May 2019 Post: Transition from Pediatric to Adult Care
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18 yo female comes to office for Depo shot, plans to move and start college in 3 months, you realize that no one has discussed transition of care with her and that she has not yet identified an adult provider to assume her care.

Majority of youth (> 80%), both with and without special healthcare needs (SHCN), are not receiving adequate transition of care preparation. In addition, parents do not often appreciate need to enable youth to gain independence and participate in own healthcare.

This lack of structured preparation is detrimental to the health and well-being of young adults -- leads to problems with treatment and medication adherence, discontinuity of care, patient dissatisfaction, higher emergency department and hospital use, and higher costs of care.

Medical providers cite lack of adult clinicians, limited communication and/or coordination between pediatric and adult clinician, and SHCN or medical complexity as barriers to effective transitions.

How can pediatricians and families become more prepared?

Transition of care should begin as early as 12 years of age!

The AAP, ACP, and AAFP have developed a clinical report and an algorithm to educate providers.

Physicians can refer to Transitions of Care Toolkit developed by the ACP and even earn MOC Part IV credit by learning to improve transition of care for youth through participation in module. Resources include:
- Help developing a transition of care policy for office including template
- Instructions on how to create an office transition registry and tracking patients
- Sample transition of care readiness assessments for patients
- How to create a transition package
- Coding and Reimbursement Tip Sheet to get paid appropriately for work

Involve Parents and families as well - refer them to GotTransition.org or have them review a transition checklist developed by Seattle Children’s Hospital.

Kentucky has our own pediatric to adult transition resources website for children with SHCN.