

Abstract

Purpose of Project: To implement the Transition Readiness Assessment Questionnaire 5.0 to adolescents with chronic conditions as one element of healthcare transition planning in an ambulatory clinic in an effort to align the care provided to meet National standards of care for pediatric to adult health care transition. In addition, implementation and workflow along with TRAQ tool results were evaluated.

Methodology: This quality improvement project used a convenience sample of patients and their caregivers to implement the *Transition Readiness Assessment Questionnaire 5.0* to patients and their caregivers who presented for a return medical visit to pediatric gastroenterology over a one-month time frame. The theoretical model used was Plan-Do-Study-Act for tool implementation and evaluation. Evaluation methods include comparative percentage rates, and statistical analysis of TRAQ tool results.

Results: Implementation of this self-administered tool was successful with a return rate of 85.7%. However, provider review of the tool fell short at 21.4%. Patients who presented to their medical visit without a parent scored higher overall on the TRAQ tool and when patient scores were compared to parent perception scores of readiness to transition significant differences were noted for overall scores ($p < 0.01$).

Implications for Practice: Barriers exist within this system that include knowledge of HCT, provider perception of HCT, and perceived time for clinicians to review the completed assessment tool within the allotted timeframe for follow up clinic visits. Future projects could include implementation of the readiness tool within motivated subspecialties.

Assessment

Transition Readiness Assessment Tool

20 item 5 point Likert Scale
Based on Stages of Behavior Model
Assess adolescent readiness to transition to adult care based on 5 domains

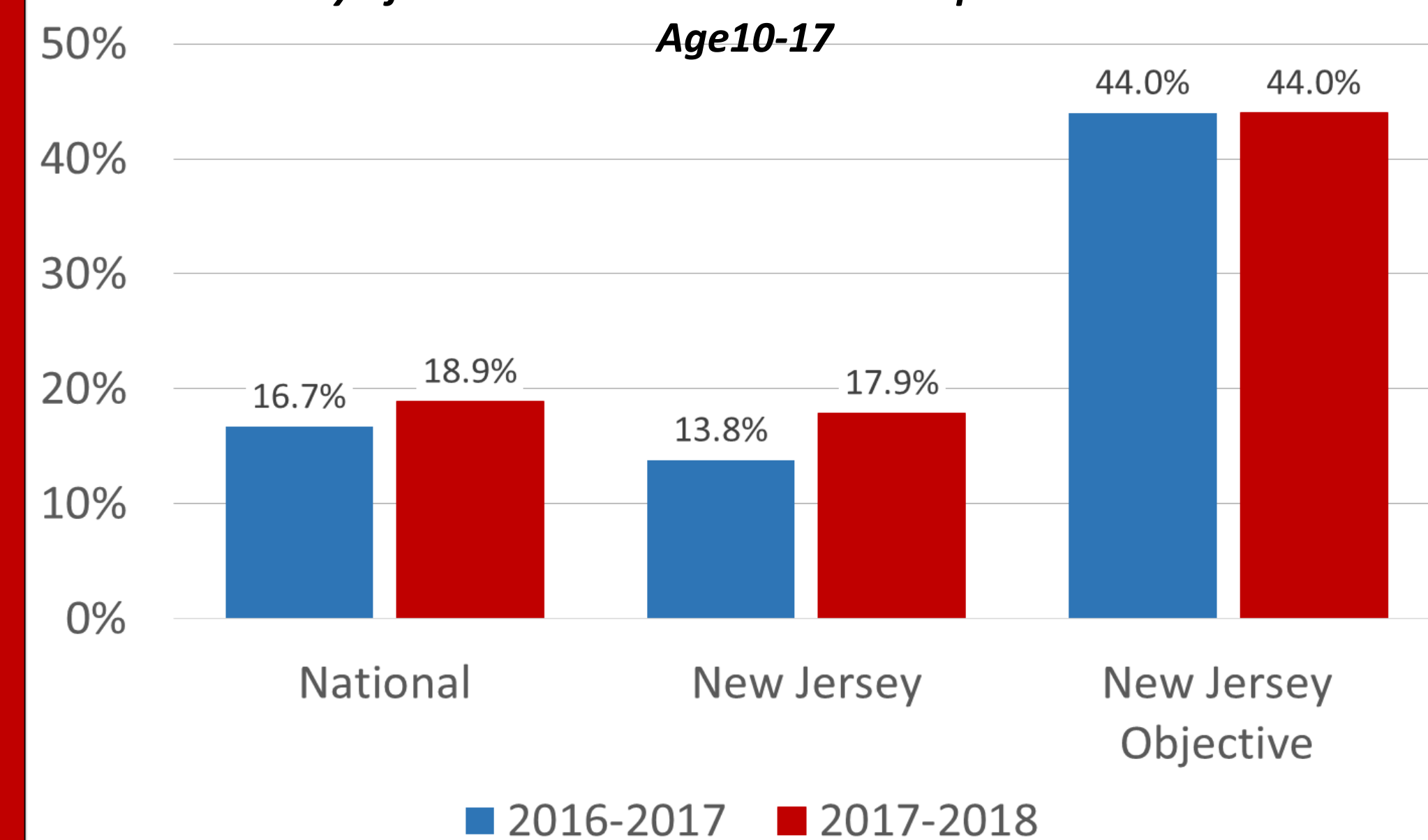
- Managing medications
- Appointment keeping
- Tracking health issues
- Talking with providers
- Managing daily activities

