HEALTH MANAGEMENT ASSOCIATES

MASSACHUSETTS HEALTH POLICY COMMISSION

Brief Intervention and Care Management for Pediatrics

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AGENDA

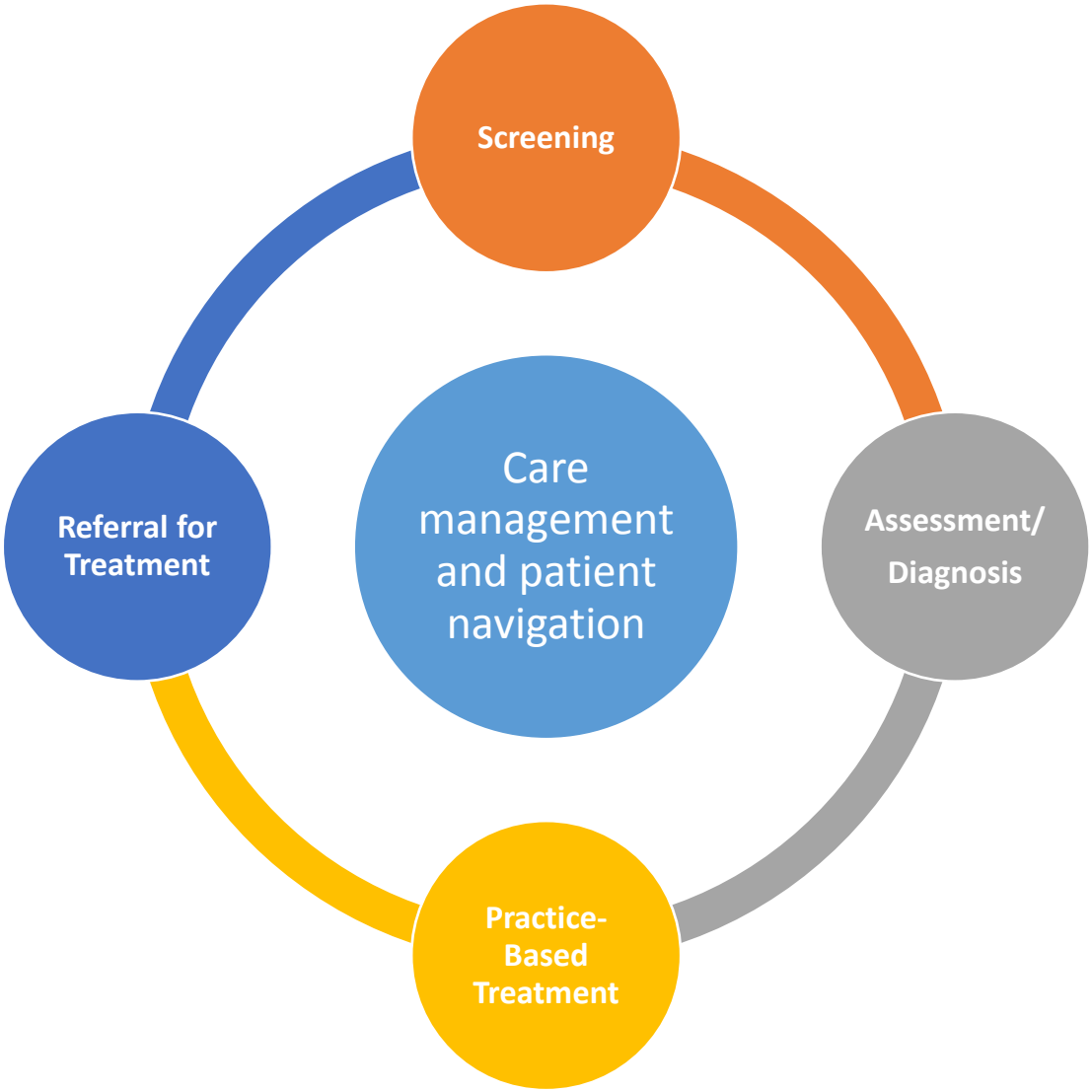
- DEVELOPMENTAL SCREENING RECOMMENDATIONS
- BEHAVIORAL HEALTH SCREENING RECOMMENDATIONS BY MASSHEALTH
- POSTPARTUM DEPRESSION SCREENING RECOMMENDATIONS
- QI LIFECYCLE
- ENGAGEMENT IN CARE MANAGEMENT AND BRIEF INTERVENTIONS

Related PCMH PRIME Elements:

C-1: Practice has at least one care manager qualified to identify and coordinate BH needs

D-2,6: Practice collects and regularly updates a comprehensive health assessment that includes developmental screening and post-partum depression screening where appropriate

CARE MANAGEMENT CYCLE



OBJECTIVE SCREENING TOOLS

- Developmental surveillance or monitoring recommended at every visit, milestones generally included in EMR
  - Clinical judgement detects fewer than 30% of children with intellectual disability, learning disabilities, or developmental delay
  - Clinical judgement identifies fewer than 50% of children with serious emotional and behavioral disturbances
- Objective developmental screening with validated tool recommended 9, 18, and 24/30 months
- Must be followed by diagnostic developmental evaluation
- Autism screening recommended at 18 and 24 months
- Yearly alcohol and drug use assessments recommended starting at age 11

PCMH PRIME Element D 1-5: The practice collects and regularly updates a comprehensive health assessment including:

- Behaviors affecting health and BH history of patient and family
- Developmental screening for children < age 3 using a standardized tool
- Depression, anxiety, SUD screening for adults and adolescents using a standardized tool

OBJECTIVE SCREENING TOOLS

- Multiple validated objective developmental screening tools. Examples include:
  - Parents' Evaluations of Developmental Status (PEDS)
  - Ages and Stages Questionnaire (ASQ)
  - Full list available through NECTAC: http://www.nectac.org/~pdfs/pubs/screening.pdf
- Autism Screening Tools:
  - Modified Checklist for Autism in Toddlers (M-CHAT);
  - Modified Checklist for Autism in Toddlers Revised with Follow-up (M-CHAT-R/F);
  - Screening Tool for Autism in Toddlers and Young Children (STAT™)
- Considerations in tool selection:
  - Cost to purchase tool
  - Availability in electronic or paper forms (integration in EMR)
  - Language availability
  - Acceptability to payers
  - Age span
  - Time to administer
  - Parent vs provider completed

SCREENING FOR MASS HEALTH

+ MassHealth requires all primary-care providers (PCPs) of MassHealth patients (from birth to 21 years) to offer **standardized behavioral-health screening** as part of periodic and medically necessary interperiodic Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screens.

