

# Little things

that matter

## "Retail-Based Clinics" AKA "Minute Clinics"

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The practitioners of Pediatric Associates deeply value the trust that you place in us by allowing us to manage your children's health care. When a new provider is added to the practice, it is only after careful consideration of his/her qualifications and depth of training. Each of the physicians is certified by the American Board of Pediatrics and our Nurse Practitioners and Physician Assistants have achieved specialty certifications and have undergone extensive training in pediatric care. Each has between three and twelve years of experience practicing with us. We have numerous provisions in place in order to meet your needs for quality care and accessibility. These include staying after hours to see all ill children whose parents have notified us of their concerns before we have left the office and whose issues are such that they cannot wait to be seen the following day, offering Saturday appointments, and having a physician on-call to speak to you should you encounter an urgent issue after regular business hours. We encourage you to always speak to us first if you encounter an issue after hours, so that we may help to direct you to seek care in the venue that is most appropriate for your child.

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The past year has seen the arrival of "Retail-Based Clinics" (RBC's) in the Northern Kentucky area. These clinics appear to be an expansion of the Urgent Care Center concept, whereby retail businesses are partnering with health care businesses to make primary care services available to customers inside the facilities of the retail businesses. Often these businesses have pharmacies within their facilities. This makes it very convenient for a family to shop, to obtain primary care services for family members as young as 18 months of age, and to purchase prescription medications in the same store. The health services are usually provided by family medicine nurse practitioners.

The services provided by RBC's differ from traditional care received in offices such as ours in several ways. First of all, one might assume that the health care providers in the RBC's are providing high quality health care and are possessing the same credentials as the health care providers who work in our office. Care providers in RBC's typically have limited training in pediatrics since their education includes training in the care of patients of all ages. Second, most of these practitioners are in solo practice, which means that there is no on-site supervision of them by a physician and no on-site second opinion available should the need arise. Many of you who have been with us for any length of time can recall a visit when we sought the advice or opinion of a colleague in the office. Third, many children come to our practice because of minor illnesses and during these visits we discover that the children have other health issues that need to be addressed (mental health problems, obesity, growth disorders, immunization deficiencies, heart murmurs, uncontrolled asthma, etc.). Pediatric practitioners are trained to see the "big picture" of child health and this will not necessarily be true of the primary care providers who work in the RBC's. Finally, health insurers now allow the RBC's to provide primary care services (e.g., perform checkups and administer immunizations). The American Academy of Pediatrics (AAP), the governing body of pediatricians in this country, has issued several statements regarding RBC's. In a recent position statement the AAP said "The

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American Academy of Pediatrics opposes retail-based clinics (RBC's) as an appropriate source of medical care for infants, children, and adolescents and strongly discourages their use, because the AAP is committed to the medical home model." The medical home concept describes a model of medical care in which a patient receives their care from a single doctor or group of doctors who manage both their acute illnesses and preventive care and who facilitate referrals to specialists when necessary. In this model, the care provider and the family share responsibility, thus allowing parents "24/7" expertise and medical advice for their children.

In the short time that RBC's have been open in this area, we have seen several negative outcomes following visits to their providers:

- 1 Children have been misdiagnosed and/or treated with inappropriate therapies. One child in particular was diagnosed with a condition that none of us has seen in over ten years, and likely will never see again, and then was advised a treatment plan that could have been potentially lethal. This also occurred in a child who was only three-months-old, which goes against the agreement that no child under the age of 18 months will be seen in these clinics.
- 2 Children have been subjected to inappropriate and expensive laboratory studies generally because the care provider failed to recognize a common condition in children that can be diagnosed without the aid of lab work.
- 3 Reports from the RBC's are not always sent to our office. This limits our ability to track health outcomes for your children and, subsequently, to make appropriate referrals.
- 4 Several children were not advised to seek follow-up for conditions that would generally mandate it or were given follow-up recommendations that were otherwise inappropriate.

Parents have called and requested that we clarify diagnoses or recommendations made by RBC care providers. Since we have not seen the child in question and since the treatment recommended sometimes differs considerably from what we consider to be basic standard of care medicine, we are reluctant to give advice without having an opportunity to see the patient first. This of course leaves parents frustrated, however, it is the only way that we can assure the safety of your children. As with most other things in life, the easy way is not always the best way. We guarantee that we will always strive to provide the most up to date and appropriate care for your child that is possible. We pride ourselves on the fact that Cincinnati Childrens' Hospital's specialty physicians frequently refer critically ill children or children with complicated medical conditions to us for management of their primary care needs. The privilege of caring for your children and maximizing their health outcomes is something that we take very seriously. We sincerely hope that you will continue to help us to provide the best care possible for your children.

