A Bridge for Continued Care: Creating an Adolescent and Young Adult Transition Process

Maria N. Sagastizabal-Kelly, MD
Jeffrey Scott MBA, Sarah Lloyd, Angela Urtknowski RN, Dawn Baker APRN

BACKGROUND & SIGNIFICANCE

Introduction

- Transition of care is a multifaceted, active process to prepare adolescents medically, psychologically and educationally for an adult health care delivery model.
- Studies demonstrate that adolescents do not receive adequate support during the transition process, specifically those with special health care needs.

Significance

- There are 9,092 pediatric patients, age 16-21, within the University of Florida (UF) Health care system that should be actively engaged in transition planning.
- AT UF Health, there is no defined process to transition adolescents and young adults to adult primary and specialty care models.

Objectives

- The objective of the ELAM Institutional Action Plan (IAP) is to establish an Adolescent and Young Adult Transition Process that directly aligns with UF Health's Patient Care Pillar.
- This process must:
  - Prepare patients and parents for transition to adult primary and specialty care models.
  - Improve patient satisfaction with the transition process.
  - Retain young adult patients within the UF Health organization.
  - Create an institutional framework for adolescent transition for both pediatric primary care and subspecialty programs.

METHODS, APPROACH & EVALUATION STRATEGY

EXPLORE PRACTICE
Conduct a pre-implementation assessment of UF Health's transition practices

STAKEHOLDERS
Recruit a group of interdisciplinary stakeholders to identify and help create a best practice model

EMR INFRASTRUCTURE
Create an EPIC infrastructure to facilitate and track the adolescent transition process

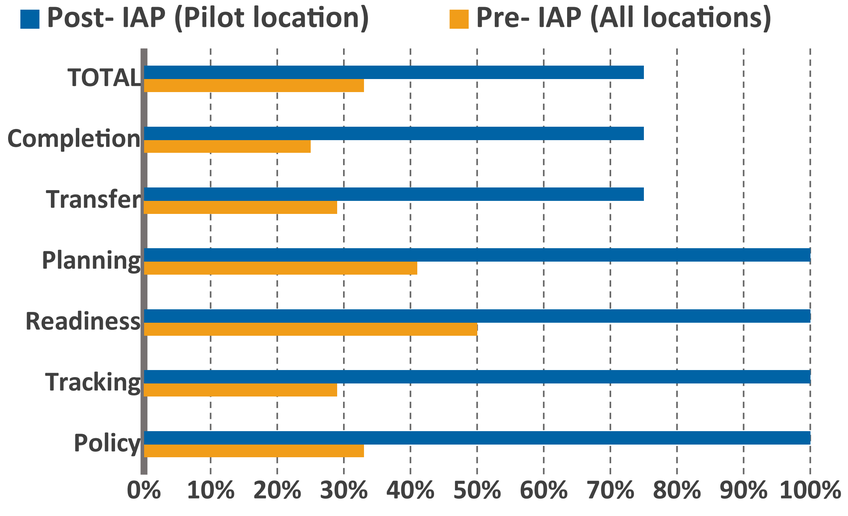
TIMELINE
Establish a timeline to integrate the process into pediatric primary care & subspecialty programs

PILOT & OPTIMIZE
Pilot and optimize the transition process in a pediatric primary care setting

EXPAND & ENHANCE
Expand and enhance the process to all pediatric primary care & subspecialty programs

OUTCOMES & STATEMENTS OF IMPACT

UF Health Utilization Of Transition Best Practices



Conclusions & Impact

- We have created, and are actively piloting, a Adolescent and Young Adult Transition Process that utilizes best practices for transition. Thus far, our process has accomplished the following:
  - ✓ **KEY POINT 1:** Retains patients within the UF Health organization
  - ✓ **KEY POINT 2:** Improves compliance with medical home certification and contractual agreements
  - ✓ **KEY POINT 3:** Improves patient satisfaction with the transfer process
  - ✓ **KEY POINT 4:** Creates continuous access to medical care
- To generate maximal impact, the next step is to expand the transition process to all pediatric primary care and subspecialty programs.

References

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2. 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 Nov;142(5).
3. Mahan JD, Betz CL, Okumura MJ, Ferris ME. Self-management and Transition to Adult Health Care in Adolescents and Young Adults: A Team Process. Pediatr Rev. 2017 Jul;38(7):305-319.

ABSTRACT: 2022 ELAM Institutional Action Project

Project Title: A Bridge for Continued Care: Creating an Adolescent and Young Adult Transition Process

Name and Institution: Maria Kelly M.D., University of Florida

Collaborators: Jeffrey Scott, Sarah Lloyd, Angela Urtknowski, Dawn Baker

Topic Category: Clinical Care

Background, Significance of project: Transition of medical care is a multifaceted, active process that attends to the medical, psychosocial and educational needs of adolescents as they transition from a child to adult-centered model of care. Studies demonstrate that adolescents, especially those with special health care needs, do not receive adequate support during this transition. Although there are 9,092 pediatric patients between the ages of 16-21 at University of Florida clinics, there is no defined process to transition them to an adult model of care. A pre-implementation transition assessment revealed best practice compliance scores ranging from 7-14 of a possible 32 points. Deficiencies were readily apparent for all steps including transition policy, tracking/monitoring, transition readiness, transition planning, transfer of care and transfer completion.

Purpose/Objectives: The goal of this project is to establish a successful adolescent transition process that directly aligns with the Patient Care Pillar in our institution's strategic plan. This project serves to prepare patients and parents for this important transition, improve patient satisfaction with the process, retain young adult patients within our institution, and ultimately create continuous access to medical care. The short-term project objectives are to create an institutional framework for adolescent transition that can be enhanced as the process expands to each pediatric primary care and subspecialty program.

Methods/Approach/Evaluation Strategy:

- Recruit interdisciplinary stakeholders to create a best practice model for adolescent transition (complete)
- Create and/or implement best-practice tools (transition policy, readiness assessments and targeted education materials) (complete)
- Create EMR technology infrastructure to facilitate and track the transition process (complete)
- Establish a timeline to achieve transition integration into all pediatric primary care clinics and subspecialty programs (complete)
- Pilot the transition process in a pediatric primary care setting (in progress)
- Expand the transition process to all pediatric primary care and subspecialty programs (future goal)

Outcomes/Results: Once the adolescent transition process is piloted, refined, and expanded to all pediatric primary care and subspecialty programs, our goal will be achieved. Although minimal best practices were previously utilized, UF pediatric clinics now have a formal transition policy, EMR transition infrastructure, regularly assigned transition readiness assessments, patient educational materials to address gaps, and identification of adult primary care physicians/sites to assume care following transition. In addition, an RN health coach has been trained to assist in the transition process for pediatric primary care clinics. Our pilot location currently scores a 24 of a possible 32 best practice compliance points (previously 9).

Discussion/Conclusion with Statement of Impact/Potential Impact: The creation of a successful adolescent and young adult transition process will retain young adult patients within the UF institution, improve patient satisfaction with the transition process, enhance compliance with medical home certification and contractual agreements and, most importantly, create continuous access to medical care for our young adult patients.