

**Essay on Seamless Transitions from Pediatric to Adult Care**

**Adolescents with Autism or Cerebral Palsy**

## Table of Contents

Introduction.....	4
Background and Significance.....	4
Challenges in Transition.....	4
Integrating Person-Centred Care.....	5
Supporting Legislation and Theories.....	5
Collaborative Care Planning.....	5
Shared Decision Making.....	6
Supported Self-Care Management.....	6
Social Prescribing and Better Conversations.....	7
Health Coaching/Motivational Interviewing.....	7
Application of Person-Centred Care Approaches in Harrey's Case.....	8
Outcomes Achieved.....	8
Strengths of Person-Centred Care in Harrey's Transition.....	8
Weaknesses of Person-Centred Care in Harrey's Transition.....	9
Legislation and Theory in Practice.....	9
Care Act 2014.....	9
Health and Social Care Act 2022.....	9
Effectiveness of Integrated Working.....	10
Challenges for Individuals and Care Providers.....	10

Conclusion ..... 10

References ..... 12

**Case study:** Seamless Transitions: Navigating the Shift from Pediatric to Adult Care for Adolescents with Autism or Cerebral Palsy

**Introduction**

Modern healthcare is person-centred, incorporating patients' choices, wants, and values. This strategy stimulates engagement and enjoyment in health management and holds individuals accountable, increasing health results. Patient-provider partnership in person-centred care considers the patient's whole life, not simply their disease. This essay applies person-centred care to transition care for autistic or cerebral palsy teens. Adolescents and their families suffer significant challenges and confusion when transitioning from pediatric to adult healthcare (King, Merrick and Couteur, 2020). Person-centred care principles—collaborative care planning, shared decision-making, and supported self-care management—can help adolescents transition and meet their changing needs and preferences. Health and transition outcomes can improve with person-centred care.

**Background and Significance**

**Challenges in Transition**

It can be hard for Adolescents with special health care needs to switch from getting care as an adult to getting care as an adult. During this time of change, teens and their families may not always be able to keep getting care. This can make their health worse and add to their stress. Adult healthcare is set up differently than youth healthcare, so some healthcare workers may not fully understand what teens need. Teenagers may also find it hard to use the adult healthcare system (Lilly et al., 2019). When adults with autism or cerebral palsy have to do more of their own care and stop seeing their normal caregivers, it can be very scary.

## **Integrating Person-Centred Care**

Adults can deal with these issues better during the moving process if they receive person-centred care that is tailored to their specific needs and wants. In person-centred care, kids and their families should be able to have a say in how they are cared for. That way, the transfer plan will be made just for them and their needs (Narla et al., 2021). This method encourages better conversation between the adolescents, their family, and their healthcare providers, which makes the transition of care smoother. Person-centred care also focuses on education and self-care to help Adolescents learn how to take care of their own health, which is important for their long-term health.

## **Supporting Legislation and Theories**

Several laws and strategies emphasize person-centred care in healthcare. The Chronic Care Model and Medical Home Model promote integrated healthcare. The Chronic Care Model stresses effective interactions between informed, activated patients and proactive, prepared healthcare teams. The Medical Home Model promotes accessible, ongoing, complete, family-centred, coordinated, compassionate, and culturally effective care (MacNeill, Doucet and Luke, 2022). Both models and healthcare legislation that supports special healthcare needs lay the groundwork for person-centred care during the essential transition from pediatric to adult services. These frameworks and laws emphasize personalized care plans and systematic assistance for adolescents with exceptional healthcare needs to transition successfully.

## **Collaborative Care Planning**

People, their families, and healthcare workers all work together to make a care plan that fits the patient's needs, wants, and values. This is called collaborative care planning. Collaborative care planning is very important for adolescents like Harrey who may have special

medical needs because of autism or cerebral palsy. It makes sure that the change from childhood to adult healthcare services goes smoothly and that their complex needs are met in the new care setting (Vogus et al., 2020). Collaborative care is based on ideas like social constructivism and ecological systems theory. It stresses how important it is to think about Harrey's social relationships and environmental contexts when planning healthcare. This way of thinking supports healthcare as a process that people work together on. For Harrey, one of the benefits is a personalized care plan that helps him stay healthy and happy. There may be problems, though, because more people may need healthcare workers' time and resources, and everyone needs to be able to talk to each other clearly so that everyone understands and agrees (Hart et al., 2021).

