



Your Guide to Making the Move from Pediatric to Adult Care

written by the Teen Advisory Committee

## **Read This!**

This guide was created to help teens and young adults in their transition from pediatric to adult care providers. We know that this move can be scary and confusing, so we wanted to help make the process a little easier by giving some tips and tricks.

The Teen Advisory Committee has been working on this project for the last few years (while adding a few side projects along the way). To create the content for this guide, we drew upon the lessons we learned from interviews with doctors, nurses and other medical professionals in pediatric and adult care settings. We also reviewed a multitude of transition guides available from other hospitals and organizations.

This tool is meant to serve as a guide, not as a list of rules. We hope it helps you on your journey.

Best of luck, Members of the Teen Advisory Committee

# ABOUT THE TEEN ADVISORY COMMITTEE

FORMED IN 2002, THE TEEN ADVISORY COMMITTEE (TAC) CONSISTS OF MORE THAN 20 ADOLESCENTS AND YOUNG ADULTS RANGING IN AGE FROM 14 TO 22 YEARS OLD WHO RECEIVE CARE AT BOSTON CHILDREN'S HOSPITAL. MEMBERS OF THE TAC SIT ON HOSPITAL—WIDE COMMITTEES AND GIVE ONGOING INPUT ON SPECIFIC PROJECTS. OUR ROLE IS TO REPRESENT THE ADOLESCENT PERSPECTIVE.

SOME OF THE WORK WE'VE DONE INCLUDES:

- -QUALITY IMPROVEMENT PROJECTS
- -ADVOCATING FOR SPECIFIC LEGISLATION
- —HOSPITAL AND INTERNATIONAL PRESENTATIONS ON TRANSITION OF CARE
- -CREATION OF VIDEOS FOR ADOLESCENT PATIENTS ON PREPARING FOR INPATIENT AND OUTPATIENT VISITS

TO LEARN MORE ABOUT THE TEEN ADVISORY COMMITTEE, PLEASE VISIT WWW.CHILDRENSHOSPITAL.ORG/TAC.



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# WHEN DOES IT HAPPEN?

TRANSITIONING TO AN ADULT CARE PROVIDER DOESN'T HAVE A SET TIME FRAME; HOWEVER, THE PROCESS TYPICALLY STARTS IN YOUR TEEN YEARS (IF IT HASN'T YET, DON'T WORRY!). THE DECISION TO TRANSITION SHOULD BE BETWEEN YOU AND YOUR PEDIATRICIAN. YOU SHOULD FEEL COMFORTABLE ENOUGH WITH YOUR CURRENT SITUATION TO BE ABLE TO MANAGE YOUR OWN HEALTH CARE. IT'S A GOOD IDEA TO START PLANNING YOUR TRANSITION WHILE YOU ARE IN HIGH SCHOOL AND STILL HAVE A SAFETY NET. THAT WAY AFTER GRADUATION, YOU'LL ALREADY HAVE EXPERIENCE WITH INDEPENDENTLY MANAGING YOUR HEALTH CARE.



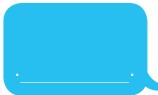
# ARE YOU READY TO TRANSITION?

	CAN YOU DESCRIBE YOUR MEDICAL
	CONDITION TO SOMEONE ELSE?
Î	DO YOU KNOW THE MEDICATION AND/OR
	EQUIPMENT YOU USE TO MANAGE
•	YOUR CONDITION?
;	DO YOU RELY ON YOUR PARENTS TO SPEAK
	FOR YOU WHILE MEETING WITH DOCTORS?
l	CAN YOU <mark>SET UP AN APPOINTMENT</mark> BY
	YOURSELF?
	DO YOU UNDERSTAND HOW INSURANCE
	WORKS AND HOW IT AFFECTS YOU?

## HAYING THE CONVERSATION

Today 12:07 PM

So, Dr. \_\_\_\_\_, I would like to talk to you about the process of transitioning. I've been with you for \_\_\_\_\_ years and I would like to know if you think it is time for me to move on to an adult provider.



It's a whale.

