ADOLESCENT TO ADULT BRIDGE (A2B) TRANSITION CLINIC ELIGIBILITY CRITERIA REFERRAL GUIDELINES

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CHOC

The 2023 AAP/AAFP/ACP Clinical Report on Healthcare Transitions (HCT) calls for a structured pediatric-to-adult HCT process that encompasses transition planning, transfer of care, and integration into adult care beginning in early adolescence and continuing into young adulthood. It is recommended that all youth ages 12 and older receive annual transition education and planning from their primary and subspecialty care teams. For youth with complex medical needs, CHOC has a dedicated Adolescent to Adult Bridge (A2B) Transition Clinic. The A2B Transition Clinic targets a high-risk subset of patients whose transition needs exceed what can be covered in a routine well-child and/or subspecialty clinic visit.

The following guide is meant to assist providers in identifying high-risk transition patients appropriate for a referral to CHOC's A2B Transition Clinic. A referral to CHOC's A2B Transition Clinic is at the full discretion of the patient's Medical Group/IPA, primary care provider, and any specialty providers recommending such a visit. The introduction and discussion of healthcare transition MUST be initiated by the patient's primary medical team PRIOR to any referral made to the A2B Transition Clinic.

Recommended Eligibility Criteria

- Patients ages 16 and older seen by CHOC sub-specialists
- Two or more diagnosed chronic conditions
- Seen by two or more sub-specialists
  At least one subspecialist must be a CHOC provider
- Using the following BLSS assessment, the patient meets the "High Need" criteria for the "Health" category AND 2 or more "Moderate Need" categories or has 1 or more "High Need" category that would impact the patient's ability to successfully transfer into and become established in adult care

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BLSS ASSESSMENT

CATEGORY	NO/LOW NEED	MODERATE NEED	HIGH NEED
Health	Health status stable, sees PCP regularly, sees specialist appropriately	Health status generally stable, regular office visits with 1 or more specialists	Health status unstable, frequent office visits, regular ED visits or hospitalizations, frequent consults with 2+ specialists
Family/Social Support	Family status stable, no major environmental stressors, traditional social supports are present & utilized	One or more stressors, family requires occasional support from clinic & community, patient is uncomfortable disclosing dx to peers, need for conservatorship	Multiple stressors, family resources are overwhelmed, extensive community support from multiple agencies, or major concerns about caregiving environment
Behavioral Health	Behavioral health stable, may need routine anticipatory guidance	Behavioral health dx with regular consultation with mental health providers	Behavioral health status unstable, or not receiving appropriate treatment
Future Goals	Regular classroom with minimal support, goal/future oriented, able to secure & maintain employment	Patient has IEP or 504 plan, poor school performance or attendance, unclear or unreasonable goals, attending college outside the area	Extensive educational support required (ex. 1:1 aide), no real-life goals, not in school or working, Regional Center client
Self-Management	Patient & family follow recommendations, limited need for decision supports, no or few cultural factors impacting care, patient/family proactively manage care, patient actively participates	Patient & family require extra time to understand healthcare recommendations, regularly need decision supports, translator required, occasional missed appointments, patient has limited interest in participation	Extensive need for decision supports and care reminders, cultural issues are barrier to care, limited capacity for self-management, or major disagreements with care plan, team is unable to reach patient, multiple missed appt, poor adherence

Fax A2B Referral Form and pertinent medical records to 714-509-3770
Appointment scheduling: 714-509-7668

CHOC.ORG/A2B

CHOC

CHOC PRIMARY CARE ADOLESCENT MEDICINE

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