Celebrating over 40 Years of Helping Colorado Live & Breathe Better



Breathe Better - Live Better!®

SPRING 2013

MISSION STATEMENT We improve the quality of life for children and adults who suffer from Allergy, Asthma and Immunology related illnesses.



What We Treat By Jerald W. Koepke, M.D.

The providers of CAAC are committed to providing high-quality care for all patients with allergy and asthma problems. We recently celebrated over "40 years of excellence" caring for patients. We are a group of physicians, certified by the American Board of Allergy, Asthma and Immunology, who specialize in the evaluation and treatment of

allergic disorders. The term "allergy" does not adequately describe what we do. We can evaluate and treat a variety of conditions which may not be directly related to allergy. Traditionally allergists have been thought of as caring for allergic rhinitis (hayfever), asthma, and skin problems such as eczema and hives. However, in addition to these conditions we take care of a variety of other medical problems. Our practice

evaluates problems not usually treated by allergists. These include problems such as:

• Upper airway problems which

include not only allergic rhinitis (hayfever), but also

chronic and recurrent sinus infections, sinus headaches, and nasal polyps. Irritant and cold air related rhinitis problems are additional examples of conditions which we treat. We are committed to becoming a "sinus center of excellence," and we employ sinus endoscopy to obtain sinus cultures to help direct therapy of difficult sinus infections.

• Chronic hoarseness, laryngitis, and vocal cord problems such as vocal cord dysfunction (VCD), are other types of upper airway problems that we see. In addition to asthma, we evaluate sports asthma, chronic cough problems and other breathing problems. Sports-related respiratory problems are another focus of our practice. We can evaluate adult asthmatics to help determine if it is safe to SCUBA dive.



skin testing, oral challenges can be done to document sensitivities or to determine whether a patient has outgrown his/her sensitivity. • Medication allergy and intolerance are another focus of our practice. Skin

• Food allergy and intolerance are evaluated routinely to determine if foods

are causing or contributing to a variety of patients' symptoms. Along with

testing with medication, oral challenges, and drug desensitization can be utilized as part of the evaluation and treatment of medication problems. Anaphylaxis, hives, and angioedema (swelling disorders) are also best

evaluated by an allergist. Other skin disorders that we manage include eczema, contact dermatitis such as poison ivy, metal allergy, and latex sensitivity. We also evaluate and treat a variety of other rashes.

Insect allergy, particularly hymenoptera venom sensitivity (bee sting)

Effective therapy exists which can cure 95% of venom allergic individuals.

• As our Mission Statement implies, we also are involved in the evaluation

and treatment of immune deficiency and immunology. A

strong immune system is important for health and wellness.

 Allergy problems can be treated in several ways. Avoidance measures, medication and immunotherapy (allergy injections) can be an important part in the management of nasal allergies, asthma, and eczema. We also are using sublingual drop therapy in selected patients who might benefit from this type of treatment.

Our physicians have earned "premium designation" status from UnitedHealthcare and CIGNA Insurance for quality and value. We are committed to working with your primary care and specialist physicians in a team approach to achieve the best possible outcomes for our patients. Please call with questions or to schedule an appointment, or visit our web site at www.coloradoallergy.com

CAAC receives HIGHEST RATINGS from Cigna and UnitedHealthcare

Colorado Allergy & Asthma Centers, P.C. was recognized by both CIGNA & UnitedHealthcare for providing quality and costefficient care to our patients. We are proud to hold the highest designation status offered by both health insurance providers. In order to receive these highest-designation statuses, providers must meet or exceed nationally recognized guidelines. This status also indicates that, based on their track record, recognized providers are likely to recommend the right tests and treatments for a variety of conditions. These quality rankings are a validation of our dedication to quality and cost-efficient care, and an indicator to our patients that quality healthcare comes first.



UnitedHealthcare

Find additional information on our website: www.coloradoallergy.com Support Groups • Current Drug Studies • News Articles • Providers • New Patient Forms • Patient Education Flu Information • Allergy Injections • Appointment Information • Pollen Counts • Follow us on Facebook



Patient-Centered Medical Home by John Milewski, MSHA, FACMPE COO Colorado Allergy & Asthma Center, P.C.

