Building Health Literacy Among Adolescents: DC SBHC Strategies for Transitioning to Independent Care

Maria G. Aramburu, MD
Assistant Professor
Department of Pediatrics
MedStar Georgetown University Hospital
and
Patience White, MD, MA
Co-Director, Got Transition
The National Alliance to Advance Adolescent Health

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Disclosure

• Dr. Aramburu and White have no relationships to disclose

• DC’s transition efforts in 2 school-based health centers are funded as part of DC Health grant to The National Alliance to Advance Adolescent Health
Agenda

• Complete The Current Assessment of Health Care Activities for your SBHC (10 min)

• Presentation with Q and A (40 min)

• Develop a transition policy for your SBHC (15 min)

• Wrap up (5 min)
Learning Objectives

1. Rank your SBHC on the current assessment of health care transition activities

2. Recognize national case and evidence for pediatric-to-adult health care transition (HCT) improvements

3. Discuss Six Core Elements (6CE) approach and tools for implementing AAP/AAFP/ACP Clinical Report on HCT

4. Discuss example of 6 CE implementation in DC SBHCs

5. Develop a SBHC transition policy for your SBHC
PREPARE TO TRANSFER!

INTERNAL MEDICINE.

Courtesy of @drmaypole
Adolescence is a time of transition to adulthood

Opportunity to impact future health & use of health care

• By increasing students’ health knowledge, self-advocacy, & self-care skills
• By integrating transition into routine clinical care and school health education
• By implementing continuous quality improvement strategies
• By forming new partnerships with clinics serving young adults
National Context for Transition

US Transition-Aged Youth (12-25)

- Represent 20% of the US population.

National organizations supporting transition

- Healthy People 2020: disability objective on discussion of transition planning with health care provider
- Federal Maternal Child Health Bureau national performance measure: increase % of adolescents with and without special needs who receive services necessary to make transition to adult care. 32 state Title V agencies selected HCT as priority in 5-year MCH block grant plan
- NCQA: medical home standards (plan of care, self-care support, transfer of medical records)

US performance on transition

- 85% of youth with or without special needs report not receiving anticipatory guidance on HCT from their health care providers (2016 National Survey of Children’s Health)
Making the Case for Transition Improvements*

**Health is diminished:**
- Youth often unable to name their health condition, relevant medical history, prescriptions, insurance source
- Adherence to care is lower, medical complications are increased
- Youth and families are worried about the changes

**Quality is compromised:**
- Youth, young adults, and families are dissatisfied about lack of preparation, information about adult care, vetted adult providers, communication between pediatric and adult providers, and sharing of medical information.
- Discontinuity of care and lack of usual source of care are common
- Surveys of health care providers consistently show they lack/want a systematic way to support youth, families, and young adults in transition

**Utilization/Costs are increased:**
- Increased ER, hospital use, and duplicative tests result

*Prior et. al. Pediatrics 134:1213 2014*
Barriers: Pediatric & Adult Clinician Perspectives

- Poor communication and coordination between pediatric and adult providers/systems
- Hard to let go of long-standing relationships
- Low levels of youth/young adults’ knowledge of their own health, privacy and consent issues, how to use health care
- Limited adult health system infrastructure support
  - Inadequate care coordination support
  - Little information on community resources
  - Poor access to adult mental health clinicians
- Adult clinicians’ lack of knowledge/training in pediatric-onset diseases, young adult health and communication
- Adult clinicians’ preference for consultation support from pediatric colleagues
- Little time and low payment for HCT activities
Evidence Review for Structured HCT Intervention*

Systematic Review: A total of 3,844 English-language articles, published between January 1995 and April 2016, identified 43 evaluation studies that met inclusion criteria:

- HCT intervention for youth transferring from pediatric to adult outpatient health care
- HCT was the primary outcome, not education or work outcomes.
- Most studies examined single chronic conditions (most often diabetes)
- No included studies on youth with common chronic conditions (eg, asthma); no studies on youth with mental health conditions; no studies on youth without chronic conditions

