



ADVANCING INTEGRATED HEALTHCARE

Health Care Transitions

November 16, 2022

Care Transformation Collaborative of RI

Agenda

Time	Topic	Presenter
7:30am – 7:35am	Welcome and Review of Agenda	Susanne Campbell, CTC-RI Kim Nguyen-Leite CTC-RI
7:35am-7:50am	Family Experience and Feedback	Stephanie Trafka, CCHW RIPIN Family Voices
7:50am – 8:00am	Medical Home Portal	Kathleen Kuiper RIDOH
8:00am-8:25am	Practice Activities and Updates	<p>Practices and Providers: Dr. Chad Nevola Hasbro - Pediatric Primary Care Center for Primary Care Greenwich Medical Associates Children's Choice Pediatrics Dr. Richard Ohnmacht Dr. Chad Lamendola</p> <p>Practice Facilitators: Sue Dettling Suzanne Herzberg</p>
8:25am – 8:30am	Next Steps	Kim Nguyen-Leite CTC-RI

Family Experience and Feedback



Parent testimony on “Transition of Health Care” from 2019 RIPIN Policy

Forum: <https://youtu.be/Wl97UqEtMCE>

Family Experience and Feedback



Change in payer source is a huge barrier to continuity of care, resulting in massive decrease in service hours for skill nursing, CNA support, etc. The level of care changes simply due to age when the individual's medical needs have not.

Family Experience and Feedback

- Lack of adult community-based services, discontinuation of school-based supports, and huge drop off in comprehensive care.
- Specialty care: lack of continuity due to extreme difficulty accessing adult specialists. It feels like “all of the eggs are put in the pediatric basket”.
- Finding an adult PCP who is accepting new patients here in RI is difficult! Especially a PCP capable of caring for individuals with complex medical needs/chronic conditions.
- Finding a provider for medication management becomes very difficult when transitioning from pediatric to adult care.
- Families experience extremely long wait in obtaining a provider and getting an ASD diagnosis for adults. Even longer wait times than pediatric providers.



Family Experience and Feedback



Behavioral Healthcare transitions – Many BH providers and programs have a cutoff age 18, while others have a cutoff of 21. This creates a gap in care for individuals between these ages. Transition happens at different ages for different programs, making a seamless transition nearly impossible.

Family Experience and Feedback



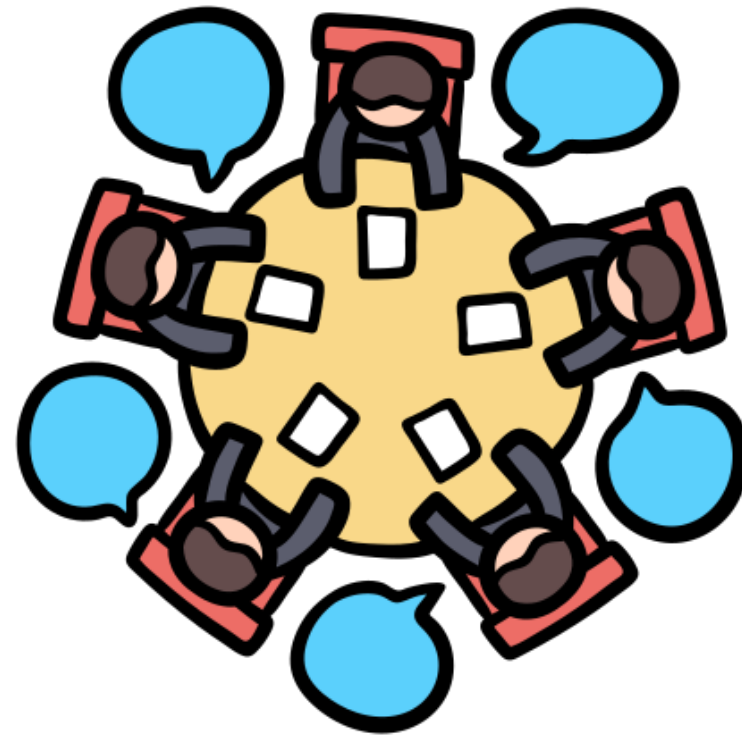
RI News article on “Aging Out”:

https://www.valleybreeze.com/news/aging-out/article_ed98af13-c022-5212-b8c4-3e30214330b4.html

Medical Home Portal

Practice Activities and Updates

Dr. Chad Nevola



Global Strategies -
Integra/RIPCPC



Grassroots Approach
Meeting with Providers



Next Steps and Moving
Forward

Overall, how is the process going?
Discuss Sustainability
Discuss Successes and Barriers

Hasbro and Center for Primary Care

Hasbro

- Identification of patients for transfer
- Tracking Patients and Reporting
- Medical Summary - EMR modifications and template updates
- PDSA

CPC

- Tracking Patients
- Medical Summary Received for identified patients - # transferred
- Patient Surveys
- PDSA

