Specialist Services Committee

QUALITY INITIATIVE PROJECT

FINAL REPORT: Executive Summaries

March 30, 2018

PROJECT NUMBER: **140**

TITLE OF PROJECT: Transitioning Patients from Community Pediatricians into Adult Care

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OVERVIEW

Reporting re the project *Transitioning Patients from Community Pediatricians into Adult Care* includes administrative and evaluation documents with reference to the Workplan approved by SSC, summarizing activities and findings in the period September 2015-March 2018.

- The **Project Report** is a systematic assessment to determine the level of achievement of project objectives, development effectiveness, efficiency, impact and sustainability.

- The report ***What We Learned*** demonstrates two roles played by evaluation in this project:
  - **Developmental evaluation**: Information was gathered to develop/improve the resources & tools delivered through project activities.

  - **Outcomes evaluation:** An assessment of the extent to which the project built accomplished its objectives with reference to criteria established for success.

    - **Project Extension – The Bridging Initiative.** The *Transitioning Patients from Community Pediatricians to Adult Care* was granted an extended timeline and access to contingency funds to conduct further work on strategies to encourage uptake of project resources by CPs. This project is referred to as *the Bridging Initiative*. That evaluation can be found in the evaluation report *What We Learned*, with a high-level summary included in this executive summary.

EXECUTIVE SUMMARY: PROJECT REPORT

Project Purpose

The stated purpose of the quality improvement project *Transitioning Patients from Community Pediatricians into Adult Care* is to enhance the capacity of BC Community Pediatricians to transition/transfer youth with chronic/complex health conditions to adult care (i.e. to Family Practitioners, Adult Specialists and/or allied health supports).

Background

Many more children with chronic/complex health conditions now survive to adulthood and will transition from pediatric to adult systems of care.

In 2015 the ON TRAC initiative released tools and resources to support the transition of youth from multidisciplinary pediatric subspecialty clinics to adult care, grounded in a broad research and consultative process that incorporated the experiences of youth, families, BC Children's Hospital staff and programs as well as adult program specialists.[1] However, the scope of the ON TRAC project did not extend to testing the information transfer tools in community pediatric settings.

A 2015 BC Pediatric Society (BCPS) survey of community pediatricians identified that each pediatrician transfers 3-5 patients/year with a complex health conditions that include autism, attention deficit hyperactivity disorder (ADHD), developmental disabilities, Down's and other chromosomal syndromes, cerebral palsy, mental illness, and Fetal Alcohol Spectrum Disorder(FASD). With 800-1300 youth being transferred by community pediatricians each year it was worthwhile to determine if such tools and resources were also clinically relevant in the community context – or if they could be adapted for that purpose.

In July 2015, a BCPS proposal to explore the potential for use of selected ON TRAC tools for transfer of patients from pediatric to adult care was accepted by the Specialist Services Committee (SSC). Project outcomes primarily address the Triple Aim: Improving the patient care and provider experience.

Reporting re the project *Transitioning Patients from Community Pediatricians into Adult Care* includes administrative and evaluation documents with reference to the Workplan approved by SSC, summarizing activities and findings in the period September 2015-March 2018.

- The **Project Report** is a systematic assessment to determine the level of achievement of project objectives, development effectiveness, efficiency, impact and sustainability.

[1] ON TRAC Clinical support tools for health professionals include the Medical Transfer Summary and Transition Clinical Pathway (Simple and Complex). See http://www.bcchildrens.ca/health-professionals/clinical-resources/transition-to-adult-care for more information.

- The report ***What We Learned*** demonstrates two roles played by evaluation in this project:
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Project Management

In the Project Report, tables of data or descriptive text demonstrate the success achieved through implementation of project approached, activities and strategies detailed in this report:

- Four approaches: A **phase approach** (*Plan-Do-Study-Act or PDSA)*, standard **project management methodology**, **evaluation methodology** and **physician engagement**.
- Five key activities: **Relationship-building** within the **transition community**; expansion of relationships within the **medical community**; development, design and testing of **tools and resources** to support community pediatricians in their practice; **alignment of tools** with community pediatrician's transition/transfer process; and ongoing **communications** with stakeholders throughout the project.
- Stakeholder involvement strategies**:** The project team recognized that **the medical community, Specialist Services Committee, Steering and Advisory Committees, BCPS Pediatrician Champions, other transition projects and related organizations** and **community organizations** were critical to project success.

Deliverables

Project deliverables established as by the Workplan were accomplished (e.g., project planning documents).

