



SENIOR CHECK OUT

FOSTERING ADULT HEALTH LITERACY IN GRADUATING YOUTH

JUNE 25, 2026 | SUSANNA BLANCHARD AND LORENA MOTTU

Continuing Education Credits

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MEET THE PRESENTERS



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LEARNING OBJECTIVES

1. Participants will be able to identify sustainable strategies for increasing productivity through billable adolescent to adult transition visits
2. Participants will be able to identify key steps and best practices for facilitating completion of young adult health needs including recommended vaccines
3. Participants will be able to incorporate a similar adolescent transition to adult health program into their current SBH practice using toolkits and guidance from SBHA

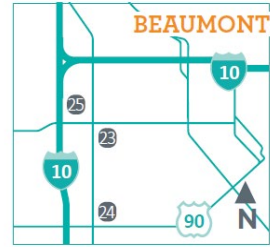
WHO WE ARE

**HISTORY AND
BACKGROUND**

SCHOOL PARTNERS

GREATER HOUSTON

Baytown, Deer Park, Houston, Missouri City, and Stafford



LEGACY COMMUNITY HEALTH

Founded in 2005 as a result of a merger between two leading Houston community organizations –the Montrose Center (1978) and The Assistance Fund (1988)

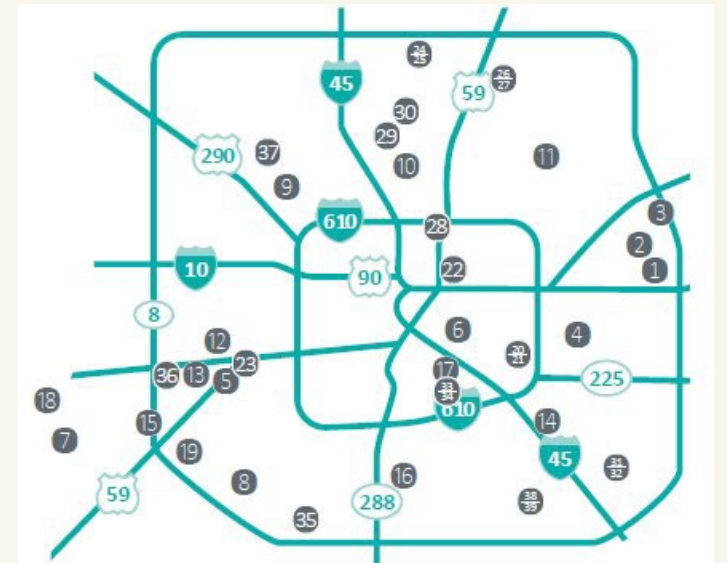
Largest FQHC in Texas and 5th largest in the U.S. with 62 locations in the Houston and Texas Gulf Coast region offering adult and senior primary care, pediatrics, OB/GYN, behavioral health, dental, HIV/AIDS care, vision, specialty care, and pharmacy services

LEGACY SCHOOL-BASED HEALTH

Started in 2012 in KIPP Charter Schools. Expanded to Yes Prep Charter in 2015 and Galena Park ISD in 2020

Largest **FQHC** school-based program with 40 clinics

Offers pediatric medical, behavioral health, psychiatry and dental services



WHO ARE OUR SCHOOL PARTNERS?

- KIPP

- 88% of students are eligible for federal FRPL
- 94% graduate from high school
- 82% start college, compared to low-income average 46% (62% national average)



- YES Prep

- 93% of students economically disadvantaged
- 90% high school graduation rates
- 90% first generation college students
- 100% admission into a 4-year college



- Galena Park ISD

- 88% of students are socioeconomically disadvantaged
- 93% average graduates at NSHS
- 100% graduation rate for Early College Program (90% of those were economically disadvantaged)



SENIOR CHECK OUTS

COMPONENTS

OUTREACH

BILLING

HANDOUTS

POLL QUESTION

What kind of outreach does your program have in place to encourage transition of care after graduation?

WHAT IS THE SENIOR CHECK OUT?

- Update vaccines including Meningococcal ACYW and Meningitis B
- Lab work and STD screening
- Medication management and refills
- Chronic disease management
- Mental health screenings: Generalized anxiety disorder scale (GAD) and Patient Health Questionnaire (PHQ)



WHAT IS THE SENIOR CHECK OUT ?

