



Current Assessment of Health Care Transition Activities for Integrating Young Adults into Adult Health Care

Six Core Elements of Health Care Transition 2.0

Introduction

Got Transition has developed two different measurement approaches, described below, to assess the extent to which the *Six Core Elements of Health Care Transition 2.0* are being incorporated into clinical processes. Both are aligned with the AAP/AAFP/ACP's Clinical Report on Transition and the *Six Core Elements*. These instruments are available at www.GotTransition.org.

Current Assessment of Health Care Transition Activities

This is a qualitative self-assessment method that allows individual providers, practices, or networks to determine the level of health care transition support currently available to young adults transitioning from pediatric to adult health care. It is intended to provide a current snapshot of how far along a practice is in implementing the *Six Core Elements*.

Health Care Transition Process Measurement Tool

This is an objective scoring method, with documentation specifications, that allows a practice or network to assess progress in implementing the *Six Core Elements* and, eventually, dissemination to all young adults ages 18–26. It is intended to be conducted at the start of a transition improvement initiative as a baseline measure and then repeated periodically to assess progress.

Instructions for completing the Current Assessment of Health Care Transition Activities

Each of the *Six Core Elements* can be scored between **1 (basic)** and **4 (comprehensive)**.

If the level is partially but not fully completed, scoring should be at the lower level.

A table to total scores is available on the final page of this tool.



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Six Core Elements of Health Care Transition 2.0

Element	Level 1	Level 2	Level 3	Level 4	Score
1. Young Adult Transition and Care Policy	Clinicians vary in their approach to new young adult patients, and most often approach new young adults as any new patient group, requesting that they complete new patient information forms.	Clinicians follow a uniform, but not a written health care transition policy about the practice's approach for accepting new young adults, assisting them in gaining knowledge of the adult health care system.	The practice has a written health care transition and care policy or approach, developed with input from young adults, which describes the practice's approach for partnering with new young adult patients and explains privacy and consent in understandable language.	The practice has a written health care transition and care policy or approach, developed with input from young adults, and it is publicly displayed and discussed with new young adult patients. All staff are familiar with the policy.	
2. Tracking and Monitoring	Clinicians have no mechanism to identify new young adults in the practice and their level of self-care skills.	Clinicians use patient charts to record certain relevant transition information (e.g., medical summary, self-care assessment).	The practice has an individual transition flow sheet or transition registry for identifying and tracking new young adult patients, or a subgroup of young adults with chronic conditions, as they progress through and complete some but not all transition processes.	The practice has an individual transition flow sheet or registry for identifying and tracking new young adult patients, or a subgroup of young adults with chronic conditions, as they progress through and complete all <i>Six Core Elements of Health Care Transition</i> , using EHR if possible.	
3. Transition Readiness/Orientation to Adult Practice	Clinicians have no welcome process tailored to new young adult patients, and there is no organized process within the practice to identify clinicians interested in caring for young adults.	Clinicians within the practice have self-selected to accept new young adult patients, and the practice makes available general introductory information for all new patients of all ages.	The practice has a list of providers interested in caring for young adults that it shares with new young adult patients and pediatric practices. It also makes available general introductory information for all new patients.	The practice has a packet of materials tailored to young adults orienting them to the practice and including a list of providers interested in caring for young adults. The practice offers get-acquainted appointments, if feasible.	
4. Transition Planning/Integration into Adult Practice	Clinicians vary in whether they request previous records before seeing a new young adult patient.	Clinicians receive and review previous records prior to seeing new young adult patients and determine if any special accommodations are needed.	The practice ensures receipt of complete transfer package (including final readiness assessment, medical summary, emergency plan, and, if needed, legal documents, and condition fact sheet) for each transitioning young adult patient and determines if special accommodations are needed.	Prior to the first visit, the care team makes a pre-visit call to all new young adult patients, reviews the transfer package (including final readiness assessment, medical summary, emergency plan, and, if needed, legal documents, and condition fact sheet) and communicates with the pediatric practice.	

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Current Assessment of Health Care Transition Activities for Integrating Young Adults into Adult Health Care (continued)

Six Core Elements of Health Care Transition 2.0

Element	Level 1	Level 2	Level 3	Level 4	Score
5. Transfer of Care/Initial Visit	Clinicians vary in addressing self-care needs and health priorities among new young adult patients.	Clinicians discuss young adults' concerns about transferring to a new adult provider, the distinctions in adult-centered care from pediatric care, and self-care needs and health priorities.	Prior to the first visit, clinicians review young adult's transfer package (including final transition readiness assessment, medical summary, emergency plan, legal documents, and condition fact sheet), and during the first visit, partner with the young adult patient in reviewing self-care needs and priorities, unique aspects of adult-centered care, and concerns about changing from pediatric to adult care.	The practice uses a standardized self-care assessment tool and incorporates self-care assessment into a plan of care template in its EHR. Clinicians partner with young adults in updating their plan of care, reviewing unique aspects of adult-centered care, and concerns about changing from pediatric to adult care. The young adult's plan of care is accessible to them.	
6. Transfer Completion/Ongoing Care	Clinicians rarely communicate with and/or seek consultation assistance from pediatric providers after transfer.	Clinicians are responsive to pediatric transfer requests, but generally do not follow-up for consultation assistance. Adult providers assist new young adult patients in identifying adult specialty providers.	The practice has an organized process to ensure that adult clinicians receive consultation support or training for childhood-onset conditions. Adult providers assist new young adult patients in identifying adult specialty providers.	The practice consistently works with pediatric practices to consult and co-manage care of young adults with complex conditions and assists new young adult patients in connecting with adult specialists and community resources. The practice also elicits feedback about young adults' experience with care.	
Young Adult Feedback	The practice has no formal process to obtain feedback from young adults about transition support/assistance.	The practice obtains feedback from young adults using a transition feedback survey.	The practice involves young adults in developing or reviewing the transition feedback survey.	The practice involves young adults in developing strategies to address areas of concern identified by the transition feedback survey.	
Young Adult Leadership	Clinicians provide young adults with tools and information about the adult approach to health care.	The practice involves young adults in creating and implementing education programs for practice staff related to the care of young adults.	The practice includes young adults as active members of a young adult advisory council or a quality improvement team.	The practice involves young adults in strategic planning related to the care of young adults.	

The table at right can be used to total the number of points that your practice obtained on the adult version of the Current Assessment of Health Care Transition Activities.

This form is being completed to assess:

- An Individual Provider
- An Individual Practice
- A Practice Network

Transition Activities	Score	
	Possible	Score
Transition Policy	4	
Tracking and Monitoring	4	
Transition Readiness/Orientation to Adult Practice	4	
Transition Planning/Integration into Adult Practice	4	
Transfer of Care/Initial Visit	4	
Transfer Completion/Ongoing Care	4	
Young Adult Feedback	4	
Young Adult Leadership	4	
Total	32	