### **Shared Decision Making**

Shared decision-making gives adolescents like Harrey and their families more power by letting them have a say in their care, protecting their privacy, and recognizing their right to make well-informed decisions about their health. Some strategies are giving Harrey and his family clear, easy-to-understand information about his condition and treatment choices and using decision aids to help them understand and talk about these options (Hart and Chisolm, 2023). Time limits during consultations, healthcare workers' views on decision-sharing, and families' trust in their ability to make decisions are all things that can get in the way of shared decision-making. As a solution, workers should be trained in how to help people communicate and make decisions, and families like Harrey's should be given more power through education and support.

### **Supported Self-Care Management**

For Harrey, managing his self-care well is key to improving his quality of life and lowering his need for emergency care. Learning how to take care of himself helps him deal with his situation, avoid complications, and stay healthy overall. Harrey can improve his self-care by

using educational programs that are geared toward his cognitive and developmental needs and technology that helps him, like health apps for his phone. Harrey might have problems because he isn't motivated, has cognitive or physical limits, or can't get to resources because of his socioeconomic status. These problems need to be solved with a mix of motivational questioning, flexible teaching methods, and help from the community (Sargent et al., 2022).

### **Social Prescribing and Better Conversations**

Adolescents like Harrey can get all the health care they need by using social prescribing and having better chats (Kilgour et al., 2023). This will improve his health by connecting him with community support and making it easier for him to talk to his doctors. These methods help Harrey's health by addressing his social, emotional, and environmental issues, as well as by getting him involved in neighbourhood activities and helping him make support networks. Some things that might go wrong with these approaches are the fact that community tools aren't always easy to find and healthcare professionals need to know how to help people and work with the community.

### **Health Coaching/Motivational Interviewing**

Health coaching and motivational interviewing can help Harrey get the skills and confidence she needs to take care of her own health when she is going through a change. These techniques help adolescents like Harrey feel more motivated and confident in their own abilities, which leads to better health results through long-term behavior change. These methods need special training and time to be put into action, which can be hard but is necessary to help adolescents make the switch to adult healthcare services.

### **Application of Person-Centred Care Approaches in Harrey's Case**

A full person-centred care method was used when Harrey went from getting medical care as an adult to getting care as an adult (Vaishnavi Shahane et al., 2023). This included shared decision-making, collaborative care planning, supported self-care management, social prescribing, and health coaching/motivational interviewing. This all-around plan was made to fit Harrey's specific needs, taking into account his health and personal preferences. This made sure that he had a smooth transition and continued receiving care.

### **Outcomes Achieved**

Harrey said that the personalized method made him happier with his healthcare experience. He was much happier overall because he felt heard and had a say in the choices about his care. Because Harrey's specific needs were emphasized, his condition was better managed, and he spent less time in the hospital and had a noticeable rise in his daily functioning and quality of life (Irby and Brown, 2021). Harrey took more responsibility for his health and felt more confident in his ability to make well-informed decisions about his care and take positive steps to take care of himself.

### **Strengths of Person-Centred Care in Harrey's Transition**

Harrey's needs and preferences were put at the centre of his care plan using the person-centred care model. This made him happier because he felt like his feedback was respected and valued. Because the care plans were specifically made for Harrey's condition, all of the interventions were highly relevant and successful, which directly led to his better health. Giving Harrey authority through shared decision-making and supported self-care management made him more involved in managing his own health, which gave him a sense of independence and duty.



## **Weaknesses of Person-Centred Care in Harrey's Transition**

It cost a lot of time and money to carry out Harrey's detailed person-centred care plan. Getting healthcare providers to get special training and making sure that different services work together may not be easy to find or doable in all healthcare settings. This type of care can work better or worse depending on the user and their health (Eton et al., 2020). Some approaches, like social prescribing, worked really well because Harrey was able to and willing to use community tools. A big part of how well the person-centred care plan works is how involved the patient is. When Harrey isn't motivated or interested, it could hurt the care plan. This shows how important it is for the patient to be part for the best results.

