Got Transition is excited to announce the creation of a new National Young Adult Transition Advisory Group to advise the organization on young adult perspectives on health care transition. The advisory group consists of young adults with and without disabilities between the ages of 18-25 that are diverse in their ages, geographic locations, and ethnic backgrounds. They represent a unique group of national and state organizations, including Able South Carolina's Center for Independent Living, Allies Cultivating Change by Empowering Positive Transformation/University of Texas (Austin), Bacchus/Furman University, California Department of Social Services, Foster Club, Kids as Self Advocates, Special Olympics International, The Arc, United Cerebral Palsy, Young Invincibles, and Youth Move National. As part of the advisory group, members will ensure that young adult perspectives are included in Got Transition's plan moving forward. They will provide a critical voice in reviewing tools designed to educate and inform young adults on the importance of health care transition, guide social media and other communication platforms, and help strengthen Got Transition's partnerships with their organizational affiliates. Through quarterly conference calls, virtual trainings, and leadership development, Got Transition's new National Young Adult Transition Advisory Group will play a critical role in ensuring that the voices of young adult consumers are heard in the development of health care transition resources and processes.
Got Transition continues to work with several large health systems (University of Rochester, Henry Ford Health Systems, Cleveland Clinic, HealthPartners, and Walter Reed Medical Center) to implement the Six Core Elements of Health Care Transition. As part of our ongoing newsletter series, Got Transition has interviewed Dr. Brett Robbins (Program Director, Adolescent Medicine Division), who discusses the University of Rochester Medical Center's (URMC) implementation of the Six Core Elements in several subspecialty clinics. The URMC is an integrated academic health center that comprises The School of Medicine and Dentistry, including over 2,000 clinical faculty members from 32 departments and centers. In 2013, URMC formed Accountable Health Partners, an ACO made up of URMC faculty, hospitals, and community PCPs and specialists.

**Q: What made the University of Rochester (UR) undertake a health care transition (HCT) improvement process?**

A: It was a key component of the Department of Pediatrics strategic plan, identified by half of the subspecialty divisions. Based on our results using the Current Assessment of Health Care Transition from the Six Core Elements, we documented the lack of a systematic transition process in our system. UR wanted to improve quality of care to patients in this age group, quickly seeing how they can drift away from health care and often end up without adult health care.

**Q: What clinical process changes has University of Rochester subspecialty clinics made to ensure that young adults move from pediatric to adult health care?**

A: We chose the Six Core Elements approach and over 17 months piloted a HCT quality improvement (QI) process in 3 subspecialty clinics: diabetes, cystic fibrosis, and sickle cell disease. The Six Core Elements have been incorporated into these divisions' workflows, and it has resulted in trusting and collaborative relationships between pediatric and internal medicine specialists.

**Q: Have the health care transition changes shown any positive results?**

A: We transferred twice as many patients to adult specialists in the QI pilot compared to baseline and we decreased the time between the last pediatric specialty visit and the initial adult specialty visit. The providers were very satisfied with the process, and they are continuing the process on their own.

**Q: What are the main lessons learned from this work?**

A: The Six Core Elements really do work to improve health care transition. You need both adult and pediatric providers working together in the QI process from the start to build the relationships, understanding, and trust needed to make the transition work. We applied several metrics from the Six Core Elements, our own utilization data, and qualitative surveys to participating providers to measure progress and to guide continued improvements.

**Q: What are the next steps for this health care transition effort?**

A: Additional subspecialty divisions have asked to be included in the Six Core Elements QI process as well. Importantly, also, our ACO is supporting a pilot using the Six Core Elements in primary care practices in Western New York.
The American College of Physicians (ACP), representing over 143,000 internal medicine specialists, subspecialists, residents, fellows, and medical students, released specialized toolkits to facilitate more effective transition and transfer of young adults into health care settings. The new transition toolkits contain several condition-specific tools modeled after Got Transition's Six Core Elements of Health Care Transition.

- General Internal Medicine (for young adults with intellectual/developmental disabilities and those with physical disabilities)
- Cardiology (congenital heart disease)
- Endocrinology (type 1 diabetes, turner syndrome, growth hormone deficiency)
- Hematology (general hematology, sickle cell disease, hemophilia)
- Nephrology (end-stage renal disease)
- Rheumatology (juvenile idiopathic arthritis, systemic lupus erythematosus)
- Gastroenterology (inflammatory bowel disease - coming soon)

Led by Dr. Carol Greenlee, the Chair of the ACP's Council of Subspecialty Societies, this project was a collaborative effort with Got Transition, the Society of General Internal Medicine, the Society for Adolescent Health and Medicine, and the American Academy of Pediatrics to address gaps that often occur in the transition process from pediatric to adult health care. Learn more about ACP’s Pediatric to Adult Care Transitions Initiative HERE.

Save the Dates: Annual Health Care Transition Conferences in Houston, TX

** 8th Annual Health Care Transition Research Consortium Symposium (October 25-26, 2016)
** 17th Annual Transition from Pediatric to Adult-Based Care Conference (October 27-28, 2016)

These two collaborative conferences, both located at the Baylor School of Medicine, represent the major national and international transition meetings. The Health Care Transition Research Consortium Symposium will feature new research on consumer transition experience, quality improvement, provider and consumer education, outcomes and readiness measures, and self-management. The Transition from Pediatric to Adult-Based Care Conference has an agenda that includes a current state-of-the-art on transition, international initiatives, legal issues and payment innovations, EHR options, consumer perspectives, and adult practice strategies for accepting new young adult patients, public health transition efforts, and more. These conferences are approved for AMA PRA Category I Credits which will be co-provided by Baylor College of Medicine and Texas Children’s Hospital Association.