# Transitioning Teens & Young Adults with Asthma from Pediatrics to the Adult Model of Care

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1

## LEARNING OBJECTIVES

- Review the impact of asthma in the common transition age group
- Discuss the vulnerability of adolescents and young adults as they leave child-centered care
- Identify the differences between transition and transfer of care
- Discuss the concept and practice of transitioning as it applies to individuals with asthma

2

## DISCLOSURES

**In accordance with the AACME recommendations for commercial support of CME**

***Mary Cataletto M.D., FAAP, FCCP***

**Has no relevant financial disclosures nor conflicts of interest**

3

## SPEAKER: MARY CATALETTO M.D., F.A.A.P., F.C.C.P.

Dr. Mary Cataletto is a Clinical Professor of Pediatrics at NYU – LI School of Medicine in Mineola, New York and a practicing pulmonologist at NYU Health. She has been Editor in chief of Pediatric Allergy, Immunology and Pulmonology since 2013, serves on the editorial board of Chest Physician and is editor for the AAP Section Newsletter for Pediatric Pulmonology And Sleep Medicine. She is President of the Nassau Pediatric Society And is on the Executive Committee of the AAP Chapter II. She has worked to promote interdisciplinary asthma team training, serving on both the NAECB and AAE.

Today's session will focus on the vulnerability of teens & young adults as they move from pediatric to adult care. Stepwise strategies will be discussed to educate & empower individuals with asthma whether they are transitioning within an allergy practice or changing practices.

4

## IMPACT OF CHILDHOOD ASTHMA IN THE U.S.

- 8.4 % of children under 18 y have asthma [1]
- Given a population estimate of children ages 12-17 of 25,062,399 [2]
- An estimated 2,105,241 children can benefit from participating in transitioning
- This is especially important in the context of an increasing prevalence of asthma in 10-17 y/o age group [3]

1. www.cdc.gov/nchc/fastats/asthma.htm - accessed 6/1/19
2. https://datacenter.kidscount.org/data/tables/101-child-population-by-age-group#detailed/1/any/false/871,870,573,869,36,868,867,133,38,35/67,63,64,6,4693/419,420 accessed 6/1/19
3. Akinbami, L, Simon, A, Rossen, L, Changing Trends in asthma Prevalence Among Children, Pediatrics 2016; 137(1):e20152354

5

## VULNERABLE CHILDREN OR MATURE ADULTS?

- Biological and psychosocial development is not complete
- Challenges & milestones are distinct from children & adults
- Age related disparities:
  - Unstable housing
  - Lower education
  - Increased unemployment

Walker-Harding, L et al, Young Adult Health & Well-being: A Position Statement of the Society for Adolescent Health and Medicine, J Adol Health 2017(60): 758-59

Youth Risk Behavior Surveillance – United States 2017, MMWR (2018): 67(8):1-114

6

## VULNERABLE CHILDREN OR MATURE ADULTS?

- High rates of behavioral health risks
- Traditionally low use of preventive healthcare
- Healthcare often a low priority compared with other elements of their adult transition
- Susceptibility to emerging or chronic health conditions

Walker-Harding, L et al, Young Adult Health and Well-Being: A Position statement of the Society for Adolescent Health and Medicine, J Adol Health (2017) 60: 758-759
Kann, L et al, Youth Risk Behavior Surveillance-United States 2017, MMWR SurveillSummary 2018;67: 1-114

7

## DANGERS OF NOT BEING PREPARED

- Discontinuity of care
- Problems with treatment and medication adherence
- Patient dissatisfaction
- Limitations in health & well being
- Higher emergency department use
- Medical Complications
- Higher costs of care

White. P et al, Pediatrics 2018

8

## TRANSITION THEORY

- Recognize vulnerabilities & need for a distinct population health approach
- Need for early & ongoing preparation
- Focus on Teen's strengths
- Shared accountability, effective communication and care coordination between clinicians and care systems
- Recognize influence of culture & SES
- Focus on health equity & elimination of disparities

