University of Chicago Transition Programs/ Initiatives

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Midwest Region NMPRA Meeting

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Transition History: Separate initiatives

- CF center
- Diabetes Transition
- Adult survivorship oncology clinic
- MP Grand Rounds Speakers
- MP attending and Resident physicians taking care of individual patients
- Kamala Cotts adult with physical and cognitive disabilities practice
- Sara Platte: Transition Patients at Friend Family Health Center
- Nancy Fritz La Rabida: Transition Grant

Transition Initiatives: Sparked by Resident interest/ enthusiasm

- Two Med-Peds Residents wrote for an internal grant to study and improve transition care at UCMC.
- Comer Classic Fund was awarded to the residents
- Their research and initiatives resulted in a Pediatrics Grand Rounds presentation and outstanding resident research award.
- The residents created and completed a multi-institutional transition care elective (PLA's were obtained)
- The UCMC-wide Transition Steering Committee was formed

UCMC STEERING COMMITTEE GOALS

- Identify Youth and Young Adults with Special Health Care Needs (YSHCN) in our community
- Determine the transition needs of YSHCN in our community
- Study outcomes of YSHCN to determine frequency of lapses of healthcare, lapses of insurance coverage, ER/ hospitalizations
- Educate medical students, residents, fellows, faculty, nurses, social workers, legal advocates, patients and families regarding transition care

GOALS (CONTINUED)

- Create a centralized transition care website containing educational materials and a toolkit of resources
- Create a transition care elective rotation for students and residents
- Organize transition care educational days (geared toward providers and patients)
- Secure funding to improve transition care and transition education
- Study the effect of transition educational interventions on students, residents, faculty and patients.

TRANSITION ACTIVITIES TO DATE

- Comer Classic Grant funding obtained by two University of Chicago Med-Peds residents to improve transition care and education at the University of Chicago Medical Center (UCMC)
- IRB exemption obtained to study resident and faculty comfort with transition care: Baseline data obtained and presented locally and internationally by resident physicians, Amy Johnson Lo and Jen McDonnell (to be presented in future slides)
- Transition care toolkit started with handouts for providers, patients and families developed by Purvi Patel, JD/MPH
- Transition care website developed: http://transitioncare.uchicago.edu
- UCMC Transition Care Steering Committee subcommittees formed (Education, Outreach, Grants/ research)

RESIDENT KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING TRANSITION CARE: AMY JOHNSON LO, MD AND JENNIFER MCDONNELL, MD

- To define:
  - IM, pediatrics and M/P resident knowledge regarding transition care
  - IM, pediatrics and M/P resident attitudes toward providing transition care
  - IM, pediatrics and M/P resident practices regarding transition care

- Information to be used to help develop a transition care curriculum

METHODS

- Surveys distributed to IM, pediatric and combined IM/pediatric residents
  - total number of surveys distributed was 175.

- Data entered and analyzed using frequencies and chi-squared statistical analysis

Resident Demographics

Response Rate (n = 75)	42.8%
Male	35%
Female	56%
Internal Medicine (% of total responders)	53%
Pediatrics (% of total responders)	35%
IM/Peds (% of total responders)	12%
Year 1 or 2 in Training	67%
Year 3 or 4 in Traning	33%
Intend to work in primary care	24%
Intend to subspecialize	49%

