services of a larger group practice with the personalized care of a smaller physician office. This philosophy is reflected in our customer service slogan - **"Big enough to meet your needs ... small enough to show we care!"** Our staff strives to provide personalized, compassionate care, while our larger size and years of experience allow us to offer a wide range of services to meet patients' needs.

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Hand in Hand for Healthier Children



## Help Us Stay on Time this Winter!



The staff at Advanced Pediatrics values your time and makes every effort to stay on schedule throughout the day. Our schedule is specifically tailored to minimize wait times for our patients. During the busy winter months it is especially important that patients help us to stay on time by following these simple requests:

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- ◆ **Please thoroughly describe your medical concerns when making an appointment for your child, so that our staff can schedule the appropriate length for the visit.** Our regular appointment times vary anywhere from 15 - 30 minutes in length. This will ensure that you do not feel rushed,

and we do not get behind in our schedule for the next patient.

- ◆ **Walk in appointments are not available.** In order to stay on time and provide the most comprehensive care to our patients, we require that all appointments be scheduled.
- ◆ **Please arrive 5 - 10 minutes early for your appointment to allow time for check-in. This is especially important for early morning appointments!**
- ◆ **Be sure to bring your insurance card to every visit to ensure an efficient check-in.**
- ◆ **If you are scheduled for a well care exam and have been asked to download a developmental screening questionnaire from**

**our website, please take time to fill this out at home prior to your appointment.**

- ◆ **If you are late for a well-care appointment, we may need to reschedule so that our providers stay on time for all patients.**

Despite our best efforts, we do occasionally get behind. Sometimes another child with an urgent need will be seen first or “fit” into the schedule, putting us behind for other patients. We appreciate your understanding and flexibility when this happens, knowing that sometime your child might be the one with the more urgent need.

## Construction Brings Improvements to Centennial and Parker Offices!

### More Exam Rooms at Centennial Office!

If you've recently been to our Centennial office, you may have noticed that our renovations are now complete! In December, we moved our business office to an off-site location and added three new exam rooms. Our newly remodeled Centennial office can now accommodate more patients, and we have added an additional provider to the practice. As part of this improvement, we have also

added more office space for our providers and rearranged our medical records, referrals and call center. Thank you for your patience as we were making these improvements to our facility!

### More Parking at Our Parker Office!

Construction to provide additional parking in the front lot of Parker Adventist is now complete. Phase two of the parking improvement is

now underway, as the lot to the east of the emergency department is being reconstructed. Thank you for your patience during the construction! Valet parking can still be found at the main hospital and emergency entrances at no charge. *Please continue to allow extra time for parking and getting to our office until phase two is completed.*

## Welcome Nancy McDermott, MD!



Dr. McDermott graduated from the University of Medicine and Dentistry of New Jersey in 1983, following a bachelor's degree and graduate studies in Psychology. She completed her pediatric resi-

dency training at Schneider Children's Hospital in Hyde Park, New York, in 1987. Prior to joining Advanced Pediatrics in 2008, Dr. McDermott worked as a pediatrician for over 20 years in Denver and Florida. Most recently, she has practiced as a primary care pediatrician and instructor for pediatric urgent care at Denver Health Medical Center. She is a Fellow of the

American Academy of Pediatrics and Pediatric Instructor at the University of Colorado Denver Health Medical Center. Her interests in pediatrics focus on newborn and adolescent health. Her personal interests include music of all kinds, theatre and sports. Dr. McDermott is married and has a daughter in high school and a son in college.

## New Clinical Resource Drive Provides Up-to-Date Parent Education Materials!

As part of our ongoing commitment to utilizing the most advanced technology available, our clinical committee has recently added a new feature to our electronic medical data-

base! Each of our providers now has immediate access via laptop computer to our extensive clinical resource drive. This drive includes an enormous array of pediatric information and parent

education materials. This new feature will allow our providers access to the most up-to-date pediatric resources, which can be printed for parents at the touch of a button!

## What is a CPNP and PA-C?

In addition to pediatric physicians, Advanced Pediatrics employees certified pediatric nurse practitioners (CPNP) and certified pediatric physician assistants (PA-C) to provide pediatric care to our patients. These Pediatric Nurse Practitioners and Physician Assistants have received specialized graduate level educa-

tion and training in pediatrics, and work in partnership with our pediatricians to provide primary health care services to patients. Their responsibilities include diagnosing and treating illness, providing well care exams, ordering and interpreting diagnostic tests, making referrals to specialists, and writing prescriptions. To be certified, PNs

and PAs must complete a required number of continuing education courses annually and take periodic re-certification exams. The CPNPs and PA-Cs at Advanced Pediatrics play a vital role in providing quality pediatric care to our patients and participate in a number of planning committees within our practice.