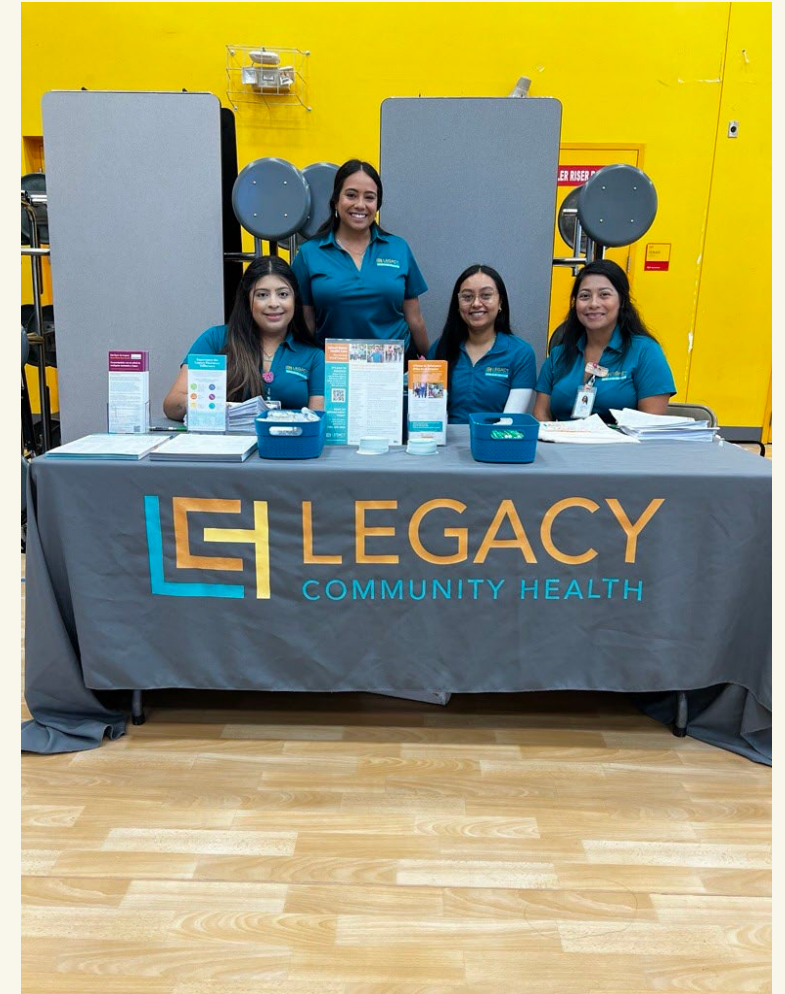
- Education
 - College preparedness
 - Navigating healthcare and mental healthcare resources in college
 - Managing stress
 - Eating healthy and staying active
 - Safety including sexual health, alcohol, and drugs
- Transitioning out of school-based care (GOT Transition/ SBHA Toolkit)
- Navigating insurance and access to eligibility



COLLABORATION & OUTREACH

What we do:

- Offer marketing and outreach during senior focused school events. Ex: Senior nights
- Collaborate with senior class leadership (college counselor, seminar teacher, etc.)
 - Present to seniors during senior specific classes (e.g. senior seminar, advisory class)
 - Station float staff to review shot records during class time
- Collaborate with school nurse on lists of students missing vaccines
- Share marketing materials on parent and student communication outlets (Instagram, parent newsletters, email lists)
- Direct patient outreach calls



VISIT TYPES

Wellness Visit

- Complete a full age-appropriate wellness exam if not completed in the past year
- Incorporate appropriate Senior checkout components into wellness visit

Focused Visit

- Complete if patient declines a wellness exam or has been seen in the last year with up-to-date wellness exam
- Vaccine catch-up visit can be converted into "Senior check-out" visit

Virtual Visit

- All counseling, education, and screenings (PHQ/GAD) can be performed on telehealth
- Resources shared via patient portal, emailed or printed by in person staff
- Provider inputs order for labs to be collected at outside laboratory or later date
- Provider inputs future vaccine orders for later date

*Ability to administer vaccines and draw labs without a provider present depends on organizational policies & procedures and staff scope of practice

BILLING

If not performing and billing for full wellness exam

Z71.87 Encounter for pediatric-to-adult transition counseling (primary)

Other coding as appropriate (secondary):

Z13.220 Screening for lipid disorder

Z13.22 Screening for metabolic disorder

Z13.0 Screening for anemia

Z13.29 Screening for endocrine disorder

Z72.5 High risk sexual behavior

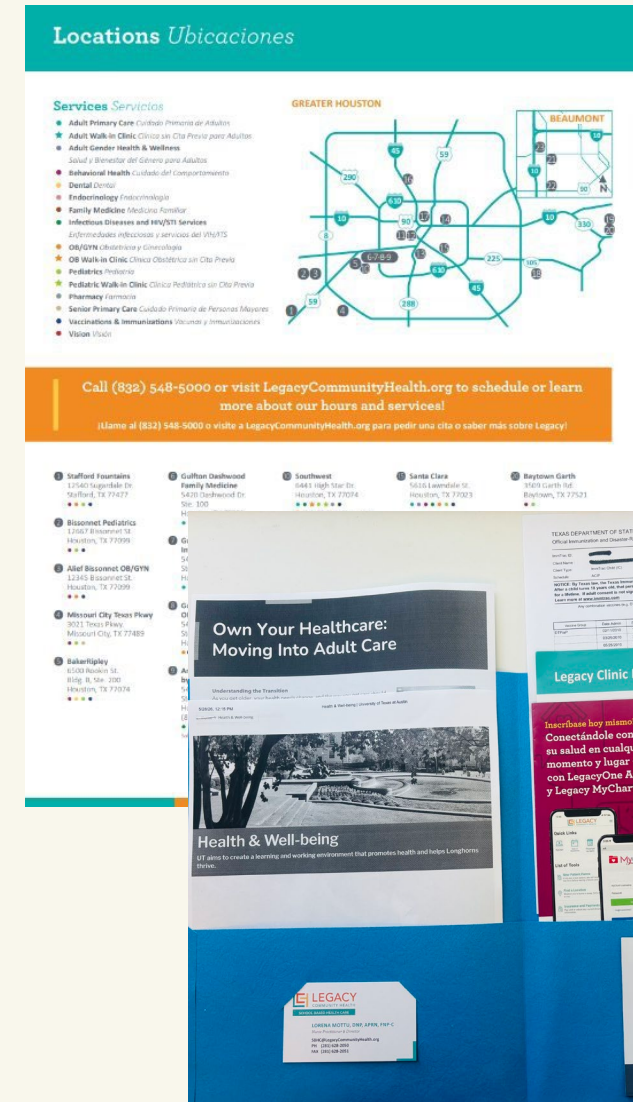
Z30.09 Contraception counseling

Code any chronic conditions (asthma, acne, obesity, etc.)