Resident Familiarity with Transition Care

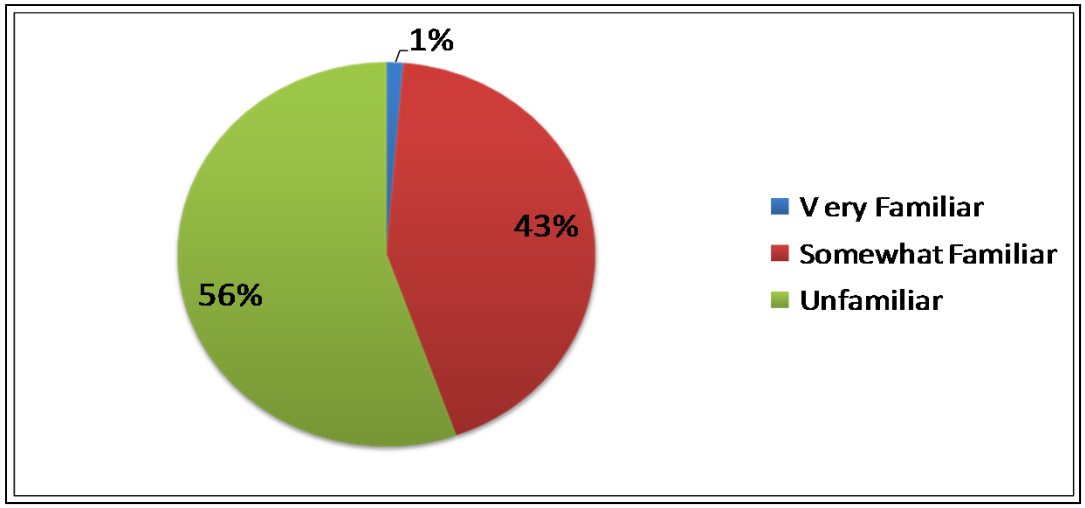


Figure 1. IM, IM/pediatric and pediatric resident familiarity with transition.

