



62nd Annual Greenville Postgraduate Seminar
Spotlight: Primary Care

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Growing Up:

Transitioning from Pediatric to Adult Care

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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 adulthood¹
- **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

Outcome Evidence for Structured Pediatric to Adult Health Care Transition Interventions: A Systematic Review

[Phabinly Gabriel](#), BA^{1,2}, [Margaret McManus](#), MHS^{1,*}  [Katherine Rogers](#), MPH, PhD³, [Patience White](#), MD, MA¹

- 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 AUTHORIZING 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

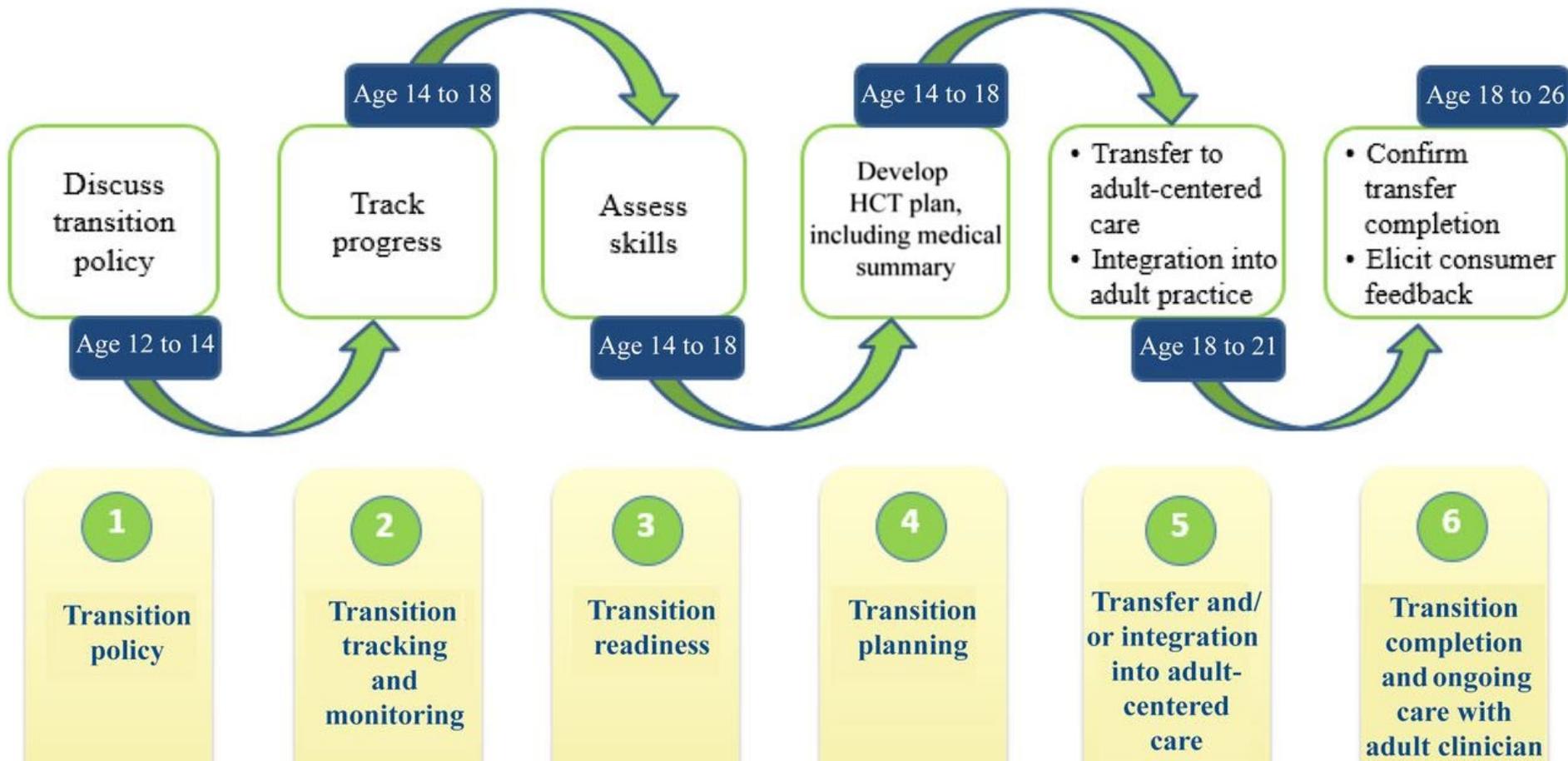
Transfer and/
or integration
into adult-
centered
care