*Reimbursement dependent on insurance carrier and state

SENIOR CHECK OUT FOLDER

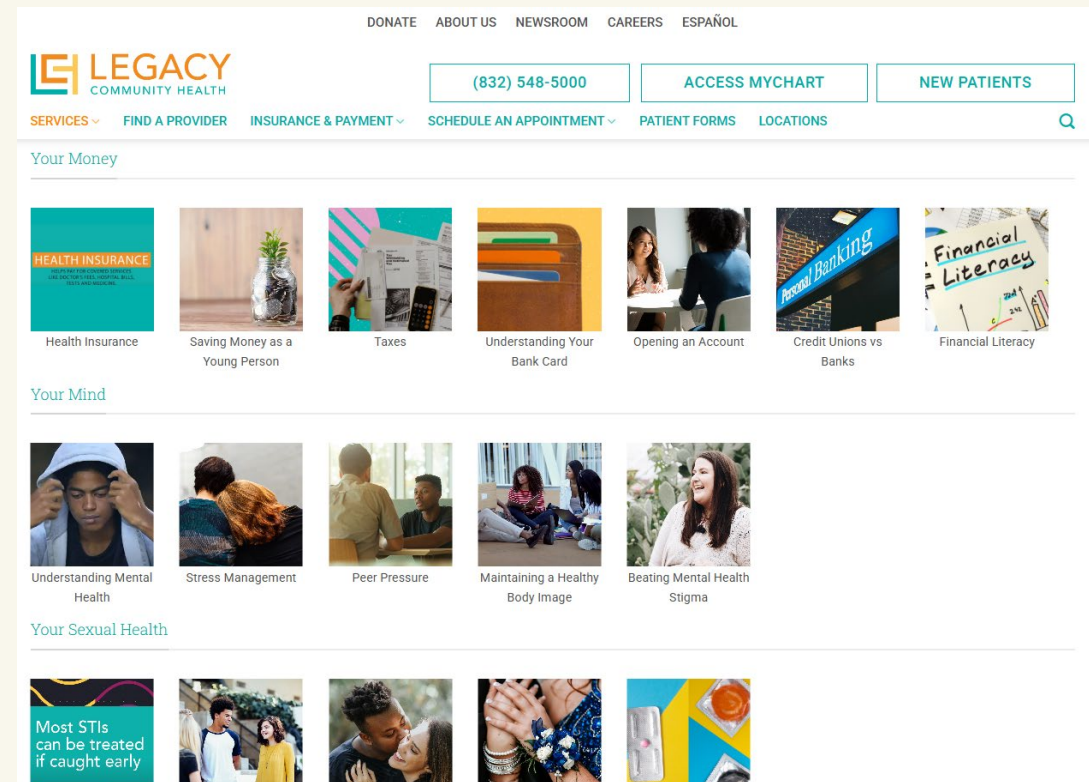
- ❑ Visit summary including acute and chronic diagnoses and medication list
- ❑ Two copies of updated vaccine record
- ❑ Provider business card
- ❑ MyChart (patient portal) resource pamphlet
- ❑ Legacy standalone clinic flyer (graphic)
- ❑ If applicable, eligibility appointment information and needed documents
- ❑ Transition of Care Handout
- ❑ College survival tips, college guides
- ❑ College specific resources
- ❑ Teen Well website link



