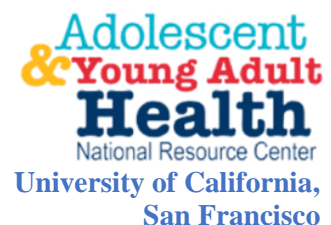

*Incorporating Health Care
Transition Services into
Preventive Care for Adolescents
and Young Adults:
A Toolkit for Clinicians*

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About Got Transition

Got Transition is a program of The National Alliance to Advance Adolescent Health and is funded through a cooperative agreement from the federal Maternal and Child Health Bureau, Health Resources and Services Administration. Its aim is to improve transition from pediatric to adult health care through the use of innovative strategies for health professionals and youth and families. For more information about Got Transition, please visit www.GotTransition.org. For more information about The National Alliance to Advance Adolescent Health, please visit www.TheNationalAlliance.org.

About the Adolescent and Young Adult Health National Resource Center

The Adolescent and Young Adult Health National Resource Center is a collaborative initiative led by the University of California, San Francisco's Division of Adolescent and Young Adult Medicine with the Association of Maternal and Child Health Programs, the University of Minnesota's State Adolescent Health Resource Center, and the University of Vermont's National Improvement Partnership Network. Its aim is to promote adolescent and young adult health, with a major focus on increasing the receipt of quality preventive care. For more information, please visit <http://nahic.ucsf.edu/resource-center.org>.

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This Preventive Care and Transition Toolkit was created with input from professionals throughout the country. Got Transition and the Adolescent and Young Adult Health National Resource Center extend our sincere thanks to the advisory group members who dedicated their time and knowledge to the project, providing consultation support throughout the process of developing the toolkit. A full list of advisory group members is below.

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Introduction

By staying connected and engaged in their care, adolescents and young adults will have better health outcomes and be better able to succeed and find independence in other areas of life, including education, employment, and independent living. Having a primary care clinician and a specialist, if needed, is important as adolescents move into young adulthood and transition from pediatric to adult care.

According to the 2011 AAP/AAFP/ACP Clinical Report on Health Care Transition,¹ transition planning should begin early in adolescence and continue into young adulthood for both those with and without special health care needs. An age-specific transition algorithm was described in the 2011 consensus statement and subsequently translated by Got Transition into a practice-based approach with sample tools, called the Six Core Elements of Health Care Transition.² These Six Core Elements provide customizable tools for clinicians (pediatric, adolescent, family, med-peds, adult, or obstetrics-gynecology) to support the preparation for an adult model of care and for transfer and integration into an adult practice. Today, widespread adoption of recommended transition supports as a basic standard of care for all adolescents and young adults has not been realized. Data from the 2016 National Survey of Children’s Health reflects this slow uptake, with only 15% of adolescents with and without special health care needs receiving any guidance or preparation for transition to adult care.³

The focus of this toolkit is health care transition. It provides suggested questions and anticipatory guidance specific to adolescents’ transition to adult health care and is meant to be used alongside Bright Futures.⁴ It is an additional resource that includes a set of online tools (presented as endnotes) for clinicians to reference as adolescents and young adults come in for their preventive visits. It builds on the recommendations from Bright Futures and follows a similar format with sample questions and anticipatory guidance for each age group: early adolescence (11-14), middle adolescence (15-17), and late adolescence (18-21). While recommendations from Bright Futures end at age 21, this toolkit extends through young adulthood, ages 22-25, with both transition and preventive health care guidance included. For this young adult group, a summary of recommended guidelines for clinical preventive services was created by the University of California, San Francisco’s (UCSF) Adolescent and Young Adult Health National Resource Center and is included in Table 2.

Throughout the toolkit, the term “clinician” is meant to be interpreted broadly to include the entire health care team. The term “preventive visit” is used throughout the text and refers to a well visit or checkup. As is suggested in Bright Futures, clinicians can adapt the questions and guidance as they see fit. The toolkit also refers to youth transferring to an adult health care clinician. If the practice cares for patients throughout their lifespan, those questions can be modified to reflect the practice’s approach.

¹ American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians, Transitions Clinical Report Authoring Group. Supporting the health care transition from adolescent to adulthood in the medical home. *Pediatrics* 2011, 128:182-200.

