CHAT: Fact Sheet on Transition Care Tips for Allied Healthcare Providers

CAROLINA Health & Transition PROGRAM

Health care transition, according to the Society for Adolescent Medicine, is the purposeful, planned movement of adolescents from pediatric to adult health care.[1] For **allied health providers**, special considerations for the needs of youth with significant health care needs, including developmental or other childhood-based disabilities, who are aging out of pediatric care include:

1. Recognition that the person with a disability is transitioning from a pediatrician to an adult primary care provider (PCP) and that the transition can cause concern and apprehension for both the youth and his or her family. Further, the adult PCP may need information related to the patient's condition and past medical history, including ancillary services such as respiratory care, physical therapy, speech therapy, and other specialized allied health services.

2. Assisting the patient to make the transition from pediatric therapy services to adult therapy services. Examples of issues that may be better addressed by adult therapists include:
   - Adapted automobile driving assessments and interventions; wheelchair/seating/home medical equipment assessment and modifications.
   - Assessment and treatment of co-morbidities such as obesity, cardiac impairments and osteoporosis.
   - Wellness initiatives related to physical fitness and disease prevention.
   - Promotion of community recreation and leisure activities in persons with developmental disabilities.
   - Progressive behavioral, health or cognitive deterioration with common co-morbidities, e.g., cardiology impairment and early-onset Alzheimer's Disease in persons with Down Syndrome; recognition and referral to mental health providers for treatment of depression.

3. Promoting Health Care Self-care and Disability Management[2] concepts:
   - Adherence, compliance, self-care/self-management impact a person's ultimate disability management and ability to function as independently as possible.
   - Health literacy is vital to self-management; poor self-management leads to poor health outcomes and higher health care costs.
   - Self-management is a dynamic process rather than static function.
   - Individuals who have moderate to severe disabilities will likely have limited abilities in self-care and disability management, and may need to continue to rely on family and health care providers for their disability management.
   - It is best that school-based educators/allied health providers and community-based health-care providers work collaboratively toward successful transitioning for an individual with developmental disability using standardized transition health self-management tools to assess and implement transition plans that are person-centered.

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[1]Journal of Adolescent Health. 2003. V33, pp309-311

[2]Betz CL and Nehring WM. Promoting Health Care Transitions for Adolescents with Special Health Care Needs and Disabilities. 2007. Paul H. Brooks Publishing Co. Baltimore, MD.

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