



Module 4: Assessing Transition Readiness

Learning Objectives

- ▶ Discuss the importance of transition readiness assessment
- ▶ Administer assessment tools
- ▶ Use assessment worksheets with patients and caregivers



Assessing Transition Readiness: Significance

The Transition Process

1. Envisioning a Future

5. Doctor Visits

2. Basic Knowledge

6. Health Care Transition

3. Health Care Practices

7. Transition to Adulthood

4. Medications &
Equipment

8. Health Care Systems



Transition Readiness

- ▶ Patient's confidence in and ability to
 - ▶ Direct their care
 - ▶ Transfer to adult medicine

YSHCN Transition Readiness

- ▶ Assess knowledge and abilities:
 - ▶ Their chronic condition
 - ▶ Good health habits
 - ▶ Sexual health

Up Next! Video Clip!

- ▶ Patient interview with Jim

- ▶ First of 2 videos

Transition Readiness: Patient Perspective





Assessing Transition Readiness: Patient Tools

Assessment Tools

- ▶ TRAQ
- ▶ Transition Planning Guides
 - ▶ Assessment worksheets

TRAQ

Transition Readiness Assessment Questionnaire (TRAQ)

Directions to Youth and Young Adults: Please check the box that best describes your skill level in the following areas that are important for transition to adult health care. There is no right or wrong answer and your answers will remain confidential and private.

Directions to Caregivers/Parents: If your youth or young adult is unable to complete the tasks below on their own, please check the box that best describes your skill level. Check here if you are a parent/caregiver completing this form.

	No, I do not know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
<i>Managing Medications</i>					
1. Do you fill a prescription if you need to?					
2. Do you know what to do if you are having a bad reaction to your medications?					
3. Do you take medications correctly and on your own?					
4. Do you reorder medications before they run out?					
<i>Appointment Keeping</i>					
5. Do you call the doctor's office to make an appointment?					
6. Do you follow-up on any referral for tests, check-ups or labs?					
7. Do you arrange for your ride to medical appointments?					
8. Do you call the doctor about unusual changes in your health (For example: Allergic reactions)?					

TRAQ Responses

No, I do not know how	No, but I want to learn	No, but I am learning to do this	Yes, I have started doing this	Yes, I always do this when I need to
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TRAQ Skill Categories

- ▶ Managing Medications
- ▶ Appointment Keeping
- ▶ Tracking Health Issues
- ▶ Talking with Providers
- ▶ Managing Daily Activities

Assessing with TRAQ

- ▶ Complete assessment
- ▶ Make a plan
 - ▶ With goals
- ▶ Reassess annually
 - ▶ Update the plan

TRAQ Directions for Patients

Directions to Youth and Young Adults: Please check the box that best describes **your** skill level in the following areas that are important for transition to adult health care. There is no right or wrong answer and your answers will remain confidential and private.



