


Transitioning HIV Positive Adolescents into Adult Care

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Who are our pediatric patients? (n=130)

- Most perinatally-infected (90%)
- U.S. born (90%)
- 70% females
- ~ 10% gay or bisexual
- ~ 50% (or more) struggle with taking meds in adolescence
- ~ 60% case-managed (Ryan White funds)



Introducing our Pediatric HIV Team

- Linda Walsh, APN/CNP, Director of Clinical Operations
- Ruth Martin, MSW , LSW, MPA, Director of Social Work
- Judith Popovich, DNSc, FNP-BC
- Erie Crawford, MSW, Medical Case Manager
- Evany Turk, Peer Advocate
- Matt Richards, MA, Outreach Program Manager
- Kenneth Alexander, MD, MPH, Professor, Section Chief, Pediatric Infectious Diseases



Literature Reviewed

- Research
 - HIV populations
 - Populations with other chronic illnesses
- Non-research
 - Literature reviews
 - Position papers (AAP, AAFP, ACP-Internal Medicine, Society for Adolescent Medicine, AHA)
 - Guidelines (DHHS)



Transition Literature (HIV)

- Gilliam , Ellen, Leonard et al., 2011
- Vijayan, Benin, Wagner et al., 2009
- Valenzuela, Buchanan, Radcliffe et al, 2009
- DHHS Guidelines
 - <http://www.aidsinfo.hih.gov/Guidelines>



Examples of Challenges in HIV Care

- Difficulty taking meds
- Disclosing status to intimate partners
- Disorganized social environments



Examples of Barriers to Transition*

- Negative perceptions & experiences with HIV
- Perceived lack of autonomy
- Difficulty letting go of relationships with pediatric providers

* Stigma

Elements of a Successful Transition Program¹

- Good provider communication (across pediatric and adult programs);
- Addressing pt/family resistance;
- IN Advance, assisting youth to develop life skills (ie. appropriate use of PCP, managing appts, symptom management);
- Incorporating family planning into clinical care;
- Ongoing program evaluation;
- Support groups & mental health consultation.

¹ <http://www.aidsinfo.nih.gov/Guidelines/GuidelinesDetail.aspx.p.75>



Our Program

- Initiated in 2011
- 3 patients currently in transition; 3 more in 2012
- Patient selection criteria
- 5 steps
 - Identify pts who are ready for transition
 - Checklist in clinic (beginning age 10)
 - Meet with adult providers to discuss
 - Patient meets new providers, sees new clinic setting
 - Adolescent team follow-up after 3 mos. visit

Name:	< 11 Years of Age		11 to 14 Years of Age		15 to 24 Years of Age	
DOB:						
MR#:						

Date Initiated:	Discussed	Achieved	Discussed	Achieved	Discussed	Achieved
Date Disclosure:						

Knowledge of Health Condition and Management

Assess child's knowledge and perception of diagnosis. Build on their understanding.						
Assess adolescent/family's readiness and assist with disclosure.						
Able to answer "What are T cells?"						
Able to answer "What is a viral load?"						
Verbalizes known possible side effects of medications.						
Takes medications independently.						



Future plans

- Ongoing program evaluation
- Clinical research to evaluate adolescent perspectives of issues, barriers, things that facilitated successful transition
- Manuscript preparation
- Continue transitioning adolescents from pediatric to adult infectious disease care as they become chronologically and developmentally ready