JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH
Women's and Children's Health Policy Center

Strengthen the Evidence for MCH Programs: Environmental Scan of Strategies

National Performance Measure (NPM) #12: Transition

Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Introduction

This environmental scan identifies collections of strategies to advance performance for NPM #12, Transition. The information provided in this document focuses on strategies to achieve the NPM, not on the content of care or specified health outcomes. Please note that the quality of the evidence in this compilation has not been evaluated, and that data sources describing a single strategy, rather than a collection of strategies, have been excluded.

This compilation includes the following sections:

- **Reviews and Compilations:** Identifies existing compilations for strategies that intend to improve performance for each measure
- **Frameworks and Landmark Initiatives:** Frameworks includes conceptual models underlying strategy implementation; Landmark Initiatives include seminal programs/policies related to the NPM
- **Data Sources:** Indicates sources, search criteria, links to search strategy and selected organizational websites
- **Inclusion and Exclusion Criteria**: Denotes types of studies, setting, populations of interest and exclusion criteria

Technical assistance for State Title V MCH programs related to using evidence to inform State Action Plans, selection of strategies, and development of evidence-based or evidence-informed Strategy Measures may be requested at http://www.semch.org/technical-assistance.html

Table of Contents

Strengthen the Evidence Base for MCH Programs is a collaborative initiative of the Women's and Children's Health Policy Center at Johns Hopkins University, AMCHP, and Welch Medical Library. This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U02MC28257, MCH Advanced Education Policy, $1.65 M. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Reviews and Compilations

Review/Compilation	Summary	Web Link
Chu et al. (2015). Systematic review of the Impact of Transition Interventions for Adolescents with Chronic Illness on Transfer from Pediatric to Adult Healthcare. [Target[1]: B,C,D]	• Systematic review of evidence on effect of transition interventions on care transfer • Reviewed 5 studies • Three of five transition interventions improved transfer rates • Table 1 contains descriptions of transition interventions	http://dx.doi.org/10.1016/j.pedn.2015.05.022
McManus et al. (2015). Pediatric to Adult Transition: A Quality Improvement Model for Primary Care. *Journal of Adolescent Health.* [Target: B,C]	• Explores the relationship between quality improvement activities used in pediatric and adult primary care practices and improvements in transition indicators • Five pediatric and adult academic health centers took part in a 2-year learning collaborative to implement the Six Core Elements of Health Care Transition • Results: o Substantial improvements occurred in all six transition quality indicators	http://dx.doi.org/10.1016/j.jadohealth.2014.08.006
McPheeters et al (2014).Transition Care for Children with Special Health Care Needs. AHRQ Technical Brief. No. 15 [Target: B,C,D,H]	• A description of the state of the science in transition, a summary of ongoing research, and identification of research gaps • Identifies tools to aid transition and transfer (Table 2): o Checklists, portable medical summaries, meeting the adult provider • Provides overview of transition studies, including the transition care model used (Table 3)	http://www.effectivehealthcare.ahrq.gov/ehc/products/546/1920/children-special-needs-transition-report-140617.pdf
Paul et al. (2014). Transition to adult services for young people with mental health needs: A systematic review. *Clinic Child Psychology Psychiatry*. [Target: D,E,G]	• Systematic review of evidence on effective models of transition from children and adolescent mental health services to adult health mental services • 19 studies • No clear evidence of effectiveness of any particular model	http://dx.doi.org/10.1177/1359104514526603

Prior et al. (2014). Measuring the "Triple Aim" in transition care: a systematic review. *Pediatrics*. [Target: B,C,D]	• Systematic review of transition measures using the Triple Aim framework of experience of care, population health, and costs of care • 33 studies • Only 3 studies examined all 3 domains of the Triple Aim.	http://dx.doi.org/10.1542/peds.2014-1704