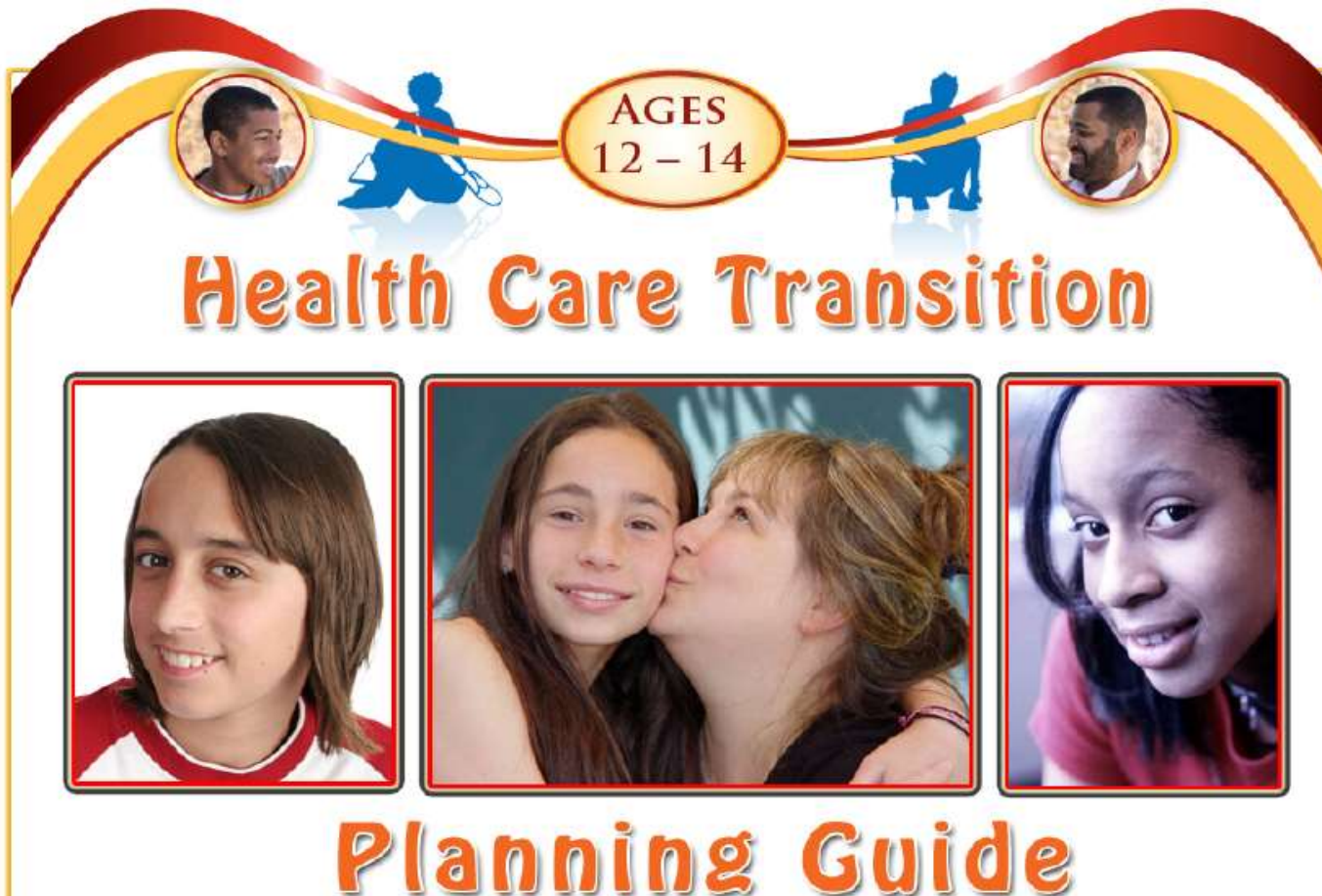
Transition Planning Guides

- ▶ Three guides
- ▶ By ages & transition stages
- ▶ Assessment worksheets

Planning Guide Sections

- ▶ Thinking About the Future
- ▶ Doctor Visits
- ▶ Basic Knowledge
- ▶ Health Care Transition
- ▶ Health Care Practices
- ▶ Transition to Adulthood
- ▶ Medications, Medical Tests, Equipment, and Supplies
- ▶ Health Care Systems

Planning Guide 1: Envisioning a Future



The graphic features a decorative arch with red and yellow wavy borders. At the top center, a yellow oval contains the text "AGES 12 - 14". To the left and right of this oval are blue silhouettes of a person sitting in a wheelchair. Further out on the arch are two circular portraits of young men. Below the arch, the text "Health Care Transition" is written in a large, orange, bubbly font. Underneath this text are three rectangular photographs: a young woman with brown hair smiling, a young woman with long dark hair being kissed on the cheek by an older woman, and a young woman with dark hair smiling. At the bottom of the graphic, the text "Planning Guide" is written in the same orange, bubbly font.

AGES
12 - 14

Health Care Transition

Planning Guide

Planning Guide 2: Age of Responsibility

AGES
15 - 17

Health Care Transition

Planning Guide



Patient Worksheets

- ▶ Thinking About Your Future
- ▶ Health Care Independence
- ▶ Parental Health Care Transition Activities
- ▶ Transition Plan

Planning Guide 3: Age of Transition

AGES
18
AND OLDER

Health Care Transition

Planning Guide

The graphic features a central oval with the text 'AGES 18 AND OLDER'. Below this is the title 'Health Care Transition' in a large, orange, outlined font. At the top, there are two circular portraits of men and two blue silhouettes of people sitting on a bench. Below the title are three rectangular photos of young adults: a young man in a red shirt looking thoughtful, a young woman with blonde hair laughing while holding a blue pill bottle, and a young woman with glasses and a green shirt smiling. The entire graphic is framed by a decorative arch of red and yellow waves.