White, P et al Pediatrics 2018

9

## WHO IS RECEIVING TRANSITION SERVICES?

Children with SHCN

17 %

Children without SHCN

14 %

SHCN – Special Health Care Needs

2016 National Survey of Children's Health

10

## HOSPITALIZED TEENS AND YOUNG ADULTS?

### Are We Doing A Better Job?

38 %

CHILDREN'S HOSPITALS

White. P et al, Pediatrics 2018

11

## INTEGRATING CLINICIANS AND SYSTEMS OF CARE

### RECOMMENDATIONS FOR BUILDING AN INFRASTRUCTURE

**DEVELOPING RESOURCES**

- Integrate HCT into routine practice.
- Develop Metrics & Support QI
- Incorporate HCT support all medical home, home health recognition & certification programs
- Define roles & responsibilities for providers & systems
- Increase availability & quality of care support
- Expand the availability of pediatric asthma consultation for adult subspecialists
- Create up to date listing of community resources and adult clinicians willing to care for YA with childhood asthma
- Increase Education & Training opportunities
- Align HCT Delivery system innovations with reimbursement

White. P et al, Pediatrics 2018

12

## FOCUSING ON YOUR ASTHMA PRACTICE

**IMPLEMENTING THE PROCESS OF HCT**

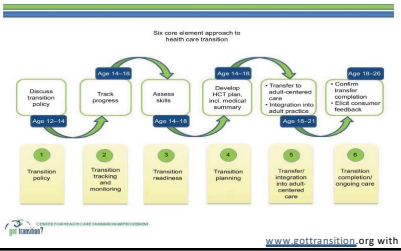
- Key Stakeholders/Decision makers
- Select an Implementation Team

**STEP 1:** Define Goals, Strategic Outcomes, Measures & Timeline

**STEP 2:** Test & Implement the transition improvements

13

## SIX CORE ELEMENTS OF TRANSITION

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14

## TRANSITIONING IN ASTHMA CARE

**From Pediatric to Adult Pulmonologist or Allergist**

- Transition policy
- Tracking & Monitoring
- Readiness Assessment
- Transition Planning
- **Transfer of care**
- **Transfer completion**

**General Allergy Practice Without Changing Providers**

- Transition policy
- Tracking & Monitoring
- Transition Readiness
- Transition planning
- **Integration into the adult approach of care**
- **Transfer to the adult approach to care**
- **Transfer completion with ongoing care**

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15

## COMMON GAPS & BARRIERS

- Trust & long standing relationships with pediatricians
- Real or perceived lack of adult specialist willing to care for young adults with pediatric onset disease
- Education & implementation experience with transition
- Opportunities for independence & responsibility
- Unstable living conditions
- Lack of HS degree
- Low parental education
- Lack of insurance
- Low income
- Poor psychological functioning
- Age

16

## HEALTH CARE INSURANCE

**Approximately 30% YA uninsured** [1]

**Patient Protection and Affordable Care Act of 2010**

Provides health insurance for young people from birth up to age 26 years and the ability of young adults to stay on their family's insurance plan until the age of 26y

**13.7 % of 18-24 year olds lacked health care insurance (2016)** [2]

Access to benefits can be impacted by the limited confidentiality inherent in billing & insurance claim practices, limited scope of benefits, high cost sharing

1. Young Adults and the Affordable Care Act: Protecting Young Adults and Eliminating Burdens on Families and Businesses. https://www.cms.gov/CCIIO/Resources/Files/adult_child_fact_sheet.html, accessed 5/30/19.