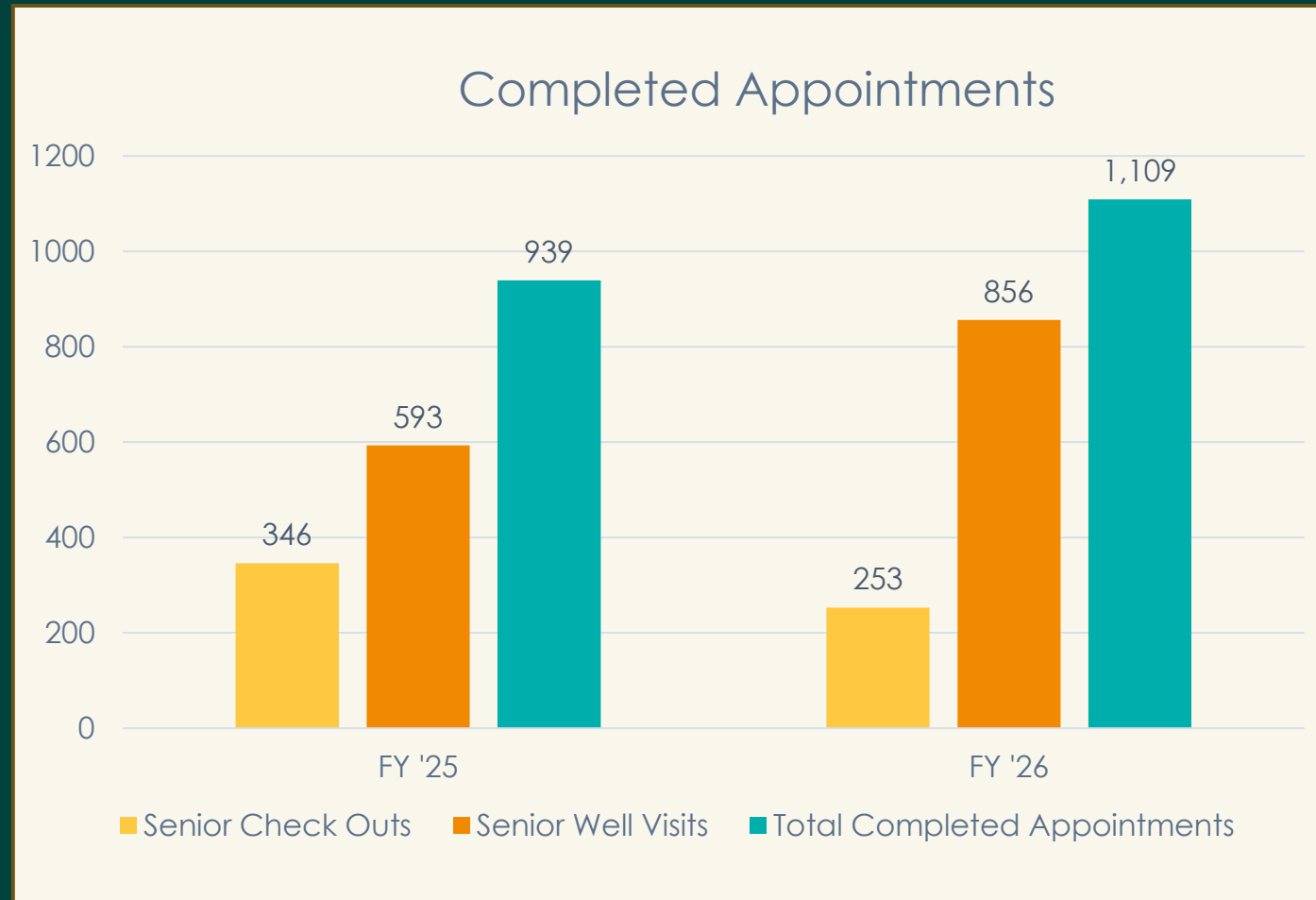


Empowering Teens to Own Their Health

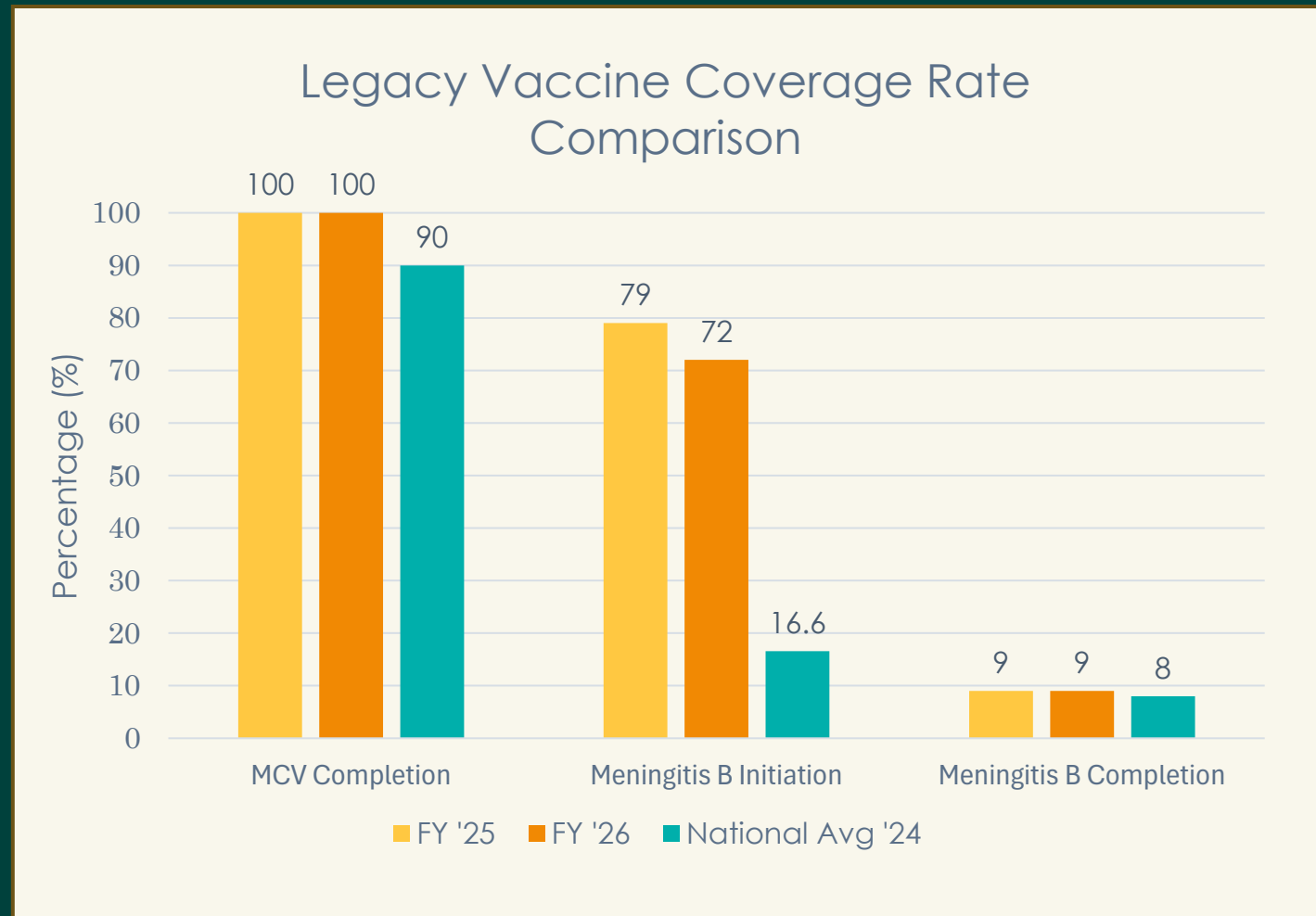
- Your Money
- Your Mind
- Your Sexual Health
- Your Healthy Habits
- Your Life, Your Future
- Your Vote



