Elevating Health Care Transition in Special Education

Circles of Life 2024

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About Got Transition

Got Transition is the federally funded national resource center on health care transition. Its aim is to improve the transition from pediatric to adult health care through the use of evidence-driven strategies for clinicians and other health care professionals; public health programs; payers and plans; youth and young adults; and parents and caregivers.

HealthCareTransition   @GotTransition2   GotTransition.org

Objectives

By the end of the session, you will be able to...

1. Discuss the importance of health care transition (HCT) as part of IEP transition planning.
2. Describe latest national special education HCT resources and best practices.
3. Learn about state strategies for including HCT in IEP transition planning.

What is Health Care Transition?

- The goals of health care transition (HCT) are to:
  - Improve the ability of youth and young adults to manage their own health and health care and effectively use health services
  - Ensure an organized clinical process in pediatric and adult practices to facilitate HCT preparation, transfer of care, and integration into adult care

What is Health Care Transition, cont?

- Evidence shows that a structured HCT process can lead to improvements in:
  - Health (e.g., adherence to care, quality of life)
  - Patient experience (e.g., satisfaction), and
  - Utilization of care (e.g., decrease in hospitalizations, shorter length of stay, increase in visits with adult providers)[1,2]
- HCT Clinical Report from American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians calls for all youth with and without special health care needs to receive a structured HCT process, that includes assistance with transition planning, transfer to adult care, and integration into adult care.

[1] Gabriel P, et al.. Outcome evidence for structured pediatric to adult health care transition interventions: a systematic review. The Journal of pediatrics. 2017;188:263-9.
[2] Schmidt A, et al. Outcomes of pediatric to adult health care transition interventions: An updated systematic review. *Journal of Pediatric Nursing*. 2020;51:92-107.
[3] White P, et al. Supporting the health care transition from adolescence to adulthood in the medical home. *Pediatrics*. 2018 ;142(5): e20182587

The Importance of HCT Planning

- HCT is important in areas of post-secondary education, employment, and independent living.

- However, little attention has been directed at helping students learn about their own health needs and medicines, how best to manage their own health, how to use health care, and how to plan for transfer to adult health care.
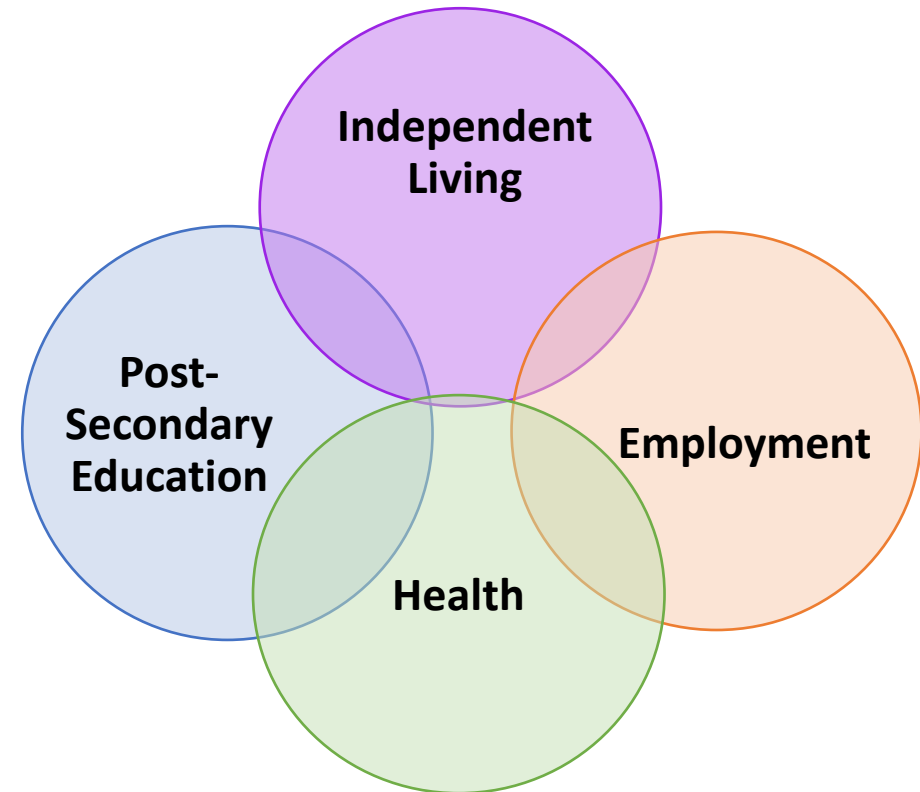
Incorporating HCT in Special Education