Delivered





## WHAT KIND OF ADULT PROVIDER DO I WANT?







Location

## WHAT SHOULD I ASK MY CURRENT DOCTOR?

- -RECOMMENDATIONS OF REPUTABLE ADULT PROVIDERS
- -STEPS TO FINDING A NEW ADULT DOCTOR
- -HOW TO TRANSFER MEDICAL RECORDS
- -MATERIALS NEEDED FOR FIRST APPOINTMENT WITH
  ADULT DOCTOR
- -INFORMATION TO PROVIDE TO SCHOOL OR JOB ABOUT DIAGNOSIS

### EVERYONE'S ROLE





#### YOU

TAKE INITIATIVE BY MAKING YOUR APPOINTMENTS. KNOW THE TYPE OF INSURANCE YOU HAVE, THE MEDICATIONS YOU TAKE, THE ALLERGIES YOU HAVE AND YOUR FAMILY HISTORY. HAVE ONE—ON—ONE TIME WITH YOUR PROVIDERS (WITHOUT YOUR PARENTS).

#### YOUR PARENTS/ GUARDIANS

REMIND YOUR PARENTS/GUARDIANS
THAT TRANSITIONING DOESN'T HAPPEN
OVERNIGHT. THEY SHOULD EDUCATE YOU
ABOUT YOUR HEALTH CONDITION AND
HISTORY. THEY SHOULD BE PROUD OF
YOU FOR TAKING THE INITIATIVE TO
MANAGE YOUR OWN HEALTH CARE, AND
SHOULD SUPPORT YOU THROUGH THIS
PROCESS.



#### **PROVIDER**

YOUR PEDIATRIC HEALTH
CARE PROVIDER SHOULD
START THE CONVERSATION
ABOUT TRANSITION WITH
YOUR FAMILY, HE OR SHE
SHOULD START TALKING
DIRECTLY WITH YOU DURING
APPOINTMENTS AND HELP
YOU TO FIND THE RIGHT
ADULT CARE PROVIDER
WHEN YOU ARE READY.

#### THINGS TO DO

- ☐ MAKE SURE RECOMMENDED

  PROVIDER IS IN YOUR HEALTH

  INSURANCE NETWORK
- ☐ SCHEDULE INFORMATIONAL INTERVIEWS WITH ADULT CARE PROVIDERS
- ☐ WHEN MAKING AN
  APPOINTMENT, ASK STAFF:
  - -WHAT TO BRING
  - -HOW LONG APPOINTMENTS
    TYPICALLY LAST
  - -FOR DIRECTIONS
  - -IF THERE IS A PATIENT PORTAL
- ☐ BRING MEDICAL RECORDS

  TO APPOINTMENT, IF NEEDED

### FINDING SUPPORT

#### FOR YOUR FIRST APPOINTMENT



It is personal preference whether you want a support person at your first adult care appointment. Here are some options to consider:

- HAVE A SUPPORT PERSON AVAILABLE TO YOU BY PHONE, OR ASK HIM OR HER TO WAIT IN THE WAITING ROOM
- ASK YOUR SUPPORT PERSON IF THERE'S ANYTHING THEY
  THINK YOU SHOULD BRING UP DURING YOUR APPOINTMENT
- TRY TO ANSWER ALL QUESTIONS YOURSELF AND HANDLE THE APPOINTMENT ON YOUR OWN AS MUCH AS POSSIBLE

## PLAN AHEAD

S	М	Т	W	Т	F	S
12	13	14	15	16	17	18
	KNOW AS I	MUCH AS	POSSIBLE	ABOUT Y	OUR MEDIO	CAL
	HISTORY (E	.G. PAST	PROCEDUR	ES, MEDI	CAL EQUIPI	MENT).
	FIND OUT I	HOW TO S	SEND YOU	R MEDICA	AL HISTORY	10
	YOUR NEW	PROVIDER	A FEW	MEEKS IN	N ADVANCE	
	ASK HOW L	ONG THE	FIRST API	POINTMEI	VT WILL B	Ε.
	GET TO YO	UR APPOII	NTMENT (	ARLY TO	AVOID MI	SSING
	IT AND TO	ALLOW F	OR TIME	TO FILL	OUT FORM	S.
	BE SURE TO	CHECK I	n at the	FRONT	DESK AND	SHOM
	YOUR INSU	RANCE CA	RD/PAY A	CO-PAY	<b>′</b> .	

Today Calendars Inbox

### **GETTING ORGANIZED**

#### BEFORE YOUR FIRST APPOINTMENT

IT MAY BE HELPFUL TO HAVE A WRITTEN LIST OF THINGS YOU WANT TO COVER DURING YOUR APPOINTMENT, BUT DON'T FEEL LIKE YOU NEED TO STICK TO A SCHEDULE.

