

# Preventive Care and Health Care Transition: Bringing Them Together - Hawaii Title V Improves Adolescent Care

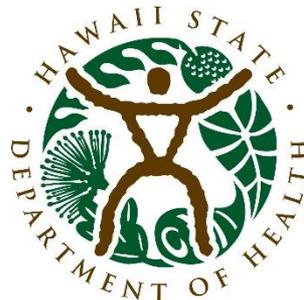
A webinar featuring:

**Got Transition<sup>®</sup>**

**Adolescent & Young Adult Health National  
Resource Center**

**Hawaii Title V**

**September 30, 2021, 4PM EST**



# Disclosures

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- The contents of this presentation are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the US Government.

# Presentation Overview

1. Review state and national data that support aligning health care transition (HCT) and adolescent well-visit (AWV) strategies.
2. Identify available resources to ready adolescents and young adults with and without special needs for HCT during well-visits
3. Learn why and how Hawaii Title V MCH, Adolescent, and CYSHCN leaders aligned HCT and AWV strategies

# The Adolescent & Young Adult Health National Resource Center



## Purpose

To improve the **health of adolescent and young adults** (ages 10-25) by strengthening the capacity of **state maternal and child health (MCH) programs** and their **clinical partners** to address the needs of adolescents and young adults

<http://nahic.ucsf.edu/resource-center/>

Adolescent  
& Young Adult  
**Health**  
National Resource Center

University of California  
San Francisco

**NAHIC**

**AMCHP**  
ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

**s a h r c**  
State Adolescent Health Resource Center

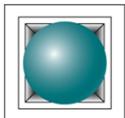
University of Minnesota

NIPN  
*national improvement*  
Partnership Network

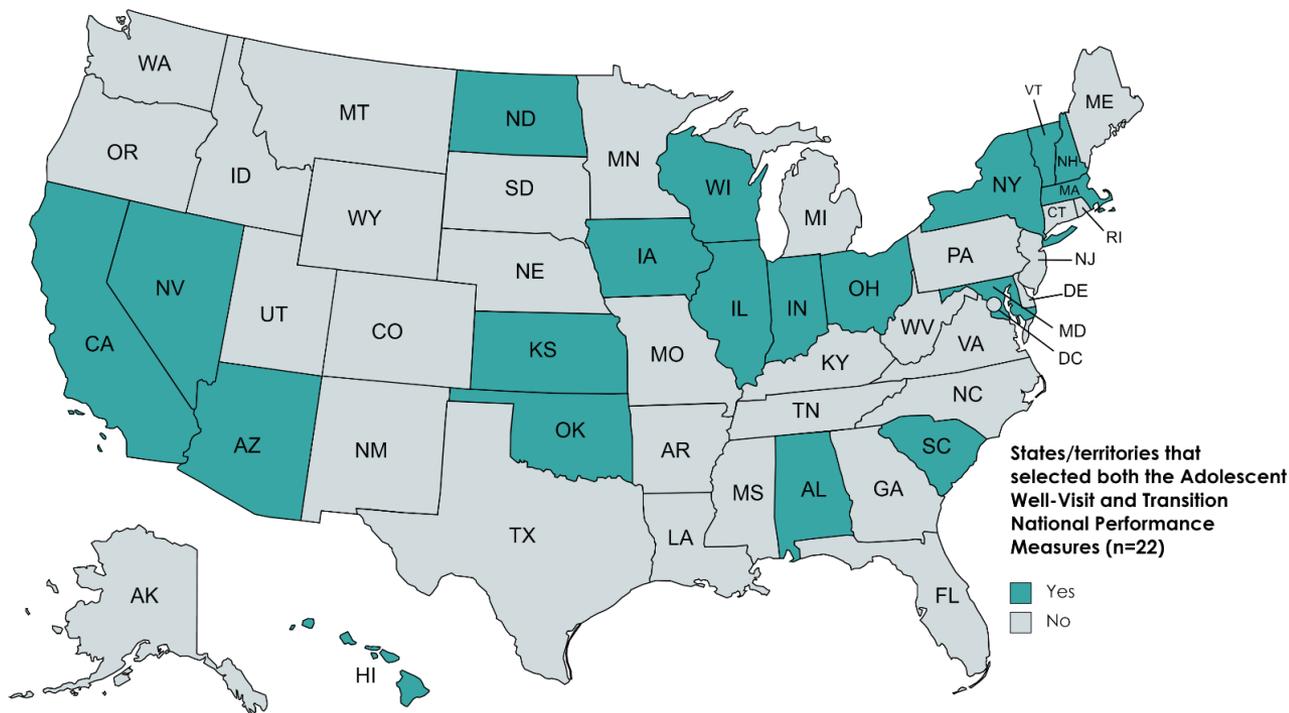
University of Vermont

# Got Transition<sup>®</sup>

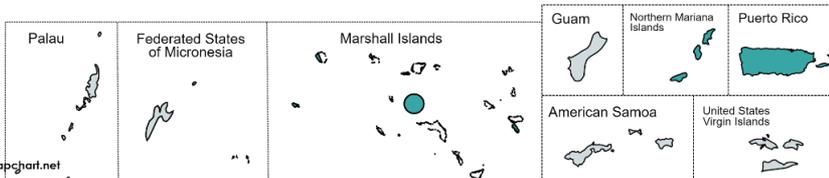
- Got Transition, a program of The National Alliance to Advance Adolescent Health, is the federally funded national resource center on health care transition (HCT). Its aim is to improve the transition from pediatric to adult health care through the use of evidence-driven strategies for clinicians and other health care professionals; public health programs; payers and plans; youth and young adults; and parents and caregivers.
- Got Transition, with the AAP's National Resource Center for Patient/Family-Centered Medical Home and the Catalyst Center, operates the National Network for Advancing Systems of Services for Children and Youth with Special Health Care Needs.



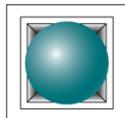
