



Increasing documented provider discussion of transition from pediatric to adult epilepsy care: a retrospective chart review



Michelle Y. Lu¹, Heidi Kim¹, Elizabeth Burch², Susan T. Arnold, M.D.²

¹University of Texas Southwestern Medical Center, Dallas, TX; ²Children's HealthSM, Dallas, TX

Introduction

As pediatric patients with epilepsy approach adulthood, pediatric neurology providers are expected to discuss the need for transitioning to adult epilepsy care with these patients and their families. This process of transitioning care is especially significant in the care of patients with epilepsy, as a poorly conducted transition could lead to unsatisfactory seizure control, increased hospitalization, missed opportunities for new therapies or surgeries, and increased rates of sudden unexplained death in epilepsy (SUDEP).^{1,2} To aid providers in these important transition discussions, the Comprehensive Epilepsy Center at Children's Medical Center in Dallas has implemented various resources, including informational transition booklets, EPIC SmartPhrases prompting provider discussion and documentation of transition, and educational "Transition Day" events for patients and families.

This study examines the frequency with which providers at the Comprehensive Epilepsy Center conducted and documented transition discussions. In addition, the introductions of various transition resources were evaluated for increasing the frequency of these documented transition discussions.

Methods

This retrospective chart review examined the documented transition process of 402 patients previously followed for epilepsy at the Comprehensive Epilepsy Center.

Inclusion Criteria

- At least 17-years old at last clinic visit
- Followed at clinic for ≥3 completed visits
- Last visit completed from Sept 2009-June 2014

Associations between availability of transition resources and documented provider discussion of transition were evaluated using chi-squared analysis.