² Got Transition’s Six Core Elements of Health Care Transition. Available at: www.gottransition.org. Accessed on March 9, 2018.

³ U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. *Frequently Asked Questions: 2016 National Survey of Children’s Health*. <https://mchb.hrsa.gov/data/national-surveys/data-user>. Accessed in March 9, 2018.

⁴ Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th edition. Elk Grove, IL: American Academy of Pediatrics, 2017.

Early Adolescence (11-14)

Early adolescence is a time of many transitions and transformations, and health behaviors formed during this time are likely to continue. Thus, it is an opportune time to begin building the plan for transition to adult care.

During early adolescence, the transition priority is to encourage less reliance on parents/caregivers and more involvement of adolescents in their own health and health care. Having one-on-one time with adolescents during part of the preventive visit is key as this has been shown to increase the development of self-care skills. One-on-one time is also important to help the adolescent develop trust and learn to feel comfortable talking to their clinician. For adolescents with intellectual and developmental disabilities (ID/DD), an additional priority is to discuss the possible need for decision-making support, including guardianship.

For the clinician, this is a key time to share the practice's approach on health care transition with parents/caregivers and adolescents. This helps adolescents and parents/caregivers understand the practice's approach to partnering with adolescents to gain independence and self-care skills and allows the parents/caregivers and adolescent time to plan for this important transition. A sample transition policy can be found at the web link below.¹

¹<https://www.gottransition.org/resourceGet.cfm?id=221>

Sample questions

Ask the adolescent:

How comfortable do you feel managing your own health care, such as explaining your medical condition to others and knowing your allergies, what medications you take, and when to take them?

Tell me about when you need to see your primary care and, if needed, specialist clinicians. What about when you would go to the emergency room and not your primary care clinician?

Potential additional questions

What questions do you have about your health?

Ask the parent/caregiver:

How are you encouraging your adolescent to build skills for managing their own health (e.g., explaining their medical condition to others, knowing when they need to take their medications or if they take their medication on their own)?

This practice has a process to help you and your adolescent become ready for an adult model of care at age 18 and eventually transfer to a clinician who cares for adults. What questions do you have about this process?

Anticipatory guidance

For the adolescent:

- Over the coming years, you will gradually become more independent from your parents/caregivers, and that includes managing your own health care, taking responsibility for your own appointments, and taking your own medications.
- An important step in building independence is talking with your clinician one-on-one.

Potential additional guidance

- Knowing your own medical information and how to access your electronic medical records is very helpful in giving you information about your health. We can help you with this.

For the parent/caregiver:

- Over the coming years, your adolescent will gradually become more independent, and that includes managing their own health care. An important step in this process is giving your adolescent a chance to talk with their clinician one-on-one and assisting them to gain needed skills to manage their health on their own.
- Our practice's approach is to continue caring for patients up until they transfer their care to a clinician who cares for adults. Part of our care for your adolescent includes preparing them for this transition. By helping your adolescent gain skills to manage their care, which includes having one-on-one time with their clinician, they will be better prepared when parents/caregivers are not present. In preparation, we want to support you and your adolescent in building self-care skills. Can I answer any questions about this process?

Potential additional guidance

- It is important to understand that when your adolescent turns 18, they will be treated as a legal adult in our practice with regards to medical confidentiality and privacy (an adult model of care). Information shared between your adolescent and their clinician is confidential and cannot be shared with you without their permission. Let me explain our practice's approach to confidentiality and potential limits.

Middle Adolescence (15-17)

Middle adolescence continues to be a time of physical, emotional, cognitive and social development. Assessing and encouraging self-care skills are a transition priority at this age.

Having one-on-one time with adolescents during part of the preventive visit is key as this has been shown to increase the development of self-care skills, including adherence to care. This one-on-one time also begins the preparation for and a discussion about an adult model of care when the adolescent at age 18 becomes a legal adult, unless there are legal documents stating otherwise. Privacy and consent laws require that adolescents, ages 18 and older, need to explicitly agree to having others see their medical information.

An initial transition readiness skill assessment can be done with adolescents and parents/caregivers and repeated periodically throughout adolescence to learn what skills have been and still need to be acquired. Information from this readiness skill assessment can help to guide questions and anticipatory guidance and, if needed for those with special health care needs, be used to add goals in the adolescent's plan of care.