- The Individuals with Disabilities Education Act (IDEA) has no explicit reference to health

- "Transition services means a coordinated set of activities that include post-secondary education, vocational education, integrated employment, continuing and adult education, adult services, **independent living**, or community participation."

Special Education and HCT 8-State Learning Community

- With funding from funded by the U.S. Department of Health and Human Service's Maternal and Child Health Bureau, NAAAH/Got Transition has convened 8 states (FL, GA, MN, NM, NC, OR, TX, WI) in a learning community to elevate the importance of HCT planning for students with disabilities.

- The learning community meets bimonthly to review collaborative health and education opportunities
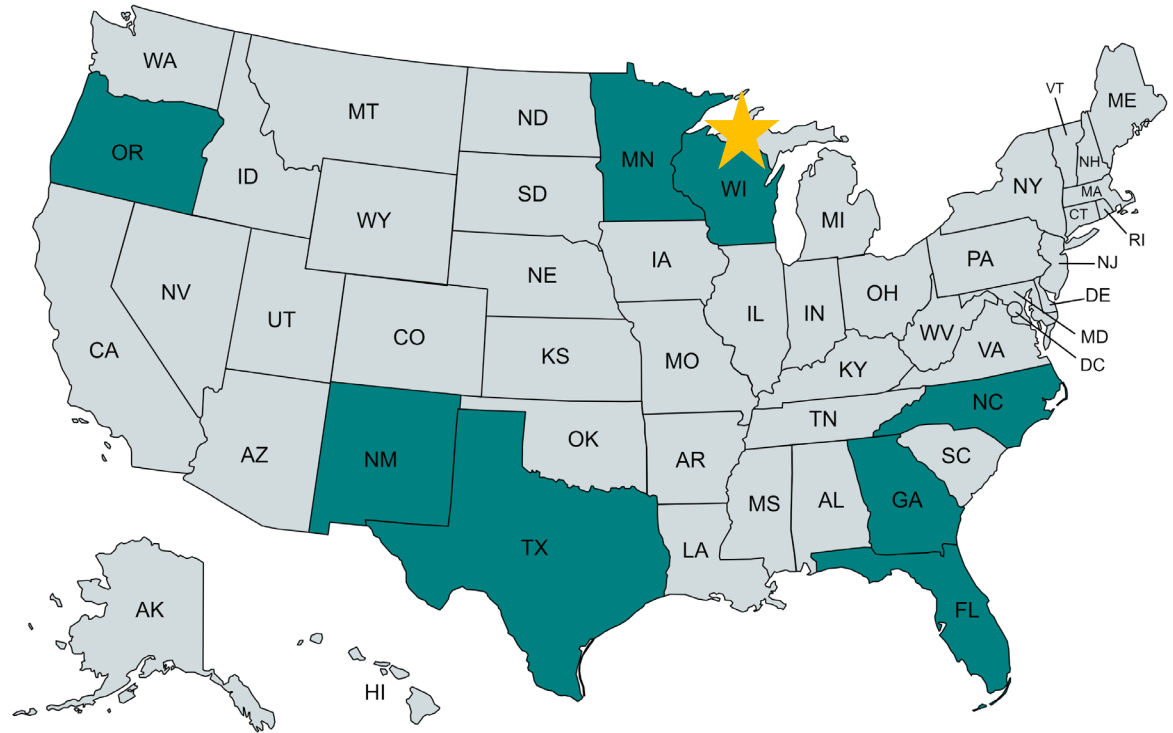
Wisconsin's Efforts to Elevate HCT