As the Patient Protection and Affordability Care Act, commonly known as ObamaCare, approaches its implementation phase, the

Patient Centered Medical Home (PCMH) concept continues to improve our healthcare marketplace. Contrary to popular belief, the Medical Home concept is not new. In fact, it has been around for over 40 years. One of the earliest instances occurred in 1967 when it was introduced by the AAP council of Pediatric Practice as a "medical home — one central source of a child's pediatric records." David Nash, MD, Dean of the Jefferson School of Population Health at Jefferson University Philadelphia, stated the definition of the Patient Centered Medical Home to be as follows:

"The Patient Centered Medical Home (PCMH) is essentially the delivery of holistic primary care based on ongoing, stable relationships between patients and their personal physicians. It is characterized by physician-directed integrated care teams, coordinated care, improved quality through the use of disease and health information technology and enhanced access to care."

In Colorado, the PCMH has grown to the point that it has become entrenched in the medical tapestry. Currently, there are 200+ Patient Centered Medical Homes sanctioned by either the National Committee for Quality Assurance (NCQA) or Centers of Medicare and Medicaid Services (CMS) in Colorado.

One might ask why the PCMH model was not implemented sooner. This question is amplified now that this model is

proven to provide better patient care and reduce cost. The answer lies in the infrastructure. In order to build the key components of the PCMH, it is imperative that the infrastructure is built in the office. Without it the medical home will be unable to provide the proper patient care. Dr. Nash addressed these reasons in his definition:

- 1) Integration
- 2) Coordination
- 3) Improved quality registry
- 4) Health information technology
- 5) Access to care

In order to sustain each of these components, a financial investment towards the infrastructure in the Primary Care Physician's (PCP) office is needed. Historically, reimbursement was sub-standard for the PCPs and they could not afford to finance these upgrades. In the past few years a significant increase in PCP reimbursements from Medicare and commercial insurance companies has occurred. Furthermore, there have been increased payments for those PCP clinics that have become sanctioned PCMHs. Due to these additional funds, PCP's have been able to adjust their operational settings in order to truly embrace the medical home model.

Where does the specialist fit into the PCMH model (orthopedic surgeons, cardiologist, audiologist, allergist, etc.)? This question has been a specific concern of Colorado Allergy and Asthma. We have recently approached Health Team Works (HTW) in an attempt to align with medical homes. We believe this would not only be a beneficial

locations and flexible scheduling make testing more convenient as well.

In addition to standard skin testing for allergies, our practice has the ability to perform specialized testing only found in some major academic centers or hospital settings. Oftentimes these tests are not available in a typical allergist's office. We can perform these tests in a cost effective manner in an outpatient setting. There is NEVER a "facilities fee" which

is charged by hospitals and academic centers adding unnecessarily to the cost of testing. The providers at Colorado Allergy and Asthma Centers have the expertise to perform many of these same tests in our office. Our multiple testing

complement to their services, but would also vastly improve patient care. With these additional capabilities we will remain successfully aligned with Dr. Nash's definition.

HTW was originally founded as the Colorado Clinical Guidelines Collaborative (CCGC). HTW's mission is to convene stakeholders in order to create evidence-based clinical guidelines for Colorado healthcare providers. Over the past several years HTW has been instrumental in establishing and supporting PCMH throughout Colorado. HTW and Colorado Allergy and Asthma have agreed to a beta-testing process in an effort to improve communication with PCPs while continuing to coordinate care to the patients and contain cost. These efforts will ultimately "improve the quality of life for children and adults who suffer from Allergy, Asthma and Immunology related illnesses." (CAAC's Mission Statement)

As CAAC and the marketplace continue to adjust to ObamaCare, we pledge to work with our local communities and strive to become an even stronger part of the Patient Centered Medical Home model. In addition, we will continue to maintain a strong focus on what is best for our patients. CAAC will always find the proper balance in order to excel in today's fluctuating healthcare landscape.

TESTING Is What We Do!

By Jerald W. Koepke, M.D.



Examples of tests included in our specialty test department include:
Rhinolaryngoscopy (a small endoscope used for evaluation of nasal, sinus, and larynx problems) is routinely performed to aid in the diagnosis of chronic nasal obstruction, such as enlarged adenoids and nasal polyps, as well as sinus problems and chronic cough. In patients with chronic hoarseness and

Along with office spirometry, we have complete pulmonary function testing available to aid in the diagnosis of lung problems as well. Methacholine tests can be used to determine if asthma is present.