## Spring Allergies

Spring is here and many children will suffer allergies and wheezing starting in April. Allergic rhinitis affects up to 40 million people including 40% of children at some point during the year. Seasonal allergies are caused by trees, grass, and weed pollens which typically bloom in the spring and fall. Perennial allergies are intermittent or continuous throughout the year and are caused by indoor allergens such as dust mites, mold, and animal dander. It takes two seasons of exposure for many children to develop symptoms: nasal congestion, clear nasal discharge, sneezing, itchy eyes and nose,

tearing and red eyes, dark circles under the eyes and a crease on the nose from chronic rubbing. You can treat many children with the measures listed on the opposite page.



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### HOME MEASURES

- ◆ Wash your child's face and clothing after playing outside.
- ◆ Shower or bathe your child right away.
- ◆ Use saline drops for the eyes and sprays for the nose to help flush out allergens.
- ◆ Use allergy filters in your HVAC unit and a dehumidifier for the summer while the AC is on.
- ◆ In your bedrooms, use dust mite covers on beddings and pillow cases to reduce exposure.
- ◆ Finally, you may have to keep your windows and doors closed to keep pollen out.

### MEDICATIONS

Many over the counter and prescription medications are available for allergies. Claritin (loratidine) and Zyrtec (cetirizine) are safe and effective down to 2 years of age. They are available in liquid and chewable or dissolvable pills. Eye drops such as Zaditor can be helpful for eye symptoms. Prescription nose sprays such as Flonase or Nasonex and pills such as Allegra or Singulair are also commonly used. Some children need multiple medications to provide relief. If symptoms persist or are severe please make an appointment.

## Research Corner: Pediatric Associates Families Making a Difference

Welcome to the **Research Corner**, a new feature in our newsletter. This new feature will be dedicated to research advances in pediatrics and, in particular, contributions that our very own Pediatric Associates families are making. In this first installment, we have a lot of great things to report.

First off, 21 Pediatric Associates families participated in a series of focus groups with Dr. Bolling two years ago investigating what phrases and terms pediatricians should use when discussing weight status with parents. The goal was to identify what pediatricians should, and equally importantly, should NOT say when talking with parents about children not being at an ideal weight. The results of that study were the topic of discussion at national Obesity Society meetings in Phoenix last October and will be published in the next two months in the respected journal *Academic Pediatrics*. These parents and their willingness to share strategies to help motivate families will help nutrition researchers in many places develop effective tools for weight management. Dr. Bolling and the research team performing this study were overwhelmed by the dedication and honesty of our practice families to help others and their contribution will be felt for a long time.

Also in the obesity research area, many Pediatric Associates families recently completed the Adiposity Rebound Study at Children's Hospital where children's infant and toddler growth and development were tracked for over seven years. This study has informed numerous

other studies and has helped researchers here and elsewhere learn how early growth affects later growth. Pediatric Associates families were the single biggest group of families participating in this influential group. Several Pediatric Associates families have also been involved in two other obesity prevention and treatment studies with Children's Department of Behavioral Medicine and Clinical Psychology that have moved on from the pilot phases into broader testing.

Pediatric Associates families were also well represented in our latest vaccine research project looking at the effectiveness and safety of combination immunizations. This study, performed jointly with Sanofi Pharmaceuticals, investigated our ability to use an alternate vaccine with fewer known side effects. In fact, Pediatric Associates families were the single largest group of families participating in this study nationwide! Upcoming projects include looking at practice patterns regarding the treatment of otitis media and the diagnosis of developmental delays. Pediatric Associates is an active member of the Cincinnati Pediatric Research Group, an alliance of forty pediatric practices in Greater Cincinnati, and the Ohio Practice Research Consortium. These practice-based research networks are designed to advance pediatric medical knowledge and to help families and practitioners address questions that arise in practice. You can learn more about these organizations by visiting [www.cprg.org](http://www.cprg.org).

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## Healthcare Payment Questions

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### *What about after-hours appointments?*

Pediatric Associates has always been committed to making same-day ill visits available to our patients when needed. If you feel your child needs to be seen on the day you are calling, please call as early as possible to schedule this appointment. During the busiest times of the year, we will occasionally make appointments available after hours if the schedule at all offices has filled for that day. To cover the additional expenses associated with these after-hours visits, an after-hours charge has been instituted. Pediatric Associates asks for your understanding in this matter.

### *What payment is required with a High Deductible Health Plan?*

More and more families are covered by High Deductible Health Plans (HDHP). You may have one with a Health Savings Account or Flex Spending Account along with it. These plans have posed new challenges to patients as well as doctors offices. To help our office navigate this new type of plan we require that when you are in with your child you pay \$50 toward the cost of the visit until you reach your deductible. We know when you reach your deductible based on what the insurance company tells us when we send them a claim. If you happen to pay us without us knowing that you have reached your deductible we will send you a refund as soon as we find this out. Thanks for understanding that we need to do this to help our office adjust to these new plans. Please remember that almost all HDHP pay for check up visits even if you have not met your deductible. The insurance companies do this because they know it is important that your child gets their checkup each year. Please be sure you call our office to schedule your child's check up.

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