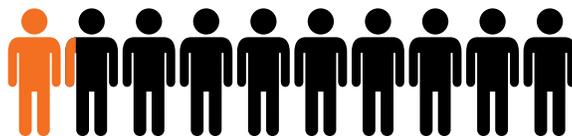


## Education and personalized action plans help patients breathe easier after asthma diagnosis

An estimated **12%** of children in Georgia have asthma (297,000)



Asthma is the number one reason for emergency room visits and hospitalizations at Children's Healthcare of Atlanta. Twelve percent of Georgia's children have asthma, but asthma rates in metro Atlanta are estimated to be as high as 20 percent.\*

"Several factors, such as exposures to pollen or smog, can trigger problems for a child, but the key is helping patients and their families deal with it," said Tim Coons, Director of Pulmonary Services. "At Children's, we really try to give patients and families tools they can use, because the sooner we put control, prevention and education into their hands, the sooner they will be able to manage their condition."

Hospital readmissions for asthma and length of stay at Children's are below the national average, and Coons points out that the number of families who receive asthma education at Children's is at the forefront.

The pulmonary team at Children's is a leader in working to identify ways to make compliance and asthma management easier for patients—and their primary care providers. Individualized asthma action plans are created for the child after inpatient or outpatient visits, and a team of researchers at Children's and Georgia Institute of Technology is leveraging kids' fondness for texting into novel approaches to educate and self-manage their condition.

"Asthma is a challenge that all community pediatricians face daily," said Vivian Lennon, M.D., Medical Director of the Chamblee Primary Care Center, noting that language differences frequently add a barrier to care. "We are unique in having a fully bilingual staff that is able to address the special needs of the Hispanic population."

She said another common barrier occurs when families are hesitant to accept the diagnosis of asthma, as they have preconceived notions of what the implications are for their child's health and future. She stresses the importance of maintenance medications and preventive measures to avoid flare-ups and improve long-term outcomes.

A coordinated, community approach to asthma management—from primary care providers to the emergency room physicians and subspecialists—gives children the best opportunity to live life to the fullest.

"The vast majority of kids can be active and participate in sports when they take a daily controller medicine," said Burt Lesnick, M.D., Medical Director of Pulmonary Services. "Asthma is a very treatable disorder."

\*Source: The Georgia Department of Community Health

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Unconventional asthma therapies

In metro Atlanta, asthma rates are estimated to be as high as

20%



# How to eat an elephant

Daniel Salinas, M.D., SVP, Chief Medical Officer

WellPoint announced May 16 that it would begin tying its reimbursements to hospital providers based on how well those providers met 51 quality and outcomes indicators. WellPoint, which manages the Blue Cross and Blue Shield plan in Georgia, says the shift in approach will help improve quality and mitigate skyrocketing healthcare costs.

Regardless of the reason for the shift, it mirrors many aspects of the healthcare reform bill passed last year by Congress. This is significant and part of a growing trend to tie outcomes to payments for hospitals and physicians, apart from whether the Obama administration's bill is repealed or amended. Pediatrics has been excluded from most discussions on payment and care delivery reform, but that is likely to change.

The onus for setting the dialogue around quality and healthcare delivery—and the sustainability of the practice of pediatric medicine—will fall on us, the people who have dedicated our lives to caring for children. In Georgia, physicians and hospitals are taking important steps to direct the dialogue.

**The demands of creating a clinically integrated network are complex, but we are beginning the conversations and plans that will lay the path to get there.**

In February, I invited representatives from the Georgia Pediatric Care Network (GPCN) to attend the retreat on accountable care that I was hosting with the Physician Leadership Cabinet. GPCN includes representatives from the Children's Health Network, Kids Health First and Georgia Pediatric Subspecialist IPAs, the Georgia chapter of the American Academy of Pediatrics, the Emory Department of Pediatrics, Morehouse School of Medicine, Sibley Heart Center and Children's Healthcare of Atlanta. We discussed the core competencies and capabilities required of accountable care organizations and lessons learned from others who have begun this journey, including Allen Dobson, M.D., President and CEO of Community Care of North Carolina.