+ PCPs must choose a clinically appropriate behavioral health screening tool from a menu of approved standardized tools.

MASSHEALTH APPROVED SCREENING TOOLS FOR PEDIATRICS

There are several tools available for screening, each with pros and cons

Screening Tool	Full Name	Age Group	Answered By	Cost	Link
ASQ:SE	Ages & Stages Questionnaire: Social Emotional	1 to 72 months	Parent	$225	http://www.brookespublishing.com/resource-center/screening-and-assessment/asq/
BITSEA	Brief Infant Toddler Social Emotional Assessment	12 to 36 months	Parent	$126 - $359	http://www.pearsonclinical.com/childhood/products/100000150/brief-infant-toddler-social-emotional-assessment-bitsea.html
CRAFFT	Car, Relax, Alone, Forget, Friends, Trouble	14 to 21 years	Youth	No	http://www.ceasar-boston.org/clinicians/crafft.php
M-CHAT	Modified Checklist for Autism in Toddlers	16 to 30 months	Parent	No	http://mchatscreen.com/
M-CHAT-R/F	Modified Checklist for Autism in Toddlers, Revise with Follow-Up	16 to 30 months	Parent	No	http://mchatscreen.com/
PEDS	Parents' Evaluation of Developmental Status	Birth to 8 years	Parent	$42	http://www.pedstest.com/default.aspx

MASSHEALTH APPROVED SCREENING TOOLS FOR PEDIATRICS, CONTINUED

There are several tools available for screening, each with pros and cons

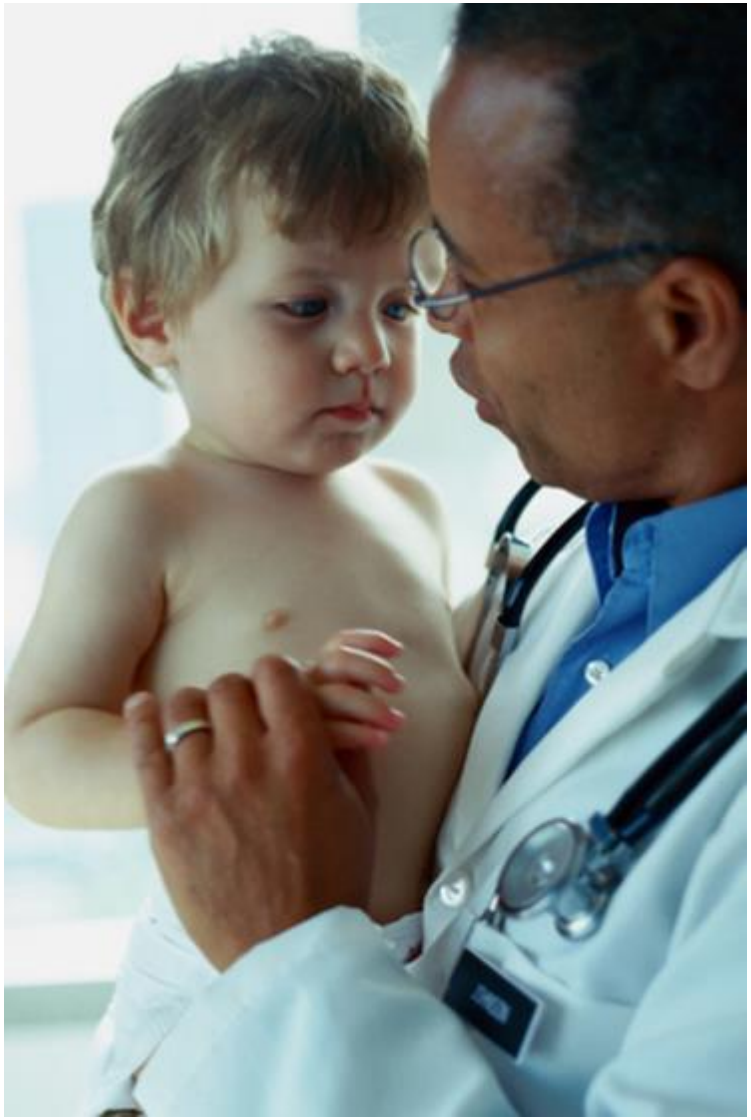
Screening Tool	Full Name	Age Group	Answered By	Cost	Link
PHQ-9	Patient Health Questionnaire – 9 (Depression)	13+ years	Youth	No	http://www.integration.samhsa.gov/images/res/8.3.4%20Patient%20Health%20Questionnaire%20(PHQ-9)%20Adolescents.pdf
PSC	Pediatric Symptom Checklist	4 thru 18 years	Parent	No	http://www.massgeneral.org/psychiatry/services/psc_home.aspx
PSC-Y	Pediatric Symptom Checklist – Youth Report	4 thru 18 years	Youth	No	https://www.brightfutures.org/mentalhealth/pdf/professionals/ped_sympton_chklst.pdf
SDQ	Strengths and Difficulties Questionnaire	3 thru 16 years	Parent	No	http://www.sdqinfo.org/
SWYC	Survey of Wellbeing of Young Children	0 thru 60 months	Parent	No	https://www.floatinghospital.org/The-Survey-of-Wellbeing-of-Young-Children/Overview.aspx
SWYC/MA	Survey of Wellbeing of Young Children for Massachusetts for Postpartum Depression	2 to 4; 4 to 6; and 6 to 9 months	Parent	No	http://www.mcpap.com/ https://www.mcpapformoms.org/Toolkits/PediatricProvider.aspx

