

## Program Directors' Perspectives on Teaching Health Care Transition

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## Abstract

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MPPDA Transition Care Collaborative

### Objectives

Despite increasing awareness of the importance of residency training on health care transitions, many programs still have not implemented HCT-specific curricula. We wanted to hear directly from residency program directors about their attitudes and challenges in implementing HCT curricula in their programs.

### Background

- The field of medicine-pediatrics has embraced the importance of health care transitions for youth and young adults with special health care needs for nearly two decades.
- However, in recent informal surveys of MPPDA program directors, only around 25-30% have HCT-specific curricula in their programs.
- In 2016, med-peds faculty leaders published a Springer textbook titled *Care of Adults with Chronic Childhood Conditions*, and in 2018, the MPPDA Transition Committee published competency-based goals and objectives that are linked to ACME milestones<sup>1</sup>. With these additional resources, the time is right to attempt more wide-spread implementation of HCT curriculum in residency programs.

### Methods

- 18 out of 21 med-peds program directors or project champions were interviewed, using a semi-structured interview guide. Interviews ranged from 15-30 minutes and focused on opportunities and challenges in implementing HCT curricular experiences in their residency programs.
- Notes from interviews were coded and analyzed using Dedoose, a software tool for managing, excerpting, coding and analyzing qualitative and mixed methods research.
- Four members of the research team conferred about themes using ground theory approach until consensus was reached and themes were identified.

### Results

**THEME 1**  
*HCT services are needed due to poor patient outcomes for those with medically or socially complex conditions*

13 out of 18 programs did not have formal HCT curricula in place

Primary services needed are better referral to adult providers and care coordination

"We spend a fair amount of time caring for adults in their 40s at the children's hospital"

**THEME 2**  
*Institutional support is crucial to be able to implement both HCT clinical and educational programs*

Changes in leadership, new faculty hires, or newly acquired protected time have helped programs gain traction with their HCT initiatives

"You have to convince people that this is something unique that they have to know. Everyone is busy trying to push so many things -- you have to keep this a priority for them"

**THEME 3**  
*Clinical systems supports need to be developed for HCT clinical and educational activities*

EHR systems need to be further developed to document and provide HCT care

Payment models are being developed to demonstrate value with HCT

**THEME 4**  
*More faculty need to be trained in HCT*

HCT is a specific body of knowledge that most med-peds physicians do not have and have not been formally trained

"We don't have the manpower yet to do this"

**THEME 5**  
*Residents want more training in HCT*

Biggest challenge to implementing HCT curricula is competing with other residency requirements

"Many med-peds residents are excited to learn about transitions—they mentioned it in their applicant interviews"

### Conclusions

- Growing institutional support for HCT has led several programs to implement both clinical and educational activities.
- Challenges to implementation include lack of trained faculty, lack of protected time and competing educational priorities in residency training.

### Next Steps

- Program directors and project champions will be interviewed in Spring 2019 to gain insights as to whether formal implementation of HCT curricula led to changes in institutional support.

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