Health Care Transition Training
for Health Care Professionals

Part 1: Modules 1 - 5

Module 1: Introduction to Health Care Transition

Course Focus

Patients' transition from pediatric to adult health care

Course Modules

Part 1

1. Introduction
2. Adolescent Development
3. Working with Caregivers
4. Assessing Transition Readiness
5. Patient Skill Development

Part 2

6. Legal & Financial Aspects
7. Insurance
8. Working with Adult Medicine
9. Care Transfer
10. Conclusion

Course Learning Objectives

- Define health care transition and its significance
- Identify challenges to transition
- Describe policies that affect transitioning youth
- Implement strategies to prepare patients & caregivers

Module 1 Learning Objectives

- Define health care transition

- Explain the importance of health care transition for patients

- Describe the current state of health care transition

Important Phrases

- Youth with Special Health Care Needs
  - YSHCN
- Parents and caregivers
- Adult medicine
  - Adult-oriented providers

What is Health Care Transition?

Health Care Transition - Defined

The purposeful, planned movement of adolescents and young adults, with or without special health care needs, from child-centered to adult-oriented health care systems

Successful Transition

Successful Transition

"The goal of a planned health care transition is to maximize lifelong functioning and well-being for all youth, including those who have special health care needs and those who do not."

=

Preparation & Planning

across ages 12-21

Increase self-management

Transfer

between ages 18-21

Discrete event

Engagement

in adult medical home

AAP/ACP/AAFP Joint Statement

- Provides framework for:
  - All youth
  - Enhanced planning activities for YSHCN
  - Move from pediatric to adult model of care

Key Points for Youth

- Communicating with providers
- Medical decision-making
- Responsibility for self-care
- Advocating for themselves

Key Points for YSHCN

- Prepare to their fullest abilities
- Direct and manage care
- Adult medicine and social services

Key Points for Providers

- Developmentally appropriate
- Continuous
- Coordinated

Key Points for Caregivers

- Prepare patients to complete tasks
- Inevitable and healthy
- Child becomes decision-maker

