



How to Implement the Six Core Elements of Health Care Transition™ 3.0

Introduction..... 2

How to Use this Implementation Guide 2

Step 1
Secure Senior Leadership Support..... 3

Step 2
Form the HCT Quality Improvement Team..... 4

Step 3
Develop an HCT Improvement Plan 5

Step 4
Raise Awareness about HCT Activities 6

Step 5
Implement the Six Core Elements of HCT 7

Step 6
Plan for Sustainability..... 8

Step 7
Plan for Spread..... 8

Step 8
Communicate Successes..... 8

Step 9
Tips for Success..... 9

➔ Introduction

The Six Core Elements of Health Care Transition™ (HCT) offer a structured approach for pediatric-to-adult transitional care recommended by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American College of Physicians (ACP) Clinical Report on HCT.¹ This approach incorporates a set of steps and sample tools for transition planning in pediatric care, transfer to adult care, and integration into adult care. Having a structured HCT process has been shown to significantly improve population health, patient experience, and health care utilization² and has been successfully incorporated into many different health care settings for youth and young adults with and without chronic physical, developmental, and behavioral health conditions.¹

The goal of the Six Core Elements approach is to guide systems of care and health care professionals and clinicians in improving the ability of youth and young adults to manage their own health and safely and effectively use health care as they transition to an adult approach to care and/or to an adult clinician, all while partnering with youth, young adults, and their families in the process. To implement the Six Core Elements, quality improvement (QI) methods are recommended. The Model for Improvement, developed by the Associates in Process Improvement, is one such framework (www.IHI.org), which is used in this implementation guide. This guide can be used as a resource for payers, managed care organizations, health care systems, public health professionals, and individual clinicians as they implement a structured HCT improvement process.

➔ How to Use This Implementation Guide

This guide is a supplement to the [Six Core Elements](#). It is organized into nine steps that a health care delivery system or individual practice can consider when implementing a QI process for HCT.

To start, select the Six Core Element package(s) appropriate for your system/practice:

- [Transitioning Youth to an Adult Health Care Clinician](#) for use by pediatric, family medicine, and med-peds clinicians
- [Transitioning to an Adult Approach to Health Care Without Changing Clinicians](#) for use by family medicine and med-peds clinicians
- [Integrating Young Adults into Adult Health Care](#) for use by clinicians caring for adults, including family medicine and med-peds clinicians

Systems/clinicians can draw on the practical ideas presented in this guide when developing a HCT implementation plan, when experiencing challenges, or when the way forward seems unclear. The plan should be customized to fit the system/practice resources, patient population, health care setting and the local context. For example, the scope of Pediatrics/Internal Medicine/Family Medicine/General Practice is different in different countries and thus the transition process needs to be locally adapted.

Note: The term “practice” will be used generically throughout the guide, and some of the points in each of the steps need to be interpreted in light of the size of your practice/health care delivery or public health system/program.

The implementation steps are outlined below with suggested strategies and tips and include:

- Step 1:** Secure Senior Leadership Support
- Step 2:** Form the HCT Quality Improvement Team
- Step 3:** Develop an HCT Improvement Plan
- Step 4:** Raise Awareness About HCT Activities
- Step 5:** Implement the Six Core Elements of HCT
- Step 6:** Plan for Sustainability
- Step 7:** Plan for Spread
- Step 8:** Communicate Successes
- Step 9:** Tips for Success

➔ **Step 1: Secure Senior Leadership Support**

Obtaining senior leadership support within your system or practice before your HCT QI project starts, or shortly thereafter when you have identified the key HCT gap areas in your system/practice to focus on, is essential. To gain their support, align your HCT priorities with existing practice, departmental, or health system priorities – e.g., discuss how investing in HCT will help with retention of young adult patients, improve patient satisfaction, meet criteria for medical home certification, and increase adolescent and young adult primary care access and preventive care use. In addition, provide data on the need for HCT, such as the number of youth who will need transition services over the next 5 years in your system/state/practice or the percentage of youth not receiving HCT services from health care providers in your state from the National Survey of Children’s Health. Make leadership aware of the evidence that population health, satisfaction, and utilization outcomes are improved with a structured HCT approach. Further, have the practice/system of services fill out Got Transition’s Current Assessment of HCT Activities to show where the practice/system of services is in implementing the evidence-informed Six Core Elements approach. Be sure to share any data about HCT gaps in your practice/system of services in a clear, concise manner. Personal stories about youth/young adults/parents/caregivers experience with HCT are useful as well.