The demands of creating a clinically integrated network between hospitals, private physicians and academic medical centers are complex and require significant infrastructure and commitments to truly manage the pediatric population in Atlanta, and the state. Certainly, we are not currently in a position to make that switch, but we are beginning the conversations and planning process that will lay the path to get there.

There's an old joke that asks, "how do you eat an elephant?" The answer—"one piece at a time." And, like eating an elephant, our pediatric community is taking a measured and systematic approach to find the best way for us to care for our patients and preserve pediatric medicine. We will continue to provide updates and forums for physicians in our community to be a part of this process. In the meantime, does anyone have a good recipe for grilled elephant?

## LEADERSHIP at CHILDREN'S

Dan Salinas, M.D.  
SVP, Chief Medical Officer  
404-785-1259

Barbara Stoll, M.D.  
SVP, Chief Academic Officer  
Chair, Department of Pediatrics  
404-727-2456

James Fortenberry, M.D.  
Pediatrician-in-Chief  
404-785-1600

Mark Wulkan, M.D.  
Surgeon-in-Chief  
404-785-0781

Robert Bruce, M.D.  
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Children's at Egleston  
404-778-3831

George Raschbaum, M.D.  
President, Professional Staff  
Children's at Scottish Rite  
404-252-3353

Lynn Gardner, M.D.  
President, Professional Staff  
Children's at Hughes Spalding  
404-785-9850

Rick Bonner, M.D.  
Executive Medical Director  
Children's Physician Practices  
404-785-2008

Nancy Doelling, M.D.  
Medical Director, Campus Operations  
Children's at Scottish Rite  
404-785-4826

Robert Pettignano, M.D.  
Medical Director, Campus Operations  
Children's at Hughes Spalding  
404-778-1432

Corinne Taylor, M.D.  
Medical Director, Campus Operations  
Children's at Egleston  
404-785-1001

Denise Swords  
SVP Operations  
Children's at Scottish Rite  
404-785-7563

Joyce Ramsey-Coleman, R.N., M.S., M.B.A.  
Chief Nurse Executive  
404-785-7540

Julia Jones  
Vice President, Operations  
Children's at Hughes Spalding  
404-785-6096

# A holistic approach to asthma control serves Atlanta's youth

The Children's Healthcare of Atlanta Asthma Center, located at Children's at Hughes Spalding, uses an integrated approach to care, utilizing medicine, environment, education and prevention-based interventions.

"This became a passion for me when I saw how limited life became for kids with asthma that already have life limited by so much," said Ann-Marie Brooks, M.D., F.A.A.P., Pediatric Pulmonologist and Medical Director of the Asthma Center at Children's at Hughes Spalding. "We serve a population of kids that feel like life is out of control, and there's absolutely no reason to feel that way about asthma anymore."

Specialty clinics existed at Children's at Hughes Spalding for many years, and they were coalesced to form the current program using a whole-child approach to help patients establish control over their asthma. Brooks considers a child outside of "control" and at risk for severe complications if he is having two or more emergency room visits, hospitalizations or oral steroid bursts a year.



*Ann-Marie Brooks, M.D., F.A.A.P.*

**"We serve a population of kids that feel like life is out of control, and there's absolutely no reason to feel that way about asthma anymore."**

**—Ann-Marie Brooks, M.D., F.A.A.P.**

By leveraging the resources at Children's, the Center is able to offer a more comprehensive approach than what is available through private practice.

"We recommend the child visit us three-to-five times, depending on the severity," she said. "Then we send the patients back to their medical home, forming a partnership between the primary care providers and our office. Follow up after that point is fluid depending on the needs of the patient."