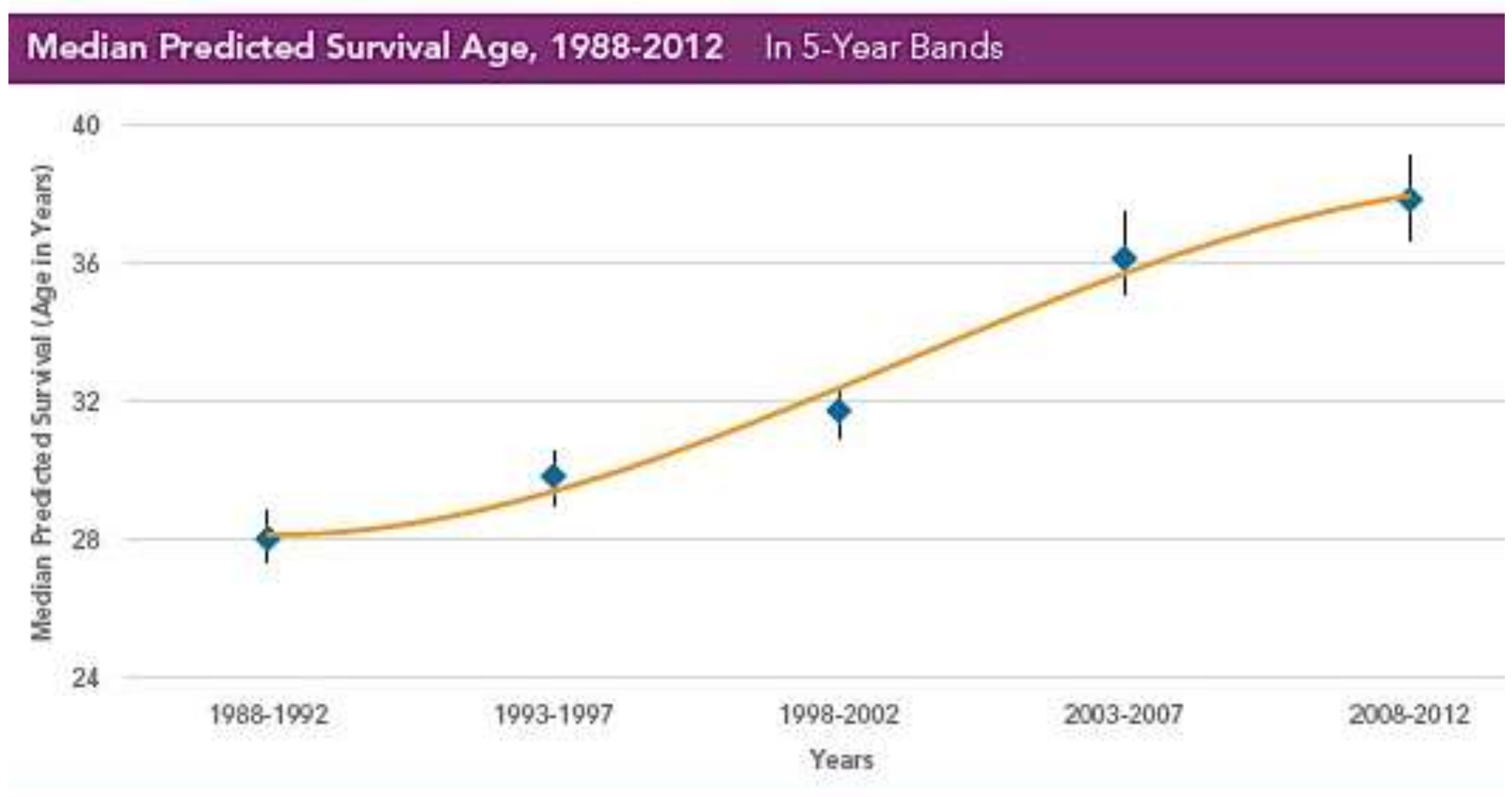
Health Care Transition: Significance

Normative Development

An Emerging Issue

Children and Youth with Special Healthcare Needs, by age			
	0-5 years old - percentage of CYSHCN	6-11 years old – percentage of CYSHCN	12-17 years old – percentage of CYSHCN
Nationwide	20.8%	38.7%	40.5%
Florida	22.0%	36.3%	41.7%

Cystic Fibrosis



Down Syndrome

1983 Life Expectancy	2014 Life Expectancy
25 years	60 years

Transition & Common Conditions

- Autism
- ADHD
- Asthma

A National Priority

- Healthy People 2020
- Maternal and Child Health Bureau
- ADA/IDEA
- National Center for Health Care Transition Improvement

Up Next: Video Clip!

- Interview with patient, Jeff
- First of 2 videos in this module

Transition Importance: Patient Perspective

Health Care Transition: Evidence Base

Current State of Health Care Transition

Interactive Question

Have you discharged patients after they reach adulthood?

If yes, what factors have led to their discharge?

Slide will automatically advance in 1 minute!

Common Outcomes

- Everything Stays the Same
- Mixed Transition
- Full Transition
- Dropping Out

Everything Stays the Same?

21-year-old patient

- Physiologically similar to an adolescent
- Brain still developing
- May rely on parent for insurance/financial management

38-year-old patient

- Physiological needs/risks different
- Completed biological development
- May support children or elderly parents

Mixed Transition

- Primary care transfers
- Specialty care remains pediatric
- Hospital care varies

Full Transition

- Primary care transfers
- Specialty care transfers
- Hospital care becomes adult-oriented

Dropping Out

From Pediatric Care

- Transition, without transfer
- Transfer to referral list
- Discharge without transition or transfer

From Adult Medicine

- Transfer without transition preparation
- Miss appointments, no follow-up
- Dissatisfied with new provider

Health Care Transition: Barriers

Barriers Providers Face

- How to broach topic
- Caregivers' and patients' fears
- Shortage of adult-oriented providers

Barriers Providers *Create*

- Abrupt transfer
- Promising not to discharge
- Directing communication to parent

Barriers for Youth

Barriers for Caregivers

- Fear
- Fear
- Fear

Up Next: Video Clip!