Study types included:

- Pre- and post-intervention, intervention and non-intervention comparisons, and randomized control trials
- Prospective and retrospective studies

* Gabriel, J Peds, 2017
Evidence Review for Structured HCT Intervention*

Statistically Significant Positive Impacts of Structured HCT Process

– Population Health
  • Adherence to Care
  • Patient-reported health & quality of life
  • Self Care – disease specific knowledge, self-management of medications, higher transition readiness scores, carrying important information

– Experience of Care
  • Satisfaction – satisfaction with transition, with transfer, with life and health goals, helpfulness of tools, autonomy, time alone with provider

– Utilization and Costs of Care
  • Service utilization - increase in adult visit rates; reductions in ER visits, hospitalizations, decrease in time between last pediatric and first adult visit
  • Improved process of care
  • Costs of care seldom examined and no evidence of significant results

* Gabriel, J Peds, 2017
TRANSITION FEVER
State of Health Care Transition from Pediatric to Adult Health Care Approaches
Health Care Transition Goals

• To improve the ability of youth and young adults to manage their own health and effectively use health services

• To ensure an organized clinical process in pediatric and adult practices to facilitate transition preparation, transfer of care, and integration into adult-centered care
AAP/AAFP/ACP Clinical Report on Health Care Transition*

- In 2011, Clinical Report on Transition published as joint policy by AAP/AAFP/ACP
- Targets all youth, beginning at age 12
- Algorithmic structure with:
  - Branching for youth with special health care needs
  - Application to primary and specialty practices
- Extends through transfer of care to adult medical home and adult specialists
- CR reaffirmed by AAP in 2016, Updated CR in 2018

*Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home(Pediatrics, July 2011)
Six Core Elements of Health Care Transition

- Nationally recognized transition approach
- Aligned with professional recommendations from AAP, AAFP, ACP
- Based on QI learning collaboratives in DC*, MA, NH, WI, MN, CO using IHI breakthrough approach and utilized by large integrated delivery systems
- Published in 2014
- Intended for use in primary & specialty care (including SBHCs), behavioral health care, reproductive care and health plans
- 7th grade reading level, Spanish translation available
- FREE (download from www.gottransition.org)
- CUSTOMIZABLE tools and process
  - Use what works for your clinical setting
  - Use your own logos on the tools
Six Core Element Approach to Health Care Transition

1. Transition Policy and welcome and care policy
2. Transition Tracking and Monitoring
3. Transition Readiness
4. Transition Planning
5. Transfer/Integration into Adult-Centered Care
6. Transition Completion/Ongoing Care
Six Core Elements Approach
(red: Core elements used in DC SBHCs)

Pediatric Practice
• Transition policy
• Tracking & monitoring
• Transition readiness assessment
• Transition planning
• Transfer of care
• Transfer completion

Adult Practice
• Welcome & care policy
• Tracking & monitoring
• Orientation to adult care/practice
• Integration into adult practice
• Initial visit (updating medical summary and completing self care assessment)
• Ongoing care
HCT Measurement Options: Process

1. Current Assessment Health Care Transition Activities
   - Qualitative self-assessment tool modeled after Medical Home index
   - Provides a snapshot of where practice/health system initially is in implementing transition processes
   - Questions on consumer feedback and leadership

2. Health Care Transition Process Measurement Tool
   - Objective scoring method with documentation requirements
   - Measures implementation of Six Core Elements, consumer feedback and leadership, and dissemination
   - Intended to be conducted at start of QI initiative as baseline measure and repeated to assess progress
# Current Assessment of HCT Activities

