Med-Peds PATHways Transition to Adult Health

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Background

- Healthcare Transition: the purposeful, planned movement of adolescents and young adults with chronic conditions from child-centered care to adult-oriented health care system
- 500,000 children in the US with special health-care needs to graduate to adulthood yearly.
- Medical complexity, system issues, psychosocial needs, and family involvement are barriers to successful transition.
- Quality of life and condition management depends upon a smooth transition with adequate support.
- The Meds-Peds PATHways (Program for Adolescent and Adult Transition to Care) has a goal of increasing the education and autonomy of the patient during transition while providing support. Information gained through surveys and interviews will be used to enhance the transition process in the future through comprehensive education to University of Chicago (UC) residents.

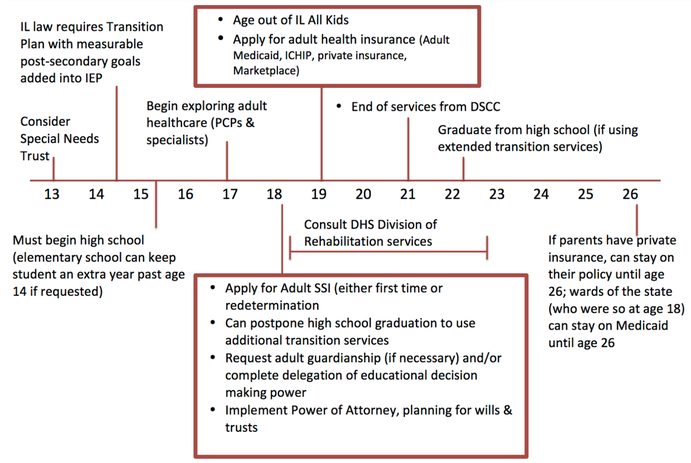
Transition Goals

- Increase ease of navigation of the transition process for individuals seeking adult providers.
- Prepare adolescents to assume responsibility for healthcare.
- Increase confidence in health-care providers through the transition process.

Aims of Project

This project aimed to explore current patient and caregiver knowledge of the transition process in healthcare.

Illinois Transition Timeline



- Discuss need for transition planning by age 12
- Begin transition planning by age 14
- Prepare youth and families for transition to adult model of care by age 16
- Provide transfer packet to adult providers by age 18-22
- Integrate youth into adult practice by age 23-26

Methods

- Phone interviews of patients, ranging from ages 16 to 20 years old, identified from the UC RedCap Database, all of whom had outpatient appointments with physicians at the UC Internal Medicine hospital in March or April 2018.
- Attempts were made to reach the patients prior to the visit as well as after the visit
- An interview outline was created and administered over the phone to patients reached.

Results

- 12 patients were contacted; 5 patients or caregivers were interviewed
- Prior to primary care appointment, 60% of respondents reported no knowledge of healthcare transition care; 40% of respondents reported knowledge of only school transition services.
- Following appointment, 100% of respondents reported that the topic of transition services was not initiated and/or addressed by physician.
- 40% of respondents reported a lack of physicians trained/knowledgeable regarding accommodations and adaptive equipment
- 80% reported a need for further information related to pediatric-adult transition services.

Conclusions

- There is a strong need to improve transition care at the UC Medicine.
- It is necessary to increase knowledge to both families and physicians about the importance of starting this process early in order to assure proper transitional care.

Next Steps

1. Education to UC Medicine physicians to increase awareness and participation in the Med-Peds PATHway.
2. To increase patient input to program modifications:
   - Creation of a patient address database of patient addresses to assist in administering follow-up mail surveys.
   - Implementation of questionnaires at the physician's office immediately after appointment

References

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Med-Peds PATHways
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