# 22 States and Territories Selected AWWV and Transition National Performance Measures (NPMs)



- Adolescent Well-Visit (NPM 10) = 34 states/territories
- Transition (NPM 12) = 37 states/territories
- Medical Home (NPM 11) = 39 states/territories
- NPMs 10, 11, and 12 = 9 states/territories



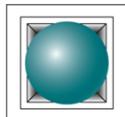
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# 2016-2017 National Survey of Children's Health

- 79% of youth with special health care needs (YSHCN) and 70% of non-YSHCN had a preventive medical care visit
- Positive association between receipt of early and continuous screening among YSHCN and non-YSHCN and HCT preparation
- Positive association between receipt of a well-functioning system of services among YSHCN and non-YSHCN and HCT preparation

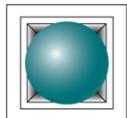
Source: Ilango SM, et al. Associations Between Health Care Transition Preparation Among Youth in the US and Other Components of a Well-Functioning System of Services. *Journal of Adolescent Health*. 2021;69(3):414-423.



# 2018 AAP/AAFP/ACP Clinical Report on HCT

- Recommendations call for HCT to be part of routine preventive, primary, specialty and subspecialty, and mental/behavioral health care
- Start early (ages 12-14) and continue into young adulthood
- Emphasize communication, engagement, self-care, & staying connected to care
- Encourage use of Six Core Elements

Source: White PH, et al. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2018;142(5):e20182587.



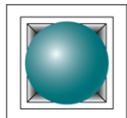
# Incorporating HCT Services into Preventive Care Toolkit<sup>1,2</sup>

- Created by Got Transition and the Adolescent and Young Adult Health National Resource Center
- Modeled after the AAP's Bright Futures,<sup>3</sup> the toolkit describes HCT priorities and provides suggested HCT questions and anticipatory guidance for clinicians to use during preventive care visits with youth and young adults

<sup>1</sup> White P, et al. *Incorporating Health Care Transition Services into Preventive Care for Adolescents and Young Adults: A Toolkit for Clinicians*. Washington, DC: Got Transition, 2018. Available at <https://gottransition.org/resource/?clinician-toolkit-preventive-care>.

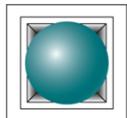
<sup>2</sup> White PH, et al. Readyng youth and young adults for transition to adult care during preventive care visits: new clinician toolkit. *Journal of Adolescent Health*. 2018;63(6):673-674.