**Top Score total 32**

## Current Assessment of Health Care Transition Activities for Transitioning Youth to Adult Health Care Providers

### Six Core Elements of Health Care Transition 2.0

<table>
<thead>
<tr>
<th>Element</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>1. Transition Policy</td>
<td>Clinicians vary in their approach to health care transition, including the appropriate age for transfer to adult providers.</td>
<td>Clinicians follow a uniform but not a written policy about the age for transfer. The approach for transition planning differs among clinicians.</td>
<td>The practice has a written transition policy or approach, developed with input from youth and families that includes privacy and consent information and addresses the practice’s transition approach and age of transfer. The policy is not consistently shared with youth and families.</td>
<td>The practice has a written transition policy or approach, developed with input from youth and families that includes privacy and consent information, a description of the practice’s approach to transition, and age of transfer. Clinicians discuss it with youth and families beginning at ages 12 to 14. The policy is publicly posted and familiar to all staff.</td>
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<tr>
<td>2. Transition Tracking and Monitoring</td>
<td>Clinicians vary in the identification of transitioning youth, but must wait until close to the age of transfer to identify and prepare youth.</td>
<td>Clinicians use patient records to document certain relevant transition information (e.g., future provider information, date of transfer).</td>
<td>The practice has an individual transition flow sheet or registry for identifying and tracking transitioning youth, ages 14 and older, or a subgroup of youth with chronic conditions as they progress through and complete some but not all transition processes.</td>
<td>The practice has an individual transition flow sheet or registry for identifying and tracking transitioning youth, ages 14 and older, or a subgroup of youth with chronic conditions as they progress through and complete all &quot;Six Core Elements of Health Care Transition 2.0,&quot; using EHR if possible.</td>
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Washington DC DOH-Funded Transition Effort

• 2-year grant from the Community Health Administration to The National Alliance to Advance Adolescent Health/Got Transition
• Partnership with MedStar Georgetown’s Roosevelt’s SBHC to pilot national transition approach (“Six Core Elements”)
• Spread to MedStar Georgetown’s Roosevelt SBHC
• Opportunities for expansion to other SBHCs
Planning a Transition QI Process at Roosevelt SBHC

• Senior leadership support
• Identification of SBHC clinic team
  – Maria Aramburu, MD, Alaphia Thomas-Cox, LPN, Fashira Dela Rosa, patient service coordinator
• Regular in-person meetings with Got Transition
• Selecting and customizing specific core elements with youth input
• Piloting clinic process
• Measuring baseline and improvement
CORE ELEMENT #1: TRANSITION WELCOME and CARE POLICY

• **Purpose:** Formalize SBHC’s approach, reduce clinician variability and offer a transparent explicit approach to students and families (voted most important of the 6 Core Element HCT approach by youth and families)

• **Content:**
  – Welcome information (hours available, etc.) and define SBHC approach for transition preparation for adult-focused care (confidentiality) and services offered (readiness assessment, list of local adult providers)
  – Include student and family input
  – Appropriate reading level / language

• **Post:** Communicate it to all involved early in the process
Welcome and Care Process
The School Health Center at Roosevelt High School

The School Health Center at Roosevelt (SHCRHS) staff welcomes you to our primary care clinic, which is run by MedStar Georgetown University Hospital.

When you come see us:

- We provide high quality and confidential care.
- We offer well checkups, immunizations, sick care, mental health counseling, sexual health services, and dental care.
- Care is free for current Roosevelt HS students and STAY students. We can’t give care to students who are not at Roosevelt HS or Roosevelt STAY.
- We care for students with any insurance and those with no insurance.

To visit us:

- We are open Monday through Friday during school hours (8:30am-4:30pm). Come in person or call: (202) 727-6333 to make an appointment.
- If it is not during school hours, call (202) 444-7243. We have different hours than normal during school holidays and breaks.
- If you are sick, you can walk in during the day for an appointment. Sports physicals and well checkups need to be scheduled ahead.

We will not discuss your mental health or sexual health with anyone else unless you ask that we do.

Parent consent is needed to receive care at the SHCRHS, except for student needs related to mental health, substance abuse, and sexual health. At the beginning of the year, we ask parents to sign a consent form that will last for the entire year. If your parent has not signed a consent form, please stop by our office, and we will give you a form for your parents to review.