POSITIVE DEVELOPMENTAL SCREENING

- Positive developmental screening requires more extended developmental assessment such as Batelle Developmental Inventory and Infant Toddler Developmental Assessment
- Children ages 0 to 3 years should be referred to Early Intervention (EI) for development of Individualized Family Service Plan and multi-modality intervention and therapy
- Children ages 3 to 21 should be referred to local education agency or school district

MANDATED MEDICAID SCREENING IS EFFECTIVE IN MA

- Using MassHealth claims data, children with ≥300 days of eligibility in fiscal year (FY) 2009 were identified
- Of 355,490 eligible children, 46% had evidence of screening. Of those with screening modifiers, 12% were positive
- Of the children with positive BH screening, 43% had no BH history



Screening for Behavioral Health Issues in Children Enrolled in Massachusetts Medicaid, Hacker KA, Penfold R, Arsenault L, Zhang F, Murphy M, Wissow L; Pediatrics, 2014; 133(1)

POSTPARTUM DEPRESSION SCREENING

POSTPARTUM DEPRESSION SCREENING

- Estimated rates for depression among pregnant and postpartum women range from 5% to 25%. Rate in low-income mothers and pregnant/parenting teenagers may be 40% to 60%
- Peak incidence for major depression 6 weeks post-partum and 2 to 3 months post-partum for minor depression. There is another peak of depression 6 months post-partum
- USPSTF Grade B recommendation but does not specify periodicity of screening
- AAP recommends screening at 1-, 2-, 4-, and 6-month visits

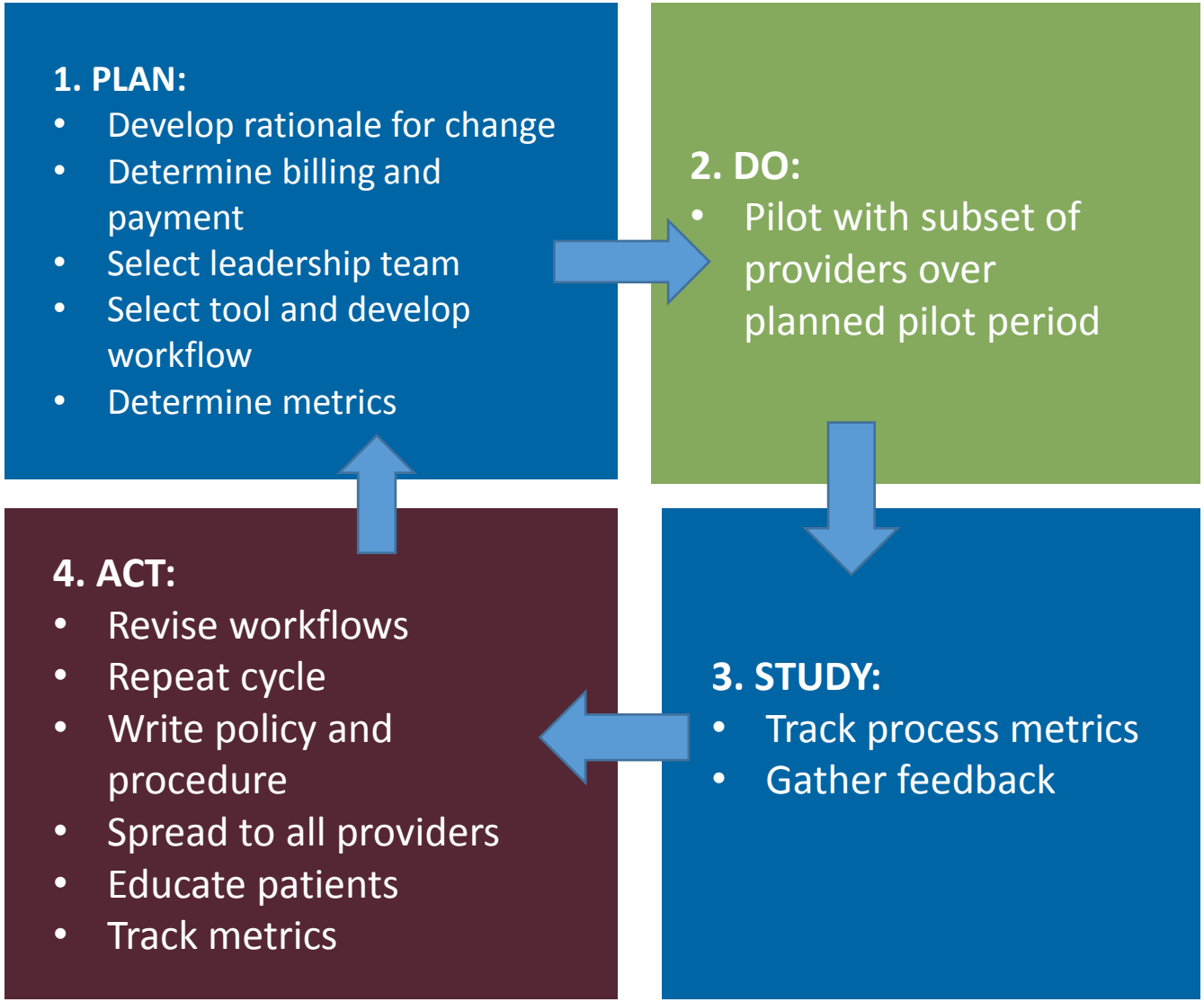
PCMH PRIME Element D-6: Practice collects and regularly updates a comprehensive health assessment including post-partum depression screening using a standardized tool.

Marian F. Earls, MD, THE COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH
Pediatrics 2010;126:1032–1039, www.pediatrics.org/cgi/doi/10.1542/peds.2010-2348

POSTPARTUM DEPRESSION SCREENING

- Tools:
  - Edinburgh Postnatal Depression Scale most widely known, must be followed up by additional diagnostic tool
  - Can also use 2-question screening, followed by a diagnostic tool if positive:
    - Over the past 2 weeks:
      - 1. Have you ever felt down, depressed, or hopeless?
      - 2. Have you felt little interest or pleasure in doing things?
  - PHQ-2 or PHQ-9
- Referral and supervision of connection to resources critical step if adult BH services are not offered through practice

QUALITY IMPROVEMENT LIFECYCLE: PLAN, DO, STUDY, ACT



FULFILLING THE CARE MANAGER ROLE – IMPORTANT HIRE!

