

An Educational Intervention to Improve Utilization of the WVU Transition of Care Policy



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BACKGROUND:

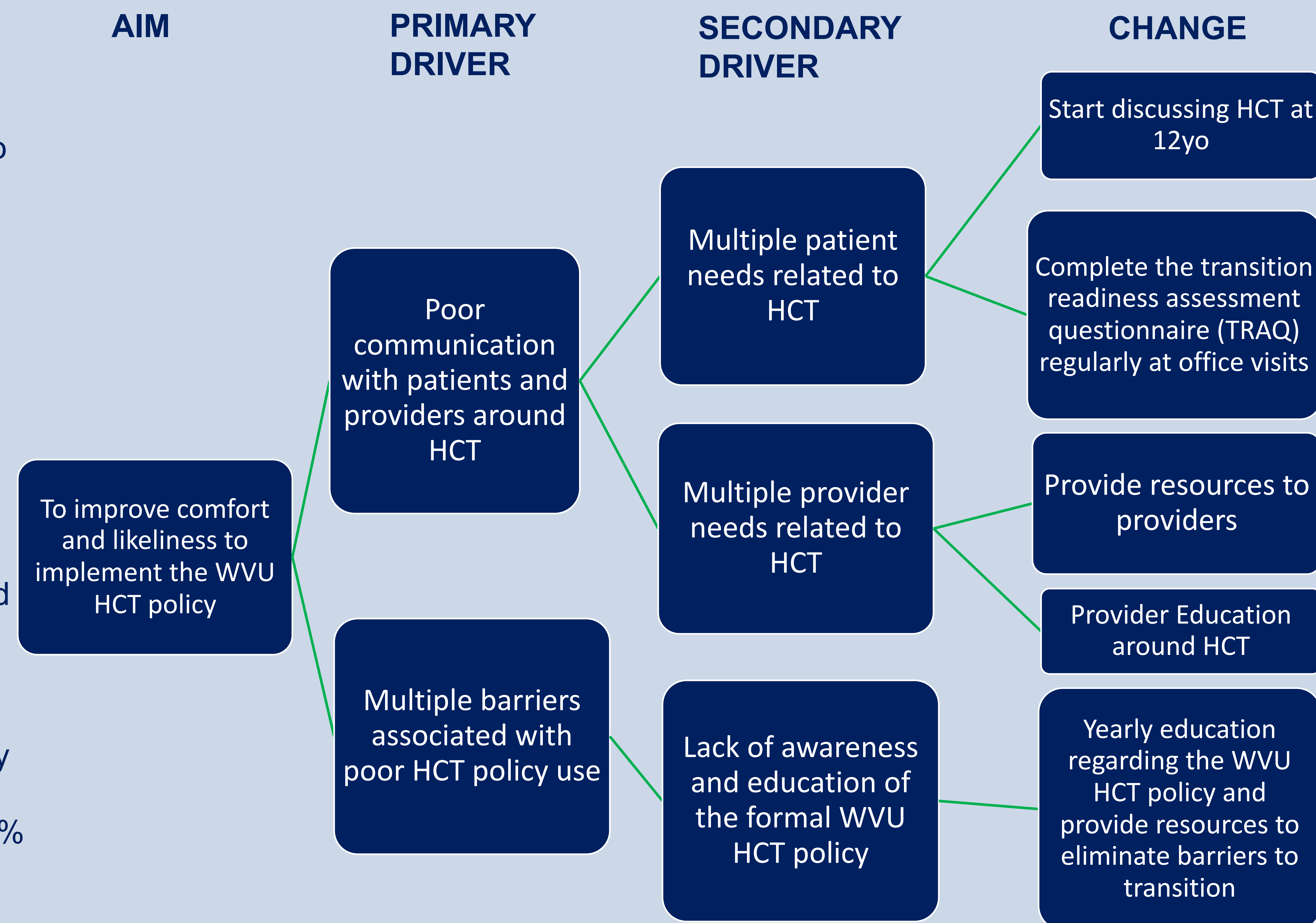
- Health Care Transition (HCT) is defined as a formal and dynamic life-long process of pediatric-focused (parent supervised care) to adult-focused (patient centered) health services. (1)
- Nationwide, studies have identified poor health outcomes for patients transitioning from pediatric to adult providers. (1)
- A study in 2005 evaluated pediatric patients with special healthcare needs and revealed the need for a formal transitions of care process. (2)
- The American Academy of Pediatrics, American Academy of Family Physicians and American College of Physicians proposed a national HCT policy illustrating 6 core elements. (1)
- Implementation of a standardized HCT policy has been shown to increase the number of youth receiving transition services from 14.8% to 20.5%. (1)

SMARTER OBJECTIVE:

- Through survey analysis, we sought to understand whether educating providers about the West Virginia University (WVU) Transition of Care (TOC) policy would improve comfort with healthcare transition, and in utilizing the policy at our institution.

ACTIONS TAKEN:

- The TOC policy was presented at both WVU pediatrics and medicine Grand Rounds.
- The audience included attending physicians, residents, medical students and advanced practice providers.
- Pre and post surveys were provided to attendees to evaluate their level of comfort with the policy and furthermore their likelihood to implement the policy.