<sup>3</sup> Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th edition. Elk Grove, IL: American Academy of Pediatrics, 2017.



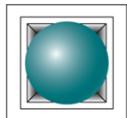
# Early Adolescence (11-14)

- HCT Priorities
  - Encourage greater involvement of youth in their own care and introduce HCT supports that will be provided to youth and parents/caregivers
- Sample Question for Youth
  - How comfortable do you feel managing your own health care, such as explaining your medical condition to others and knowing your allergies, what medications you take, and when to take them?



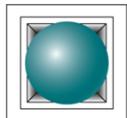
# Middle Adolescence (15-17)

- HCT Priorities
  - Assess transition readiness and self-care skills, explain the practice's transition policy and moving to an adult model of care at age 18 (e.g., changes in privacy and consent)
- Sample Question for Youth
  - What questions do you have about the changes in privacy and consent that happen when you turn 18 and are legally an adult?



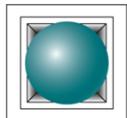
# Late Adolescence (18-21)

- HCT Priorities
  - Emphasize an adult model of care, continue developing self-care skills, and assist with transfer to adult care
- Sample Question for Young Adult
  - How can our practice help you find an adult health care clinician you feel comfortable with? Do you have any preferences about your next clinician (e.g., gender, location)?



# Early Adulthood (22-25)

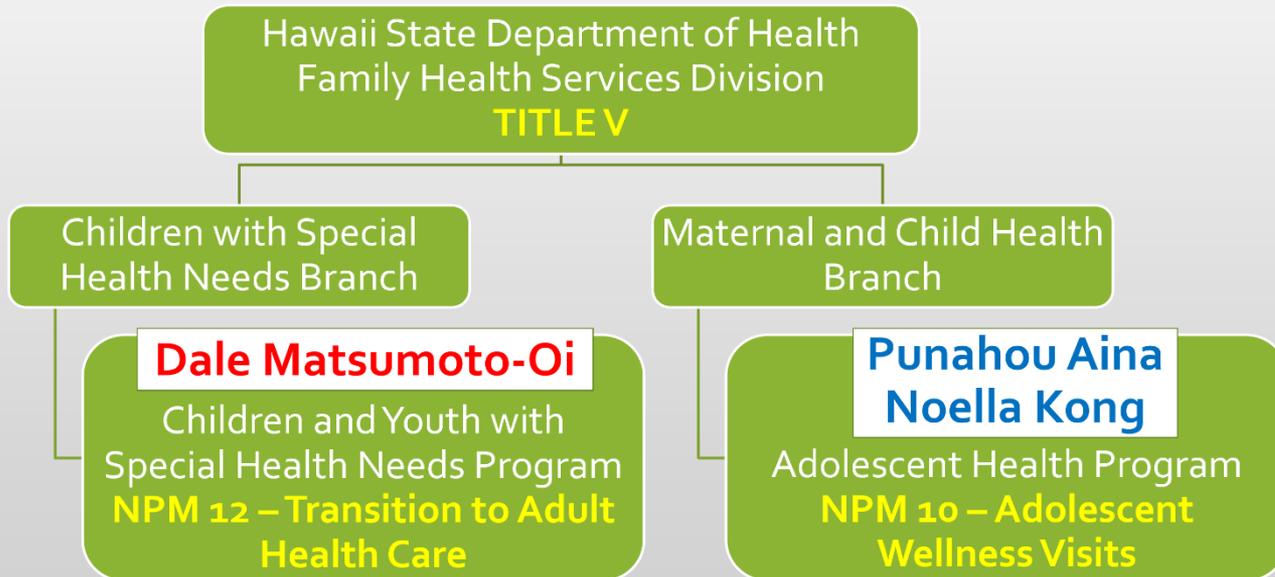
- HCT Priorities
  - Assist with transfer to adult care (if not already transferred), encourage continuity of care, and continue building self-care skills
- Sample Question for Young Adult
  - Do you need help finding other clinicians (e.g., for reproductive health care, specialty care, mental health)?