STATISTICS: COMPLETED APPOINTMENTS



STATISTICS: COVERAGE RATES



VACCINE CONSIDERATIONS

- Shared decision making with patient/parent
- When to initiate first dose of Meningitis B
- Duration of vaccine protection
 - Likelihood of follow-up for 2nd dose
 - New ACIP guidance reflects 1-2 year immunogenicity reduction (Schillie, 2024)
- Pre-schedule 2nd dose of Meningitis B



TRANSITION OF CARE

**BUILDING
A TRANSITION OF
CARE WORKFLOW**

REFERRALS
SBHA TOOLKIT
GOT TRANSITION

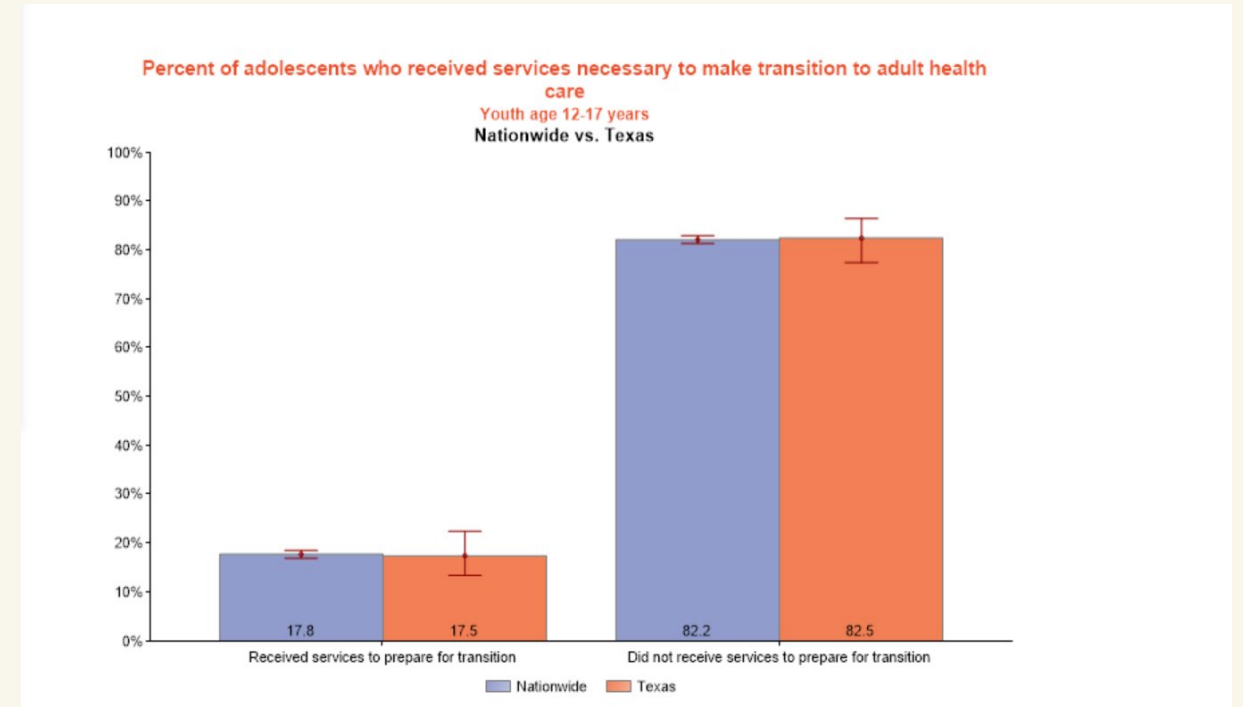
POLL QUESTION

What percentage of youth receive transition of care services in the U.S.?