## Nutrition Tip for Winter – Does Your Child Get Enough Protein?



According to the Mayo Clinic, children ages 4 - 18 should get 10 - 30% of their daily calories from protein. (While children under the age of 4 need only 5 - 20% of their calories from protein.)

Parents often worry that their children are not getting enough protein in their diet because they don't like to eat meat. However, studies show that most American children do, in fact,

consume enough protein through a variety of foods. In addition to meat, poultry and fish, common protein rich foods include: milk, eggs, cheese, yogurt, peanut butter, beans, nuts and some grains. If your child does not like to eat meat, just be sure he is getting enough protein daily in these other forms. Protein is an important part of a balanced diet and is needed for growth, tissue repair, immune function, energy, hormone/enzyme production, and muscle development.

### March is National Nutrition Month!

- Fuel up with a healthy breakfast
- Choose healthy school lunches/snacks
- Eat more fruits and vegetables
- Get enough calcium & vitamin D
- Drink water or milk instead of soft drinks
- Drink one glass of juice a day
- Limit fast food to once/week

## Common Myths Regarding Fever and When to Call Us

From Dr. Bart Schmidt - Pediatric Web "Is Your Child Sick?"

Parents are understandably concerned when their child has a fever. However, according to Dr. Bart Schmidt, Medical Director of the After-Hours Call Center at The Children's Hospital, misconceptions about the dangers of fever are commonplace. Dr. Schmidt addresses common myths regarding fever:

**Myth - If a child feels warm, he has a fever.**

**Fact** - Children can feel warm for many reasons. Taking their temperature is the only accurate way to check for a fever.

**Myth - All fevers are bad for children.**

**Fact** - Fevers turn on the body's immune system and are usually good for children and help the body fight infection.

**Myth - Fevers cause brain damage.**

**Fact** - Only body temperatures above 108°F can cause brain damage, and body temperature only climbs this high with extreme environmental temperatures (ie. locked in hot car).

**Myth - Anyone can have a febrile seizure.**

**Fact** - Only 4% of children can have a febrile seizure.

**Myth - Febrile seizures are harmful.**

**Fact** - Febrile seizures usually stop within 5 minutes and cause no permanent harm.

**Myth - All fevers need to be treated with fever medicine.**

**Fact** - Fevers only need to be treated if they cause discomfort (usually > 102°F).

**Myth - Without treatment, fevers will keep going higher.**

**Fact** - Fevers from infection usually stop at 104°F, and rarely go above 106°F.

**Myth - With treatment, fevers should come down to normal.**

**Fact** - With treatment, fevers usually come down only 2 - 3 degrees F.

**Myth - If a fever doesn't come down with medicine, the cause is serious.**

**Fact** - Fevers that don't respond to fever medicine can be caused by viruses or bacteria. It doesn't relate to the seriousness of the infection.

**Myth - If I can "break the fever", the infection will go away.**

**Fact** - Fever will normally last 2 - 3 days until the body's immune system is succeeding. This process cannot be hurried by "breaking the fever" through medication.

**Myth - If the fever is high, the cause is serious.**

**Fact** - If the fever is high, the cause may or may not be serious. If your child looks very sick, the cause is more likely to be serious.

**Myth - Oral temperatures between 98.7°F and 100°F are low-grade fevers.**

**Fact** - These are normal temperature variations. An actual low-grade fever is between 100°F - 102°F.

### When to call us for fever:

**Call 911 Now (your child may need an ambulance) If Your Child:**

- ◆ Not moving or very weak



- ◆ Unresponsive or difficult to awaken
- ◆ Difficulty breathing with bluish lips
- ◆ Purple or blood-colored spots/dots on skin

### Call Us Now (night or day) If Your Child:

- ◆ Looks or acts very sick
- ◆ Not alert when awake
- ◆ Any difficulty breathing
- ◆ Great difficulty swallowing fluids / saliva
- ◆ Child is confused (delirious) or has stiff neck or bulging soft spot
- ◆ Had a seizure with the fever
- ◆ Age under 12 weeks with fever above 100.4°F (38.0° C) rectally (Caution: Do not give your baby any fever medicine before being seen)
- ◆ Fever over 104°F (40° C) and not improved 2 hours after fever medicine
- ◆ Very irritable (e.g., inconsolable crying or cries when touched or moved)
- ◆ Won't move an arm or leg normally
- ◆ Signs of dehydration (very dry mouth, no urine in more than 8 hours, etc.)
- ◆ Burning or pain with urination
- ◆ Chronic disease (e.g., sickle cell disease) or medication (e.g., chemotherapy) that causes decreased immunity

*Please call our nurse advice line or after hours service if you are concerned or have questions about your child's fever.*

