

Care for Patients with Pediatric Chronic Conditions
EPA mapped to milestones

	Cannot Perform	Can Perform under direct Supervision	Can perform with indirect supervision	Can Perform Independently	Can Supervise Junior Trainees
Task (Relevant Milestones - IM Blue, Peds Red)	<i>Disorganized, lacks knowledge</i>	<i>Basic knowledge and organization, lacks ability to individualize</i>	<i>Solid Knowledge and organization, able to individualize plans. May be inconsistent, lacks finesse.</i>	<i>Strong fund of knowledge and organization, able to individualize plans consistently. Introduces complexity and nuance</i>	<i>Expertise.</i>
Planning for Transition: ICS-A1, ICS-A6, ICS-E2, ICS-F1, ICS-F2, SBP-A1, SBP-A2, SBP-A3, ICS-1, ICS-6, SBP-2, PC-3, PC-10	Waits for patient to raise issue or does not address transition at all.	Identifies need only when transition is imminent (at 18, prior to going to college, etc.). Introduces issue, but no explicit plan "You'll need to see an adult doctor".	Identifies need early (age 14 or earlier), and plans follow-up discussions. Transition plan is vague, without identified milestones/steps to transition. Plan irregularly updated.	Create a written health care transition plan by age 14 together with the young person and family. At a minimum, this plan should include what services need to be provided, who will provide them, and how they will be financed. This plan should be reviewed and updated annually and whenever there is a transfer of care. ICS-A1, ICS-A6, ICS-E2, ICS-F1, ICS-F2, SBP-A1, SBP-A2, SBP-A3, ICS-1, ICS-6, SBP-2, PC-3, PC-10	
Patient Assessment: PC-A1, PC-A3, ICS-A2, ICS-A3, ICS-A5, ICS-B2, ICS-B3, PC-4, P-2, P-5	Approaches every patient similarly, regardless of developmental stage or readiness for change.	Approaches patients according to chronologic age and a fixed set of expectations about transition. PC-A1, ICS-A2, ICS-A3	Able to identify developmental stage of patient, but may have difficulty assessing readiness for change (or vice versa) in domains of disease knowledge, treatment knowledge, self-efficacy, support systems, and financial systems. PC-A2, ICS-B2, PC-4	Identifies developmental stage (Erikson) and readiness for change (Prochanska) in domains of disease knowledge, treatment knowledge, self-efficacy, support systems, financial systems. PC-A3, ICS-A5, ICS-B3, P-2, P-5	
Primary and Preventative Care: MK-A3, MK-A5, MK-A7, MK-A8, PC-C3, PC-F3, PC-F8, PC-F9, PC-F10, P-D2, SBP-D1, P-K1, MK-1, MK-2, ICS-1, PC-6, PC-10	Does not follow guidelines when evaluating patients for primary and preventative care.	Applies the same guidelines for primary and preventative care for all adolescents and young adults. Does not recognize that young people with special health care needs may require more resources and services than their well peers. MK-A3, MK-A5, PC-F3, MK-1	Apply the same guidelines for primary and preventative care for all adolescents and young adults, including those with special health care needs. Recognizes that young people with special health care needs may require more resources and services than do other young people to optimize their health. P-D2, SBP-D1, P-K1, ICS-1, PC-10	Utilizes modified guidelines for primary and preventative care in populations whose risk factors are modified by their health conditions. (e.g. Breast Cancer screening in patient's with childhood mantle radiation). PC-C3, PC-F8, PC-F9, PC-F10, MK-2, PC-6	Understands the data and origin of current guidelines, and is able to modify recommendations appropriately based on the unique health condition of the patient, especially those with unique or orphan diseases. ICS-B2, MK-A7, MK-A8
Resource utilization: SBP-B1, SBP-B2, ICS-A1, P-K3, SBP-1, SBP-2, SBP-4, SBP-5, SBP-7, PC-9, PC-10	Does not understand adolescent health laws. Does not recognize role or importance of legal and social supports in achieving health.	Understands adolescent health laws. Recognizes importance of legal and social supports, but cannot identify which supports are most important to the specific patient based on their health condition and individual situation. SBP-B1	Understands adolescent health laws. Aware of health insurance coverage and medicare waivers, and can identify appropriate clinic, legal and social support resources to aid patient/family. But does not regularly provide anticipatory guidance around changes in services during transition. SBP-B2, ICS-A1, SBP-1, SBP-2, SBP-5, PC-9	Understands pertinent adolescent health laws. Awareness of health insurance coverage and medicare waivers so that s/he can provide anticipatory guidance around changes in coverage/benefits. Can effectively direct patient to appropriate clinic/community resources for further information and aid. SBP-4, PC-10	Understands pertinent adolescent health laws. Awareness of community resources in education, employment/finance, and recreation as they might benefit CYSHCN. Advocates for affordable, continuous health insurance coverage that covers appropriate compensation for 1) health care transition planning for all young people with SHCN, and 2) care coordination for those who have complex medical conditions. P-K3, SBP-7
Creating a Portable Health Summary: ICS-F1, ICS-F2, ICS-A1, P-A1, ICS-1, ICS-6,	Does not create a portable health summary for the patient.	Documents H&Ps and SOAP notes, but has difficulty editing health information into a portable health summary. Does not regularly provide a copy of this summary to the patient. ICS-F1, ICS-F2, P-A1,		Prepare and maintain an up-to-date medical summary that is portable and accessible. (AAP 2011) ICS-A1, ICS-1, ICS-6	
Verbal Communication (Professional): ICS-A1, ICS-C1, ICS-D2, ICS-D3, ICS-E1, SBP-A1, SBP-A2, SBP-A3, ICS-3, PC-3	Does not recognize when consultation is needed. Does not verbally communicate with other providers.	Identifies appropriate consultants, but needs prompting to provide a verbal hand-off to consultants or accepting providers. Does not clarify management plans with prior providers or consultants. SBP-A1	Provides a verbal hand-off to consultants and accepting providers. Sometimes clarifies management plans with prior providers. Inconsistently works with patients and providers throughout the transition phase. ICS-A1, ICS-C1, ICS-D2, ICS-E1, SBP-A2, ICS-3, PC-3	Provides a verbal hand-off to consultants or accepting providers. Clarifies management plans and pending diagnostic decisions with transferring providers. Continues to problem-solve with patient and transferring/accepting provider during the transition phase. ICS-D3, SBP-A3	
Medical Knowledge (?): MK-A1, MK-A2, MK-A3, MK-A5, MK-A7, MK-A8, PC-F10, MK-1, MK-2, PC-6, PC-7	Cannot manage common complex conditions. (Examples?)	Basic understanding of common complex conditions. MK-A1, MK-A2, MK-A3, MK-A5, MK-A7.	Good understanding of common complex conditions, but may lack knowledge of more rare conditions. Doesn't regularly factor into their medical decision making how puberty, alcohol consumption and pregnancy may modify treatment approach. MK-A8, MK-1	A good understanding of common complex conditions, and a basic understanding of more rare conditions. Understands how health conditions may become complicated by puberty, alcohol consumption, and pregnancy. Utilizes appropriate resources to medically manage the patient based on their health condition and lifestyle. PC-F10, MK-2, PC-6, PC-7	Good understanding of common complex conditions and rare conditions commonly seen in practice area. Understands how life stage, lifestyle, and long term exposure to disease and treatments can impact these health conditions, and effectively utilizes resources to medically manage patients.