

Transition

All's well that ends better: Diabetes Transition Services in Auckland 2006-2013

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Overview

- Definition
- Need
- Benefits
- Barriers
- Models of Care
- Transition outcomes from Starship Diabetes Service

What is Transition?

“Transition is a multi-faceted, active process that attends to the medical, psychosocial and educational/vocational needs of adolescents as they move from child- to adult-centered care”
~*American Society for Adolescent Medicine, 1993*

What is the need?

“The transfer of young people from child to adult services requires special attention. Evidence shows that this is generally poorly handled”

DOH, April 2003

Transfer to adult services: JIA

Shaw KL, Southwood TR, McDonagh JE 2004

Abandoned

Thrown out

Sudden

Cut off

Tossed out



What is the need?

Increasing numbers of young people surviving into adulthood e.g.

- Cystic fibrosis
- Congenital Heart disease
- Cancer
- Inherited metabolic disease
- Transplantation

What is the need?

- Between 25 and 65% of young adults receive no or reduced medical follow-up
- Adverse diabetes-related outcomes have been reported
 - poor glycaemic control
 - Increased post-transition diabetes-related hospitalizations
 - emergence of chronic diabetes complications
 - premature mortality

What are the benefits

- Improved disease control (*DM: Salmi, 1988*)
- Improved follow-up (*JIA: Rettig, 1991*)
- Patient satisfaction (*JIA: McDonagh 2004; CF: Bronheim, 1989; Steinkamp 2001; Zack 2003*)
- Improved knowledge (*JIA: McDonagh 2004*)

Confidentiality

- Confidentiality - most important attribute of an adolescent friendly practice according to adolescents

MacPherson A, 1996

- Paediatric practices were less likely than family medicine to offer confidential services to adolescents

Akinbami LJ et al, Pediatrics 2003;111:394-401

Confidentiality

- Study of 1200 students in the UK
- 58% had health concerns they wished to keep private from their parents
- 25% would forgo health care in some situations if their parents found out

Cheng TL et al JAMA 1993;269:1404-7

What are the Barriers?

- The process of transition from paediatric to adult care is seen as challenging
- Providers:
 - Time 63%
 - Training 43%
 - Financial 37%
 - Other (11%) – discomfort, lack of applicability, difficulty accessing resources

Geenen 2003

What are the Barriers?

- Only a third of doctors (paediatric and adult) actually like working with adolescents

Klitsner I et al, 1992

- Provider behaviour is an important determinant of adolescent satisfaction with their health care

Freed LH, J Adol Health, 1998

Transition Models of care in Diabetes Services

- The age of transition varies
- Some studies suggest that early transition from the paediatric to the adult healthcare system may be associated with worse glycaemic control
- Studies show that physician continuity and care coordination can help improve transition to adult care

