Moving to a New House: The Transitioning of Medical Homes

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Development/Behavioral Rotation

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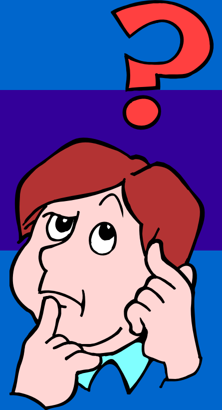
“Every child deserves a medical home”

This is one of the AAP’s essential child health outcomes for the 21st century.

But what is a medical home?



- Is is a house, building, or hospital?
- No! A medical home is an approach to providing comprehensive primary care.
- It involves a partnership between the child/family and their health care providers.
- It provides connections to supports and services that meet the medical and non-medical needs of the child and their family.

A Medical Home

- What makes a house a home?
  - Family centered
  - Compassionate
  - Culturally effective
  - Accessible
  - Comprehensive
  - Coordinated
  - Continuous

Moving out of the house

- 90% of YSHCN reach their 21st birthday according to CHOICES survey 1997
- In 2002 NYLN survey YSHCN and families were asked what was needed, they responded:
  - an advocate to assist, explain and encourage
  - referrals to services
  - a written health transition plan (who, what, when, and how)

So what about when you need a new home?

- One of the greatest challenges that face youth with special health care needs (YSHCN) is the transition to adulthood and an adult doctor.
- One of the keys to transition, and what makes it so hard, is a DELIBERATE, COORDINATED provision of developmentally appropriate and culturally competent health care and counseling.

Moves don’t happen overnight

- Start planning early!! The goal should be to have a written health transition plan by age 14 for YSHCN
- This plan should include:
  - Proactive wellness (diet, safety, risk reduction)
  - Increased responsibility for self-care and health
  - Transition to adult care
  - Health care funding options
  - Preventative care; secondary disabilities

Becoming an adult

- It is very important to stress the development of self-advocacy and problem solving skills in YSHCN
- A shift from assent to consent should be made with treatments
- Either the physician or someone in the office should be looking at what turning 18 means for insurance coverage
- Guardianship issues may also need to be explored

Finding a home

- There are differences between adult health care and pediatric health care.
- Adult health care providers are less familiar with pediatric onset conditions and have higher expectations for self-care, self-advocacy, and follow-up.
- Med/Peds physicians can be a useful resource in transitions.

Finding a new home

- Pediatrics
  - family centered
  - developmental focus
  - nurturing
  - interdisciplinary

- Adult Health Care
  - individual autonomy
  - disease focus
  - “cognitive”
  - multidisciplinary

  - Eiser C, Flynn M, Green E et al. Coming of age with diabetes:Patients’ views of a clinic for under 25 year olds. *Diabet Med*. 1993; 10: 285-95.

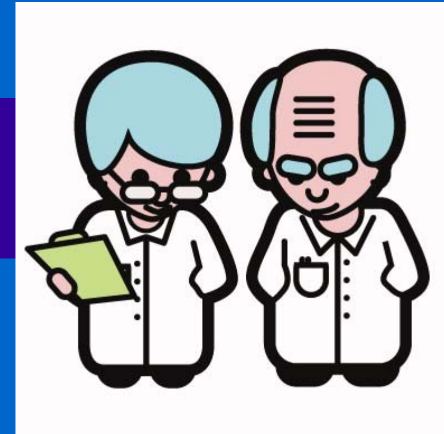
Finding a new home

- Ask families of other YSHCN for referrals
- Asking at local Special Needs Center
- Remember the desirable qualities of a medical home: someone who can advocate, who will remember that the family is the expert, and who has a good grasp of resources that exist for YSHCN.

Transfer of Information

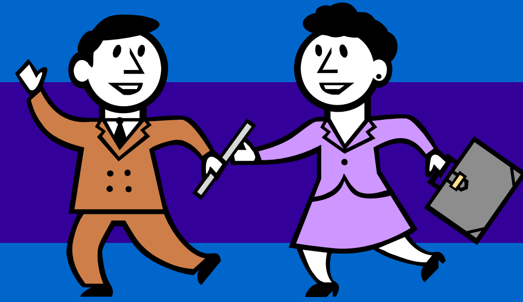
- More than just sending the past medical records! And, always make sure that the family has a copy of the information, too.
- NEEDS to be attending-to-attending level communication
- More helpful than a cart load of charts is a transition summary. These can be found at www.medicalhomeinfo.org

Consultants



- Also need to transition
- Ask new physician with whom they work well, have good experiences, and trust
- Ask consultants to formulate a brief summary of current treatment goals, things they have found work well, things that haven't worked
- If pt is inpt, ask the new physician to consult while the pt is still in the hospital.

The Transition Period



- Remain available to questions from both family and new provider-one option is to have pediatrician remain involved as a "consultant" while the adult health care provider assumes responsibility
- Remember this transition should occur as seamlessly as possible and is not abrupt; there will be some overlap.

Assessing the move

- Check in with the family and with the internist/consultants.
- Stay in touch with the family but with boundaries regarding medical decision making.
- Ask family for feedback on the transition process to help guide future transitions for YSHCN.

References

- www.medicalhomeinfo.org
- Tonniges TF, Palfrey JS. The Medical Home; Supplement to *Pediatrics*. 113;5, May 2004