

Direct Pediatrics April Newsletter

Spring Break

Hopefully everyone had a relaxing and uneventful Spring Break (while dodging tornadoes and falling trees) 😬. The Johnson family joined 75% of Louisville and headed down to Florida panhandle for the week and fortunately hopped in the ocean as soon as we got there as the beach was closed for the final 3 days due to high winds and waves. Despite being a former swimmer and swim coach, I hate cold water and would routinely coach swim team in a wet suit until the pool temperature was regularly above 80 degrees. Needless to say, I did not make it into the 70 degree Gulf of Mexico past my ankles! However, I did take my kids and their friends on a 2 hour jet-ski dolphin tour in an inland bay that somehow was at least 10 degrees warmer than the Gulf. No dolphins were seen (I think the dolphin mention is just to get people to sign up), but the jet ski was a blast and my daughter and I only fell off twice. Special thanks to Direct Pediatrics owner and pediatrician, Dr. Honaker, who dusted off his stethoscope, held down the fort and saw a few kids in the office while I was in Florida.

Meet Hannah

Hannah joined Direct Pediatrics this morning as our full time medical assistant (along with nurse Meredith who works at Direct Pediatrics 1 day per week while she stays busy with her 4-month old daughter). Hannah and her husband Doug, moved to Kentucky from Arkansas 3 years ago for Doug to attend dental school at University of Louisville. Hannah is a dog lover, has two dogs (Ellie and Luna) and enjoys spending time gardening and attending Northeast Christian Church. Prior to joining Direct Pediatrics, Hannah was a medical assistant at a pediatric practice and worked as a phlebotomy tech for 5 years. Besides being thrilled to work alongside such talented colleagues, I'm especially excited that I won't have to administer vaccines again in the foreseeable future!

Why would I pay monthly (or annually) for pediatric care- I already have health insurance?

I often thought that I was basically providing direct primary care services at my old office (that accepted insurance) as many of my families had my phone number, knew that I encouraged them to reach out to me at any time, and since I worked 4 days a week, I generally could work my families in so that they were seeing me 95% of the time. However, a conversation I had with a parent a few weeks ago really drove home for me the value of an office like Direct Pediatrics.

A mother of a patient contacted me asking me if I knew of an adult doctor who could help care for an older relative who was dealing with a new medical condition. As I thought about the adult medicine doctors I know, I realized that it wouldn't matter because no matter how good the doctor was, that doctor would not have time to do anything more than refer the relative to a specialist and follow up with the relative in a month or two (or six).

Despite all my training and experience as a pediatrician, child psychologist and teacher, I basically was only able to put 10-20% of my expertise (and 32 years of school) to use because of limited time. If I only have 10-20 minutes per patient and no available follow up appointments for weeks to months, I can do no more than pick one issue to address at a visit. While this is

probably sufficient for an ear infection, rash or cold, it is horribly inadequate for all the issues routinely faced by children growing up in 2024.

While getting into your pediatrician whenever you need to, having an in-house pharmacy to skip the trip to Walgreens and having your pediatrician on speed-dial are all nice benefits, I would argue that the main reason to pay a fee on top of your insurance is time. By limiting my patient panel, not only does that time result in easy availability for you and your child, but the time allows me to actually make use of all my training and experience for your child's benefit. I now have time to address strategies to deal with the potentially negative effects of excess screen time, to create techniques to manage picky eating in infants and toddlers, to develop a plan to help your child catch up in reading or math, to address and prepare your child for the social and academic transition that occurs when they switch from elementary to middle school, and to efficiently fine tune medications to address ADHD, anxiety, depression, painful periods, asthma and/or allergies (while still diagnosing and treating ear infections and stomach viruses)!

Don't let up now!

Since Spring Break in Louisville and Oldham is so late, it often seems like the school year is basically over once we come back from Spring Break- but it's not! Please help your child maintain whatever schedule has produced success from August through April. Too many times I've seen kids slack off during the last month of school and see grades drop due to late/missing assignments and poor final exams because kids (and parents) start summer too early. Summer is way more fun when kids finish the year strong!

If you'd like to register or get more information, come by the office, call the office or just text me.

Happy April!