Two objectives established for the project were also accomplished:

1. To build an *infrastructure* for transition of patients who require secondary or tertiary level of care.
2. To test and evaluate that infrastructure on a focused scale.

The type of "infrastructure" developed is best described as a framework and is not system support. Rather the four resources fit into and support the unique processes of community pediatricians involved within their individual practices:

- *BCPS Medical Transfer Summary (MTS)*
- *Transition Guidelines for Youth Experiencing Mental Health Disorders*
- *Locating a Physician or Adult Specialist for a Transferring Patient*
- *Community Resources Supporting Transition*

The project resource *BC Resources to Support Transition/Transfer from Pediatric to Adult Care* demonstrates how the tools and resources support individual community pediatricians. This framework and resources may be viewed online:
http://www.bcpeds.ca/Programs/showcontent.aspx?MenuID=3525

Testing and evaluation of the tools and resources in a small-scale pilot show that the project has been successful in achieving the project outcomes:

- Participating clinicians (community pediatricians, family physicians and adult specialists) interviewed in the demonstration phase were satisfied with the information transfer tools.
- The information transfer tools tested in the demonstration phase supported improved written and verbal communication between physicians participating in the transfer (e.g., document transfer and verbal consultation).
- Awareness of the tools, and intent to use them among BC community pediatricians existed around the province as of October 2017.

See the report *What We Learned* for details of developmental and outcomes evaluation methodology, findings and analysis.

Project Challenges & Lessons Learned

The fundamental challenges with transition continue to be system capacity and access to services. Transition tools can enhance practitioner capability but cannot create needed health care supports and services in communities. See Appendix 3 for system-level challenges raised by project participants.

Administrative challenges included limitations of physician time to participate in project activities, delay in approval of the Fee for Service item and submission of a change request to implement substantive awareness-raising activities to fall 2017 rather than late-spring 2017. Anticipated budgetary issues did not arise.

An interesting lesson learned was the degree to which this particular project drew on the team's collective broad workplace experience, multiple knowledge areas, teamwork and familiarity with the project model.

Sustainability

As anticipated in the project submission, supports to sustainability include a sustainable infrastructure or framework as articulated in the framework *BC Resources to Support Transition/Transfer from Pediatric to Adult Care*, online access to the tools and resources, access to the Medical Transfer Summary via electronic medical record systems (EMRs) and continued stakeholder collaboration. These supports have been developed through project activities.

A variety of communication techniques will continue to be implemented, including targeted, awareness-raising messages and positive reinforcement of the value and benefits of using the tools and resources developed through the project.

In winter 2017/18 a "Bridging Initiative" was developed with funds made available through a changes request to explore further strategies that might encourage community pediatricians to use project tools and resources. Although planned sustainability strategies were not changed substantially by the findings, useful refinements and themes are recorded in *What We Learned* – Part 2.

Next Steps

BC Pediatric Society is preparing a proposal for submission to SSC to strengthen BCPS Mental Health Guidelines by testing these in practice. This project will likely use a patient journey mapping approach to find out what works and what doesn't. BCPS will lead the project working collaboratively with the Ministry of Health & Substance Abuse, Ministry of Health, and Ministry of Child and Family Development.

Project Close

The project was *implemented essentially as planned*, with any departures from the plan reflecting a thought-out response to what was learned as the project progressed.

From a best practices perspective the *process supports a high quality product*. Project outcomes were *achieved and are supported* by the professional evaluation report submitted.

ONTRAC tools were the starting point, but the final result is different and now meets needs of community pediatricians. See tools sampler, Appendix 4 (under separate cover).

A sufficient strategy is in place to support use of the tools and resources by a realistic number of community pediatricians who determine that the tools benefit their practices.

However, to increase use of the tools developed by the BC Pediatric Society beyond that stated above, systematic barriers need to be addressed (or at least work-arounds developed) and clear processes for transition/transfer need to be developed along with guidelines for implementation.

Recommendations

Reflecting effort and learnings relayed in the Project Report and *What We Learned* report, the project team recommends that the BC Pediatric Society:

1. Advocate for improved access and quality of mental health care for patients being transitioned from the pediatric to adult care system.

2. Advocate for a position in each Health Authority (perhaps a combination of nursing and social worker) to support community pediatricians and family physicians in the transition/transfer process of complex patients.

3. Encourage community pediatricians to utilize the Medical Transfer Summary, even those patients who are unattached to family physicians at the time of transfer. This couple be provided to the patient/family for future use.

