



The Med-Peds Perspective Spring 2013

A QUARTERLY JOINT NEWSLETTER

IN THIS ISSUE

AAP Letter from the Chair

By Allen Friedland, MD, FACP, FAAP – Chair, Section on Med-Peds
Christiana Care Health System, MP Program Director

Dear Reader,

I am writing this article as I am flying (using U.S. Airways Wi-Fi) to my first American Academy of Pediatrics, Annual Leadership Forum (ALF) as your representative for the Section on Med-Peds (SOMP). What an honor!! Almost 100% of the med-peds residents and about 16% of the almost 8000 med-peds graduates are members of the section.

We just had our first executive committee conference call and already we are having elections for next year's group (aren't those bios amazing). Soon, a survey to all AAP members with med-peds specific questions to our membership will be sent out.

Transition (young adult with special health care needs) hits the adult literature and I encourage you all to download this month's and next

month's copy of The Society of General Internal Medicine (SGIM) FORUM Special Theme Issue: Care Transitions for Young Adults with Special Health Care Needs, Volume I

<http://www.sgim.org/File%20Library/SGIM/Resource%20Library/Forum/2013/SGIM-March-2013-WEB.pdf>

Over the next few newsletters we will have transition related articles from Patience White, MD, MA, Professor of Medicine and Professor of Pediatrics at George Washington University School of Medicine and Health Sciences.

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Med-Peds Conferences coming to a city near you!

Turn the page to learn more about regional Med-Peds conferences in the future

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Keep reading to see results of the 2013 Match

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Western Regional Med-Peds Conference

MED-PEDS AND TRANSITION CARE IN THE ERA OF HEALTHCARE REFORM

Key note speaker:

Dylan Roby, Ph. D.

Assistant Professor

UCLA School of
Public Health



**Saturday May 18,
2013**

8:30 AM- 1:30 PM

David Geffen
School of Medicine
at UCLA

Free for Residents
and Students!

For Additional Information:

<http://uclatransition2013.eventbrite.com>

Elizabeth Carter

ecarter@mednet.ucla.edu

(310) 267- 9648



Our website is under construction!

Thanks to our webmaster, Brandon Abbott, DO, our new site will be more user friendly with up to date information for medical students, residents, fellows, and practitioners about all things Med-Peds.

More information on page 11

Southeast Regional Med-Peds Conference

October 5th, 2013

The Brody School of Medicine

East Carolina University

Greenville, North Carolina

8am-5pm

For additional information contact:

ecumedpeds@gmail.com

or check our website



Transition for Youth and Young Adults from Pediatric to Adult Health Care:

A Practice Quality Improvement Approach

Patience White, MD, MA and Peggy McManus, MHS

Transitions to/from hospitals, other institutions, provider offices or home, between primary and subspecialty care and from pediatric to adult health care are now taking center stage in the goal of quality health care in the US.

Who needs transition services to adult health care provider?

All youth should receive guidance from their health care provider on how to continue their health care in a new setting. Youth who developed their chronic condition in childhood will need more extensive support depending on the complexity of their condition and social supports. YSHCN comprise nearly 20% of all youth in the US, and treatment for these conditions account for 80% of health care expenditures for this age group (1). Today over 90% of youth with youth with special health care needs (Y SHCN) will survive into adulthood and aim to be productive members of their community and receiving care in the adult health care system. For many YSHCN, the transition from pediatric to adult health care is not well planned and often results in disruptions in care, preventable complications, and avoidable costs (2). Despite the need for continuous, coordinated care from a pediatric to an adult medical home, 40% of YSHCN report that they did not receive needed transition support. Among those who are low income, minority, and publicly insured or uninsured, a

much smaller proportion report a adequate transition preparation (3).

What do providers offer/want in order to provide quality transition services?