Inside the Center, an asthma specialist utilizes evidence-based practice and supervises asthma management, while a nurse practitioner administers child and family-focused asthma self-management education. There is access to social workers, nutritionists and psychologists, as well as financial counseling when people are losing, for instance, their Medicaid or insurance. In addition, the Center helps support the Georgia law that allows a child with a parent and physician's consent to carry their inhalers on their person.

"We know that a key to success is engaging all key stakeholders in the child's life, and helping them to become better educated and jointly invested in the child's care," she said. "We try to be the impetus to coordinate all of the aspects of the child's life that may interfere with their asthma."

Options for referrals can include all or some of the following:

- **A full evaluation with the allergist or nurse practitioner**
- **Lung function testing**
- **An educational visit**

Contact the Asthma Center's full time nurse practitioner, Jodie Rodriguez, M.S., R.N., C.P.N.P. at 404-785-9916.

**ASTHMA RESEARCH PROGRAM SEEKS PARTICIPANTS FOR CLINICAL TRIALS**

There is very little guidance in the therapy of preschool children who suffer from clinically significant lower respiratory tract (LRT) symptoms, yet these children visit the Emergency department twice as frequently and have triple the rate of hospitalizations as compared to their older school-age counterparts.

This protocol has two separate, but linked, clinical trials designed to examine the symptoms of LRT in preschool children (ages one-to-five years old). Named the April and Ocelot trials, the goal is to determine if interventions can effectively treat respiratory symptoms in preschool children, thereby reducing the morbidity of this difficult to treat population.

For details about the study and child qualifications, contact Shanae Wakefield at 404-727-5176 or Denise Whitlock or 404-712-1773.

**PSEUDOEPHEDRINE (SUDAFED) PRODUCTS CLASSIFIED DIFFERENTLY**

In May, a new law went into effect changing the status of pseudoephedrine and pseudoephedrine-containing products. All drug products are now classified as exempt over-the-counter schedule V controlled substances. Only pharmacies will be able to purchase and sell these products.

For retail pharmacies, pseudoephedrine-containing products will be moved to behind the prescription counter and a log book will continue to be used to document sales.

The Pharmacy department at Children's has moved all pseudoephedrine in stock with other controlled substances. If you have any questions, contact Helen Giannopoulos (Children's at Egleston) at 404-785-6502, or Jennifer Sterner-Allison (Children's at Scottish Rite), at 404-785-2910.

**SAVE THE DATE FOR THE NEXT CHILD PROTECTION CENTER TRAINING**

**What:** Medical Evaluation of Child and Adolescent Sexual Abuse

**When:** Thursday, Sept. 22, and Friday, Sept. 23

**Where:** Children's at Scottish Rite, Mini Auditorium

**How:** Visit for [www.choa.org/cpctraining](http://www.choa.org/cpctraining) for more details. Space is limited to 25 participants.

**FRACTURE CARE CAPABILITIES EXPANDED**

The Children's Fracture Care Program has implemented casting services for simple, nondisplaced fractures in the Children's at Egleston Emergency department. Children's at Scottish Rite Emergency department continues to offer casting for all fractures. Fracture care also is available at the five Immediate Care Center locations throughout metro Atlanta. Visit [www.choa.org/fracture](http://www.choa.org/fracture) for more information.

**CORRECTION**

In the June edition of *MedClips*, the American College of Sports Medicine (ACSM) was referred to as the American Academy of Sports Medicine on page 4. We apologize for the oversight.

**Resources for asthma management**

*Contributing authors, Ann-Marie Brooks, M.D., F.A.A.P., Pediatric Pulmonologist and Director of the Children's Asthma Center, and Burt Lesnick, M.D., Medical Director of Pulmonary Services*

**Q. What questions should providers ask patients to find out if their asthma is well controlled?**

**A.** *Lesnick:* Physicians should ask patients if they are coughing at night or with exercise, or whether they become winded more easily than their peers do. If patients answer yes, that may be a sign that asthma therapy needs to be stepped up or that chronic asthma therapy needs to be initiated.