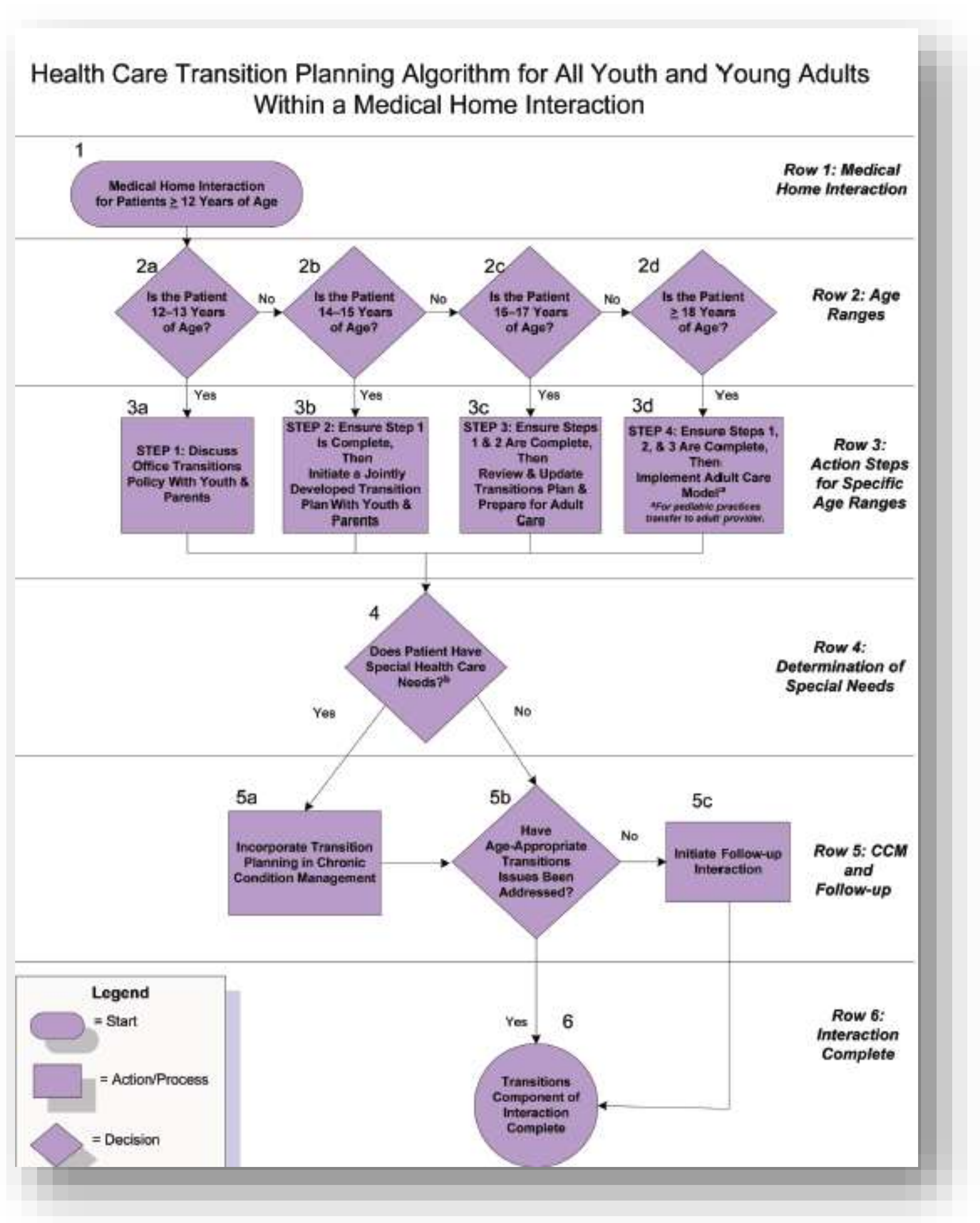
Patient interview

Transition Barriers: Patient Experience

Health Care Transition:
In Practice

The Transition Process

1. Envisioning a Future
2. Basic Knowledge
3. Health Care Practices
4. Medications & Equipment
5. Doctor Visits
6. Health Care Transition
7. Transition to Adulthood
8. Health Care Systems

