

# SESSION 2

## TRANSITIONING FROM PEDIATRIC TO ADULT CARE



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# EPIC DIABETES CONFERENCE

MAY 30, 2025 CU ANSCHUTZ MEDICAL CAMPUS

EMPOWERING PATIENTS  
FOR  
INDIVIDUALIZED CARE



# COI

- No conflicts of interest




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# OUTLINE

- Introduction to healthcare transition
  - Why it is important to think about it and plan ahead
  - What is the BDC pediatric clinic doing to help prepare adolescents and young adults
  - Logistics of Transition
  - Tips for your new clinic
- 

# DEFINITIONS OF TRANSITION FROM PEDIATRIC TO ADULT CARE

**Healthcare Transition:** HCT or transition; the purposeful and planned movement of emerging adults from child-oriented to adult-centered healthcare systems

**Transfer:** Actual move between clinics/systems

**Pediatric:** Pediatric (childhood and adolescent) focused healthcare

**Adult:** Adult focused healthcare

**Young Adulthood:** transitional stage between adolescents and middle adulthood, in US considered 18- 34 yo

# YOUNG ADULTHOOD

- Time between adolescents and stable, independent adulthood
- **Increasing self-sufficiency and sometimes financial independence**
  - Moving out of the house for college or independent living
  - Sometimes moving several states away
  - Exposure to new situations
  - Navigation of health care system:
    - Adult providers
    - Pharmacies and diabetes supply companies
    - Insurance

# IMPACT ON HEALTH

- Diabetes often takes back seat to other issues
- Period of highest HbA1c and lowest time in range
- Leads to a higher risk for short- and long-term complications
- Risks worse for those going longer than 6 months between visits

# WHAT WE KNOW AND DON'T KNOW ABOUT TRANSITIONS

- Not much hard data available on the best way to move from the pediatric to adult health care systems
- Things we know:
  - Best if gradual process, starting years before the planned transition
  - Family oriented with parent/guardian involvement when possible
  - Start early and increase with growing independence
- Things we don't know
  - How to actually do it
    - Workshops
    - Virtual appointments
    - Clinic based
  - Pros and cons for each option
  - Hard to reach those that need the most help

# HEALTHCARE TRANSITION AT THE BDC

# WHEN DO I HAVE TO LEAVE THE BDC PEDIATRIC CLINIC

- No hard age cut off
- Goal is around 22-23 years of age
  - Graduated from college
  - Established in a longer term job
  - Moving out of state permanently
- **Exceptions:**
  - Pregnancy
  - If you go longer than 12 months without being seen after you turn 18

# TRANSITION PROCESS AT THE BDC

- **Clinic preparation:**
  - LYNX questionnaires
  - Provider reminders
- **Beyond High School workshop**
  - Graduating seniors and young people with diabetes
  - Strategies for navigating life in college or at a new job
  - How to communicate about diabetes with roommates, coworkers, and friends
  - Opportunity to speak with past participants to get their experience
  - Friday June 5<sup>th</sup>
    - Graduating Senior Session: 9:45A-3P
    - Parent Session: 1:30-3P
    - \$30 for each session
- **COMPASS Curriculum**



Beyond High School  
Workshop Registration



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# COMPASS CURRICULUM

- Goal to improve discussion rates of topics important to the health of the adolescent and young adult
- Beginning a roll out within the pediatric clinic
  - Formal Education sessions
  - Materials available for Navigation, Wellness, and Social Support
  - More to come
- Make an appointment with me (Dr. Waterman) on most Tuesdays or Friday mornings