- Partnerships in Place
  - ✓ Wisconsin Community on Transition (WiCoT)
  - ✓ Independent Living Goals in the Post-Secondary Transition Plan (PTP)
  - ✓ Interagency Agreement (DPI, DHS, DVR)
  - ✓ Co-presentations at Conferences

Wisconsin's Efforts to Elevate HCT...

- Recent Efforts
  - ✓ Considerations for Health Care in Beyond 18 programs
  - ✓ Case Statement
  - ✓ Working with School Nurses

Wisconsin's Efforts to Elevate HCT cont.

- Future Plans
  - ✓ Continue Discussions
  - ✓ Got Transition Technical Assistance

Identify champion to lead	→	Convene state special education officials and key players	→	Select a strategy to implement

Incorporating HCT in Special Education:

Got Transition Tools

Got Transition, in partnership with DC's Community of Practice on Secondary Transition and with extensive input from special educators, city officials, and families, created the following two tools for students with an IEP and special educators:

1. *__Health Care Transition Readiness Assessment__*

    - Completion of Got Transition's Health Care Transition Readiness Assessment for Students with an IEP will reveal student knowledge about their health and using health care and areas they need to learn more about.

2. *__Health Care Transition Sample Goals__*

    - Practical, achievable, and measurable sample goals based on the results of the assessment can be used by IEP team to develop transition plan goals.

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Health Care Transition Readiness Assessment for Students with an IEP

Pediatric to Adult Health Care Transition Tool | Health Care Transition Readiness Assessment for Students

This health care transition readiness assessment is intended for students and their family/caregivers to compete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

Directions: Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name: Student Date of Birth:

Completed By: Date Completed:

Personal Care (related to dressing, eating, bathing, and moving)	Use of Communication Supports
☐ I am able to care for all my needs	☐ Text-to-speech technology
☐ I need a little bit of help to care for my needs	☐ Assistive Listening Systems
☐ I need a lot of help to care for my needs	☐ ASL/Interpretation technology
☐ I need help to care for all my needs	☐ Other technology:
	☐ I do not use communication supports

Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now.*
The transition to a doctor who cares for adults usually occurs between ages 18-22.

How important is it to you to move to a doctor who cares for adults by age 22*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)

How confident do you feel about your ability move to a doctor who cares for adults by age 22*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)

My Health *Please check the box that applies to you right now.*	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	☐	☐	☐
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	☐	☐	☐
Before a doctor's visit, I prepare questions to ask.	☐	☐	☐
I know to ask the doctor's office for accommodations, if needed.	☐	☐	☐
I have a way to get to my doctor's office.	☐	☐	☐
I know the name(s) of my doctor(s).	☐	☐	☐
I know or I can find my doctor's phone number.	☐	☐	☐
I know how to make my doctor's appointments.	☐	☐	☐
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	☐	☐	☐
I know my food allergies.	☐	☐	☐

My Medicines *Please check the box that applies to you right now.*	Yes	I want to learn	No
I know the name of the medicines I take.	☐	☐	☐
I know the amount of the medicines I take.	☐	☐	☐
I know when I need to take my medicines.	☐	☐	☐
I know how to read and follow the direction labels on my medicines.	☐	☐	☐
I know what to do when I run out of my medicines.	☐	☐	☐
I know my medicine allergies.	☐	☐	☐