Gaining explicit support of key senior leader(s) who are in a position to develop long-range goals means they are willing to:

- Back the project publicly and actively
- Align with other strategic activities
- Ensure dedicated time for both administrative support and the clinical transition improvement team to pilot incorporating the Six Core Element approach into the clinic process including utilizing appropriate billing codes³
- Ensure availability of resources, such as health information technology
- Endorse/guide expansion from pilot to full implementation
- Communicate with other senior leader counterparts when needed (e.g., between pediatric and adult institutions or settings)

➔ **Step 2: Form the HCT Quality Improvement Team**

Implementing and sustaining changes in your practice requires strong, effective partnerships. These partnerships should not only be within your practice but also with adult partners and community-based organizations. You will need a dedicated team. This team should be led by a practice employee who is vested with the authority to coordinate the team's efforts and implement practice changes. The most effective teams include representatives from clinical and administrative staff, and families, youth, and young adults.

A. Identify Team Members

Choose an energized and empowered team leader

The team leader must have both enthusiasm for QI and the clout to spearhead practice change. If the team leader is not part of the practice's senior leadership, senior leadership must make it clear that the team leader has the authority to lead. In addition, the team leader should be able to facilitate input from all team members, including families and youth/young adults.

Involve key stakeholders

Key stakeholders include, but are not limited to, pediatric care champion(s), adult care champion(s), care coordinators, parents/caregivers, and youth/young adults. Having a youth/young adult patient and/or parent/caregiver on the team is essential. These team members can provide invaluable first-hand insight on what they experience and how systems and communication can be improved. To identify youth/young adults and parents/caregivers consider the following:

- Ask for volunteers – including current youth or former young adult patients or parents/caregivers of transition-aged youth who are typical of your patient population – to join the HCT improvement team.
- Connect with a family based organization, such as the Family-to-Family Health Information Center in your area/state or other entity that could connect with/find youth/young adults and parents/caregivers.
- Provide compensation unless they are paid staff members.
- Be flexible about meeting times and modalities (phone, Skype) to accommodate participation.
- Consider recruiting more than one youth/young adult and parent/caregiver so their views and opinions are always represented.
- Articulate roles and provide training, if needed (including from other consumers who have taken leadership roles in the practice)

Include at least one motivated and respected representative from each area of your practice/system

In small practices, it often works best to include most or all of your clinical and administrative staff members. In large practices, it is important to include at least one representative from each area of your practice. Team members may include but are not limited to:

- Clinician
- Nurse
- Social worker
- Medical assistant
- Practice manager
- Front office staff
- Billing staff/payers
- Community-based organization that, for example, can assist in providing services in your transition process such as patient education.
- Public health programs that, for example, can assist by raising awareness around HCT needs and improving services
- Others (as part of the team or to participate on *ad hoc* basis) such as epidemiologists, care coordinator/key support staff, clinic support staff from both pediatric and adult practices/clinics, electronic medical record (EMR) representative, data administrator who can pull system/practice data to support the initiation and evaluation of the process, senior leader, or payer. While a data person and an EMR analyst don't need to attend all the meetings, they are critical as the process evolves, so plan on and budget their involvement early.

Tip: If you've done QI work before, build on former or existing teams to populate your HCT team.

Keep the size of your team manageable

A team with more than 12 members can make it hard to get things done.

B. Bring Team Members Together

- Have an initial meeting to introduce the topic and educate your team, introduce the Six Core Elements package and its sample tools, and review the goals of implementing HCT in your practice.
- Ask at least one or two team members to review the full Six Core Elements package carefully to become familiar with its contents.

C. Have Subsequent Meetings and Establish Routine Reporting

- Schedule regular team meetings. Frequent meetings may be needed at the outset (e.g., twice a month). Meetings can take place less frequently once your implementation activities are underway.
- Early on and throughout the process, it is important to clarify each team member's role and responsibilities.
- Report progress on a monthly basis in a templated format, including data, to the practice's senior leadership to maintain accountability and team engagement.

⇒ Step 3: Develop an HCT Improvement Plan

Prior to beginning your HCT improvement plan, assess your practice's current implementation of the Six Core Elements using Got Transition's Current Assessment of HCT Activities or HCT Process Measurement Tool (see [here](#)) to obtain a baseline. This will help your practice identify current strengths and areas for improvement. Once you assess your practice using either the

Current Assessment or HCT Process Measurement Tool, prioritize your area of focus. For example, you may decide to start with Core Element 1 and progress through each of the Six Core Elements, or your assessment may indicate you need a different prioritization. You do not need to focus on all of the Six Core Elements at the outset, nor do you have to aim to reach the highest score for each of the core elements you prioritize (e.g., Level 4 in the Current Assessment of HCT). It is important to develop goals that are realistic and achievable for your practice.