Who are the BH CMs?

- Flexibility in qualification/ training of care manager: Typically MSW, LCSW, MA, LPN, RN, CHW
- Variable clinical experience – leverage expertise in brief intervention skills, registry management

What makes a good BH CM?

- Organization
- Persistence- tenacity
- Creativity and flexibility
- Strong communication skills
- Enthusiasm for learning
- Strong patient advocate
- Willingness to be interrupted
- Ability to work in a team

PCMH PRIME Element C 1: Practice has at least one care manager qualified to identify and coordinate BH needs

CARE MANAGER TASKS FOR COLLABORATIVE CARE

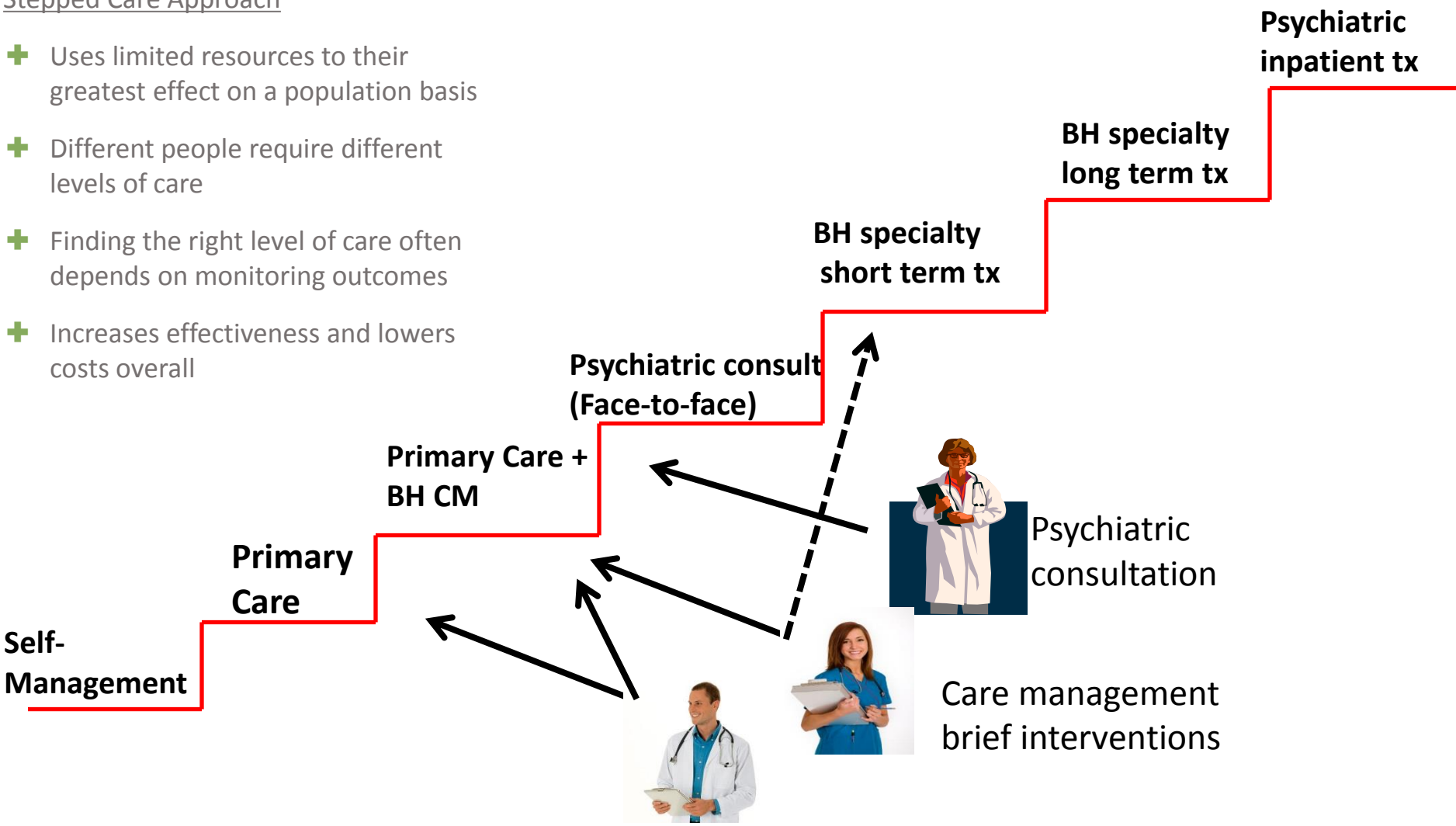
- Common BH Care Manager Functions:
  - Facilitates patient/parent engagement
  - Performs systematic initial and follow-up assessments
  - Systematically tracks treatment response using registry including referral tracking
  - Supports treatment plan with PCP
  - Reviews challenging patients with the psychiatric consultant weekly (can be with PCP)

Note: PCMH PRIME Element C does not define the responsibilities of BH Care Manager. Practices are able to define priorities for the role and staff qualifications.

