

## Differing Opinions on Upper Age Limit for Pediatrics

Edward Schor's<sup>1</sup> recent commentary raises questions about the age cutoffs for transitioning from pediatric subspecialty care. We recognize the current difficulties of maintaining continuity of care for young adults with complex congenital conditions aging out of pediatric care without adult providers comfortable in assuming their care; however, we believe the solution is multifaceted and should not be addressed by broadly extending the age cutoffs for all pediatric subspecialty care. Unfortunately, the population of children with congenital complex conditions was not well defined in Dr Schor's commentary; he referenced the American Academy of Pediatrics/American Academy of Family Physicians/American College of Physicians Clinical Report on Transition, which incorporates a broad population of youth with special health care needs (YSHCN). Thus, Dr Schor implies that most YSHCN should be cared for by pediatric providers. We agree that having pediatric subspecialists provide care over the life course for the small number (0.4%) of youth with medical complexity<sup>2</sup> may make sense. The broader population of YSHCN (25%)<sup>3</sup> does not need a pediatric specialist to care for them in adulthood. Most adult providers have experience managing some childhood-onset chronic conditions; for others, expanded efforts are needed to strengthen adult training in childhood-onset conditions<sup>4</sup> they have not seen and to expand pediatric subspecialty consultation as called for in the Six Core Elements of Health Care Transition.<sup>5</sup> Aligned with the American Academy of Pediatrics/American Academy of Family Physicians/American College of Physicians Clinical Report, this intervention has been tested by using a rigorous quality improvement approach. Only a small subset of children with complex chronic conditions, therefore, should have pediatric subspecialists retaining lifelong responsibility. For the majority of

YSHCN, a planned collaborative transition is needed and has been shown to work (eg, with cystic fibrosis and congenital heart disease) in which adult providers learn the medicine of specific conditions and use pediatric consultation. This model is a better option than training pediatric subspecialists in adult medicine.

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### Conflict of Interest:

None declared.

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## Authors' Response

### Re: Differing Opinions on Upper Age Limit for Pediatrics

Drs White and Cooley are leaders in the field of care transition whose work

I highly respect. They are correct that the solution to providing care to older adolescents and young adults with chronic health problems who have required pediatric subspecialty care is multifaceted. My suggestion that pediatric subspecialists continue to care for their patients beyond some arbitrary age cutoff was intended to add to the list of available options. If the origin of the need for transition for some children is the ending of care by pediatric subspecialists, it then makes sense to go to the source for a solution. I am aware that providers of care for children with cystic fibrosis have developed specialty clinics that successfully maintain high-quality care over the life course. Training adult cardiologists to care for adults with congenital heart disease is surely one approach to transitioning care for this population, but creating new subspecialties for every chronic or complex childhood condition when pediatric subspecialists already exist seems inefficient. Their misreading of my commentary also led Drs White and Cooley to minimize the scope of the problem addressed by my essay. Indeed, complex congenital conditions comprise a small proportion of youth with special health care needs, but the number with congenital or complex conditions is substantially larger, especially when developmental conditions are included. Care transition remains a concern for large numbers of families with children and youth with special health care needs, ranking just below subspecialty access and care coordination as problems they encounter. Got Transition/Center for Health Care Transition Improvement is a valuable resource for these families and for their health care providers.

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### Conflict of Interest:

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