Since 2002, a number of studies have examined both practice-based approaches and barriers to transition from the perspectives of pediatric and adult health care providers. According to a national study of pediatricians conducted in 2008, most pediatric practices do not routinely initiate planning for transition early, but usually wait until ages 18-20. In addition, many do not organize their office systems or care processes to make available transition office policies, educational materials, a transition plan, portable medical summary, or referrals to adult physicians. Pediatricians report numerous barriers that affect the transition support services they are able to provide, including shortages of available adult providers, lack of reimbursement and time for transition services, lack of an identified person responsible for transition planning, and little information about community support services. (4) Also important are difficulties in breaking the bond that pediatricians have formed with their patients and parents. From the perspective of internists, similar and different areas of concern about receiving youth with SHCN have been identified (5, 6). These include lack of training on childhood chronic illness, lack of information from and communication with the pediatric provider about the youth being

transferred,; reimbursement concerns,; lack of insurance

continuity among young adults; lack of staff training; and challenges in caring for some young adults with SHCN when families do not remain involved and guardianship issues have not been addressed. Both pediatric and adult health care providers are interested in learning about explicit practice approaches and tools to help them make the transition process for their patients successful. Until now, relatively few documented attempts have been made to implement comprehensive transition quality improvements in pediatric and adult primary care settings consistent with recommended medical practice.

Clinical Recommendations on Transition. To improve this critical transition process for youth and young adults – with and without special needs, both the pediatric medical home provider and the adult medical home provider as well as the family physician or med-peds physician need to have explicit practice-wide approaches to make the transition for their patients successful. In 2011, the American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP) seized the opportunity to translate the original 2002 transition consensus statement into practical operational guidance for all youth, including those with SHCN, as they move from pediatric to adult-oriented health care. An expert writing group, including representatives from all of the primary care professional societies, experts in transition and medical home, and youth with SHCN

and families, developed the clinical report.(7)

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The clinical report includes an algorithm (see attached) that provides a logical framework for transition support during adolescence and young adulthood for all youth as well as a special section for YSHCN. The algorithm starts with introducing a practice-wide transition policy at the 12- to 13-year-old visit, which accumulating data suggest is an important developmental time to introduce the transition process,(8, 9) and the algorithm concludes when the youth is receiving health care utilizing an adult approach to care or in an adult- health care delivery system.

A core concept of the transition process is having the youth understand and experience an adult approach to care at the age of majority or 18 years of age, even if they have not transferred to a new adult practice setting. The experience of an adult approach to

care in the pediatric setting gives youth the opportunity to develop and test their skills at managing their own health care under the guidance of their pediatric provider. These self-care management skills are required to navigate the adult health care system and should be learned in the transition preparation process in the pediatric health care system. The adult approach of care acknowledges that youth, 18 years of age and older, have primary responsibility for their own health care. This represents a major shift from a pediatric model of care, in which the parent/caregiver is in charge. Youth may authorize other individuals to be involved in their health care after the age of 18 based on HIPPA privacy rules. Youth without cognitive challenges should be seen alone without their parents unless they have authorized them in writing to be present. Those with cognitive challenges may need a level of decision-making support, possibly including guardianship that formally clarifies their responsibility to manage their own health care. This should be discussed before age 18 years and the appropriate legal processes completed, if necessary.

This legal information should be a part of the youth's medical record at age 18 and sent to the new adult health care provider before the initial visit if the young adult is 18 years of age or older.

National Transition Resources. The federally funded National Health Care Transition Center, Got Transition? (see www.gottransition.org), developed a change package and toolkit called the Six Core Elements of Health Care Transition, based on the joint transition clinical report.. The six core elements are designed for both adult and pediatric providers. The core elements include:

- 1. Development of a transition policy that includes a young adult privacy and consent policy**
- 2. Creation of a registry to track youth/young adult's progress**
- 3. Transition preparation for adult approach to care with readiness assessments for youth/young adults**

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WANT TO GET INVOLVED? HOST A REGIONAL MEETING!

If you can't join us at one of the regional meetings, consider hosting your own. Involved in the Med-Peds community! Hosting a meeting is one of the best ways to get involved in the Med-Peds Community! We can help you get started, offer support and agenda ideas, and cheer you on!

Interested? Email NMPRA@medpeds.org or president@medpeds.org

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4. Transition planning for first visit with new provider by gathering the appropriate information, including health care transition plan, one-page medical summary, emergency care plan, and condition fact sheet
5. Transfer of care with explicit communication and timing of transfer for the transitioning youth with the prior pediatric provider
6. Completion of the transition

ready to fully participate in the management of their own health care

In addition, The National Health Care Transition Center developed a self-assessment tool for pediatric and adult practices that corresponds to the Six Core Elements. It allows practices to measure progress toward better transition support in primary care practice settings. The HCT Index was modeled after the Center for Medical Home Improvement's Medical Home Index. With this tool, each practice can assess the quality of its health care transition support as youth and young adults move through the process.

