

Happy New Year and Some Reflections!

2024 was quite a year and I think the end of the year is always a good time to reflect on how things have gone over the past 365 days. A year ago I had just announced that I was leaving the office where I had practiced pediatrics for the past 10 years. When I made the decision to leave, it was 90% about starting something brand new and 10% about frustration with the situation at the time. That 10% frustration was entirely related to paperwork and if my old office had provided me with a scribe when I asked for it (and I even offered to pay for it), I probably never would have left. However, a year into the direct primary care model, I realize I probably should have left the traditional system years ago, both for my own health and the health of my patients. Here's what I've learned over the past year...

- At my old office, I was easily spending at least 4 hours every day dealing with paperwork that had nothing to do with patient care and everything to do with making sure services could be billed correctly. Since I no longer bill for services, my notes just need to include anything I feel is relevant and my notes take a total of 10-20 minutes a day.
- At my old office, it was often hard to get an appointment, so families would use MyChart to ask me questions. Typically my entire lunch time was spent responding to morning MyChart questions, and at the end of the day I spent another hour responding to the afternoon MyChart questions. Over time, I grew to despise MyChart as it was basically a free visit as my entire salary was based on the number of patients I saw in person. At least 2 major healthcare systems in the US have started charging for MyChart messaging and I imagine that will be coming to Louisville at some point in the future. With the Direct Pediatrics model, I am truly happy to respond to any message or question because I feel like it's part of the service that you're paying for. If I can solve something via text and save you a trip to the office, I'm happy to do that since my salary no longer depends on the number of people I see each day.
- At the old office, visits were either 10 minutes (sick visits) or 20 minutes (check ups), and that doesn't even include the time spent being weighed and measured. I cringe when I think about how rushed those visits were, how most visits were limited to a single concern, and how many developmental, academic, social, emotional topics were never addressed due to lack of time. At Direct Pediatrics, the visits are no longer rushed and as kids get older, I've found that they often use the time to bring up their own concerns and ask their own questions. On that note, if you as a parent would like your child to have a check up more often than once a year, that can certainly be arranged. Like most things in medicine, the yearly check up was established by the insurance industry who would not pay for more than one check up each year once a child turned 3. Since we at Direct Pediatrics

are no longer influenced by the insurance industry, you can schedule more than one check up for your child each year if that would be helpful.

- At the old office, I had no idea about the cost of anything. At one point I asked for a list of prices and was stunned by how expensive things were. However, I was told that these weren't the "real" prices, just the prices that were billed to insurance and that the consumer often paid less (but not always). At Direct Pediatrics, I was responsible (mostly) for finding affordable pricing for the labs our patients would actually need. As it turns out, labs are way less expensive than what is charged by a hospital-based system. Even send-out labs that we can draw at our office, but have to send to an outside lab were nowhere near as expensive as I was anticipating. The lab price that continues to horrify me is the food allergy panel from a blood draw. At Direct Pediatrics, we were able to negotiate a price of \$51 if a family agreed to pay cash for the lab rather than go through insurance. The lab in the hospital-based system was > \$2000 for the EXACT SAME LAB! That one lab is more than a year's membership at Direct Pediatrics!
- At the old office, I had been trained (by the insurance companies) that I could not order any imaging beyond an X-ray. If I tried, it would automatically be denied (after waiting at least a week), denied again after I spoke to an insurance representative (another week later), and then typically approved after the child was referred to orthopedics or neurology (another 1-2 weeks) at a cost of \$1500-\$3000. In the past year I was amazed to learn that I could order an MRI, have it done in 24-48 hours at a cost to the family of \$250.
- At my old office, due to lack of available time, my "child psychology" basically involved ADHD assessments and medication management with any other issues referred to my list of the good psychologists in town, all of whom have wait lists typically 3-12 months long. At Direct Pediatrics I've had time to dust off my child psychology hat and have resumed evaluation and short term therapy for anxiety (lots of anxiety!), depression, sports performance, and other topics while continuing the ADHD assessments and medication management.
- I learned that working 16 hours a day (at the old office) wasn't great for my health. Since moving to Direct Pediatrics, I basically have an average of 4 extra hours per day, I've used that time to spend more time with the family, get back in shape at the Y, take my 4 dogs for nightly walks and listen to audiobooks to benefit your kids. Through audiobooks, I'm able to keep up with the latest pediatric research and gain expertise in specific mental health issues experienced by kids at the office. Plus, still no caffeine in the past 4 months (after 27 years of 1-3 diet sodas/day for my caffeine fix)!