It is helpful to ask the importance and confidence questions on self-care and transferring to an adult health care clinician if these are not part of the practice's transition readiness skill assessment. These two questions follow a motivational interviewing strategy that has repeatedly been shown to lead to greater engagement in health care interventions and improved patient outcomes (see Table 1). Examples of a transition readiness tool with scorable confidence and importance questions are available for adolescents and parents/caregivers.^{1,2} Sample tools are also available for adolescents with intellectual and developmental disabilities (ID/DD) and their parents/caregivers.^{3,4} An additional transition preparation strategy is the preparation with the adolescent and parent/caregiver of a portable medical summary and, if needed for those with special health care needs, a plan of care with transition goals and actions. Sample medical summary and plan of care tools are also available.^{5,6} All of these tools can be found at the web links below.

This is also a good time to review the practice's approach to health care transition, noting changes that will happen in privacy and consent at age 18. For adolescents with ID/DD, it is important to ensure that a plan for decision-making support, including guardianship, is put in place before age 18. A useful resource on guardianship and decision-making support is available at the web link below.⁷

¹ <http://www.gottransition.org/resourceGet.cfm?id=224>

² <http://www.gottransition.org/resourceGet.cfm?id=225>

³ https://www.acponline.org/system/files/documents/clinical_information/high_value_care/clinician_resources/pediatric_adult_care_transitions/gim_dd/idd_transitions_tools.pdf

⁴ https://www.acponline.org/system/files/documents/clinical_information/high_value_care/clinician_resources/pediatric_adult_care_transitions/gim_dd/idd_transitions_tools.pdf

⁵ <http://www.gottransition.org/resourceGet.cfm?id=226>

⁶ <http://www.gottransition.org/resourceGet.cfm?id=227>

⁷ <http://www.gottransition.org/resourceGet.cfm?id=17>

Sample Questions

Ask the adolescent:

Tell me about when you need to see your primary care and, if needed, specialist clinicians. What about when you would go to the emergency room and not your primary care clinician?

What questions do you have about the changes in privacy and consent that happen when you turn 18 and are legally an adult?

How important is it to you to manage your own health care (e.g., filling a prescription and taking your own medications, carrying around an insurance card, and scheduling your appointments)? Please rate 1-10 with 10 being most important. (See Table 1)

How confident are you about managing your own health care (e.g., filling a prescription and taking your own medications, carrying around an insurance card, and scheduling your appointments)? Please rate 1-10 with 10 being most confident. (See Table 1)

What questions do you have about your health, medical summary, or, if needed for adolescents with special health care needs, plan of care?

How comfortable do you feel asking your clinician questions?

Potential additional questions

Can you explain your medical condition and allergies to others?

Do you know how to get a copy of your medical information?

Have you thought about your plan to transfer to a clinician who cares for adults (e.g., when you go away to college)?

Our practice has a process to help you transition to a clinician who cares for adults. Do you have any questions about this process? How important is it to you to prepare for/transfer to a clinician who cares for adults? Please rate 1-10 with 10 being most important. (See Table 1)

How confident do you feel about your ability to prepare for/transfer to a clinician who cares for adults? Please rate 1-10 with 10 being most confident. (See Table 1)

Ask the parent/caregiver

Do you have any questions about the changes in privacy and consent that happen when your adolescent turns 18 and is legally an adult?

How are you encouraging your adolescent to build skills for managing their own health (e.g., explaining their medical condition to others, knowing when they need to take their medications or if they take their medication on their own)?

Potential additional questions

What questions do you have about your adolescent's health, medical summary, or, if needed for adolescents with special health care needs, plan of care?

Can I answer any questions about health care transition?

Anticipatory Guidance

For the adolescent:

- Let's discuss what happens when you turn 18 around medical privacy and consent. Information shared between us is confidential and cannot be shared with others, including your parents/caregivers, without your permission. For example, you have exclusive access to your electronic medical records. Let me explain our practice's approach to confidentiality and potential limits.
- Our practice's approach is to care for patients up to [insert age], when they transfer their care to a clinician who cares for adults. Part of our care for you includes preparing you for the transition to adult care. Closer to the time when you are ready to transfer, we can help you find an adult health care clinician and update your medical summary that can be sent (with your permission) to the next clinician.
- It is important for you to continue to come for regular preventive visits so you can be actively involved in your own health care. Based on your transition readiness skill assessment, let's decide on one or two goals to work towards between now and your next appointment.
- Remember that you can access your electronic medical records, which you can use to look up information about your own health and ask questions outside of the office visit.