AMCHP Innovation Station [Target: C,D,E,F]	• Transition Interagency Group Envisioning Realization of Self (T.I.G.E.R.S) o Location: Colorado o Serves roughly 1,000 youth in rural Colorado o Interagency group of 10 organizations who work together to enable youth with special needs to transition into adult life. o Provides education and consultation on a variety of transition-related topics to families and youth, as well as community providers (e.g. medical providers, school personnel, employers)	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/TIGERS_2015.pdf
	• Youth and Young Adult Transition - Children's Medical Service (CMS) o Location: Florida o CMS contracts with the University of South Florida to support the Florida Health and Transition Services (FloridaHATS) program o Employs designated care coordinators and family health partners to provide transition education and assistance for youth and young adults, ages 12-21, who are enrolled in CMS o CMS also funds the Jacksonville Health and Transition Services (JaxHATS), which provides a medical home (including transition services) for adolescents and young adults, ages 16-26	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/CMS-CSHCN%20transitions_2015.pdf

	• Oregon Youth Transition Program (YTP). o Location: Oregon o Comprehensive program for youth with disabilities to prepare for employment or career related post-secondary education/training.	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Oregon%20YTP_2015.pdf
	• Texas Children's Hospital Health Care Transition Planning o Location: Texas o Aims to improve transition readiness through provider use of an electronic medical record (EMR)-based health care transition (HCT) transition planning tool (TPT) o Characteristics of the health care TPT: ▪ Designed with input from family and Youth Advisory Boards and both pediatric and adult health care providers ▪ Addresses (directly or indirectly) five of the six core transition support indicators put forth by Got Transition o TPT implementation has included provider training, as well as expanding its use to various hospital clinics, inpatient practice settings, and community-based settings	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/ISDocs/Texas%20Transition%20Planning%20Tool_2015.pdf
AMCHP (2009). Models of care for children with special health care needs: Promising models for transforming California's system of care [Target: C,D,G].	• Describes selected models of care for CYSCHN that can serve as a platform for stakeholders in California to begin strategizing ways to transform the current system of care. • Includes specific areas within models of care:: Overall system of care, medical home, care coordination, cultural competency, family-centered care, **transition**, palliative, hospice and respite care, financing, health	http://www.amchp.org/programsandtopics/CYSHCN/resources/Documents/Models-of-Care-for-CYSHCN.pdf

	information technology
	• Describes Transition component on pg. 35
	• Explores models being used in four states
	  o District of Columbia: Implementing Transition Quality Imrovements
	  o 2-year Transition Learning Collaborative focused on implementing the original Six Core Elements of Health Care Transition using quality improvement methodologies
	  o Participating in the learning collaborative were clinical and consumer teams from pediatric, family medicine, and internal medicine primary care sites in the District of Columbia
	• Florida: Youth and Young Adult Transition – Children's Medical Services
	  o Florida's Children's Medical Service (CMS) worked to implement State Office of Health Care Transition
	  o Provision of technical assistance for local organizations, education and training for consumers and providers
	  o Designated Care Coordinators at each CMS office help identify transition resources and serve as communications liaison	

Got Transition/Center for Health Care Transition Improvement based at The National Alliance to Advance Adolescent Health
[Target: B,C,D,E,G,H]
	• State Title V Health Care Transition Performance Objectives and Strategies: Current Snapshot and Suggestions
	  o Analyzes the FY 2016 State Title V Action Plans from the 32 states that selected transition as one of their state priorities
	  o Includes a summary of states' transition strategies grouped into four broad categories:
	  ▪ Health professional education and
		http://gottransition.org/resourceGet.cfm?id=407

	training ▪ Consumer education/training and involvement ▪ Development and dissemination of transition materials and communication ▪ State leadership development and interagency planning o Offers suggestions for states to consider as they refine and update their objectives and strategies	
	• Aligning National Title V Performance Measures on Transition, Medical Home, Preventive Care, and Insurance: Suggested Strategies for States o Presents suggested strategies to State Title V agencies and their partners on aligning improvement in transition with medical home, adolescent well care, well care for women, and adequate health insurance	http://gottransition.org/resourceGet.cfm?id=408