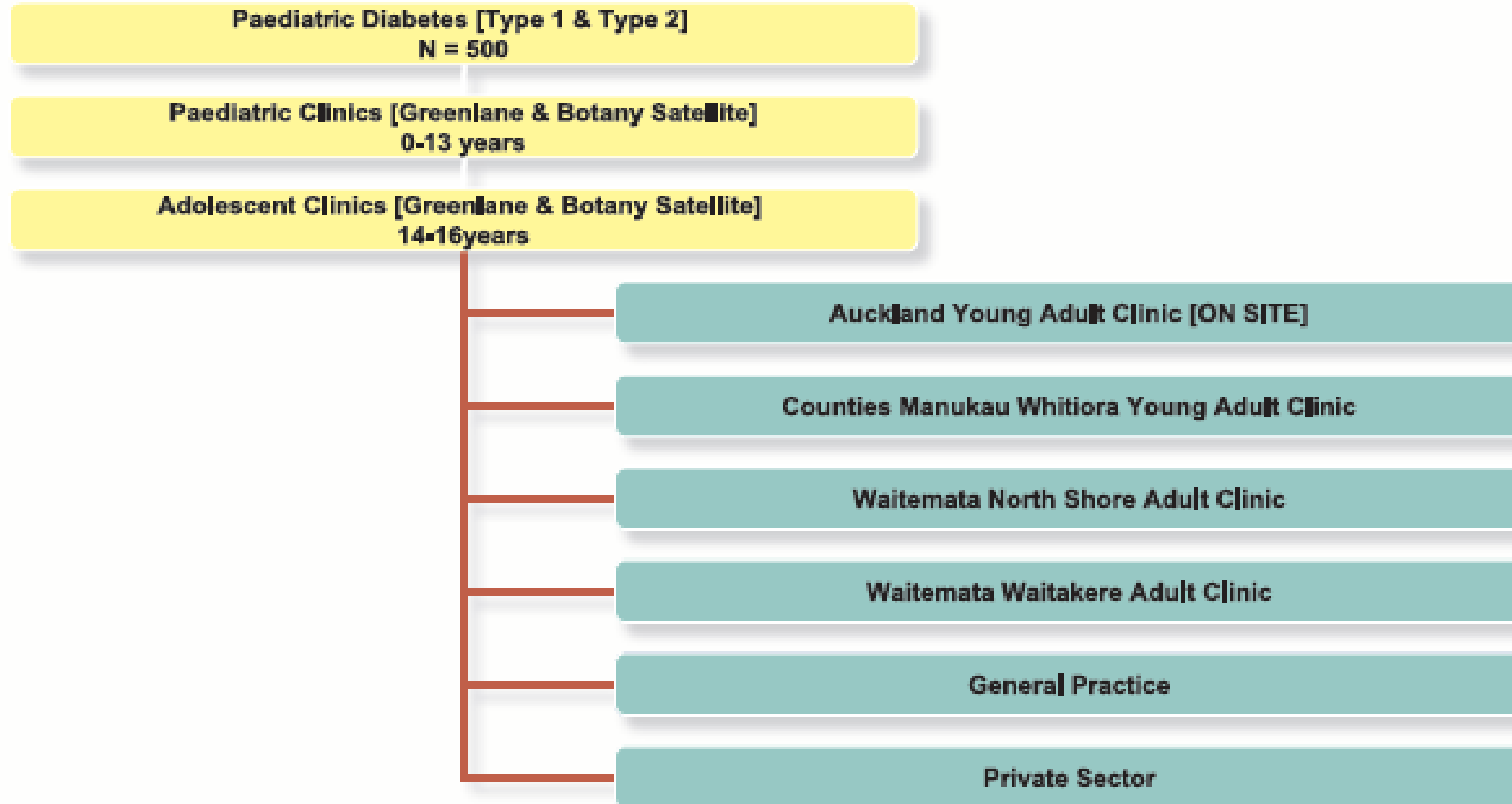
Transition Models of care in Diabetes Services

- A planned, structured transition to adult diabetes care is expected to improve outcomes and helps to ensure continuity of care
- Organized transition services may decrease the rate of loss to follow-up
- Combined adolescent/young adult clinics with both paediatric and adult diabetes specialists has been proposed as an optimal model of transition to adult care

Stepping Up Day



Starship Model of Care



The Transition Programme



14 yrs

15 yrs

16 yrs

- ▶ Programme integrated into 3 monthly Adolescent Clinics*
- ▶ Each case individually managed by Transition Coordinator*
- ▶ Multidisciplinary approach*
- ▶ Adolescent diabetes specific education throughout the continuum*
- ▶ NO combined paediatric/adult clinics*
- ▶ Clinics run in mornings – NOT after hours*
- ▶ Paediatric clinic space used – NOT adolescent specific environment*