# Preventive Care & Health Care Transition

## Hawaii Title V: Bringing Them Together Improves Adolescent Care

September 30, 2021



## Why did Hawaii Title V MCH and CYSHN programs partner on addressing these two National Performance Measures?

- **CYSHN Program (CYSHNP):**
  - For successful transition to occur, youth need an adolescent wellness visit to see their primary care provider.
  - Adolescent Health Program activities to promote adolescent wellness visits, including transition, will benefit all youth including those without special health care needs.
- **Adolescent Health Program:** CYSHNP activities on transition overlap with adolescent wellness visit activities.
- Sharing of tools, knowledge, and resources.
- Access to populations not typically served by each individual program.

# How did Hawaii go about planning and implementing this collaborative work?

- **BUILDING RELATIONSHIPS**
  - Division-wide collaboration:
    - “We Are Family (Health Service Division)”
    - One Shared Future training – 2018
  - MCH LEND (Punahou and Dale) – 2018-2019
  - **MCH Workforce Development Center training – 2019**
- **Timing**
- **Close communication**



# MCH Workforce Development Training – UNC Chapel Hill March 2019

Hawaii Team aims to internally align current efforts to reach youth in Hawaii with effective transition messages (for both **CYSHNP** and **Adolescent Health Program**).



- Created goals and objectives
- Learned tools to plan, develop, and implement goals
- Lessons learned from MCH Workforce
  - Know your target audience
  - Update tools to better reflect audience and goals
  - Use platforms preferred by youth



# PROJECT GOALS

## Aim Statement

We aim to plan and pilot test a process to improve transition information and support for children and youth ages 12-21 because children and youth with and without special health care needs need readily available information and support to promote well-being and life long positive health outcomes.

### Short Term Goals

1. Update program brochure to include information on transition
2. Identify additional strategies from GOT Transition website
3. Develop measurement plan
4. Develop communication plan
5. Develop list of stakeholders in each of the district/counties
6. Collaboration between CSHNB and MCHB on pilot project

### Long Term Goals

1. Percent of 12-17 year-olds enrolled in CYSHNS who report receiving services necessary for transition
2. Percent of 12-17 year-olds without special health care needs who report receiving services necessary for transition
3. Percent of youth/families reporting wellness visit in the past year

# MCH Workforce Title V Onsite Support Meeting – Honolulu August 2019

- MCH Workforce TA with a focus on transition

- Attendees included

- **CYSHNP** and **Title V** staff from all islands (12)
- **Adolescent Health Program** (2)
- **Hilopa'a Family-to-Family organization** (F2F)
- **Young Adult and Parent**

- Presentations included:

- Title V Adolescent Health
- Panel presentation on Lessons Learned from Adolescent Health and other Hawaii programs – to better partner on communicating the transition message
- Presentation on Got Transition's Six Core Elements





What are examples of  
training, tools, and new partnerships  
Hawaii has put in place?

