

early detection + early intervention = healthy bodies + sharp minds

LeadCare® II

Improving outcomes from discovery to diagnostics

Success Stories



Point-of-Care Lead Testing on a Mobile Medical Unit: What a Concept! Pers Sharon M. Dixon, MD, FAAP

Our day begins early with preparation of our mobile van for travel, gathering of charts for the day, and loading the immunizations needed. The team boards the unit and we begin our journey to the chosen site for our mobile medical unit to provide pediatric healthcare for the day. The **Mississippi Gulf Coast Children's Health Project** has been participating in the healthcare of children since Hurricane Katrina left a devastated coastline and an even more devastated healthcare infrastructure in the Gulf Coast communities. Families have been left without care or without access and for many this situation is new. Many residents fall under a new label of "newly poor" and due to loss of jobs or change in socioeconomic status; health insurance could not be maintained or resumed. Even those who qualify for federal assistance find themselves with limited choices.

Our target communities are underserved, underinsured, and lack access to care. For these children, their only opportunity of having a medical home will be from us.

Like any free-standing clinic, we provide the full gamut of pediatric services. Because we may not be back for a while, it is of vital importance that we have as much opportunity to provide detailed information and lab results at the time of care. Fortunately, we have various CLIA-waved point of care testing, but one of the most important for children is the analysis of lead levels. I cannot tell you the number of times we have had lead draws lost in the lab, or never made it to the lab, or were insufficient for the lab. Moreover, the relay of results is often prolonged by inaccessibility to the patient due to circumstances beyond our control (i.e. patient moved, changed phone numbers, etc.). As a pediatrician I understand the devastation this silent toxicity can have on the growth and development of a child. Knowing the lab is our key to early detection, it was more than exciting to research and find a point of care system.

The LeadCare II System has added tremendous value to the services we provide on the go. We have had very few false positives and have been able to address significant levels with parents at the time of the visit. My staff and I feel confident and assured that our patients are receiving accurate, timely results and that we have improved ability to follow-up and parents willingness to follow through. We have dramatically reduced our administrative tracking time, nursing redraw time, and certainly my time as a provider convincing a child that the venous stick won't hurt a bit!

I am always interested in enhancing organizational efficiency and cutting edge technology that is cost effective and convenient. The populations we serve are not always privy to such high quality care, but we contend that **every** child in the United States deserves the best of the most advance country in the world. We appreciate that the folks at **ESA** believe the same and have partnered with us to make sure the children we serve have the best opportunity for normal growth and development. Who knows, we may be providing care for the next great president of these United States!

The Mississippi Gulf Coast Children's Health Project is a joint venture of The Children's Health Fund, New York and Coastal Family Health Center, Biloxi, Mississippi.

Pers Sharon M. Dixon MD, FAAP is the Medical Director of the Mississippi Gulf Coast Children's Health Project that consists of two state-of-the-art mobile medical units, one providing comprehensive pediatric care and the other providing mental health services and community support for children.