ABSTRACT. This policy statement represents a consensus on the critical first steps that the medical profession needs to take to realize the vision of a family-centered, continuous, comprehensive, coordinated, compassionate, and culturally competent health care system that is as developmentally appropriate as it is technically sophisticated. The goal of transition in health care for young adults with special health care needs is to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood. This consensus document has now been approved as policy by the boards of the American Academy of Pediatrics, the American Academy of Family Physicians, and the American College of Physicians-American Society of Internal Medicine.

INTRODUCTION

Each year in the United States, nearly half a million children with special health care needs cross the threshold into adulthood. One generation ago, most of those with severe disabilities died before reaching maturity; now more than 90% survive to adulthood. Most young people with special health care needs are able to find their way into and negotiate through adult systems of care. However, many adolescents and young adults with severe medical conditions and disabilities that limit their ability to function and result in complicating social, emotional, or behavioral sequelae experience difficulty transitioning from child to adult health care. There is a substantial number whose success depends on more deliberate guidance.

Children grow up within complex living arrangements, communities, and cultures and receive medical care within an equally complex, interlocking set of relationships that includes social services, education, vocational training, and recreation. Clearly, no single approach will work equally well for all young people, and the health care sector cannot work in isolation from the other professionals and networks that impact these young people. By focusing on the health care sector in this policy statement, we do not ignore other critical relationships. Rather, we are acknowledging that physicians have an important role in facilitating transitions to adulthood and to adult health care for young people who are least likely to do it successfully on their own.

The goals of this policy statement are to ensure that by the year 2010 all physicians who provide primary or subspecialty care to young people with special health care needs 1) understand the rationale for transition from child-oriented to adult-oriented health care; 2) have the knowledge and skills to facilitate that process; and 3) know if, how, and when transfer of care is indicated.

WHAT IS MEANT BY “HEALTH CARE TRANSITIONS”?

Transitions are part of normal, healthy development and occur across the life span. Transition in health care for young adults with special health care needs is a dynamic, lifelong process that seeks to meet their individual needs as they move from childhood to adulthood. The goal is to maximize lifelong functioning and potential through the provision of high-quality, developmentally appropriate health care services that continue uninterrupted as the individual moves from adolescence to adulthood. It is patient centered, and its cornerstones are flexibility, responsiveness, continuity, comprehensiveness, and coordination.

Physicians are of special importance in this process because of the frequent contact with many of these young people and the close relationships that often develop with them and their families.

A well-timed transition from child-oriented to adult-oriented health care allows young people to optimize their ability to assume adult roles and functioning. For many young people with special health care needs, this will mean a transfer from a child to an adult health care professional; for many others, it will involve an ongoing relationship with the same provider but with a reorientation of clinical interac-
Recognizing that young people with special health care needs may require more resources and services than do other young people to optimize their health. Examples of such guidelines include the American Medical Association’s Guidelines for Adolescent Preventive Services (GAPS), the National Center for Education in Maternal and Child Health’s Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, and the US Public Health Service’s Guidelines to Clinical Preventive Services.

6. Ensure affordable, continuous health insurance coverage for all young people with special health care needs throughout adolescence and adulthood. This insurance should cover appropriate compensation for 1) health care transition planning for all young people with special health care needs, and 2) care coordination for those who have complex medical conditions.

INVITATIONAL CONFERENCE PLANNING COMMITTEE
Robert W. Blum, MD, PhD, Consultant
University of Minnesota
David Hirsch, MD
Past AAP Committee on Children With Disabilities Member
Theodore A. Kastner, MD
AAP Committee on Children With Disabilities
Richard D. Quint, MD, MPH
Past AAP Committee on Children With Disabilities Member
Adrian D. Sandler, MD, Chairperson
AAP Committee on Children With Disabilities