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# LOGISTICS OF TRANSITION

# THE HEALTHCARE SYSTEMS ARE DIFFERENT.

## PEDIATRIC

**Family focused**

**Active follow up**

**Less variety of care options**

**Access to team of resources  
(SW, psych, etc)**

**Longer visits**

**Insurance based on family**

## ADULT

**Patient focused**

**Pt responsible for follow up**

**Many care options**

**Resources not concentrated**

**Shorter visits**

**Insurance moves to individual  
coverage**

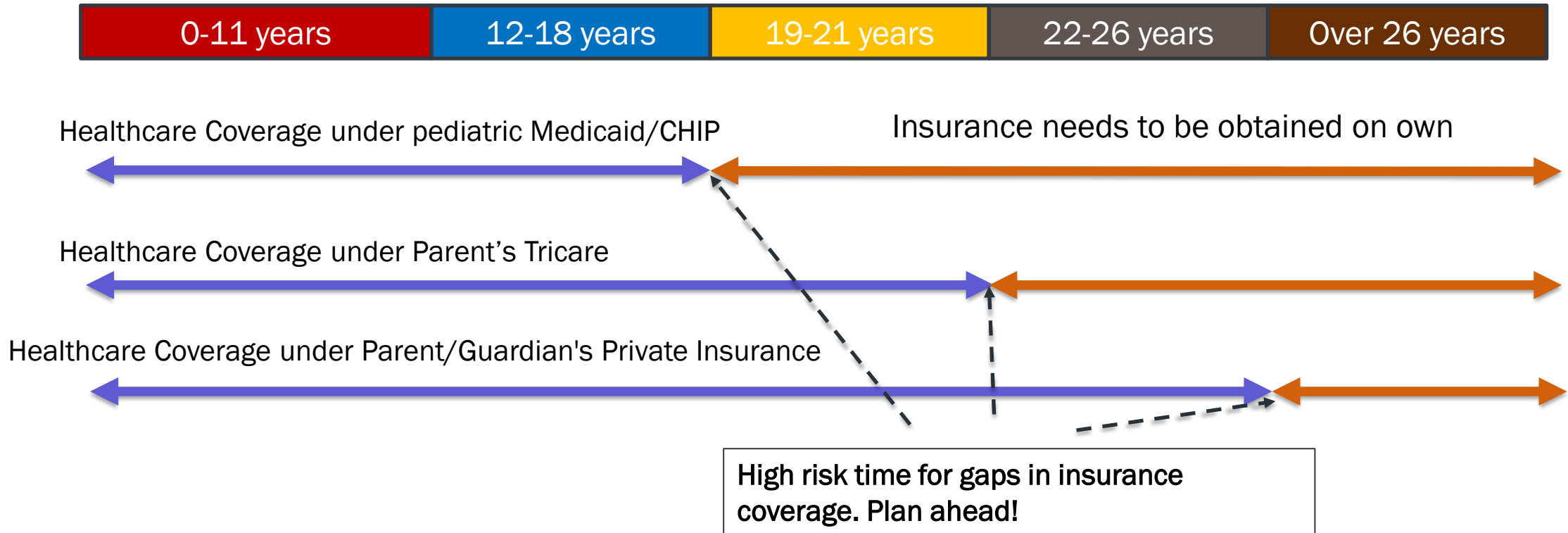
# NAVIGATION

- **Tricky part of the transition process**
- **Adult healthcare requires more self-reliance than many pediatric clinics**
- **Figure who and when to contact different groups involved in your health care**
  - Insurance
  - Diabetes Supplies
    - CGM
    - Pump
    - Pharmacy
- **Adult Endocrinologist**
- **Primary care provider**

# INSURANCE


- **Greatly impact which adult endocrinologist you are able to see**
  - In vs out of network matters more in the adult world
- **Some providers will only take patients with private insurance**
- **Referral from PCP may be required to see subspecialist**
- **Options:**
  - Staying on parent or guardian plans
  - Through employment
  - Through marketplace
  - Financial aid options
  - Government
- **Stay for next talk to learn more**

# INSURANCE CONSIDERATIONS: HOW TO AVOID GAPS



# DIABETES SUPPLIES

- **Durable Medical Equipment**
  - Most tubed pumps and accessories
  - CGMs
  - General refills for most technology
- **Pharmacy**
  - Omnipods
  - CGMs
  - Insulins
  - Other medications like GLP1s
- **Technology companies (CGM and pump)**
  - Sometimes pump supplies (Tandem)
  - Malfunctions and breaks



**MOVING TO ADULT HEALTHCARE  
SYSTEM**

# FINDING AN ADULT ENDOCRINOLOGIST

- Dependent on location and insurance plan
- Some adult endocrinologists do not manage type 1 diabetes
- Some are not accepting new patients
- Some do not have familiarity with pumps
- Some have long wait lists so keep coming to your pediatric clinic until you are able to see the adult provider
- Start searching and exploring options before it is time to leave

# HOW TO FIND AN ADULT ENDOCRINOLOGIST?

- 1) Determine where you live and how far you are willing to travel?
- 2) Review your insurance coverage. Who is in network?
- 3) What type of practice do you want to attend?
  - Academic large with ongoing research trials?
  - Small or large?
  - Are there diabetes educators available?
  - Telehealth vs in person vs both available?
- 4) Is the practice taking new patients with diabetes?