**Q. Where are the opportunities for Children's to better coordinate care with the patient's primary care provider (PCP)?**

**A.** *Lesnick:* An asthma patient does not go out the door of Children's until a connection is made with a PCP, but asthma is really not a hospital-based disease and is largely cared for by family practice and pediatric providers in the community. Some of the things we'd like to see is the use of spirometry in PCP practices to test air flow in patients and developing a way to measure asthma outcomes across the community and providers, including compliance with an asthma action plan.

**Q. Where do you see the greatest need for community outreach in regards to asthma?**

**A.** *Brooks:* Asthma is the number one reason for missed school days, so we have a lot of work to do. We are really trying to reach out to counties in the "Southern Crescent," as that is where we see the highest morbidity. This includes Newton, Griffin-Spalding, Rockdale, Henry, Clayton, Fayette and Coweta counties. For these children, this provides a unique opportunity to be exposed to subspecialists.

**Q. The Comprehensive Asthma Management Program is an ongoing study within the Children's Asthma Center. What results is the study seeing so far?**

**A.** *Brooks:* We have enrolled 194 children since August 2009 with a grant sponsored by the Healthcare of Georgia Foundation. Seventy-one of the 86 children enrolled at least six months, or 82 percent of children, have achieved control utilizing evidence-based NIH guidelines. In that timeframe, we also have seen a 58 percent reduction in emergency room visits and hospitalizations at Children's at Hughes Spalding and Children's at Egleston due to asthma.

**Visit [www.choa.org/asthma](http://www.choa.org/asthma) for more information.**

# Research

UPDATE



## Investigating asthma interventions for children resistant to common therapies

Each year, millions of children are diagnosed with asthma, and for the vast majority, their asthma is easily controlled under the guidance of their pediatrician, using corticosteroids in combination with an inhaled bronchodilator for acute attacks. However, for a small percentage of children, conventional corticosteroid and bronchodilator interventions do not work. Researchers within the Center for Developmental Lung Biology at the Emory + Children's Research Center are unlocking the clues to find out why—and how—they can develop interventions and medications necessary to help these children.

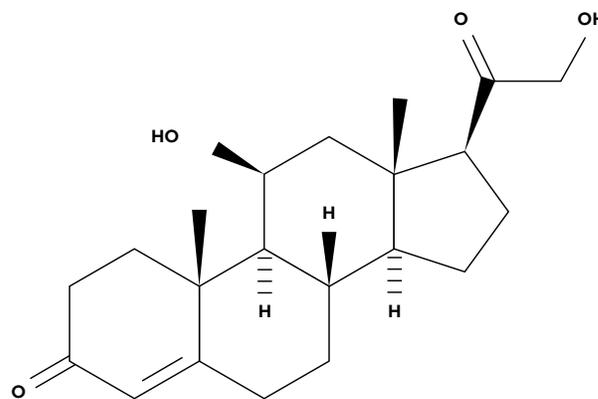
Anne Fitzpatrick, Ph.D., M.S.C.R., A.P.R.N., leads the team, which participates in the Severe Asthma Research Program (SARP), a National Institutes of Health-funded effort started in 2000 to gather information on children and adults who do not respond to traditional asthma treatment. Fitzpatrick and her team recruit patients who show symptoms of severe asthma, then conduct a series of tests to determine whether the non-responsiveness of their asthma is due to lack of compliance with their asthma action plan or due to underlying physiological issues.

Nearly 90 percent of patients who met the definition of "severe asthma" by the American Thoracic Society were African American children, and 70 percent had a history of near-fatal hospitalization requiring intubation.

If you have a patient who you believe may qualify for one of the current severe asthma research studies, contact [megha.madan@choa.org](mailto:megha.madan@choa.org).