CONFERENCE PARTICIPANTS
Susan Margaret Anderson, MD
University of Virginia Children’s Medical Center/Kluge Children’s Rehabilitation Center
Maria Britto, MD, MPH
Children’s Hospital Medical Center, Division of Adolescent Medicine
Jan Brunstrom, MD
St. Louis Children’s Hospital
Gilbert A. Buchanan, MD
Children’s Medical Service
Robert Burke, MD, MPH
Memorial Hospital of Rhode Island
John K. Chamberlain, MD
University of Rochester Medical School
Barbara Cooper, Deputy Director
Institute for Medicare Practice
Daniel Davidow, MD
Cumberland Hospital
Theora Evans, MSV, MPH, PhD
University of Tennessee
Thomas Gloss, Sr. Health Policy Analyst
Health Resources and Services Administration
Patti Hackett, MEd
Academy for Educational Development, Disability Studies and Services Center
Patrick Harr, MD
American Academy of Family Physicians
William Kiernan, PhD
The Children’s Hospital
Eric Levey, MD
Kennedy Krieger Institute
Merle McPherson, MD
Maternal and Child Health Bureau
Kevin Murphy, MD
Gillette Children’s North Clinics
Maureen R. Nelson, MD
Texas Children’s Hospital/Baylor College of Medicine
Donna Gore Olson, BS
The Indiana Parent Information Network
Gary Onady, MD, PhD
Wright State University
Betty Presler, ARNP, PNP, PhD
Shriners Hospital for Children
John Reiss, PhD
Institute for Child Health Policy
Michael Rich, MD, MPH
Children’s Hospital Boston
Peggy Mann Rinehart, MD
University of Minnesota
David Rosen, MD, MPH
University of Michigan Health System
Peter Scal, MD
University of Minnesota
David Siegel, MD, MPH
University of Rochester, School of Medicine and Dentistry
Gail B. Slap, MD, MS
Children’s Hospital Medical Center, Cincinnati
Paul Clay Sorum, MD, PhD
Albany Medical Center
Maria Veronica Svetaz, MD, MPH
West Side Community Health Center
Patricia Thomas
Family Voices
Margaret Turk, MD
SUNY Health Science Center at Syracuse
Patience White, MD
Senate Finance Committee/Children’s National Medical Center
Philip Ziring, MD
University of California San Francisco

ACKNOWLEDGMENTS
This conference was funded by a supplemental grant to an existing grant for the Medical Home Initiative (No. 108100) from the Department of Health and Human Services, Health Resources and Services Administration.

REFERENCES
A Consensus Statement on Health Care Transitions for Young Adults With Special Health Care Needs

American Academy of Pediatrics, American Academy of Family Physicians and American College of Physicians-American Society of Internal Medicine

Pediatrics 2002;110;1304

<table>
<thead>
<tr>
<th>Updated Information &amp; Services</th>
<th>including high resolution figures, can be found at: /content/110/Supplement_3/1304.full.html</th>
</tr>
</thead>
<tbody>
<tr>
<td>References</td>
<td>This article cites 5 articles, 1 of which can be accessed free at: /content/110/Supplement_3/1304.full.html#ref-list-1</td>
</tr>
<tr>
<td>Citations</td>
<td>This article has been cited by 23 HighWire-hosted articles: /content/110/Supplement_3/1304.full.html#related-urls</td>
</tr>
<tr>
<td>Subspecialty Collections</td>
<td>This article, along with others on similar topics, appears in the following collection(s): Hospital Medicine /cgi/collection/hospital_medicine_sub Continuity of Care Transition &amp; Discharge Planning /cgi/collection/continuity_of_care_transition_-_discharge_planning_sub</td>
</tr>
<tr>
<td>Permissions &amp; Licensing</td>
<td>Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at: /site/misc/Permissions.xhtml</td>
</tr>
<tr>
<td>Reprints</td>
<td>Information about ordering reprints can be found online: /site/misc/reprints.xhtml</td>
</tr>
</tbody>
</table>

PEDIATRICS is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. PEDIATRICS is owned, published, and trademarked by the American Academy of Pediatrics, 141 Northwest Point Boulevard, Elk Grove Village, Illinois, 60007. Copyright © 2002 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 0031-4005. Online ISSN: 1098-4275.
A Consensus Statement on Health Care Transitions for Young Adults With Special Health Care Needs
American Academy of Pediatrics, American Academy of Family Physicians and American College of Physicians-American Society of Internal Medicine

Pediatrics 2002;110;1304

The online version of this article, along with updated information and services, is located on the World Wide Web at:
/content/110/Supplement_3/1304.full.html