- A. 25%
- B. 10%
- C. 5%
- D. 17%

TRANSITION OF CARE IN THE US

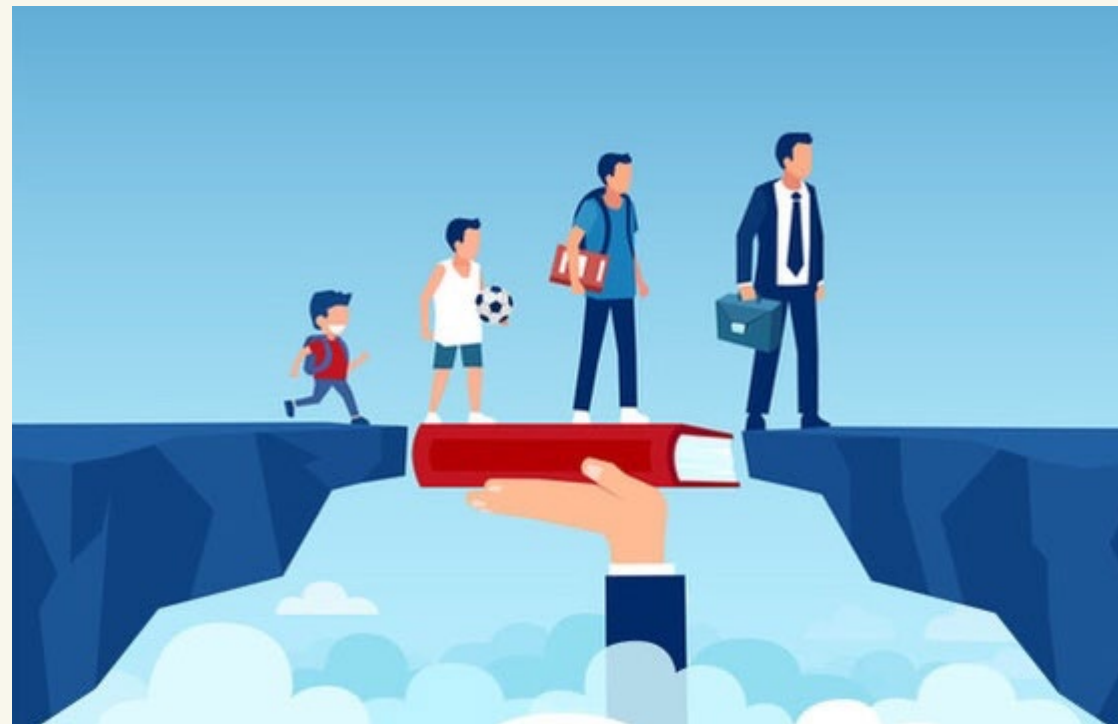
- National Average:
 - 17.8% of youth ages 12-17 receive services necessary for transition of care
 - 82% did not receive any services to prepare



Data Source: National Survey of Children's Health, Health Resources and Services Administration, Maternal and Child Health Bureau. <https://mchb.hrsa.gov/data/national-surveys>
Citation: Child and Adolescent Health Measurement Initiative. 2021-2022 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [mm/dd/yy] from www.childhealthdata.org.

WHY TRANSITION OF CARE IS IMPORTANT

- Reduces loss of follow-up for chronic conditions
 - More than 1 in 4 young adults experienced a gap in care of more than >1 year
 - Twice the rate of adolescent care gap (Ilango, et al. 2025)
- Decreases emergency room visits/hospitalizations
- Decreases medication non-adherence



REFERRING PATIENTS TO ADULT CARE

Legacy: Adolescent vs. Adult medicine

- Adolescent providers see patients 12 to 21 y/o
- Based on patient comfort level & appointment availability

Other referral considerations

- Next anticipated visit time-frame
- Follow-up needs, abnormal labs, chronic disease & medication management, etc.
- Other adult specialty transitions (OB/GYN, etc.)

The screenshot shows a web-based form titled "Referral to Adolescent Medicine" with a blue header bar containing "Accept" and "Cancel" buttons. The form includes several input fields and dropdown menus:

- To Provider Specialty:** A dropdown menu with "Adolescent Medicine" selected.
- To Provider:** An empty dropdown menu.
- To Location/POS:** An empty dropdown menu.
- Type:** A dropdown menu with "Consultation" selected.
- Reason:** A dropdown menu with "Specialty Services Required" selected. To the right of this dropdown are three buttons: "Consultation", "Specialty Services Required" (highlighted), and "Consult and Treat". Below these buttons are two more buttons: "Co-Management of Problem" and "Perform Procedure".
- First Appointment By Date:** An empty date input field.
- My clinical question is:** A text input field.
- Center:** A text input field.
- Comments:** A text area with a rich text editor toolbar (including undo, redo, bold, italic, link, unlink, insert, and zoom) and a zoom level of 75%. The text in the comments area reads: "Patient is a 16 y.o. female who is being referred to the Adolescent Medicine practice for the following reasons: (Adolescent medicine service can see all patients ages 12 - up to and including 21 years of age-This text will vanish when visit is signed:4111) LCHREFADOL -".

REFERRING PATIENTS TO ADULT CARE

**Own Your Healthcare:
Moving Into Adult Care**

Understanding the Transition:
As you get older, your health needs change, and the way you get care should change too. Health providers for teens and young adults handle a broader range of health issues than pediatric providers. Changing from a pediatric medical provider to an adolescent or adult provider is a normal and necessary change in a young person's life.

Preparing for the Move to Adult Health Care:

- Learn your medical summary so you can share with your new doctor, including:
 - ✓ Chronic, current or past medical conditions
 - ✓ Medical history and using hospital stays, surgeries and vaccinations
 - ✓ List of medications you take (daily or as needed) including the strength of the medications and how often you take them
 - ✓ Allergies, including medication allergies
 - ✓ Medical history of your family (mom, dad, grandparents, siblings)
- Write down your questions or concerns before seeing your new doctor so you don't forget. Ask your doctor to explain anything you don't understand.
- Carry your health insurance card with you or keep a picture of it on your phone.
- Save your clinic's phone number and sign up for the online health portal MyChart so you can easily access and manage your health info, visit summaries and appointments.

To help with this transition, Legacy has adolescent providers that provide care up to age 21.

