



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

May 17, 2013

Maushami DeSoto, M.Sc., Ph.D., MHA.
Office of Extramural Research, Education and Priority Populations
Agency for Healthcare Research and Quality
540 Gaither Rd.
Rockville, MD 20850

Re: Request for Measures and Domains to Use in Development of a Standardized Instrument for Use in Public Reporting of the Quality of Transition from Child-focused to Adult-focused Care in Young Adults with Chronic Conditions

Dear Dr. DeSoto:

On behalf of the American Academy of Family Physicians (AAFP), which represents more than 110,600 family physicians and medical students nationwide, I write in response to the Request for Measures and Domains to Use in Development of a Standardized Instrument for Use in Public Reporting of the Quality of Transition from Child-focused to Adult-focused Care in Young Adults with Chronic Conditions as [published](#) by the Agency for Healthcare Research and Quality (AHRQ) in the April 18, 2013 *Federal Register*.

Section 401(a) of the *Children's Health Insurance Program Reauthorization Act* instructs the AHRQ to improve pediatric healthcare quality measures and in this request, AHRQ seeks input on instruments or domains measuring aspects of the transition from child-focused to adult-focused care in young adults with chronic health conditions so that a standardized assessment instrument can be developed.

The process of understanding and improving care transitions is closely tied to the successful adoption of the Patient Centered Medical Home which in itself is a transition away from a model of symptom and illness based episodic care to a system of comprehensive coordinated primary care for children, youth and adults. The AAFP shares with AHRQ the goal of improving pediatric healthcare quality measures and developing assessment instruments; however, currently we are not aware of any validated experience surveys exist that examine these adolescent experiences. That being said, the AAFP is pleased to be involved in efforts to develop instruments that provide family physicians with information of importance to transition and transfers into adult care. Over the past three years, the AAFP has worked with the National Center for Healthcare Transition on the program [Got Transition](#), which tests processes at multiple sites that

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study successful transitions from pediatric to adult based care. This important research is essential since the distinction between typical adolescents and adolescents with special healthcare needs is noted by the AAFP, American Academy of Pediatrics, and American College of Physicians in the clinical report titled [Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home](#).

The AAFP urges AHRQ to consider the [Six Core Elements of Health Care Transition](#) developed by Got Transition as measure domains. Each element has a pediatric and adult focused activity making them relevant to all health care providers serving young adults. The AAFP believes that existing data proves these core elements are useful and we encourage their further and expanded use. These elements are particularly attractive since this approach offers some flexibility for organizations in how each element is implemented, which is important considering the diversity of healthcare systems in the United States.

We also point out that when each of the six core elements was tested and implemented, special consideration was made to develop process measures and free [tools](#) for providers were posted online. For example, the Health Care Transition Index is a tool that evaluates a practice's quality improvement processes to help provide a positive and coordinated transition experience for each patient. Though this index does not directly fulfill the AHRQ request for measures to be used by young adults or their parents, the AAFP nevertheless recommends its use as a way to help ensure that practices have clear guidance on their roles, goals, and activities intended to support youth and families in transition.

As part of the effort to develop a standardized instrument, the AAFP encourages AHRQ to consider additional efforts such as the Consumer Health Care Transition Survey developed by the National Alliance to Advance Adolescent Health and the validated questions for parents of 12-17 years old as prepared the National Survey of Children with Special Health Care Needs.

In closing, the AAFP reiterates our support for efforts to improve pediatric healthcare quality measures. We believe all physicians must be informed and equipped to perform transition activities within their practices and to receive adult patients transitioning from their pediatric colleagues. We appreciate the opportunity to provide these comments and make ourselves available for any questions you might have or clarifications you might need. Please contact Robert Bennett, Federal Regulatory Manager, at 202-232-9033 or rbennett@aafp.org.

Sincerely,



Glen Stream, MD, MBI, FAAFP
Board Chair