

MPPDA Transition Committee Meeting
Tuesday, April 4, 2017 2:00-3:30 pm
Hilton Anaheim

Attendees: Pavan Srivastara (Illinois), Clinton Sheffield (Utah), Brian Hilliard (UMN), Jon Sicut (Newark Beth Israel), Rita Rossi-Foulkes (Chicago), Mary Ciccarelli (Indiana U), Brett Robbins (Rochester), Ted Sears (Maine Med), Arelis Febles Negron (Puerto Rico), Jayne Barr (Western Michigan), Heather Bartz (Arizona), Jenny Abeles (Buffalo), Maura Munoz (Baystate), Kevin Clary (Missouri), Michaelyn Notz (Geisinger), Jennifer Walsh (UT Southwestern), Chad Johr (Penn), Kitty O'Hare (BWH/BCH), Niraj Sharma (BWH/BCH), Ron Williams (Penn State)

Agenda:

1. Past year highlights

- a. ACP initiative— adapted Got Transition guidelines for >15 conditions
- b. Textbook published this past December
- c. Goals and Objectives being published this summer in *Pediatrics*

2. Program Director Survey—request from Research Committee for any additional Transition-related questions

- How many hours of transition-related content in your program?
- Which of the tools (ACP website, Got Transition tools, SGIM textbook, Goals & Objectives) do you use or make available in your program?

3. Resident Transition Survey—get baseline data on residents' current exposure to transition-related content

- Plan would be to survey med-peds residents and their categorical counterparts
- Niraj Sharma has survey we can use/adapt
- Would like to field the survey in Fall 2017

4. Transition Curriculum Learning Collaborative

- Now that we have goals & objectives, tools and a textbook, we can run a learning collaborative of programs to better define what a curriculum could look like and to collect learning activities to disseminate to larger residency community
- May recruit beyond med-peds to categorical programs, depends on response to applications
- Need to develop transition knowledge, skills and attitudes survey for baseline and post-intervention
- Goal is to field project during 2017-18 academic year, maybe it will be a 2-year project

5. Program requirement for transition-related content in residency program requirements

- Committee members thought it should be detail rather than core so as not to overly burden program directors
- Eventually would like to have this be a program requirement for med-peds, medicine and pediatrics but plan is to start with med-peds
- Will examine previous data from Research Committee on transition curricula in current med-peds programs

- Unanimous vote in Transition Committee to support detail program requirement but less than 1/3 support in larger MPPDA community
- Will add question to Program Director Survey to get feedback on what type of detail program requirement might be supported

**I spoke with Caroline Fisher from ACGME after the regulation session at the meeting. She said that the med-peds program requirements are taken from the categorical program requirements, so if there is not a transition-related program requirement in either categorical programs, there would not be one in the med-peds program requirements. However, if we get our ducks in a row and are prepared to say that MPPDA supports a detail program requirement on transition, we can start having conversations with the ACGME about incorporating this in the next round.

6. Making the Economic & Quality Case for Transition Care paper

Need both the business case and the argument for primary care clinicians

Target journal: Health Affairs, Milbank Quarterly

Outline:

1. Current health system landscape changing from fee-for-service to clinically integrated models
2. As a result, health systems are more incentivized to care about good quality health care transitions from pediatrics to adult medicine
3. Cost savings can be realized in decreased numbers of ED visits (esp. ambulatory care-sensitive conditions) and admissions/readmissions
4. Several care delivery models already promote better quality health care transitions (PCMH, medical neighborhoods, e-consults, co-management models)
5. Social determinants of health must be considered, particularly for incapacitated or intellectually disabled adults (including long-term care issues, Medi-Medi dual eligibles—Commonwealth Care Alliance)

Abstract: FFS is ending. Clinical integration is coming. Health systems are incentivized to do transition care well because they will finally see payoff in 20-30 years. Optimizing prevention for pediatrics and young adulthood will result in better health outcomes in later adulthood as well as cost savings.

Next steps: convene writing group to expand outline further

7. **Cystic Fibrosis Project**--JT Tolentino has a project to survey residents about self-efficacy taking care of patients with CF; if you have a population of CF patients in your institution, please contact him