

## Implementing Transition of Care and Transfer of Care Systems in Pediatric IBD

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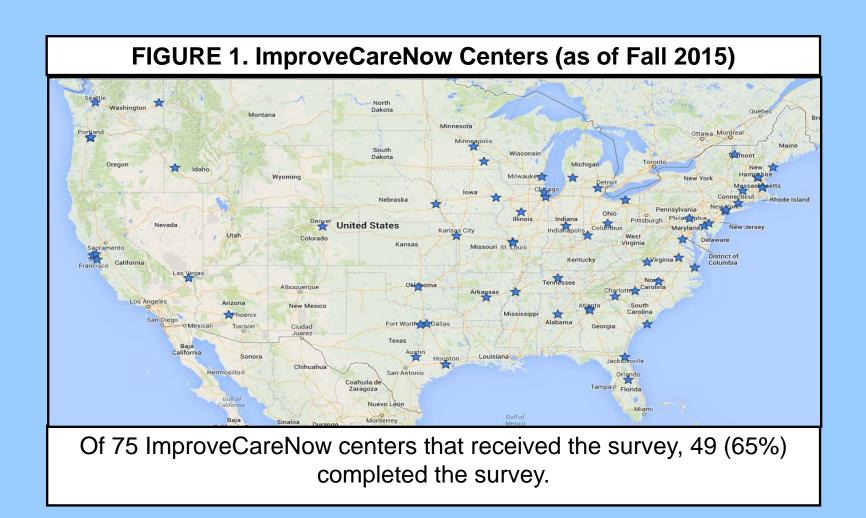


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## **Background & Methods**

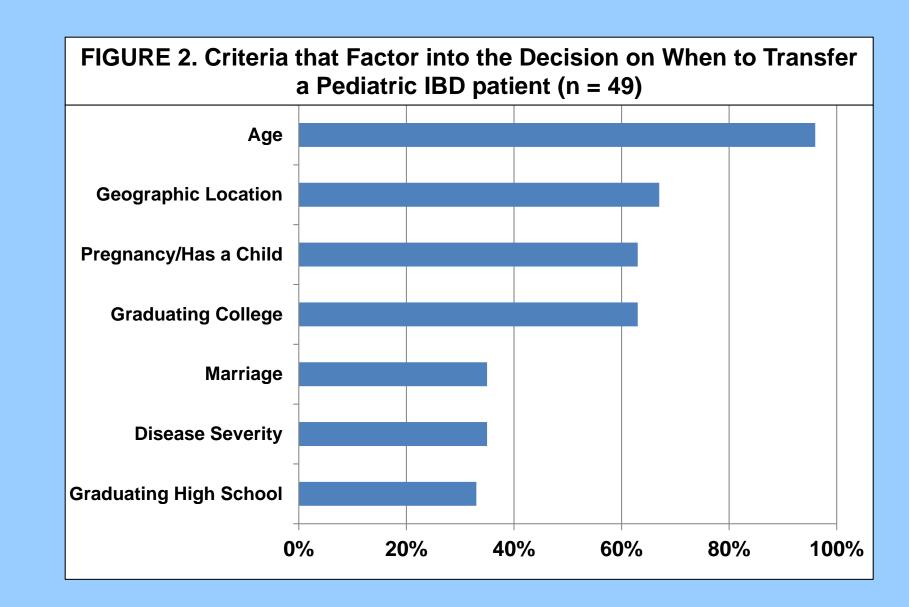
**Background:** Studies of transition readiness in young adults with inflammatory bowel diseases (IBD) suggest that patients often lack disease-specific knowledge and are not confident in their ability to manage their IBD. This can lead to worsening disease activity and increased healthcare utilization. It is crucial that pediatric IBD healthcare providers prepare young adults for the transition to adult gastroenterology, but it is unclear how well they utilize transition readiness tools. To address this, the Transition of Care Innovation Community within ImproveCareNow (ICN), a pediatric IBD quality improvement collaborative, designed a survey to identify and measure how pediatric IBD centers assess transition readiness and implement the transfer of care. **Methods:** Pediatric gastroenterology centers participating in ImproveCareNow were invited to complete a 27-item electronic survey via REDCap in the fall of 2015. One medical provider completed the survey for each institution. The chi-square test was used for statistical analysis and p <0.05 was considered statistically significant.



