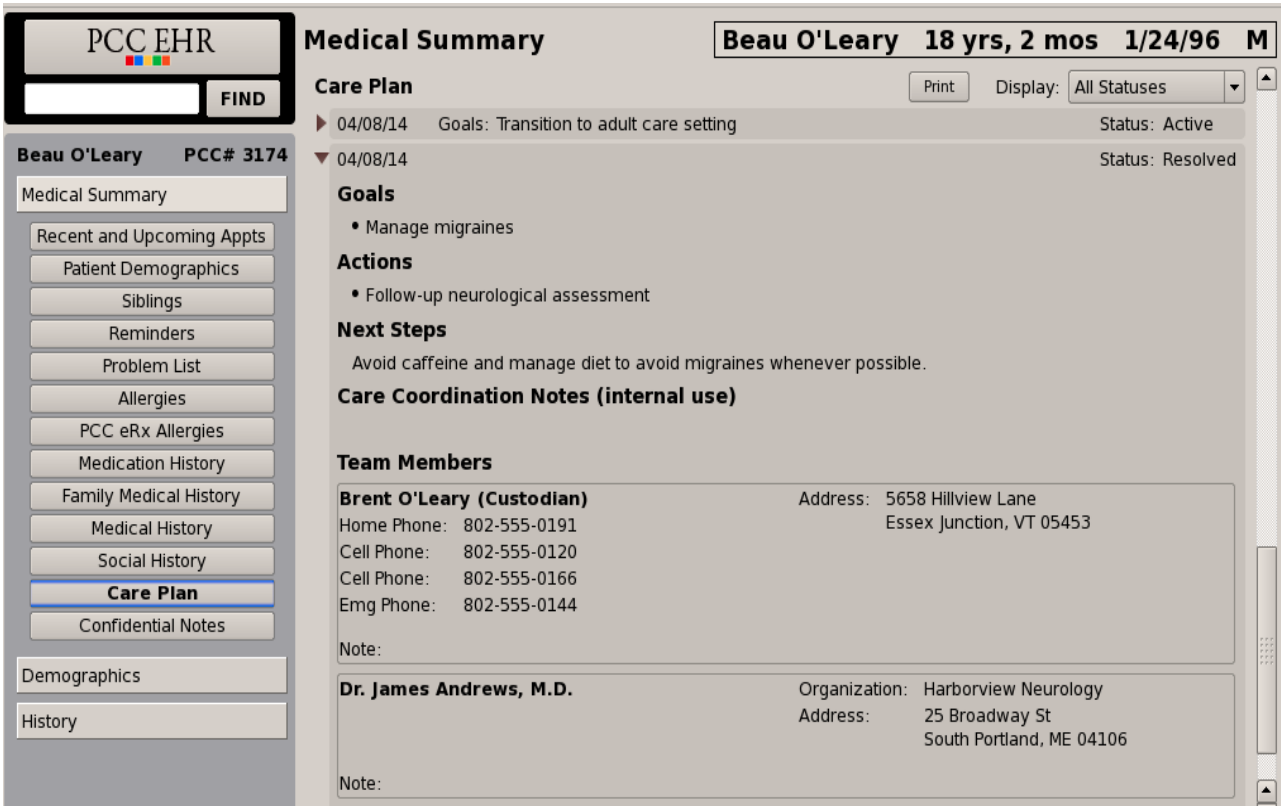
Factor 4: Collaborating with the patient/family to develop/implement a written care plan for transitioning from pediatric care to adult care.

PCC EHR includes Care Plan functionality within every Medical Summary for organizing materials and information in preparation for transitioning a patient from pediatric care to adult care. The following example shows how Care Plan functionality within PCC EHR can be used to transition a patient to adult care.

