Response to Letter: Delivering Complex Care: Designing for Patients and Physicians

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We thank Dr. Sandhu and colleagues for their insightful comments on our perspective article and sharing their viewpoint that skilled clinicians alone cannot address the needs of complex adult patients. Broad supportive infrastructure, multidisciplinary involvement, and innovative care models are all vital for successfully managing these individuals.

We also appreciate the suggestion to borrow a framework from pediatric complex care to approach related work in adults. Resident physicians routinely serve as the primary care providers for medically complex adult patients with high emergency room and inpatient utilization. However, medical residents experience varying levels of didactic training and clinical exposure relating to complex outpatient care. While some programs offer the opportunity for residents to rotate through faculty-led complex care programs, others have no direct exposure to this field. We are also not aware of any active resident-centered complex care programs. Until the COVID-19 pandemic prompted a suspension in operation, our institution housed what we understood to be the only such program in the country, the HeROIC (High-Risk Outpatient Intern-led Care) Clinic.

Despite the recognition that specialized knowledge and skills are needed for this area of medicine, there is no formal

definition for what should be included in the corresponding toolkit for resident education. Going forward, we would like to establish these educational priorities for residents. We are currently preparing to conduct a Delphi method study to identify and standardize key elements of a resident curriculum on complex adult primary care.

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