# PATH

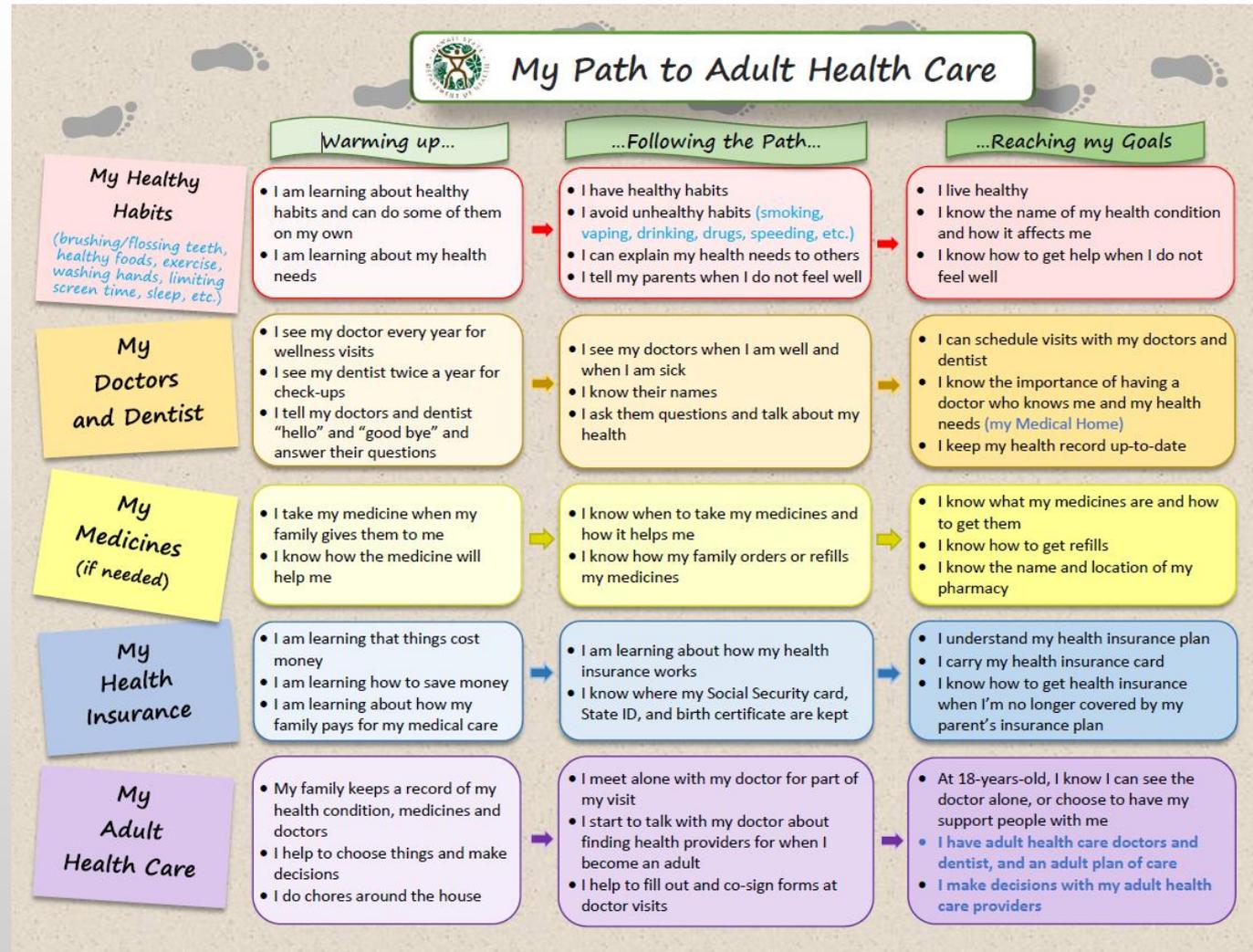
<https://health.hawaii.gov/cshcn/files/2020/02/PATHtoadulthealthcare20190903-3.pdf>

## CYSHN Program

- Developed handout
- Revised with [Adolescent Health Program](#) to include the importance of medical home and annual wellness visits
- Used with youth with and without special health needs