 We perform specialized testing which includes exercise challenges to evaluate exercise related problems such as exercise induced asthma, vocal cord dysfunction, and exercise induced rhinitis. Examination of the

voice box during these challenges with an endoscope can help with the diagnosis of vocal cord dysfunction problems.
Drug testing comprises an important part of our specialty testing. Aspirin sensitivity testing and desensitization can be performed as an outpatient in most circumstances. Antibiotic testing and desensitization can also be performed. Local anesthetic testing is also done. Almost any drug can be evaluated.

• For contact dermatitis problems we can perform patch testing with standardized allergen test kits as well as test patients with their own suspicious allergens, such as cosmetics, hair products and metals.

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• Never a Facilities Fee

- Premium Designations
- Multiple Testing Locations and Flexible Scheduling for Convenient Testing

Local Allergy/Entopy By Katherine S. Tsai, M.D.

As allergists, we recommend skin testing to diagnose allergies in our atopic patients, determining which allergens are triggering rhinitis and asthma symptoms. When tested, about

one fourth of patients have negative results and are classified as non-allergic. However, there is a subset of patients who have negative skin and blood testing who in fact have evidence of local nasal allergy or entopy.

These patients have allergen specific IgE antibody exclusively in their nasal secretions though IgE may not be detectable in their blood or skin. Patients with entopy or localized mucosal allergic disease may account for over 45% of

patients previously diagnosed as having non-allergic rhinitis or idiopathic rhinitis. These patients have nasal mucosal features of allergic rhinitis with increased numbers of nasal

Many patients are able to feel better while decreasing or stopping their medications entirely after allergen immunotherapy.

eosinophils, mast cells, and T cells compared to healthy controls.

Nasal challenge or provocation with allergen will trigger allergen-specific IgE

on mucosal mast cells, reproducing allergic rhinitis symptoms. At Colorado Allergy and Asthma Centers, we are now performing nasal challenges which have previously only been available in a research setting to patients. After determining which allergens are triggering their symptoms, patients are then eligible for allergen immunotherapy

as an effective cure for their symptoms. Many patients are able to feel better while decreasing or stopping their medications entirely after allergen immunotherapy.

ALLERGEN ~ FREE*



*FREE OF DAIRY, EGGS, PEANUTS, TREE NUTS, SHELLFISH & SOY

Do you have a sweet tooth, but need to avoid DAIRY, EGGS, PEANUTS, TREE NUTS, SHELLFISH & SOY? Try this delicious recipe for Carrot Cake Cupcakes with Cream Cheese Frosting from www.allergenfreerecipes.com.

CARROT CAKE:

- 2 1/2 cups all-purpose flour
- 1 1/4 Tsp baking powder
- 1 Tsp baking soda
- 1 1/4 Tsp ground cinnamon
- 1/2 Tsp ground nutmeg
- 1/8 Tsp ground cloves
- 1/2 Tsp salt

- 1 lb. carrots (3 cups after juicing)
- 1 1/2 cups granulated white sugar
- 1/2 cup brown sugar
- EnerG egg replacer 6 Tsp EnerG + 8 Tbsp water whisked in a separate bowl (equivalent of 4 eggs)
- 2/3 cup canola oil

Preheat oven to 350 degrees. Using a juicer, juice 1 pound of carrots. Set the juice and pulp aside. Line your cupcake tins for 24 cupcakes. In a large bowl whisk together flour, baking powder, baking soda, spices and salt. In a standing mixer put your sugars and prewhisked EnerG Egg replacer in and turn on medium-medium high. Slowly and steadily pour in your oil, continue mixing until emulsified and a little frothy. Then take your carrot pulp and slowly add it to your sugar/egg replacer bowl, removing any solid chunks, and stir in using a spoon spatula until well blended. Now pour that wet ingredient bowl into your dry ingredient bowl and mix until just blended (do not over mix as glutens

are forming). Using a cupcake scooper scoop out batter into each prelined cupcake baking tin. Bake in oven on convection bake at 350 degrees for 16-20 mins. Check by inserting a toothpick into the center of the center most cupcake. If the toothpick comes out clean then its done. If you decide to add raisins add a few more minutes to the baking time. Recipe really only makes about 18 cupcakes depending on how much you fill each one.