## New AAP Recommendation on Vitamin D Supplementation

Due to recent studies showing that many US children are vitamin D deficient, the American Academy of Pediatrics has released revised guidelines on vitamin supplements in infants, children and adolescents. According to the AAP, vitamin D deficiency is in epidemic proportions in the US. Research shows that sufficient levels of vitamin D are not only

important to bone health, but also plays an important role in the prevention of diseases, including infection, autoimmune diseases, certain forms of cancer and type 2 diabetes. Advanced Pediatrics joins the AAP in recommending:

- ◆ All breastfed infants take 400 IU of vitamin D supplementation daily. This should be contin-

ued until infant is weaned to 4 and 1/4 cups daily of vitamin D fortified formula or whole milk.

- ◆ All infants/children/adolescents who drink less than 4 and 1/4 cups daily of vitamin D fortified formula or milk should receive a vitamin D supplement of 400 IU/day.



# Focus on Wellness



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## Childhood Vaccines - A Must for Your Child's Health!

### Vaccines Save Lives

As stated by Renee R. Jenkins, MD, FAAP, 2008/09 President of the American Academy of Pediatrics, "Vaccines are the single-most powerful, cost-effective public health intervention ever developed." Jay E. Berkelhamer, MD, FAAP, 2007/08 President of the American Academy of Pediatrics, agrees: "When it comes to child health, prevention is always better than treatment. Nowhere is this more evident than with immunization."



- ◆ Prior to the creation of today's vaccines, thousands – and sometimes millions – of children became infected with diseases that resulted in lifelong disabilities or death.
- ◆ Before the measles vaccine became available in 1963, measles killed 3,000 U.S. children and caused 48,000 hospitalizations annually.
- ◆ Vaccine preventable diseases like polio, whooping cough and measles still exist! In the 1980's when measles immunization rates among preschool children dropped, there was an outbreak in 1989-90 resulting in 55,000 cases of measles, 11,000 hospitalizations and 123 deaths in the U.S.

The fact that we don't see certain diseases (in the US) anymore doesn't mean they no longer exist... it means the vaccines are working! Because of the success of vaccines, most parents today have never seen a child with polio, tetanus, whooping cough, bacterial meningitis or even chickenpox. Most of us have not witnessed the debilitating or life threatening consequences from these diseases. Unfortunately, the success of vaccines has made some parents complacent about vaccinating. But such an attitude, if it becomes widespread, can lead to tragic results! When parents refuse to vaccinate their children, they not only put their own children at risk, they also pose a danger to younger infants and children in our community who may not yet have been vaccinated. It's true that vaccination has enabled us to reduce most vaccine-preventable diseases to very low levels in the United States. However, some of them are still quite prevalent—even epidemic—in other parts of the world. Travelers can unknowingly bring these diseases into the United States, and if we were not protected by vaccinations these diseases could quickly spread throughout the population, causing epidemics here.

### Childhood Vaccines are Safe

The safety of U.S. childhood vaccinations are the result of years of scientific study and data gathered on millions of children by the world's brightest scientists and physicians. Over the years claims have been made regarding the safety of some vaccines suggesting that they are the cause of disorders such as autism. 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 vaccines and autism. Top researchers from around the world have investigated each of these claims and have concluded that vaccines do not cause any chronic disorders. New childhood vaccines undergo an even more rigorous approval process than drugs which are given to cure sick people. Licensing of vaccines typically takes 15 years and an average of \$500 million of manufacturers' money. The Food and Drug Administration ensures the safety, purity, potency and effectiveness of vaccines.

### Vaccines Should Be Given According to the Schedule Recommended by the AAP and CDC

"Recently, with the additional of several new vaccines to the infant schedule, some parents have become concerned that children receive too many vaccines too early, but there is no scientific validation to justify their fears," says Dr. Paul Offit of the AAP. The recommended immunization schedule is created and regularly reviewed by the Advisory Committee on Immunization Practices (ACIP) which consists of leading experts in virology, microbiology, statistics, epidemiology and pathogenesis. According to Offit, "Their advice has served us well; during the past century, vaccines have helped to increase the lifespan of individuals in the US by ~30 years, with an excellent record of safety." Dr. Offit has recently published an article endorsed by the AAP entitled "The Problem with Dr. Bob's Alternative Vaccine Schedule" in which he point by point provides substantial evidence to refute the recently popular book The Vaccine Book: Making the Right Decision for Your Child, written by Dr. Robert Sears. *The providers at Advanced Pediatrics, along with the CDC and AAP, firmly refute Sears' alternative vaccine schedule and believe that it has a negative impact on the health and safety of children. Copies of Offit's article are available at each of our offices.*

*Hand in Hand for Healthier Children*