| TABLE 4. Characteristics of Boomerstin                  | a Cantara (n. 40) |  |  |  |  |
|---|-------------------|--|--|--|--|
| TABLE 1. Characteristics of Responding Centers (n = 49) |                   |  |  |  |  |
| Practice Setting  |                   |  |  |  |  |
| University Hospitals                                    | 71%               |  |  |  |  |
| Private Practice  | 14%               |  |  |  |  |
| Other   | 15%               |  |  |  |  |
| Pediatric Gastroenterologists                           |                   |  |  |  |  |
| 2 - 5   | 29%               |  |  |  |  |
| 6 - 10  | 37%               |  |  |  |  |
| 11 - 20   | 26%               |  |  |  |  |
| More than 20  | 8%                |  |  |  |  |
| Mid-level Practitioners                                 |                   |  |  |  |  |
| Yes   | 90%               |  |  |  |  |
| No  | 10%               |  |  |  |  |
| Fellows   |                   |  |  |  |  |
| Yes   | 53%               |  |  |  |  |
| No  | 47%               |  |  |  |  |
| Have an IBD Clinic                                      |                   |  |  |  |  |
| Yes   | 57%               |  |  |  |  |
| No  | 43%               |  |  |  |  |
| IBD Patient Population                                  |                   |  |  |  |  |
| ≤100  | 6%                |  |  |  |  |
| 101-250   | 31%               |  |  |  |  |
| 251-500   | 49%               |  |  |  |  |
| >500  | 14%               |  |  |  |  |
| >500  | 1470              |  |  |  |  |

| TABLE 2. Centers Using a Transition Checklist               | (n = 17 (35%))    |
|---|-------------------|
| Checklist Type  |                   |
| Transition Readiness Assessment Questionnaire (TRAQ)        | 47%               |
| NASPGHAN Transition Checklist                               | 41%               |
| Living Well With IBD Self-Management Handbook Checklist     | 29%               |
| Other resources   | 29%               |
| Age Checklist First Used (years old)                        |                   |
| 12-14   | 65%               |
| 15-17   | 35%               |
| ≥18   | 17%               |
| Administering Checklist                                     |                   |
| Annually  | 41%               |
| Twice a year  | 35%               |
| Transition tool consistently administered at this frequency | 29%               |
| Review transition tool results with patient                 | 76%               |
| Develop an action/treatment plan based on the results       | 47%               |
| Time to review checklist                                    | 15 minutes (mean) |

| TABLE 3. Transfer of Care (n = 49 centers)               |     |  |  |
|--|-----|--|--|
| Age patients transferred to Adult Gastroenterology       |     |  |  |
| (years old)  |     |  |  |
| 18   | 40% |  |  |
| 19-21  | 66% |  |  |
| 22   | 70% |  |  |
| >22  | 21% |  |  |
| Have a designated adult IBD specialist/clinic associated | 65% |  |  |
| with your hospital or healthcare system                  |     |  |  |
| Hand-off of patient history occurs at time of transfer   | 73% |  |  |
| Type of hand-off   |     |  |  |
| Summary/Transfer note                                    | 89% |  |  |
| Emessage/Email   | 55% |  |  |
| Phone call   | 47% |  |  |
| Adult Gastroenterologist seeing patients in              | 14% |  |  |
| a Transition Clinic                                      |     |  |  |
| Collecting data on patients accessing care/managing IBD  | 6%  |  |  |
| after transfer occurs                                    |     |  |  |



| TABLE 4. Statistical Analysis             |            |         |  |  |
|---|------------|---------|--|--|
| Analyses                                  | Percentage | p-value |  |  |
| Centers using a transition checklist      |            |         |  |  |
| With an IBD Clinic                        | 43%        |         |  |  |
| Without an IBD Clinic                     | 24%        | 0.166   |  |  |
|   |            |         |  |  |
| Psychologist in IBD Clinic                | 60%        |         |  |  |
| No psychologist in IBD Clinic             | 33%        | 0.172   |  |  |
|   |            |         |  |  |
| Hand off of medical information at time   |            |         |  |  |
| of transfer                               |            |         |  |  |
| With an IBD Clinic                        | 89%        |         |  |  |
| Without an IBD Clinic                     | 52%        | 0.004   |  |  |
| An adult gastroenterologist designated as |            |         |  |  |
| part of an IBD transition clinic          |            |         |  |  |
| With an IBD Clinic                        | 14%        |         |  |  |
| Without an IBD Clinic                     | 5%         | 0.034   |  |  |
|   |            |         |  |  |
| Collecting data on patients accessing     |            |         |  |  |
| care/managing IBD after transfer occurs   |            |         |  |  |
| With an IBD Clinic                        | 11%        |         |  |  |
| Without an IBD Clinic                     | 0%         | 0.122   |  |  |
|   |            |         |  |  |

## **Conclusions**

- Centers with an established IBD clinic used a transition checklist more often than centers without this multidisciplinary resource. Centers were also more likely to use a transition checklist if they had a psychologist in their IBD Clinic.
- A formal transfer process was present significantly more in centers with an IBD clinic.
- A multidisciplinary approach to transition readiness and transfer is having an impact on more pediatric IBD centers assessing transition skills in their patients.