62nd Annual Greenville Postgraduate Seminar
Spotlight: Primary Care
Growing Up:

Transitioning from Pediatric to Adult Care

Sarah Hinton, MD
Disclosures

• Sanofi-Pasteur - Promoting the 16 year WCC as a platform for immunization and to discuss transition to adult care
Objectives

• **Define** transition and discuss its importance
• Discuss common transition **pitfalls**
• Discuss **strategies** for a **successful** transition process
Vocabulary Lesson

- **Transition** – The *process* of preparing a patient and family for an adult model of care

- **Transfer** – The *handoff* of a patient from pediatric to adult care.
Discussion

• What are some differences between pediatric and adult models of care?
Discussion

• Think about a patient transition that did not go well. Discuss what factors you think contributed to a poor transition process.
Transition and Outcomes

• **90%** of adolescents with chronic medical conditions will survive into adulthood\(^1\)

• **Suboptimal transition** has been shown to generate **unfavorable effects** on: \(^1, 2, 3\)
  - Quality of life
  - Access to medical care
  - Disease outcomes
  - Future education
  - Employment
  - Opportunities for a successful adulthood
Systemic literature review (1995-2016)
2/3 studies with statistically significant positive outcomes
Most commonly reported quality of care outcomes noted improvement in:
- Adherence to care
- Perceived health status
- Quality of life
- Self care skills
Also noted:
- Increased adult visit attendance
- Less time between the last pediatric visit and initial adult visit
- Decreased hospitalization rates
Resources

www.gottransition.org

Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home

Patience H. White, W. Carl Cooley, TRANSITIONS CLINICAL REPORT AUTHORING GROUP, AMERICAN ACADEMY OF PEDIATRICS, AMERICAN ACADEMY OF FAMILY PHYSICIANS, AMERICAN COLLEGE OF PHYSICIANS
Case Discussion

Erika is a 14 yo female with a history of well controlled moderate persistent asthma seen today for WCC.

• How can you utilize this office visit time to prepare Erika and her family for transition to adult care?

• What skills might an adolescent or young adult (AHA) need to successfully transition to adult care?
6 Core Elements

1. Transition policy
2. Transition tracking and monitoring
3. Transition readiness
4. Transition planning
5. Transfer and/or integration into adult-centered care
6. Transition completion and ongoing care with adult clinician

www.gottransition.org
Timeline

1. Transition policy
2. Transition tracking and monitoring
3. Transition readiness
4. Transition planning
5. Transfer and/or integration into adult-centered care
6. Transition completion and ongoing care with adult clinician
Early Stages (12-14yo)

- Meet with adolescent alone - *autonomy*
- Discuss transition policy
Middle Stages (14-18yo)

- Assess transition readiness
- Develop transition plan
### Transition Readiness

**How important is it to you to prepare for/change to an adult doctor before age 18 or graduation from high school? (1=not important; 10=very important)**

<table>
<thead>
<tr>
<th>Score</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

**How confident do you feel about your ability to prepare for/change to an adult doctor? (1=not confident; 10=very confident)**

<table>
<thead>
<tr>
<th>Score</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
</table>

#### Age 14+

- I can find all of my doctors’ phone numbers (or the number for the office). [Yes] [No]
- I can tell what medicines I take and any allergies I have. [Yes] [No]

**Plan of Care**

#### Age 15+

- I know how to call to make my own appointments. [Yes] [No]
- I know where my pharmacy is and how to refill my medicines. [Yes] [No]

**Plan of Care**

#### Age 16+

- I have a file or folder at home with a summary of my medical history that I can provide to any new doctor I meet. [Yes] [No]
- I have a way to get to my appointment 15 min before the appointment begins. [Yes] [No]

**Plan of Care**

#### Age 17+

- I have a way to keep my insurance when I turn 19. [Yes] [No]
- I have discussed with my family that I will be able to make decisions about my own healthcare when I turn 16. [Yes] [No]
- I know the appropriate reasons for going to the ER and reasons to call the office for help. [Yes] [No]
- I have chosen an adult provider and can tell them about my medical history. [Yes] [No]

**Plan of Care**

---

**Referral placed to followup provider?**

- [Yes] [No] [Pending]

---

**Adult Followup Provider Name/Practice**
Case Discussion

Tom is an 18 yo male with no significant PMH who is seen today for a physical prior to going to college.

• How can you utilize this office visit time to prepare Tom and his family for transition to adult care?
Access to Care

- College health centers
- Urgent Care
- Emergency Department
- Health insurance
Type in “Peds Grad” or “Ambulatory Referral to Pediatric Graduation”
Select patient preferences
Select patient preferences

<table>
<thead>
<tr>
<th>Does patient have a preferred specialty?</th>
<th>Family Medicine</th>
<th>Internal Medicine</th>
<th>No Preference</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>In which city would the patient like to be seen?</th>
<th>Boiling Springs</th>
<th>Clinton</th>
<th>Clemson</th>
<th>Duncan</th>
<th>Easley</th>
<th>Gray Court</th>
<th>Greenville</th>
<th>Greer</th>
<th>Laurens</th>
<th>Liberty</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Piedmont</td>
<td>Seneca</td>
<td>Simpsonville</td>
<td>Spartanburg</td>
<td>Taylors</td>
<td>Travelers Rest</td>
<td>Walhalla</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Does the patient have a preference of provider gender?</th>
<th>Male</th>
<th>Female</th>
<th>No Preference</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Comments:</th>
<th>Insert SmartText</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status:</th>
<th>Normal</th>
<th>Standing</th>
<th>Future</th>
</tr>
</thead>
</table>

Show Additional Order Details: Y
The Shared Resource Center will match patient preferences with available providers/practices that accept the patient’s insurance.

SRC will contact the patient to schedule an appointment at their desired time
If the SRC is unable to connect the patient to a PCP (unable to contact, missed appointment, etc.) they will route the referral back to you.
Case Discussion

Erin has poorly controlled T1DM, IBD, and hypothyroidism who is seen today for a routine visit. She will turn 18yo in a few months.

• What are important topics to discuss regarding transition to adult care should she require evaluation in the ED or inpatient admission?
Sick Plan/Passport

- Emergency/Inpatient care plan
- Medical summary

https://www.sickkids.ca/myhealthpassport/
Case Discussion

Erin is now 20 yo. You have been working on transition readiness with her for the past few years. Today, she expresses that she is ready to begin transitioning to adult care and has identified an adult provider.

• How might you approach transition and transfer in a patient with complex medical needs?
Discussion

• How can an accepting adult provider help to make a transition/transfer process successful?
Summary

• A structured transition process can lead to improved outcomes
• Remember your 6 core elements and timeline
Summary

• Prisma Health Team Members:
  • transition smart block
  • Shared Resource Center referrals

• Create a complete/concise medical summary

• Communicate with your colleagues!
Questions and Contact Info

Sarah Hinton, MD
sarah.hinton@prismahealth.org


References


62nd Annual Greenville Postgraduate Seminar

Spotlight: Primary Care