Results

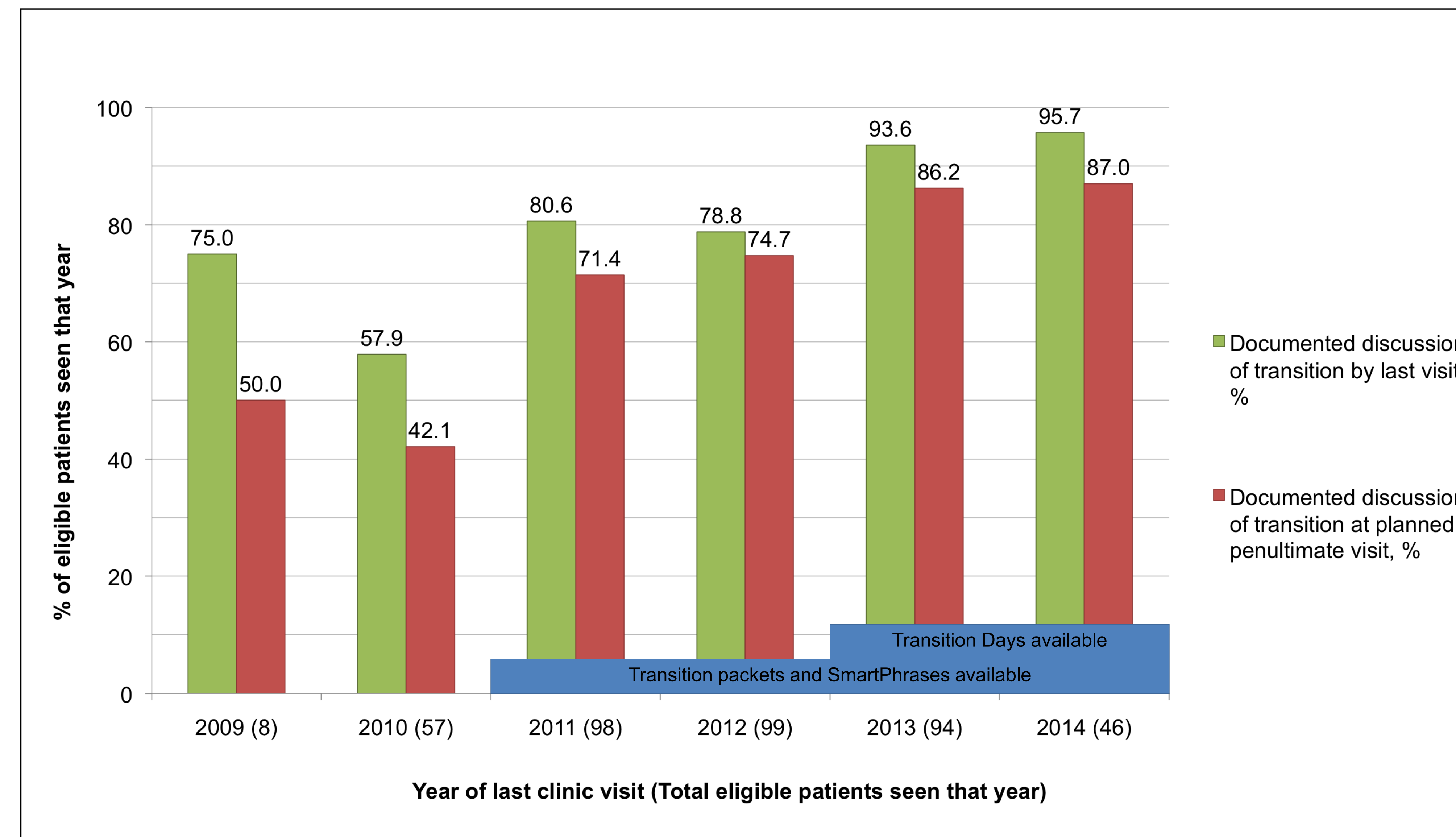


Figure 1. Documented discussion of transition by year of last clinic visit. The availability of various transition resources is indicated in blue.

Results

Table 1. Chi-squared analysis of availability of transition resources vs. documented discussion of transition. In order to examine the isolated effect of the resources introduced in 2011 (Transition packets and SmartPhrase prompts) independently of those introduced in 2013 (Transition Days), the effect of the 2011 resources was examined in the period preceding 2013 (2009-2012). Similarly, the effect of the 2013 resources was examined for the years beginning in 2011 (2011-2014).

Resource availability		Documented discussion of transition by last clinic visit (n)			Documented discussion of transition at planned penultimate visit (n)		
		Yes	No	p-value	Yes	No	p-value
Transition packets and SmartPhrases available	No (2009-2010)	39	26	0.0015	28	37	<0.0001
	Yes (2011-2012)	157	40		144	53	
Transition Days available	No (2011-2012)	157	40	0.0002	144	53	0.0033
	Yes (2013-2014)	132	8		121	19	

Results

Providers documented discussing transition of care by the last clinic visit with 328 of the total eligible patients (82%) and at the planned penultimate clinic visit with 293 of the total eligible patients (73%).

Documented discussion of transition by the last clinic visit increased from 58% of patients in 2010 to 96% in 2014. Similarly, documented discussion of transition at the planned penultimate clinic visit increased from 42% of patients in 2010 to 87% in 2014.

The availability of transition booklets and SmartPhrase prompts beginning in 2011 was positively associated with documented discussion of transition by the last clinic visit ($p=0.0015$) and at the planned penultimate clinic visit ($p<0.0001$).

Availability of "Transition Day" events starting in 2013 was positively associated with documented discussion of transition by the last clinic visit ($p=0.0002$) and at the planned penultimate clinic visit ($p=0.0033$).

Conclusion

Over time, providers at the Epilepsy Center demonstrated an increase in documented discussion of transition with eligible patients. These increases in documented discussion of transition were positively associated with the introduction of various transition resources, suggesting that the availability of transition resources to providers contributed to the overall increase in documented discussion of transition between providers and their patients.

References

1. Camfield P, Camfield C. Help youth with epilepsy to become competent and happy adults: Transition care. *Seizure* 2013;22:414-415.
2. Devinsky O. Transition to adult care for children with epilepsy—A call for action. *Epilepsia* 2014; 55(Suppl.3):54-55.