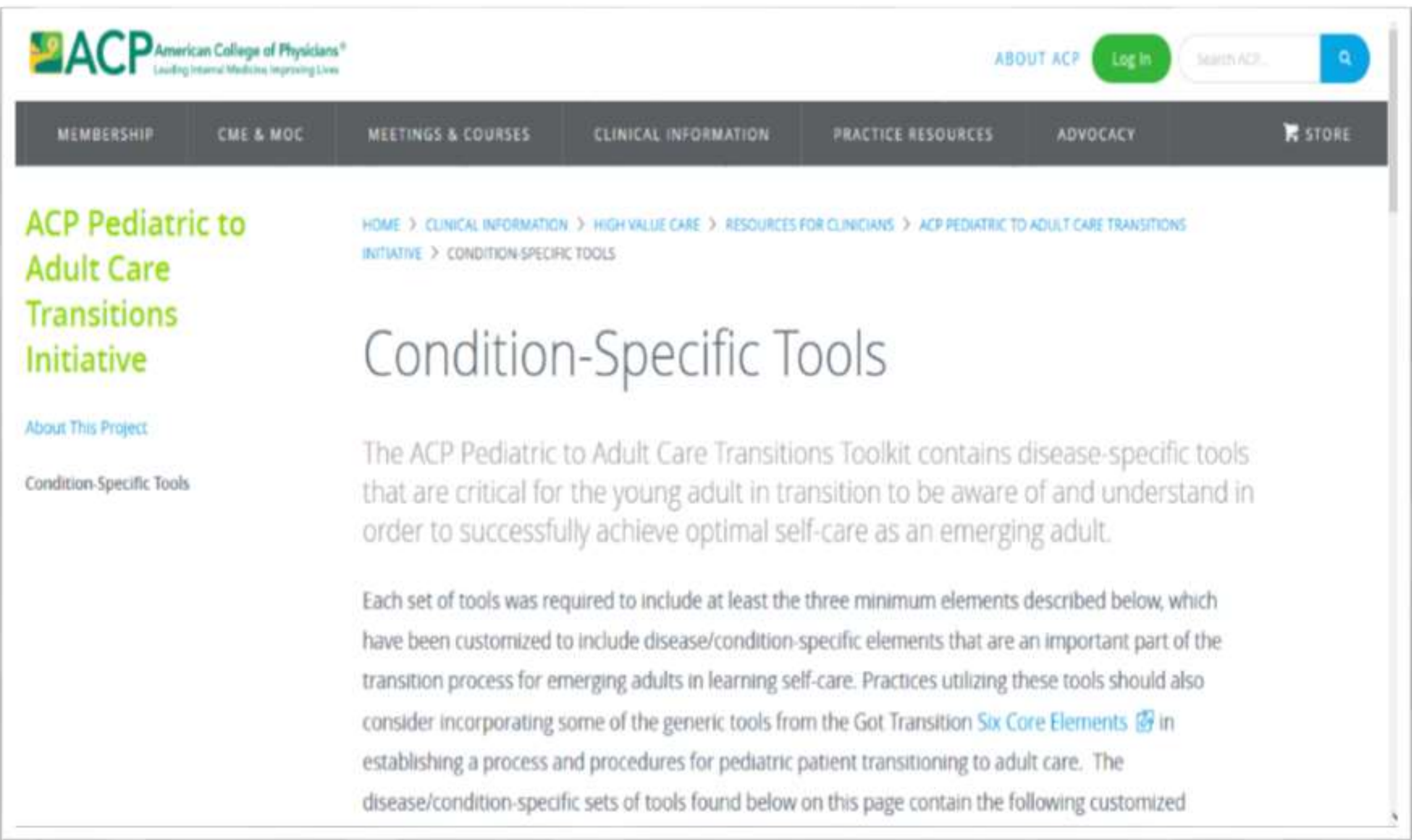


Health Care Transition Planning Algorithm for All Youth and Young Adults Within a Medical Home Interaction
1
Medical Home Interaction for Patients ≥ 12 Years of Age
Row 1: Medical Home Interaction
2a
Is the Patient 12–13 Years of Age?
No
2b
Is the Patient 14–15 Years of Age?
No
2c
Is the Patient 15–17 Years of Age?
No
2d
Is the Patient ≥ 18 Years of Age?
Row 2: Age Ranges
Yes
3a
STEP 1: Discuss Office Transitions Policy With Youth & Parents
Yes
3b
STEP 2: Ensure Step 1 Is Complete, Then Initiate a Jointly Developed Transition Plan With Youth & Parents
Yes
3c
STEP 3: Ensure Steps 1 & 2 Are Complete, Then Review & Update Transitions Plan & Prepare for Adult Care
Yes
3d
STEP 4: Ensure Steps 1, 2, & 3 Are Complete, Then Implement Adult Care Model[a]
[a]For pediatric practices transfer to adult provider.
Row 3: Action Steps for Specific Age Ranges
4
Does Patient Have Special Health Care Needs?[b]
Yes
No
Row 4: Determination of Special Needs
5a
Incorporate Transition Planning in Chronic Condition Management
5b
Have Age-Appropriate Transitions Issues Been Addressed?
No
5c
Initiate Follow-up Interaction
Row 5: CCM and Follow-up
Legend
= Start
= Action/Process
= Decision
Yes
6
Transitions Component of Interaction Complete
Row 6: Interaction Complete