(Anticipatory guidance for importance and confidence can be found in Table 1.)

For the parent/caregiver:

- It is important to understand that when your adolescent turns 18, they will be treated as a legal adult with regards to medical confidentiality and privacy (an adult model of care). Information shared between your adolescent and their clinician is confidential and cannot be shared with you without their permission. Let me explain our practice's approach to confidentiality and potential limits.
- As your adolescent prepares for an adult model of care, it is important that they gain skills to manage their health care (e.g., explaining their medical condition to others, knowing when they need to take their medications or if they take their medication on their own, and scheduling their own appointments).
- Our practice's approach is to care for patients up to [insert age], when they transfer their care to a clinician who cares for adults. Part of our care for your adolescent during this time is to prepare them for the transition to adult care. Closer to the time when they are ready to transfer, we can help to find an adult health care clinician and update their medical summary that can be sent (with their permission) to the next clinician.

(Anticipatory guidance for importance and confidence can be found in Table 1.)

Late Adolescence (18-21)

Though cognitively the young adult is still developing, most states consider them legal adults, and they should receive an adult model of care with privacy and confidentiality protection unless there are legal documents stating otherwise. Thus, young adults without written documentation should be seen one-on-one for the complete preventive visit. During this time many young adults leave home and pursue more education, military service, and full-time employment, so a transition priority is to prepare for and transfer to an adult health care clinician to take over their care in a location that is convenient for them. This is a good time to complete a final transition readiness skill assessment to identify what skills still remain to be learned to share with their new adult clinician, continuing their trajectory towards self-care.

It is helpful to ask the importance and confidence questions on self-care and transferring to an adult health care clinician if these are not part of the practice's transition readiness skill assessment. These two questions follow a motivational interviewing strategy that has repeatedly been shown to lead to greater engagement in health care interventions and improved patient outcomes (see Table 1). Examples of a transition readiness tool with scorable confidence and importance questions are available for adolescents and parents/caregivers.^{1,2} Sample tools are also available for adolescents with intellectual and developmental disabilities (ID/DD) and their parents/caregivers.^{3,4} An additional transition preparation strategy is the preparation with the adolescent and parent/caregiver of a portable medical summary and, if needed for those with special health care needs, a plan of care with transition goals and actions. Sample medical summary and plan of care tools are also available.^{5,6} All of these tools can be found at the web links below.

For young adults in the process of transferring to an adult practice, a transfer checklist should be completed and shared, with the young adult's consent, with the adult clinician. This checklist includes a medical summary, latest transition readiness skill assessment, and plan of care and legal documents (if needed for young adults with special health care needs). A sample checklist can be found at the web link below.⁷

For young adults with ID/DD, if needed, the legal documents related to decision-making support should have been completed and placed in the medical record. Additional information, including guardianship laws by state, can be found at <http://supporteddecisionmaking.org/>.

¹ <http://www.gottransition.org/resourceGet.cfm?id=224>

² <http://www.gottransition.org/resourceGet.cfm?id=225>

³ https://www.acponline.org/system/files/documents/clinical_information/high_value_care/clinician_resources/pediatric_adult_care_transitions/gim_dd/idd_transitions_tools.pdf

⁴ https://www.acponline.org/system/files/documents/clinical_information/high_value_care/clinician_resources/pediatric_adult_care_transitions/gim_dd/idd_transitions_tools.pdf

⁵ <http://www.gottransition.org/resourceGet.cfm?id=226>

⁶ <http://www.gottransition.org/resourceGet.cfm?id=227>

⁷ <http://gottransition.org/resourceGet.cfm?id=229>

Sample Questions

Ask the young adult (they should be seen one-on-one with their clinician unless written documents state otherwise):

Do you want your parent/caregiver/significant other present during this visit?

Tell me about when you need to see your primary care and, if needed, specialist clinicians. What about when you would go to the emergency room and not your primary care clinician?

