

# Young Adult Transition: An Adult Perspective

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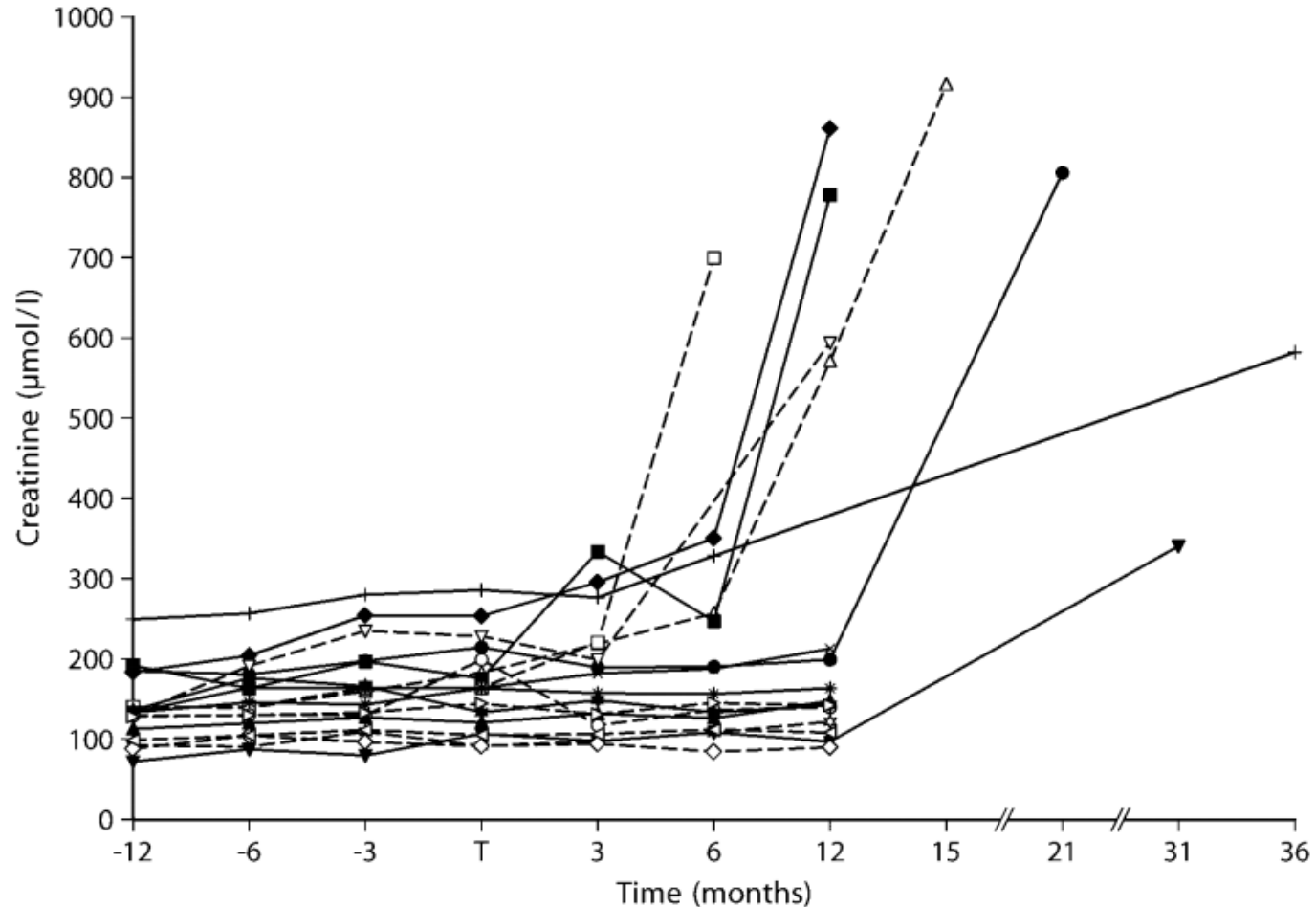
CHILDREN'S MERCY HOSPITAL

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*“Youth... have bad manners, contempt for authority; they show disrespect for elders and love chatter in place of exercise. They no longer rise when elders enter the room, they contradict their parents and tyrannize their teachers.”*