# CAN I GO TO A PCP INSTEAD?

- **You must have a primary care provider**
  - Your health is bigger than your diabetes. You must have a primary care provider for your general health
  - Able to assist with prescriptions and referrals
  - Quarterback for the rest of your care
- **Benefit of Endocrinologists for diabetes management**
  - Knowledge and understanding of diabetes
  - Increased familiarity with technologies and diabetes medications
  - Staff able to troubleshoot DME and prescription issues specific for diabetes

**Build your team with both!**



# ENDOCRINOLOGY PRACTICES IN COLORADO

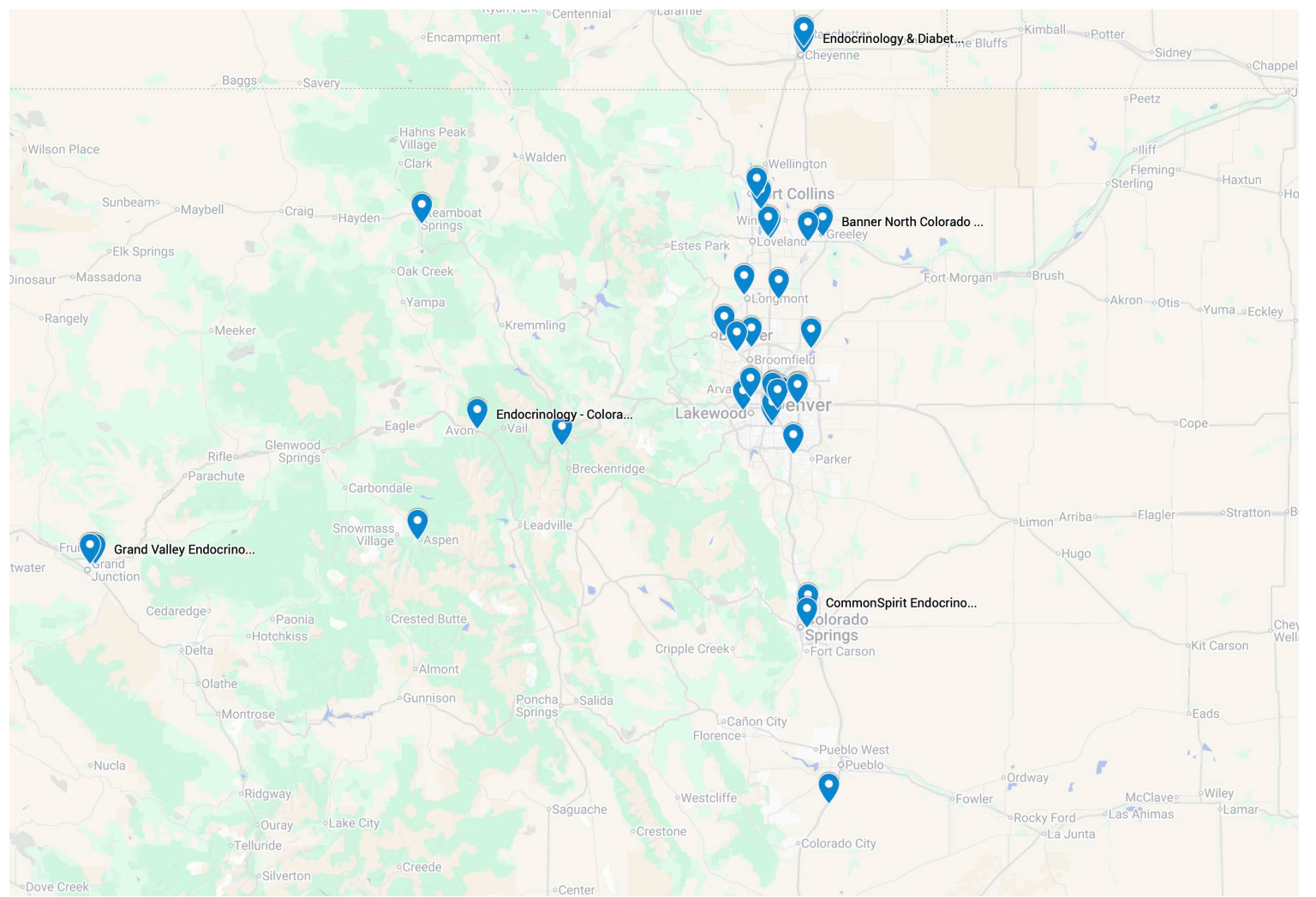
~30 Endocrinology practices in Colorado/Southern Wyoming

