Improving Transition of Adolescents from Pediatric Rheumatology to Adult Rheumatology: One Year Later

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Purpose/Objectives: (background and local problem)

The process of transitioning from pediatric to adult care is associated with a high risk of adverse outcomes. In order to better prepare our adolescent patients for transition to adult Rheumatology care, we wanted to standardize how our transition education and visits are conducted and monitored in the Pediatric Rheumatology Clinic. Initially, we researched transition literature, composed a transition letter to parents and teens for consistency across the division; we are in the process of translating these into Spanish. We implemented use of a transition readiness assessment questionnaire tool (TRAQ) and asked every patient 16 years and older to complete at each visit. We made changes to our outpatient note to collect structured data regarding transition discussion and TRAQ score. The 2021 improvements were established through our Quality Improvement in Rheumatology Clinic team.

Design/Methods:

We requested electronic medical record (EMR) data for all patients with at least two visits to rheumatology clinic, who were at least 16 years old, with a Rheumatology diagnosis. We determined the frequency of transition discussion documented in the EMR in 2 time periods; January – July 2020 and August 2020 – December 2020. We will determine the frequency and mean/median of TRAQ score from July 2020 – December 2020 and January 2021 – June 2021. Currently, TRAQ is completed on a paper form and scored/entered into iConnect. We have received a KPRI quality and safety grant to develop a process of electronically collecting TRAQ score using tablets to improve data collection, TRAQ monitoring, and provide an electronic copy of the transition policy for reference. This process will become the foundation for electronic data capture for EPIC.

Results: The data request captured visits of xx patients from 1/1/20 – 7/31/20 and 287 patients between 8/1/20 – 12/31/20Transition discussion was documented in 82 teens, or 29.5% of patient visits. This is an improvement over the 8.7% of visits for January-July 2020. Data for 2021 regarding transition discussion and TRAQ completion is pending

Conclusions/Discussion: After adding a radio button in our electronic medical record to track transition tasks, we saw a consistent increase in the number of transition discussions. Through standardization of pre-visit planning, and review and discussion of the transition tool at each visit as well as tracking the TRAQ score over time; we are improving the transition education of more patients. The Transition Clinic with the Rheumatology Med-Peds Fellow and Pediatric attending

(or PNP) has seen 51 patients July 2020-August 2021. In December 2021 we plan to review our data from the previous 12 months to evaluate outcomes; this will be captured through the radio button in iConnect documenting that transition was discussed at the visit and that the TRAQ score has improved over time. Our goal is to increase the number of visits that transition was discussed from 29% to 75% using the iPads to collect data more consistently. We plan to determine additional goals; one goal is to follow-up with transition patients 6-12 months after transfer of care to adult Rheumatology to gain feedback on our transition process and how it can be improved. The Rheumatology Division is also participating in the COA Transition Workgroup.