What questions do you have about the changes in privacy and consent that happened when you turned 18 and legally became an adult?

What health insurance coverage do you have? Can you keep it over the next one to two years?

What questions do you have about managing your care when leaving home (e.g., when going to college)?

What questions do you have about finding a clinician who cares for adults?

If transition to an adult health care clinician has been discussed in previous preventive visits:

- *What skills in managing your own health do you need help with?*
- *What questions or concerns, if any, do you have as you transfer to a clinician who cares for adults?*
- *How can our practice help you find an adult health care clinician you feel comfortable with? Do you have any preferences about your next clinician (e.g., gender, location)?*

If this is the first time you are discussing transition to an adult health care clinician:

- *Our practice has a process to help you transition to a clinician who cares for adults. Do you have any questions about this process? How important is it to you to prepare for/transfer to a clinician who cares for adults? Please rate 1-10 with 10 being most important. (See Table 1)*
- *How confident do you feel about your ability to prepare for/transfer to a clinician who cares for adults? Please rate 1-10 with 10 being most confident. (See Table 1)*

Potential additional questions

Do you know how to contact your physician? Does the office know how to contact you for an appointment reminder? For the benefit of the practice, do you know how and when to contact our office to schedule, reschedule, or cancel an appointment? Do you know how to reach us when the office is closed?

How important is it to you to manage your own health care (e.g., filling a prescription and taking your medications, carrying around an insurance card, and scheduling your appointments)? Please rate 1-10 with 10 being most important. (See Table 1)

How confident are you about managing your own health care (e.g., filling a prescription and taking your medications, carrying around an insurance card, and scheduling your appointments)? Please rate between 1-10 with 10 being most confident. (See Table 1)

Ask the parent/caregiver (with permission of young adult):

Do you have any questions about the changes in privacy and consent that happened when your son/daughter turned 18 and legally became an adult?

What questions or concerns, if any, do you have about your son/daughter managing their health as they transfer to an adult practice or a new location, such as college?

Anticipatory Guidance

For the young adult:

- While you may have to wait for your first adult appointment, it is very important to make this appointment and have a primary care clinician. Attending preventive visits is one way to take control of and manage your health.
- Based on your self-care skill assessment, let's decide on one or two goals to work towards between now and your next appointment. (If you do not have a recent self-care assessment available, suggest they take one and refer to the anticipatory guidance on importance and confidence questions in Table 1.)
- Information shared between us is confidential and cannot be shared with others, including your parents/caregivers, without your permission.
- Our practice's approach is to care for patients up to [insert age], although we recognize that some of our patients may wish to leave before that time. Whatever your preference, we want to make sure that you are prepared for this transition and that you have the needed information about your own health.
- Let's review your medical summary and, if needed for those with special health care needs, plan of care.
- This is a time in your life when many young adults leave home for college, to serve in the military, or for a new job. Let's discuss staying engaged in your care.

(Anticipatory guidance for importance and confidence can be found in Table 1.)

For the parent/caregiver:

- This is a time in your young adult's life when many leave home for college, to serve in the military, or for a new job. Let's discuss planning for how to assist your young adult to stay connected to health care and how they can find and coordinate their care with a new clinician.
- Information shared between your young adult and their clinician is confidential and cannot be shared with you without their permission.

(Anticipatory guidance for importance and confidence can be found in Table 1.)

Early Adulthood (22-25)

Early adulthood continues to be a time of developing cognitive skills, and young adults are still learning about their preventive health needs, their conditions (if applicable) and health consequences of their actions. Staying connected to an adult primary care practice is an important task that many young adults do not prioritize.

The transition priority now is integration into an adult practice, both primary care as well as subspecialty care, if needed, where the adult clinician(s) can continue the process of supporting the development of their self-care skills by periodically having the young adult complete a self-care assessment and offering needed education.

It is helpful to have the young adult rate the importance and their confidence in managing their own health. These two questions follow a motivational interviewing strategy that has repeatedly been shown to lead to greater engagement in health care interventions and improved patient outcomes (see Table 1). A sample self-care skills assessment with scorable confidence and importance questions is available at the web link below.¹ As an integral part of the transition completion and orientation to the adult health care system, the adult health care clinician should discuss with the young adult the best way to communicate with each other to keep the young adult engaged in their care and review and regularly update the young adult's medical summary and plan of care, if needed.