## **Legislation and Theory in Practice**

### **Care Act 2014**

People-centred care is based on the Care Act 2014, which is very important for adolescents with special health care needs who are going from youth services to adult services (Kuipers, Nieboer, and Cramm, 2020). It is made clear by this rule that the health and wishes of a person must be taken into account when planning care and making choices. In order to support a whole-person approach to transitional care, the Act requires local governments to do assessments that are based on the goals and results of each person. Person-centred approaches make sure that services are tailored to the unique needs of each adolescents, which makes their transition better.

### **Health and Social Care Act 2022**

One way the Health and Social Care Act 2022 makes it easier to give person-centred care is by promoting integrated care systems (2022). Health and social care services are meant to work together so that people, like adolescents with special health care needs, can get better, more organized care. By encouraging service providers to work together, the Act makes sure that these

adolescents transitional care not only focuses on their health problems but also on their overall social and emotional well-being (Skovlund et al., 2019). This way, care is tailored to each adolescent's unique needs and preferences, resulting in a more effective and personalized care experience.

### **Effectiveness of Integrated Working**

Integrated working is important for getting good results in person-centred care because it makes sure that healthcare is delivered in a way that is consistent. Integrated working meets all of a person's needs by encouraging social services, healthcare providers, and community resources to work together (Toro and Martiny, 2020). This improves health results and patient satisfaction. But things like organizational silos and a lack of communication between different care sectors can make integration less successful. Some solutions are to use shared electronic health records and encourage training across disciplines and teamwork.

### **Challenges for Individuals and Care Providers**

Adolescents and their care providers have to deal with a lot of problems when they try to use person-centred care methods (Wolf and Jonker, 2020). These problems include figuring out how to use complicated health care systems, keeping people involved, and making sure that care stays the same during changes. It may also be hard for care workers to find the extra time and resources they need to plan and set up specialized care. Adolescents and providers need ongoing education and help to deal with these problems. The system also needs to be changed to make it easier for people to get the resources they need and for care to be better coordinated.

### **Conclusion**

The study of person-centred care for adolescents who are changing and have special health care needs shows how important it is to provide personalized, all-around care that puts

each person's wants and needs first. Person-centred care is based on strong laws and theories, but there are still some problems with how it is actually used. This shows that they need to keep working to close these gaps. It turns out that integrated working is a key part of getting good results, and working together across healthcare systems is very important. It is important to deal with the problems that adolescents and care providers are having in order for person-centred care methods to work. Going forward, study and practice should focus on new ways to make person-centred care easier to use and more effective. This will make sure that everyone gets the personalized, high-quality care they need.

## References

- Eton, D.T., Linzer, M., Boehm, D.H., Vanderboom, C.E., Rogers, E.A., Frost, M.H., Wambua, M., Vang, M., Poplau, S., Lee, M.K. and Anderson, R.T. (2020). Deriving and validating a brief measure of treatment burden to assess person-centered healthcare quality in primary care: a multi-method study. *BMC Family Practice*, 21(1).  
doi:<https://doi.org/10.1186/s12875-020-01291-x>.
- Hart, L.C. and Chisolm, D. (2023). Improving the use of transition readiness measures in research and clinical care. *Pediatric Research*. doi:<https://doi.org/10.1038/s41390-023-02596-0>.
- Hart, L.C., Saha, H., Lawrence, S., Friedman, S., Irwin, P. and Hanks, C. (2021). Implementation and evolution of a primary care-based program for adolescents and young adults on the autism spectrum. *Journal of Autism and Developmental Disorders*.  
doi:<https://doi.org/10.1007/s10803-021-05171-w>.
- Irby, K.S. and Brown, J.P. (2021). Transition care for adolescents and young adults with neuromuscular disease and chronic pulmonary care needs. *Respiratory medicine*, pp.117–134. doi:[https://doi.org/10.1007/978-3-030-68688-8\\_8](https://doi.org/10.1007/978-3-030-68688-8_8).
- Kilgour, G., N. Susan Stott, Steele, M., Adair, B., Hogan, A. and Imms, C. (2023). The journey to sustainable participation in physical activity for adolescents living with cerebral palsy. *Children (Basel)*, 10(9), pp.1533–1533. doi:<https://doi.org/10.3390/children10091533>.
- King, C., Merrick, H. and Couteur, A.L. (2020). How should we support young people with ASD and mental health problems as they navigate the transition to adult life including access to

