When should we begin to think about preparing our pediatric patients and their families for transition to the adult care system? Furthermore, which adult provider would be best for them as transition of care is considered? Even as an inpatient hospitalist and pediatric intensive care unit physician for the past 30 years, I have anecdotes about patients with chronic illnesses who have experienced difficulties with the transition to an adult care provider.

In this two-part issue of Pediatric Annals, Drs. Jeremy Nicolarsen and Jill Weissberg-Benchell and their knowledgeable team of authors, present practical articles about various aspects of facilitating the transition process for our pediatric patients. We learn about innovative measures such as shared medical appointments, telemedicine, multidisciplinary clinical teams, improved communication, and quality improvement interventions.

For those of us who were trained in children’s hospital-based programs, addressing the short- and long-term clinical care of a young adult with a pulmonary exacerbation of their cystic fibrosis or an older adolescent with pulmonary hypertension after repair of their congenital heart defect was a challenge and a bit stressful. Medical training has since evolved and continues to provide practitioners with integrative techniques for best practice in a range of health care issues.

Nowadays, pediatric subspecialists like Dr. Nicolarsen are getting certification in the care of adults with congenital heart disease, and psychologists like Dr. Weissberg-Benchell, who have special interests in medical care, work with physicians to help educate clinicians as well as patients and their families about the whole picture of transition care.

Approaches to care continue to develop in pediatrics: there are consulting services staffed by physicians for young adults with chronic disease as an intermediate step to adult care as well as services for adults who had pediatric malignancies and are now facing secondary malignancies, hypothyroidism, or infertility issues.

As pediatric providers, we need to be mindful of our comfort and skill level as our patients get older and may still have continued acute medical needs. I think you will learn a lot just as I did as I read these articles.

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