

TRANSITION PERFORMANCE MEASURE AND DATA SUMMARY

National Performance Measure

NPM #14: Percent of children with and without special health care needs who received services necessary to make transitions to adult health care.

Definition:

- Numerator: Parent report of youth with and without special health care needs, ages 12-17 whose families report that they received the services necessary to transition to adult health care with subset analysis for children with special health care needs.
- Denominator: All adolescents, ages 12-17 years
- Units: 100 / Text: Percent

Health People 2020 Objective:

Related to Disability and Health (DH) Objective 5: Increase the proportion of youth with special health care needs whose health care provider has discussed transition planning from pediatric adult health care. (Baseline: 41.2%, Target: 45.3%)

State Objective (SHIP 2012-2015)

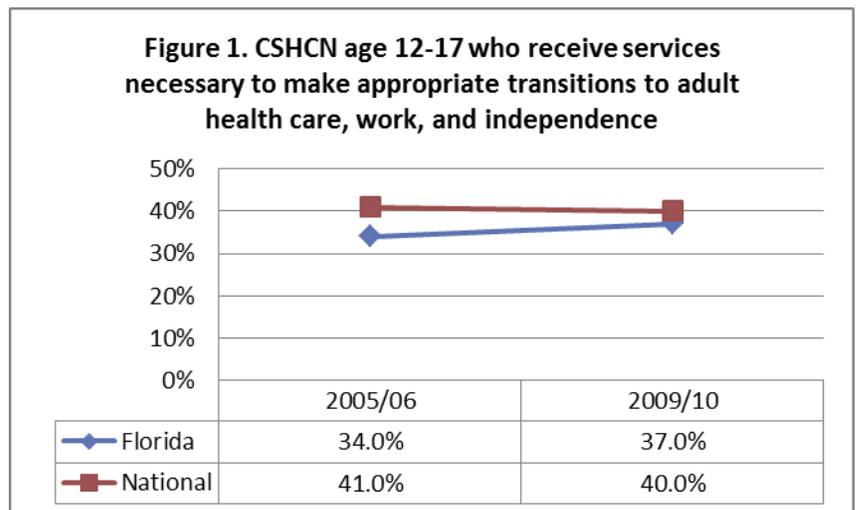
Objective AC6.3.1 of the Florida State Health Improvement Plan (SHIP) is that 100% of Children's Medical Services Network's primary care projects will provide transition education and activities for children with special health care needs who are transitioning from child-centered to adult-oriented health care systems.

The strategy for this objective is to work collaboratively with Children's Medical Services Network approved primary care providers to provide health care transition education for children and their families to prepare the child and family for a successful health care transition process.

Per CMSN, this goal was met in 2012--2013.

Most Recent National State Comparisons

Using data from the 2005-2006 and 2009-2010 National Survey of Children with Special Health Care Needs, Figure 1 shows that although Florida is moving in the right direction, the percentage of children with special health care needs receiving appropriate transition services from their health care providers is less than the national average. From 2005-2006 to 2009-10, Florida did show a 3.2 point increase (9.4%) in this outcome. The range across all states in 2009-2010 was 38.7% to 41.4%.



CMSN Annual Surveys of Parents

Children’s Medical Services Network conducts surveys with parents each year and transition is a topic in the survey. Figure 2 shows that the percentage of families who report that their child’s Children’s Medical Services Network care coordinator discussed transition with them has remained relatively constant for the past three years.

Note: This is the survey question presented in the issue brief as it was thought to be the most comprehensive. Although repeated below, it remains here because it shows three years of data.

Figure 2. Percentage of Florida parents who reported their CMSN Care Coordinator discussed their child's healthcare needs as they become an adult			
	2011-2012	2012-2013	2013-2014
Florida Title XIX Reform	32%	32%	34%
Florida Title XIX Non-Reform	32%	32%	26%
Florida Title XXI	30%	27%	26%

The following screenshots present questions on the 2014 CMSN surveys related to Transition

