



Module 8: Working with Adult Medicine

Learning Objectives

- ▶ Discuss the importance of working with adult medicine during the health care transition
- ▶ List ways to engage adult-oriented providers in the transition
- ▶ Utilize strategies to build your referral base of providers for the care transfer
- ▶ Identify appropriate transition service reimbursement codes for providers



Working with Adult Medicine: Significance

Do Pediatric Practices...

- ▶ Screen for adult-onset conditions?
- ▶ Make referrals in adult-oriented specialties?
- ▶ Provide guidance on fertility treatments?

Fields in Adult Medicine

- ▶ Family Medicine
- ▶ Internal Medicine
- ▶ Med-Peds
 - ▶ Board-certified in Pediatrics and Internal Medicine
 - ▶ Continuum of care across lifespan

Shortage of Referral Sources



The Transition Process

1. Envisioning a Future

5. Doctor Visits

2. Basic Knowledge

6. Health Care Transition

3. Health Care Practices

7. Transition to Adulthood

4. Medications &
Equipment

8. Health Care Systems

Up Next: Video Clip!

- ▶ Panel interview clip

- ▶ First of 4 videos in this module



Patient Perceptions





Working with Adult Medicine: Evidence Base

Successful Transition

Successful Transition

“The goal of a planned health care transition is to maximize lifelong functioning and well-being for all youth, including those who have special health care needs and those who do not.”

=

Preparation

across ages 12-21

Increase self-management

+

Transfer

between ages 18-21

Discrete event

+

Engagement

in adult medical home

Reminder - Common Outcomes

- ▶ Everything Stays the Same
- ▶ Mixed Transition
- ▶ Full Transition
- ▶ Dropping Out

Full Transition

- ▶ Primary care transfers
- ▶ Specialty care transfers
- ▶ Hospital care becomes adult-oriented

Emerging Population



Progress with Adult Medicine

- ▶ Publications
- ▶ Trainings
- ▶ Transition-related policies

6 Core Elements

Transitioning Youth to Adult Health Care Providers <i>(Pediatric, Family Medicine, and Med-Peds Providers)</i>	Transitioning to an Adult Approach to Health Care Without Changing Providers <i>(Family Medicine and Med-Peds Providers)</i>	Integrating Young Adults into Adult Health Care <i>(Internal Medicine, Family Medicine, Med-Peds Providers)</i>
1. Transition Policy	1. Transition Policy	1. Young Adult Transition and Care Policy
2. Transition Tracking and Monitoring	2. Transition Tracking and Monitoring	2. Young Adult Tracking and Monitoring
3. Transition Readiness	3. Transition Readiness	3. Transition Readiness/Orientation to Adult Practice
4. Transition Planning	4. Transition Planning/Integration into Adult Approach to Care	4. Transition Planning/Integration into Adult Practice
5. Transfer of Care	5. Transfer to Adult Approach to Care	5. Transfer of Care/Initial Visit
6. Transfer Completion	6. Transfer Completion/Ongoing Care	6. Transfer Completion/Ongoing Care





Working with Adult Medicine: Barriers

Lost in Translation

- ▶ “Adult Medicine”
 - ▶ Adult Health Care
 - ▶ Adult-Oriented Providers
- ▶ “Transitions in care”
- ▶ “Youth with Special Health Care Needs”

Challenges for Pediatric Providers

- ▶ Shortage of referral sources
- ▶ Specialty care transfer
- ▶ Patient/family reluctance


Challenges for Internists

- ▶ Disorders not previously survived
- ▶ Disorders previously under-diagnosed
- ▶ Young invincibles

Barriers to Reimbursement

- ▶ Cited by providers from multiple fields of medicine
- ▶ Affects providers in multiple care settings
 - ▶ Small group practice
 - ▶ Hospital systems
 - ▶ Acute, chronic and tertiary care
- ▶ Source of reluctance to try transition strategies

Resource: Coding & Reimbursement



PRACTICE RESOURCE – NO. 2
APRIL 2016 UPDATE

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™

Coding and Reimbursement Tip Sheet for Transition from Pediatric to Adult Health Care

Margaret McManis, MHS
The National Alliance to Advance Adolescent Health

Richard Molteni, MD
American Academy of Pediatrics

Improving transition from pediatric to adult health care is a national priority, a medical home certification standard, and a meaningful use requirement for electronic health records. Health care transition encompasses increasing youth's ability to manage their own health and effectively use health services. It also involves ensuring an organized clinical process to prepare youth and families for adult-centered care, transferring youth to a new adult provider, and orienting and engaging young adults in adult care.

