

Improving outcomes for children with complex chronic conditions through explicit co-management

**An exploration of issues, questions, and solution pathways
NICHQ Forum – March 11, 2010**

Panelists:

W. Carl Cooley – moderator

**Medical Director, Center for Medical Home Improvement
Adjunct Professor of Pediatrics, Dartmouth Medical School
Pediatrician**

Polly Arango – family advocate, organizer, and leader

**Parent of a young man with complex health conditions
Founder, Family Voices
Board member, NICHQ**

Chris Stille

**Pediatrician
Health systems researcher – generalist/specialist communication
Associate Professor of Pediatrics, University of MA Medical School**

Carolyn Green

**Pediatric neurologist
Associate Professor of Pediatrics, University of CO School of Medicine
Faculty, NICHQ/MCHB national epilepsy learning collaborative**

Thomas Klitzner

**Pediatric cardiologist
Jack H. Skirball Professor and Chief of Pediatric Cardiology
Mattel Children's Hospital, UCLA
Executive Committee Member, National Pediatric Cardiology Quality
Improvement Collaborative**

Agenda

Welcome and introduction	Cooley	5 min
Family stories – for context and purpose	Arango	15 min
Some audience perspectives	All	5 min
Including parents in co-management	Stille	5 min
Communicating about complex problems	Green	5 min
Components of co-management on the ground	Klitzner	5 min
Provocative questions for discussion	All	30 min

For example:

Are some children (or some conditions) so complex they should be managed totally by specialists without primary care involvement)?

What is the role of parents in co-management? How do we ensure that parents play an appropriate and mutually agreed upon role in care coordination and management decisions?

How does a team (specialist/s, primary, family) that's been in place through a youngster's childhood help to make the transition to adult medicine? How do they include the adolescent in this move? How do they decide who the new team is going to be?

What happens when there are serious disagreements about a critical decision?

How can we best encourage parents and physicians to work together toward an ideal model of co-management? What would such a model look like?