Health Care Transition in the School Setting: A Training Program for Educators

Course Audience

- General education teachers
- Transition specialists
- Special education teachers
- School-based therapists
- School nurses
- Counselors
- School social workers
- Resource specialists
- Administrators

Course Focus

Supporting students’ transition from child-focused to adult-oriented systems of care
Course Learning Objectives

- Describe health care transition and its significance within the larger transition to adulthood
- Identify educator’s role in health care transition
- Partner effectively with health care providers
- Name strategies to improve student health literacy, communication, and self-advocacy
- Integrate health care transition into students’ IEPs, 504 plans, & IHPs

Course Modules

1. Introduction
2. Adolescent development
3. Working with the health care community
4. Legal and financial considerations
5. Health insurance
6. Assessing health care needs
7. Health care skill development
8. Care transfer
9. Conclusion
10. Continuing education activity

Important Phrases

- Youth with Special Health Care Needs
  - YSHCN
- Parents and caregivers
- Providers
  - Medical providers
  - Health care providers
- Adult medicine
  - Adult-oriented providers
Module 1
Introduction to Health Care Transition

Module Learning Objectives

- Define health care transition
- Explain the importance of health care transition for students
- Describe the current state of health care transition

What is Health Care Transition?
Transition & Special Education

- Results-oriented process
- Academic and functional achievement
- Facilitate school to post-school activities
- Individualized

Special Education Transition Services

- Instruction
- Community experiences
- Develop post-school adult living objectives
- Acquisition of daily living skills
- Functional voc education

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 Health Care 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.”
AAP/ACP/AAFP, 2011

Preparation & Planning across ages 12-21
Increase self-management

Transfer between ages 18-21
Discrete event

Engagement with new, adult-oriented care

HCT Goals in Special Education

› Post-secondary education
› Voc education
› Integrated employment
› Continuing and adult education
› Adult-oriented services
› Independent Living
› Community Participation

Key Points for Youth

› Communicating with providers
› Medical decision-making
› Responsibility for self-care
› Advocating for themselves
Key Points for YSHCN

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

Key Points for Medical Providers

- Developmentally appropriate
- Continuous
- Coordinated
- Comprehensive

Key Points for Caregivers

- Prepare students to complete tasks
- Comfortable with child as decision-maker
- Failure to plan = plan to fail
Key Points for Educators

- Already part of IHPs/504s/IEPs
- Building skills for adulthood
- Coordinating with health care providers
- Impact of health care transition on all aspects of transition

Normative Development
An Emerging Issue

### Children and Youth with Special Health Care Needs, by age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Nationwide</th>
<th>Florida</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 years old – percentage of CYSHCN</td>
<td>11.4%</td>
<td>12.3%</td>
</tr>
<tr>
<td>6-11 years old – percentage of CYSHCN</td>
<td>22.7%</td>
<td>23.1%</td>
</tr>
<tr>
<td>12-17 years old – percentage of CYSHCN</td>
<td>25.1%</td>
<td>23.1%</td>
</tr>
</tbody>
</table>

### Cystic Fibrosis

#### Median Survival Age, 1983-2014

<table>
<thead>
<tr>
<th>Years</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1983-1985</td>
<td>20 years</td>
</tr>
<tr>
<td>1995-1997</td>
<td>30 years</td>
</tr>
<tr>
<td>2005-2007</td>
<td>40 years</td>
</tr>
<tr>
<td>2010-2012</td>
<td>50 years</td>
</tr>
</tbody>
</table>

### Down Syndrome

<table>
<thead>
<tr>
<th>Year</th>
<th>Life Expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1983</td>
<td>25 years</td>
</tr>
<tr>
<td>2014</td>
<td>60 years</td>
</tr>
</tbody>
</table>
Common Conditions

- Autism
- ADHD
- Asthma

Risks of Not Addressing

- Condition impact in workplace
- Activities of daily living
- Hospitalization
- Nursing home placement
- Medical errors
- Losing insurance/social services

Rewards of Mastery

- Stable transition
- Confidence in new settings
- Reduced anxiety
- Increased likelihood of independent living
- Decreased risk of hospitalization
Significance for ages 18 - 26

- Period of multiple transfers & transitions
  - Start college in a new city
  - Are technology dependent
  - Will stay in high school until age 22
  - Lose insurance eligibility

HCT = Successful Transition to Adulthood

- Dependent on maintaining health
- Addressing health care transition assures
  - Ready to work
  - Fully participate in community

Interactive Questions

What transition planning do you already complete with students?