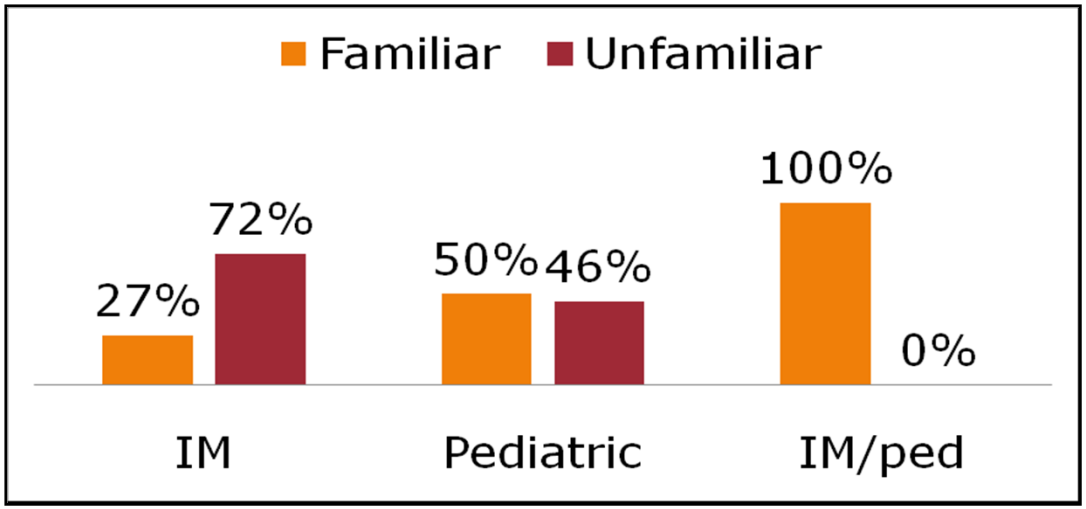
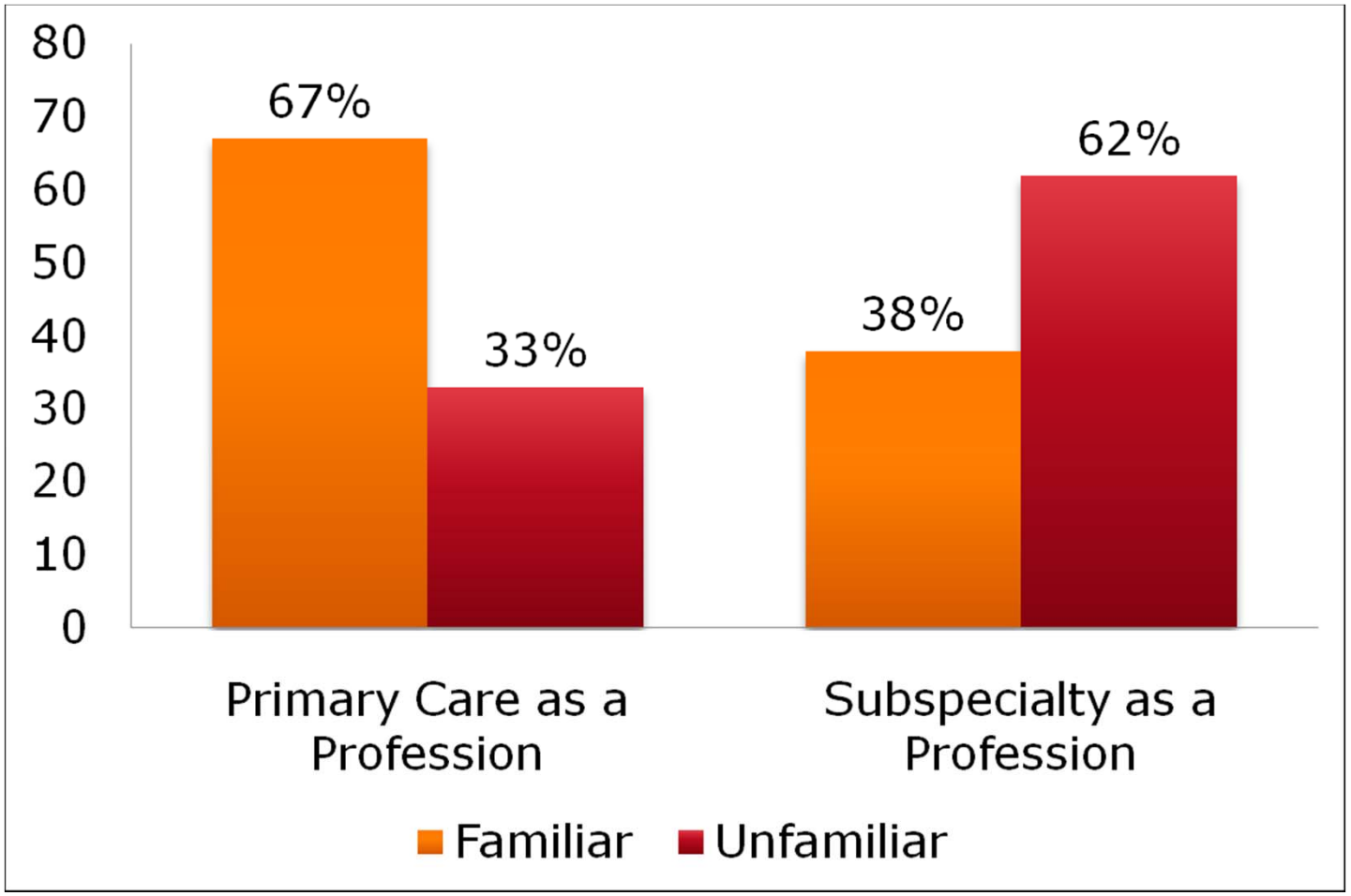