For young adults in the process of transferring to an adult practice, a transfer checklist should be completed and shared, with the young adult's consent, with the adult clinician. This checklist includes a medical summary, latest transition readiness skill assessment, and plan of care and legal documents (if needed for young adults with special health care needs). A sample checklist can be found at the web link below.²

A summary of recommended preventive care guidelines for young adults can be found in Table 2.

For young adults with intellectual and developmental disabilities (ID/DD), if needed, the legal documents related to decision-making support should have been completed and placed in the medical record.

¹ <http://gottransition.org/resourceGet.cfm?id=255>

² <http://gottransition.org/resourceGet.cfm?id=229>

Sample Questions

Ask the young adult (they should be seen one-on-one with their clinician unless written documents state otherwise):

Pre-transfer (in the pediatric clinician's practice)

Do you want your parent/caregiver/significant other present during this visit?

Tell me about when you need to see your primary care and, if needed, specialist clinicians. What about when you would go to the emergency room and not your primary care clinician?

What questions or concerns, if any, do you have as you transfer to a clinician who cares for adults?

What skills in managing your own health do you still need help with?

How can our practice help you find an adult health care clinician you feel comfortable with? Do you have any preferences about your next clinician (e.g., gender, location)?

What health insurance coverage do you have? Can you keep it over the next one to two years?

Will you need help finding other clinicians (e.g., for reproductive health care, specialty care, mental health)?

Our practice has a process to help you transition to a clinician who cares for adults. Do you have any questions about this process? How important is it to you to prepare for/transfer to a clinician who cares for adults? Please rate 1-10 with 10 being most important. (See Table 1)

How confident do you feel about your ability to prepare for/transfer to a clinician who cares for adults? Please rate 1-10 with 10 being most confident. (See Table 1)

Potential additional pre-transfer questions

How important is it to you to manage your own health care (e.g., filling a prescription and taking your medications, carrying around an insurance card, and scheduling your appointments)? Please rate 1-10 with 10 being most important. (See Table 1)

How confident are you about managing your health care (e.g., filling a prescription and taking your medications, carrying around an insurance card, and scheduling your appointments)? Please rate 1-10 with 10 being most confident. (See Table 1)

Post-transfer (in the adult clinician's practice)

Tell me about when you need to see your primary care and, if needed, specialist clinicians. What about when you would go to the emergency room and not your primary care clinician?

What questions or concerns, if any, do you have about starting with a new clinician?

How important is it to you to manage your own health care (e.g., filling a prescription and taking your medications, carrying around an insurance card, and scheduling your appointments)? Please rate 1-10 with 10 being most important. (See Table 1)

How confident are you about managing your own health care (e.g., filling a prescription and taking your medications, carrying around an insurance card, and scheduling your appointments)? Please rate 1-10 with 10 being most confident. (See Table 1)

Do you know how to contact your physician? Does the office know how to contact you for an appointment reminder? For the benefit of the practice, do you know how and when to contact our office to schedule, reschedule, or cancel an appointment? Do you know how to reach us when the office is closed?

What health insurance coverage do you have? Can you keep it over the next one to two years?

Do you need help finding other clinicians (e.g., for reproductive health care, specialty care, mental health)?

Anticipatory Guidance

For the young adult:

- While you may have to wait for your first adult appointment, it is very important to make this appointment and have a primary care clinician. Attending preventive visits is one way to take control of and manage your health.
- Based on your self-care skill assessment, let's decide on one or two goals to work towards between now and your next appointment. (If you do not have a recent self-care assessment available, suggest they take one and refer to the anticipatory guidance on importance and confidence questions in Table 1.)
- Let's review your medical summary and, if needed for those with special health care needs, plan of care.
- Remember that you can access your electronic medical records, which you can use to look up information about your own health and ask questions outside of the office visit.
- Information shared between us is confidential and cannot be shared with others, including your parents/caregivers, without your permission.

(Anticipatory guidance for importance and confidence can be found in Table 1.)