Sample Goals for the HCT Readiness Assessment for Students with an IEP

Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

If a student has responded "No" or "I want to learn" to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
MY HEALTH	
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medical or mental health diagnosis(es), with __% accuracy.
I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts' information on their phone and name and identify the contacts in their phone when asked, with __% accuracy.
Before a doctor's visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with __% accuracy.
I know to ask the doctor's office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor's office, with __% accuracy.
I have a way to get to my doctor's office.	By the end of the IEP cycle, student will plan transportation to their doctor's office ahead of time, with __% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor's contact information on their phone and name and identify their doctor in their phone when asked, with __% accuracy.
I know or I can find my doctor's phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with __% accuracy.
I know how to make my doctor's appointments.	By the end of the IEP cycle, student will know how to call their doctor's office or use an online portal to schedule a future appointment, with __% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with __% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with __% accuracy.

Sample Goals for the HCT Readiness Assessment for Students with an IEP

Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

HCT READINESS ASSESSMENT ITEM	SAMPLE GOAL
MY MEDICINES	
I know the name of the medicines I take.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of their medicines, with __% accuracy.
I know the amount of the medicines I take.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the dosages of their medicines, with __% accuracy.
I know when I need to take my medicines.	By the end of the IEP cycle, student will identify at what time to take their medicines, with __ % accuracy.
I know how to read and follow the direction labels on my medicines.	By the end of the IEP cycle, student will identify, read, and follow the directions on their medicines, with __ % accuracy.
I know what to do when I run out of my medicines.	By the end of the IEP cycle, student will call their doctor's office or pharmacy to ask about medication refills, with __ % accuracy.
I know my medicine allergies.	By the end of the IEP cycle, student will say aloud and/or spell out and/or enter into their cell phone the name(s) of the medicines they are allergic to, with __% accuracy.

Example Goal Setting

Pediatric to Adult Health Care Transition Tool | **Health Care Transition Readiness Assessment** *for Students*

This health care transition readiness assessment is intended for students and their family/caregivers to compete as part of IEP transition planning meetings. If a student is unable to fill out this form, the student can complete it with the help of their family/caregiver.

Directions: Please check the box next to the answer that best applies to you right now. This helps us see what you already know about your health and using health care and areas that you need to learn more about.

Student Name: Student Date of Birth:

Completed By: Date Completed:

Personal Care *(related to dressing, eating, bathing, and moving)*
- ☐ I am able to care for all my needs
- ☐ I need a little bit of help to care for my needs
- ☐ I need a lot of help to care for my needs
- ☐ I need help to care for all my needs

Use of Communication Supports
- ☐ Text-to-speech technology
- ☐ Assistive Listening Systems
- ☐ ASL/Interpretation technology
- ☐ Other technology:
- ☐ I do not use communication supports

Transition Importance & Confidence *On a scale of 0 to 10, please circle the number that best describes how you feel right now. *The transition to a doctor who cares for adults usually occurs between ages 18-22.*

How important is it to you to move to a doctor who cares for adults by age 22*?

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How confident do you feel about your ability move to a doctor who cares for adults by age 22*?

0 (not)	1	2	3	4	5 (neutral)	6	7	8	9	10 (very)

My Health *Please check the box that applies to you right now.*	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	☐	☐	☐
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	☐	☐	☐
Before a doctor's visit, I prepare questions to ask.	☐	☐	☐
I know to ask the doctor's office for accommodations, if needed.	☐	☐	☐
I have a way to get to my doctor's office.	☐	☐	☐
I know the name(s) of my doctor(s).	☐	☐	☐
I know or I can find my doctor's phone number.	☐	☐	☐
I know how to make my doctor's appointments.	☐	☐	☐
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	☐	☐	☐
I know my food allergies.	☐	☐	☐

My Medicines *Please check the box that applies to you right now.*	Yes	I want to learn	No
I know the name of the medicines I take.	☐	☐	☐
I know the amount of the medicines I take.	☐	☐	☐
I know when I need to take my medicines.	☐	☐	☐
I know how to read and follow the direction labels on my medicines.	☐	☐	☐
I know what to do when I run out of my medicines.	☐	☐	☐
I know my medicine allergies.	☐	☐	☐

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Example Goal Setting…

Student marked "no" on
"I know or I can find my doctor's phone number."