- At the old office, I had 2000 patients and at the new office I have 217 with a goal of 400. Definitely the hardest part of leaving the old office was leaving so many families that I had gotten to know and care about over the past 10 years. Fortunately the families who have joined Direct Pediatrics are amazing and truly couldn't be nicer! Plus, about every week a family from the old office makes the switch to Direct Pediatrics. I can't tell you how much I appreciate the families who have tried out Direct Pediatrics as I feel like we're all on this adventure together!
- Some interesting information about Direct Pediatrics...one of the reasons we located the first office in Norton Commons was the anticipated convenience for Norton Commons families. To our surprise, only 6% of the kids at Direct Pediatrics are from Norton Commons, although 25% are from Glen Oaks/Moser Farms across the street from Norton Commons. 67% of current patients came from my old office. 53% of patients are girls and 47% are boys. Our youngest patient is 1 month old and we have three 19 year-olds. 35% of patients are teenagers, 52% are ages 5-12 and 13% are ages 0-4. For new families, the most common way that people heard about us was word of mouth from current families, so keep on recruiting wonderful families. On average, a typical new direct primary care practice like Direct Pediatrics has about 100 patients by the end of its first year, so the fact that we're at 217 at our first office with 2 months left before we've been open for a year means that we're doing something right! As always, if there are additional services that you would appreciate, just let me know and I'll see if we can make it happen.

Resolutions plus a book review

- With every New Year come New Year's resolutions and one of the most common resolutions is to go on a diet. As I have numerous patients of all ages who struggle with body image, I have been doing a lot of reading in this area. One of the take-home points is that dieting is not only ineffective, but physically and emotionally damaging. Not one diet (and there are now over 100 diets) has ever been proven to be effective over an extended period, but the diet industry is a huge money maker and is now being marketed to children as young as 7 years old! 95% of people who diet regain all the weight they've lost during their diet, feel like they are a failure and start a new diet only to have the cycle repeat itself diet after diet. Diets have no option but failure as the human body has evolved over thousands of years to protect itself from starvation/weight loss and we are just now discovering some of these biological mechanisms. For example, if someone restricts carbohydrates (routinely needed by our brain for optimal functioning), our body overproduces a specific peptide that floods our brain

with signals to seek out carbohydrates. When the individual eventually eats carbohydrates (and likely overeats the carbohydrates due to the high level of carbohydrate seeking peptides in the brain), the individual feels like they have "failed," attributes the failure to a lack of "willpower," vows to "be better" and the cycle repeats over and over again. As someone begins to lose weight, the body counteracts this by decreasing the person's metabolism. Unfortunately, even years after the weight has been regained, the metabolism never fully recovers to what it once was, making it harder to maintain the current weight. These are just two examples of how diets cause physical and emotional damage.

- Although I'm not quite finished with the book, I definitely am going to recommend [Intuitive Eating, 4th edition](#), by Evelyn Tribole and Elyse Rech for parents who have struggled with dieting/body image or if you have a child struggling with eating/body image issues. The approach is research-based, biologically based and addresses both the emotional and physical issues associated with diet culture and body image. It even addresses strategies for infants and toddlers to prevent them from developing issues around food as they grow up.
- Since healthy children (and adults) do set and achieve goals, certainly use the New Year as an opportunity to consider goals that you and your child would like to accomplish. Encourage your child to set the goal(s) while both of you discuss what it would take to accomplish the goal(s). Some options might include...
 - Setting aside more time every day/week on an area of interest
 - Increasing daily/weekly physical activity
 - Trying a new activity/hobby
 - Decreasing time spent on electronics
 - Developing expertise in an area of interest (books, videos, museums, etc)
 - Increasing time spent with family members (family dinners/game nights/bed time stories, etc.)
 - Increased reading
 - Writing or discussing daily gratitude

I hope everyone has an amazing 2025! Hopefully good sledding opportunities are heading to Louisville this weekend!

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