A Recommended Approach to the Adolescent Transitioning to your Adult Practice

Background for Transition Visits

- A team approach within the practice is recommended. Be sure that staff understands special situation of transition care.
- The patient is not yet fully initiated into the “adult model” and may require assistance and support.
- Parents should be allowed to attend appointments if patient desires. It is recommended that the patient complete a Visitor Information Form to inform new provider who, if anyone, can attend appointments. Consider asking the patient to sign a form allowing the healthcare team to communicate with the patient’s parents.
- Extra consideration in scheduling and confirming the appointment may be necessary.
- The patient may also need assistance with:
  - The “unknown” of new facility (directions, parking issues)
  - Insurance issues
  - What to bring to appointment:
    - Insurance card
    - Paperwork from former pediatric endocrinologist
    - Forms for the new physician (online, mailed)
    - Meter or logs
    - List of medications or prescription bottles
- The new healthcare team should greet the patient with the awareness that s/he is transferring care and provide support and assistance with the check-in process and paperwork.
  - Confirm contact information for the patient, ask about preferred name and how they prefer to be contacted (cell phone, text, email, depending on practice situation).
  - Consider developing “Welcome to the Practice” guide that would provide this information to your new patient.

The First Encounter: Allow Ample Time

- Review HIPAA and determine if parents/others are permitted to receive/hear information about the transitioning young adult.
- Review contact information during office hours and for evenings/weekends in case questions arise or for any urgent diabetes management issues.
- Review clinical summary with patient or if patient transitioning without a summary from prior physician, cover the items on the clinical summary during history process.
  - Pay special attention to anxiety, fears, substance abuse, coping, family stressors.
  - Review current glycemic control and ask what the patient wants to work on.
    - Unless there are critical issues, do not recommend major changes at first encounter unless patient specifically asks for or states that s/he is ready for a new approach.
    - Review skill set and determine if further work is needed in any area.
- Review interim hypoglycemia and severe hyperglycemia with/without ketosis.
  - Review frequency, how episodes were handled, and plans to avoid hypoglycemic and hyperglycemic events in the future.
- Confirm safety network (people at work, school, home, etc.) and discuss how those individuals are helping or could help if needed.
Ask about any concerns or questions:
- Recommend use of “Do you have Questions?” sheet.
- If patient has no questions then help direct questioning to cover items such as driving safety or the use of alcohol in an informational manner (e.g. “Just want to be sure that you know drinking alcohol can cause low BG and I want to be sure you know to eat some food if you are going to drink.”)

Ask about need for supplies or refills.

Review other associated conditions or issues that are co-managed with or might impact the diabetes management. Clarify who will be physician caring for condition.
- Hypothyroidism, Celiac Disease, Depression.
- Exercise/Fitness
- Nutrition/Weight Control
- Alcohol, Tobacco or Other Substance Abuse

Discuss care plan for ongoing follow up:
- Discuss/provide handout on ADA recommended testing and follow-up and review what is needed now and what the plan will be for ongoing/future visits.
- Discuss expectations of how an ‘adult’ clinic will work in the future (how the patient can get the most out of the visit).
- Discuss how to handle interim questions – Crisis and Non-urgent (When do you want the patient to call? With whom should they speak (nurse, diabetes educator, MD)? What is the best way to communicate?)
- Let patient know if there is a specific urgent care/ER/hospital in which the physician works and assess if it is covered by the patient’s insurance.
- Assess need for/willingness for any additional education.

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