6 Core Elements

Transitioning Youth to Adult Health Care Providers *(Pediatric, Family Medicine, and Med-Peds Providers)*	**Transitioning to an Adult Approach to Health Care Without Changing Providers** *(Family Medicine and Med-Peds Providers)*	**Integrating Young Adults into Adult Health Care** *(Internal Medicine, Family Medicine, Med-Peds Providers)*
1. Transition Policy	1. Transition Policy	1. Young Adult Transition and Care Policy
2. Transition Tracking and Monitoring	2. Transition Tracking and Monitoring	2. Young Adult Tracking and Monitoring
3. Transition Readiness	3. Transition Readiness .	3. Transition Readiness/Orientation to Adult Practice
4. Transition Planning	4. Transition Planning/Integration into Adult Approach to Care	4. Transition Planning/Integration into Adult Practice
5. Transfer of Care	5. Transfer to Adult Approach to Care	5. Transfer of Care/Initial Visit
6. Transfer Completion	6. Transfer Completion/Ongoing Care	6. Transfer Completion/Ongoing Care

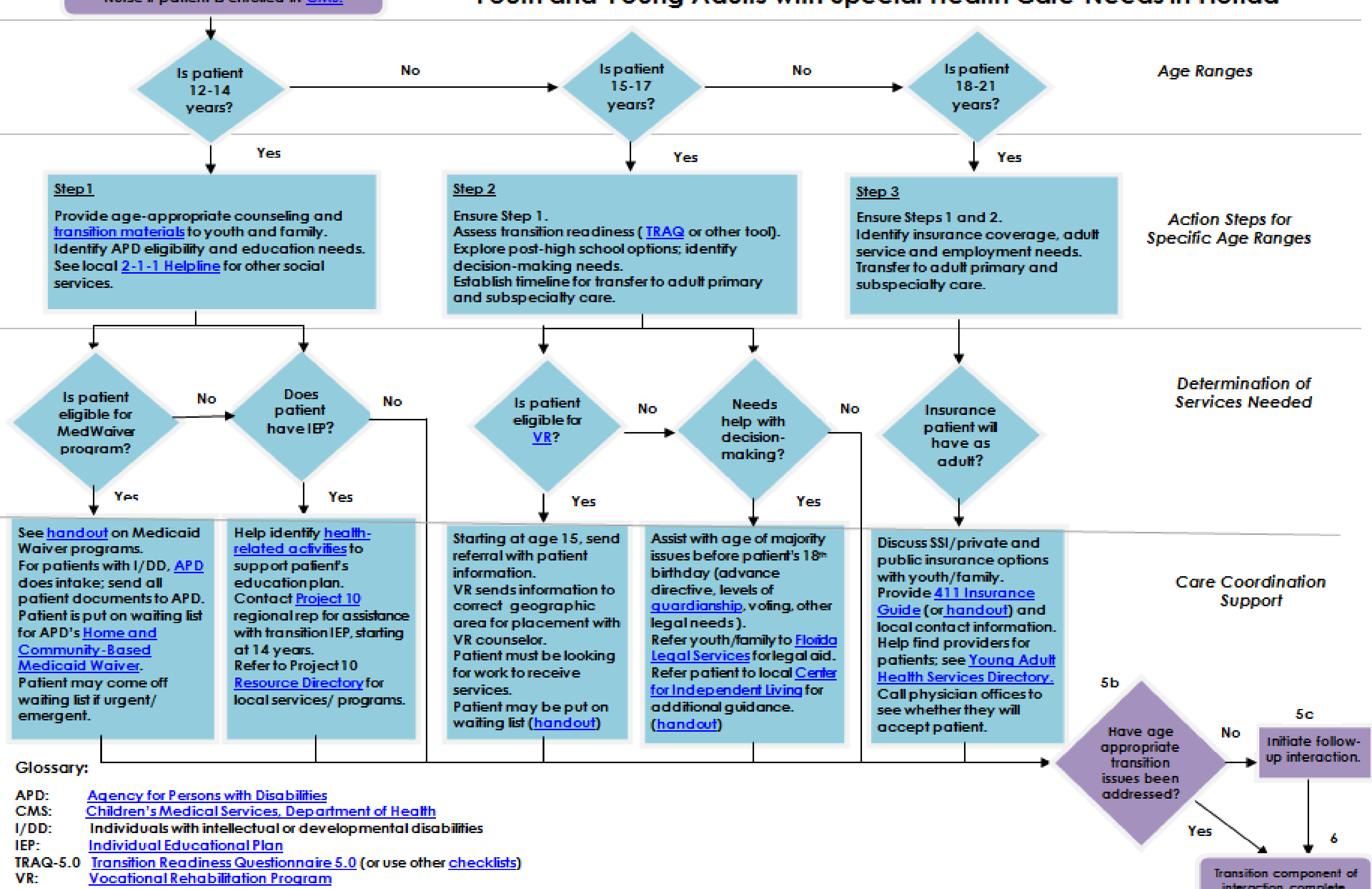
Resource: ACP Tools



7/15/13

Graduating from pediatric to adult care
FloridaHATS
Health and Transition Services

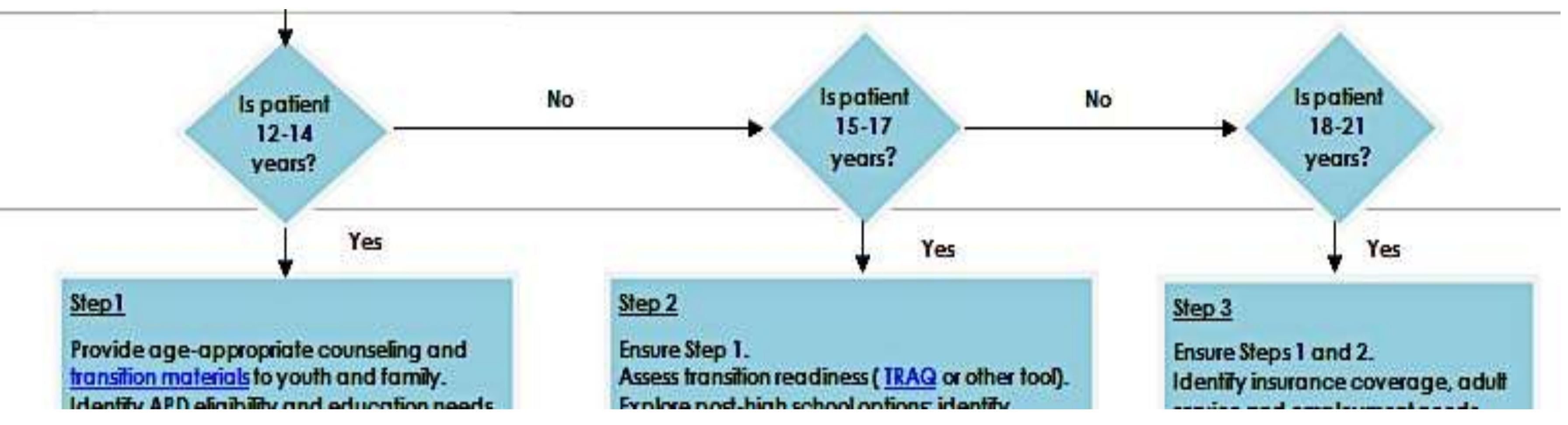
Health Care Transition Preparation for Youth and Young Adults with Special Health Care Needs in Florida



Discuss Health Care Transition with Patients & Families

Start Early!

Age Appropriate



When to Discuss

- Well visits
- Chronic condition management
- During health & stability

Interactive Question

When will you discuss health care transition with your patients?

Slide will automatically advance in 1 minute!