6

Transition
completion
and ongoing
care with
adult clinician

www.gottransition.org

Timeline



www.gottransition.org

Early Stages (12-14yo)

- Meet with adolescent alone - ***autonomy***
- Discuss transition policy



Middle Stages (14-18yo)

- Assess transition readiness
- Develop transition plan



.transition Smart Block

NoteWriter   

Transitional Care Questions [Edit Note](#) ⋮ ? ↗

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) 1 2 3 4 5 6 7 8 9 10

How confident do you feel about your ability to prepare for/change to an adult doctor? (1=not confident; 10=very confident) 1 2 3 4 5 6 7 8 9 10

Age 14+

I can find all of my doctors' phone numbers (or the number for the office.) Plan of Care

I can tell what medicines I take and any allergies I have. Plan of Care

Age 15+

I know how to call to make my own appointments. Plan of Care

I know where my pharmacy is and how to refill my medicines. 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. Plan of Care

I have a way to get to my appointment 15 min before the appointment begins. Plan of Care

Age 17+

I have a way to keep my insurance when I turn 19. Plan of Care

I have discussed with my family that I will be able to make decisions about my own healthcare when I turn 18. Plan of Care

I know the appropriate reasons for going to the ER and reasons to call the office for help. Plan of Care

I have chosen an adult provider and can tell them about my medical history. Plan of Care

Adult Followup **Referral placed to followup provider?**

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”

The screenshot shows a web application window titled "Order Search". At the top, there is a search bar containing the text "PEDS GRAD" and a magnifying glass icon. To the right of the search bar are four tabs: "Browse", "Preference List", "Facility List", and "Database". Below the search bar, there are several expandable panels:

- Panels** (No results found)
- Orders and Prescriptions Medications** (No results found)
- Orders and Prescriptions Procedures** (expanded)

The "Orders and Prescriptions Procedures" panel displays a table with the following data:

Name	Type	Pref List	Px Code	Phase of Car Resulting Agencies
Ambulatory Referral to Pediatric Graduation (aka PEDS GRAD)	Referral	GHS AMB...	REF175	

Below the table, there is a panel for **Clinic Administered Meds Orders** which is currently collapsed.

Select patient preferences

Ambulatory Referral to Pediatric Graduation  Accept Cancel

Class:

Referral: Override restrictions

To dept spec:

To dept:

To provider:

Priority: **Routine** Urgent Elective

 Does patient have a preferred specialty?

 Does the patient have a preference of provider gender?

Comments: 

Status: **Future**

Expected Date: Approx.

Select patient preferences

Does patient have a preferred specialty?

! In which city would the patient like to be seen?

! Does the patient have a preference of provider gender?

Comments: 

Status:

[Show Additional Order Details](#)

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

 Home

Welcome to MyHealth Passport, a project of the SickKids [Good 2 Go Transition Program](#). MyHealth Passport is a customized, wallet-size card that gives you instant access to your medical information. It can be used when you go to a new doctor, visit an emergency room or are writing your first novel and want the names of your medications for your hero.

Start by filling out the information below.

CREATE PASSPORT

Passport

MyHealth Passport was conceived and created by Miriam Kaufman BSN MD FRCP
Special thanks is given to Crescan Internet Solutions Inc. Their assistance and support helped make MyHealth Passport possible.

The Hospital for Sick Children is not responsible for the information that you put into this passport or any use you put it to.



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?