[1] Target specifies Target Audience for the strategies mentioned in each Review/Compilation: A = Hospital Inpatient (includes physical, mental, and oral health); B = Hospital Outpatient (includes physical, mental, and oral health); C = Non-Hospital Outpatient Providers (e.g. community health centers, private medical groups, health maintenance organizations); D = Community Organizations (e.g. WIC, advocacy organizations, child care providers, home visiting services); E = Social Service Organizations (e.g. Head Start, child welfare); F = Schools and School Systems; G = Consumers/Families; H = Other

Frameworks and Landmark Initiatives

Framework/Initiative	Summary	Web Link
Moynihan et al. (2015). Assessing readiness for transition from pediatric to adult health care: Revision and psychometric evaluation of the Am I ON TRAC for adult care questionnaire. *Journal of Advanced Nursing*.	• Presents AM I ON TRAC questionnaire that can be used as a readiness assessment tool in both clinical practice and research	http://dx.doi.org/10.1111/jan.12617
AMCHP and Lucile Packard Foundation for Children's Health.(2014).National Standards for Systems of Care for Children and Youth with Special Health Care Needs: A Product of the National Consensus Framework for Systems of Care for Children and Youth with Special Health Care Needs Project	• These system standards address the core components of an effective system of care for children and youth with special needs, including transition to adulthood. • The transition standards are based on the AAP/AAFP/ACP Clinical Report and the Six Core Elements (2.0)Includes systems standards for Transition to Adulthood (7 for pediatric settings, 5 for adult settings)	http://www.amchp.org/AboutTitleV/Resources/Documents/Standards%20Charts%20FINAL.pdf
American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians (2011). Clinical Report: Supporting the Health Care Transition from Adolescence to Adulthood in the Medical	• Clinical report representing expert opinion and consensus on practice-based implementation of transition for all youth beginning in early adolescence and continuing into young adulthood • Provides an algorithm, with branching for youth with special needs, defining specific action steps to be incorporated into routine care in partnership with youth and families	http://pediatrics.aappublications.org/content/pediatrics/early/2011/06/23/peds.2011-0969.full.pdf

Home. *Pediatrics*		
American College of Physicians (ACP). Pediatric to Adult Care Transitions Initiative.	• Collaborative effort between ACP's Council of Subspecialty Societies, Got Transition/Center for Health Care Transition Improvement, Society of General Internal Medicine, and Society for Adolescent Health and Medicine • Currently developing a toolkit that includes disease/condition-specific tools adapted from the Got Transition Six Core Elements of Health Care Transition, to support the transition experience for young adults with specific diseases and/or chronic conditions • Disease-specific tools include: o Transition readiness assessment o Medical summary/transfer record o Self-care assessment	https://www.acponline.org/clinical-information/high-value-care/resources-for-clinicians/pediatric-to-adult-care-transitions-initiative
Got Transition/Center for Health Care Transition Improvement based at The National Alliance to Advance Adolescent Health	• MCHB-funded National resource center focused on improving transition from pediatric to adult health care using the Six Core Elements of Health Care Transition in health plans and primary and specialty care practices • Got Transition partners with health systems and health professional training programs to improve transition clinical processes and competencies, builds young adult leadership, promotes health system performance and payment improvements, and serves as a clearinghouse for current transition information. • The website includes an extensive set of resources for health professionals, youth and families, and researchers and policymakers, including validated transition tools, systematic literature reviews, links to state transition websites, and more.	http://www.gottransition.org/

Health Care Transition Research Consortium (HCTRC) Model	• Mentioned in Betz. (2014). *Journal Pediatric Rehabilitation Medicine*. • Model composed of four domains integral to the health care transition o Individual o Family/Social Support o Environment (Community Resources & Education Systems) o Health Care System	http://dx.doi.org/10.3233/PRM-140277
Six Core Elements for Health Care Transition (2.0)	• Aligned with AAP/AAFP/ACP Clinical Report on Transition, the Six Core Elements define the basic components of health care transition support with linked sample tools and measurement resources • There are 3 packages of Six Core Elements tools that can be customized and are available in Spanish: 1) Transitioning Youth To Adult Health Care Providers (for use by Pediatric, Family Medicine, and Med-Peds Providers, 2) Transitioning to an Adult Approach to Health Care Without Changing Providers (for use by Family Medicine and Med-Peds Providers), and 3) Integrating Young Adults into Adult Health Care (for use by Internal Medicine, Family Medicine, and Med-Peds Providers).Six Core Elements (for pediatric providers) include: o Transition Policy o Transition Tracking and Monitoring o Transition Readiness o Transition Planning o Transfer of Care o Transfer Completion • Six Core Elements for (adult providers) include: o Young Adult Transition and Care Policy o Young Adult Tracking and Monitroing	http://www.gottransition.org/resourceGet.cfm?id=206