## Adolescent Health Program

- Trained program staff on use

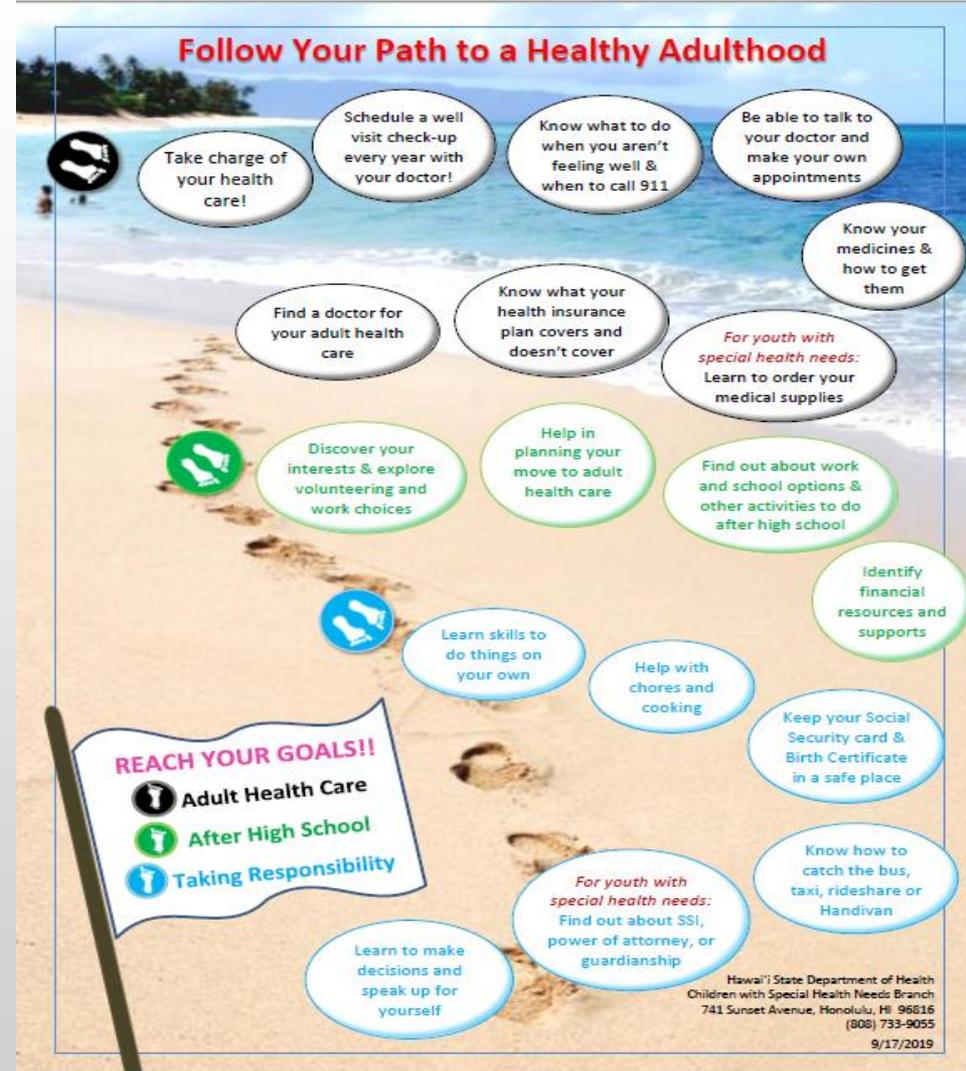


# Footsteps to Transition Flyer

<https://health.hawaii.gov/cshcn/files/2020/02/Beach-Flyer-20190917.pdf>

## CYSHN Program

- Developed handout
- Used at health fairs and other educational opportunities with youth with and without special health needs
- Shared with DOE Transition Coordinators
- Revised with [Adolescent Health Program](#) input to add annual wellness visits



# Footsteps to Transition Flyer

## Adolescent Health Program

- Contracted with Kawailoa Youth and Family Wellness Center (KYFWC), as part of Personal Responsibility Education Program (PREP) grant
- Added health care transition information to adolescent health curriculum
- KYFWC facilitators used CYSHNP handouts to begin conversations about Adolescent Well Visit, doctor's appointments, and health insurance

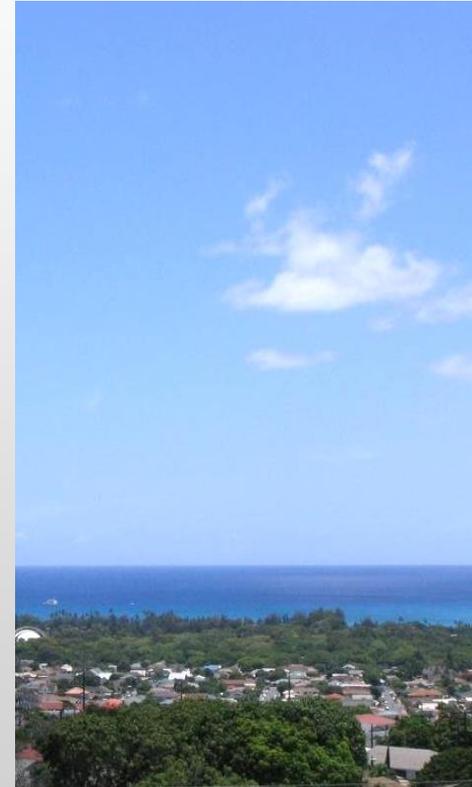






# How to start the NPM<sub>10/12</sub> partnership?

- Make that deliberate outreach to each other
- Review the annual Title V Block Grant report
- Do an all-staff mini retreat/meeting
  - Learn about each program's NPMs and ESMs
  - Develop joint Aim Statement, Goals and Objectives
  - Brainstorm ways of partnering together
- Revise tools, handouts, and other material to include messaging from both NPMs
- Share resources, such access to specific populations, partnerships and knowledge