4. Continue efforts to establish a Fee for Service (FFS) code to support completion of the transition/transfer process.

EXECUTIVE SUMMARY: WHAT WE LEARNED EVALUATION REPORT

The Project

The project's purpose was to enhance the capability of BC Community Pediatricians (CPs) to transition/transfer youth with chronic/complex health conditions to adult care (i.e. to Family Practitioners (FPs), Adult Specialists (ASs) and/or allied health supports (AHSs)). The specific focus of this project was on the tools used for transfer of medical information.

The Evaluation

The evaluation played a dual role in the project: a) supporting the tools and resources development process and b) assessing the extent to which the project built an infrastructure, as well as tested and evaluated it in a focused, small scale demonstration phase. The evaluation used interviews, in-person discussion groups, pre-post transfer interviews, an online survey and an assessment of website analytics to do so. This report presents the evaluation's findings by project phase: Initiation and Planning, Development (Environmental Scan and Design), Consultation, Demonstration and Close.

The evaluation found the project achieved the following with respect to its outcomes:

- Participating clinicians (community pediatricians, family physicians and adult specialists) interviewed in the demonstration phase were satisfied with the information transfer tools they had used or received for patient transfer.

- The information transfer tools tested in the demonstration phase supported improved written and verbal communication between physicians participating in the transfer (e.g., document transfer and verbal consultation).

- Awareness of the tools, and intent to use them among BC community pediatricians existed around the province as of October 2017.

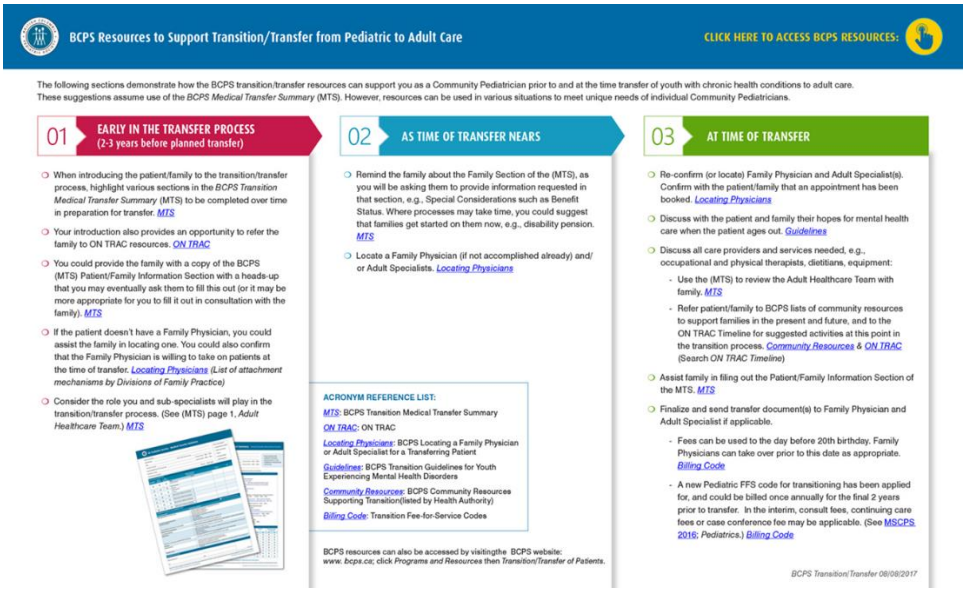
Key Themes

Three key themes emerged from the evaluation findings across the project phases. These themes are summarized below.

Useful/Usable Tools Developed

The project developed an overall framework and the resources to support community pediatricians at three phases within the larger transition/transfer process. **Figure A** below presents this framework: *BCPS Resources to Support Transition/Transfer from Pediatrics to Adult Care*.

FIGURE A – FRAMEWORK FOR BCPS RESOURCES TO SUPPORT TRANSITION/TRANSFER FROM PEDIATRICS TO ADULT CARE



The three phases in the framework incorporate the four resources produced by the project: the Medical Transfer Summary (MTS), Locating a Family Physician or Adult Specialist for a Transferring Patient, Community Resources Supporting Transition, Transition Guidelines for Youth Experiencing Mental Health Disorders. These resources may be viewed online: http://www.bcpeds.ca/Programs/showcontent.aspx?MenuID=3525

The tools developed were created to respond to a variety of work situations, regional differences and individual physician/patient needs, reflecting the range in community pediatrician practices across BC. The project used an iterative process to develop and refine the resources.

Those familiar with the BCPS resources[2] were satisfied with and likely to promote or use them again. Satisfaction was highest with the *Medical Transfer Summary* and somewhat lower for the *Finding a Physician* and *Community Resources* tools, which were not seen as necessary for every transfer. The Mental Health Guidelines were considered helpful in a general sense, but not yet practical for use.