2. Marcell, A, Breuner, C, Hammar, L et al, Targeted Reforms in Health Care Financing to Improve the Care of Adolescents and Young Adults, (policy statement) Pediatrics 2018:142(6): e20182998

17

## WHY PATIENTS OFTEN STAY BEYOND 18

**LONG STANDING RELATIONSHIPS & TRUST**

**PEDIATRIC ONSET CHRONIC DISEASE**

https://www.pbs.org/newshour/health/40-year-old-adults-still-see-pediatrician

18

## LACK OF ADULT CLINICIANS TO CARE FOR YOUTH WITH PEDIATRIC ONSET CONDITIONS

Recent surveys indicate an increased willingness to accept new young adult patients

- Adult clinicians in 3 large integrated care systems
- Adult endocrinologists (national survey)

White, P, Cooley, WC, Transitions Clinical Report Authoring Group, American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians, Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home, Pediatrics 2018

19

## WHAT DO ADULT CLINICIANS WANT ?

- Improved Infrastructure
  - List of interested subspecialists
  - Pediatric subspecialty support
  - Education & training
- Care Coordination
- Links to Community Resources

20

## LOST IN TRANSITION: RESIDENT & FELLOW TRAINING & EXPERIENCE CARING FOR YOUNG ADULTS WITH CHRONIC CONDITIONS IN A LARGE US ACADEMIC MEDICAL CENTER

Sadun, RE, Chung, RJ. Pollock, MD. Maslow, GR, Med Educ Online 2019 24(1):doi:10.1080/10872981.2019.1605783

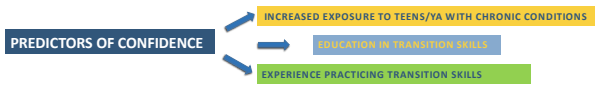
Electronic survey offered to **985** GME trainees in 2014-2015

Forty nine (49) percent response rate: 60 Peds, 387 Non-Peds & 39 Med-Ped or FM

**Results:**

25% " Not at all prepared" to speak with a counterpart about transferring a patient

~50% "Not at all prepared" to speak with a patient and family about transition



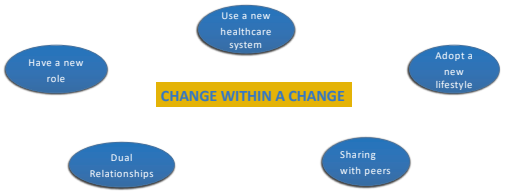

21

## QUALITATIVE STUDY ON THE EDUCATIONAL NEEDS OF YOUNG PEOPLE WITH CHRONIC CONDITIONS TRANSITIONING FROM PEDIATRIC TO ADULT CARE

Morsa, M, Lombrail, P, Boudailliez, B et al, Patient Pref Adherence 2018 Dec;12: 2649-2660

Patient education is recommended to facilitate the transition from pediatric to adult care

If you want to know you need to ask




22

## PARENTS CAN SUPPORT TRANSITION

- Support independence
- Promote resilience
- Develop knowledge & skills

23

## KEY ASTHMA MESSAGES

- Use Inhaled Corticosteroids to Control Asthma
- **Use a Written Asthma Action Plan to Guide Self-management**
- Assess Asthma Severity at the Initial Visit to Determine Initial Treatment
- Assess and **Monitor Control** and Adjust Treatment if needed
- Schedule **Follow-up Visits at Periodic Intervals**
- **Control Environmental Exposures**

https://www.nhlbi.nih.gov/health-pro/resources/lung/naci/discover/priorities.htm - accessed 5/30/19

24

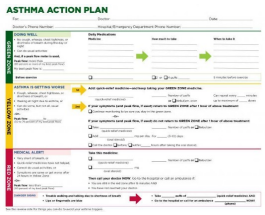
## EDUCATION FOR A PARTNERSHIP IN ASTHMA CARE

- Which medicines are you taking? How often?
- Who is responsible for making sure you have medication available?
- Please show me how you take your medication
- How many times a week are you using your rescue medication?
- Are you having any problems taking your medication (cost, time, lack of perceived need)?
- Do you have any concerns about taking these medication?

www.nhlbi.nih.gov/sites/default/files/media/docs/asthedin_1.pdf, accessed 5/30/19

