Roadmap for Transitioning Adolescents from a Pediatric to an Adult Practice

The process of transitioning adolescent patients and their families to adult health care providers can be as easy or as complicated as the patient's health care needs. While the process of transitioning an uncomplicated adolescent from a pediatric to an adult practice is generally straightforward, it is worthwhile to keep certain concepts and issues in mind. For the complicated patient, both the timing of planning for this process as well as the steps to be accomplished may be much longer.

For the purpose of this roadmap, an uncomplicated adolescent patient is defined as:

- one who has either no chronic problems or at most, one or two relatively straightforward problems (e.g., asthma, ADHD, allergic rhinitis)
- sees no more than one or two consultants and
- is on no more than two or three chronic medications.

An adult provider is either an internist, a family practitioner, or a med/peds physician.

Major issues to consider for both uncomplicated as well as complicated adolescents fall into the following categories:

1. What to discuss at what age?
2. Insurance issues
3. Guardianship issues (if applicable)
4. When will transition to the new provider occur?
5. ED and hospital rules on transition
6. Finding a new primary care provider
7. Determining if a new consultant/specialist is needed and finding one if indicated

Uncomplicated patient age segments

For the uncomplicated patient, it may be best to break up the planning into two age groups, with different tasks in each. The first group is from 15-17 years old and the second is from 18–21 years old.

The 15-17 age group is significant because, in some cases, visits for these adolescents may be the last they have with their provider. It is, therefore, an important opportunity to address these issues. For those that continue on with their pediatrician, there are clear issues to discuss during the 18- to 21-year-old window. It is assumed that these adolescents visit their providers, ideally for a well child visit, and have an opportunity for dialogue.

Complicated patients

In the case of complicated adolescents, planning should start even earlier on all of the items listed for uncomplicated patients, as well as other issues that may be involved. (See those listed under "Complicated patient (any age)" below).

This document is set up to facilitate a review of the appropriate information with families and as a take-home tool for their ongoing review. It was prepared by Sheldon Berkowitz, MD, FAAP, medical director of the Minneapolis Children's Clinic – Children's Hospitals and Clinics of Minnesota, in October, 2008 – together with input from a large group of interested community individuals

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Uncomplicated patient — 15-17 years old:

1. Transition timing/Post high school graduation plans – this will help to determine anything further that needs to be completed now. For instance, if the adolescent plans to continue on to college – insurance may not be an issue (see below).
2. Insurance – most commercial insurance plans allow an adolescent to remain on their parent's insurance plan until they are 19 years old (in some cases to 24 years old) and longer if they are a full-time student. Families should contact their insurance provider to get more information. If the patient is on MA or MN CARE, they should contact their Economic Assistance caseworker. If they will not be covered by their parent's insurance, COBRA or private insurance plans may be an option. If the adolescent has chronic medical problems, clarify if they will continue to be covered (See "Complicated patient (any age)" below for more information.)
3. If the adolescent may be in need of a guardian after they turn 18, the process may need to start now. (See "Complicated patient (any age)" below for more information.)
4. Ensure that all immunizations are up to date, including meningococcal vaccination, HPV vaccination as well as dTaP.
5. Ensure the adolescent has an understanding of any chronic health problems he/she may have. If he or she is not already aware of how to manage these problems, help educate them. A valuable Web site with materials that can assist in these transitions is www.hctransitions.ichp.ufl.edu.
6. Discuss practice rules of how long the adolescent may continue in the practice and any limitations to continuing there (e.g., gynecological needs).

Uncomplicated Patient — 18-21 years old:

1. Transition timing: Continue discussion for plans after high school graduation. If the patient will be going away to college, but returning home during vacations, a discussion about whether the transition to an adult provider should occur before the adolescent leaves for college. If they will remain with their current provider for the time being, a discussion about what care the primary care provider will or will not provide needs to occur.
2. Insurance – clarify coverage for after the adolescent turns 19 (see "Uncomplicated patient — 15-17 years old" above for more information).
3. Guardianship issues — if necessary. (See "Complicated patient (any age)" below for more information.)
4. Discuss practice rules for how long the adolescent can continue to be seen.
5. Discuss ED and hospital rules for how long the adolescent can continue to be seen and give the family suggestions for which ED/hospital to use, if necessary.
6. Discuss possible providers to whom to transition. If the provider is part of a multispecialty group, a family practice, or med/peds setting, then a referral to an adult provider may either be easy or, in the case of a family practitioner or med/peds provider, unnecessary. If the adolescent is being seen in a pediatric practice, the pediatrician may have suggestions regarding adult providers they refer to or may direct the family to consult with their health plan for suggestions.
7. The current provider can facilitate communication with the new provider, and if the adolescent has chronic problems, can possibly send a summary to the new provider.
8. If the adolescent is also seeing consultants, discuss with those specialists whether they will continue to see the patient and, if not, at what age they must transition. The specialists may also be able to help identify a new specialist — possibly in their same group.
9. Schedule a time for a final visit. This may not be necessary if the relationship with the pediatrician has not been a long-term one.
10. Consider giving enough medications and refills to last until the new relationship is established.

Complicated patient (any age):

1. The entire process may need to start earlier — perhaps at 14 years old. This is the age that in Minnesota, schools will start to address a variety of transition issues (e.g., employment, home/independent living, post-secondary education, etc.)
2. Insurance issues: As referenced in the uncomplicated patient roadmap, some patients may no longer be covered on their family's insurance after their 19th birthday. Information should be available by contacting the family's private insurer (or employer/benefit manager, if insurance is through a parent's employer) or an economic case worker (if the patient is on MA or MN Care). If the patient is cared for in a hospital-based clinic, then a clinic social worker or someone from financial services may be helpful.
3. Guardianship: If this will be necessary for the patient after they turn 18, the process should start early. If the family has an attorney, that person can probably help advise the family. If the family does not have an attorney, they may want to contact any of the following for assistance:
    - Arc of Minnesota — Advocacy and support group for people with intellectual and other developmental disabilities and their families (651-523-0823 or 1-800-582-5256).
    - Minnesota Association of Guardianship and Conservatorship (MAGIC) has a helpful Web site: www.minnesotaguardianship.org
    - County Social Services and Probate Courts may also be helpful.
4. Rules regarding age for absolute transition, both from practice as well as from ED and/or hospitals should be started early so the family can be prepared. Additional psychosocial support may be needed as the patient and family may be very attached to the provider.
5. New providers: Both adult primary and subspecialty care providers may need to be identified. In addition, if the adolescent is receiving therapies (e.g., OT, PT, ST), the family should check to see if there is an age cutoff for continuing these therapies. If there is, are there adult therapy providers that can be recommended?
6. Durable Medical Equipment (DME) vendors and home care agencies: Check with them to see if there are age cutoffs. If there are, what agencies can continue to provide the necessary care?
7. If appropriate, have discussions with family about advanced directives, Allow Natural Death/Do Not Resuscitate (AND/DNR) orders.