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
2. Basic Knowledge
3. Health Care Practices
4. Medications & Equipment
5. Doctor Visits
6. Health Care Transition
7. Transition to Adulthood
8. Health Care Systems
Up Next: Video Clip!

- Panel interview clip
- First of 4 videos in this module
Patient Perceptions

what would you say?
Working with Adult Medicine: Evidence Base
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.

Successful Transition 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

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

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

Margaret McMahan, MPH
The National Alliance to Advance Adolescent Health
American Academy of Pediatrics

Improving transition from pediatric to adult health care is a national priority, a Medicaid home certification standard, and a meaningful outcome requirement for electronic health records. Health care transition encompasses increasing youth 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, transforming youth to a new adult provider, and retaining 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 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. These recommendations were subsequently translated into a set of clinical tools, called the “Six Core Elements of Health Care Transition.” These tools 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 rates, effective as of 2013. A subsequent report will be released that provides a payment crosswalk for the Six Core Elements of Health Care Transition.

### Transition Coding and Reimbursement

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
<th>Office</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>99201</td>
<td>Self-limited or minor problem, 10 min</td>
<td>$46.44</td>
<td>$27.21</td>
</tr>
<tr>
<td>99202</td>
<td>Low to moderate severity problem, 20 min</td>
<td>$75.60</td>
<td>$50.00</td>
</tr>
<tr>
<td>99203</td>
<td>Moderate severity problem, 30 min</td>
<td>$109.28</td>
<td>$77.75</td>
</tr>
<tr>
<td>99204</td>
<td>Moderate to high severity problem, 45 min</td>
<td>$166.24</td>
<td>$131.49</td>
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<tr>
<td>99205</td>
<td>High severity problem, 60 min</td>
<td>$208.52</td>
<td>$170.90</td>
</tr>
</tbody>
</table>

### Office or Other Outpatient Services, Established Patient

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
<th>Office</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>99211</td>
<td>Minimal presenting problems, 5 min</td>
<td>$20.06</td>
<td>$9.32</td>
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<tr>
<td>99212</td>
<td>Self-limited or minor problem, 10 min</td>
<td>$44.07</td>
<td>$25.80</td>
</tr>
<tr>
<td>99213</td>
<td>Low to moderate severity problem, 15 min</td>
<td>$73.45</td>
<td>$51.59</td>
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<tr>
<td>99214</td>
<td>Moderate severity problem, 25 min</td>
<td>$108.20</td>
<td>$79.18</td>
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<tr>
<td>99215</td>
<td>Moderate to high severity problem, 40 min</td>
<td>$145.62</td>
<td>$111.78</td>
</tr>
</tbody>
</table>

### Office or Other Outpatient Consultations, New or Established Patients

<table>
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<th>Code Description</th>
<th>Office</th>
<th>Facility</th>
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</thead>
<tbody>
<tr>
<td>99241</td>
<td>Self-limited or minor problem, 15 min</td>
<td>$48.01</td>
<td>$32.96</td>
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<tr>
<td>99242</td>
<td>Low severity problem, 30 min</td>
<td>$90.29</td>
<td>$69.15</td>
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<tr>
<td>99243</td>
<td>Moderate severity problem, 40 min</td>
<td>$123.61</td>
<td>$96.74</td>
</tr>
<tr>
<td>99244</td>
<td>Moderate to high severity problem, 60 min</td>
<td>$184.87</td>
<td>$155.49</td>
</tr>
<tr>
<td>99245</td>
<td>Moderate to high severity problem, 80 min</td>
<td>$225.36</td>
<td>$192.40</td>
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### Care Plan Oversight Services

<table>
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<th>Code Description</th>
<th>Office</th>
<th>Facility</th>
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</thead>
<tbody>
<tr>
<td>99339</td>
<td>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</td>
<td>$78.10</td>
<td>NA</td>
</tr>
<tr>
<td>99540</td>
<td>30 minutes or more</td>
<td>$109.63</td>
<td>NA</td>
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### Prolonged Services

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Code Description</th>
<th>Office</th>
<th>Facility</th>
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</thead>
<tbody>
<tr>
<td>99354</td>
<td>Prolonged E/M or psychotherapy beyond the typical service time, in office or other outpatient setting, with direct contact beyond the usual service</td>
<td>$101.03</td>
<td>$53.87</td>
</tr>
<tr>
<td>99355</td>
<td>Each additional 30 min</td>
<td>$90.17</td>
<td>$51.00</td>
</tr>
<tr>
<td>99356</td>
<td>Prolonged E/M services before and/or after direct patient contact; first hour</td>
<td>$109.55</td>
<td>$109.55</td>
</tr>
<tr>
<td>99359</td>
<td>Each additional 30 min</td>
<td>$51.91</td>
<td>$51.91</td>
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</table>

### Medical Team Conference

<table>
<thead>
<tr>
<th>CPT Code</th>
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<th>Office</th>
<th>Facility</th>
</tr>
</thead>
<tbody>
<tr>
<td>99366</td>
<td>With interdisciplined team of health care professionals, face-to-face with patient and/or family, 30 minutes or more; participation by nonphysician qualified health care professional</td>
<td>$43.32</td>
<td>$42.24</td>
</tr>
</tbody>
</table>
Up Next: Video Clip!

- Interview with Jim

- 2\textsuperscript{nd} of 4 videos in this module
Patient Ambivalence
Working with Adult Medicine: In Practice
Engaging Adult Medicine

- Business opportunity
- Primary care ≠ Specialty care
- Medical neighborhood
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 pediatrization 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
FIND A PHYSICIAN

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Zip Code: ___________________________ Within ______ Miles of: ___________________________ Submit
Florida Chapter ACP

Florida Chapter

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News & Meetings
Local Links & Resources

About the Florida Chapter
Find information regarding your Chapter Governors, Chapter Leadership, Membership and more.

MORE »

News & Meetings
Information on what’s new in the chapter including meetings, newsletters, and dates of interest.

What's New

› Syllabus from FL Chapter Residents and Med. Students Meeting
› Save the Date! FL Chapter Scientific Meeting
   August 22-24, 2014
› Call for Abstracts for FL Chapter Scientific Meeting
   Deadline: Midnight on June 23, 2014
› 2014 FL Chapter Meeting
   Exhibitor/Sponsorship information Packet
› March 2014 of “News & Notes” from Florida’s Internal Medicine Residency Programs
› View/download presentations from 2013 FL Chapter Meeting
› Florida Chapter E-News - November 2013
› 2014 Florida Chapter Legislative Agenda
› FL Grassroots Advocacy Center
› Member Accomplishments

Contact Information
Florida Chapter Leadership
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?
Referring Specific Patients

- Convey information
- Specialists
- Patients as educators
Support New Referral Sources

- Bridge visit
- Connect care coordinators
- Phone consultations
Tools for Internists

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

Integrating Young Adults into Adult Health Care
for use by Internal Medicine, Family Medicine,
and Med-Peds Providers
Resource: ACP Trainings

Resources for Clinicians

High Value Care Cases
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

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 Family? (CPC) in for Health Care Transitions Improvement, Society of General Internal Medicine.
Up Next: Video Clip!

- Patient interview with Jeff
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


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.