Potential additional anticipatory guidance

- Starting with a new clinician can sometimes be hard because you are just starting the relationship with your new clinician and beginning to build trust.
- If you have questions about your health insurance, helpful resources are available at healthcare.gov and on the [Young Invincibles](http://YoungInvincibles.org) website.¹

¹ <http://younginvincibles.org/>

TABLE 1. QUESTIONS ON TRANSITION AND SELF-CARE IMPORTANCE AND CONFIDENCE¹

Pre-Transfer Sample Questions

On a scale of 0-10, please circle the number that best describes how you feel right now.

How important is it to you to prepare for/transfer to an adult clinician before age (X)?

0 (It is not very important)	1	2	3	4	5 (I feel neutral)	6	7	8	9	10 (It is very important)
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How confident do you feel about your ability to prepare for/transfer to an adult clinician before age (X)?

0 (I do not feel very confident)	1	2	3	4	5 (I feel neutral)	6	7	8	9	10 (I feel very confident)
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Post-Transfer Sample Questions

On a scale of 0-10, please circle the number that best describes how you feel right now.

How important is it to you to take care of your own health?

0 (It is not very important)	1	2	3	4	5 (I feel neutral)	6	7	8	9	10 (It is very important)
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How confident do you feel about your ability to take care of your own health?

0 (I do not feel very confident)	1	2	3	4	5 (I feel neutral)	6	7	8	9	10 (I feel very confident)
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See the next page for suggested actions that the clinician can take after addressing importance and confidence scoring with their patients.

¹ J Wasson & E Coleman. Health confidence: a simple, essential measure for patient engagement and better practice. *Family Practice Management*. 2014; 21: 8-12.

TABLE 1 (CONTINUED)

SUGGESTED ACTIONS FOR THE CLINICIAN AFTER ADDRESSING IMPORTANCE AND CONFIDENCE SCORING

After asking them to score 0 to 10 on the importance and confidence transition/self-care questions, what to do next?

- If the importance rating is low, focus on this.
- Focus on the lower number, particularly if there is a discrepancy between the ratings.
- If ratings are roughly equal, start with importance.
- If both are low, it may not be the right time to focus directly on transition to an adult clinician.
- Share this observation with the adolescent/young adult and try to understand exactly how they are feeling. Consider that some other issue might be more relevant; for example, adolescent/young adult is uncertain about leaving your care.

Useful Questions for Exploring Importance and Building Confidence

Exploring Importance

- What would have to happen for transferring to an adult clinician/managing your own health to feel more important to you?
- Why have you given yourself such a high or low score on importance to transferring to an adult clinician?
- What would need to happen for your importance score to move up from x to y?
- What worries you about moving up from x to y?
- What are the good things about preparing for transition to an adult clinician?
- What concerns do you have about transferring to an adult clinician?
- If you were to transfer to an adult clinician, what would it be like?

Exploring Confidence

- What would make you more confident about taking charge of your health/transferring to an adult clinician?
- Why have you given yourself such a high or low score on confidence?
- How could you feel more confident about managing your health/transferring to an adult clinician, so your score goes from x to y?
- How can I help you succeed in taking charge of your own health?
- What are some of the practical things you need to do to feel more confident in managing your health/transferring to an adult clinician? Do any of them sound achievable?
- Is there anything you can think of that would help you feel more confident?

Table 2. Summary of Recommended Guidelines for Clinical Preventive Services for Young Adults ages 18-25 UCSF Division of Adolescent and Young Adult Medicine



Guidelines as of 04/2016, subject to change.

