A Medical Home Includes a Plan to Transition from Pediatric to Adult Medical Care....

The goal of transition is to optimize life-long health and well-being and potential through the provision of high-quality, developmentally appropriate, health care services that continue uninterrupted as the individual moves along and within systems of services and from adolescence to adulthood.

—American Academy of Pediatrics
Joint Principles of the Patient-Centered Medical Home

Health Care Transition

Transition Realities
- 90% of youth with special health care needs (YSHCN) reach their 21st birthday.
- 45% of YSHCN lack access to a physician who is familiar with their health condition.
- 30% of 18 to 24 year-olds lack a payment source for needed health care.
- Many youth lack access to primary and specialty providers.
- Increased use of emergency system of care: 40% versus 25% of typical youth annually.
- There are fewer work opportunities, and many are fearful of losing Medicaid eligibility.
- YSHCN are three times more likely to live on income less than $15,000.00

What YSHCN Say
- 90% want to live and work independently
- Many feel they are “treated like a child.”
- Many feel a loss of control.
- They feel they are not seen as unique individuals, separate from their conditions. Health care providers defer to parent(s).

If Children and Youth Do Not Maintain Optimal Health
- More emphasis on crisis and less on typical life, fun and activities.
- More on living as a patient, less as a kid.
- Missed school with interruptions in learning.
- Functional declines leading to social isolation.

Desired Outcomes
- Health Insurance—Provide youth with special health care needs with accessible and affordable health insurance coverage.
- Medical Home—Assure that all youth with special health care needs have medical homes responsive to their needs.

The physician’s role throughout the transition process is as a team leader. While he or she cannot be the sole player throughout transitioning YSHCN, the physician can be a teacher to assist the youth and family in navigating the systems of care.

Source: http://www.medicalhomeinfo.org/how/care_delivery/transitions.aspx