Children's Hospital of Philadelphia PolicyLab

Increasing Pediatric to Adult Health Care Transition Services through Clinical Decision Supports

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Despite American Academy of Pediatrics recommendations that adolescents receive healthcare transition (HCT) services starting at age 12, few do. Electronic health record-based clinical decision support (CDS) tools are effective at promoting healthcare provider adherence to clinical guidelines. This study's purpose was to increase provider HCT services engagement through implementation of a transition-specific CDS and participation in a transition-focused Learning Collaborative (LC). Three pediatric primary care sites of an urban, academic medical center implemented a transition CDS tool for ?14-year-olds. Previously, one site had a version for ?16-year-olds. Two sites participated in a LC with Plan-Do-Study-Act cycles targeting HCT services engagement, measured by CDS use and practice-level guideline implementation. From July 2018 through June 2019, providers at LC-participating sites engaged in HCT services at 8.0% (n = 480) and 5.3% (n = 145) of eligible patient visits compared to the control's 3.1% (n = 69). Engagement was highest for ?18-year-olds at the LC-participating sites, 26.0% (n = 263) and 12.0% (n = 80), compared to the control's 7.2% (n = 31). After expanding from ?16 to ?14-year-olds, engagement decreased by 9.5% at ?16-year-old visits. LC-participating sites reported increased HCT guideline adherence. Implementation of a transition-specific CDS with LC participation increased provider HCT services engagement and practice-level guideline implementation. Expansion to younger adolescents contributed to decreased engagement for older patients. Future research should assess opportunities to improve uptake and patient outcomes of transition CDS engagement. Quality improvement activities and transition clinical decision supports can improve provider engagement in recommended transition services for adolescents and young adults.

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