RESULTS:

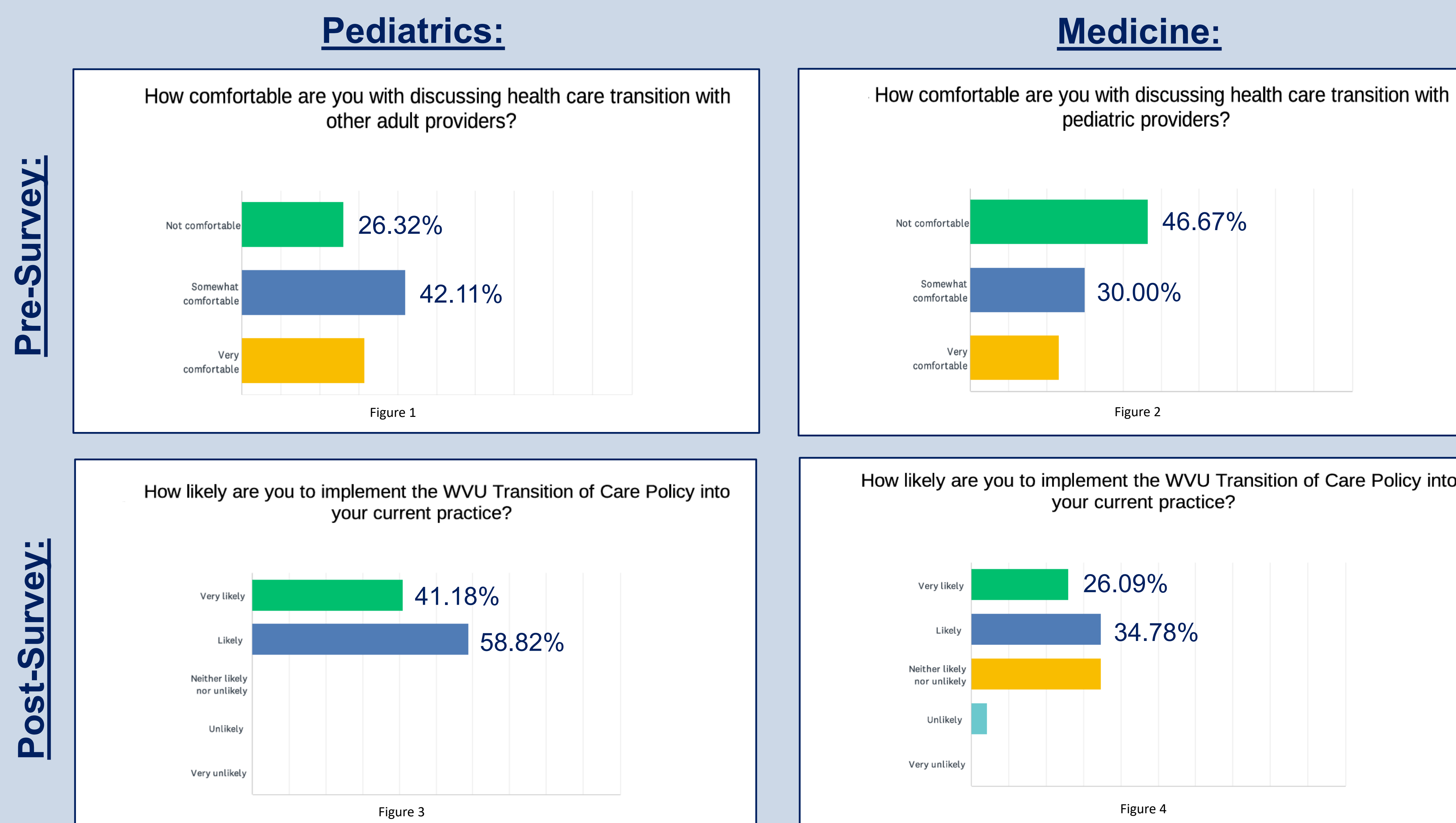
- 27.16% of total Grand Rounds attendees completed the surveys.
- Prior to Grand Rounds, 78.95% of pediatric providers and 96.67% of adult providers reported they were unfamiliar with the WVU TOC policy.
- Before the presentation, 26.32% of pediatric providers were not comfortable with discussing transition of care with adult providers (figure 1) while 46.67% of adult providers were not comfortable having these discussions with pediatric providers (figure 2).
- Post-education, 100% of pediatric providers (figure 3) and 60.87% of adult providers (figure 4) reported they were either “likely” or “very likely” to implement the policy.
- Common reported barriers included: time to discuss HCT, need for a care coordinator, provider training in HCT, and referral resources.

LESSONS LEARNED:

- Provider comfort with healthcare transition, familiarity, and reported likelihood to implement the WVU TOC policy increased following attendance at Grand Rounds.

SCALE UP AND SUSTAINABILITY PLAN:

- Due to limited participation in our survey, we recommend continuing Grand Rounds education yearly to hopefully increase policy familiarity, comfort, and utilization among providers at WVU.
- Yearly education could help eliminate some of the barriers highlighted in our survey, by providing adequate HCT training. Additionally, referral resources and other relevant information could be included in the education to help patients transition smoothly.



REFERENCES

(1) Javalkar, Karina, et al. “Trends and Disparities in Health Care Transition Preparation from 2016 to 2019: Findings from the US National Survey of Children’s Health.” *The Journal of Pediatrics*, vol. 247, August 2022

(2) Reiss, J. G. G., Gibson, R. W., & Walker, L. R. (2005). American Academy of Pediatrics. *SpringerReference*, 115(1). https://doi.org/10.1007/springerreference_184213