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CONTEXT

In recent years, the number of youth with chronic medical conditions surviving into adulthood has increased. The transition from paediatric to adult care has previously been associated with poor clinical outcomes, increased costs and low patient and family satisfaction. The complexity of these transitions demands system-level solutions that address the alignment of providers in multiple settings, enhance collaboration across various sectors, and facilitate both communication and capacity building, all of which commonly demand new, flexible funding arrangements. Prior studies have not systematically examined system-level strategies designed to streamline and safeguard care for this population, who is often vulnerable to exclusion from health system reform discussions.

OBJECTIVES

The aims of this study are to explore the international policy profile of paediatric-to-adult care transitions; and to document policy objectives, initiatives and outcomes for jurisdictions publicly committed to addressing transition issues.

METHODS

An international cross-jurisdictional policy scoping review was conducted from 6 March 2014 to 15 May 2014, examining nine wealthy OECD jurisdictions with Beveridge-style healthcare systems: Australia, Canada, Denmark, Finland, Ireland, New Zealand, Norway, Sweden and the UK. A 3-step search strategy was taken to abstract relevant categories of data, including strategic vision, targeted diseases, targeted investment, incentives, information systems and evaluation. First, official government websites were searched for transition-related documents. Second, national professional medical and academic associations were contacted to confirm whether all relevant government documents had been obtained. Third, government representatives were contacted to confirm that all publicly available documents were identified through scoping review steps one and two.

FINDINGS

While several jurisdictions indicated an interest in addressing transition issues and published documents highlighting the need to develop transition strategy, most of them did not include the development of policy infrastructure required to support successful transitions and did not include rigorous evaluations. Australia and the UK were the only countries with publicly accessible documents detailing a specific government-supported transition strategy. In the UK, the British government developed the Transition Support Programme in 2008, which sought to provide support for disabled and young people's transition to adulthood, including education, employment and healthcare. Between 2008 and 2011, through the Transition Support Programme, England provided 11 regions, comprising 152 local areas, with temporary funding to develop transition initiatives and evaluations yielding varying levels of participation and programme quality. In Victoria, Australia, new transition clinics for patients with complex disabilities were piloted through episode-based funding models in adult health centres in 2005. The Victorian Paediatric Clinical Network, a clinical network supported by the Victoria Department of Health, is preparing a broad set of principles for transition based on guidance from the Royal Australasian College of Physicians.

CONCLUSIONS

Despite the well-documented risks and costs associated with a poor transition from paediatric to adult care, little government attention has been paid to this complex health system issue. While policy frameworks are not sufficient for change, they are an important first step in improving transition from paediatric to adult care. We recommend that healthcare providers engage health system planners in the design and evaluation of system-level, policy-sensitive transition strategies.