Background

- 15 million Children and Youth with Special Health Care Needs (CYSHCN) in the United States (HHS & HRSA, 2013)
- 28.2% of households have one or more child who meet this criteria (HHS & HRSA, 2013)
- CYSHCN have three times greater health expenditures than their well counterparts (Vaks et al., 2016)
- 90% of CYSHCN are expected to survive into adulthood and will require HCT (Pai & Schwartz, 2011)
- CYSHCN are at a greater risk for poor health outcomes as adults if transitions are not successful (Okumura et al., 2013)

National Performance Measure (NPM) 12

National Survey of Child Health – Children with Special Health Care Needs: Age 10-17



Methods

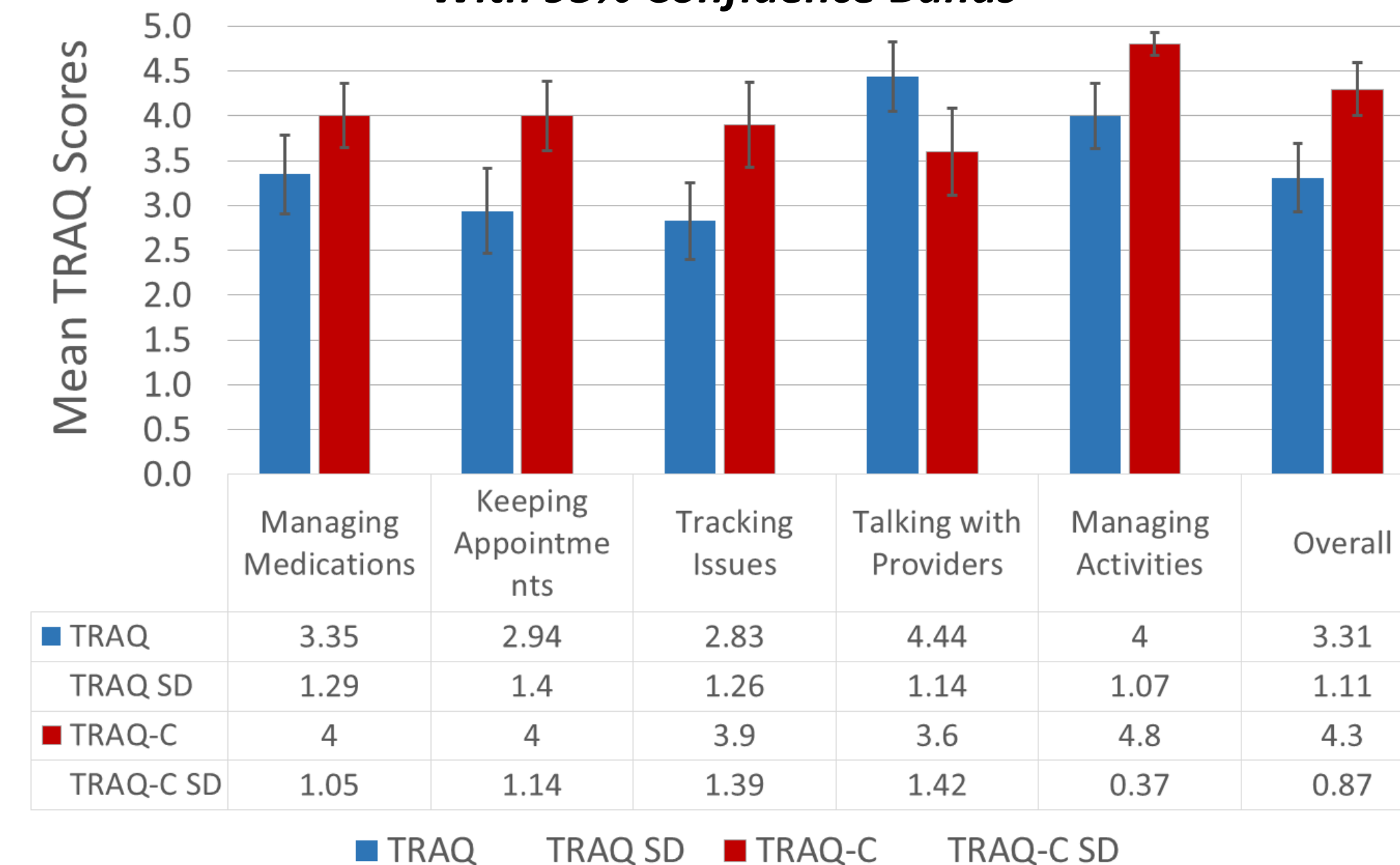
The TRAQ readiness assessment tool was implemented in a large pediatric ambulatory care Center for adolescents age 14 and above and their parent/caregivers over a 1 month time frame to improve readiness screening for HCT planning. Key elements were to identify implementation barriers and benefits, evaluate implementation process, and screen patients and their caregivers for skill deficiencies as a basis for future HCT policy, planning, and interventions for the Center

Results

Descriptive statistics were used to evaluate the implementation process. The response rate of the tools compared to the tool eligible was successful at 85.7%; TRAQ-C caregiver response rate to eligibility was 69 % and expected to be less than the total amount of TRAQ tools as older patients came to their appointment without a parent.. Provider review of the TRAQ tool was low at 21.5%. This is due in part to provider motivation, knowledge of HCT and perceived time constraints. TRAQ scores were evaluated using both descriptive statistics and independent t-tests to compare the means of TRAQ and TRAQ-C scores in 33 patient/parent dyads and TRAQ mean scores of patients who came with and without a caregiver. Significant differences were noted in both tests at $p < 0.01$