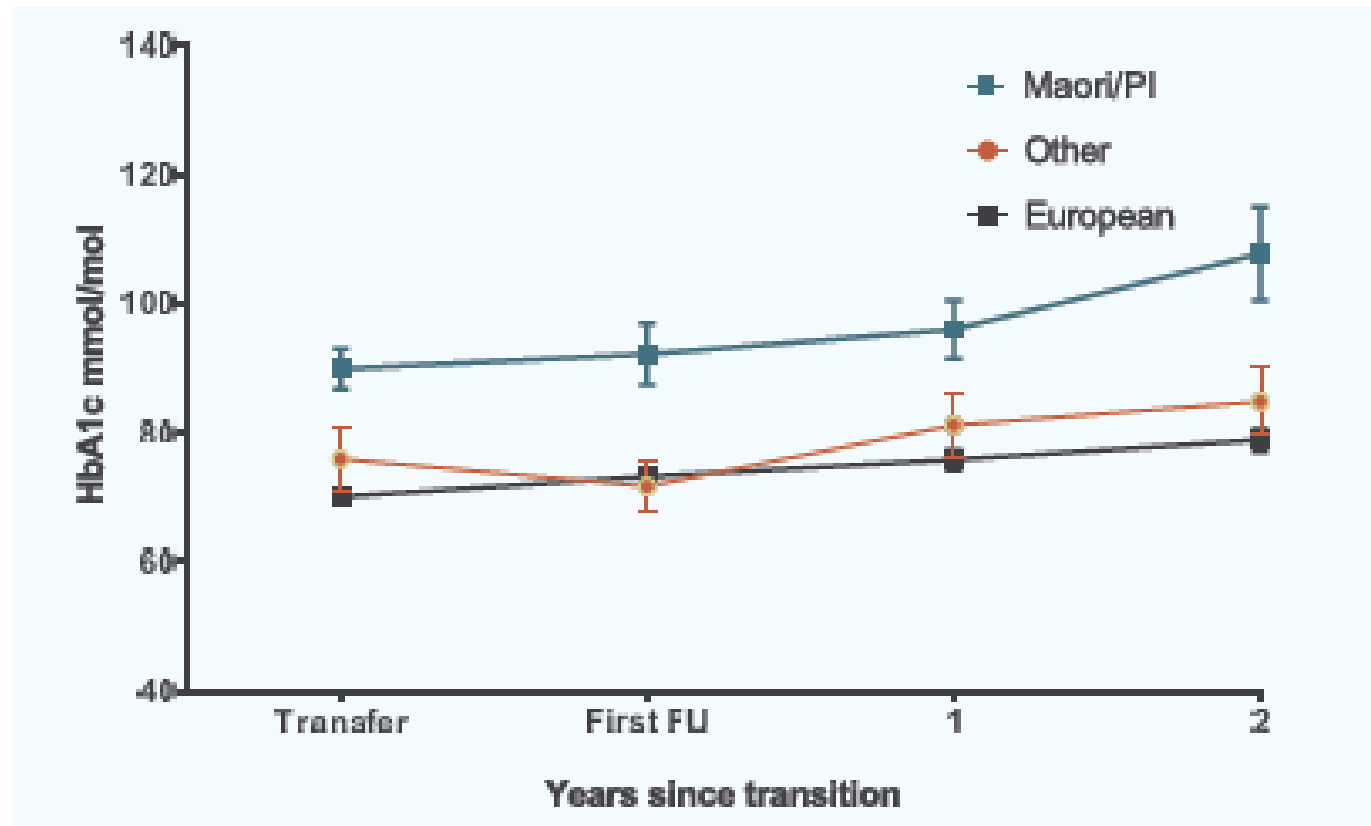
Definitions

- ▶ **Captured** – attended at least 1 adult clinic
- ▶ **Retained** – remains in adult clinics 5 years since referral or to age 21
- ▶ **Opted Out** – Active decision to not engage in Transition programme (excludes relocation or recurrent DNA)