25

## WRITTEN ASTHMA ACTION PLAN




- Part of overall effort to educate patients in self management & facilitate communication
- Daily management plan ( medications & environmental control strategies )
- How to recognize & handle worsening asthma
- Can be either symptom or peak flow based

https://www.nhlbi.nih.gov/resources/asthma-action-plan-2020

26

## EPR-3 RECOMMENDATIONS

- Incorporate asthma self management education into routine care, emergency department & hospital based care
- School and community based asthma education can also result in behavior change and improved quality of life
- Computer based programs that are incorporated into asthma care be considered for adolescents

www.nhlbi.nih.gov/sites/default/files/media/docs/asthedin_1.pdf, accessed 5/30/19

27

## CERTIFIED ASTHMA EDUCATORS


**Mission:**
Promote optimal asthma management and quality of life among individuals with asthma, their families and communities, by advancing excellence in asthma education through the certified asthma educator (AE-C®) process.

**3497 certificants (6/11/19)**
**2864 certificants (6/6/22)**

*MDs, NPs, PAs, nurses, pharmacists, respiratory, physical and occupational therapists, social and community health workers*

http:www.naecb.com – accessed 6/11/19,6/6/22

28

## TRANSITION READINESS ASSESSMENTS

- Practices can customize their transition readiness assessments
- Multiple tools and template questionnaires are available
- Focus on Asthma Knowledge, Skills and Using Health Care

RESOURCE:
White, P, Schmidt, A, McManus, M, Readying Youth and Young Adults for Transition to Adult Care During Preventive Care Visits: A New Clinician Tool Kit, J Adol Health 2018;63:673-674

29

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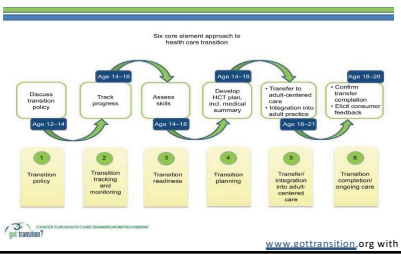


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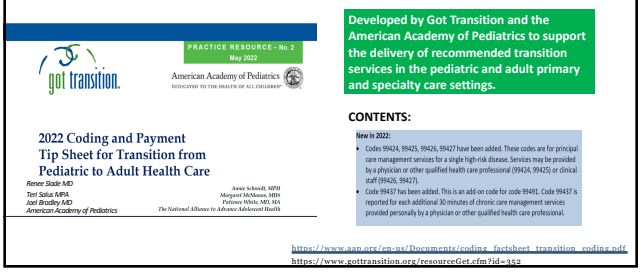
30

## TRANSITION CODING & REIMBURSEMENT TIP SHEET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PRACTICE RESOURCE – No. 2
May 2022

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

2022 Coding and Payment Tip Sheet for Transition from Pediatric to Adult Health Care

Renee Slade MD
Teri Salas MPA
Joel Bradley MD
American Academy of Pediatrics

Annie Schwalb, MPH
Margaret McManus, MHS
Parinaz White, MD, MA
The National Alliance to Advance Adolescent Health

**Developed by Got Transition and the American Academy of Pediatrics to support the delivery of recommended transition services in the pediatric and adult primary and specialty care settings.**

**CONTENTS:**

**New in 2022:**

- Codes 99424, 99425, 99426, 99427 have been added. These codes are for principal care management services for a single high-risk disease. Services may be provided by a physician or other qualified health care professional (99424, 99425) or clinical staff (99426, 99427).
- Code 99437 has been added. This is an add-on code for code 99491. Code 99437 is reported for each additional 30 minutes of chronic care management services provided personally by a physician or other qualified health care professional.

https://www.aap.org/en-us/Documents/coding_factsheet_transition_coding.pdf,
https://www.gottransition.org/resourceGet.cfm?id=352

31

## KEY MESSAGES

- Asthma is a chronic disease affecting approximately 8.4 % children in the U.S.
- Significant disparities exist
- Increased asthma prevalence in 10-17 year olds
- Transitioning can improve continuity of care, patient satisfaction and decrease health care costs
- Support for patients, parents and clinicians is available
- Certified asthma educators can be valuable resources in preparing adolescents and young adults with asthma navigate transition.

32