CONFIRM THE BEST TYPE OF TREATMENT FOR INDIVIDUAL PATIENTS

Stepped Care Approach

- Uses limited resources to their greatest effect on a population basis
- Different people require different levels of care
- Finding the right level of care often depends on monitoring outcomes
- Increases effectiveness and lowers costs overall



BRIEF INTERVENTIONS IN PEDIATRIC INTEGRATED PRACTICE

- Brief Interventions can be done by BH care manager, PCP or a combination of both
- Selection of which Brief Intervention to use with a particular patient driven by clinical judgement and patient preference; Techniques can be used for wide range of diagnoses
- Techniques:
  - Anticipatory guidance
  - Brief therapeutic interventions
    - Diaphragmatic Breathing
    - Behavioral Activation
    - Problem Solving Therapy
    - Motivational Interviewing
    - Distress Tolerance Skills
    - Cognitive Behavioral Therapy (CBT)
- Referral process
- Measuring progress, registry management, case consultation

CONFIDENTIALITY CONCERNS

- Massachusetts
  - Minors (age 12+) may consent (without adult) to their own treatment for SUD, family planning services, or treatment for sexually transmitted diseases (including HIV or AIDS). M.G.L.A. c. 112 & 12E, c. 111 § 24E, and c. 111 § 117
  - A minor who is at least 16 years old may commit himself or herself for mental health treatment without parental consent. M.G.L.A. c. 123 § 10
  - In addition to the above categories, Massachusetts Courts have adopted the "mature minor rule." This means that if a doctor believes that the child is mature enough and able to give informed consent to medical care not described above; and it is in the best interests of the minor not to notify the child's parents, the doctor may accept the child's consent alone. Baird v. Attorney General, 371 Mass. 741, (1977)
- PCPs and Care Managers continue to document their findings in the chart - use clinical judgement regarding how much detail to include

IMPLEMENTING BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS

- Include a patient engagement component. Skipping right to treatment doesn't work
- Be time efficient, running no more than 20-30 minutes a visit
- Care managers can send the parents out of the room to collect additional information if needed (see slide on confidentiality)
- Follow a structure-based approach. A modularized treatment with clear steps keeps the provider and patient on track despite the distractions in primary care
- Minimize required clinical training. The treatment should be able to be administered by non-specialists who work in a health care team
- Be relevant and applicable to the diverse patient populations found in primary care
- While evidence-based practice is preferred, there are limited studies of interventions in pediatric practice. Pediatric care manager best practice is adapting the evidence based adult brief interventions to the pediatric population – described in the following slides

If an intervention occurs that meets criteria for a psychotherapy code (30, 60 minute etc.) or family therapy then bill it

BRIEF INTERVENTIONS - ANTICIPATORY GUIDANCE – BIRTH TO SCHOOL-AGED USUALLY

- "Anticipatory Guidance" is a common term in the field of general pediatrics. It refers to providing education to parents about what to expect, or anticipate, over the next few months or years with your child. Recommendations are specific to a child's age at the time of a visit.

BRIEF INTERVENTIONS - ANTICIPATORY GUIDANCE

- Educating parents regarding normal social and emotional development
- Training parents in basic behavior-modification principles; establishment of consistent expectations and structure, clear limit-setting, praise, and positive reinforcement
- Teaching strategies to enhance parent-child relationships
- Teaching strategies to improve family cohesion and address sibling conflicts
- Coaching parents on bullying issues
- Educating parents about the impacts of toxic stress and traumatic experiences
- Helping parents become effective advocates for their children with regard to addressing special education needs

Anticipatory guidance for social-emotional development: Normal behaviours

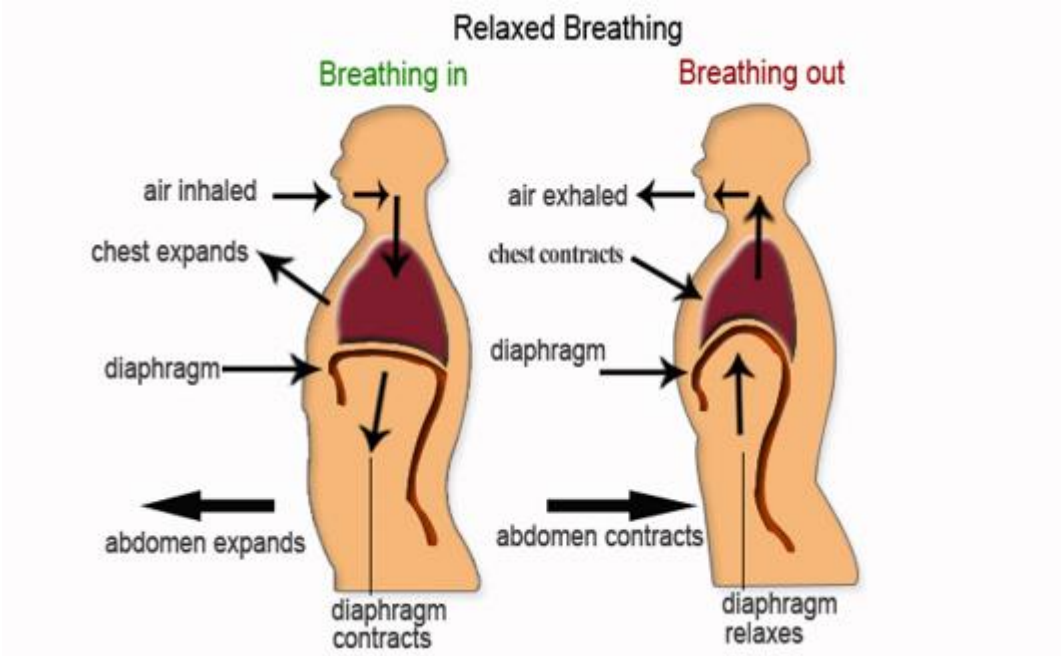
Age	Behaviour	Age	Behaviour
6 months	**Separation anxiety (7,8):** • Calm him when he protests. • Transitional object (eg, a blanket) helps him feel calm. • Tell him where you are going, when you will return (follow through). • Leave with confidence, use a consistent caregiver. • Hold him close upon return, until he signals readiness to move away. • Daycare: If he is very upset, integrate him gradually, with you present, during part of the initial days. • Stay with him during hospitalizations.	2 years	**Negative behaviours (24,25):** • *To increase positive behaviours:* Give immediate positive attention (eg, specific praise "Good sitting quietly in your chair", smile, hug). • Praise positive behaviours at least 3–4 times more often than you identify misbehaviour. Children are not spoiled by praise. • *To decrease minor negative behaviour (eg, whining):* Consistently ignore (ie, even negative attention is rewarding), know that it usually worsens at first. • As soon as misbehaviour stops, suggest appropriate behaviour, give immediate positive attention to the positive behaviour.
9 months	**Night wakings (10):** • Respond as you do at bedtime. • Try moving bedtime earlier by a half hour or more.	3 years	**Grabbing toy (8):** • Help the crying child, ask the grabbing child why he did that. • Tell the child who grabbed to share, reassure him that he will get it back later.
18 months	**Temper tantrums (8):** • Distract him (eg, alternate activity), remove him from that location. • Try soothing him by holding and helping to label feelings. • If unsuccessful, let him cry it out while you ignore the behaviour, staying in the room with him. • Once he will allow it, soothe him, help him verbalize feelings, distract.	3 years	**Negative behaviours (24,25):** • *For recurring problems, use immediately:* • Logical consequence (eg, drawing on wall →crayons removed, helps clean). • Natural consequence (eg, dawdling before park → no time to go). • Stay calm. • A child's feelings about himself are as important as obeying your commands.
18 months	**Aggression (8,27):** • Tell him firmly to stop (eg, "No hitting"). • Label his feeling (eg, "You're angry"). • Redirect (eg, give him another activity to do). • Physical punishment is not effective, is harmful, and teaches violence. • Your attachment relationship helps him cope with emotions, spend daily time following his lead in play.	3 years	**Aggression (25):** • *Time-out to calm down* (ie, boring safe area, ignore him): • Briefly explain (eg, "No hitting/wrecking. You need a time-out to calm down"). • Lasts 3 min (three-year-old), 4 min (four-year-old), or 5 min (five or more years of age). It is not over until he has been calm for 2 min. • *After time-out:* Praise his calming down, give him something else to do. • Praise his first positive behaviour, encourage verbal expression of anger.
2 years	**Picky eating (23):** • Do not coax. • Ignore it. • Serve the same variety of nutritious foods that you eat. • He is responsible for what and how much he eats. • He will grow up able to regulate food intake based on internal cues of hunger and satiety. • Trust that when he is older, he will eat what you eat.	4 years	**Noncompliance (25):** • *Time-out to calm down* (ie, if noncompliant >75% of the time): • Give command (eg, "Please put your boots away"). • When he does not respond within 5 s, warn him of time-out (eg, "If you don't put your boots away, you'll have to go to time-out"). • Wait 5 s to give a chance to comply. Praise him if he does. • If doesn't comply, take him to time-out. • When done, praise him for calming down, repeat the original command.