Vary in size 1-20+ providers

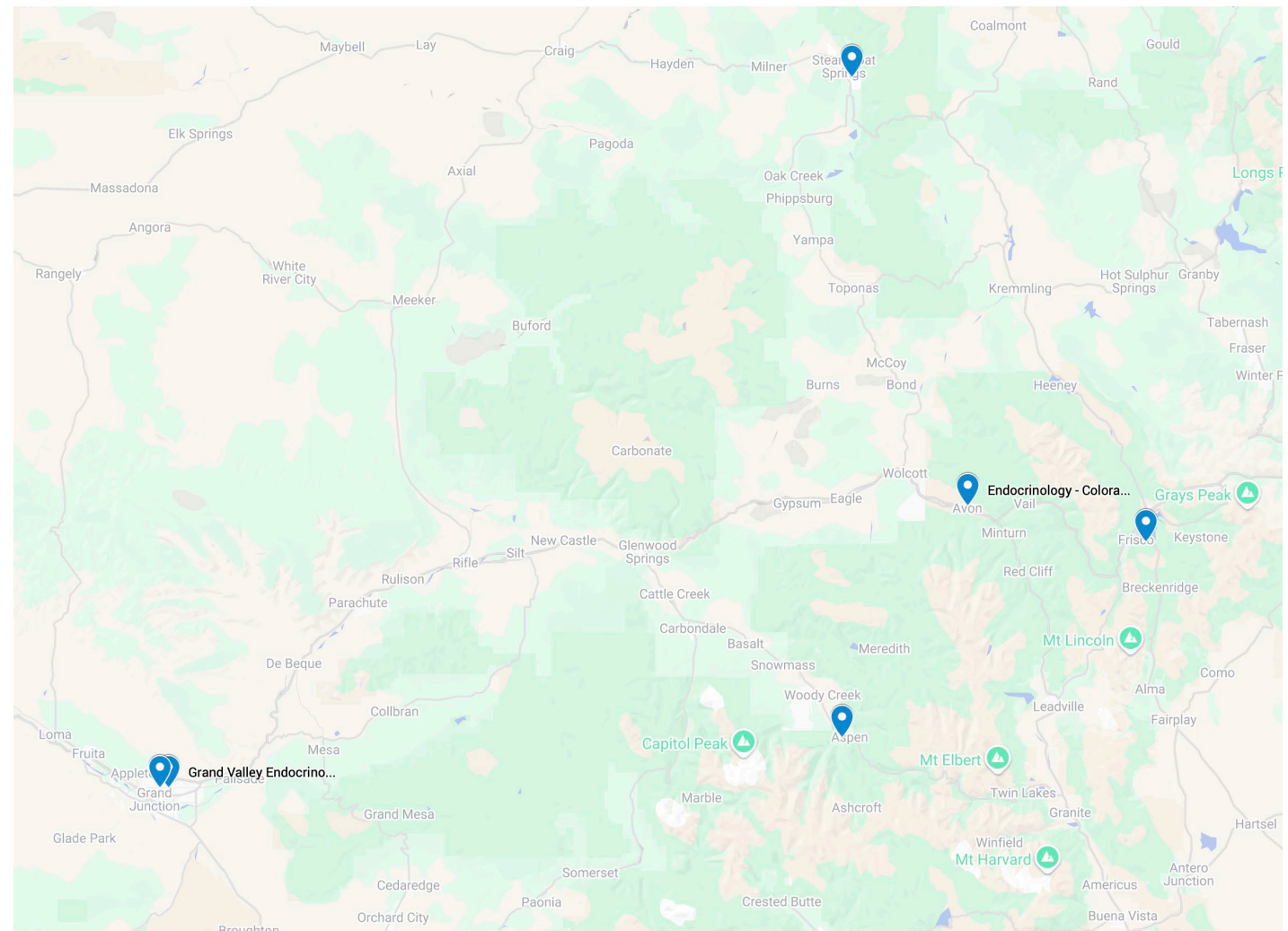
Closest practices... just down the hall! -> Adult Clinic at the BDC