*- Socrates 470 B.C.*

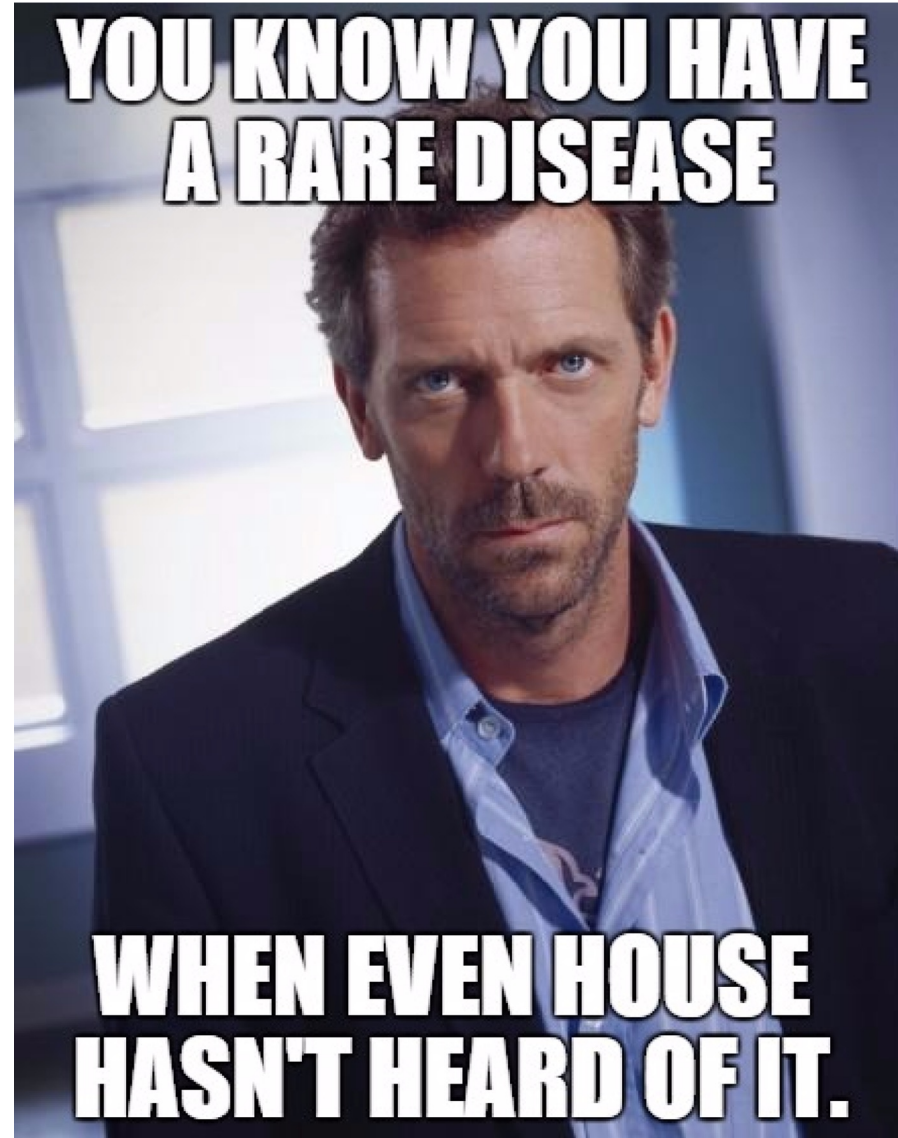
# The Need for a Transition Process