Assessing Transition Readiness: Parent & Caregiver Tools

TRAQ Directions for Caregivers

Directions to Caregivers/Parents: If your youth or young adult is unable to complete the tasks below on their own, please check the box that best describes your skill level. Check here if you are a parent/caregiver completing this form.



Caregiver Worksheets

- ▶ Thinking About Your Child's Future
- ▶ Health Care Independence
- ▶ Parental Health Care Transition Activities
- ▶ Transition Plan

Envisioning a Future: Caregiver Worksheets

1. School and Work

My child will go to high school?Yes No

My child will finish high school?Yes No

My child will go to college?Yes No

My child will have a job when he/she is an adult?Yes No

What job or jobs do you think your child would like to have? _____



Parental Health Care Transition Activities

Instructions

Please place an X in the column that best describes what you have done about your child health care transition. If an item does not apply, put "NA" in the first column.

		I do this often or regularly	I do this sometimes	I do this rarely or never
1.	I encourage my child to take an active role in her/his health care. (For examples of some things your child could take responsibility for, see items in Worksheet 2.)			
2.	I help my child update information in her/his personal Health History Notebook or Medical Journal or her/his Medical Summary Form; and to become more independent in these activities			
3.	I help my child prepare questions to ask her/his doctors during a health care visit			
4.	I involve my child in registering or checking in for appointments, and showing a health insurance card			
5.	I involve my child in filling out her/his personal health history form at health care visits			
6.	I encourage my child to see her/his primary and specialty care providers independently for most or the entire medical visit			
7.	When my child sees the doctor by her/himself, I meet with doctors and my child at the end of the visit to review information; answer questions and address concerns			
8.	I work with the school staff to allow my child to manage her/his medical tasks in the school setting			
9.	I give my child household responsibilities and expect her/him to complete chores			



Caregivers of YSHCN: Age of Responsibility

My child does this independently OR knows how to do this and directs others	My child does this with some help	My child cannot do this OR does this only with lots of help

Caregiver Worksheets – Age of Transition

1. Education and Employment

Over the next five years, my child will:

Go to/finish high school.	Yes	No
Go to/finish a vocational, technical or other training program.	Yes	No
Go to/finish a community college (2-year college).	Yes	No
Go to/finish a four year college or university	Yes	No
Have a job	Yes	No



Up Next: Video Clip!