Adolescent Providers	Location
Dr. Sharine Patterson	Legacy Bissonnet 12507 Bissonnet St., Houston, TX 77099
Dr. Sophie Remoue Gonzales	Legacy Southwest 6461 High Star Dr., Houston, TX 77078
Dr. Sarah Heathcote	Legacy Northline 5508 A-1 N Hwy., Houston, TX 77056
Michelle DeSales, P.A.	Legacy Fifth Ward Lyons 3811 Lyons Ave., Houston, TX 77020

Reminders
My next appointment is: _____ (time) _____ (date) _____ (location)
My new doctor's name is: _____
If I need to cancel or reschedule this appointment, I should call: _____

LEGACY
COMMUNITY HEALTH
HEALTH BEYOND CARE

The Handoff Process

- Use or develop a transition of care handout specific to patient
- Consider a telemedicine appointment to establish care with new providers
 - Some young adults might not need a full well visit until a year later
 - Adult providers may have a waitlist, consider connecting sooner if continuity of care is needed for chronic disease and for closing other care gaps

REFERRING PATIENTS TO ADULT CARE



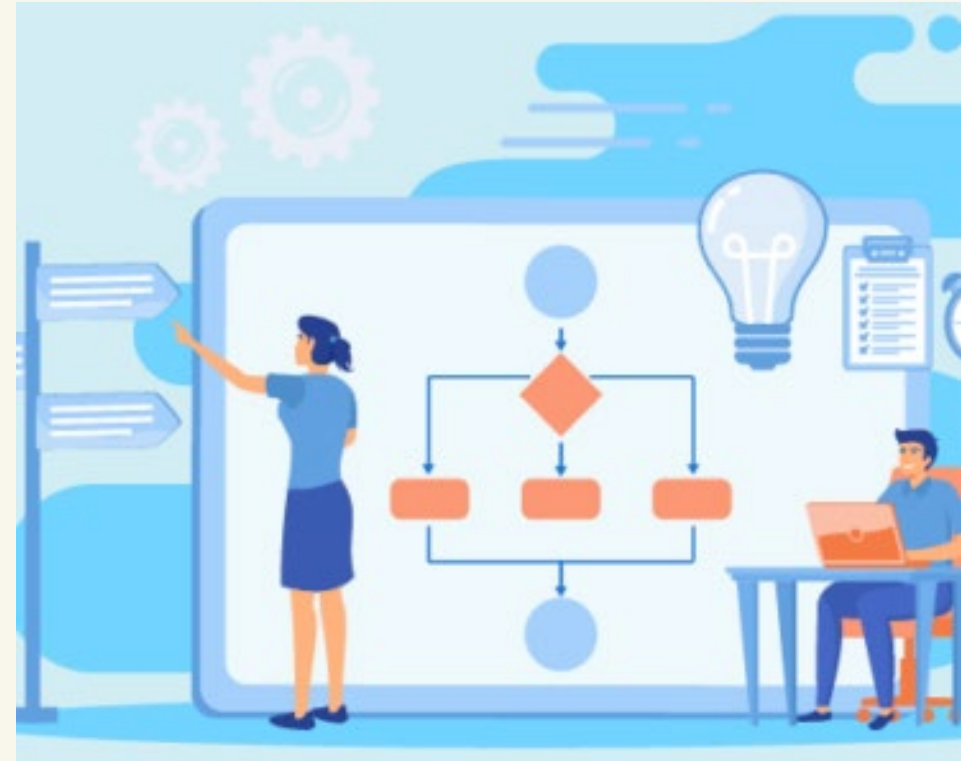
Evidence Based Transition Strategies

- Supportive infrastructure for TOC
 - Care coordination, transition teams, patient navigators
- EMR supports
 - Best Practice Advisories, Direct patient messaging, app integration, health passports and checklists
- Provider Education
 - Transition education, free resources and toolkits (GOT)
- Exploring financial incentives
 - Outcome based care and quality that supports TOC billing for providers (Meyers, 2023)

BUILDING YOUR OWN TRANSITION OF CARE WORKFLOW

6 Core Elements

- Policy/Guide
- Tracking & Monitoring
- Readiness
- Planning
- Transfer of Care
- Transition Completion



POLL QUESTION

What stage is your SBHC program in transition of care planning?

- A. Assessing our need
- B. We are ready to start (readiness)
- C. Planning
- D. Implementing
- E. Refining our workflow and processes