"It is a common bias that severe asthma patients are dismissed as non-compliant," said Fitzpatrick. "What we are finding is that there are underlying physiological issues preventing patients from being able to control their asthma."

In addition to completing a comprehensive survey, children undergo lung function testing and phenotyping at baseline. The team then administers an injection of intramuscular triamcinolone and are retested two weeks later. While 15 percent of patients have complete



*Corticosterone is used successfully in most chronic asthma treatment plans, but researchers are looking for additional therapies to utilize when it does not work.*

cessation of inflammation and symptoms with the injection, many patients do not respond or, in some cases, report exacerbated symptoms. The intramuscular injection is a critical component of their research, and helps differentiate the non-compliant or potentially undertreated patients from those who are truly non-responsive.

While much of the research that has been done on severe asthma has sought to identify the factors that cause asthma in young children, Fitzpatrick and her team are zeroing in on the factors that influence severity rather than susceptibility.

Using a simple blood test, the team identifies the level of the anti-oxidant glutathione in the blood stream. Glutathione is a tripeptide that prevents cellular damage and is converted to glutathione disulfide (GSSG) when under oxidative stress. In severe asthma patients, this critical anti-oxidant is nearly non-existent in the blood, while GSSG levels are elevated. Such a deficiency is likely to inhibit the ability of glucocorticoid receptors to function, making corticosteroids—fundamental in managing chronic asthma—essentially useless.

This discovery may be able to turn the tide for these vulnerable patients who are at increased risk of death due to their illness. Fitzpatrick hopes they ultimately can translate their findings into the creation of new therapies that incorporate increasing glutathione and glucocorticoid receptor function while also providing the right "cocktail" of corticosteroids and interventional inhalers to effectively manage their care.

**Audio Digest—Pediatrics (Children's at Egleston and Children's at Scottish Rite)***Allergy Consult*

Vol. 57 #9

May 7, 2011

*Adolescent Health*

Vol. 57 #10

May 21, 2011

**Audio-Digest—Orthopaedics (Children's at Scottish Rite)***Shoulder Surgery and ACL Reconstruction*

Vol.34 #9 May 7, 2011

*Tips and Pearls on Traumatic Injuries*

Vol.34 #10 May 21, 2011

**New Pediatric Grand Rounds (Children's at Egleston and Children's at Scottish Rite)***Insulin resistance and Type 2 Diabetes in general pediatric practice*

Muir, Andrew M.D.

PGR 03.02.2011

*Appendicitis*

Clifton, Matthew M.D.

PGR 04.06.2011

*Lessons learned in the life of a pediatric intensivist*

Sarnaik, Ashok P. M.D.

PGR 04.13.2011

**New Books (Children's at Egleston)***"Feigin and Cherry's Textbook of Pediatric Infectious Diseases"*

Edited by Ralph D. Feigin, et al.

Philadelphia: Saunders/Elsevier, 2009

*"Handbook of Pediatric Surgery"*

Sinha, Chandrasen K.

New York; London: Springer, 2010

*"Pediatric Critical Care"*

Edited by Bradley P. Fuhrman, Jerry J. Zimmerman

Philadelphia: Mosby Elsevier, 2011

*"Rudolph's Pediatrics"*

Editors, Abraham M. Rudolph, et al.

New York: McGraw Hill Medical, 2011

**Category I CME Credits available for audio-digest tapes only**

Egleston Inman Medical Library (Children's at Egleston)

404-785-6438, Fax: 404-785-6463

Fran Golding Medical Library (Children's at Scottish Rite)

404-785-2152, Fax: 404-785-2155

*Robert Bruce, M.D., Lynn Gardner, M.D. and George Raschbaum, M.D.  
Presidents of the Children's Professional Staff***Revisions to Professional Staff Governance documents**

On June 9, 2011, the Medical Executive Committee recommended approval of proposed revisions to the professional staff documents to address:

- (1) requirements from the Centers for Medicare and Medicaid (CMS) that a patient history and physical examination be updated on the day of surgery (after admission and prior to anesthesia).
- (2) requirements from The Joint Commission that specific professional staff functions be contained within the professional staff bylaws.
  - a. If a process is involved, the bylaws must include the minimum basic steps required for implementation of the requirement (reasonably clear, not open to interpretation).
  - b. The associated details can reside outside of the bylaws in the rules and regulations or credentialing policy.

