



HEALTH CARE TRANSITION NEWS

February 2016

Got Transition/Center for Health Care Transition Improvement is a cooperative agreement between the Maternal and Child Health Bureau and The National Alliance to Advance Adolescent Health

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[This e-newsletter keeps you up-to-date about current activities of Got Transition and related health care transition topics of interest to the adolescent health community.](#)

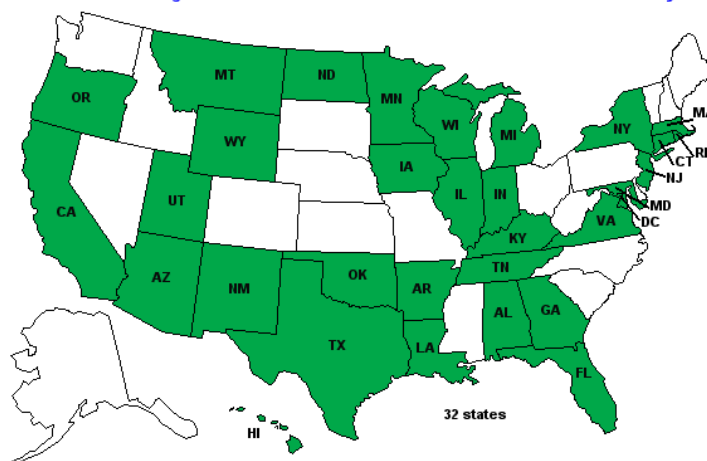
Please share any transition-related items you'd like highlighted in our next issue at info@gottransition.org.

And be sure to check out www.GotTransition.org for all your news and resources on the transition of young adults to adult health care!

32 States Select Health Care Transition as a Priority

State Title V agencies representing every region of the country have selected transition as one of their priorities to address over the next five years. Based on a recent analysis of 2015 state Title V Block Grant Applications, 24 of the 32 states (75%) plan to focus their transition efforts on youth with special needs, and 8 states (25%) intend to address both youth with and without special needs. To ensure states' use of evidence-informed approaches, Got Transition has prepared a new report -- "[State Title V Health Care Transition Performance Objectives and Strategies: Current Snapshot and Suggestions](#)" -- that offers specific suggestions for 1) aligning transition objectives with the new transition measure in the upcoming National Survey of Children's Health and the Six Core Elements of Health Care Transition, and 2) selecting measurable strategies related to expanding

States Selecting Transition as a Title V National Performance Measure Priority



availability of adult providers, assessing health care transition implementation, and increasing quality improvement and educational efforts using the Six Core Elements. A subsequent report will be released shortly by Got Transition that focuses on the integration of transition with related performance measures -- medical home, adolescent well care, well care services for women, and adequate health insurance

Got Transition also offered guidance to states through a webinar series hosted by AMCHP and the Johns Hopkins University Bloomberg School of Public Health -- "Taking Action with Evidence: Implementation Roadmap." View the webinar and other materials regarding the transition performance measure #12 [HERE](#).

Transition Readiness and Self-Care Assessment Now Billable Under CPT Code 99420

CPT code 99420 -- "Administration and interpretation of health risk assessment" -- can be used to report transition readiness assessments conducted with youth and self-care assessments conducted with young adults. A standardized, scorable instrument must be used and recorded in the clinical documentation for the encounter. Got Transition's Six Core Elements of Health Care Transition include two scorable general instruments: the transition [readiness assessment](#) (for youth preparing for self-care) and [self-care assessment](#) (for young adults) instruments. Other standardized scorable tools include the Transition Readiness Assessment Questionnaire (TRAQ), On TRAC, UNC TRxANSITION SCALE, STARx Questionnaire, and the Patient Activation Measure. Read the updated [Coding and Reimbursement Tip Sheet for Transition from Pediatric to Adult Health Care](#) to learn more about CPT Code 99420 and other transition-related billing options.

Recent Reaffirmation of AAP/AAFP/ACP Clinical Report on Health Care Transition and Plans for Updating Clinical Report

The clinical report, "[Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home](#)," from the American Academy of Pediatrics, American Academy of Family Physicians, and American College of Physicians, originally published in 2011, received a statement of reaffirmation in the November 2015 issues of *Pediatrics*. The Clinical Report provides guidance on how pediatricians, family physicians, and internists can incorporate transition into their practices for all youth and young adults, including those with special health care needs, as they transition to an adult model of health care. Over the next 12-18 months, the Transition Clinical Report will be updated under the leadership of Drs. Patience White and Carl Cooley.

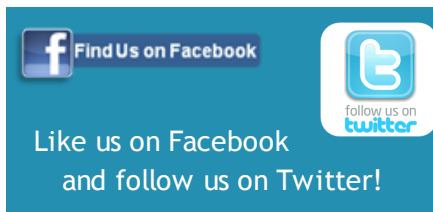
Online Continuing Medical Education (CME) Course on Six Core Elements of Health Care Transition Available

"Health Care Transition for Adolescents and Young Adults" is a one-hour only CME course that presents the experiences of pediatric, family medicine, and internal medicine leaders from the District of Columbia who piloted the Six Core Elements as part of a transition learning collaborative. Dr. Patience White, Got Transition's co-director, provides an overview of the AAP/AAFP/ACP Clinical Report. This is followed by physician leaders presenting quality improvement strategies, challenges, and benefits involved in implementing each core element. The course is jointly sponsored by the Health Services for Children with Special Needs (HSCSN), [The National Alliance to Advance Adolescent Health](#)/Got Transition, and the District of Columbia Department of Health. HSCSN is a DC Medicaid health plan that provides health services to children and young adults up to age 26 with SSI-eligible conditions. Click [HERE](#) to sign up for the CME, which will be available through January 2017.



New AAP Medical Home Modules, including Transition, for Pediatric Residency Education

The AAP's National Center for Medical Home Implementation, led by Drs. Renee Turchi and Aditee Narayan, released a new set of five educational modules to be incorporated into pediatric residency training programs that include 1) Laying the Foundation for a Patient- and Family-Centered Medical Home, 2) Leveraging the Power of Care Coordination, 3) Developing an Effective Care Plan, 4) **Facilitating the Transition from Pediatric to Adult Care**, and 5) Developing Effective Team-Based Care. The transition module, based on the AAP/AAFP/ACP Clinical Report and the Six Core Elements, has two objectives: to "describe the role and importance of a medical home in the transition of pediatric patients to adult-oriented systems, including planning this transition during the preteen years," and "demonstrate successful transition of care to an adult medical community professional using a transition plan and [transition resources](#)." [Click here to see the AAP medical modules](#).



The National Alliance to Advance Adolescent Health/Got Transition

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