

# **Telehealth Toolkit**

for a Joint Visit with Pediatric and Adult Health Care Clinicians and Transferring Young Adults

Developed by
Patience H. White, MD, MA
Co-Director, Got Transition
Adam Greenberg, MSN, CRNP
Co-Director, Adult Care and Transition Team
Children's Hospital of Philadelphia

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, U1TMC31756. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.



#### **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 care professionals and youth, families, and caregivers. For more health care transition resources and information about Got Transition, please visit GotTransition.org. For more information about The National Alliance to Advance Adolescent Health, please visit TheNationalAlliance.org.

#### Introduction

This tip sheet offers pediatric and adult clinicians sample content that can be used to facilitate a "warm handoff" to adult care as well as a sample resource for the transferring young adult that explains the telehealth visit. Some young adults may need or wish to have their parent/caregiver present for the joint telehealth visit and customizing the "Information about the Joint Telehealth Visit for Young Adults" (page 6) to include the parent/ caregiver is suggested.

Having a shared communication between the past and future clinicians and the patient helps to strengthen continuity of care. It also helps to improve the comfort and confidence that the transferring young adult and their parent/caregiver has with their new clinician. It represents an important opportunity for the transferring young adult and their parent/caregiver to convey their preferences and ask questions. This joint telehealth visit is not intended as a substitute for the initial adult visit, during which more time will be spent learning about the new patient and supporting their health and wellness priorities.<sup>1</sup>

The two tip sheets are to be used as a general guide for the agenda of the joint telehealth visit. Both can be customized to the practice and young adult and family situation (click here to customize the sample content and click here to customize the information for young adults). For example, more information may be added about the details of care and information exchanged for a young adult with greater complexities. Also, the agenda could be customized to include the young adult/caregiver in the entire virtual joint visit or just part of the visit, if the clinicians would like some time to communicate detailed clinical information that the new adult clinician should know in order to care for the young adult at the first visit.

Sample Content for Joint Health Care Transition Telehealth Visit	page 3
Information about the Joint Telehealth Visit for Young Adults Adults	page 6

<sup>&</sup>lt;sup>1</sup>The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families: Implementation Quick Start Guide Warm Handoff. Agency for Healthcare Research and Quality. <a href="https://www.ahrq.qov/sites/default/files/wysiwyq/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-gsq-brochure.pdf">https://www.ahrq.qov/sites/default/files/wysiwyq/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/warm-handoff-gsq-brochure.pdf</a>



### Sample Content for a Joint Health Care Transition Telehealth Visit

This resource includes suggestions for the timing and content of a joint health care transition (HCT) telehealth visit to be conducted in advance of the young adult's initial adult health care visit. The content should be customized for the practice's patient population.

This joint telehealth visit can be organized into two segments:

- 1) Initial Segment Communication between the young adult and the pediatric and adult clinicians
- Second Segment Communication/warm handoff between the sending pediatric and receiving adult clinicians. The young adult and clinicians will decide if the young adult should stay on the virtual visit through the second segment.

#### **BEFORE** the Joint Visit:

- The adult clinician should share the welcome letter and the practice's FAQs with the young adult (click here for example).
- The pediatric clinician should share the medical summary and emergency care plan with the young adult (click here for example).
- Be thoughtful about confidentiality for the young adult. Discuss with the young adult and parent/ caregiver about the options of having the parent/caregiver present for all, part, or none of the joint telehealth visit.

#### **DURING** the Joint Visit:

#### **WHO**

- Young adult
- Pediatric and adult clinicians (e.g., physician/nurse/social workers/care manager, other key team members as needed)
- Parent/caregiver may be present, if appropriate, for some or all the visit

#### **GOALS**

- Provide the young adult the opportunity to meet and engage with new adult clinician(s)
- 2) Ensure a warm handoff between pediatric and adult clinicians
- 3) Promote the young adult's involvement in the conversation by providing an opportunity for them to ask questions about the transfer to adult care
- 4) Clarify next steps for the first adult clinician visit (e.g., appointment time, location)

#### **TIMING**

- The length of the telehealth visit generally should be determined by the complexity of the young adult's medical and psychosocial issues that need to be reviewed.
- For joint telehealth visits, a 30-minute visit could be planned with the initial segment lasting 10-15 minutes and the second lasting 15-20 minutes.



### **Suggested Content/Agenda:**

#### **INITIAL SEGMENT**

Communication between the young adult and the pediatric and adult clinicians.