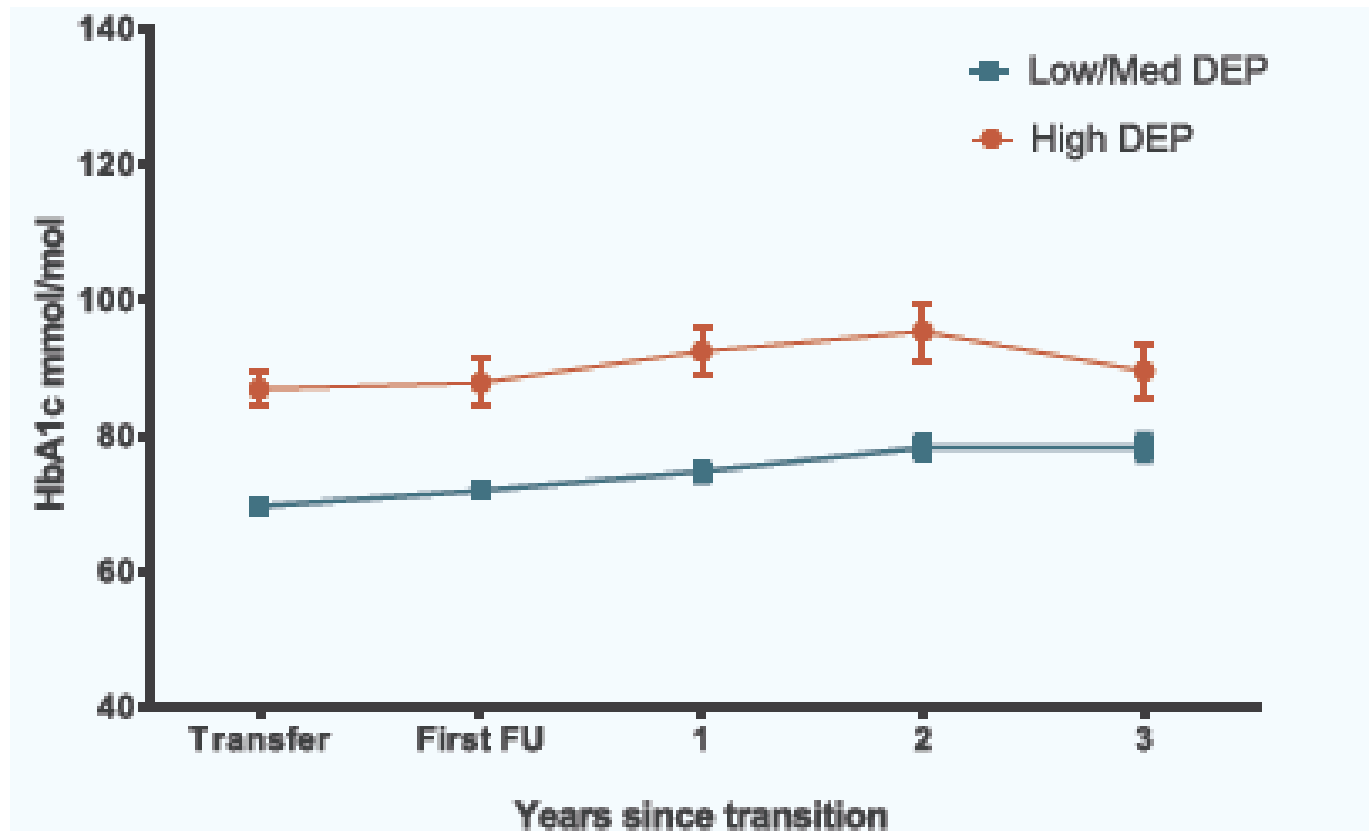
Participants

322 young people with diabetes mellitus, 94% Type 1 Diabetes. 72% European.
44 actively opted out of the Transition programme (10 did not complete the programme due to relocation; 8 failed to attend scheduled appointments).