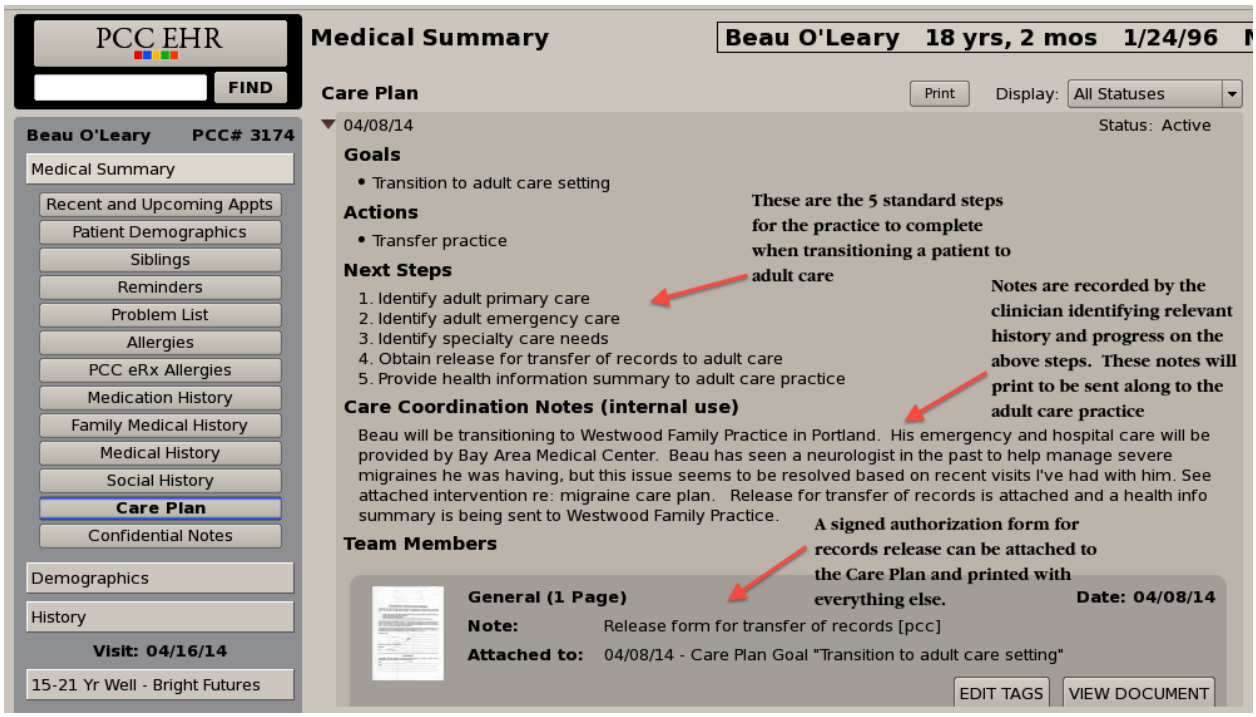
> *Patient Beau O'Leary is 18 years old and transferring to an adult primary care setting. He has a history of migraines and has seen a neurology specialist in the past to help manage the migraines.*

For patients like Beau with complex medical histories, the Care Plan is a good place to document the goals for and progress made with the patient's care. It can also contain the patient's care team information, including family members and professionals involved in the patient's care. Here, a Care Plan intervention was initially created to track the progress with the treatment of Beau's migraines but it is now marked as resolved since the migraines are under control and he is no longer seeing a specialist.



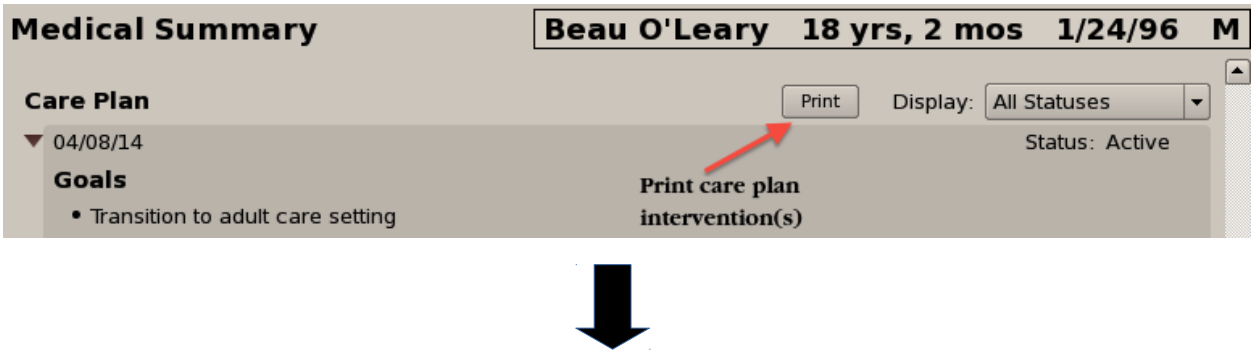
Because Beau is transferring to a new practice, a new Care Plan intervention is created to help