- ▶ A day in the life

- ▶ Jeff, at Keane University

Case Study: Elements of Readiness Assessment





Assessing Transition Readiness: In Practice

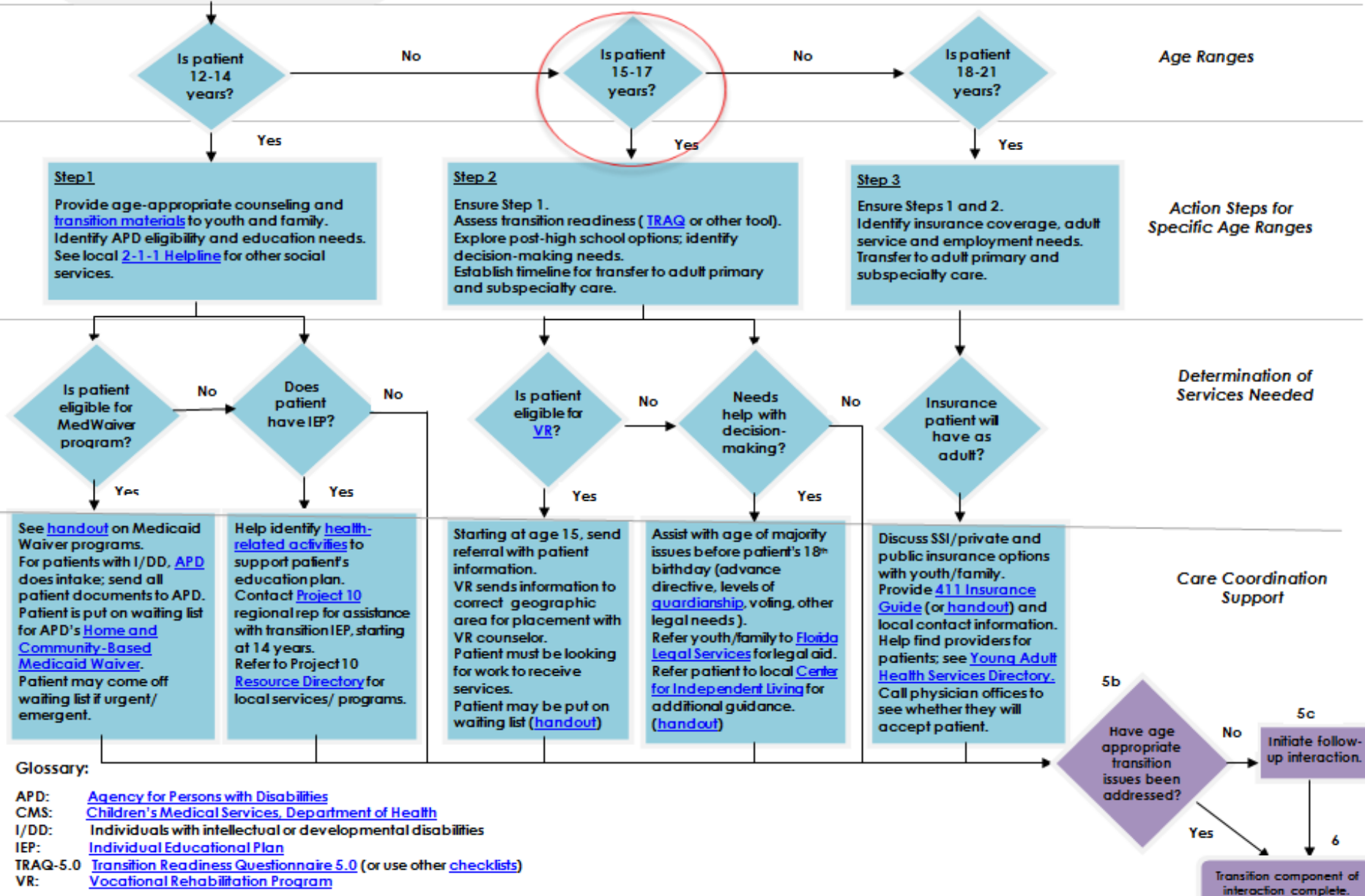
Introducing Assessment

- ▶ After initial transition conversation
- ▶ Part of adolescent development
- ▶ Begin with Stage I – Envisioning a Future

5a

Incorporate transition planning in chronic care management. Coordinate with CMS Nurse if patient is enrolled in [CMS](#).

Health Care Transition Preparation for Youth and Young Adults with Special Health Care Needs in Florida



Age Ranges

Action Steps for Specific Age Ranges

Determination of Services Needed

Care Coordination Support

Glossary:
 APD: [Agency for Persons with Disabilities](#)
 CMS: [Children's Medical Services, Department of Health](#)
 I/DD: Individuals with intellectual or developmental disabilities
 IEP: [Individual Educational Plan](#)
 TRAQ-5.0 [Transition Readiness Questionnaire 5.0](#) (or use other [checklists](#))
 VR: [Vocational Rehabilitation Program](#)

*Handouts are available in English, Spanish and Haitian Creole at www.FloridaHATS.org

Completing the TRAQ

Do you reorder medications before they run out?	2
Appointment Keeping	
Do you call the doctor's office to make an appointment?	1
Do you follow-up on any referral for tests or check-ups or labs?	2
Do you arrange for your ride to medical appointments?	3
Do you call the doctor about unusual changes in your health (For example: Allergic reactions)?	4
Do you apply for health insurance if you lose your current coverage?	5
Do you know what your health insurance covers?	4
Do you manage your money & budget household expenses (For example: use checking/debit card)?	3
Tracking Health Issues	

Completing the Planning Guide

- ▶ Provide before TRAQ completion
- ▶ Divide over two days
- ▶ One section a week



Using Planning Guide Worksheets

- ▶ Patient and caregiver complete independently
- ▶ Support TRAQ assessment
- ▶ Identify activities for Transition Plan

YSHCN and the Planning Guides

- ▶ Start at beginning
- ▶ Build to fullest capability
- ▶ Caregiver worksheets

Interactive Question

How will you distribute the TRAQ to patients?