In 2011, the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians published a clinical report on transition that represents expert opinion and consensus on practice-based implementation of transition for all youth, beginning early in adolescence and continuing through young adulthood.¹ These joint recommendations were subsequently translated into a set of clinical tools, called the "Six Core Elements of Health Care Transition." These tested tools have recently been updated and are available at Got Transition, the national resource center on health care transition (www.gottransition.org).

To support the delivery of recommended transition services in pediatric and adult primary and specialty care settings, Got Transition and the American Academy of Pediatrics partnered to develop this transition payment tip sheet. It begins with a summary of alternative payment methodologies followed by a listing of transition-related CPT codes and corresponding Medicare fees, effective as of 2016. A subsequent report will be released that provides a payment crosswalk for the Six Core Elements of Health Care Transition.

		100% Medicare Payment, 2016	
		Office	Facility
Transition Coding and Reimbursement			
Transition Related Services			
CPT Code	Code Description		
Office or Other Outpatient Services, New Patient			
99201	Self-limited or minor problem, 10 min	\$44.43	\$27.23
99202	Low to moderate severity problem, 20 min	\$75.60	\$50.88
99203	Moderate severity problem, 30 min	\$109.28	\$77.75
99204	Moderate to high severity problem, 45 min	\$166.24	\$131.49
99205	High severity problem, 60 min	\$208.52	\$170.90
Office or Other Outpatient Services, Established Patient			
99211	Minimal presenting problems, 5 min	\$20.06	\$9.32
99212	Self-limited or minor problem, 10 min	\$44.07	\$25.80
99213	Low to moderate severity problem, 15 min	\$73.45	\$51.59
99214	Moderate severity problem, 25 min	\$108.20	\$79.18
99215	Moderate to high severity problem, 40 min	\$145.82	\$111.78
Office or Other Outpatient Consultations, New or Established Patients¹			
99241	Self-limited or minor problem, 15 min	\$48.01	\$32.96
99242	Low severity problem, 30 min	\$90.29	\$69.15
99243	Moderate severity problem, 40 min	\$123.61	\$96.74
99244	Moderate to high severity problem, 60 min	\$184.87	\$155.49
99245	Moderate to high severity problem, 80 min	\$225.36	\$192.40
Care Plan Oversight Services²			
99339	Individual physician supervision of a patient requiring complex and multidisciplinary care modalities involving regular physician development and/or revision of care plans; review of subsequent reports of patient status; review of related laboratory and other studies; communication (including telephone calls) for purposes of assessment or care decisions with health care professional(s), family member(s), surrogate decision maker(s), or key caregiver(s) involved in patient's care; integration of new information into medical treatment plan; or adjustment of medical therapy; within a calendar month; 15 to 29 minutes	\$78.10	NA
99340	30 minutes or more	\$109.63	NA
Prolonged Services³			
99354	Prolonged E/M or psychotherapy beyond the typical service time, in office or other outpatient setting, with direct contact beyond the usual service	\$101.03	\$93.87
99355	Each additional 30 min.	\$98.17	\$91.00
99358	Prolonged E/M services before and/or after direct patient contact; first hour	\$109.55	\$109.55
99359	Each additional 30 min.	\$51.91	\$51.91
Medical Team Conference⁴			
99366	With interdisciplinary team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care professional	\$43.32	\$42.24



Up Next: Video Clip!

- ▶ Interview with Jim
- ▶ 2nd of 4 videos in this module

Patient Ambivalence





Working with Adult Medicine: In Practice

Engaging Adult Medicine

- ▶ Business opportunity
- ▶ Primary care \neq Specialty care
- ▶ Medical neighborhood

Primary Care Medical Home

Internists have all the skills to care for this population



Educating Adult Medicine

- ▶ Grand rounds
- ▶ CME/CE activities
- ▶ Specialty clinics
- ▶ Offer consultation services

Up Next: Video Clip!