At SHCRHS we place you, the student, in the center of your own health care, and we work with you to support your health goals. We are here to support your efforts in staying healthy, in taking care of your health needs, and in helping you get needed referrals. Before you leave Roosevelt High School, we will help you find a new adult doctor or clinic. If you have any questions or concerns, please feel free to ask us.
“First they make you button your own shirt, then they make you tie your own shoes...you gotta ask yourself — where’s this all heading?”
Core Element #3: Transition Readiness

• **Purpose:** Assess the youth’s/young adult’s skills to manage their health/health care

• **Content:**
  - Ranks importance of changing to adult provider before age 22
  - Ranks confidence about ability of changing to adult provider
  - Assesses self-care skills related to own health and using health care services

• **Use:**
  - Completed several times during the transition process
  - Used as a discussion tool to plan disease and skill-building education
  - Does not predict transition success!
  - Customized to meet the needs of the SBHC’s student population
Transition Readiness Assessment

Please fill out this form to help the School Health Center at Anacostia High School see what you already know about your health and how to use health care and the areas that you need to learn more about.

Date: __________________ Date of Birth: __________________

Name: __________________ Grade: __________________ Age: __________________

Transition Importance and Confidence: On a scale of 0 to 10, please circle the number that best describes how you feel right now.

How important is it to you to change from Anacostia's school health center to an adult doctor after graduation?

0 (not important) 1 2 3 4 5 6 7 8 9 10 (very)

How confident do you feel about your ability to change from Anacostia's school health center to an adult doctor after graduation?

0 (not confident) 1 2 3 4 5 6 7 8 9 10 (very)

My Health: Please check the box that applies to you right now.

Yes, I know this I need to learn I am unsure about

I know my health/medical needs. ☐ ☐ ☐

I can explain my health/medical needs to others. ☐ ☐ ☐

I know when I need to see my doctor quickly. ☐ ☐ ☐

I know what to do in case I have a medical emergency. ☐ ☐ ☐

I know my own medicines, and when I need to take them without someone telling me. ☐ ☐ ☐

I know my allergies, including to medicines, and medicines I should not take. ☐ ☐ ☐

I can easily get important health information with me every day (such as insurance card, allergies, medications, and emergency contact information). ☐ ☐ ☐

I understand I can make my own health care decisions at age 18 when legally an adult. ☐ ☐ ☐

I can express if my health care is not in line with my beliefs. ☐ ☐ ☐

I know at least one other person to help me with my health goals. ☐ ☐ ☐

Using Health Care:

I know or I can find my doctor's phone number. ☐ ☐ ☐

I make my own doctor appointments. ☐ ☐ ☐

I have a way to get to my doctor's office. ☐ ☐ ☐

I know where to go to get medical care when the doctor's office is closed. ☐ ☐ ☐

I know how often I should go for a health check-up/physical. ☐ ☐ ☐

I know how often I should go for a dental check-up. ☐ ☐ ☐

If it applies to me, I know where to go if I have mental health needs. ☐ ☐ ☐

I have a place at home where I keep my own medical information. ☐ ☐ ☐

I know how to fill out medical forms. ☐ ☐ ☐

I know what a referral is. ☐ ☐ ☐

I know how to get referrals if I need it. ☐ ☐ ☐

I know where my pharmacy is, and, if applies, how to refill my medicines. ☐ ☐ ☐

I know what health insurance I have. ☐ ☐ ☐

I have a plan so I can keep my health insurance after graduation. ☐ ☐ ☐

My family and I have discussed my ability to make my own health care decisions at age 18. ☐ ☐ ☐
Knowledge Gaps found on the SBHC Transition Readiness Assessment from Anacostia SBHC in DC

Most significant self-care gaps (needing to learn or unsure):

- I carry important health information (e.g., insurance card)
- I make my own doctor appointments
- I know where to go to get medical care when the doctor’s office is closed
- My family and I have discussed making my own health care decisions at age 18
- I know what health insurance I have
- I can explain my health/medical needs to others
Core Element #4: Transition Planning

- **Purpose**: Establish agreement between youth and provider about set of actions to address priorities and access current medical information.