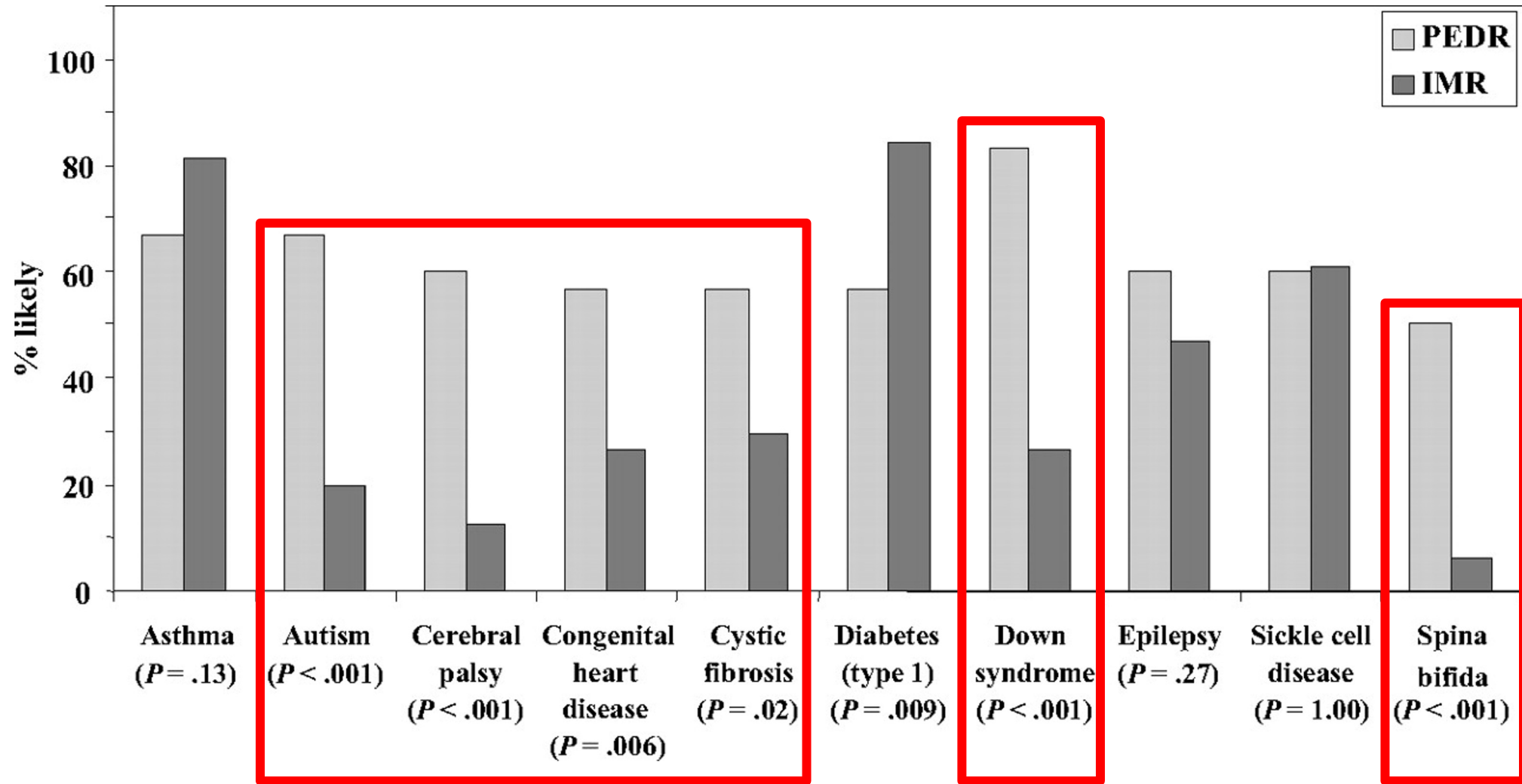
20 transplanted patients with mean age of 17.9 at time of transition from 1985-1997

