

Health Care Transition for Medical Providers

Why is Health Care Transition So Important?

Research shows that teens and young adults who had a transition between pediatric and adult medicine had higher rates of readiness in managing their care in the adult health system and received a higher quality of care and had better overall experiences due to their engagement in the health system. This period of purposeful engagement in one's health care is also shown to produce a positive level of adherence to care, quality of life, self-care skills, and health care utilization.

Why is it So Important for Pediatric and Adult Providers to Participate in a Patient's Health Care Transition Process?

The importance of provider involvement in the health care transition process is two-fold:

- Research supports continued study of the health care transition process, in addition to the recommendation that providers and health systems institute an official HCT model. Providers are a critical component of successfully ensuring equitable access to health education, medical care, and social services for all youth and young adults.
- Most young patients and their families will never learn about health care transition if the patient's provider does not bring it up, losing out on crucial education, guidance, and support.

What are Some Challenges in Regards to Health Care Transition?

The lack of data on health care transition measures severely impedes improvement to the HCT process.

Individual disease spaces may have recommendations for patients, yet no standards exist. For example, youth with Epilepsy will have unique needs that youth with Autism may not have. Other special populations (youth in foster care, with intellectual or developmental disabilities, with chronic illness, with visual or hearing impairments, with active military parents, with congenital disorders) will also have specific needs outside of the core transition model. A core HCT model that is universally accepted and used in medical practice, is the building block for specialized transition services for these special populations.

Reimbursement for health care transition services is another pitfall of the current system. Insurance Plans not covering HCT services has a big impact on providers and health system's willingness to incorporate HCT into their practices. Each year, Got Transition publishes a Coding & Payment Tip Sheet to aid in reimbursement for HCT services.

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How Can Medical Providers, Medical Practices, and Health Systems Implement a Health Care Transition Program?

Got Transition provides several guides for the purpose of implementing the six core elements of health care transition:

- [Transitioning Youth to an Adult Health Care Clinician](#)
- [Transitioning to an Adult Approach to Health Care Without Changing Clinicians](#)
- [Integrating Young Adults Into Adult Health Care](#)

Got Transition also provides toolkits once a practice/health system has implemented an HCT program:

- [Incorporating HCT Services into Preventative Care](#)
- [Integrating Young Adults with ID/DD into Your Adult Practice](#)
- [Integrating Young Adults with ASD into Your Adult Practice](#)
- [Joint Visit with Pediatric and Adult Providers](#)

What Can Medical Providers Do When the Patient or Parents/Caregivers are Not Interested in Health Care Transition Work?

When a child or teen just has no interest in health care transition work, take a break. This is their body, their health condition, and their health journey. The patient must buy-in for health care transition to work and forcing anything will only drive the patient further from cooperation.

Ask the child/teen about their goals for the future, both health-related and not. Acknowledge stressors in their life that would cause them not to participate in health care transition work (peer relationships/othering, fear or worry about their medical condition, etc.). Discuss a division of duties and big picture timeline to ease back into transition work. Encourage the child/teen to share hesitations with their parents/guardians or health advocate.

When a parent or guardian has no interest in health care transition work, the provider might inquire further, to determine the underlying reason for hesitation. Does the parent/guardian feel as though the patient is not ready? Are there additional medical or mental health situations to consider? Is the parent/guardian not willing to relinquish "control/authority" over the child's health care?

Quite often a little education will go a long way in these situations. Providers may use annual preventative care visits over a few years to address HCT with the patient and parents/guardian present together and also individually.

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What Can a Pediatric Medical Provider Do When the Adult Medical Provider is Not Interested in Health Care Transition Work? And vice versa?

As health care advocates, we are not fans of utilizing care team members who will not provide appropriate medical care. Our initial inclination is to recommend finding a new care team who matches the patient's needs and is willing to provide the full spectrum of care. However, this is not always possible for a variety of reasons (insurance, geography, time/effort, or provider availability, to name a few).

Provider-to-provider conversations might assist in the hesitant provider having a better understanding of the role HCT services play in the ability of the patient to independently manage their health care needs. The patient needs appropriate time and space in which to practice critical health care management skills, before being tossed into the adult world.

How Can a Health Advocate Help with Health Care Transition?

At A+J Patient Advocacy, we believe that every individual with significant, chronic, congenital, or lifelong illness should have a health advocate by their side. Children and teens are no exception!

In collaboration with a child's informed and involved parents, a health advocate can make a positive difference in the participation of the child/teen and medical team. A health advocate serves as a transition guide, keeping the big picture and the patient's goals front and center. And let's be honest, sometimes a child or teen just works better with someone other than their parents (blossoming independence, hooray!).

Please take a moment to read our article about [children and health advocates](#), which was published in the Case Management Society of America's magazine in August 2022.

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For additional resources on Health Care Transition, please visit
<https://heart4advocacy.com/tag/health-care-transition/>