Numbers in parenthesis indicate references

Anticipatory guidance for cognitive and social-emotional development: Birth to five years. Cara Dosman, MD FRCPC FAAP and Debbie Andrews, MD FAAP FRCPC, Paediatr Child Health, 2012 Feb; 17(2): 75-80

BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: DIAPHRAGMATIC BREATHING

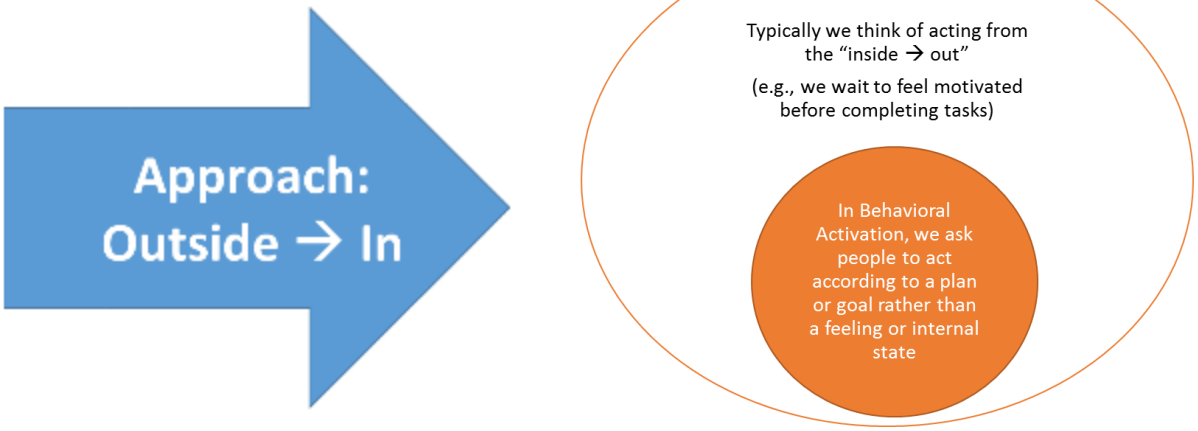
- Providing stress management techniques: relaxation training such as diaphragmatic breathing and introduction to mindfulness-based stress reduction



- Sit or stand in a comfortable position with your back straight and your feet flat on the floor
- Place one hand on your chest and one on your stomach if you want
- Slowly inhale through your nose, counting slowly to 4
- Slowly exhale through the mouth, counting slowly to 6
- That's it! Repeat several times.

BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: BEHAVIORAL ACTIVATION

- Behavioral Activation for depression
  - Set goals – social/physical are typically best mood boosters
  - Set follow-up to see if goal accomplished
  - Establish next goal



BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: PROBLEM SOLVING THERAPY

- Problem Solving Therapy – 7 steps
  - Define a problem
  - Select achievable goal
  - Generate multiple solutions
  - Pros and cons of each solution
  - Select a feasible solution
  - Implement solution
  - Evaluate outcome

BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: MOTIVATIONAL INTERVIEWING

- Motivational Interviewing

DO (ACE)

Honor Autonomy: Allow the freedom not to change

"How ready are you to change?"

Collaborate

"What do you think you'll do?"

Elicit Motivation

"What would you like to change about your drinking?"

AVOID

Making judgmental statements

"You really need to stop drinking."

Push for commitment

"If you delay getting sober, you could die."

Dictate

"I would urge you to quit drinking."

BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: DISTRESS TOLERANCE

- Distress Tolerance Skills- from Dialectical Behavioral Health

Self-Soothe With Senses

Find a pleasurable way to engage each of your five senses. Doing so will help you soothe your negative emotions

Vision	Go for a walk somewhere nice and pay attention to the sights
Hearing	Listen to something enjoyable such as music or nature
Touch	Talk a warm bath or get a massage
Taste	Have a small treat – it doesn't have to be a full meal
Smell	Find some flowers or spray a perfume or cologne you like

http://www.therapistaid.com/therapy-worksheet/dbt-distress-tolerance-skills/dbt/adolescents

STOP Skill

Stop

Do not just react. Stop! Freeze! Do not move a muscle! Your emotion will try to make you act without thinking. Stay in control!