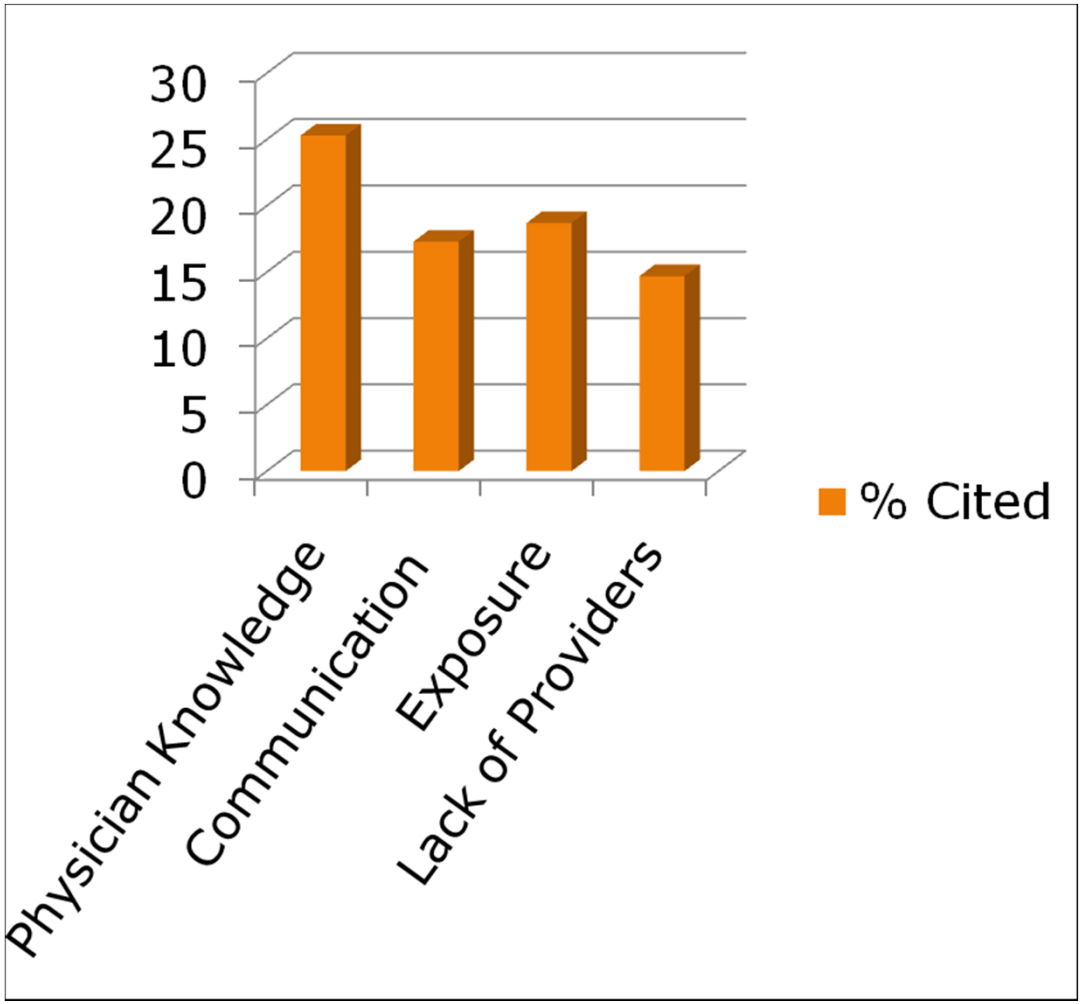