### **HELLO**

my name is

- -LIST OF MEDICATIONS YOU ARE TAKING
- -ANY SUPPLIES/EQUIPMENT YOU USE
- -ANY URGENT OR MAJOR CONCERNS YOU MAY HAVE GOING ON (FOR EXAMPLE: HOW TO GET REFILLS OF MEDICINE, SUPPLIES SENT TO YOU, ETC.)
- -BASIC OUTLINE OF YOUR MEDICAL HISTORY
- -HOW YOU BEST LEARN INFORMATION

### HELPFUL TIPS

- DON'T BE AFRAID TO ASSERT YOURSELF AND ASK FOR HELP.
- SPEAK UP AND ASK AS MANY QUESTIONS AS YOU NEED (FOR EXAMPLE: DON'T BE AFRAID TO SAY THAT AN APPOINTMENT TIME ISN'T GOOD FOR YOU OR ASK FOR DIRECTIONS).
- KNOW THE OFFICE HOURS JUST IN CASE YOU HAVE AN URGENT QUESTION OR CONCERN.
- DON'T FORGET TO CHECK OUT AND MAKE A FOLLOW UP APPOINTMENT BEFORE YOU LEAVE.

#### MAKING IT WORK



BUILDING A NEW RELATIONSHIP CAN BE SCARY, ESPECIALLY WITH A NEW DOCTOR. HERE ARE SOME WAYS TO BUILD A BETTER RELATIONSHIP.

-TALK ABOUT IT WITH SOMEONE YOU TRUST.

-KEEP AN OPEN MIND.

-GIVE TIME FOR THE RELATIONSHIP TO DEVELOP.

-TALK TO YOUR NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT.

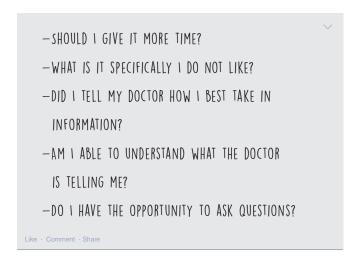
THEY WILL BE WORKING CLOSELY WITH YOUR DOCTOR AND

CHECKING IN WITH YOU DURING APPOINTMENTS.

-LET YOUR NEW DOCTOR KNOW WHAT MAKES YOU FEEL

COMFORTABLE AND UNCOMFORTABLE.

## IF YOU STILL ARE NOT SATISFIED WITH YOUR NEW CARE PROVIDER. ASK YOURSELF THESE QUESTIONS:



REMEMBER, NOT EVERY FRIENDSHIP WORKS OUT IN THE END. IF YOU HAVE GIVEN IT TIME AND YOU ARE STILL GETTING NOWHERE, YOU SHOULD CONSIDER FINDING A NEW ADULT PROVIDER.

# ADDITIONAL RESOURCES



## BOSTON CHILDREN'S HOSPITAL'S TEEN RESOURCES

www.childrenshospital.org/patient-resources/teen-resources



TIPS FOR TEENS
VISITING THE HOSPITAL

www.childrenshospital.org/patient-resources/teen-resources/tips-for-teens



#### CHILDREN'S MEDICAL SERVICES: HEALTH CARE TRANSITION GUIDE FOR YOUNG ADULTS

www.region10.org/r10website/assets/File/whenyouare18brochure.pdf



HEALTH EDUCATION RESOURCE EXCHANGE: YOUR LIFE, YOUR HEALTH, YOUR WAY

http://here.doh.wa.gov/materials/life-health-way



GOT TRANSITION?

www.gottransition.org



PENNSYLVANIA DEPARTMENT OF PUBLIC HEALTH: TRANSITION HEALTH CARE CHECKLIST

www.pbsd.k12.pa.us/Downloads/healthcare-checklist.pdf

### TOOLS YOU CAN USE

#### CURRENT LIST OF HEALTH CARE PROVIDERS

Name	Specialty

# of years you've worked with MD	Contact Information

#### DISEASE NAME AND SYMPTOMS

Disease Name

Symptoms

#### SURGICAL HISTORY

Date (oldest first)	Surgery	Surgeon

Cause	Other Details

#### MY MEDICATIONS

Name of Medicine	Why do you take it?	Dose

How many times do you take per day?	When do you take it? (morning, noon, night)	Name of doctor who prescribed medicine

#### ALLERGIES

Allergy (for example: food, medicine, etc)	Type of reaction (for example: trouble

e breathing, swelling, rash, etc.)	Years that you've had allergy (if known)

#### MEDICAL EQUIPMENT

Type of equipment	Prescribing doctor's name

Prescribing doctor's contact information	Special instructions/ details

#### INSURANCE (SUCH AS MEDICAL, DENTAL, MENTAL H

Name of Insurance	Member ID
Insurance Policy Details:	

#### EALTH, VISION OR PRESCRIPTION)

Contact information



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