

Health Care Transition Tips for the Pediatric Provider

The advancement of medicine in recent years has allowed many children with complex health care needs to survive into adulthood. This necessitates the need for health care transition, as by age 18 to 21 many patients can no longer receive care from a “children’s facility” or through their pediatric primary or specialty provider clinics. Does your practice provide policies for the smooth transition of youth with chronic conditions to continue their health care with adult providers? Here are some questions to consider:

Does your practice need to transition patients in your care to adult medicine?

If you are a pediatrician, there is likely an age when you are no longer able to see patients in your clinic or admit them to a children’s hospital. Family practitioners and med-peds physicians don’t have to address this issue; however, youth with special health care needs often have pediatric specialists and will need to be transitioned to adult providers. As the primary physician, you may be responsible for coordinating their transition to subspecialty care.

Transition also refers to making assessments about what supports an individual will need as they approach adulthood and teaching the youth about their condition.

Are you familiar with the six core elements of health care transition?

The Six Core Elements of Health Care Transition™ were developed by the nationally-recognized [Got Transition®](#), a program of The National Alliance to Advance Adolescent Health.

The Six Core Elements are:

1. Developing a transition policy/guide
2. Tracking and monitoring the transition process
3. Readiness: Assessing self-care skills
4. Planning: Developing a transition plan
5. Transfer of care to adult center or practice
6. Transition completion and collecting feedback

(Each of these Core Elements are discussed in detail in the references at the end of this article.)

Is there a formal medical transition protocol in your clinic?

A transition policy should include information for parents and youth about when the transition process begins, at what age youth must leave your practice, changes that will occur regarding privacy and consent when the teen turns 18, and the steps you will take to help them facilitate a smooth transition. A process should be identified regarding sharing information with both families and office staff, and your practice should have a quality improvement process to evaluate the policy.

What is the best age to begin the transition process?

Health care transitions, depending on the complexity of the child's medical condition, should begin as early as 12-14 years of age. At a minimum, the concept of transition should be introduced to youth and their parents by age 12. You should explain that, as a pediatrician, you are not able to be their physician for the rest of their life, and that at a certain age (18 to 21), they will need to transfer to adult primary and/or specialty providers. This is also the time to begin assessing youth's self-care capabilities, and to begin the process of educating them about their medical condition(s).

How do you begin the transition process?

- Does your practice have a process or protocol for identifying which youth will be tracked?
- Do you have materials to distribute to families that describe the transition process?
- Does your practice have tracking forms that identify which steps have been taken?
- Who in your practice will be responsible for data entry?
- Do you use self-assessment evaluations with your patients who have special health care needs?
 - ⇒ Are these part of the office visit, or completed at home before the visit?
 - ⇒ How often are they administered?
 - ⇒ How are the results incorporated into your records/practice?
- Do you see patients without a parent present?

How have you supported youth patients in transition?

- Do they know their diagnosis, and how it impacts their life?
- Do they know the names and/or dosages of their medications, side effects, and importance of compliance?
- Will they have to transfer their primary care to an adult provider, or are you able to continue their care? Are they aware that a transfer may be necessary?
- Will they need to transition specialist care?
- Which doctors will they be able to continue with into adulthood?

Do you have an assessment procedure in place to determine how transition went?

- Are there procedures in place that confirm the transfer was completed?
- Is there a protocol to obtain feedback about the transition process?
- Who is responsible for collecting this information?

The above steps provide an introduction on how to incorporate a transition policy into your clinic. Additional resources, assessments, and quality control forms are available on Got Transition's website that contain a wealth of information on best practices and details about setting up this process in your clinic. Health care transition is an area that is attracting national attention, as it is critical to the ongoing care of youth as they age into adulthood, especially youth with special health care needs.

References:

[Got Transition® - Six Core Elements of Health Care Transition™](https://www.gottransition.org/six-core-elements/)
(<https://www.gottransition.org/six-core-elements/>)

[Transitioning Youth to an Adult Health Care Clinician-Implementation Guide](https://gottransition.org/6ce/?leaving-ImplGuide-full)
(<https://gottransition.org/6ce/?leaving-ImplGuide-full>)