

Using Quality Improvement To Increase The Capacity of Rural Pediatricians To Provide Effective Medical Transition Services in New Mexico Through Telehealth



What's The Problem?

- The National Survey of Children with Special Healthcare Needs indicates that youth with special health care needs (YSHCN) in New Mexico are not receiving the help they need to successfully transition to adulthood.
- Only 35.7% of youth with special health care needs in the state receive the services necessary to make transitions to all aspects of adult life, compared to 40% for the nation as a whole.
- Providers do not feel they have adequate knowledge or resources to help YSHCN with transition.
- Children's Medical services (CMS) Social Workers have limited resources to assist YSHCN with transition.

The Transition Consultative Clinic (TCC) opened in 2010 with transition specialists to assist YSHCN and their families with the transition process.

Because it is located in Albuquerque, the TCC has limited capacity to provide services outside the metropolitan area.

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Project Goals

- Increase the knowledge and skills of pediatric providers outside the Albuquerque metropolitan area in providing effective transition services to youth in transition;
- Increase the number of pediatric providers across the state who provide "best practice" transition services to their patients; and
- Increase the knowledge of adult providers who see patients after they have transitioned from pediatric to adult care.



Project Activities

- Using remote videoconferencing, TCC staff in Albuquerque provide training and orientation to selected pediatric providers and CMS social workers.
- A Modeling Clinic is held via HIPAA-compliant videoconferencing with the provider, family and CMS social worker at a remote location and with TCC staff in Albuquerque.
- The Transition Medical Summary is sent to the adult provider who will be providing care to the patient in the future and the CMS Social Worker.
- A post-clinic debriefing addresses additional questions by participants.

QI Findings

- Families and CMS staff both showed a high level of satisfaction with the process before and during the model transition assessment.
- Pediatricians were unwilling to take part in the full process; key reasons include a lack of time and the fiscal opportunity cost (foregone revenue).

While the project has increased access to an underserved population, it is clear that using this model as a means to increase the capacity of pediatricians in rural areas to provide transition services is unlikely to be successful.