#### Led by the pediatric clinician and/or care manager:

- 1) Share introductions (e.g., names of participants and a summary statement about the young adult).
- 2) Confirm with the adult clinician that they received a copy of the medical summary and any other needed documents (e.g., imaging, decision-making support information, if needed) if not shared during the joint visit.
- 3) Ask the young adult what they want the new adult clinician to know about them that might make the initial adult visit more comfortable (e.g., non-medical information).
- 4) Assure the young adult that they can and should contact their pediatric clinician for questions (e.g., medication renewals) prior to their first adult visit and discuss when the adult clinician will take over the responsibility of answering those questions.
- 5) Discuss ongoing issues that the adult clinician needs to address in the first visit.

#### Led by the adult clinician:

- 1) Confirm clinical priorities with pediatric clinician and young adult/caregiver and determine what else they want to add.
- 2) Mention the adult clinician's experience caring for young adults with similar conditions.
- 3) Provide an overview of the first adult visit, including what to expect and how to prepare (e.g., logistics, what they need to bring to the appointment see practice example below in resources).
- 4) Ask the young adult what questions they have about the new practice before their first visit.
- 5) Identify the best way to contact the young adult (e.g., text, call).

#### **SECOND SEGMENT**

Communication/warm handoff between the sending pediatric and receiving adult clinicians.

The young adult and clinicians will decide if the young adult should stay on the virtual visit through the second segment.

#### Consider the following:

- 1) Questions about key aspects of the care of the young adult not conveyed in the medical summary prepared by the pediatric clinician (e.g., social complexities facing the young adult). Note: This may be shared on a separate call if the young adult and parent/caregiver are on the call and the pediatric clinician feels the information is sensitive.
- 2) Questions about the young adult's chronic medical/behavioral health conditions from the adult clinician (e.g., other medical and community referrals needed, equipment needs/referrals, reauthorization for care required in the home).
- 3) Clarifying questions about how the new adult clinicians can reach/consult the pediatric clinician, if needed. *Note: This may be shared in a separate call if the pediatric and adult clinicians do not want their mobile phone numbers shared with the young adult.*



#### **Additional Resources:**

#### PRACTICE SCRIPT EXAMPLE

From a University of Pennsylvania adult practice nurse practitioner's joint telehealth visit sharing information about the first adult visit:

- 1. Introduction to my role as a nurse practitioner, the goal of the visit, and description of the transition pathway.
- 2. Differences between pediatric and adult practices (e.g., utilization of NPs for clinic visits, who to call for refills, how to communicate with clinicians during and after business hours).
- 3. What to know for first visit (e.g., records can be accessed electronically but still bring imaging on disk to the appointment; expect to provide history of past treatments; the clinician may speak to young adult with or without parent/caregiver present for some or all of visit).
- 4. Where to go (e.g., clinic location, traffic issues, arrive early, late policy).

#### SAMPLE CONTENT

For an adult clinician initial visit from Got Transition's Six Core Elements of HCT (click here).

### **Acknowledgements:**

Alexandra Bullock, MSW, LCSW: Children's Hospital of Philadelphia

Marissa Digiovine, MD: Children's Hospital of Philadelphia

Bethany Thomas, DNP, CNRN: Penn Medicine



# Information about a Joint Telehealth Visit for Young Adults

To help with your move to an adult doctor, you can be a part of a joint telehealth visit. The joint telehealth visit will be about 15-30 minutes. Here is what you need to know **before** the visit:

### 1 Who will be there?

- You (the young adult)
- Your pediatric doctor/team
- Your new adult doctor/team
- If appropriate, your caregiver\*
   \*Note: You and your caregiver can decide if they
   will be present for all, part, or none of the visit. Be
   thoughtful about confidentiality.

## 2 What will happen?

- You will meet your new doctor
- You can ask questions about your new doctor and their office

### 3 What are some questions to ask about the visit?

#### **Example questions to ask your new doctor:**

- How do I get to the office? What should I bring? Is the office accessible?
- Do you have an up-to-date medical summary of my health condition?
- How do I schedule a visit?
- Who do I contact if I have an urgent health care need?
- How will you communicate with my other specialty doctor?
- How often do I need to see you?
- What telehealth platform does your office use?

# Example questions to ask your new doctor if you want your caregiver to join you so they can talk with the doctor about your health:

- Can my caregiver join for some or all of the telehealth visit?
- How will you communicate with my caregiver?
- What paperwork do you need so you can communicate with my caregiver about my health?

# What do you want to tell your new doctor, so they know you better?

- Something about your medical history?
- Something you enjoy, like sports or drawing?
- Something you are worried about at the new office, like blood tests?
- Who else would you like to be involved in your health care?

# 5 After the visit

Work with your pediatric doctor's office or call the adult doctor's office to set up your first visit with your new adult doctor.

# 6 Helpful Resources

- Family Voices telehealth checklist (click here)
- Got Transition's
   Resource Infographic
   (click here)
- Got Transition's Family Toolkit (<u>click here</u>)

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, U1TMC31756. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government.