....across the parking lots -> UCHealth Endocrinology Anschutz

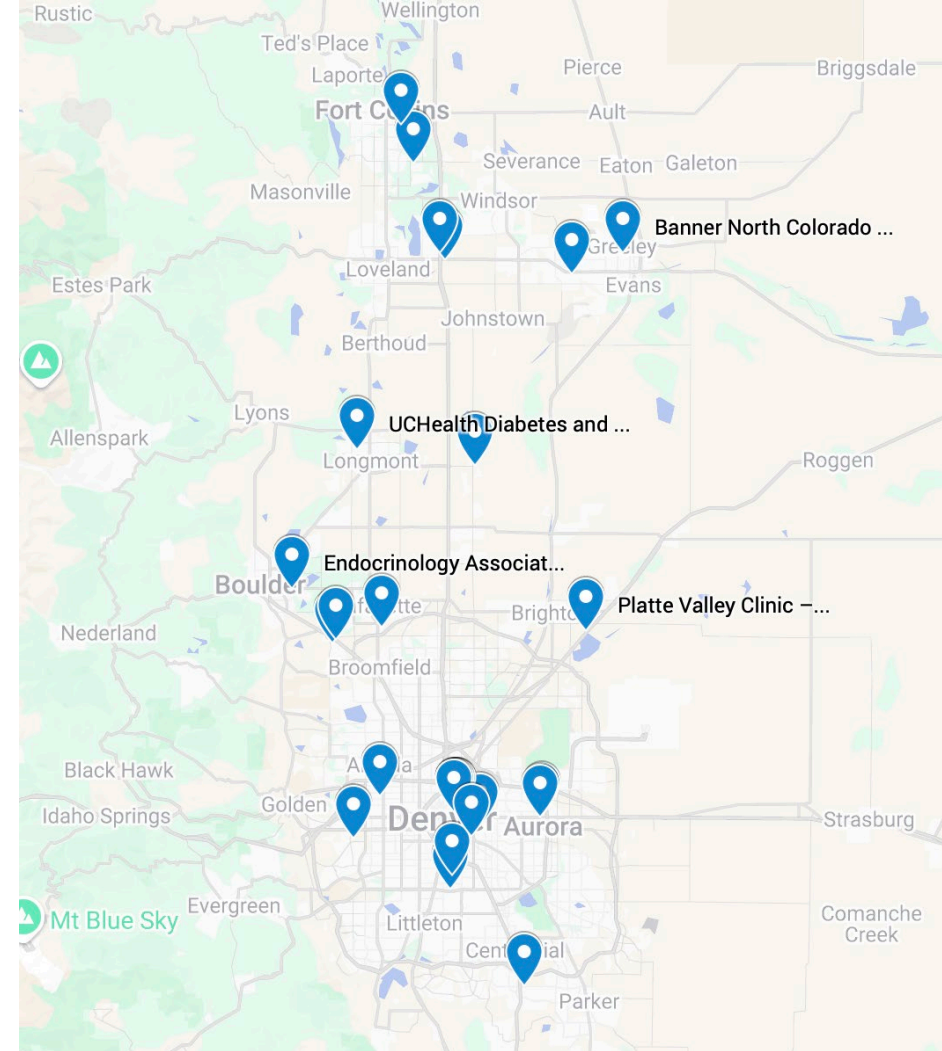
# ENDOCRINE PRACTICES IN COLORADO (AND CHEYENNE)