Title XIX Survey

PATIENT EXPERIENCES

NON-REFORM

1.3. Transition

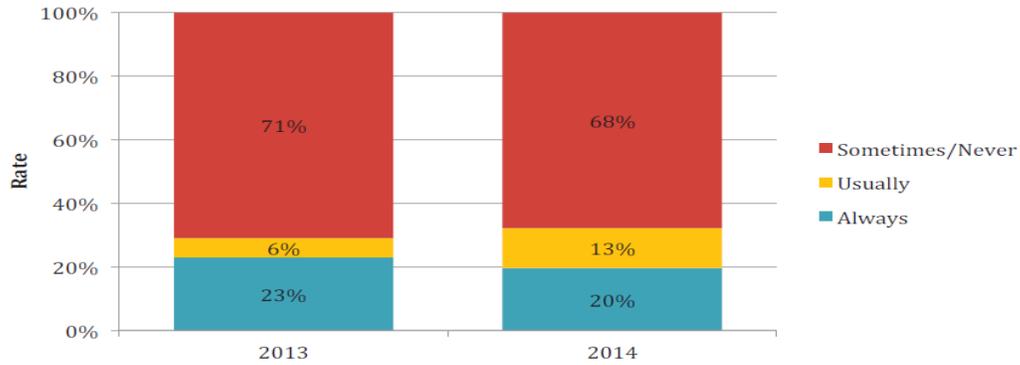
Key Findings

- Parents reported a decrease in discussions concerning their child’s healthcare needs as they become adults as well as how to keep insurance coverage as they become adults by their CMSN Care Coordinator (Table 6).
- Only 32% of parents claim that their child’s CMSN Care Coordinator usually or always encourages their child to take responsibility for his or her own health care needs (Figure 10).

Table 6. Non-Reform: Transition to Adulthood

CMSN Care Coordinator...	Total 2013	Total 2014
Discussed child eventually seeing providers who treat adults	27%	27%
Discussed child's healthcare needs as he/she becomes an adult	32%	26%
Discussed how to obtain or keep health insurance coverage for your child as they become an adult	21%	19%

Figure 10. Non-Reform: CMSN Care Coordinator Encourages Child to Take Responsibility for Health Care Needs



Note: Rates may not sum to 100 due to rounding.

PATIENT EXPERIENCES

REFORM

2.3. Transition

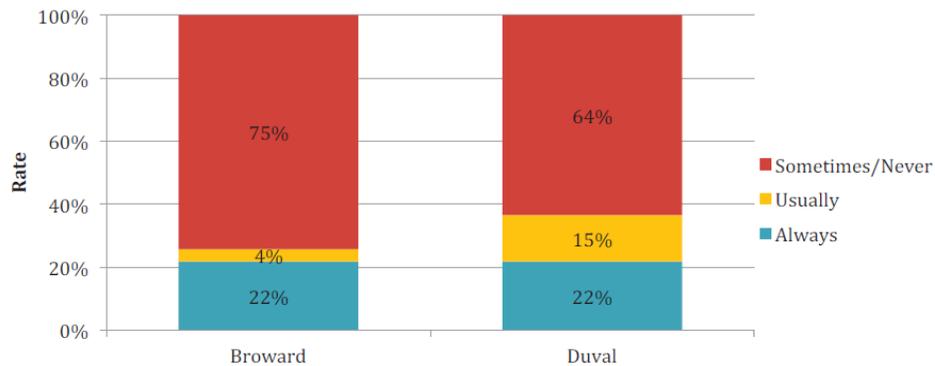
Key Findings

- Less than one-third of Duval’s parents reported that their CMSN Care Coordinator discussed their child eventually seeing a provider that treats adults, compared to approximately one-quarter of Broward’s parents (Table 22).
- Less than one-third of all parents reported that their CMSN Care Coordinator discussed with them how their child could obtain or keep health insurance coverage as their child becomes an adult.
- Almost 70% of parents said that their child’s Care Coordinator did not encourage their child to take responsibility for their health care needs (Figure 60).

Table 22. Reform: Transition to Adulthood

CMSN Care Coordinator...	Broward	Duval
Discussed child eventually seeing providers who treat adults	26%	30%
Discussed child’s healthcare needs as he/she becomes an adult	26%	42%
Discussed how to obtain or keep health insurance coverage for your child as they become an adult	22%	34%

Figure 60. Reform: CMSN Care Coordinator Encourages Child to Take Responsibility for Health Care Needs



Note: Rates may not sum to 100 due to rounding.

