



Making the Transition from Pediatric to Adult Care

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February 2010

The transition from pediatric care to adult medicine is a transition of extremes. For some families, there is very little stress or concern regarding this time. On the other end of the extreme, parents caring for children with chronic medical conditions, who make up 17 percent of pediatric patients, may worry about this transition time for years. What will happen to their child when they need to move on from a provider that has known them for years to another provider who has never met the child before? This time can be very frustrating and scary for both patients and families.

One of the most common questions that arises for both families and physicians regarding this time of transition centers on when to begin this process. The department of Health and Human Services' Healthy People 2010 (www.healthypeople.gov), the nation's health promotion and disease prevention agenda, which has been endorsed by the American Academy of Pediatrics (AAP), recommends that a comprehensive written plan be in place for each patient with chronic health care needs by age 14. While this recommended age is much earlier than many parents and health care providers may be expecting, the goal is to make sure that your child receives all the appropriate care, with all the appropriate physicians and specialists that are needed so that superior, uninterrupted health care is provided.

Unfortunately, in many cases, this transfer of care is inadequate to meet the needs of patients. Studies have shown that in young adults with chronic medical conditions, at least 24 percent of such patients lacked a reliable source of care for their chronic health problem and 27 percent had gone without some needed medical care since they had turned 21 years old. As a result, these patients spend more time in emergency rooms and have poorer overall health than young adults with the same conditions but have a usual source of care and health insurance. In other words, getting this transition period right helps to maximize your child's health for the rest of their young adult life.

The first step in this transition process begins in early adolescence, by getting your child involved in their own health care. Start by creating a notebook or folder for each member of the family. This folder

should contain important documents which include a medical summary, insurance information, medication list, immunizations and appointments. In addition, adolescents should be given the responsibility of making appointments, ensuring that medication refills are requested, and should know the names and purposes of all medications that they take. A website has been created by the Adolescent Health Transition Project (AHP) and has several medical and health history forms that families can utilize (<http://depts.washington.edu/healthtr/>) to assist families and patients with this process.

It is important for families to know that they are not making this period of transition on their own. Your pediatrician and pediatric specialists are there to help lead you through this time of change. When in doubt, contact your primary care pediatrician for their guidance and do not hesitate to bring in a list of questions that have arisen about this process to each annual check-up to review with your pediatrician.

Finally, it is important to remember that, while this period of time can feel scary, you and your child are not alone. Your child can thrive through young adulthood with a dedicated and caring team of health care professionals, a loving family. For more information on planning for a successful transition period, please contact your Esse Health pediatrician.

Recommended Resources:

Introduction handout for families on the transition process:

(<http://contemporarypediatrics.com/handout4>)

Adolescent survey checklist (to be filled out by patient or parents):

(<http://www.contemporarypediatrics.com/handout2>)

Checklist for physicians caring for children with chronic needs:

(<http://contemporarypediatrics.com/handout3>)

List of resources available to families of children with chronic health care needs:

(<http://contemporarypediatrics.com/transitionresources>).

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