The proposed revisions are posted on the Physician Portal in the Medical Staff Governance section and will take effect upon approval by the Children's Board of Trustees. Please direct questions related to these revisions to Bobbi Henderson, Manager, Medical Staff Governance, at 404-785-7533 or bobbi.henderson@choa.org.

**Professional Staff Applications**

The following applicants have applied for membership to the Professional Staff at Children's Healthcare of Atlanta. Current Professional Staff members who have information bearing on the applicant's qualifications for staff appointment or clinical privileges may fax that information to the Credentialing Services Office at 404-785-7498 or mail to 1584 Tullie Circle, Atlanta, GA 30329, attention Lisa Kuklinski, CPMSM, CPCS.

<b>Name</b>	<b>Specialty</b>
Bader, Scott M.D.	Pediatrics
Bernard, Paul M.D.	Endocrinology
Brewster, Luke M.D.	Vascular Surgery
Eggleston, Ben M.D.	Teleradiology
Fadoju, Doris M.D.	Neonatology
Gilbert, Joy M.D.	Pediatrics
Graham, Frances M.D.	Pediatrics
Jarrett, Claudius M.D.	Orthopedic Surgery
Loeffler, Kimberly M.D.	Pediatrics
Madden, Jennifer M.D.	Pediatrics
Magliocca, Joseph M.D.	Transplant Surgery
Patel, Pares M.D.	Pediatrics
Patel, Ravi M.D.	Neonatology
Rajani, Ravi M.D.	Vascular Surgery
Rouster-Stevens, Kelly M.D.	Rheumatology
Slesnick, Timothy M.D.	Cardiology
Smoak, Leslie M.D.	Pediatrics
Stroud, Kimberly M.D.	Pediatrics
Tigner, Bryan M.D.	Otolaryngology
Zarlingo, Monte M.D.	Teleradiology



# July Calendar of Events

**PCC**—Patient Care Conference Occurs the first, second and third Tuesdays of the each month, Children's at Scottish Rite Main Auditorium, 7:30 a.m.

**GPGR**—Grady Pediatric Grand Rounds, Clinical/Pathological Conference, Thursdays at Steiner Auditorium (68 Armstrong Drive across from the Grady Emergency department) 8 a.m. to 9 a.m. Contact Jackie Riley at jriley2@emory.edu or 404-778-1415 for more information.

These sessions have been approved for CME credit through Emory University.

**GR**—Grand Rounds, Wednesdays, Children's at Eggleston, Classrooms 3, 4 and 5, 7:30 a.m.

**PSC**—Pediatric Surgery Conference, Fridays at 7:30 a.m., Children's at Eggleston, Classrooms 3, 4 and 5 (video-conferenced at Children's at Scottish Rite).