National Health Care Transition Center has worked with multidisciplinary teams including physicians nurses, social workers, youth and families from pediatrics, adolescent medicine, family medicine and internal medicine to implement a quality improvement process using the six core elements and to monitor their progress using the Health Care Transition indices. In the next issue of this newsletter, practical examples and tools will be provided for implementing each of the core elements drawing on the experiences of physicians and their team participating in health care transition learning collaborative.

For References please see page 9

process when the young adult is

Over the past three years, the

Call for Papers

Transitioning Adolescents and Young Adults to Adult Health Care

Call for papers focusing on the transition of adolescents and young adults—particularly those with chronic illnesses—from pediatric to adult systems of care to publish as part of a yearlong "rolling theme" issue. An ongoing call, articles on the topic will publish throughout the next year. We seek research that addresses all facets of the transition process, including educational interventions that help clinicians implement a smooth transition for patients and their families. We invite both pediatric and adult primary care and specialty clinicians and health services researchers to submit manuscripts.

<http://archpedi.jamanetwork.com/journal.aspx>

AAP Letter from the Chair

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The section is also proud to announce that Richard Wardrop III, MD, PhD, FACP, FAAP, Clinical Associate Professor at University of North Carolina and hospitalist will be the new med-peds section editor for the AAP Grand Rounds publication. We thank Marc Raslich, MD, FAAP, Associate Professor of Internal Medicine and Pediatrics at Boonshoft School of Medicine for his contributions to date for the AAP Grand Rounds.

The section continues to find ways to get its members involved. The recent lively discussion on electronic health records was great. Please consider ways for you to get involved and/or give us your suggestions:

- To increase our med-peds membership especially with physicians in private practice and/or subspecialty practice.
- To create more fundraising opportunities (did you know you can contribute money and specify for your money to go to the Med-Peds section?)
- Update our materials (print and web)
- Contribute an article for the combined newsletter
- Suggest speakers for our annual meetings
- Tell us about your job and practice for us to highlight
- Tips on Maintenance of Certification (what works and what does not)
- Patient centered medical home experiences
- Dealing with insurers

HAPPY SPRING !!! -Allen

Save the Date!

Upcoming National Programs



October 26-29, 2013 in Orlando, Florida

Musculoskeletal Diagnostics for Pediatricians. Faculty: Kelsey Logan, MD, FACP,

Match Synopsis 2013

By Michael Lukela, MD; President, MPPDA; Director, Medicine-Pediatrics Residency Program at the University of Michigan

Friends,

Overall, Med-Peds programs were very successful regarding Match outcomes with only 3 unfilled positions. Per a statement released by the National Resident Match Program (NRMP) more U.S. medical school graduates matched to primary care residency positions in the largest Main Residency Match in NRMP history. Med-Peds was identified as a competitive discipline in which at least 80% of positions were filled by U.S. graduates. This group included the disciplines of Dermatology, Emergency Medicine, Neurological Surgery, Orthopedic Surgery, Otolaryngology, Radiation Oncology, General Surgery, and Plastic Surgery.

In 2013, seventy-seven Med-Peds programs participated in the Match (unchanged since 2011). A total of 366 positions were offered, which represents a modest increase compared to 2012 (362). The total number of candidates applying to Med-Peds substantially increased to 603 from 560 in 2012. Of the candidates, 391 U.S. seniors comprised the applicant pool. The outcome of the Match was outstanding. Of the 366 positions offered, 363 were filled in the regular match (3 unfilled positions), yielding an overall fill rate of 99.2%. A brief summary table of the 2011-2013

NRMP Match data for Med-Peds is provided here:

	2013	2012	2011
Total # Programs	77	77	77
Total Positions Offered	366	362	365
Total Positions Filled	363	344	362
Fill Rate %	99.2%	95.0%	99.2%
% Positions filled by US Graduate	85.2%	76.2%	84.7%

Brief Summary of the Match for Our Categorical Colleagues

Internal Medicine

In 2013 there was a slight decline in the total number of programs from 398 to 393. However, the total number of positions offered in the Match significantly increased from

5,277 to 6,277. The overall fill rate was outstanding at 99.4% with U.S. seniors filling 49.9% of the available positions (decline from 55.7% in 2012).