Health Care Transition: Resources

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Florida Health and Transition Services

Welcome to the FloridaHATS Web site! FloridaHATS is a program of Florida Department of Health, Children\'s Medical Services Managed Care Plan (CMS Plan). Our mission is to ensure successful transition from pediatric to adult health care for all youth and young adults in Florida, including those with disabilities, chronic health conditions or other special health care needs. To learn more about our program, visit About Us.

Tool Box

Our health care transition tool box contains documents and links to a variety of local, state and national resources. Materials for youth, families and professionals are organized in these categories:

For Health Care Practitioners	Independent Living
For Youth & Families	Decision-Making & Guardianship
Education & Training for Professionals	Service Delivery & Models of Care
Health Insurance & Financing	Advocacy
Secondary & Post-Secondary Education	Juvenile Justice

Regional Coalitions

- Tampa-Hillsborough County
- Northeast Florida
- Panhandle Area
- South Florida

CMS Plan

- Facilitate communication between among providers, with educators, and with community-based agencies
- Support for patients
- Assistance for providers

got transition

About | News | Resources | Health Care Providers | Youth & Families | Researchers & Policymakers

Got Transition aims to improve transition from pediatric to adult health care through the use of new and innovative strategies for health professionals and youth and families.

News & Announcements

Got Transition's New Home
With funding support from the Maternal and Child Health Bureau, The National Alliance to Advance Adolescent Health is the new "home" for Got Transition's Center for Health Care Transition Improvement. more>

Six Core Elements 2.0
Got Transition launches its new website and releases the new Six Core Elements (2.0) with corresponding clinical tools and measurement resources. more>

Transition as MCHB National Performance Measure
Transition from pediatric to adult health care has been proposed as one of the Maternal and Child Health Bureau's national performance measures. more>

Employment & Transition Partnerships
Got Transition has formed a new partnership with the Department of Labor's Office of Disability Employment Policy and the HSC Foundation's National Youth Transitions Initiative. more>

Health Care Providers

Find out about how to implement health care transition quality improvement in your practice or plan using the new Six Core Elements of Health Care Transition (2.0). Download accompanying clinical resources and measurement tools for use in any setting.

Youth & Families

Hear what young adult and parent experts have to say about common transition questions and discover new resources to make this process work easier.

Researchers & Policymakers

Find new transition policy developments, research and measurement approaches, and federal and state transition initiatives.

Summary Points

- Transition is a process
- Best started early
- For ALL youth

Summary of Tools

Health Care Transition Training for Health Care Professionals
2014 Course Release

Course Toolkit

Module 1. Introduction to Health Care Transition

1. Florida Algorithm
   http://www.floridahats.org/wp-content/uploads/2010/06/FL-Transition-Algorithm_7-15-131.pdf

2. Joint Statement
   http://www.floridahats.org/wp-content/uploads/2010/03/Peds_HCTClinicalReport_7-11.pdf

3. 6 Core Elements
   http://www.gottransition.org/6-core-elements

Citations

1. **McPherson M, Arango P, Fox H, et al.** 1998. A new definition of children with special health care needs. *Pediatrics*. 102; 1: 137-139.

2. Clinical Report – Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. 2011. American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Physicians. Pediatrics. DOI: 10.542/peds.2011-0969.

3. **McManus M, Pollack L, Cooley W, et al.** Current Status of Transition Preparation Among Youth with Special Needs in the United States. 2013. *Pediatrics*. DOI: 10542/peds.2012-3050.

4. Six Core Elements of Health Care Transition 2.0 – Transitioning Youth to an Adult Health Care Provider. 2014. Got Transition/National Center for Health Care Transition Improvement.

5. National Survey of Children with Special Health Care Needs. NS-CSHCN 2009/10. Data query from the Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. Retrieved 03/16/2014 from www.childhealthdata.org

6. Cystic Fibrosis Foundation Patient Registry. 2012 Annual Data Report. Bethesda, Maryland. cff.org/aboutCF, accessed 3/16/2014

7. Aging and Down Syndrome – A Health & Well-Being Guidebook. Moran, J. National Down Syndrome Society. www.ndss.org/Down-Syndrome/Down-Syndrome-Facts/ Accessed 03/16/2014.

8. Home page for gottransition.org. Accessed 3/1/2014.