	○ Orientation to Adult Practice ○ Integration into Adult Practice ○ Initial Visit ○ Ongoing Care	
Socio-Ecological Model of Adolescent and Young Adult Readiness for Transition (SMART)	• Described in Schwartz (2011) • SMART COMPONENTS ○ Patient diseases skills and knowledge ○ Patient autonomy ○ Achievement of developmental milestones ○ Present patient psychosocial crisis ○ Parent involvement ○ Provider/patient communication about transition ○ Provider ability to identify an adult	http://dx.doi.org/10.1111/j.1365-2214.2011.01282.x

Data Sources

Data Source*	**Search Criteria**	**Web Link**
Cochrane Library	Search Term: adolescents transition to adult health care	N/A
Campbell Systematic Reviews	Search Term: adolescent transition adult health care	http://www.campbellcollaboration.org/googleSearchResults.php?cx=004862511394638544167%3A5zwj5piuxja&cof=FORID%3A11&ie=UTF-8&action=search&q=adolescent+transition+adult+health+care&sa.x=-277&sa.y=-539&sa=Search

	Search Term: adolescent transition adult special health care	http://www.campbellcollaboration.org/googleSearchResults.php?cx=004862511394638544167%3A5zwj5piuxja&cof=FORID%3A11&ie=UTF-8&action=search&q=2.%09adolescent+transition+adult+special+health+care&sa.x=-277&sa.y=-539&sa=Search
PubMed	Search Term: adolescents health transition review	http://www.ncbi.nlm.nih.gov/pubmed/?term=adolescents+health+transition+review
	Search Term: Got Transition	http://www.ncbi.nlm.nih.gov/pubmed/?term=Got+Transition
Google Scholar	Search Term: children with special needs transition to adult services	https://scholar.google.com/scholar?hl=en&q=children+with+special+needs+transition+to+adult+services&btnG=&as_sdt=1%2C21&as_sdtp=
	Search Term: Got Transition	https://scholar.google.com/scholar?hl=en&q=Got+Transition&btnG=&as_sdt=1%2C21&as_sdtp=
CINAHL Plus	Search Term: adult transition AND adult health AND care	N/A
AMCHP Innovation Station	State: all Region: all Practice Category: all Primary Topic: all National Performance Measures: all Year: N/A Keywords: adolescent health	http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/default.aspx
Georgetown Knowledge Base	MCH Knowledge Base and Library Collection → Title V Toolkits → Evaluation Toolkit → Evaluation (Target) Population → Adolescents (Ages 11-21)	http://ncemch.org/toolkits/evaluation_results.php?searchType=full&Population%5B%5D=Adolescents
	MCH Knowledge Base and Library Collection → Professional Resource Guides and Briefs → Adolescent Health	http://ncemch.org/guides/adolescent.php

	MCH Knowledge Base and Library Collection → Professional Resource Guides and Briefs → Transitions	http://ncemch.org/evidence/NPM-12-transition.php
	MCH Knowledge Base and Library Collection → Professional Resource Guides and Briefs → Children and Youths with Special Health Care Needs	http://ncemch.org/knowledge/CSHCN.php

***The Strengthen the Evidence Team of Experts and selected HRSA discretionary grantees contributed to the identification of data sources*

Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
• Types of studies: reviews of studies and scholarly websites • Language: English • Populations of interest: adolescents with and without special health care needs and this population's transition to adult health care services	• Articles describing single strategies that are not part of a larger review • Studies or interventions conducted in non-applicable international, medical settings • Adult populations