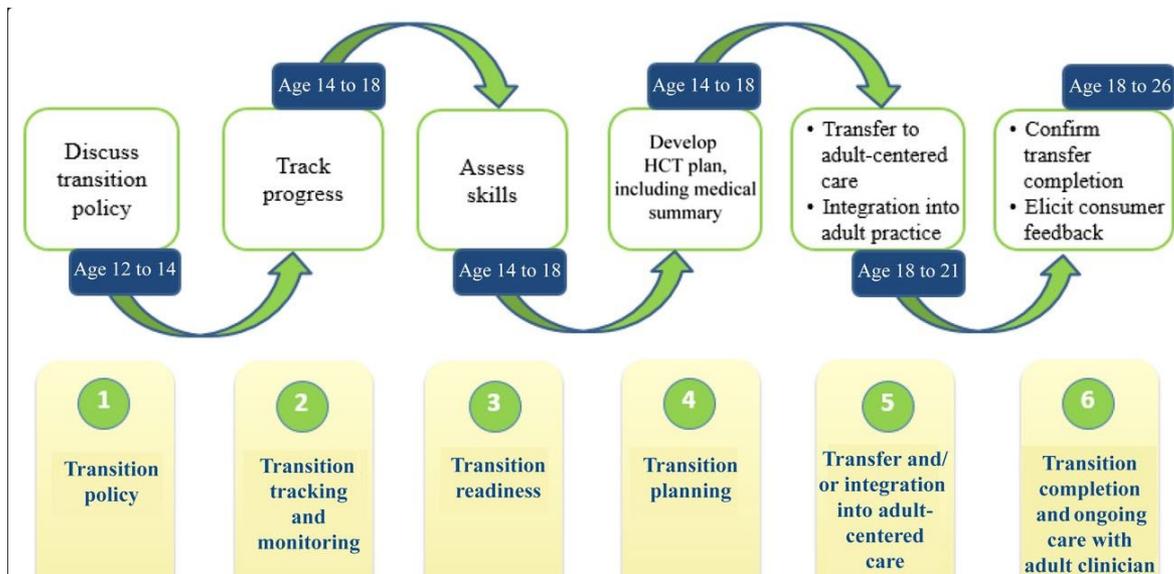
Discussion

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



Summary

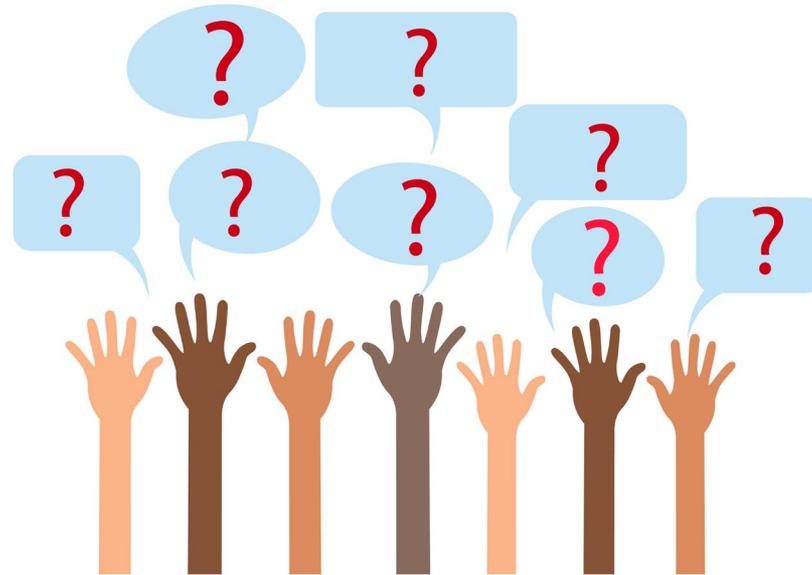
- A **structured transition process** can lead to **improved outcomes**
- Remember your **6 core elements** and **timeline**



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



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References

- 1.1. Sharma N, O'Hare K, Antonelli RC, Sawicki GS. Transition care: future directions in education, health policy, and outcomes research. *Acad Pediatr*. 2014;14(2):120-127
2. Sawicki GS, Lukens-Bull K, Yin X, et al. Measuring the transition readiness of youth with special healthcare needs: validation of the TRAQ-Transition Readiness Assessment Questionnaire. *J Pediatr Psychol*. 2011;36(2):160-171
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4. 4. Gabriel P, McManus M, Rogers K, White P. Outcome evidence for structured pediatric to adult health care transition interventions: a systematic review. *J Pediatr*. 2017;188:263–269.e15
5. White PH, Cooley WC; Transitions Clinical Report Authoring Group; American Academy of Pediatrics; American Academy of Family Physicians; American College of Physicians. Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home. *Pediatrics*. 2018;142(5):e20182587
6. Got Transition Website. www.gottransition.org. Accessed August 8, 2019
7. My Health Passport Website. <https://www.sickkids.ca/myhealthpassport>. Accessed August 8, 2019

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