

The Brigham and Women's Transition Care Team (TCT)

We are a team of Brigham Med-Peds clinicians whose mission it is to support patients, families, and providers through the pediatric to adult medicine transition process for patients with complex and unique medical needs, including chronic conditions of childhood origin. We aim to facilitate a smooth, efficient, and comprehensive transfer of care.

Our Process:

1. Referring physician provides necessary documentation (as per attached checklist)
2. Transition Care Team develops Transition Transfer Packet within 2-4 weeks
3. Packet is returned to referring physician for review and approval
4. Packet is reviewed with patient/family during virtual intake visit with Transition Care Team
5. Patient schedules and completes first appointment with new adult provider
 - a. If the first available appointment is more than 4 weeks out, the Transition Care Team will schedule monthly check-ins with the patient/family, if they desire
 - b. Please note, your patient should NOT schedule a visit with a new Brigham Health PCP until they have been contacted by our team**
6. Transition Care Team follows-up with the patient/family 3-6 months after initial appointment with new adult provider

Our team will be available for additional visits at the patient/family's request, and as a resource to you, at any time. Additionally, the patient and family can expect a minimum of two scheduled virtual visits with our team:

1. The initial intake visit, where we will review the Transition Transfer Packet
2. The follow-up visit approximately 3-6 months after their first appointment with their new Brigham and Women's adult provider

