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Statement addresses child neurologists' role in transitioning youths to adult care

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The Academy has endorsed a consensus statement on the pediatric neurologists' role in helping adolescent patients with neurologic conditions transition to the adult health care system.

The statement, *The Neurologist's Role in Supporting Transition to Adult Health Care*, is published in *Neurology* and available at http://bit.ly/2dMv5pF. It includes eight common principles for promoting a patient's successful transition, with appropriate documentation in the medical record.

Responsibilities of the child neurology team include the following:

- Discuss with the youth (before age 13) and caregivers the expectation of the future transition to the adult system.
- Assess the youth's self-management skills beginning by age 12 and annually thereafter.
- Engage each youth and caregiver in phased transition planning, patient education and transfer readiness at age 13 and annually thereafter.
- Initiate discussion by age 14 years with the caregivers regarding expected legal competency (whether there is need for legal guardianship and powers of attorney).
- Ensure the transition plan meets the needs of the youth in collaboration with other providers, school personnel, etc.
- Develop and verify the neurologic component of the plan and update it annually.
- Along with the youth and caregivers, identify an appropriate adult provider before the time of transfer.
- Communicate directly with the adult provider.

The Child Neurology Foundation convened a multidisciplinary panel, including AAP members, to develop the transition model. The authors noted that the model applies to the "broad spectrum of pediatric neurologic diagnoses, feasible in a wide range of practice settings and likely to make a real difference in the lives of … patients."