adult healthcare services. *Epidemiology and Psychiatric Sciences*, [online] 29.  
doi:<https://doi.org/10.1017/S2045796019000830>.

Kuipers, S.J., Nieboer, A.P. and Cramm, J.M. (2020). Views of patients with multi-morbidity on what is important for patient-centered care in the primary care setting. *BMC Family Practice*, 21(1). doi:<https://doi.org/10.1186/s12875-020-01144-7>.

Lilly, H., Bitzel, M., Pejnovic, T., Schnell, J. and Doty, A. (2019). Barriers and characteristics for successful transition to adult healthcare for individuals with cerebral palsy: a systematic review. *Physical Therapy Reviews*, 24(5), pp.195–207.  
doi:<https://doi.org/10.1080/10833196.2019.1662995>.

MacNeill, L., Doucet, S. and Luke, A. (2022). Caregiver experiences with transitions from pediatric to adult healthcare for children with complex care needs. *Child: Care, Health and Development*. doi:<https://doi.org/10.1111/cch.12989>.

Narla, N.P., Ratner, L., Bastos, F.V., Owusu, S.A., Osei-Bonsu, A. and Russ, C.M. (2021). Paediatric to adult healthcare transition in resource-limited settings: a narrative review. *BMJ Paediatrics Open*, 5(1), p.e001059. doi:<https://doi.org/10.1136/bmjpo-2021-001059>.

Sargent, B., Harbourne, R., Moreau, N.G., Sukal-Moulton, T., Tovin, M., Cameron, J.L., Stevenson, R.D., Novak, I. and Heathcock, J. (2022). Research Summit V: Optimizing transitions from infancy to early adulthood in children with neuromotor conditions. *Pediatric Physical Therapy*, [online] 34(3), p.411.  
doi:<https://doi.org/10.1097/PEP.0000000000000912>.

- Skovlund, S.E., Lichtenberg, T., Hessler, D. and Ejksjaer, N. (2019). Can the routine use of patient-reported outcome measures improve the delivery of person-centered diabetes care? A review of recent developments and a case study. *Current Diabetes Reports*, 19(9). doi:<https://doi.org/10.1007/s11892-019-1190-x>.
- Toro, J. and Martiny, K. (2020). New perspectives on person-centered care: an affordance-based account. *Medicine, Health Care and Philosophy*, 23(4), pp.631–644. doi:<https://doi.org/10.1007/s11019-020-09977-w>.
- Vaishnavi Shahane, Kumavor, P., Morgan, K., Friel, K.M. and Sudha Madhav Srinivasan (2023). A protocol for a single-arm interventional study assessing the effects of a home-based joystick-operated ride-on-toy navigation training programme to improve affected upper extremity function and spontaneous use in children with unilateral cerebral palsy (UCP). *BMJ Open*, 13(5), pp.e071742–e071742. doi:<https://doi.org/10.1136/bmjopen-2023-071742>.
- Vogus, T.J., Gallan, A., Rathert, C., El-Manstrly, D. and Strong, A. (2020). Whose experience is it anyway? Toward a constructive engagement of tensions in patient-centered health care. *Journal of Service Management*, ahead-of-print(ahead-of-print). doi:<https://doi.org/10.1108/josm-04-2020-0095>.
- Wolf, J.R.L.M. and Jonker, I.E. (2020). Pathways to empowerment. *The International Journal of Social Quality*, 10(1), pp.29–56. doi:<https://doi.org/10.3167/ijsq.2020.100103>.