Transition Readiness in Adolescents/Young Adults Approaching Transfer to Adult Care:

How are they doing and how can we improve?
Disclosures

Nothing to Disclose
Background

- Barriers to transferring patients to adult care exist at many levels
- Self-management deficits in older adolescents
- 79% of adult gastroenterologists report inadequacies in patients transferred from pediatrics

1. Fishman et al. (2010); 2. Hait et al. (2009)
Transition Task Force

- Benchmarks for Transition Readiness:
  - 90% mastery of transition readiness skills
  - Mild or quiescent disease
  - Patient has identified a PCP
  - Pediatric staff confidence in transition readiness
Purpose

- Examine transition readiness skill acquisition in adolescents and young adults
- Identify gaps in transition readiness that should be addressed prior to transfer to adult care
Method

- Data collected December 2012 - August 2013

- Inclusion criteria:
  - Patient with Crohn’s or colitis (N = 145, 56.6% male)
  - Treated at Cincinnati Children’s Hospital Medical Center
  - Age 16 or older (M = 18.08 ± 1.86 years)

- Transition Readiness Assessment Questionnaire (Version 5.0)
Results

- Number of patients meeting transition readiness benchmark

<table>
<thead>
<tr>
<th>Pt. Age</th>
<th>Pts. meeting benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 18</td>
<td>2/60</td>
</tr>
<tr>
<td>≥ 18</td>
<td>6/77</td>
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</tbody>
</table>

- 95% Meeting Benchmark
- 5% Not meeting Benchmark
Average # of tasks mastered = 9.08 ± 4.83
Results

- Gender differences in transition readiness (controlling for age)

F(1, 142) = 10.45, p < .01
## Results

<table>
<thead>
<tr>
<th>Skills Patients are Mastering</th>
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<tbody>
<tr>
<td>Answering questions from medical providers</td>
<td>Telling doctor or nurse what you are feeling</td>
</tr>
<tr>
<td>Taking medications correctly and independently</td>
<td>Know what to do when having a bad reaction to medication</td>
</tr>
<tr>
<td>Filling out medical history form including allergies</td>
<td>Arranging for rides for medical appointments</td>
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<tr>
<td>Keeping home/room clean and cleaning up</td>
<td>Utilizing neighborhood stores and services (e.g., grocery, pharmacy)</td>
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<tr>
<td>Helping to plan/prepare meals</td>
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## Areas to Target in Clinical Care

<table>
<thead>
<tr>
<th>Area</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td>How to apply for health insurance coverage</td>
<td>Knowing what health insurance covers</td>
</tr>
<tr>
<td>Seeking financial help with school/work</td>
<td>Calling doctor about unusual changes in health</td>
</tr>
<tr>
<td>Calling doctor’s office to make an appointment</td>
<td>Following up on referrals for tests or check-ups or labs</td>
</tr>
<tr>
<td>Making a list of questions before the doctor’s visit</td>
<td>Keeping track of medical and other appointments</td>
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<tr>
<td>Filling a prescription when needed</td>
<td>Reordering medications before they run out</td>
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Conclusion

- Few patients on verge of transfer to adult care are meeting our benchmark for transition readiness
- Females are demonstrating more readiness than males, regardless of age
- Specific deficits exist in self-management and self-advocacy/health care utilization
Implications

- Critical to address deficits in adolescence
- Deficits observed are all *modifiable behaviors* amenable to intervention
- Routine assessment of transition readiness skills is needed to identify gaps in skills
- Guidance needed for patient and parents
Future Directions

- CCFA Career Development Award: Development of the Self-Management Transition Enhancement Program (STEP)

Key features:
- 3 phase approach to program development
- Objective outcome assessment
- High level of patient, parent, & clinician engagement
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Questions? Comments?