Health Care Transition: Need of the Hour

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Adolescence as defined by WHO, is the age between 10 and 19 y and is characterised by enormous changes in physical, cognitive and psychosocial domains. With the rapid improvement in health care (nutrition, hygiene, infection control etc.), non-communicable diseases including chronic diseases and disabilities are emerging as the major health issues in this age group and which are continuing into adulthood. Increasingly, research has demonstrated that adolescents are subjected to extra pressure, restriction, and pain, due to these chronic illnesses and often the adult physicians lack the requisite skill and orientation to handle these adolescents with chronic disorders [1, 2].

Transition of care, also known as health care transition (HCT), though an established practice in many developed countries, is rather a new concept in our country which entails transition from pediatric to adult health care settings for adolescents specially with chronic illnesses and disabilities requiring continuing specialised services.

In this current issue, Menon J et al. [3] have explored the concept of “transition care”, which is rather a new idea in our set up. They studied the need and feasibility of a transition clinic for adolescents with chronic illness, where they used questionnaire based survey and focussed group discussion involving adolescents with chronic disorders, their parents, few pediatricians and adult physicians who were involved with their care at some point of time. The authors mainly introduced the concept of transition care amongst the participants during group discussion, focussing mainly on need, timing, age of transfer etc. Interestingly, only few participants (that included few pediatricians only) were aware about the concept of transition clinic. Adult physicians admitted that they did not have requisite skill to handle the emotional needs

of the adolescents and also, did not had enough time. Interestingly, some of the adolescents who were examined by adult physician were not very comfortable or satisfied with the kind of care they were given. But at the end, all the participants including the adult physician felt that there is a need for transition clinic for proper management of adolescents with chronic disorders though they had some apprehension with the logistics. This study did not actually look at the feasibility of transition clinic and even the number of participants are less but it does provides insight into the transition care for adolescents with chronic illness.

Adolescents with chronic disorders are more vulnerable as they face difficulties in managing their changing growth and developmental issues, accompanied by behavioral health risks which are further compounded by susceptibility to worsening or emerging chronic health conditions. Moreover, health is their least priority area as they are more focussed on education, employment, recreation etc. and it ultimately results in low health care usage. HCT is transition from a parent supervised health care to a more independent patient centered adult health care with its inherent risks and drawbacks. In one of the studies, lack of communication and coordination and the different practice styles were the most common obstacles reported by pediatric and adult care clinicians and both found it difficult to handle the transition and the associated complexities of chronic disorders [2].

A recent systematic review of published articles of last 20 y found statistically significant positive outcomes of HCT in nearly 66% of articles, the most commonly reported quality of care outcome was “improvement in adherence to care, followed by improved perceived health status, quality of life, and self-care skills” [4].

In the US and in some regions of Australia the adolescent health care is very well developed and standardised. Recently in 2018, American Academy of Pediatrics (AAP) along with two other agencies published evidence based guidelines on health care transition. It describes 6 core elements packaged into 3 versions (pediatric practices, adult practices, and family care practices). Each package focuses on the importance of

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preparation, transfer, and integration into adult health care, laying emphasis on patient-centred care and also giving due importance to the families [5].

“One size fits all” approach may not work in our country. Amongst the developing countries, India has one of the most developed community adolescent services (integrated RMNCH+A), but HCT is hardly developed and there are other issues as well. In many large hospitals, the pediatricians are treating children up to only 14 y, so the age of transition has to be worked out differently. But with the large number of children with chronic disorders surviving to adolescence and adulthood, there is an urgent need to bring in the concept of transition care in our practice. We may not have the adequate infrastructure and resources but someone, may be the pediatricians have to take a lead and involve their national body to prepare a guideline or white paper to give it a formal shape. The role of digital media can be explored as well [6]. Even the students undergoing their post-graduation in pediatrics, general medicine and allied specialties need to be sensitized and provided some basic skills to handle the adolescent health issues. I am sure this article will stimulate more clinicians to take up the cause and do further research to make HCT a reality in India.

Compliance with Ethical Standards

Conflict of Interest None.

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