

A Recommended Approach to the Young Adult with Growth Hormone Deficiency Transitioning to Your Adult Endocrinology Practice

BY THE ENDOCRINE SOCIETY

BACKGROUND FOR TRANSITION VISITS

- A patient transitioning from Pediatric to Adult Endocrinology is a special situation. A team approach can be very effective.
- The patient is not yet fully initiated into the “adult model” and may require assistance and support.
- Parents should be allowed to attend appointments if the patient desires, especially initially. It is recommended that the patient complete a visitor information form to inform the new provider who, if anyone, can attend appointments. Consider asking the patient to sign a form allowing the healthcare team to communicate with the patient’s parents.
- Extra consideration in scheduling and confirming the appointment may be necessary.
- The patient may also need assistance with:
 - The “unknown” of a new facility (directions, parking issues, etc.)
 - Insurance issues
 - Expectations for what to bring to appointment:
 - Insurance card
 - Paperwork from former pediatric endocrinologist that includes prior laboratory tests and treatment regimens.
 - Forms for the new physician (online, mailed, etc.)
 - List of medications or actual prescription bottles
- The new healthcare team should greet the patient with the awareness that s/he is transferring care and provide support and assistance with the check-in process and paperwork.
 - Confirm contact information for the patient, ask about her/his preferred name, and how s/he prefers to be contacted (cell phone, text, or email, depending on practice situation).
 - If you have a “Welcome to the Practice” guide, consider providing this information to your new patient.

THE FIRST ENCOUNTER: ALLOW AMPLE TIME

- Review HIPAA and determine if parents/others are permitted to receive/hear information about the transitioning young adult.
- Review contact information during office hours and for evenings/weekends in case questions arise or for any urgent management issues.
- Review the clinical summary with the patient or, if the patient is transitioning without a summary from her/his prior physician, cover the items on the clinical summary during the history process.
 - Pay special attention to anxiety, fears, substance abuse, coping, and family stressors
 - If the patient receives glucocorticoid therapy, does s/he know the concept of stress dosing? Does the patient have a written “protocol” to manage these situations and when to call for additional care? Does the patient wear a MedicAlert™ identification bracelet or necklace?
- Ask about any concerns or questions: If you have a fact sheet on the topic of interest, consider providing it to the patient.
- Discuss care plan for ongoing follow-up:
 - Discuss expectations of how an ‘adult’ clinic will work in the future (how the patient can get the most out of the visit).
 - Discuss how to handle interim questions – Crisis and Non-urgent (When do you want the patient to call? With whom should they speak – staff, nurse, physician? What is the best way to communicate?)
 - Let the patient know if there is a specific urgent care/ER/hospital in which the physician works and assess if it is covered by the patient’s insurance.
 - Discuss where to go to have lab tests performed.
 - Assess need for/willingness for any additional education.