- **Content**:
  - Identify what matters most to youth in becoming adult beyond health goals.
  - Define how learning about health and health care supports youth’s overall goals (add readiness assessment skill needs to the plan).
  - Outline and offer health education classes.

- **Also complete (update) portable medical summary and emergency care plan with “special information” for adult provider**
  - Include non-medical information that the student wants to share and will assist the adult provider to engage the youth easily in the first visit.
**Sample Medical Summary and Emergency Care Plan**

**Six Core Elements of Health Care Transition 2.0**

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**Form Completion and Sharing:**
- This document should be shared with and carried by youth and families/caregivers.

**Date Completed:**
- Date Revised:

**Contact Information:**
- **Name:**
- **Nickname:**
- **Gender:**
- **Address:**
- **City:**
- **State:**
- **Zip:**
- **Phone:**

**Special Information:**
- Make sure the youth or family knows the contact information for each provider.

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**School and Community Information:**
- **Agency/School:**
- **Contact Information:**
  - **Contact Person:**
  - **Email:**
  - **Phone:**

**Special Information:**
- This information should be shared with the youth or family.

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**Health Insurance Plan:**
- **Group and ID #:**

**Emergency Care Plan:**
- **Preferred Emergency Care Location:**
- **Common Emergency Presenting Problems:**
- **Suggested Tests:**
- **Treatments Considerations:**

**Special Concerns for Disaster:**
- **Allergies and Procedures to be Avoided:**
  - **Allergies:**
  - **Reactions:**

**To be Avoided:**
- **Medical Procedures:**
- **Medications:**

**Diagnoses and Current Problems:**
- **Protein:**
- **Details and Recommendations:**

**Secondary Diagnosis:**
- **Behavioral:**
- **Communication:**
- **Food & Nutrition:**
- **Hearing/Vision:**
- **Orthopedic/Musculoskeletal:**
- **Physical Abnormalities:**
- **Respiratory:**
- **Sensory:**
- **Urinary/Fatigue:**
- **Other:**

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**Signature and Immunization Records:**
- **Youth Signature:**
- **Parent/Caregiver Signature:**
- **Primary Care Provider Signature:**
- **Care Coordinator Signature:**

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Please attach the immunization record to this form.
Finding an Adult Doctor

Now that you are leaving Anacostia High School and will no longer be using the School Health Center at Anacostia High School (SHCAHS), it is time to find a new adult doctor to stay healthy and treat you when you are not feeling well.

Steps you can take to find a new adult doctor:

1. Ask your doctor at the SHCAHS for a referral.
2. Ask your parents and family members who they see and if they like the doctor.
3. Ask your friends what adult doctors they see and if they like them.
4. Look on your health insurance website for a list of adult doctors (under internists, family physicians, family nurse practitioners, or specialists, if needed).

Before you choose a doctor or clinic, here are some questions to think about:

1. What kind of doctor do you need? A primary care doctor, a specialist, a dentist, a mental health provider?
2. Where is the office located (near public transportation)?
3. What are the office hours (including walk-in options)?
4. What services does the clinic offer (preventive check-ups and sick care, sexual health services, dental health services, mental health services, other)?
5. Does the clinic accept your health insurance?
   - Not all clinics accept all types of insurance. Call to be sure the clinic takes your insurance.
   - Remember to carry your health insurance information with you (in your wallet or on your phone).

