

## BACKGROUND

In 2001 the American Academy of Pediatrics partnered with other professional organizations to develop a consensus statement of the transition of adolescents with special needs to adult health care. Most of the existing literature on transition to adult care relates to the transition of adolescents with special needs from pediatric subspecialty care to adult specialists within the tertiary care setting. The questions arose about the processes and the status of transition and transfer of youth with and without special health care needs from primary care

## OBJECTIVES

- To evaluate the process of health care **transition & transfer** of adolescents from pediatric to adult health care.
- To understand the existing state of transfer from the pediatric primary care perspective
- To understand the processes by which adolescents leave primary care pediatric practices
- To understand some potential barriers to transfer
- To document differences for adolescents with and without **special health care needs**

## METHODS

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- To understand the existing state of transfer from the pediatric primary care perspective
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## SURVEY INSTRUMENTS

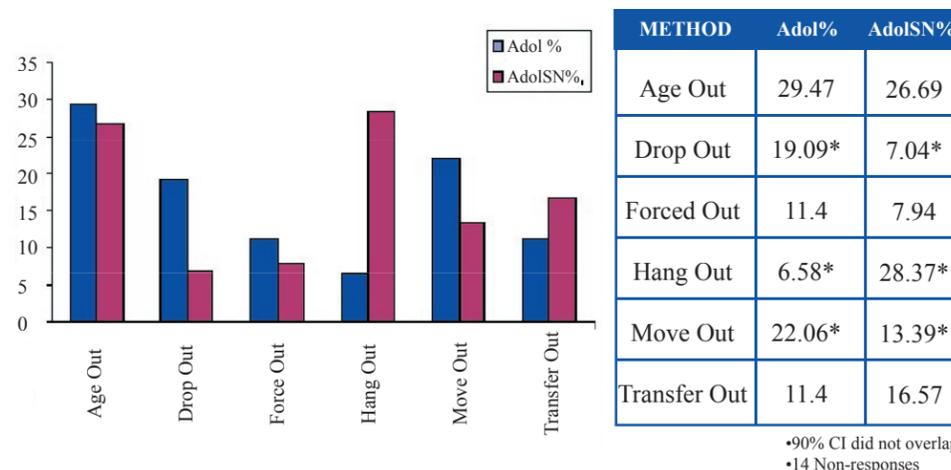
1. Does your office have a written policy for the transition and transfer of adolescents to adult health care?
2. At what point do you feel the transition process should begin?
3. At what age do you usually recommend that adolescents move on to adult care?
4. What percentage of adolescents in your practice are over the age specified in question #3?
5. Of the adolescents over the age of transition, what percentage has special health care needs?
6. What is the age of the oldest patient in your practice?
7. In general, do you have difficulty finding an adult health care provider for adolescents transferring out of your practice?
8. Do you have difficulty finding an adult health care provider for adolescents with special health care needs transferring out of your practice?
9. Currently, do you send a written transfer summary to the adult health care provider for the transfer of all adolescents?
10. Do you write a written transfer summary for adolescents with special health care needs?
11. Typically, do you communicate directly with the adult provider after the transfer to assure that transfer of care was successful?
12. Do health insurance plans assist you in transfer to adult care?
13. Estimate the percentage of adolescents with and without special needs leaving your practice by the following methods: Age Out, Drop Out, Forced Out, Hang Out, Move Out, Transfer Out.

## METHOD EXPLANATION

Age Out	Adolescent leaves practice upon reaching the age limit determined by the practice
Drop Out	Adolescent simply stops coming for care and is lost to follow-up
Forced Out	Adolescent leaves the practice for reasons controlled neither by patient or practice
Hang Out	Adolescent continues with practice after the usual age of transfer or usual age limit of practice
Move Out	Adolescent leaves practice to seek care from another health care provider
Transfer Out	Adolescent leaves practice for adult care as part of an active coordinated transfer process

## RESULTS

**Method of Adolescent Transfer From Pediatric Primary Care for All Adolescents and Adolescents with Special Needs**

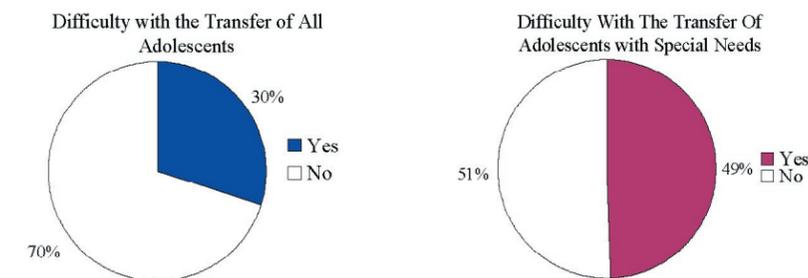


**Age Pediatricians Recommend to Begin the Transition Process**

RECOMMENDED AGE TO BEGIN TRANSITION PROCESS	NUMBER OF RESPONDENTS	PERCENT
Early Adolescents	3	2.94
1 Year Prior to Transfer	65	63.73
At Transfer	29	28.43
Other	5	4.9

The majority of responding pediatricians reported that transition should begin at ages later than recommended in the consensus statement, with less than 3% recommending that the transition should begin in early adolescence.

**Percent of Pediatricians Reporting Difficulty with the Transfer of All Adolescents and Adolescents with Special Needs**



An unexpected finding was that 70% of practicing pediatricians reported having “No” difficulty in identifying sources of adult care for adolescents and 51% reported having “No” difficulty transferring patients with special health care needs. During post-survey follow-up conversations, responding pediatricians reported that they made no active effort to identify sources of adult care for adolescents with or without special health care needs. They generally inform families that the adolescent or young adult could no longer be followed at

## OTHER FINDINGS

- 44% of responders recommended transfer at 18 years of age
- 28% recommended transfer at 21 years of age
- One third of responders reported having patients over the age of 22
- 100% of patients 25 or older were reported to have special health care needs
- Only 13% of responders had a written policy for the transition and transfer of adolescents.
- Only 18% of responders reported having any communication with the accepting adult health care provider after the transfer of adolescents to adult care.
- Only 3% of responders reported that health insurers were helpful in the transfer to adult

## SUMMARY OF FINDINGS

- Adolescents transfer to adult care by several paths each with its own challenges and needs.
- Practicing pediatricians are not yet on board with the AAP’s Consensus Statement on Health Care Transitions.
- Barriers to transition exist that need to be identified and addressed.
- Adolescents with Special Health Care Needs are a group of particular concern.
- Role of Health Care Plans and Insurers is problematic.
- Transition & Transfer of Adolescents to Adult Health Care is complex and challenging with many issues yet to be addressed.

## DISCUSSION

- To date, most reports on transition have focused on transfer from pediatric to adult specialty services in the tertiary care setting
- Study of processes of transition needed in both pediatric and adult care spheres
- Training and education on transition and transfer needed
- Focus on transition and transfer in primary care setting needed
- Transfer of adolescents and young adults with special needs from primary care pediatrics to adult health care should be further studied
- Role of insurers and health plans needs to be addressed