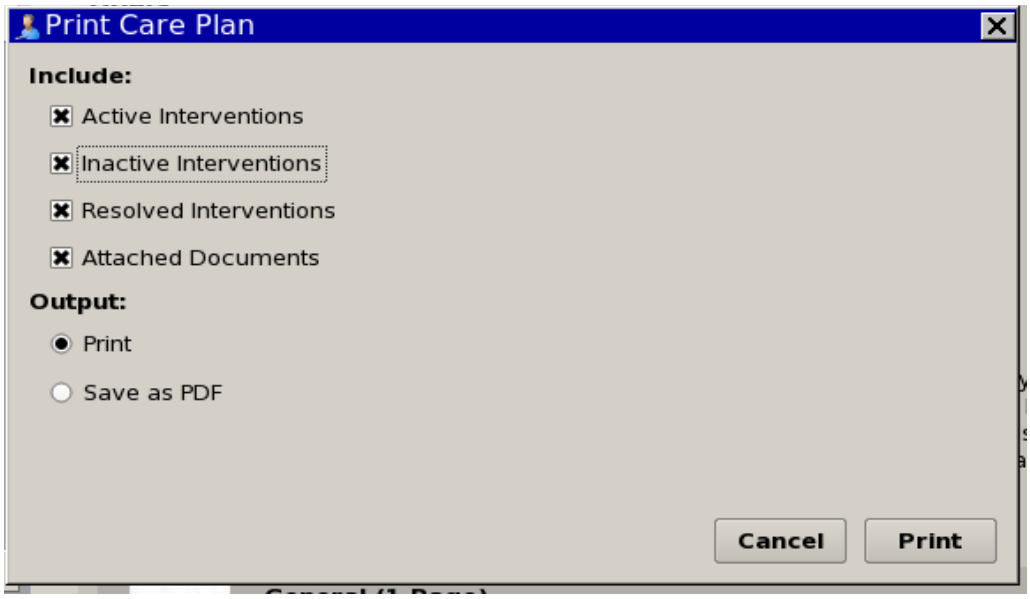
organize the tasks related to transitioning him out of the practice. In Beau's medical summary a new "Transition to adult care" intervention is added:



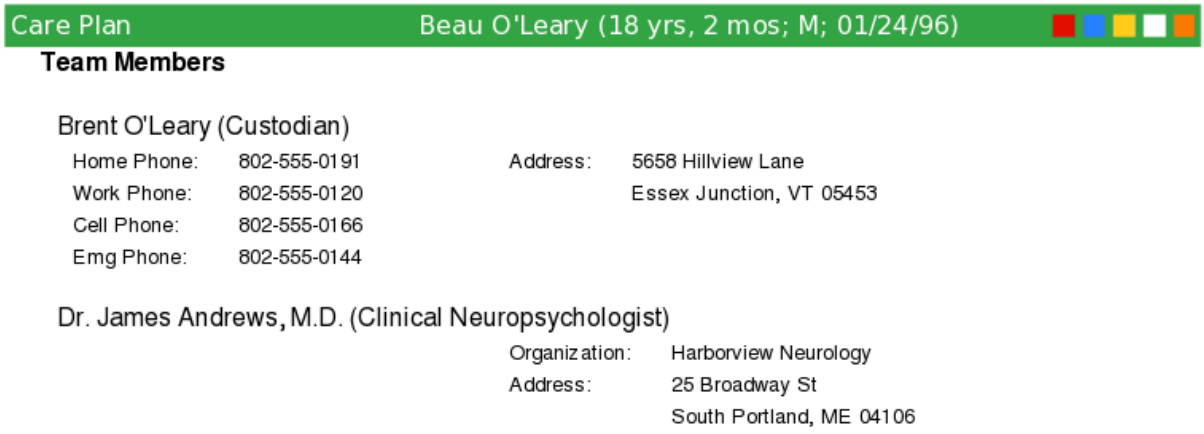
The practice collaborates with the patient to get a signed records release transfer form to be scanned and attached directly to the Care Plan as shown in the above screen shot.

The above care plan intervention, in addition to the now-resolved migraine care plan intervention, and all attached documents can be printed together or saved as a .pdf to be sent to the adult care practice. Note that this would also include all documents such as specialist.reports that would have been attached to the now-resolved migraine treatment intervention.





Note that the printed care plan also includes any documented care team members. Because the neurologist is a care team member for the migraine treatment intervention, he is included in the report with any other documented care team member:



Additionally, the patient's health information summary can and should be sent to the adult care practice. This would include Beau's problem list, medication allergies, medication history, immunization history, and diagnostic test results. Details on how to generate a Health Information Summary within PCC EHR are shown below.