Take a step back

Task a step back from the situation. Get unstuck from what is going on. Let go. Take a deep breath. Do not let your feelings put you over the edge and make you act impulsively.

Observe

Take notice of what is going on inside and outside of yourself. What is the situation? What are your thoughts and feelings? What are others saying and doing?

Proceed mindfully

Act with awareness. In deciding what to do, consider your thoughts and feelings, the situation, and the thoughts and feelings of other people. Think about your goals. What do you want to get from this situation? Which actions will make it better or worse?

BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: DISTRESS TOLERANCE

- Distress Tolerance Skills- from Dialectical Behavioral Health – Distraction

Distraction (A.C.C.E.P.T.S.)

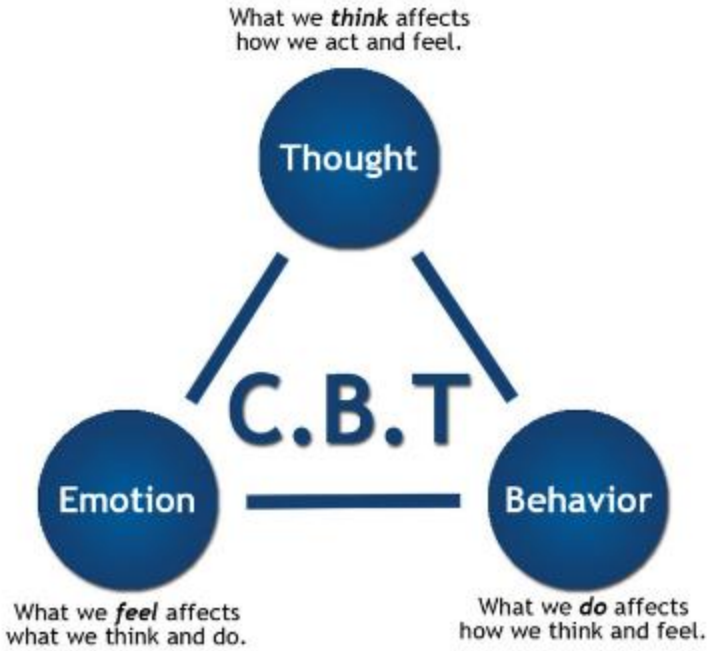
Negative feelings will usually pass, or at least lessen in intensity over time. It can be valuable to distract yourself until emotions subside. The acronym "A.C.C.E.P.T.S." serves as a reminder of this idea.

A	Activities	Engage in activities that require thought and concentration. This could be a hobby, a project, work, or school.
C	Contributing	Focus on someone or something other than yourself. You can volunteer, do a good deed, or do anything else that will contribute to a cause or person.
C	Comparisons	Look at your situation in comparison to something worse. Remember a time you were in more pain, or when someone else was going through something difficult.
E	Emotions	Do something that will create a competing emotion. Feeling sad? Watch a funny movie. Feeling nervous? Listen to soothing music.
P	Pushing Away	Do away with negative thoughts by pushing them out of your mind. Imagine writing your problem on a piece of paper, crumbling it up, and throwing it away. Refuse to think about the situation until a better time.
T	Thoughts	When your emotions take over, try to focus on your thoughts. Count to 10, recite a poem in your head, or read a book.
S	Sensations	Find safe physical sensations to distract you from intense negative emotions. Wear a rubber band and snap it on your wrist, hold an ice cube in your hand, or eat something sour like a lime.

- http://www.therapistaid.com/therapy-worksheet/dbt-distress-tolerance-skills/dbt/adolescents

BRIEF PSYCHOTHERAPEUTIC INTERVENTIONS: CBT

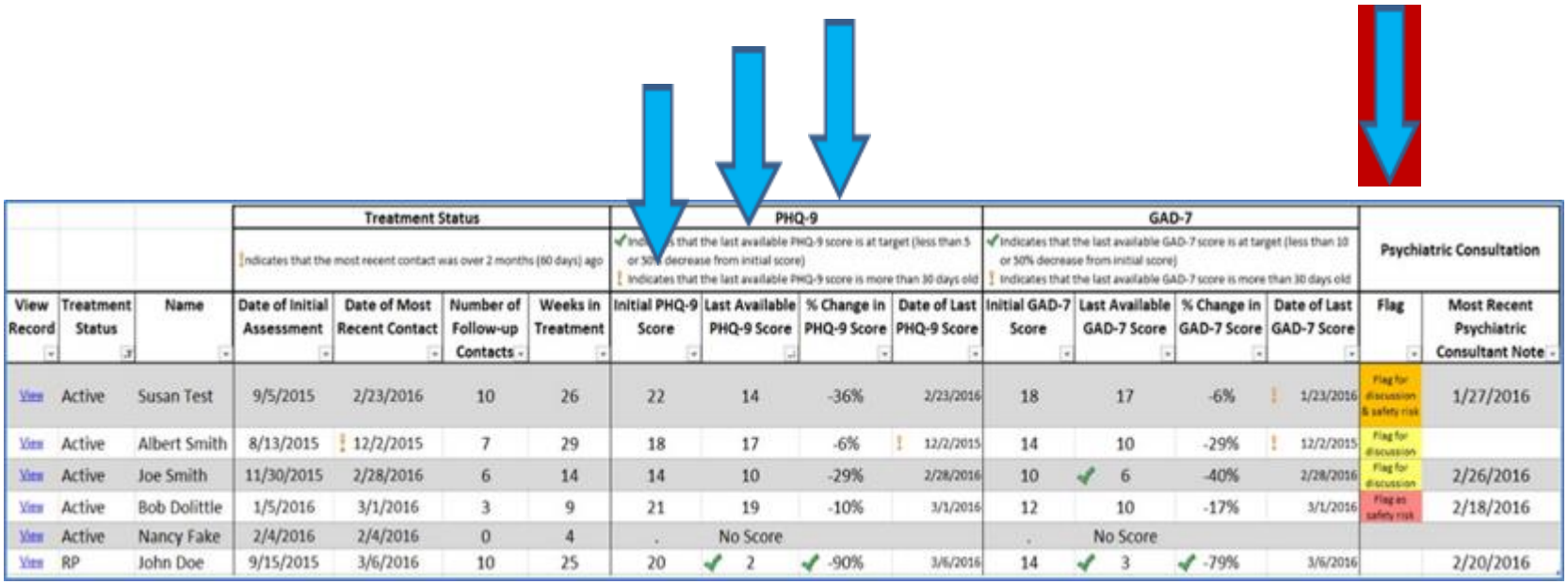
- Utilizing cognitive-behavioral principles to help parents manage mild manifestations of generalized anxiety, social anxiety, and separation anxiety
- Utilizing the CBT triangle: Strong evidence base for CBT in adolescents in primary care