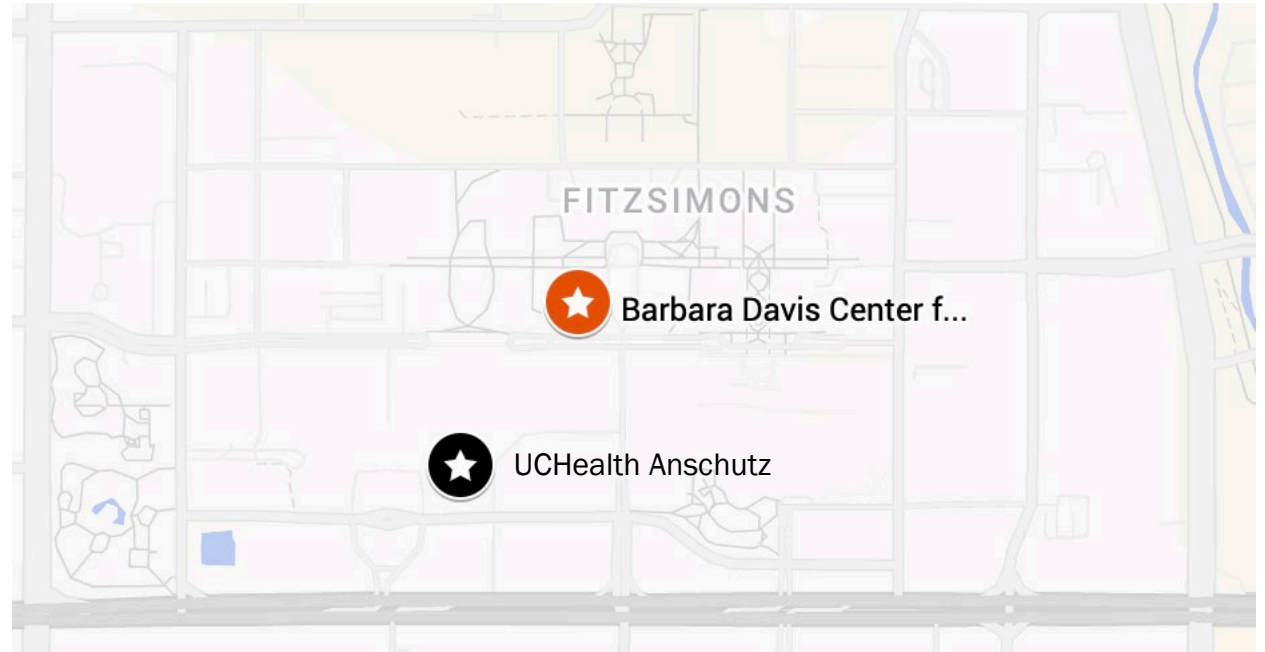
# ENDOCRINE PRACTICES IN MOUNTAINS



# ENDOCRINE PRACTICES DENVER AND NORTHERN COLORADO



# ENDOCRINE PRACTICES ON THE ANSCHUTZ CAMPUS



**TIPS FOR FIRST TIME AT YOUR NEW  
ENDOCRINOLOGY CLINIC**

# PREPARING FOR YOUR FIRST VISIT

**1) Look up the location.**

Now double and triple check.

**2) Give yourself plenty of time for parking and paperwork.**

If you are late for your first visit, many practices won't see you!

**3) Get ready to tell your story.**

When were you diagnosed? History of DKA, what triggered it? Complications?

Past and current medications? Allergies?

**4) Know what you need**

Plan to get new prescriptions for EVERY medication, including your back up supplies. Make a list and have your preferred pharmacy ready

What technology needs do you have? Desire to continue current regimen or change?

# DURING YOUR FIRST VISIT

- 1) **Introduce yourself, and anyone in the room with you.**

It is ok if you bring a parent, sibling, friend etc to your visit.

- 2) **Let them know your priorities early in the visit.**

- 3) **Don't feel judged by the questions.**

Your new provider is working to understand your experiences and figure out how they can best help you.

- 4) **First visit is a busy visit; priority is prescriptions and troubleshooting regimen issues. You'll be able to dig deeper into who you are and your goals at future visits**

# AFTER YOUR FIRST VISIT

## 1) Make a follow up appointment

If a diabetes educator is available for separate visits, make an appointment with them as well to meet the team

## 2) Know how to contact the clinic before you leave

Appointments, prescription troubleshooting, and emergencies.

Login into the clinic patient portal through an app or website.

## 3) If you use a DME company for your supplies, YOU MUST contact the company to give them the new clinic information. Check that you have the clinic name, address, phone, and fax information.

## 4) Check if your pharmacy and DME suppliers that all the prescriptions went through

# SUMMARY OF HEALTHCARE TRANSITION

Young adulthood is a time of significant change for both the individual but also the system

Start to preparing for healthcare transition early -> COMPASS CURRICULUM

Plan ahead for new providers, insurance, and prescription needs.

Be prepared for your initial clinic visit. Tell your story and know what you need.

Remember, transition to adult healthcare is a great opportunity for growth and learning!

# THANK YOU

## REMINDER:

- **Beyond High School workshop**
  - Graduating seniors and young people with diabetes
  - Strategies for navigating life in college or at a new job
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