During the plan development process, keeping an eye on where the youth will transfer is important. Develop a strategy to maintain a database of interested adult providers, and who will curate it and how often. This will help all involved in the process.

To start the HCT improvement plan, use a known improvement methodology. The Model for Improvement has been adopted by many health care organizations for its simple but robust model (see [QI Primer](#) for more detail). Consider practice/system strategies or initiatives that can help to push the project forward.

Include an overall aim, specifying the following (see [QI Primer](#) for more detail):

- Scope (single clinic, primary care, specialty care, institution-wide)
- Population – e.g., all youth vs. youth with special health care needs vs. youth with selected conditions vs. all young adults 20 and over
- Timeline for improvement activities (what you need to do and how it will get done)
- Measurement plan (what data are needed to show improvement?) (see [here](#) for more information)

Note: The Current Assessment of HCT or HCT Process Measurement Tool can be used as part of that measurement plan to assess process improvements over time and fidelity to the Six Core Elements. Other measures could include an HCT experience survey, using for example Got Transition’s HCT Feedback Survey, that could be anonymously given out after the initial visit to the adult practice.

➔ **Step 4: Raise Awareness about HCT Activities**

Plan and conduct educational activities to help the members of your practice and youth, young adults, and parents/caregivers become more aware about transitioning youth to adult care, why it is important, how it affects your patients, and how you can work together to make transition improvements.

For example:

- Hold learning sessions over lunch or other already scheduled times to introduce professional recommendations and build buy-in for this work.
- Use the results from your baseline assessment of the practice’s implementation of the Six Core Elements to demonstrate the need.
- Try quick reminders to help your practice develop knowledge and skills in a particular area of transition. For example, some reminders could be having a list of potential adult providers or a laminated card that shows which specialists transition when.

- Discuss at practice team meetings, huddles, and other opportunities to teach and reinforce HCT strategies.
- Make information and resources readily available and visible to keep practice staff members and youth, young adults, and parents/caregivers engaged in transition work.
- Publicly display information (e.g., in the waiting room) and share resources to raise awareness of the importance of HCT to youth, young adults, and parents/caregivers.
- Find a bright spot – a youth who has made the transition and can help inform what worked and what were barriers.

➔ **Step 5: Implement the Six Core Elements of HCT**

Start by reviewing each of the Six Core Elements in light of what your assessment reveals and your decision about what areas to prioritize. Be sure the tools for each of the Six Core Elements go through a QI process, such as a plan/do/study/act (PDSA) cycle (see [QI Primer](#) for more detail), to ensure the staff, youth, and parents/caregivers have a chance to review, “try out,” make changes, and approve. Decide how to incorporate tools into clinic work flow and test in a similar PDSA cycle process so that if the clinician champion is not there, the transition process still moves forward.

The Implementation Guide for each of the Six Core Elements is organized into the following sections:

- I. Purpose, Objectives, and Considerations
- II. Quality Improvement Considerations, Tools, and Measurement
- III. Sample Tools
- IV. Additional Resources

Implementation guides for each of the Six Core Elements can be accessed [here](#).

In addition, the [QI Primer](#) contains additional examples and materials. It further outlines how to use improvement science to improve your transition process.

The QI Primer has the following sections:

- I. What is Quality Improvement?
- II. Selecting Improvement Projects
- III. Successful Teams
- IV. The Model for Improvement
- V. Measuring for Improvement
- VI. Tools for Improvement
- VII. Sustaining Improvement
- VIII. Spreading Improvement
- IX. Health Literacy
- X. Co-Production
- XI. Resources and References
- Appendix

→ **Step 6: Plan for Sustainability**

Once your data shows that you have reached the goal you set for six months you should think about sustaining your work. If not, it is common for processes to erode and in one or two years find yourself starting over.

There are five key strategies to support sustainability:

1. Assign a process lead. This person can be someone on the original team or another member in the practice. They are responsible for calling team meetings when needed, monitoring the data for any slippage, and planning any new tests that may need to be completed.
2. Hardwire the process into the practice. Make sure people are trained and know what to do and ensure training for new staff. Crosstrain critical steps of your process so success does not depend on one person. Encourage people to build generic tools that can be used across divisions.
3. Continue to measure but less frequently, eventually only twice a year.
4. Update your leadership periodically to keep the work visible. Finally, use the sustainability checklist found in the [QI Primer](#).
5. Consider the financial aspects of transition in creating your sustainability plan, e.g. better coding, the financial model used at your site (fee-for-service, accountable care, or value-based payment, etc.).

