Happy September!

Growing up in Virginia, we didn't go back to school until after Labor Day so September was the big back-to-school month. Here in Kentuckiana it feels like by the time September rolls around, kids are halfway through another school year! August 19th also marked the 6-month anniversary of Direct Pediatrics and I appreciate all who have been along for the ride.

Office News/Stories

So the BIG news is that the Direct Pediatrics-Landis Lakes office is opening on October 1st, with pediatrician Kyle Stewart taking care of kids at the new office. Kyle was born and raised in Oldham County and was actually one of Dr. Honaker's patients at Oldham County Pediatrics where Dr. Stewart is currently employed until mid-September! If you know of families in the Lake Forrest/Landis Lakes area who would appreciate the Direct Pediatrics model, point them to the new office!

A couple of imaging stories...

- Took my daughter to a local pediatric ER for a suspected broken ankle (I thought she was going to need it casted). The ER was largely empty and I was happy to get in and out in 75 minutes with a series of X-rays (no fracture) and an eventual bill of \$538. 4 weeks later she reinjured the same ankle and her high school trainer insisted on more X-rays. We walked into NON-hospital based SimonMed Imaging (without an appointment), got the same X-rays as in the hospital, walked out 20 minutes after we arrived, and got the results 30 minutes later. Total cost was \$19. I'm embarrassed to admit that working for a hospital-based pediatric practice for 10 years, I had no idea about the cost of labs and X-rays as so much varies based on insurance. Since starting at Direct Pediatrics I've discovered that there are massive savings to be found in healthcare if you know where to look (and I've been looking)!
- Ordered an MRI on Tuesday for a Direct Pediatrics patient. Medically, the MRI was non-emergent, but for the patient and family, it was needed ASAP. The MRI was scheduled for Wednesday evening, and I received the results Wednesday night. Total cost for the family was \$295. At my old office, there is NO WAY a non-emergent MRI could get done in less than 2 weeks at the earliest and often it took 4+ weeks, IF insurance authorized the MRI. Since I was not a specialist, insurance companies hardly ever authorized my MRI requests, resulting in a referral to pediatric orthopedics which might take another few weeks to get into and even after insurance, the price would likely have been \$1000+. When insurance and gatekeepers are removed from the equation, things happen efficiently and patients' needs are met at a reasonable cost!

One more price-saving scenario

The Direct Pediatrics monthly membership fee covers all of your child's in-house labs (CBC, flu, strep, COVID, RSV, etc). While it's rare that non in-house labs are needed, we were able to negotiate a non-insurance cash rate for most of the non in-house labs that can be collected in the office and be sent to LabCorp. The price differences for our negotiated rates are unreal. For example, if a family is worried that their child may have a food allergy, you can go to the allergist and get the not-so-comfortable skin prick testing. However, a blood sample can also be drawn to test for food allergies. One of my patients at my former hospital-based practice had this blood test drawn at the hospital-based outpatient lab and told me that they had been charged \$2200 for the food allergy panel as their insurance decided not to cover it. Our negotiated rate for this food allergy blood test through LabCorp is \$50. While we're happy to be able to provide our families with up front, reasonable pricing, the fact that the same lab can be marked up by over \$2000 depending where you get the lab drawn is disturbing.

Saw a handful of families over the Labor Day weekend because that's when the kids needed to be seen. No need for urgent care or ER visits outside of work hours when your doctor is available whenever you need him.

Had a middle of the night conversation with a patient who was out-of-town and struggling with anxiety. I think about what would have happened had the patient attempted to contact me while I worked at my old office. The patient would have gotten the after-hours answering service and connected to a random doctor (best case) or been told to go to the ER for treatment (worst case, but totally possible). While the middle of the night calls aren't as common as I anticipated, I love the fact that families feel comfortable reaching out when challenging situations arise, as that's what I'm here for.

TO GO OR NOT TO GO (to school)

In the Johnson household, the expectation was that kids go to school under just about all circumstances. This concept was established when I was a child and drilled into me during pediatric residency. During residency, it was not uncommon to work 26 out of 30 days during certain months with only 4 days off. If you called in sick, it meant that one of your classmates had to fill in for you on one of their 4 days off so you had to be dying to call in sick. Here are the Johnson family rules for school attendance...

You go to school unless...

1. You've had a fever (temperature > 100.3) within 24 hours

- 2. You've thrown up after midnight
- 3. Your eyes are pink (school will freak out and send you home anyway)

But what about...

- Cough? Cover your mouth (with your arm) and go to school
- Sore throat? Take ibuprofen, don't share food/drinks and go to school.
- Runny nose? Blow your nose, wash your hands, pack some kleenex and go to school
- Headache? Drink more water than usual, take ibuprofen and go to school
- Bone breaking through skin? Ibuprofen and...(OK, maybe swing by the ER first on the way to school)!

If you're unsure or concerned about your child's symptoms, by all means bring your child into the office as that's what I'm here for.

SPEAKING OF SCHOOL

You may have read that KY passed a law this year requiring school personnel to contact the county attorney if a child has too many unexcused absences. The law used to be that school personnel had the "option" of contacting the county attorney, but now it's mandatory. If your child has a doctor's note, your child's absence is excused. At my old office, this meant that if you tested positive for flu and your child had the exact same symptoms, you needed to bring your child into the office to get a note, even though you KNEW what was wrong and the trip was a waste of your time, just to get a school note. Here's how I will handle this circumstance...

- 1. I will always need to "see" your child to write a doctor's excuse. If your child has a fever or is otherwise feeling bad, and you suspect they have a cold/flu/COVID/RSV/some virus but are comfortable with how they're doing at home, we can do a brief telehealth visit allowing me to "see" your child and fax a school excuse note to your child's school.
- 2. I will probably always need to see your child in person to prescribe an oral antibiotic (ear infection, UTI, strep throat, etc.)

Of course you're always welcome to bring them into the office, but don't feel like you have to bring them in just for a doctor's note if we can do a telehealth visit and save you the hassle.

VACCINE UPDATES

COVID vaccines arrived today! Like the flu vaccines, patients, siblings, and parents
are able to get their vaccines at this office. When you call to sign up for your vaccine

appointment, please be POSITIVE you can make the appointment time for which you sign up. We only receive 10 COVID vaccines at a time, and we have to thaw them for an hour before they're given and they can't be refrozen if someone doesn't come for their appointment. If for some reason you have to reschedule, please let us know at least an hour before your appointment- otherwise we'll be running around Norton Commons trying to find COVID vaccine takers so they're not wasted!

• Flu vaccines are available! Call the office to get your child, siblings, and parents on the schedule. I got mine yesterday!

Hope everyone has a wonderful September. I'll be watching a lot of North Oldham girls' soccer during the month and maybe even some college and pro football if DirecTV and Disney can come to some sort of agreement.

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Steve Johnson MD, PhD, FAAP Pediatrician & Child Psychologist