My Health Please check the box that applies to you right now.	Yes	I want to learn	No
I can name my learning differences, disability, medical, or mental health diagnosis (e.g. diabetes, depression).	X	☐	☐
I can name 2-3 people who can help me with my intellectual differences, disability, medical, or mental health needs in an emergency.	X	☐	☐
Before a doctor's visit, I prepare questions to ask.	X	☐	☐
I know to ask the doctor's office for accommodations, if needed.	X	☐	☐
I have a way to get to my doctor's office.	X	☐	☐
I know the name(s) of my doctor(s).	X	☐	☐
I know or I can find my doctor's phone number.	☐	☐	**X**
I know how to make my doctor's appointments.	X	☐	☐
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	X	☐	☐
I know my food allergies.	X	☐	☐

Example Goal Setting:

Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

If a student has responded "No" or "I want to learn" to any of the items on the Health Care Transition Readiness Assessment, please use the following sample goals as a guide when creating goals in the IEP transition plan.

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MY HEALTH	
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I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts' information on their phone and name and identify the contacts in their phone when asked, with __% accuracy.
Before a doctor's visit, I prepare questions to ask.	By the end of the IEP cycle, student will prepare and practice asking a few questions to their doctor before their next appointment, with __% accuracy.
I know to ask the doctor's office for accommodations, if needed.	By the end of the IEP cycle, student will identify which accommodations they need to request at a doctor's office, with __% accuracy.
I have a way to get to my doctor's office.	By the end of the IEP cycle, student will plan transportation to their doctor's office ahead of time, with __% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor's contact information on their phone and name and identify their doctor in their phone when asked, with __% accuracy.
I know or I can find my doctor's phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with __% accuracy.
I know how to make my doctor's appointments.	By the end of the IEP cycle, student will know how to call their doctor's office or use an online portal to schedule a future appointment, with __% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with __% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with __% accuracy.

Example Goal Setting cont.

"By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy."

Sample Goals for the Health Care Transition Readiness Assessment for Students with an IEP

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I can name 2-3 people who can help with my intellectual differences, disability, medical, or mental health needs in an emergency.	By the end of the IEP cycle, student will input their emergency contacts' information on their phone and name and identify the contacts in their phone when asked, with ___% accuracy.
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I have a way to get to my doctor's office.	By the end of the IEP cycle, student will plan transportation to their doctor's office ahead of time, with ___% accuracy.
I know the name(s) of my doctor(s).	By the end of the IEP cycle, student will input their doctor's contact information on their phone and name and identify their doctor in their phone when asked, with ___% accuracy.
I know or I can find my doctor's phone number.	By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with ___% accuracy.
I know how to make my doctor's appointments.	By the end of the IEP cycle, student will know how to call their doctor's office or use an online portal to schedule a future appointment, with ___% accuracy.
I carry my health information with me every day (e.g. insurance card, emergency phone numbers).	By the end of the IEP cycle, student will keep their insurance card safely in their wallet/backpack or take a photo of it and store it on their phone and be able to retrieve the insurance card when asked, with ___% accuracy.
I know my food allergies.	By the end of the IEP cycle, student will be able to say aloud and/or spell out and/or enter into their cell phone the name(s) of the foods they are allergic to, with ___% accuracy.

Further Example Goal Setting

> *"By the end of the IEP cycle, student will name and identify their doctor in their phone when asked, with __% accuracy."*

A few ideas…

- Work with your youth or young adult to add their doctor's name and phone number into their phone contacts

- Use [Got Transition's Medical ID](#) resource to follow steps to add health and medical information, including emergency contact information, into their smartphone

- Practice!

Thank you! Questions?

Access these tools and additional resources on GotTransition.org

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For more information, contact:

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