

## FROM THE SOCIETY: PART I

## SGIM Announces the Formation of the Adults with Complex Conditions Originating in Childhood Task Force

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It is very exciting to announce the formation of the Adults with Complex Conditions Originating in Childhood Task Force. The SGIM Council approved the formation of this new task force in September. The March and April issues of *SGIM Forum* focused on a selection of issues young adults with complex and disabling conditions originating in childhood face, some of the barriers to care, and the challenges general internists encounter when providing care to these patients. The role of the Adults with Complex Conditions Originating in Childhood Task Force will be to work within SGIM and represent SGIM nationally in promoting improvements in the care of these patients through education, research, and advocacy.

The topic of how to provide the best care for adults with complex and disabling conditions originating in childhood has been discussed for decades but has received increasing attention from national organizations as well as federal and state government in the last few years. In concordance with this increased focus, the Transitional Care for Youth with Chronic Disease Interest Group, founded in 2005, submitted a request to the SGIM leadership for the creation of this task force. We believe the time has never been better for SGIM to take a larger role in addressing the needs of this patient population and to build connections with external organizations and coalitions working in this area.

There is a specific need for SGIM to represent the general in-

ternist in ongoing national efforts related to the longitudinal care of adults with complex childhood-onset conditions. Issues related to this patient population are increasing in visibility and importance; however, there is a gap in ongoing efforts led by pediatric groups, which focus predominantly on the transition period and less on the ongoing care needs of these patients after entering adult primary care. SGIM is optimally positioned to fill this void. The number of adults with chronic conditions and disabilities that began at birth or during childhood is rising rapidly, with an estimated 9.5 million young adults age 18 to 29 currently living in the United States.<sup>1</sup> Most of these individuals are or will be managed by generalists, yet their management remains challenging due to poorly addressed clinical, educational, research, and policy needs. In 2002, the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Physicians-American Society of Internal Medicine (ACP-ASIM) released a consensus statement defining the steps that would provide adolescents with special health care needs the support required to transition to adult health care services.<sup>2</sup> Unfortunately, there has been less work focusing on the ongoing needs of this population once they are established in adult primary care. The new task force will specifically focus its efforts in this area.

The goal of the task force is to improve the care of all adults with disabilities and complex conditions originating in childhood. To accomplish this, the task force will:

1. Increase awareness and education of SGIM membership regarding the issues related to the care of this high-risk population, which faces well-established health care disparities;
2. Collaborate within SGIM to ensure issues related to this patient population are incorporated into ongoing SGIM initiatives in practice redesign, education, health care payment reform, and health policy;
3. Promote needed research and scholarship in this area; and
4. Partner with other organizations to increase SGIM's role in national efforts to improve care and draw attention to the needs of these patients during their adult lives.

Some interested SGIM members are already at work trying to achieve the goals of the new task force. We will be submitting a number of educational sessions for review and are hoping to offer opportunities for learning and networking at the SGIM national meeting in April. We have started collaborating with other professional and advocacy groups working in this area and plan to expand our partner-

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ships in the coming year. We have many ideas and plans to achieve our stated goals and expect the task force to be very active from the start.

Our gratitude goes out to Dr. Bass, members of Council, and the SGIM staff for their assistance with our request for this task force. We would specifically like to express our gratitude to Michael Landry, MD, who co-founded the interest group in 2005 and whose guidance and assistance was instrumental in getting the task force approved. Moving forward, we hope to serve the membership of SGIM and invite ideas and suggestions that best

meet members' needs. We would like to invite any and all SGIM members interested in serving on the Adults with Complex Conditions Originating in Childhood Task Force to submit to us their CV and a brief statement of interest for review. Twelve members will be selected to serve with terms ending in 2015 or 2016. Since this is a new task force, members will have an exciting opportunity to help with the organization and planning of the task force and in setting the initial agenda of the task force. If you are interested, please submit your information by e-mail to [gregg.talente@uscmed.sc.edu](mailto:gregg.talente@uscmed.sc.edu).

### References

1. National Collaborative on Workforce and Disability. Transitions missing link: health care transition. <http://www.ncwd-youth.info/policy-brief-05> (accessed June 13, 2013).
2. American Academy of Pediatrics. American Academy of Family Physicians. American College of Physicians-American Society of Internal Medicine. A consensus statement on health care transitions for young adults with special health care needs. *Pediatrics* 2002; 110(6 Pt 2):1304-6.

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