How will you distribute the planning guides to patients?

How and when will you review the results?

Slide will automatically advance in 1 minute!





Assessing Transition Readiness: Resources

Center for Transition Improvement

How important is it to you to prepare for/change to an adult doctor before age 22?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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How confident do you feel about your ability to prepare for/change to an adult doctor?

0 (not)	1	2	3	4	5	6	7	8	9	10 (very)
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My Health	<i>Please check the box that applies to you right now.</i>	<i>Yes, I know this</i>	<i>I need to learn</i>	<i>Someone needs to do this... Who?</i>
I know my medical needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain my medical needs to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my symptoms including ones that I quickly need to see a doctor for.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know what to do in case I have a medical emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my own medicines, what they are for, and when I need to take them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know my allergies to medicines and medicines I should not take.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I carry important health information with me every day. (e.g. insurance card, allergies, medications, emergency contact information, medical summary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how health care privacy changes at age 18 when legally an adult.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can explain to others how my customs and beliefs affect my health care decisions and medical treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using Health Care				
I know or I can find my doctor's phone number.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my own doctor appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Before a visit, I think about questions to ask.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a way to get to my doctor's office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I know to show up 15 minutes before the visit to check in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Illinois Transition Care Project

Tools for Pediatric Providers	Tools for Adult-Oriented Providers
Patient Transition Readiness Assessment	New Patient Assessment: Young Adult's Health Care Skills
Potential Guardian's Transition Readiness Assessment	New Patient Assessment: Guardian's Health Care Skills

Key Points

- ▶ Assess annually
- ▶ Planning Guides support TRAQ
- ▶ All patients start with first guide

Summary of Tools

Module 4. Assessing Transition Readiness

1. [TRAQ in pdf](#)
<http://www.floridahats.org/wp-content/uploads/2010/03/TRAQ-5.01.pdf>
2. [TRAQ in excel](#)
<http://www.floridahats.org/wp-content/uploads/2010/03/TRAQ-5.0.xlsx>
3. [Planning Guide: Ages 12 -14](#)
http://www.floridahats.org/wp-content/uploads/2010/03/HCT_Workbook_12-14.pdf
4. [Planning Guide: Ages 15 -17](#)
http://www.floridahats.org/wp-content/uploads/2010/03/HCT_Workbook_15-17.pdf
5. [Planning Guide: Ages 18+](#)
http://www.floridahats.org/wp-content/uploads/2010/03/HCT_Workbook_18up.pdf
6. [Center for Transition Improvement: Sample Transition Readiness Assessment for Youth](#)



Citations

1. Clinical Report – Supporting the Health Care Transition from Adolescence to Adulthood in the Medical Home. 2011. American Academy of Pediatrics, American Academy of Family Physicians, and the American College of Physicians. *Pediatrics*. DOI: 10.542/peds.2011-0969.
2. Wood, Sawicki, Reiss, Livingwood, and Kraemer. Transition Readiness Assessment Questionnaire. Published 2010. Revised 2014. University of Florida, FloridaHATS, and Florida Department of Public Health, Children’s Medical Services.
3. Reiss, J and Gibson, K. Health Care Transition Planning Guides. 2005. Institute for Child Health Policy at the University of Florida.
4. Got transition/Center for Health Care Transition Improvement. 2014. Accessed 4/5/2014. <http://www.gottransition.org/providers/index.cfm>.
5. Illinois Transition Care Project. 2011. Accessed 5/23/2014. <http://illinoisAAP.org/projects/medical-home/transition/resources-for-physicians/>

