

30. Transitioning Adolescents With HIV to Adult Care: Examining Processes at Twelve Adolescent Medicine Clinics

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Abstract:

Purpose: The provision of uninterrupted care as youth with HIV transition from pediatric and adolescent to adult HIV care is essential as disengagement from care has implications for an individual's HIV-related and overall health and with the demonstration that treatment can serve as a means of prevention, the health of the broader community. Accordingly, this study examined the transition processes and protocols that exist across twelve clinics within the Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN).

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Articles:

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Methods: As part of a larger multi-method Care Initiative program evaluation, we completed three annual visits at each site from 2010-2012 and conducted 178 semi-structured interviews (Baseline n=64, Year 1 n=60, Year 2=54) with clinical and program staff (e.g., physicians, nurses, social workers, case managers). Interview data were analyzed using the constant comparative method with particular attention given to the alignment with the recent American Academy of Pediatrics transition recommendations that include: developing formal written protocols, timelines, and evaluation plans; introducing adolescents to transition early and providing individualized pre-transition preparation with youth; initiating transition between ages 18-25 that includes visits to adult clinics and data sharing (e.g., medical/health records) between adolescent and adult clinics; and the evaluation of transition outcomes for youth (e.g., care engagement and viral loads).

Results: Participants discussed the importance and challenges of transition from adolescent to adult care for both behaviorally and perinatally infected adolescents, highlighted by: “Adolescent care means that we are going to hold their hand a little longer than if they walk into an adult [clinic], the [adult providers] not going to have this patience”. The results correspond with AAP transition guidelines. Formal protocols: Sites had varying levels of formal transition protocols – 4 with formal written protocols and 6 with informal but detailed processes influenced by the location of transition (e.g., new physical space, same space with new provider). Transition preparation: Staff focused on life skills development (e.g., medication management, insurance documentation, budget) to prepare youth for transition, Adult clinic connection: Sites used a variety of strategies (e.g., site visits to adult clinics, adult provider working in adolescent clinic one day per week) to connect youth to adult clinics. Transition evaluation: Sites identified necessary components (e.g., inter-clinic data sharing) for evaluating transition outcomes (e.g., appointment adherence).

Conclusions: Creating a seamless transition process for adolescents with HIV is especially important given the intersecting identities and stigmas often associated with the disease. Transitioning HIV-positive youth involves targeting behavioral and biological factors as well as provider and system-level issues. Addressing key factors is essential for developing streamlined, comprehensive, and context-specific transition protocols. Adolescent and adult HIV clinic collaboration is essential to reduce service fragmentation, provide coordinated care, and support individual and community level health.

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