In August 2017, the transition tools were made freely available on the BCPS website[3], and BCPS sent notices to pediatricians that the tools were available and how to access them. In the August-October 2017 period, an estimated 167 unique visitors had accessed these resources on the BCPS website. Eighty-three percent (83%) of these visits were from BC, suggesting that BC Community pediatricians are aware of and have a keen interest in transition resources

Participants in all phases of the project identified a core group of conditions that they felt would impact uptake of the resource, including whether a community pediatrician had patients that were being transferred, whether the accepting physician had previously been involved in the care of the patient (e.g., the MTS was deemed most applicable for complex patients transferring to a new adult care team) and the ease and time commitment required to complete the MTS. Consistent factors affecting use of the resources were raised in several phases. These included the scope of information available to the pediatrician, and whether they were anticipating transfer of a youth in the foreseeable future.

Stakeholder Engagement

The evaluation findings supported the value of authentic stakeholder involvement throughout all stages of the project, from materials development to acceptance of the final product by target users. The project team involved a wide range of stakeholders including the medical community, Specialist Services Committee, Steering and Advisory Committees, BCPS Pediatrician Champions, other transition projects and related organizations and community organizations.

[2] This category combines demonstration participant feedback, and members of the Steering and Advisory Committee who participated in the end-of project evaluation discussion.

[3] Prior to this (during the demonstration phase) the resources were available only to physicians participating in the demonstration.

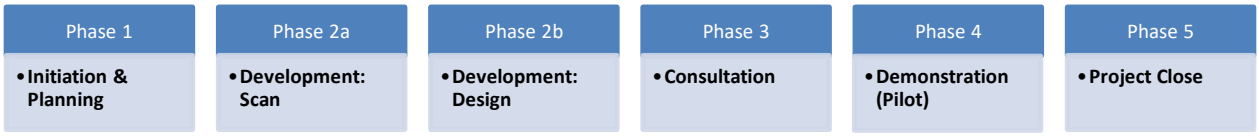
FIGURE B – PHYSICIAN PARTICIPATION IN THE PROJECT'S DEVELOPMENT, DESIGN, CONSULTATION AND DEMONSTRATION PHASES, BY CITY

In total, 119 physicians participated in the project. This represents 113 community pediatricians, adult specialists and family physicians involved in one or more phases of the project, and 6 physicians on the Steering and Advisory Committees. Their involvement by location is summarized in **Figure B** above, and by Phase or role in ***Appendix A***. As can be seen physicians from across British Columbia participated in the environmental scan, consultation and/or demonstration phases of this project.

Project Processes

The project implemented a disciplined project management methodology, in particular a phased, reiterative approach using *Plan-Do-Study-Act* cycles. Iterative discussion, exploration of details and breadth of perspectives was made possible by this approach.

FIGURE C – PROJECT PHASES



The project used project management tools and practices to plan each phase and then feed information back into planning before moving forward with each phase. Each phase of the project was preceded by forward- looking brainstorming sessions, incorporating ongoing learnings into planning and implementation of each phase.

The project end date was extended (through a formal change request) to accommodate improved timing of awareness-raising communications, however, the project completed the work on the extended timeline, within budget and within scope. This was made possible by ensuring project activities focused on the end deliverables, which were to develop and test the four tools aimed at supporting community pediatricians in the transition/transfer of patients to the adult care system.

The evaluation process was important in documenting "real world" challenges encountered by community pediatricians in the transfer of patients to adult systems of care, and lessons learned: these included systemic difficulties such as a province-wide lack of family physicians, adult care services and mental health resources. As well, it noted gaps may exist between the age at which youth are no longer eligible for pediatric services and the age at which adult specialists accept them into their practices. A skilled and diverse project team, steering committee and advisory committee guided the project through the complex environment in which it was undertaken –influenced by a diversity of stakeholders and with a focus on patients with multiple conditions, and there were many concurrent projects vying for physician attention. Distinguishing between project and systemic factors early in the project facilitated the ability of the project team to focus their attention on what could be accomplished within the project timeline, scope and budget.

Conclusions

This quality improvement project achieved its two objectives of:

1. building an infrastructure for the transition of pediatric patients who require secondary and tertiary levels of adult care[4] and;

2. Testing and evaluating that infrastructure on a focused, small scale.

[4] At the start of the evaluation, the terminology used was patients receiving Tier 2 and 3 services.