



## Systematic review: Health care transition practice service models

Cecily L. Betz, PhD, RN, FAAN<sup>a,\*</sup>, Lisa S. O’Kane, BA<sup>b</sup>,  
Wendy M. Nehring, PhD, RN, FAAN, FAAIDD<sup>c</sup>, Marie L. Lobo, PhD, RN, FAAN<sup>d</sup>

<sup>a</sup>Department of Pediatrics, University of Southern California, Keck School of Medicine, Los Angeles, CA

<sup>b</sup>University of Southern California, University Center for Excellence in Developmental Disabilities, Children’s Hospital Los Angeles, Los Angeles, CA

<sup>c</sup>College of Nursing, East Tennessee State University, Johnson City, TN

<sup>d</sup>College of Nursing, University of New Mexico, Albuquerque, NM

### ARTICLE INFO

#### Article history:

Received 18 March 2015

Revised 29 December 2015

Accepted 30 December 2015

Available online 11 February 2016

#### Keywords:

Health care transition

Adolescents

Emerging adults

Service models

Systematic review

### ABSTRACT

**Background:** Nearly 750,000 adolescents and emerging adults with special health care needs (AEA-SHCN) enter into adulthood annually. The linkages to ensure the seamless transfer of care from pediatric to adult care and transition to adulthood for AEA-SHCN have yet to be realized.

**Purpose:** The purpose of this systematic review was to investigate the state of the science of health care transition (HCT) service models as described in quantitative investigations.

**Methods:** A four-tier screening approach was used to obtain reviewed articles published from 2004 to 2013. A total of 17 articles were included in this review.

**Discussion:** Transfer of care was the most prominent intervention feature. Overall, using the Effective Public Health Practice Project criteria, the studies were rated as weak. Limitations included lack of control groups, rigorous designs and methodology, and incomplete intervention descriptions.

**Conclusion:** As the findings indicate, HCT is an emerging field of practice that is largely in the exploratory stage of model development.

**Cite this article:** Betz, C. L., O’Kane, L. S., Nehring, W. M., & Lobo, M. L. (2016, JUNE). Systematic review: Health care transition practice service models. *Nursing Outlook*, 64(3), 229–243. <http://dx.doi.org/10.1016/j.outlook.2015.12.011>.

### Introduction

The health care transition (HCT) of adolescents and emerging adults (AEA) with special health care needs (SHCN) has been widely acknowledged as a major health care challenge as the service demands far exceed the current service capacity of both the

pediatric and adult systems of health care (refer to [Box 1](#) for definition of terms; [Bloom et al., 2012](#); [Lotstein et al., 2009](#); [Lotstein, Inkelas, Hays, Halfon, & Brook, 2008](#); [McManus et al., 2013](#)). It is estimated that nearly 750,000 AEA-SHCN reach the developmental stage of adulthood every year and enter an adult health care system that lacks the service capacity and expertise to care for them ([Scal & Ireland, 2005](#)). As a

\* Corresponding author: Cecily L. Betz, Department of Pediatrics, University of Southern California, Keck School of Medicine, 4750 Sunset Blvd., MS #53, Los Angeles, CA 90027.

E-mail address: [cbetz@chla.usc.edu](mailto:cbetz@chla.usc.edu) (C.L. Betz).

0029-6554/\$ - see front matter © 2016 Elsevier Inc. All rights reserved.

<http://dx.doi.org/10.1016/j.outlook.2015.12.011>

## DEFINITION OF TERMS

*Health care transition (HCT)* has been defined as “purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child-centered to adult-oriented health care systems that is uninterrupted, coordinated, developmentally appropriate, psychosocially sound, and comprehensive” (Blum et al., 1993, p. 570). More recently, the Health Care Transition Research Consortium Health Care Transition Model has further expanded the earlier definition of health care transition by referring to it as “a lifespan approach wherein children are supported throughout their development to achieve their highest potential while learning to self-manage their condition enabling them to more easily achieve their goals for adulthood,” as operationalized by the model (Betz, Ferris, Woodward, Okumura, Jan, & Wood, 2014, p. 6).

Adolescents and emerging adults (AEA) refers to the developmental period from early adolescence (ages 9–10 years) through the mid-1920s. Developmental theorist, Jeffrey Arnett, designated emerging adulthood as an imminent period of development preceding adulthood wherein personal perspectives, sense of self, and competencies for the future are explored and refined (Arnett, 2000, 2007; Arnett & Tanner, 2006).

Children with special health care needs (SHCN) are “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally” (Arango et al., 1998).

result, efforts are under way in pediatric health centers of local communities to develop, implement, and test models of care that are responsive to the needs of this generation of AEA-SHCN, and of those who follow, to facilitate their successful transfer to adult care and transition to adulthood.

This collective endeavor can be best described as in the seminal stages of development as there is limited evidence to support the creation of clinical guidelines or standards of care. It is therefore appropriate to review and analyze the state of the science pertaining to HCT service model development and its application to practice. The aim of this article was to present the findings of a systematic literature review of HCT service models as described in quantitative investigations. This review was

conducted to investigate the following issues: (a) what is the state of the science pertaining to the implementation of HCT service models? (b) what is the quality of the reviewed quantitative studies using the Effective Public Health Practice Project (EPHPP) Quality Assessment Tool? (c) what HCT interventions have demonstrated effectiveness in producing positive HCT outcomes for AEA-SHCN? and (d) what evidence can be used to support the implementation of HCT interventions in practice?

## Methods

The 10-year period of this search, from 2004 to 2013, was selected because the primary author had previously published an HCT review of the literature that extended up to 2003 (Betz, 2004). The articles in this review were obtained using three methods, based on guidelines for systematic reviews (Moher, Liberati, Tetzlaff, Altman, & The PRISMA Group, 2009). First, articles were located using the EBSCO, MEDLINE (Ovid), and PsycINFO databases because these are the reference sources used by authors who publish in the HCT field. The following search terms were used: *disability or chronic or special health care needs and transition*. Second, the reference lists of all research articles were scanned for additional pertinent research publications. Third, literature reviews were scrutinized for additional references (Bloom et al., 2012; Bryant & Walsh, 2009; Christie & Viner, 2009; Crowley, Wolfe, Lock, & McKee, 2011; Jalkut & Allen, 2009; Pai & Ostendorf, 2011; Rapley & Davidson, 2010; Sawyer & Macnee, 2010; Wang, McGrath, & Watts, 2010; Watson, Parr, Joyce, May, & Le Couteur, 2011).

Based on this process, 746 publications were initially located, which were either full text or abstracts if the complete article was inaccessible. Following individual review of the publications by research team members, articles were excluded at the first level of screening for the following reasons: (a) not research articles, (b) published abstracts of conference proceedings, (c) published before 2004 and after 2013, (d) incomplete description of the study, and (e) not published in English. A total of 261 articles were obtained at the conclusion of this review stage (Figure 1).

Articles were further delimited by the primary author with the agreement of the other two senior authors during the second level of screening, to include research studies that addressed topics pertaining to HCT service models or programs, which reduced the number to 133 articles. At the third level of screening, the first and second authors separately reviewed the articles or abstracts and identified 38 articles. Articles at this stage were eliminated for the following reasons: (a) inadequate description of the HCT model or program, (b) cohort studies examining adult outcomes that lacked descriptions of HCT programs, (c) findings of national- and state-level surveys with limited

Download English Version:

<https://daneshyari.com/en/article/2673105>

Download Persian Version:

<https://daneshyari.com/article/2673105>

[Daneshyari.com](https://daneshyari.com)