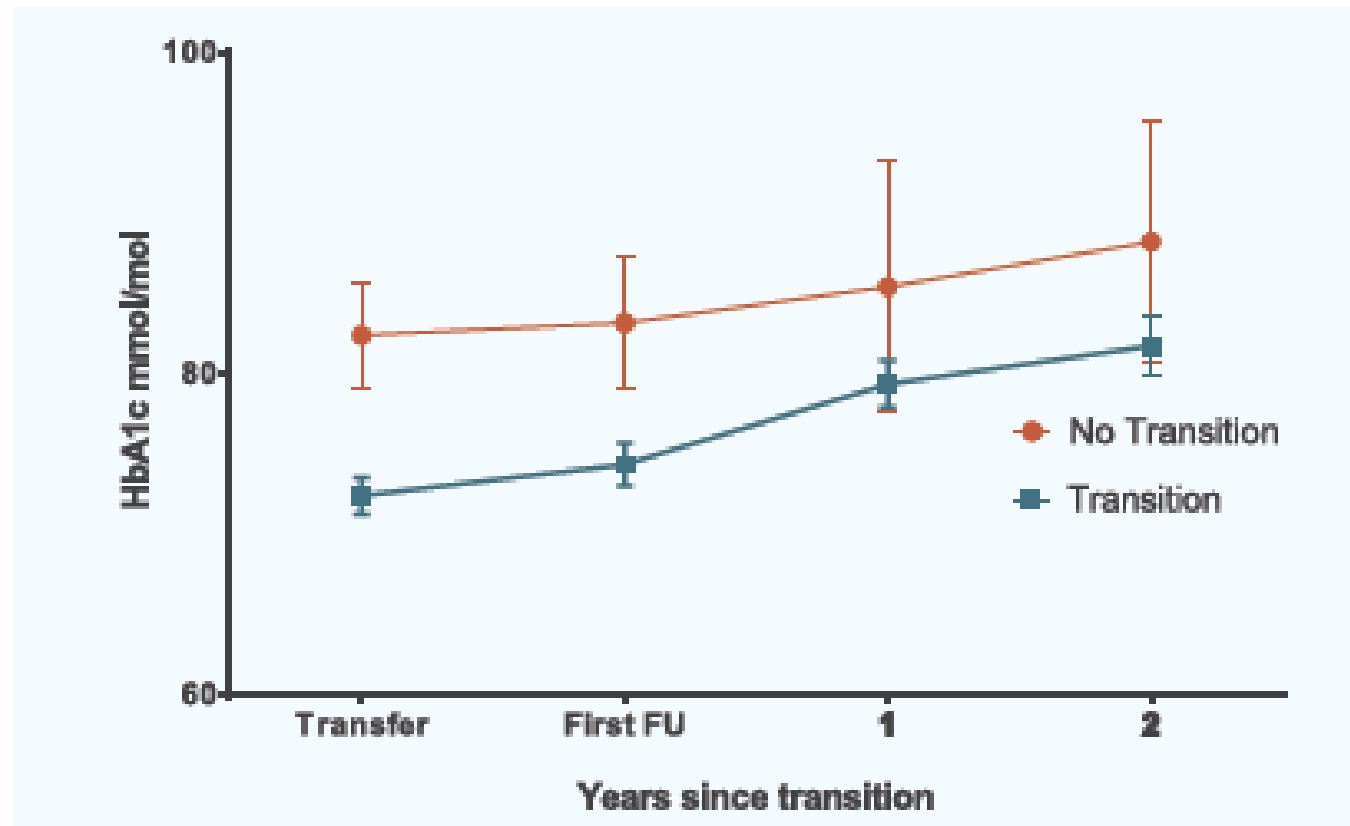
Clinical Outcomes



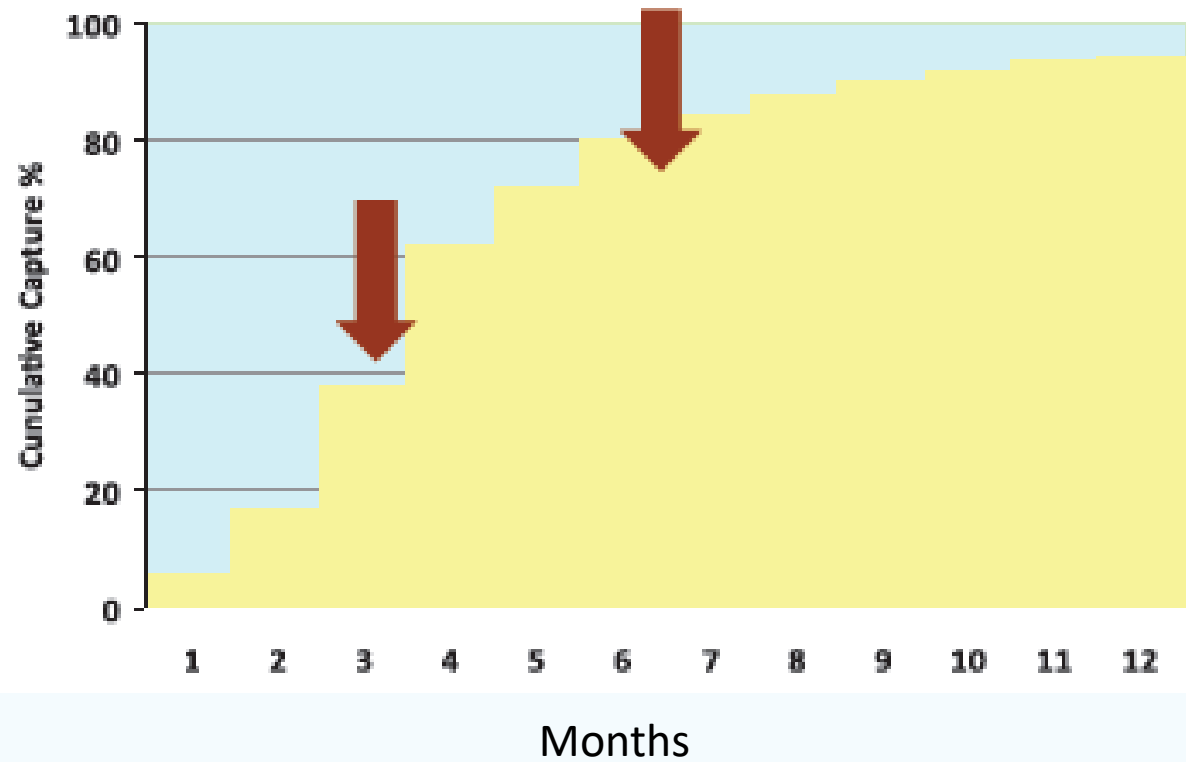
Clinical Outcomes



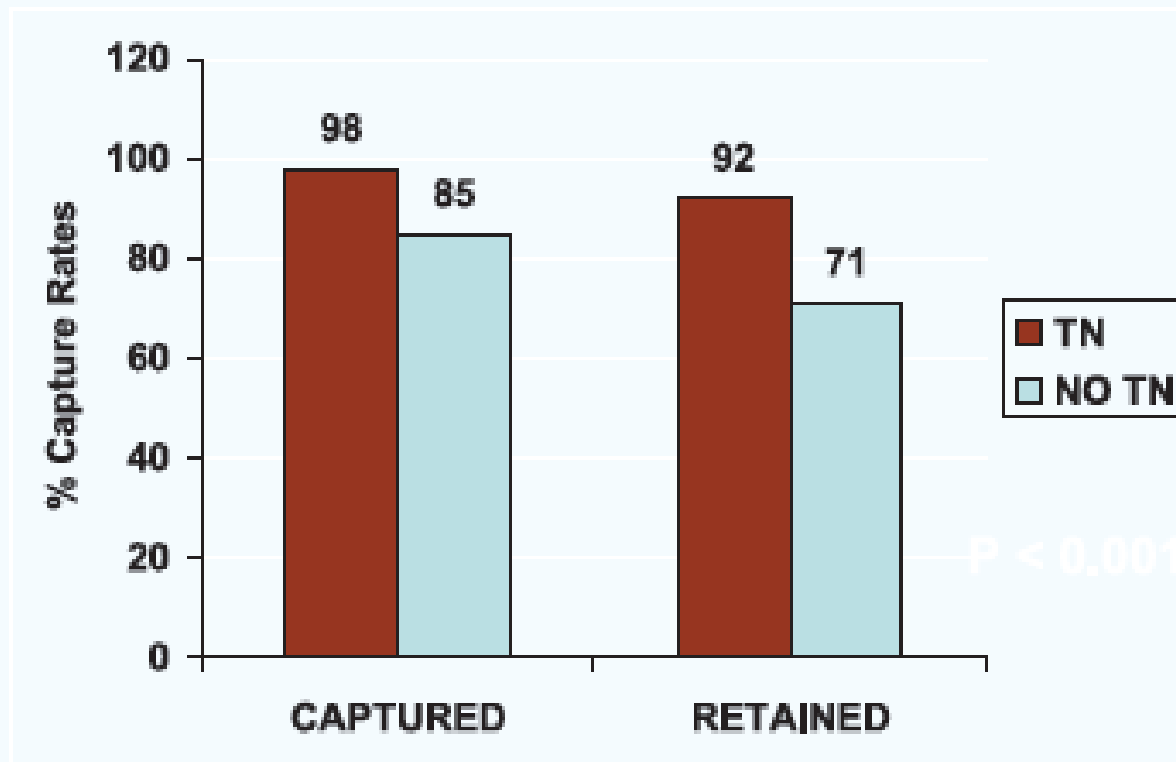
Clinical Outcomes



Clinical Outcomes



Clinical Outcomes



Discussion

- Capture and Retention Rates following transition
 - High capture rates (attended 1 visit at Adult services) and retention rates (still attending after 5 years or by age 21).
- Metabolic control (HbA1c)
 - Young people in the transition program had better metabolic control at transition and 2 years post transition
- Ethnic variation and Deprivation
 - Young Maori and Pacific people with Diabetes have worse metabolic control than their NZ European peers.
 - Higher deprivation score associated with worse metabolic control

Summary

- Transition is important
- It has benefits across the spectrum of healthcare
- Even small service-based programmes can make a huge difference
 - It doesn't have to be perfect!
- Auditing outcomes helps identify key areas influencing clinic attendance
 - Ethnicity
 - Deprivation

Useful links and resources

- <https://www.starship.org.nz/patients-parents-and-visitors/youth-transition/>
- <https://www.starship.org.nz/patients-parents-and-visitors/youth-transition/diabetes-service/>
- <https://www.ndss.com.au/young-people>

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