

8 Years of Successful Transition: A Description of an Adult Nephrology Clinic's Transition Program

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Background

- Young adults (YA) with chronic illness struggle with accessing appropriate health care as they transition between pediatric and adult medical centers⁽¹⁾. To address this, Northwestern Medicine (NM) and Lurie Children's Hospital (LCH) implemented a nephrology transition of care program⁽²⁾. Here we review the 8-year outcomes of our clinic.

Clinic Description

- A transition clinic was held monthly at LCH. Clinic was staffed by an adult multidisciplinary team consisting of a nephrologist, PA, and social worker.
- The pediatric and adult teams met to provide a verbal hand off. A written summary was also provided.
- The transition visit included a readiness to transition assessment (TRAQ), a screen for high-risk behaviors, an insurance screen, and an evaluation of social determinants of health.
- Subsequent visits occurred in the adult nephrology clinic at NM with the same providers.
- The adult team held a biweekly meeting to review patients. Those that missed appointments received an escalated communication protocol (ECP).
- Successful transition was defined as at least one follow up visit at NM.

Results

- 154 patients were seen from 2016-2022 (Table 1).
 - 141 (92%) patients successfully transitioned (ST) to our adult Nephrology clinic.
 - 29 (19%) of the ST patients required ECP.
 - 13 (8%) of patients were lost to follow up .
- Patients with no insurance were more likely to be lost to follow up (Table 2).
- While more patients (76.9%) that were lost to follow up were male, this did not reach statistical significance.

Conclusions

Since its creation in 2016, NM-Lurie Nephrology Transition Clinic has successfully transitioned 92% of patients to adult care. 19% of patients required ECP support to make their appointments. YA without insurance were more likely to be lost to follow up despite ECP.

Table 1: Transition Outcomes

Transition Outcomes	Number of Patients (%) N=154
Successful Transition to NM	141 (92%)
Without ECP	112 (73%)
With ECP	29 (19%)
Lost to Follow Up	13 (8%)

ECP = escalated communication protocol

Table 2: Patient Characteristics

Patient Characteristics	Lost to Follow Up N=13	Successful Transition N=141
Insurance		
Commercial Insurance	5 (38.5%)	82 (58.2%)
Government Insurance (Medicare/Medicaid)	6 (46.2%)	58 (41.1%)
No Insurance	2 (5.4%)	1 (0.7%)

References

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2. Nishi LN, Ghossein C. A nephrology transition clinic in the adult care setting: a pilot program. *J Am Soc Nephrol*. 2018;29:726.