→ **Step 7: Plan for Spread**

Depending on how you implemented the core elements, you may need to plan for spread. Do you need to spread to other physicians, other practices, other specialties, or throughout a health care system? Create a plan for spread. Who is the target for the spread? Identify your opinion leaders, messengers, and allies. Is there both senior leadership and front line leadership for spread? Is improvement methodology understood by the target areas? Allow testing of any generic tools you've created and allow further adapting to the spread practices. You can spread one element at a time, or all six simultaneously. Identify a spread champion who can help the other providers and/or practices throughout the process. If possible, target your early adopter providers or practices first. Find your opinion leaders or influencers to help. Engage both front line leadership and formal leadership for resources. Identify what measures are needed to demonstrate successful spread. They may be the original measures, and/or any additional measures (see [here](#) for more information). Use the spread checklist found in the [QI Primer](#).

→ **Step 8: Communicate Successes**

There is a saying in improvement work: communicate five ways five times. Communication is critical in all aspects of the work. During testing, raise awareness so other practice members and patients are aware of the work. Use your run charts in breakrooms, on posters, etc. Honor those who are doing the front-line work. During implementation, communicate the wins and the progress within the practice. During sustaining, communicate the data, any new modifications, and continued wins. And finally during spread, communicate the timing, the

plan, the deliverables, and the specific changes to be spread. Find ways to communicate your success: post run charts, send newsletters to youth/young adults and parents/caregivers, apply to institutional quality events, consider publishing or presenting at regional or national programs, etc. If you have access, include public relations and marketing departments. Consider working with your state Title V program to communicate and disseminate your successes.

⇒ **Step 9: Tips for Success**

- Make sure there is a champion for transition improvement in the practice.
- Select which of the Six Core Elements to use based on your practice’s needs and capacities.
- Do not try to do too much too quickly. Practices that try to implement too many changes at once risk doing none of them well. Do not lose sight of the fact that your long-term goal is to redesign your systems to improve patient care, which takes longer than making incremental changes.
- Develop a registry so the team can keep track of the activities being offered to which youth/young adults.
- Connect with other transition improvement efforts regionally and/or nationally to learn and share best practices.
- Do not forget to measure and track progress for each core element. This step is critical to help you implement successful transition changes in your practice.
- Linking implementation activities for two or more of the Six Core Elements can foster efficiencies and bring about added clarity and connectedness for your practice staff.
- Choose Core Elements that can build on or complement other QI and/or practice transformation efforts, such as Patient-Centered Medical Home certification. Connecting these efforts can help staff to see transition work as a logical extension to existing efforts.
- Communicate progress regularly. Ways to do this include updates at staff and team meetings, posters in the waiting room explaining the project, participation in a learning collaborative, or direct reporting to a practice improvement committee. These activities can help build and support for this work.
- Plan a process that starts early (ages 12-14), but also plan a fast track process for “20-21 year olds” still in the pediatric system who need to transfer within the next year.
- It is important to have early wins to test the process. Consider not beginning with youth/young adults with complex conditions as the initial pilot population as they often require multiple transfers.

¹ White, PH, Cooley, WC, Transitions Clinical 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;142(5):e20182587.

² Schmidt A, Ilango SM, McManus MA, Rogers KK, White PH. Outcomes of pediatric to adult health care transition interventions: An updated systematic review. *Journal of Pediatric Nursing*. 2020;51:92-107.

³ McManus M, White P, Schmidt A, Kanter D, Salus T. *2020 Coding and Reimbursement Tip Sheet for Transition from Pediatric to Adult Health Care*. Washington, DC: Got Transition and American Academy of Pediatrics, March 2020.



Suggested Citation: White P, Schmidt A, Ilango S, Shorr J, Beck D, McManus M. *How to Implement the Six Core Elements of Health Care Transition™ 3.0*. Washington, DC: Got Transition, The National Alliance to Advance Adolescent Health, July 2020.

This *How to Implement the Six Core Elements of Health Care Transition™ 3.0* resource was created by Got Transition in conjunction with Atrium Health's Levine Children's Center for Advancing Pediatric Excellence by Laura Noonan, MD and Sarah Mabus, MLA.

Got Transition® is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number, U1TMC31756. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.

For more information about our work and available publications, contact our office at info@GotTransition.org.

Copyright © 2020 by Got Transition®. Non-commercial use is permitted but requires attribution to Got Transition for any use, copy or adaptation.

THE NATIONAL ALLIANCE TO ADVANCE ADOLESCENT HEALTH
1615 M Street NW, Suite 290, Washington DC 20036 | 202.223.1500
www.GotTransition.org