	Preventive Services	All (√)	At Risk (+)	Screening Test/ Procedure and Other Notes
Nutrition/exercise/obesity				
<input type="checkbox"/>	Hypertension/Blood Pressure	√		Screen every 3-5 years with BP <130/85 mm Hg w/ no other risks
<input type="checkbox"/>	Obesity/BMI	√		[Weight (lb.)/Height (in)] x 703
<input type="checkbox"/>	Cholesterol level		+	Ages 20+; Test: Total cholesterol, HDL-C samples
<input type="checkbox"/>	Healthy diet		+	Intensive behavioral dietary counseling
Substance Use				
<input type="checkbox"/>	Alcohol (screening and counseling)	√		NIAAA Screening , AUDIT , √ Bright Futures
<input type="checkbox"/>	Tobacco screening and counseling for non-pregnant adults	√		5-A Framework (Ask, Advise, Assess, Assist, Arrange), combination pharmacotherapy and behavioral interventions
<input type="checkbox"/>	Tobacco screening and counseling for pregnant women	√		5-A Framework (Ask, Advise, Assess, Assist, Arrange), should undergo behavioral interventions
<input type="checkbox"/>	Illicit Drugs (screening and counseling)	√		√ Bright Futures* and ACOG**, USPSTF insufficient evidence
Mental Health/Depression				
<input type="checkbox"/>	Depression (screening and treatment)	√		Screening instruments: PHQ, EPDS (in post-partum women)
<input type="checkbox"/>	Suicide Screening	√		√ Bright Futures and ACOG, USPSTF insufficient evidence
Safety/Violence				
<input type="checkbox"/>	Family/partner violence	√		HITS; OAS/OVAT; STaT; HARK; CTQ-SF; and WAST
<input type="checkbox"/>	Fighting	√		√ Bright Futures and ACOG
<input type="checkbox"/>	Helmets	√		√ Bright Futures and ACOG
<input type="checkbox"/>	Seat belts	√		√ Bright Futures and ACOG
<input type="checkbox"/>	Guns	√		√ Bright Futures and ACOG
<input type="checkbox"/>	Bullying	√		√ Bright Futures only
Reproductive Health				
<input type="checkbox"/>	HIV	√		HIV Screening
<input type="checkbox"/>	STI (screening and counseling)		+	High-Intensity Counseling Interventions
<input type="checkbox"/>	Syphilis		+	VDRL
<input type="checkbox"/>	Gonorrhea (females)		+	NAATs; test if ≤24 and sexually active or if ≥25 and at increased risk
<input type="checkbox"/>	Chlamydia (female)		+	NAATs; test if ≤24 and sexually active or if ≥25 and at increased risk
<input type="checkbox"/>	Chlamydia & Gonorrhea (male)		+	√ Bright Futures only
<input type="checkbox"/>	Birth Control Methods	√	+	√ ACOG, + Bright Futures
<input type="checkbox"/>	Pregnancy		+	+ Bright Futures
Cancer Screening				
<input type="checkbox"/>	Cervical Cancer		+	Females ages 21+: Cytology (pap smear) every 3 years
<input type="checkbox"/>	Testicular Cancer (self/clinician exam)	√		√ Bright Futures for all males 18-21, USPSTF recommends against
<input type="checkbox"/>	BRCA-Related Cancer		+	Family Hx of breast, ovarian, tubal, or peritoneal cancer
Infectious Diseases including CDC Immunization Recommendations				
<input type="checkbox"/>	Td/Tdap	√		Td booster every 10 years
<input type="checkbox"/>	Human papillomavirus	√		9vHPV vaccine for males and females up to age 26; 3 lifetime doses
<input type="checkbox"/>	Varicella (LIVE VACCINE)	√ ***		2 lifetime doses at least 4 weeks apart ***See below
<input type="checkbox"/>	Measles, mumps, rubella	√		1 or 2 lifetime doses
<input type="checkbox"/>	Influenza	√		1 dose annually
<input type="checkbox"/>	Pneumococcal		+	PCV13: 1 lifetime dose PPSV23: 1-2 lifetime doses
<input type="checkbox"/>	Hepatitis A	√		2 or 3 lifetime doses
<input type="checkbox"/>	Hepatitis B	√		3 lifetime doses
<input type="checkbox"/>	Meningococcal Quadrivalent	√		2 lifetime doses
<input type="checkbox"/>	Serogroup B Meningococcal		+	Men B vaccine (2 or 3-dose series) to those 16-23 years old
<input type="checkbox"/>	Hepatitis C Screening		+	Anti-HCV antibody testing, polymerase chain reaction testing

Bold = US Preventive Services Task Force (USPSTF) A or B Recommendation or CDC recommendations for immunizations.
 √ = All young adults + = Young adults at risk

* [Bright Futures](#): recommendations are for annual visits, up to age 21.

** [American Congress of Obstetricians and Gynecologists](#) (ACOG) recommendations, up to age 26.

*** The varicella vaccine should **NOT** be given to patients with these [contraindications](#).

For more information, please view the [appendix](#), and visit the [official website](#).

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