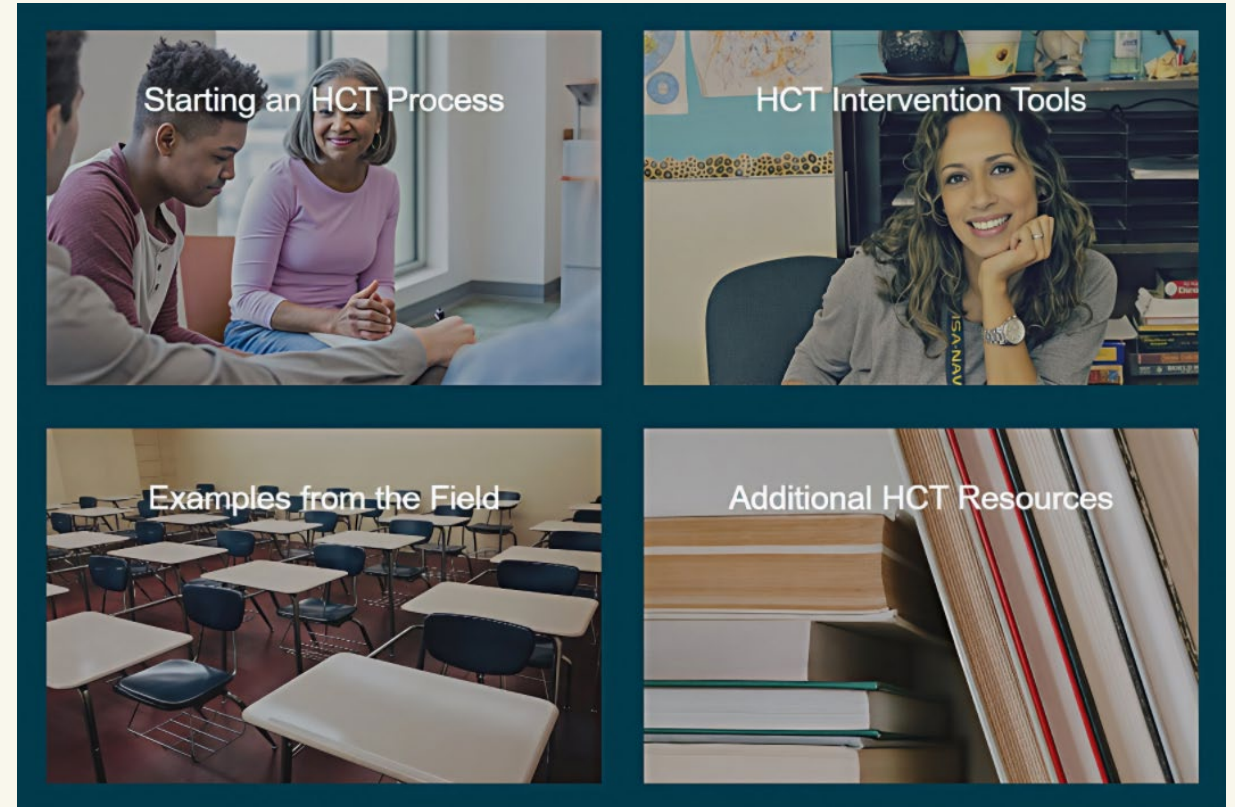
SBHA HEALTH CARE TRANSITION (HCT) TOOLKIT



**SCHOOL-BASED
HEALTH ALLIANCE**

The National Voice for School-Based Health Care

- Transition Readiness Assessment
- Medical Summary template
- Transfer Letters & Transfer of Care Checklists
- Patient Handouts
- SBHC specific engagement ideas



[Health Care Transition: Home – SBHA Toolkits](#)

ADDITIONAL GOT TRANSITION HCT TOOLS



[Got Transition®](#)

- Assessment of current practice HCT
- ICD-10 Codes and billing support
- Guidance for gradual implementation of HCT processes
- Integration into quality metric goals
- Guidance to support closing care gaps
- Gathering data on transfer completion

REFERENCES

- Child and Adolescent Health Measurement Initiative. (n.d.). Data Resource Center for Child and Adolescent Health. <https://www.childhealthdata.org/browse/survey/results?q=12488&r=45>
- Got Transition®. (n.d.). Six core elements of health care transition™. The National Alliance to Advance Adolescent Health. <https://www.gottransition.org/six-core-elements/>
- Health Resources and Services Administration, Maternal and Child Health Bureau. (n.d.). National Survey of Children's Health. U.S. Department of Health and Human Services. <https://mchb.hrsa.gov/data-research/national-survey-childrens-health>
- Ilango, S. M., Hest, R., Schmidt, A., McManus, M. A., Call, K., & White, P. H. (2025). Gaps in care among adolescents and young adults in the US. *American Journal of Preventive Medicine*, 69(4), 107957.
- KIPP Foundation. (n.d.). National results. KIPP Public Schools. <https://www.kipp.org/results/national/#question-4:-are-our-students-climbing-the-mountain-to-and-through-college>
- Meningitis Awareness Foundation. (n.d.). Meningitis Awareness Foundation. <https://meningitisawareness.org/>
- Meyers, M. J., Irwin, C. E., & Irwin, C. E. (2023). Health Care Transitions for Adolescents. *Pediatrics*, 151 (Supplement 1), e2022057267L. <https://doi.org/10.1542/peds.2022-057267L>
- Packnett, E. R., Zimmerman, N. M., Novy, P., Morgan, L. C., Chime, N., & Ghaswalla, P. (2023). Meningococcal serogroup B vaccination series initiation in the United States: A real-world claims data analysis. *Human vaccines & immunotherapeutics*, 19(1), 2165382.
- Packnett, E. R., Zimmerman, N. M., Kim, G., Novy, P., Morgan, L. C., Chime, N., & Ghaswalla, P. (2022). A Real-world Claims Data Analysis of Meningococcal Serogroup B Vaccine Series Completion and Potential Missed Opportunities in the United States. *The Pediatric infectious disease journal*, 41(4), e158–e165. <https://doi.org/10.1097/INF.0000000000003455>
- Schillie S, Loehr J, Chen WH, et al. New Dosing Interval and Schedule for the Bexsero MenB-4C Vaccine: Updated Recommendations of the Advisory Committee on Immunization Practices — United States, October 2024. *MMWR Morb Mortal Wkly Rep* 2024;73:1124–1128. DOI: <http://dx.doi.org/10.15585/mmwr.mm7349a3>
- Texas Education Agency. (n.d.). Texas Academic Performance Reports: District overview. <https://txschools.gov/?view=district&id=101910&tab=overview&lng=en>
- YES Prep Public Schools. (n.d.). The YES Prep advantage: How college initiatives transforms futures. YES Prep Public Schools. <https://www.yesprep.org/news/blog/featured/~board/blog/post/the-yes-prep-advantage-how-college-initiatives-transforms-futures>

QUESTIONS?

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LEGACY SCHOOL
BASED HEALTH



LEGACY
COMMUNITY HEALTH

HEALTH
BEYOND
CARE