Background

- Transition from the pediatric to the adult care setting is a vulnerable period for adolescents and young adults.
- Transition improves healthcare outcomes and reduces costs. Thus, the “Six Core Elements of Health Care Transition 2.0” guidelines were established:
  - Evidence suggests the use of provider education, EMR-based technologies, and constant visual reminders as strategies to optimizing adoption of the best practice recommendations in clinical practice.

Purpose & Aims

The purpose of this quality improvement (QI) project was to determine if a combination of evidence-based interventions would facilitate transition counseling and increase adherence to transition practice recommendations at an adolescent primary care clinic.

- **Aim 1**: Increase transition counseling by improving provider knowledge of transition topics and use of available EMR-based technology as measured by chart audit.
- **Aim 2**: Assess post-intervention provider satisfaction using a Qualtrics survey adapted from Weimann et al. (2015).

Methods

**Design**: Pre- and post-test pilot study over a 20-week period.

**Setting**: Adolescent primary care clinic affiliated with an academic hospital.

**Sample**: 2 convenience samples
  - Electronic medical records of patients, ages 17 to 26 years
  - Adolescent clinic providers who received educational in-service

**Interventions & Procedures**:
  - Collaborated with IT and Chief of Pediatrics to build an EMR Best Practice Alert (BPA)
  - Created educational in-service materials: PowerPoint lecture and infographics
  - Conducted educational in-service during a staff meeting and monthly resident orientation
  - Posted infographics (Figure 1) in provider workroom
  - Administered a post-intervention Provider Satisfaction Survey
  - Incorporated educational in-service materials in residency orientation process

**Results**

- Twenty-three of 28 eligible providers recruited during a staff meeting and monthly resident orientation program.
- 200 patient charts were audited, 100 each from the pre- and post-test groups.
- Twenty-nine percent increase in documented transition counseling for meeting all three benchmark criteria (Graph 1).

**Conclusions**

- Feasible to develop an EMR-based BPA with participating providers reporting satisfaction with its ease of use, accessibility, and efficiency.
- An EMR-based BPA can be a clinically significant and sustainable transition tool as long as providers are formally educated and trained on its use.
- Need more innovative payment approaches to incentivize provision of transition services, reduce the burden on providers, increase adoption of practice recommendations.

**Dissemination**

- Project results presented at project site’s grand rounds.
- Abstract was accepted to the National Association of Pediatric Nurse Practitioners – Maryland Chesapeake Chapter’s Spring 2020 Conference.
- Manuscript pending submission to a peer-review journal to inform adolescent providers regarding the utility of EMR technology in transition counseling.