The National Alliance To Advance Adolescent Health

Lucile Packard Foundation for Children's Health

The Business Case for Pediatric-to-Adult Health Care Transition:
For Medicaid Agencies

Background

The period after transfer from pediatric to adult care is an especially vulnerable time for youth with chronic medical, behavioral, and developmental conditions. Adverse events are common and include increased morbidity and mortality, poor treatment or medication adherence, dissatisfaction with care, and increased hospital use.[1] For example, the death rate among 15-24 year-olds with sickle cell disease is 3X higher than those under age 14.[2]

Many of these problems can be attributed to disconnection between pediatric and adult systems of care, inadequate transition preparation of youth and families, lack of financial and infrastructure supports for adult clinicians caring for youth with chronic conditions, and challenges engaging young adults in adult systems of care.[1]

The American Academy of Pediatrics (AAP), American Academy of Family Physicians (AAFP), and American College of Physicians (ACP) recommend all youth receive a structured pediatric-to-adult health care transition (HCT) process called the Six Core Elements of HCT.[1,3]

What is the Effectiveness of HCT?[4]

- Decreases in hospital admission rates, length of stay, and gaps in care
- Improvements in patient satisfaction and perceived barriers to care
- Increases in adherence to care, quality of life, self-care skills, and adult clinic attendance

Key Elements of A Structured HCT Process

- Partnerships between pediatric and adult primary and subspecialty clinicians
- Communication between pediatric and adult practices, including consultation assistance and exchange of medical information
- Creating and sharing a transition and care policy/guide that describes the practice's approach to HCT
- Conducting transition readiness assessments
- Creating and sharing plans of care with HCT goals, a medical summary and emergency care plan
- Preparing and sending a transfer package to the receiving adult clinician
- Communication with youth and families about the differences between pediatric and adult care
- Pre-visit outreach and appointment reminders
- Welcoming and orienting young adults into adult practices
- Continuing to assess and develop self-care skills

HCT Gaps Among Publicly Insured Youth

Medicaid serves a disproportionately large number of youth with chronic conditions.[5] An estimated 24% of publicly insured children and adolescents have chronic conditions, compared to 16% of those with private insurance, and the vast majority do not receive necessary support as they transition from pediatric to adult care.[5]

According to the 2016/2017 National Survey of Children's Health, only 14% of publicly insured youth with chronic conditions received guidance from their doctors or other health care providers about transition.[5]

What Does HCT Mean for Medicaid Agencies?

Medicaid, as the single largest provider of children's health care, sets the standard for their care. By making HCT a priority, Medicaid agencies have an opportunity to demonstrate commitment to high quality care for youth and families.

States can be in the forefront of the HCT field and pilot value-based care models for youth and families that will reduce costly and preventable negative outcomes by encouraging their health plans to implement the professionally recommended and evidence-informed HCT services.[1,4]

> "A modest investment that succeeds in establishing a solid and successful transition will have a multiplicative return of investment in the longer term."
>
> – Mark Hudak, MD, AAP Committee on Child Health Financing[6]

One barrier to providing HCT services reported by clinicians is a lack of reimbursement.[1] Drawing upon the experience of both Medicare and Medicaid in implementing value-based payment (VBP), states could pilot VBP strategies around the transfer period for youth with chronic conditions to ensure their care is managed successfully before and after transfer. They could, for example, consider testing the impact of enhanced fee for service reimbursement, infrastructure payments, or pay-for-performance options aligned with population health, patient and clinician experience, and utilization/cost of care measures. States can refer to a leadership roundtable report that shares specific recommendations and strategies for structuring VBP for HCT.[6]

Call To Action

Now is a critical time, given the dramatic increase in the number of youth with childhood-onset conditions aging into adulthood,[7] for states to invest in VBP pilots in pediatric and adult practices/systems to accelerate HCT improvements.

References

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THE NATIONAL ALLIANCE TO ADVANCE ADOLESCENT HEALTH is a nonprofit organization whose mission is to achieve long-term, systemic improvements in comprehensive health care and insurance coverage for adolescents, with focused attention on those from low-income families and with special health care needs. Through policy analysis, technical assistance, quality improvement, and advocacy, The National Alliance works to promote effective transitions from pediatric to adult health care as part of its Got Transition® program. In collaboration with others, The National Alliance also works to expand the availability of adolescent-centered care, access to mental and behavioral health services, and improvements in health insurance coverage for adolescents and young adults.

This work was funded by the Lucile Packard Foundation for Children's Health.

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