MAINTAIN REGISTRY AND REVIEW WITH PSYCHIATRIC CONSULTANT

- Frequent administration of **validated** measurement tools

Flag for consultation



			Treatment Status				PHQ-9				GAD-7				Psychiatric Consultation	
			! Indicates that the most recent contact was over 2 months (60 days) ago				✓ Indicates that the last available PHQ-9 score is at target (less than 5 or 50% decrease from initial score) ! Indicates that the last available PHQ-9 score is more than 30 days old				✓ Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score) ! Indicates that the last available GAD-7 score is more than 30 days old					
View Record	Treatment Status	Name	Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Consultant Note
View	Active	Susan Test	9/5/2015	2/23/2016	10	26	22	14	-36%	2/23/2016	18	17	-6%	! 1/23/2016	Flag for discussion & safety risk	1/27/2016
View	Active	Albert Smith	8/13/2015	! 12/2/2015	7	29	18	17	-6%	! 12/2/2015	14	10	-29%	! 12/2/2015	Flag for discussion	
View	Active	Joe Smith	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	✓ 6	-40%	2/28/2016	Flag for discussion	2/26/2016
View	Active	Bob Dolittle	1/5/2016	3/1/2016	3	9	21	19	-10%	3/1/2016	12	10	-17%	3/1/2016	Flag as safety risk	2/18/2016
View	Active	Nancy Fake	2/4/2016	2/4/2016	0	4	.	No Score			.	No Score				
View	RP	John Doe	9/15/2015	3/6/2016	10	25	20	✓ 2	✓ -90%	3/6/2016	14	✓ 3	✓ -79%	3/6/2016		2/20/2016

FREE UW AIMS Excel® Registry (https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data)

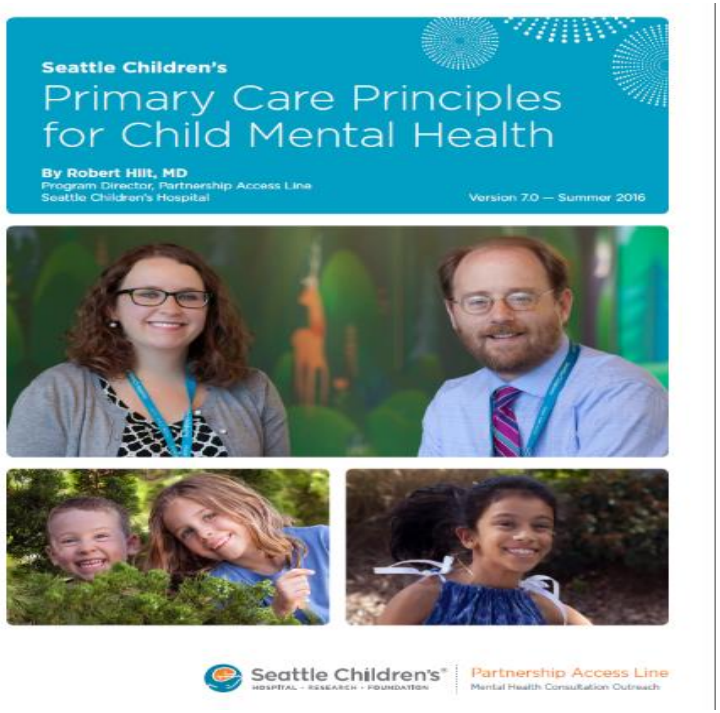
USING THE REGISTRY TO ACHIEVE REMISSION

- Tracking results on a registry allows Care Managers to quickly identify patients who are not progressing and take appropriate action.

Observation: Recent screening value shows little improvement from initial	Possible CM actions: Reconnect with patient for brief intervention, follow-up. Review case with PCP and psych consult. Change medication dosing, refer for therapy or other intervention.
Observation: Patient has not been screened for a long time, no psych consult	Possible CM actions: Reach out and re-connect with the patient, complete screening, discuss with psych consult as needed.
Observation: Patient in remission	Possible CM actions: Convey to PCP and psych consult with treatment plan. Continue to screen at defined intervals to prevent relapse.

RESOURCES FOR PCPs

- www.seattlechildrens.org/pdf/PAL/WA/WA-care-guide.pdf
  - Screening Tools
  - Brief Interventions
  - Self-help materials
  - Parent resources too
- MASSBIRT http://www.masbirt.org/products
  - Videos demonstrating screening techniques
  - SBIRT Clinician's Toolkit
  - Brief Treatment Manual



RESOURCES FOR PCPs: HANDOUTS

- Useful Handouts
  - Need AAP Member login

https://patiented.solutions.aap.org/handouts.aspx

http://integratedcareforkids.org

REFERRAL TRANSITIONS

- Helping to prepare children and parents for therapy/child psychiatric referrals and educating them regarding what to expect
- Use available resources or refer to a trusted colleague if possible:
  - MCPAP: Telephone and Face-to-Face Psychiatric Consultation
    - www.mcpap.com
- Working with youth that may be transitioning from pediatrician to adult provider

EVALUATION

- Please evaluate this session by completing the survey found here:

https://www.surveymonkey.com/r/JBLKFDN