Pediatric Health Care Setting Goals

1. Transition Policy: A policy about the system's approach to transition is developed and in place at all system levels, including privacy and consent information at age 18 and at age of transfer. It should be developed with consumer input and shared and discussed with youth and families beginning at ages 12-14 and regularly reviewed as part of ongoing care.

2. Transition Readiness: A standardized, scorable tool to determine youth's understanding of self-care and use of health care that was begun with each youth at age 14 and caregiver and periodically reassessed by the pediatric provider.

3. Transfer of Care: The system should require providers to make the following documents available to the youth's new provider who serves adult patients: cover letter, final transition readiness assessment, updated plan of care, updated medical summary and emergency care plan, legal documents if needed, a condition fact sheet, and additional provider records. There should also be a process in place to confirm with the adult provider residual responsibility for patient care until the young adult is seen in the adult care setting.

4. Transfer Completion: The system should ensure that there is communication with the adult provider confirming transfer and offering pediatric consultation assistance as needed. The system should contact the young adult/caregiver confirming transfer of care and eliciting feedback on experience with transition process.

How has this domain been used?

About 90 percent of surveyed Title V officials indicated this domain was one of the most useful domains of the National Standards for CYSHCN.

Examples of how states have used this domain:

Massachusetts is using this domain as a framework to explore the feasibility of using its new accountable care organization model to support transition of youth with special health care needs from pediatric to adult health care settings.

Michigan added specific health care transition contract language that ensures that Medicaid health plans and their medical providers have adopted transition policies and currently utilize an evidence-informed transition assessment when working with adolescents who are transitioning to adult health care providers.

Adult Health Care Setting:

1. Young Adult Transition and Care Policy: The system should have a policy/statement about the practice's approach to accepting and partnering with new young adults, developed with consumer input and shared and discussed with the young adult at the first visit and regularly reviewed as part of ongoing care.

2. Orientation/Integration into Adult Practice: The system should identify and list adult providers interested in caring for new young adult patients and have a young-adult-friendly process for welcoming and orienting them into the adult providers' practices and identifying any special needs and preferences. The system should document if the adult providers received the transfer documents.

3. Initial Visit: The system should develop an initial visit plan that includes addressing the young adult's concerns about transfer, clarifying adult approach to care, conducting self-care assessment, reviewing young adult's health priorities as part of a current plan of care, and updating and sharing medical summaries and emergency care plans.

4. Ongoing Care: The system should communicate with pediatric practices to confirm transfer into the adult practice and need for pediatric consultation assistance, assist young adults with connections to adult specialists and other support services, provide ongoing development of self-care skills and care management, and elicit feedback from young adults about their experiences with health care.

Aligned Quality Measures

Counseling on transition self-management (composite).
Counseling on prescription medication (composite).
Counseling on prescription medication (composite).
Percent of children with special health care needs (C SHCN), ages 0 through 17, who receive care in a well-functioning system (composite).

Did you and this provider talk about whether you may need to change to a new provider who treats mostly adults?

Did you and this provider talk about how your health insurance might change as you get older?

How often did you schedule your own appointments with this provider?

Did you and this provider talk about you scheduling your own appointments with this provider instead of your parent or guardian?