Pediatrics

The number of programs participating in the Match remained stable overall at 191 (190 in 2012). Similar to Internal Medicine, the number of positions offered in the Match increased significantly from

2,475 to 2,616. Only ten positions went unfilled in the Match, yielding an overall fill rate of 99.6%. Approximately 70% of positions were filled by US seniors, which is unchanged compared to last year.

Family Medicine

The Family Medicine Match demonstrated a modest increase in the number of programs to 460 from 457 the year prior. Overall, 297 positions were added to the regular Match for a total of 3,037 positions (2,740 in 2012). One hundred twenty three positions were unfilled across 59 programs. The fill rate increased slightly from 94.4% to 95.9% in 2013. U.S. seniors comprised 44.6% of the filled positions in Family Medicine, which was a decline compared to 2012 (48.2%).

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A brief comparative summary table of the 2013 NRMP Match data across Med-Peds, Internal Medicine, Pediatrics, and Family Medicine is provided in the following table.

Our numbers for 2013 are reflective of the 2011 Match data as it relates to the total number of programs and positions offered, total number of applicants and position fill rates, and the percentage of positions filled by U.S. seniors. Although there were several changes leading up to this year's Match (e.g. earlier release of the MSPEs; "All-in" Match), there did not appear to be a net negative effect on Match outcomes. It is worth noting that candidates are clearly applying to more programs. In 2010, applicants applied to an average of 16.5; in 2013 applicants applied to an average of 20.9 programs.

As the Match for Med-Peds may be seen as more competitive in 2014, it will be very important for prospective students to work closely with faculty advisors to guide them regarding the number and distribution of programs to which an individual should apply.

Warmest regards,

Michael

2013	Med-Peds	Internal Medicine	Pediatrics	Family Medicine
Total # Programs	77	393	191	460
Total Positions Offered	366	6177	2616	3017
Total Positions Filled	363	6242	2606	2914
Total # Unfilled Positions	3	35	10	123
Total # Unfilled Programs	3	14	6	59
Total # Applicants	603	11030	3984	5948
Total # U.S. Graduates Applying in field	391	3710	2035	1582
Fill Rate %	99.1%	99.4%	99.6%	95.9%
% Positions filled by US Graduates	85.2%	49.9%	70.2%	44.6%

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The Med-Peds Section of the AAP and the National Med-Peds Residency Association would like to congratulate everyone who matched this year

WELCOME TO THE MED-PEDS FAMILY!

New Home for NMPRA on the Web

By Brandon Harold Abbott, DO, MPH, University at Buffalo SUNY Med-Peds PGY-3

We are currently in the last leg of re-designing the website for NMPRA. Along with a face-lift--contemporizing the design with a cleaner, more streamlined look--the site is undergoing a complete overhaul of the back-end allowing for a number of new features: the new site will now be optimized for all screens--it will look good on a computer, tablet, or phone. The new site will also have a forum for chief residents to connect; this will allow programs to exchange ideas and troubleshoot problems asynchronously. Certain parts of the site will be integrated with some of the social media outlets like Facebook or Twitter, allowing users to comment on articles or features. The jobs board is also being transitioned away from Blogspot to the updated site, allowing for seamless design and functionality. Lastly, it will be much easier to update content than on the current site, allowing for more rapid and timely updates.

Along with these new technical features and a new design, the site is getting a bit more of a content overhaul as well. We are going through the site with a finer-toothed comb: the fellowship guide is being updated and is now searchable. Many of the pages are being updated for fresher content. Furthermore, old editions of the newsletter are going to be re-formatted for better search-ability.

The anticipated timeline of the complete re-design is currently June 1st, 2013. As we transition to the new website, the

Midwest Regional Med-Peds Conference

The Med-Peds Perspective Spring 2013

www.medpeds.org

www.aap.org/medpeds



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