Figure 2. Resident familiarity with transition, IM residents vs. Pediatric vs. IM/ped residents.

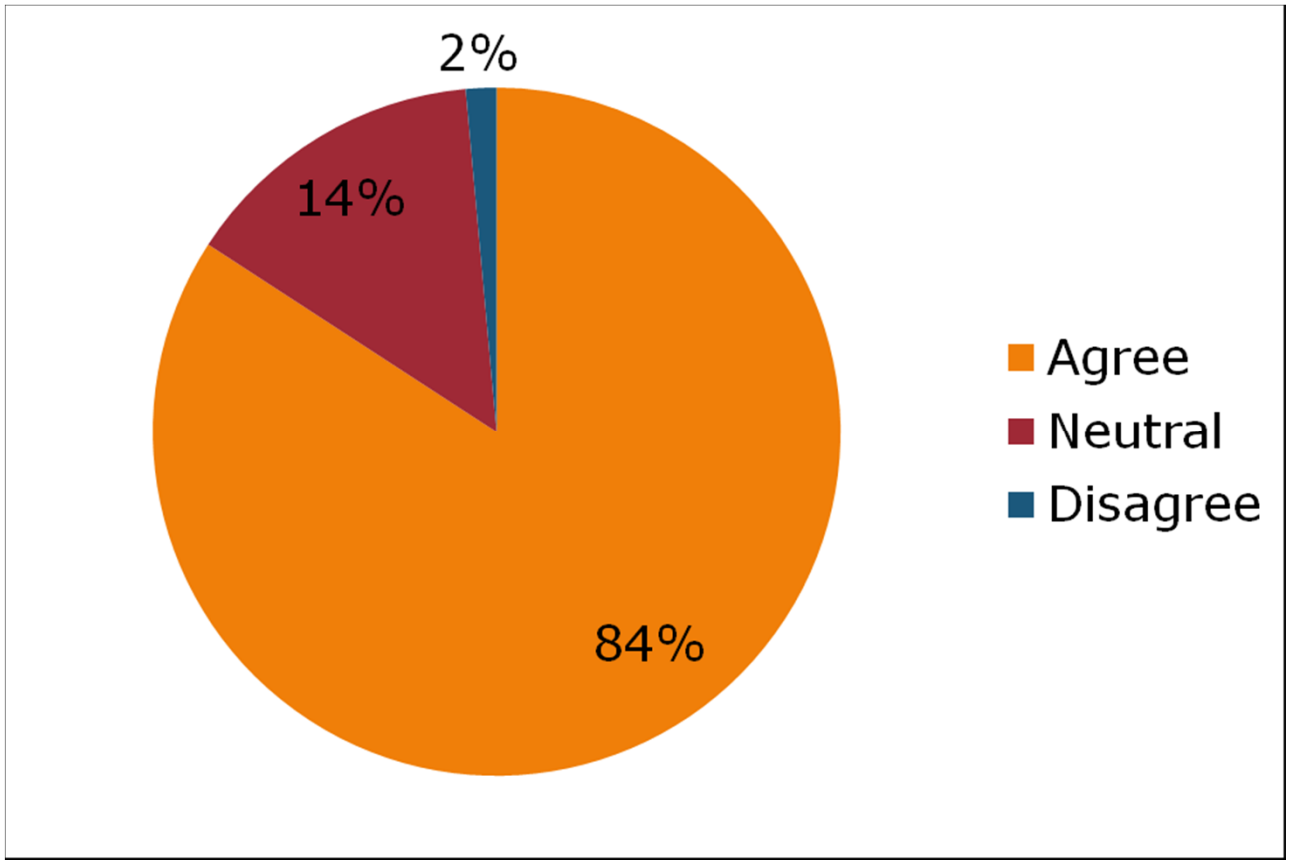
Familiarity with Transition Care By Intended Career Path



RESIDENTS' PERCEIVED BARRIERS TO TRANSITION CARE AT UCMC



Transition care is an important part of medical education



Pritzker Medical Student Research

- Pilot Study on Dr. Cotts' patients with intellectual and physical disabilities (40% had Medicare, 40% had Medicaid and 20% had Private Insurance)

- Confirmed difficulty with obtaining specialty/ sub-specialty care for these patients for:

  -Neurology

  -Psychiatry

  -Orthopedics

RETROSPECTIVE TRANSITION STUDY

- IRB submitted
- To describe the frequency of outcomes of transition to adult care among young people with special health care needs
- To assess pre-transition factors which are associated with greater risks of poor transition outcomes.
- To compare the frequency of outcomes of transition among young people with different chronic medical conditions.
- Ultimately, the information obtained from this study will be used to design a transition program to promote successful transitions to adult care for pediatric subspecialty patients.

RETROSPECTIVE TRANSITION STUDY

- Group 1: Patients ages 19 to 26 with a current or previous diagnosis of JIA or SLE, who received pediatric rheumatology care at UCMC between the ages of 15 and 18 years.
- Group 2: Patients ages 19 to 26 with a current or previous diagnosis of Diabetes Mellitus who received pediatric endocrinology care at UCMC between the ages of 15 and 18 years.
- Group 3: Patients ages 19 to 26 with a current or previous diagnosis of Cystic Fibrosis, who received pediatric pulmonology care at UCMC between the ages of 15 and 18 years.

RETROSPECTIVE TRANSITION STUDY: METHODS

- Telephone Surveys
- Chart Audits
- Autonomy Checklist Completion

OTHER STUDIES PLANNED

- Patients 13 -28 yo with DM, JIA, SLE: Prospective study regarding transition outcomes
- Retrospective and prospective transition studies for patients with HIV and patients with cognitive and physical disabilities.
- Survey of ACP and AAP regional resident attitudes about transition care