



Transiting from Pediatric to Adult Care

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What is transition?

- Transition is moving from pediatric health care to adult health care
- This can occur between ages 18-21
- Process should start no later than age 14-16
- There are an estimated 18 million adolescents ages 18-21 and about $\frac{1}{4}$ of chronic health conditions...Many more if you include 14-26

Risks associated with transition

- Errors are more likely to occur
- Repeated unnecessary tests
- Patients more likely to miss appointments
- Young Adults with Sickle Cell Disease show an increase risk in mortality during age of transition and shortly after transition
- Research show increase in healthcare utilization following transition

Increase in Healthcare Utilization

- review of health care utilization in 8 US states from inpatient and emergency department databases (Arizona, California, Florida, Massachusetts, Missouri, New York, South Carolina, and Tennessee)
- young adults with sickle cell anemia (18–30 years)

Results:

- Young adults have greater than two times the amount of emergency room visits per year than those patients aged 10–17 years (1.59 versus 0.68) or adults aged 31–45 (1.59 versus 1.29)
- these patients have more inpatient stays than either adolescent (10–17 years) or older patients (31–45 years)
- young adult patients demonstrate the highest percent of frequent acute care visits (defined as >10 acute care visits/year) and return to acute care within 14 days

Increase in unexpected Death

Cohort of 940 patients with sickle cell anemia:

- all 7 deaths occurred in patients between the ages of 18- 23 years
- 6 of the 7 deaths occurred within 2 years of being transitioned to an adult care provider
- Cohort is from the Dallas Newborn Cohort

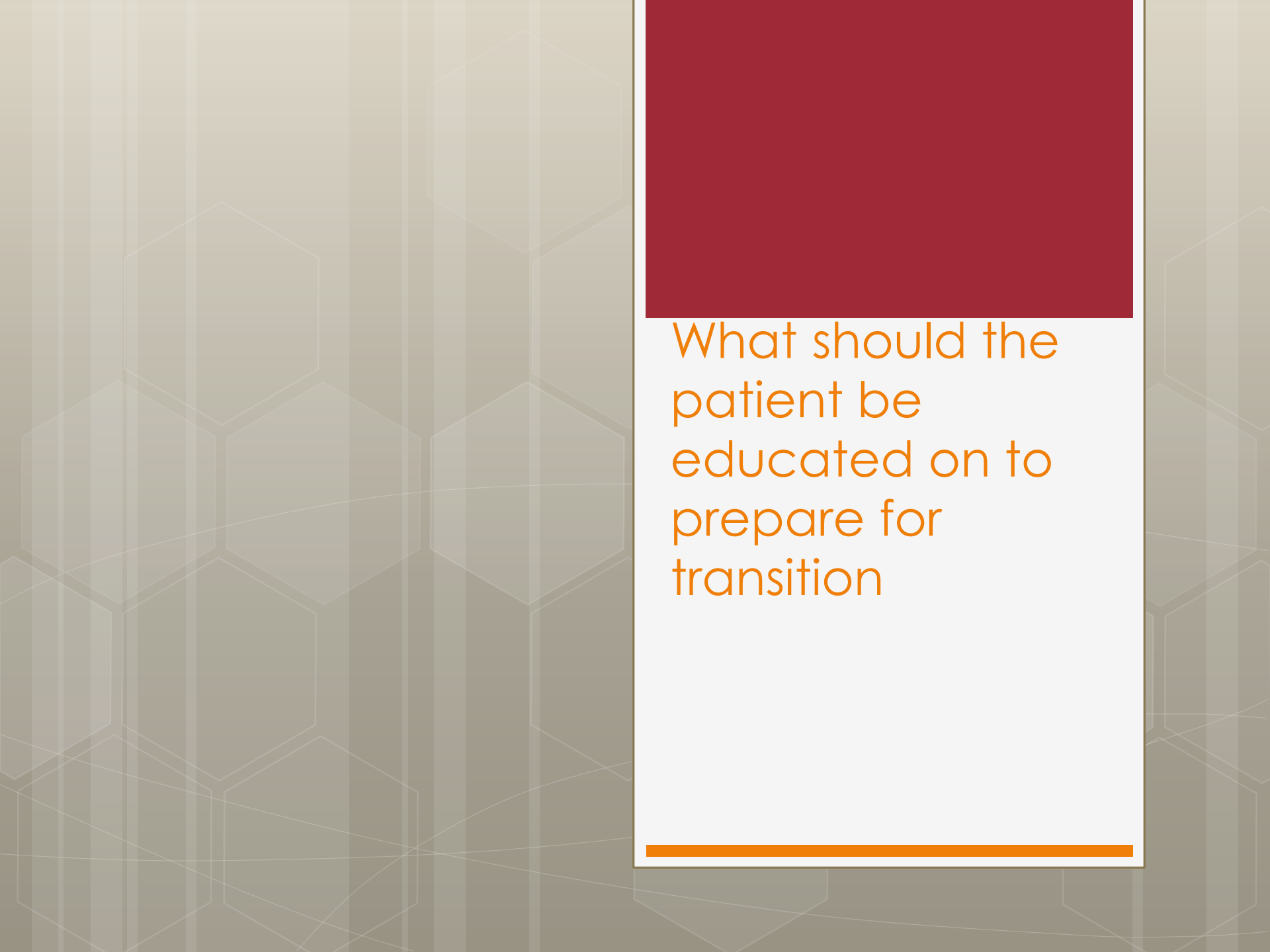
Barriers to smooth transition

- Changes in health insurance/what health insurance covers
- Change in location of provider
- Lack of preparedness for transition- patients often unable to name their health condition, relevant medical history, prescriptions, insurance source
- Not transferring records
- Changes in who can access a patient's PHI



Six Core Elements of Health Care Transition

1. Transition Policy
2. Transitioning Youth Registry
3. Transition Preparation
4. Planning
5. Transfer of Care
6. Transfer Completion



What should the patient be educated on to prepare for transition

Disease

- What medications do they take?
- How to refill medications
- Steps to manage their disease
- Health history
- Previous complications
- Potential complications

How to pay for healthcare


- What type of insurance do they have?
- How long can they have that insurance?
- Carrying insurance card on person
- Insurance lingo
 - Co-pay
 - Co-insurance
 - Deductible

Accessing Healthcare

- How to schedule doctor's appointment?
- When to call doctor vs. go to urgent care or ED
- How to obtain refill of medication (from pharmacy and script if needed)
- Location
- Transportation/Where to park
- What do I need to bring to my appointment?

Emotional Needs

- Anxiety
- Fear
- Sadness
- Worry



Call Center 1-855-SIC-CELL (1-855-742-2355)

- 24/7 Call Center
- Staffed by RN's
- Telephone triage for patients with iOffer education concerning acute and chronic health problems
- Triage for immediate health concerns
- Doc to Doc consults

Fiscal Year 2015-2016

- 592 Calls to the Call Center
- 15 MD Consults
- 258 Triage Calls
- 278 Disease/Health Information
- 42 Reporting a treatment event
- 1 requested placement on Disease Registry

Patient Education Modules

- Online Modules that can be accessed from home
- Help provide education to patients on their disease and ways to help manage disease

Contact:

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