Overall, how is the process going?
Discuss Sustainability
Discuss Successes and Barriers



Greenwich Medical Associates and Children's Choice Pediatrics

Children's Choice Pediatrics

- Got Transitions Tools and Documents - Customizing Content
- Identification of 5 patients, including 2 with complex needs for transfer (discuss criteria)
- Tracking Patients
- Medical Summary
- PDSA

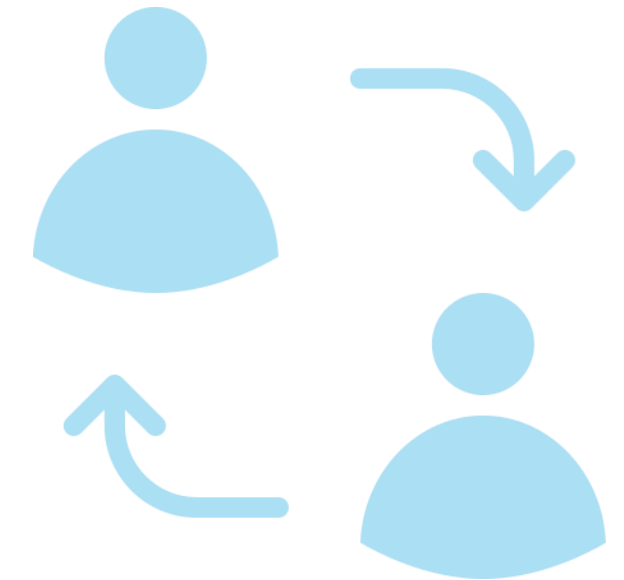
Greenwich Medical Associates

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Overall, how is the process going?

Discuss Sustainability

Discuss Successes and Barriers



Richard Ohnmacht and Chad Lamendola

Richard Ohnmacht

- Got Transitions Tools and Documents - Customizing Content
- Identification of 5 patients, including 2 with complex needs for transfer (discuss criteria)
- Tracking Patients
- Medical Summary
- PDSA

Chad Lamendola

- Got Transitions Tools and Documents - Customizing Content
- Tracking Patients
- Medical Summary Received for identified patients - # transferred
- Patient Surveys
- PDSA

Overall, how is the process going?

Discuss Sustainability

Discuss Successes and Barriers



Next Steps – Adult Practices

Learning collaborative Joint meetings*	Learning Collaborative Joint Meetings (3 total)	November 2022	11/16/2022 Zoom
(Pediatric PCPs) Start Transfer Pilot with 5 Pediatric Patients	<ul style="list-style-type: none"> • Pediatric PCPs complete final visits. • Pediatric PCPs complete and share transfer package with patients and new adult PCP. 	Months 5-7 Oct - Dec 2022	
Schedule Joint Communication/Telehealth Calls for Each Transferring Patient (Optional)	<ul style="list-style-type: none"> • Coordinate with pediatric practice and patient to schedule a joint communication/telehealth call following last pediatric visit and before initial adult visit. • Share progress in monthly QI meeting. If not done, plan for other youth/young adult engagement activity 	Months 8-10 Jan – March 2023	

Next Steps – Pediatric Practices

Learning collaborative Joint meetings*	Learning Collaborative Joint Meetings (3 total)	November 2022	11/16/2022 Zoom
Start transfer process with 5 Pediatric Patients, 2 must have special health care needs	<ul style="list-style-type: none"> • Schedule and complete final pediatric visits. • Following final pediatric visits, complete transfer package and share with patient and adult PCP. • Share progress in monthly QI meeting. 	Months 5-7 October – December 2022	
Schedule Joint Communication/Telehealth Call for Each Transferring Patient	<ul style="list-style-type: none"> • Coordinate with adult practice and patient to schedule a joint communication/telehealth call following last pediatric visit and before initial adult visit. • Share progress in monthly QI meeting. 	Months 6-8 November 2022 – January 2023	Sample Telehealth Toolkit Link to be provided

Next Steps – Continuing Practices

Dr. Nevola

Month 5 - 12:	October 2022 - May 2023	Continue with performance improvement plan
Month 12:	May 2023	Wrapping it up : Peer Learning Collaborative Meeting, complete assessment of HCT activities, analyzed pre/post improvement, plan for sustainability and spread
Month 1 – 12	Ongoing	Review Core Elements: Continue to review Six Core Elements of Health Care Transition and continue utilization of suggested tools that can be customized by practice teams;

Hasbro and CPC

Month 6:	November 2022	Plan for final pedi visits
Month 7:	December 2022	Begin transfer process
Month 8:	January 2023	Adopt, adapt, abandon – review PDSA(s) Integration into adult care

Next Collaborative Meeting

February 23, 2023 – 7:30am -8:30am

Zoom Link

<https://ctc-ri.zoom.us/j/85988755818?pwd=TnV4SWR6UXZyMTlud2RQUXFYa2lrZz09>

THANK YOU

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