

Transitions Resources

Clinical Report: [Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home](#), authored by the [American Academy of Pediatrics](#), the American Academy of Family Physicians, and the American College of Physicians (ACP), provides guidance, including a step-by-step [algorithm](#), on how to plan and execute better health care transitions for all patients.

Center for Health Care Transition Improvement (Got Transition): [Got Transition](#) focuses on: quality improvement via the [Six Core Elements of Health Care Transition](#); professional training; [youth/family engagement](#); policy improvements; and information dissemination. The Six Core Elements define components of health care transition support: establishing a policy, tracking progress, administering readiness assessments, planning for adult care, transferring, and completing transfer. There are 3 sets of customizable tools available for different practice settings:

[Transitioning Youth to Adult Health Care Providers](#)

(Pediatric, Family Medicine, and Med-Peds Providers)

[Transitioning to an Adult Approach to Health Care Without Changing Providers](#)

(Family Medicine and Med-Peds Providers)

[Integrating Young Adults into Adult Health Care](#)

(Internal Medicine, Family Medicine, and Med-Peds Providers)

Transitions of Care Toolkit: A [Transitions of Care Toolkit](#) was created as part of the ACP [Pediatric to Adult Care Transitions Initiative](#). The toolkit contains tools developed to assist physicians in transitioning young adults with specific chronic diseases/conditions into adult care settings. It is derived from the Six Core Elements of Health Care Transition and the clinical report, "Supporting the Health Care Transition From Adolescence to Adulthood in the Medical Home."

Web-Based Training and Transitions QI Project: The [Transitioning Youth to Adult Health Care for Pediatric Providers](#) course and QI activity includes resources to improve care of transitioning youth: clinical guidelines, videos, skills building tools for youth, and QI tools. Learn how to use medical home and QI strategies to improve care of transitioning youth, especially CYSHCN. Maintenance of Certification (MOC) Part IV credit is available.

Medical Home Interview Videos—Transitions:

- ❖ [How Does a Medical Home Support Transitioning from Pediatric to Adult Care?](#)
- ❖ [Why Is It Important for Primary Care Providers to Help Families Prepare to Transition from Pediatric to Adult Care?](#)

Transition MOC Part IV Module: The Transitioning Youth from Pediatric to Adult-Centered Care module is ideal for general and subspecialty physicians who actively evaluate pediatric patients with chronic diseases on a frequent basis. Participants are eligible to receive Maintenance of Certification Part IV credits and Continuing Medical Education credits. To register and for more information, contact [Kim Rose](#). Through March 31, 2017, this module is free if you mention Got Transition.org.

Transition of Care from Pediatric to Adult Surgery: This [article](#) presents a discussion on the importance and benefits of a formal process of transition of care for children who undergo operations in infancy for a congenital anomaly. Three broad categories within pediatric surgery needing particular attention are also discussed.

Coding and Reimbursement Tip Sheet for Transition: This [payment tip sheet](#) supports the delivery of recommended transition services in pediatric and adult primary and specialty care settings. It describes innovative payment methodologies with a listing of transition-related CPT codes with corresponding Medicare fees.

Transition Tips for Parents: [HealthyChildren.org](#), the parenting website of the American Academy of Pediatrics, offers a [video and additional resources](#) to help parents help their child/children transition to adult health care.

Transition Resources Developed By States: State-based organizations who have developed their own transition resources:

- ❖ [Planning for a Healthy Transition: A Family Transition Plan](#) from the Washington State Department of Health
- ❖ [Transition resources](#) from the Kentucky Cabinet for Health and Family Services, such as checklists and tip sheets
- ❖ [Transition resources](#) from the Statewide Parent Advocacy Network, Inc, including guides, strategies and timelines
- ❖ [Vermont Family Network Transition Toolkit for Youth with Disabilities](#)