How does health affect students’ overall transition to adulthood?
Current State of Health Care Transition

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

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

**38-year-old**
- Physiological needs/risks different
- Biological development completed
- Support own children or elderly parents

Mixed Transition

- Primary care transfers
- Specialty care remains with pediatrician
- Hospital care varies

Full Transition

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

<table>
<thead>
<tr>
<th>From Childhood Care</th>
<th>From Adult Medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition, without transfer</td>
<td>Transfer without transition preparation</td>
</tr>
<tr>
<td>Transfer to referral list</td>
<td>Miss appointments, no follow-up</td>
</tr>
<tr>
<td>Discharge without transition or transfer</td>
<td>Dissatisfied with new provider</td>
</tr>
</tbody>
</table>

Interactive Question

Have any of your students experienced gaps in care or barriers after turning 18?

What issues related to health care do your students have difficulty with?
Barriers Childhood Providers Face

- How to broach topic
- Caregivers’ and patients’ fears
- Shortage of adult-oriented providers
- Unaware of school-based transition prep

Barriers Child-Focused Providers Create

- Abrupt transfer
- Promising not to discharge
- Directing communication to parent
- Excluding educators from care coordination

Barriers in Adult-Oriented Care

- Mistaken beliefs about childhood conditions
- Ability to provide care
- Excluding or ignoring parents
- Unaware of education & voc programs
Barriers for Youth

Barriers for Caregivers

- Fear
- Fear
- Fear
- Fear

Barriers for Educators

- Lack pathways to include providers
- Lack experience partnering with health care
- Competing priorities during the day
- Providers’ lack of knowledge with IHP/504/IEP process
Transition Importance: Student Perspective

Health Care Transition: In School

A National Priority

- Healthy People 2020
- IDEA
- Americans with Disabilities Act
- Center for Health Care Transition Improvement
A Priority in Education

- Professional organizations
- IDEA
- Rehab Act

IEP, IHP, 504, VOC REHAB

- Students with chronic medical conditions
- Students with special learning needs
- Students recovering from injury/acute illness

Transition & IDEA Requirements

- Transition must be included by age 14
- Health goals
- Coordinated set of activities
Transition & FL Law

- Transition planning must
  - Begin by age 14
  - Continue through 22

Is HCT Part of Special Education?

- Instruction that improves ability to
  - Take responsibility for special health needs
  - Work effectively with health care professionals
  - Within the scope of transition services

Why Schools Fit the HCT Process

- Existing structure for
  - Assessing, planning, and learning
- Existing supports within IHPs/504s/IEPs
- Consistent, daily interactions
- Familiarity with student’s transition goals
How Special Educators Teach Skills

- Gradual Release of Responsibility
  - Scaffolding

- Skill Development
  - Practice

- Individualized plans

Discuss Health Care Transition with Students & Families

Start Early!
The Health Care 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
Age Appropriate

Health Care Transition: Resources

Florida Health and Transition Services

Welcome to the Florida Health and Transition Services program. This program is designed to help young individuals transition from pediatric to adult healthcare, including services such as health insurance, medication management, and overall health care needs.

Tool Box

- Independence
- Health Care Maintenance
- Health & Wellness
- Nutrition & Finances
- Legal Services
- Support Services
- Education Services
- Employment Services
- Mental Health Services
- Substance Abuse Services
- Other Services

Florida Health and Transition Services
Regional Coalitions

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

CMS Plan

- Facilitate communication between providers and educators
- Discuss condition & treatment impact on learning
- Solicit recommendations to maximize learning
Summary Points

- Health care transition is a process
- Best started early
- Foundation for successful overall transition
- Within existing school-based transition prep

Summary Tools

Health Care Transition in the School Setting: A Training Program for Educators 2016 Course Release
Course Toolkit

Module 1. Introduction to Health Care Transition

1. Florida Algorithm
2. Iowa Transition
3. Children’s Medical Services Transition Care Plan
4. National Center for Health Care Transition Improvement
   http://www.gotransition.org

Citations

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.