DAIRY FREE CREAM CHEESE FROSTING:

- 8 oz pkg of Tofutti non-dairy cream cheese substitute
- 3 Tbsp Earth Balance non-dairy soy free butter substitute
- 1 Tsp vanilla
- 1/8 Tsp salt
- 2 cups+ of powdered sugar

Place all ingredients into a standing mixer and mix on medium low and turn up to whip once incorporated. You may add more powdered sugar until you achieve the texture or firmness you desire. Frost your cooled cupcakes then place in the refrigerator to maintain shape.

DON'T FORGET

to change the filters in your furnace/AC and swamp cooler. They harbor dust and mold!

DOCTOR'S





125 Rampart Way, Suite 100 • Denver, Colorado 80230

Leaders in Allergy and Asthma Care for over 40 years

Founders' Award Scholarship

Applications are due June 15

The physicians of Colorado Allergy and Asthma Centers, P.C. offer four \$1,000 scholarships per year to patients. These scholarships are intended to honor our four Founding Fathers, David Pearlman, M.D., Sanford Avner, M.D., Jerome Buckley, M.D., and John Selner, M.D.

These scholarships are given yearly to four patients of Colorado Allergy and Asthma Centers, P.C. The eligibility requirements are: graduating high school seniors, college undergraduate or graduate students who are in good academic standing and have been accepted or are currently enrolled in an accredited U.S. college. Applicants must be a current patient of CAAC, P.C. for a minimum of one year and be a citizen of the United States.

Applications and criteria are available on our website at www.coloradoallergy.com. All applications must be complete and received by June 15th.

Through these scholarships CAAC hopes to help the many families seen in our clinics every year. It is one of the ways we give back to our community.

CAAC CLINIC NOW OPEN IN CASTLE ROCK!

Colorado Allergy & Asthma Centers is proud to announce the opening of our tenth and newest clinic in Castle Rock at 4386 Trail Boss Drive, Suite B. This location is open on Mondays and

Fridays. Dr. Nan Laoprasert will be the physician-on-staff on Mondays, and Sheila Wertz, PA-C will be the primary provider-on-staff on Fridays. Please visit our website at: www. coloradoallergy.com to learn more about this exciting announcement. Or call the clinic directly at: 720-858-7470 to schedule your appointment.



CHAMP CAMP July 14-20, 2013 • Glacier View Ranch, Ward, CO The ultimate summer camp for kids with asthma, ages 7 to 14. Go to www.lungcolorado.org click on the 'champ camp' link for your application.



PHYSICIANS: David S. Pearlman, M.D. Jerald W. Koepke, M.D. Allen D. Adinoff, M.D.

Allen D. Adinoff, M.D. Leon S. Greos, M.D. Grant C. Olson, M.D. John M. James, M.D. Catherine M. Van Kerckhove, M.D. Nan Laoprasert, M.D. Mark A. Ebadi, M.D. Katherine S. Tsai, M.D. Daniel J. Laszlo, M.D.

MID LEVEL PROVIDERS:

Martha S. Steffen, P.A.-C. Kim B. Allsop, P.A.-C. Nicole A. Mezo, P.A.-C. Tamara Young, P.A.-C. Nicole R. Rae, P.A.-C. Sheila Wertz, P.A.-C. Rita Hintz, P.A.-C. Kelly Hersh, R.N., N.P.-C. Alicia McCown, P.A.-C. Lacey Stewart, R.N., N.P.-C.

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CASTLE ROCK

4386 Trail Boss Drive, Suite B, Castle Rock, CO 80104 720.858.7470 / FAX: 720.733.2415

CENTENNIAL

14000 E. Arapahoe Rd., Suite 240, Centennial, CO 80112 303.632.3694 / FAX: 303.632.3692 **RESEARCH**: 303.632.3646

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125 Rampart Way, Suite 100, Denver, CO 80230 720.858.7600 / FAX: 720.858.7610 **RESEARCH**: 720.858.7510

FORT COLLINS

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Visit us on the web at: www.coloradoallergy.com