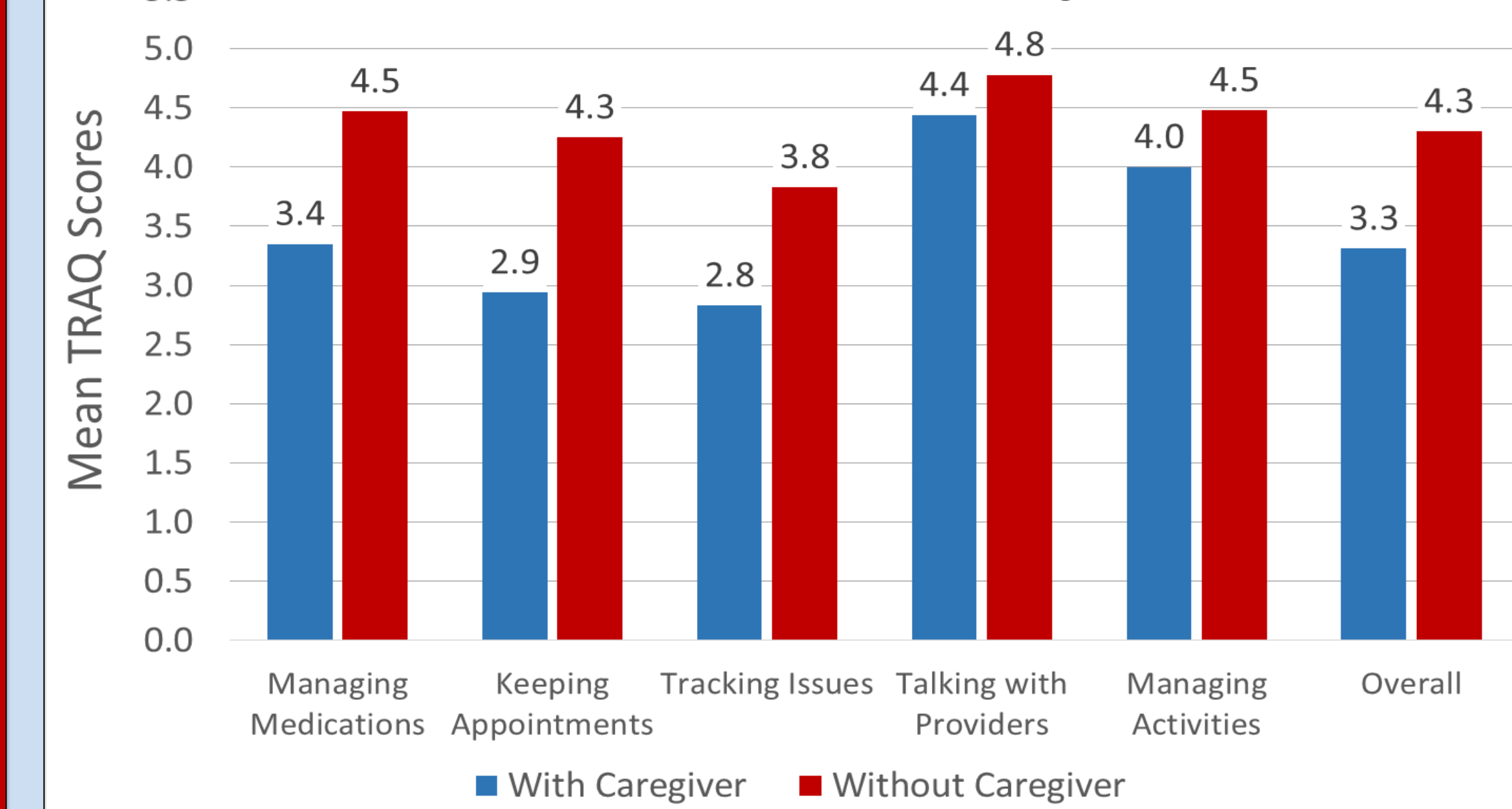
Mean TRAQ / TRAQ-C Dyads

With 95% Confidence Bands



Mean TRAQ Scores

Patients With and Without a Caregiver



Discussion

Implications for Practice

- Stakeholder buy-in
- Provider loss
- Provider ego

Implications for QI

- Lack of adult providers
- EMR consistency
- Allied health support

Implications for Policy

- Coding and billing
- Reimbursement issues

Implications for Education

- Healthcare provider education
- Insurance education
- Patient skill set management

References

- Association of Maternal and Child Health Programs and the National Academy for State Health Programs (2017). *National standards for systems of care for children and youth with special care needs 2.0* [Report- National Standards] Lucille P
- GotTransition (2014- 2019). *The Six Core Elements of Health Care Transition 2.0* [Practice resource] The National Alliance to Advance Adolescent Health <https://www.gottransition.org/providers/index.cfm>
- ackard Foundation for Children's Health. <https://cyshcnstandards.amchp.org/app-national-standards/#/>