Children with special needs

Breaking barriers to improve communication between primary, specialty care

by Lori O’Keefe • Correspondent

The number of pediatric visits resulting in referrals to subspecialists has climbed from 5 million in 1999 to more than 13 million in 2009. In addition, at least 10 million U.S. children have special health care needs.

With the staggering number of children requiring specialty care, communication and co-management among primary care pediatricians and subspecialists are more important than ever to ensure quality patient care, especially for children with special needs.

“Not only is the prevalence of children with special health care needs increasing, but the complexity of their needs is rising, with most having multiple diagnoses and specialists,” said Christopher Stille, M.D., M.P.H., FAAP, a member of the AAP Medical Home Implementation Project Advisory Committee.

Effective communication and co-management among pediatricians and subspecialists can improve patient care and outcomes, reduce costs, increase efficiency, reduce emergency visits and hospitalizations, enhance access to care, and result in overall higher satisfaction for everyone involved, according to a white paper based on a 2012 AAP Strategy Forum.

Despite the benefits, an AAP Periodic Survey found that less than half of pediatricians report collaborating with subspecialists to plan patient care.

Challenges abound

“Ineffective communication and co-management have been challenges for as long as there have been pediatric subspecialists and children who receive specialty services, but because of the way the health care system is set up, communication and co-management don’t always happen, so things don’t have a good reason to get better,” Dr. Stille said.

“There isn’t a lot of incentive for communication and co-management since the payment system is mostly fee-for-service, with office visits the main source of revenue,” Dr. Stille added. “Clinicians get paid for seeing patients, not communicating with each other, which fundamentally contributes to the problem.”

Dr. Stille recalls when he, subspecialists, a home care nurse and social worker worked together to develop a care plan for a patient with cerebral palsy and scoliosis whose Spanish-speaking family was having difficulties negotiating the health care system.

“We weren’t reimbursed, but we did it because it was for the good of our patient whose care became better than it had been in years,” Dr. Stille said. “All it took was two phone calls and one secure email conference.”

Having more than one provider involved in a patient’s care can create confusion about medical home issues, including who is responsible for administering immunizations, tracking referrals and following up on lab results. Even though the primary care setting typically is the medical home for patients, subspecialists occasionally serve as the medical home for children with complex needs.

“The right hand needs to know what the left hand is doing and vice versa,” said John W. Foreman, M.D., who participated in the
2012 strategy forum and is chief of pediatric nephrology at Duke University Medical Center. “It minimizes the risk of duplicating services or implementing conflicting treatments, but more importantly, it allows all of us to have a more complete picture of the patient.”

According to a survey, 98% of primary care physicians and subspecialists indicated that communication is important for quality patient care, but most of the respondents said barriers make this difficult (Pediatrics. 2003;112:1314-1320).

Besides inadequate communication and the fee-for-service payment model, other hurdles challenging communication include insufficient electronic health information technology and medical-legal issues, according to the strategy forum paper.

**Suggestions for improvement**

To improve communication and co-management, pediatricians should start by identifying everyone involved in the child’s medical care and each of their roles, recommends Jennifer L. Lail, M.D., FAAP, a member of the AAP Council on Children with Disabilities. This may include families, schools, community services, therapists, medical equipment suppliers and others.

Parents or guardians are the key drivers to care delivery and management decisions because if they disagree with or cannot carry out a care plan, it may not be implemented, Dr. Lail said.

Dr. Lail also recommends establishing reliable two-way communication, ensuring that information exchanges are concise and actionable, and utilizing the skills of everyone on the team.

The AAP Subspecialists and Medical Home Leadership Team and strategy forum participants identified the following as priorities for the Academy to undertake over the next few years to improve collaboration among pediatricians and subspecialists:

- Identify and/or develop tools that address such issues as empanelment (assigning patients to a team of providers to oversee care) and logistics of sharing patient information.
- Educate pediatric providers on collaborative and team-based care.
- Advocate for finance and policy reform that supports collaboration.
- Explore the reasons and possible solutions for the increasing rate of subspecialty referrals and the lack of subspecialists in some areas.

---

**Virtual co-management project improves epilepsy care**

A partnership between the AAP Coordinating Center on Epilepsy and University of New Mexico (UNM) is expanding care for children with epilepsy through a telehealth program.

Project ECHO (Extension for Community Healthcare Outcomes) offers weekly videoconferences where primary care providers in underserved areas of the state consult with specialists at academic medical centers and each other. Primary care providers also gain access to clinical management tools and case-based training in specialty areas not usually within their scope of practice. Families avoid long-distance travel to specialists.

The Child & Youth Epilepsy TeleECHO Clinic was launched in June at UNM. The Coordinating Center on Epilepsy is a cooperative agreement between the Academy and the Maternal and Child Health Bureau. For information, visit www.aap.org/epilepsy.
**Children with special needs**

Breaking barriers to improve communication between primary, specialty care

Lori O’Keefe

*AAP News* 2014;35;23

DOI: 10.1542/aapnews.20143510-23

<table>
<thead>
<tr>
<th>Updated Information &amp; Services</th>
<th>including high resolution figures, can be found at: <a href="http://aapnews.aappublications.org/content/35/10/23">http://aapnews.aappublications.org/content/35/10/23</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>This article cites 1 articles, 1 of which you can access for free at: <a href="http://aapnews.aappublications.org/content/35/10/23#BIBL">http://aapnews.aappublications.org/content/35/10/23#BIBL</a></td>
</tr>
<tr>
<td>Subspecialty Collections</td>
<td>This article, along with others on similar topics, appears in the following collection(s): Medical Home <a href="http://beta.aapnews.aappublications.org/cgi/collection/medical_home_sub">http://beta.aapnews.aappublications.org/cgi/collection/medical_home_sub</a> Disabilities <a href="http://beta.aapnews.aappublications.org/cgi/collection/disabilities_sub">http://beta.aapnews.aappublications.org/cgi/collection/disabilities_sub</a></td>
</tr>
<tr>
<td>Permissions &amp; Licensing</td>
<td>Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: <a href="http://beta.aapnews.aappublications.org/site/misc/Permissions.xhtml">http://beta.aapnews.aappublications.org/site/misc/Permissions.xhtml</a></td>
</tr>
<tr>
<td>Reprints</td>
<td>Information about ordering reprints can be found online: <a href="http://beta.aapnews.aappublications.org/site/misc/reprints.xhtml">http://beta.aapnews.aappublications.org/site/misc/reprints.xhtml</a></td>
</tr>
</tbody>
</table>
Children with special needs
Breaking barriers to improve communication between primary, specialty care
Lori O'Keefe
AAP News 2014;35;23
DOI: 10.1542/aapnews.20143510-23

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://aapnews.aappublications.org/content/35/10/23