PATIENT EXPERIENCES

PED-I-CARE

1.3. Transition

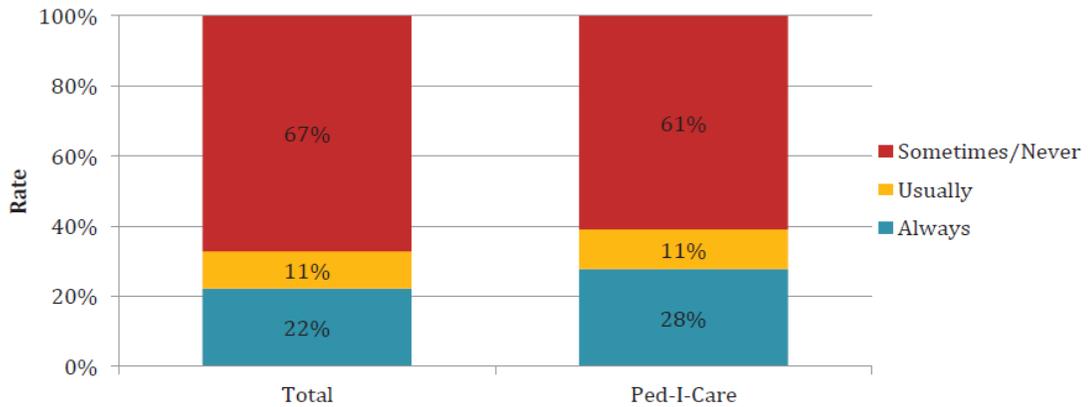
Key Findings

- Between 15 and 26% of parents report that they have discussed aspects of their child’s eventual transition to the adult health care system (including seeing providers who treat adults, adult healthcare needs, and health insurance coverage) with their child’s CMSN Care Coordinator. Of the aspects just mentioned, CMSN Care Coordinators are most likely to have discussed adult healthcare needs and least likely to have discussed health insurance coverage (Table 6).
- Only 39% of parents claim that their child’s CMSN Care Coordinator usually or always encourages their child to take responsibility for his or her own health care needs (Figure 10).

Table 6. Ped-I-Care: Transition to Adulthood

CMSN Care Coordinator...	Total	Ped-I-Care
Discussed child eventually seeing providers who treat adults	25%	24%
Discussed child’s healthcare needs as he/she becomes an adult	26%	26%
Discussed how to obtain or keep child’s health insurance coverage as he/she becomes an adult	17%	15%

Figure 10. Ped-I-Care: CMSN Care Coordinator Encourages Child to Take Responsibility for Health Care Needs



Note: Rates may not sum to 100 due to rounding.

2.3. Transition

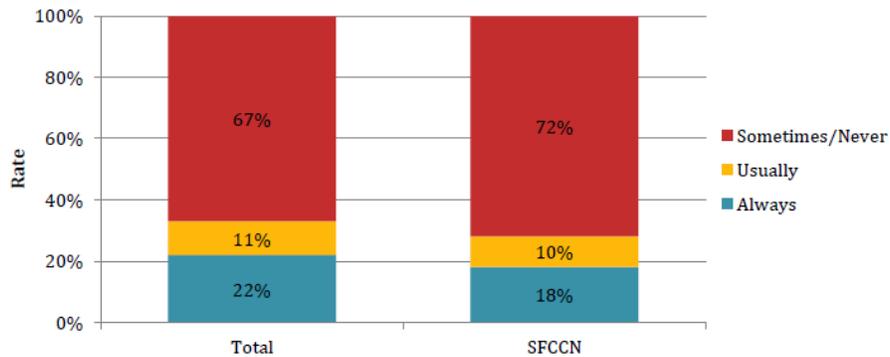
Key Findings

- Roughly one-fourth of parents report that they have discussed aspects of their child’s eventual transition to the adult health care system (including seeing providers who treat adults, adult healthcare needs, and health insurance coverage) with their child’s CMSN Care Coordinator. Of the aspects just mentioned, CMSN Care Coordinators are most likely to have discussed adult healthcare needs and least likely to have discussed health insurance coverage (Table 23).
- Only 28% of parents claim that their child’s CMSN Care Coordinator usually or always encourages their child to take responsibility for his or her own health care needs (Figure 59).

Table 23. SFCCN: Transition to Adulthood

CMSN Care Coordinator...	Total	SFCCN
Discussed child eventually seeing providers who treat adults	25%	26%
Discussed child’s healthcare needs as he/she becomes an adult	26%	26%
Discussed how to obtain or keep child’s health insurance coverage as he/she becomes an adult	17%	18%

Figure 59. SFCCN: CMSN Care Coordinator Encourages Child to Take Responsibility for Health Care Needs



Note: Rates may not sum to 100 due to rounding.