Please see a list of local clinics that you can contact for a new adult doctor on the next page.
Summary: Clinic Process and Health Education Strategy

- **Care Policy**: Poster in waiting and exam rooms. Hand out for all patients at front desk.
- **Transition Readiness Assessment**: Conducted as part of preventive visits and documented in EMR Assessment and Plan section.
- **Medical Summary**: Prepared for seniors.
- **Finding an Adult Doctor**: Shared with seniors.
- **Health Education**: Self-care education targeting carrying health insurance, making doctor appointments, refilling prescriptions, and entering health information on iPhone.
Facilitate Youth/Young Adult Knowledge of their Health Information

- Majority of youth/young adults have a cell phone
- Add health information to their phone (diagnosis, allergies, medications, who to contact in an emergency) before the phone needs to be unlocked so EMS has access to it
- Facilitates their ability to communicate/track key health information when needed
- Examples:
  - iPhone - utilize Health App
Measuring Transition Practice Improvements

• Pre and post assessment using Got Transition’s current assessment measurement tool

• Implementation of each of Six Core Elements by level (1-4)
  – Roosevelt’s baseline: level 1 for all core elements (CE) except for level 2 for CE #5
  – At 12 mo. (marked improvement): level 2 for CE #2, 4, 6 and leadership, level 3 for CE #5, level 4 for CE #1 and 3. Only level 1 and is unchanged is in feedback element.

• Qualitative feedback from MedStar team

• In future, consider student transition feedback survey using or adapting Got Transition’s tool
HCT Dissemination to SBHCs

• Consider starting a SBHC transition QI effort
  – Form team, with clinic staff and youth input
  – Review, select, and customize 6CE (DC SBHC example)
  – Complete baseline assessment of HCT
  – Complete PDSA cycles to establish best content and process
  – Adapt clinic process to incorporate HCT
  – Identify opportunities for aligning HCT clinic QI efforts and school health education
  – Make the HCT quiz available to the students (www.gottransition.org)

• Contact Got Transition for assistance
Want more information?
Got Transition: Federally funded resource center on HCT
www.gottransition.org
NEW Young Adult Health Care Transition Quiz: “Are you ready to transition to adult health care?”
Created by GT Young Adult Advisory Group and available on GT’s Web page http://gottransition.org

1. Do you see a doctor that sees adult patients, or a doctor who sees only children?
2. Do you know the phone number of your doctor's office?
3. Do you know what to do if you feel sick but the doctor's office is closed?
4. Are you prepared for a health emergency? Do you have your "Medical ID" information (your medical conditions, medications, allergies, and insurance information) stored in your phone?
5. Do you have health insurance? If not, do you know how to get health insurance?
6. Do you know how your health care privacy changes at age 18?
Almost a transition expert...

You’ve started this journey toward transitioning to an adult provider and toward becoming a self-advocate with your health, but you still have a ways to go! Check out these tools and resources as you continue to take charge of your health.

- Fill out your personal “Medical ID” on your iPhone or Android device
- Find health insurance coverage at www.HealthCare.gov and read more on #HealthyAdulting (Young Invincibles)
- Learn the differences between your provider’s office and the Emergency Department
- Turning 18: What it Means for Your Health

Go to Got Transition for more information
Other Transition Resources

- Updated AAP/AAFP/ACP Transition Clinical Report will be released in coming months -- stay tuned!


- ACP subspecialty transition resources:
  The American College of Physicians’ [Transitions of Care Toolkit](http://www.pediacastcme.org/transitioning-pediatric-patients-adult-health-care-pediacast-cme-025/) contains tools based on the Six Core Elements of Heath Care Transition; Readiness assessment tool available for those students with ID/DD developed by SAMH and SGIM.

- New resource for adult providers: “Care of Adults with Childhood Onset Diseases: a Practical Guide” from SGIM and SAHM.
Develop a draft HCT policy for your SBHC

• Take 5 minutes to decide what the content would be for a HCT policy in your SBHC.

• Discuss what processes would need to be facilitated in your SBHC to have the policy disseminated in your school and who would need to approve it.

• Q and A
Thank you!

• Patience White, MD, Got Transition
  – pwhite@thenationalalliance.org

• Maria Aramburu, MD, MedStar Georgetown University Hospital – Roosevelt SBHC (Customized Spanish Six Core Element materials)
  – Maria.G.Aramburu@gunet.georgetown.edu