- ▶ Case vignette
- ▶ Interviews with parents, patients, and providers
- ▶ 3rd of 4 videos in this module



Case Vignette: Mixed Transition

Mixed Transition



Moving from a
pediatrition
to a primary
care internist





Working with Adult Medicine: Using Tools & Resources

Build Your Referral Network

- ▶ Adult medicine specialists
- ▶ Hospitals
- ▶ State Medical Society
- ▶ Florida AAFP & ACP
- ▶ Regional Society General Internal Medicine

Florida Board of Medicine

- ▶ 850/488-0595
- ▶ info@flboardofmedicine.gov

Florida Chapter AAFP

The screenshot displays the Florida Academy of Family Physicians (FAFP) website. At the top left is the FAFP logo, a blue caduceus, with the text "FLORIDA ACADEMY OF FAMILY PHYSICIANS" and "STRONG MEDICINE FOR FLORIDA" below it. To the right are social media links for LinkedIn, Twitter, and Facebook, a search bar, and an "AAFP Login" button. A green navigation bar contains the following menu items: HOME, ABOUT, FOUNDATION, MEMBERSHIP, CME, AWARDS, ADVOCACY, NEWS, BLOG, ADVERTISE/SPONSOR, and CONTACT. Below the navigation bar is the "FIND A PHYSICIAN" section. It begins with a "Florida Academy of Family Physicians (FAFP) Disclaimer" and contains several paragraphs of text regarding the use of the online membership directory. At the bottom of the disclaimer is a checkbox for agreement and a form with fields for "First Name:", "Last Name:", "City:", "Zip Code:", and "Miles of:" (with a dropdown menu set to "5"). A "Submit" button is located to the right of the "Miles of:" field.

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Outside of Your Network

- ▶ Family support groups
- ▶ Adult disability agency
- ▶ Vocational Rehabilitation
- ▶ Independent Living Centers

Adult Disability Agencies

- ▶ The ARC
- ▶ Agency for Persons with Disabilities
- ▶ Centers for Independent Living

Interactive Question

Where will you look to build your referral network?

Slide will automatically advance in 1 minute!



Referring Specific Patients

- ▶ Convey information
- ▶ Specialists
- ▶ Patients as educators

Support New Referral Sources

- ▶ Bridge visit
- ▶ Connect care coordinators
- ▶ Phone consultations

Tools for Internists

Six Core Elements of Health Care Transition 2.0
Transitioning to an Adult Approach to Health Care
Without Changing Providers
for use by Family Medicine and Med-Peds Providers

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Transitioning to an Adult Approach to Health Care Without Changing Providers for use by Family Medicine and Med-Peds Providers

Six Core Elements of Health Care Transition 2.0
Integrating Young Adults into Adult Health Care
for use by Internal Medicine, Family Medicine, and Med-Peds Providers

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5) Transfer of Care/Visit Initiation	17
• Sample Self-Care Assessment for Young Adults	17
6) Transfer Completion/Engaging Care	18
• Sample Health Care Transition Feedback Survey for Young Adults	18
Measurement Approaches	
• Current Assessment of Health Care Transition Activities	18
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Integrating Young Adults into Adult Health Care for use by Internal Medicine, Family Medicine, and Med-Peds Providers

Resource: ACP Trainings



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[High Value Care Pediatric Cases](#)

[High Value Care Coordination \(HVCC\) Toolkit](#)

[Managing Conflicts of Interest](#)

[ACP Pediatric to Adult Care Transitions Initiative](#)

[About This Project](#)

[Condition-Specific Tools](#)

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Pediatric to Adult Care Transitions Initiative

This American College of Physicians (ACP) Initiative is a collaborative effort to develop a toolkit to facilitate more effective transition and transfer of young adults from pediatric to adult care, with a major focus on providing a framework for the adult care clinicians.

This new toolkit contains disease/condition-specific tools developed by internal medicine subspecialties to assist physicians in transitioning young adults with chronic diseases/conditions into adult care settings.

This effort is under the direction of ACP's Council of Subspecialty Societies (CSS) in collaboration with Got



Up Next: Video Clip!

- ▶ Patient interview with Jeff



Patient Perspective: Primary Care Transfer





Working with Adult Medicine: Resources

Key Points

- ▶ Adult medicine is new to transition
- ▶ They are best qualified for adults' care
- ▶ Support colleagues to address shortage

Summary of Tools

www.healthcare.gov

10. [iBudget Florida](#)

<http://apd.myflorida.com/waiver/support-coordination/>

Module 8. Working with Adult Medicine

Adult Disability Agencies

1. [The ARC of Florida](#)
<http://arcflorida.org>
2. [Agency for Persons with Disabilities](#)
<http://apd.myflorida.com>
3. [Florida Centers for Independent Living](#)
<http://www.floridacils.org/index.html>
4. [Florida Board of Medicine](#)
<http://flboardofmedicine.gov>



Citations

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9. Six Core Elements of Health Care Transition 2.0 – Transitioning Youth to an Adult Health Care Provider. 2014. Got Transition/National Center for Health Care Transition Improvement.