# Plans for the future?

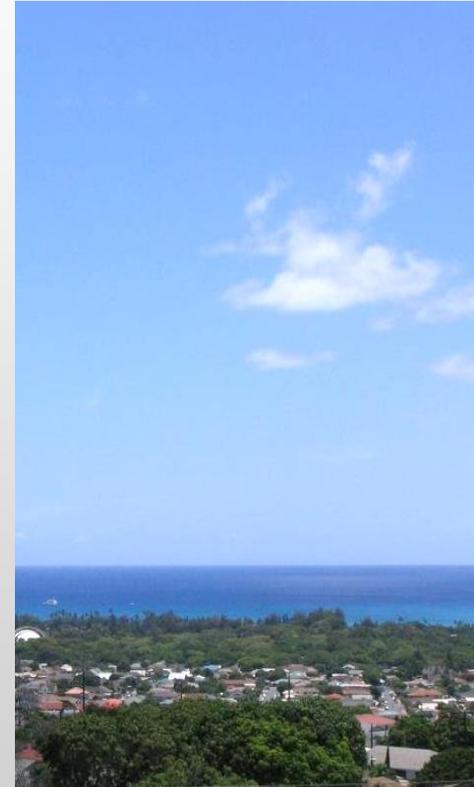
All new projects, moving forward, to include annual wellness visit and transition

## CYSHNP

- Strategies to engage youth and young adults in transition
- Messaging and tools on transition and [wellness visits](#) for youth with special health needs
- CYSHNP youth survey includes healthcare knowledge, accessing care, and health information

## Adolescent Health Program

- TeenLink Hawaii will use their peer survey findings for Health & Wellness Toolkit (HWT) and engage peers
- Work with [CYSHNP](#) to engage youth with special health needs and their families to provide input on the new HWT



# Mahalo!

- Children and Youth with Special Health Needs Program – NPM 12
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- Adolescent Health Program – NPM 10
  - [Noella.Kong@doh.hawaii.gov](mailto:Noella.Kong@doh.hawaii.gov)
  - [Punahou.Aina@doh.hawaii.gov](mailto:Punahou.Aina@doh.hawaii.gov)



Moving Forward Together

# Useful resources

- **Health Care Transition in State Title V Programs: A Review of 2021 Block Grant Applications/2019 Annual Reports and Recommendations:**  
<https://gottransition.org/resource/2021-bg-review-hct-title-v>
- **Incorporating HCT Services into Preventive Care for Adolescents and Young Adults: A Toolkit for Clinicians**
  - English: <https://gottransition.org/resource/clinician-toolkit-preventive-care>
  - Spanish: <https://gottransition.org/resource/clinician-toolkit-preventive-care-Spanish>
- **Additional HCT Resources:** <https://gottransition.org/resources-and-research/>
- **Resources for AWW: AYA-H-NRC website:** <https://nahic.ucsf.edu/resource-center/>
- **Change Package: Guidance for Increasing WV Update, Quality & Policy:**  
[https://nahic.ucsf.edu/resource\\_center/adolescent-and-young-adult-health-national-resource-center-announces-change-packages-to-improve-preventative-visits/](https://nahic.ucsf.edu/resource_center/adolescent-and-young-adult-health-national-resource-center-announces-change-packages-to-improve-preventative-visits/)
- **Clinician AWW Toolkit: 1-page Preventive Service Checklist and Supporting Information:**  
[https://nahic.ucsf.edu/resource\\_center/adolescent-guidelines/](https://nahic.ucsf.edu/resource_center/adolescent-guidelines/)

# Stay in touch!

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