Module 8: The Care Transfer

Learning Objectives

- Describe characteristics of adults’ health care to students and families
- Identify care transfer activities for IHP/504/IEP
- Support students during their care transfer
- List strategies to coordinate with providers during the transfer
Culture Shock

- Not knowing what to do
  - Or how
- Not knowing what is appropriate
  - Or inappropriate
- Sense others' judgment or discomfort

Childhood Care: Approach

Adulthood Care: Approach
**Child Medicine: Family-Oriented**

- Shared Management Model
- Decision-making and follow-up
- Caregivers are experts

**Adult Medicine: Patient-Oriented**

- Family not a consideration
- Physician is expert
- Make decisions and function independently

**Childhood: Treatment Roles**

- Caregivers’ observations
- Provider: advocacy and oversight
- Condition-specific clinics
Adult: Treatment Roles

- Tests and procedures
- Patients: Oversight and advocacy
- Primary care provider refers to multiple specialists
- No role for parents

Child-Focused Practice Staff

- Multidisciplinary model
- Care coordination
- Services and supports
- Psychosocial emphasis

Adult-Oriented Practice Staff

- Roles differentiated
- Referral to social work for non-medical
- Supports less accessible
Pediatric Medicine: What Is a Transition

- Hospital discharge
- Transfer to rehabilitation facility
- From acute care to secondary care
- To adult-oriented medicine

Adult Medicine: What Is Transition

- Hospital admission/discharge
- Nursing home admission
- Acute to secondary care

The Care Transfer: Significance
Policies Requiring Transfer
- Hospital policies
- Insurance reimbursement
- Professional guidelines
- Licensure limits

Emotional Response to Transfer
Expect that students and families will have feelings of grief and loss

Benefits of working with AOPs
- Experts in health of adults
- Familiar with guardianship, social services, good referral resources
  - Though usually in the context of elderly patients
- Accustomed to learning new conditions
  - Type 1 Diabetes
Avoid Dropping Out

From Child-Focused Care
- Transition, without transfer
- ‘Transfer’ to referral list
- Discharge without transition or transfer

From Adult Medicine
- Transfer without transition preparation
- Missed appointments, no follow-up
- Dissatisfied with new provider

Interactive Question

Have your students experienced crises-related care restrictions?
Why Educators Are Key

- More regular contact with student
- May be aware of interruptions before physicians
- Coach student & improve communication

The Transition Process: Transfer

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

Reluctance to Transfer
Why Engage with Medical Providers?

- Highest risk: Dropping out
- Resources/staff you are unaware of
- Barriers/risks you are unaware of
- Impact of health on overall transition

6 Core Elements

<table>
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<tr>
<th>Transitioning Youth to Adult Health Care Providers (Pediatric, Family Medicine, and Med-Peds Providers)</th>
<th>Transitioning to an Adult Approach to Health Care Without Changing Providers (Family Medicine and Med-Peds Providers)</th>
<th>Integrating Young Adults into Adult Health Care (Internal Medicine, Family Medicine, Med-Peds Providers)</th>
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<td>3. Transition Readiness</td>
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Tasks for Childhood Providers

- Provide/explain transition policy
- Know/understand other providers’ policies
- Provide referrals for adult-oriented providers
- Coordinate care
- Prepare student for transition

Does Pediatrician Have Transition Policy?

- Practice-wide transition policy
- Prepares student for inevitable transfer
- Normalizes process

Communicate with Childhood Providers

- Encourage family to discuss health care transition
- Share their IHP/504/IEP
- Request provider-based health care transition plan
Framing the Transfer

- Remind: Learned child-focused system
- Emphasize: Trust takes time
- Create realistic expectations

Caregiver Role During Transfer

- Coach?
- Cheerleader?
- Relief pitcher?
Path to Independence

Gradual Release of Responsibility

Timing & Care Transfer

- Consider what else will occur around age 18, age 22, age 26
- When insurance is changing
- When they are graduating from special ed services
- When moving to a new address
Starting College

- Students moving far away
- Students receiving on-campus care
- Accessibility of providers & pharmacies

Providers & IHP/504/IEP

- Phone contact
- Practicing activities with student
- Answering questions
- Participating in IHP/504/IEP meetings

YSHCN Transition Plan Items

- Identify new providers
  - Primary care providers, specialists, and hospitals
- Determine timing of care transfers
- Continued monitoring
- Check-ins
Transition Plan Item: Making the Referral

- Review the fields of adult medicine
  - Family, internal, med-peds
- Primary care vs. specialty care
- Hospitals
- Build confidence in their communication skills

Student’s Initial Contact

- Doctor’s education and training?
- Treatment approach?
- How many young adults does provider see?
- Doctor’s hospital admitting privileges?
- Insurance accepted?
- Payment methods?
- Office accessibility?
- Equipment to examine individuals with specific disability?
- Administrative policies?

Sample Questions for Initial Visits

- May I bring a family member with me to office visits (parent, sibling, friend)?
- How many patients do you see with the same chronic health condition that I have?
- How do you involve your patients in health care decisions?
- What’s the best way for me to prepare for an office visit with you?
- Do you use e-mail to answer questions from your patients?
Interactive Question

What is one task for the care transfer that would fit into an IHP/504/IEP?

The Care Transfer: Resources

Key Points

- Care transfer akin to culture shock
- Prepare student for care transfer
  - Event itself
  - New providers
- Goal: Avoid interruptions in care
Summary of Tools

Citations


2. 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.