**Contact Nancy Richardson, Program Specialist, at 404-785-7843 for CME information.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					<b>1</b> <b>PSC</b>	<b>2</b>
<b>3</b>	<b>4</b>	<b>5</b> <b>PCC</b> The Limping Child Michael Schmitz, M.D.	<b>6</b>	<b>7</b> <b>GPGR</b> 7 a.m. Trauma Peer Review Committee 1677 Tullie Circle	<b>8</b> <b>PSC</b> 8 a.m. Allied Health Peer Review Committee 1677 Tullie Circle	<b>9</b>
<b>10</b>	<b>11</b>	<b>12</b> <b>PCC</b> Speaker and Topic TBD 6 a.m. Op. Services Peer Review Committee 1677 Tullie Circle 6 p.m. Medicine Peer Review Committee 1677 Tullie Circle	<b>13</b>	<b>14</b> <b>GPGR</b>	<b>15</b> <b>PSC</b> Trauma Lecture of the Surgery Conference New Residents Orientation Children's at Eggleston, Classroom 5 Trauma Lecture of the Pediatric Surgery Conference is held every 3rd Friday (Video-conferenced at 1st Floor Sleep Lab conference room) 9 a.m. Forums: Childhood Obesity Campaign Children's at Eggleston Conference Center, classrooms 5, 6 & 7	<b>16</b>
<b>17</b>	<b>18</b>	<b>19</b> <b>PCC</b> Reflux and Impedance Cary Sauer, M.D.	<b>20</b>	<b>21</b> <b>GPGR</b> 10 a.m. Forums: Childhood Obesity Campaign Marcus Autism Center BellSouth Conference room 12:30 p.m. ED/Urgent Care Peer Review Committee 1677 Tullie Circle	<b>22</b> <b>PSC</b> 9 a.m. Forums: Childhood Obesity Campaign Children's Office Park 1680 Tullie Circle, Classroom 5	<b>23</b>
<b>24</b>	<b>25</b>	<b>26</b> 8 a.m. Forums: Childhood Obesity Campaign Children's at Hughes Spalding 3rd floor conference room 10 a.m. HSOC Board of Trustees at Children's at Hughes Spalding Administrative Conference Room 6 p.m. System Peer Review Committee 1680 Tullie Circle	<b>27</b> 1 p.m. Forums: Childhood Obesity Campaign Children's at Scottish Rite Main Auditorium 6 p.m. President's Meeting 1600 Tullie Circle, Boardroom	<b>28</b> <b>GPGR</b> 7 a.m. 10B Marcus Autism Center 3rd floor/Boardroom 6 p.m. Children's at Hughes Spalding Campus Professional Staff Meeting Emory FOB, Room 101	<b>29</b> <b>PSC</b>	<b>30</b>
<b>31</b>		<b>Save the Date</b> August 25, 2011 Stockbridge CME Dinner Eagle's Landing Country Club Pediatric Endocrinology Katrina Parker, M.D. and Andrew Muir, M.D. For more information, contact allison.krawczyk@choa.org or visit www.choa.org/cmefinner.	<b>Save the Date</b> September 16, 2011 ACE Asthma Educator Training Children's Healthcare of Atlanta, Office Park, 1680 Tullie Circle For more information, contact nancy.richardson@choa.org.	<b>Save the Date</b> October 1, 2011 Respiratory Care Update The Landermilk Center, Atlanta, GA For more information, contact nancy.richardson@choa.org.	<b>Save the Date</b> November 5, 2011 Pediatric Orthopaedic Sports Medicine Seminar Westin Atlanta Perimeter North For more information, contact olivia.alexis@choa.org.	



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## MedClips Feedback

Send your feedback to Felicia Reynders, Physician Communication Coordinator, at [felicia.reynders@choa.org](mailto:felicia.reynders@choa.org).

Visit the Physician Portal at [www.choa.org/md](http://www.choa.org/md) for access to key resources, news and important announcements.

## What to do this month:

- Attend the Acute Care Symposium Lectures from July 5 through July 29 at Children's. See complete details on the Physician Portal, or contact Vanita Welcome at 404-778-1414.
- Visit [www.choa.org/chr](http://www.choa.org/chr) to read details about our newly launched Community Health Record program.
- Mark your calendar for the Children's at Hughes Spalding Campus Professional Staff Meeting at 6 p.m. on July 28 in Emory FOB, Room 101.

Some physicians and affiliated healthcare professionals who perform services at Children's Healthcare of Atlanta are independent providers and are not our employees. Children's Healthcare of Atlanta at Hughes Spalding is owned by Grady Health System® and managed by HSOC Inc., an affiliate of Children's.