8 failed transplants within 36 months

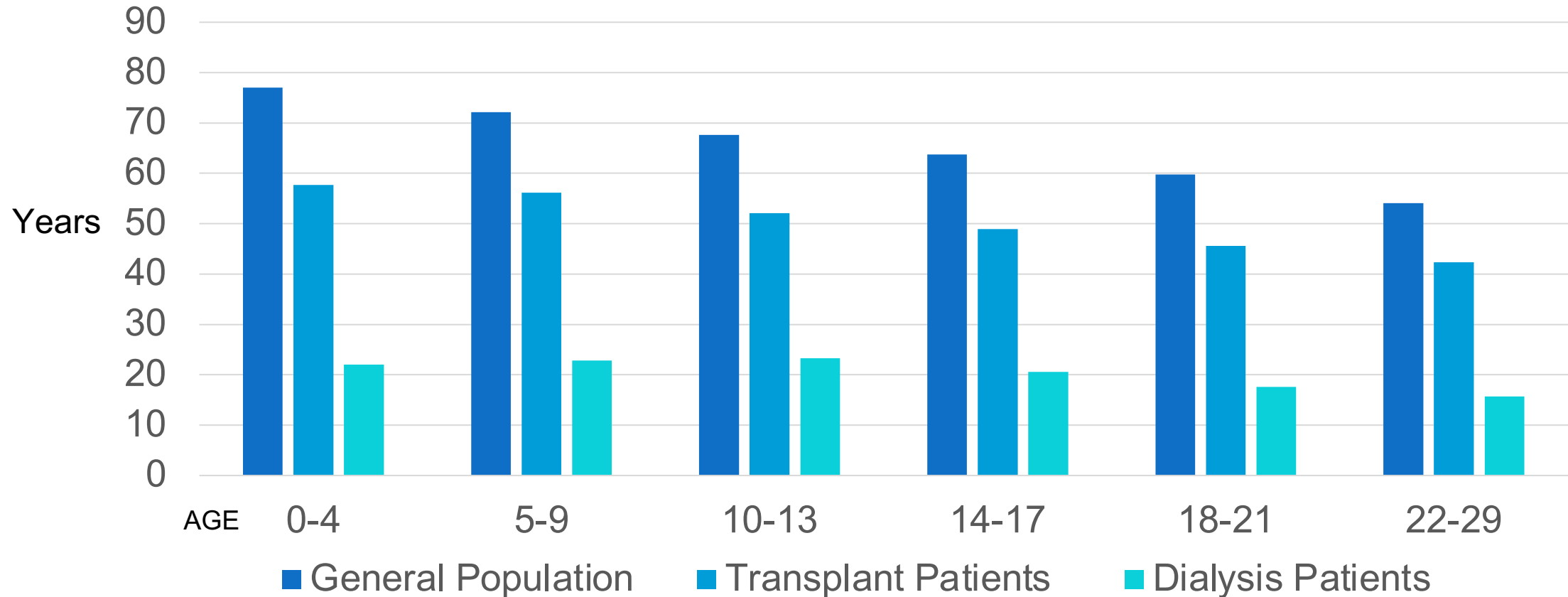
# Internist Bravado



# Likelihood to Provide Care After Residency

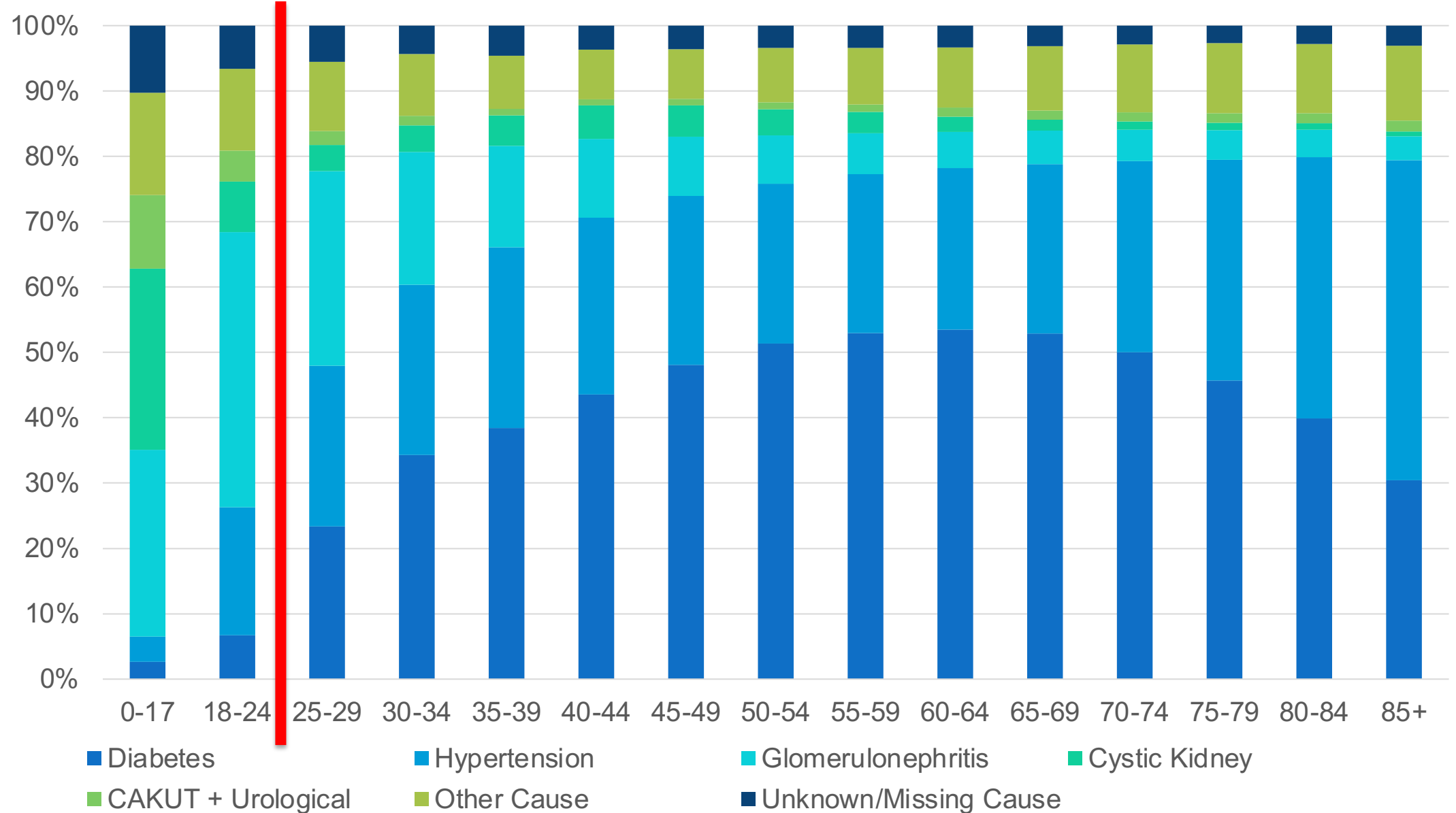


# Life Expectancy – ESRD and Transplant

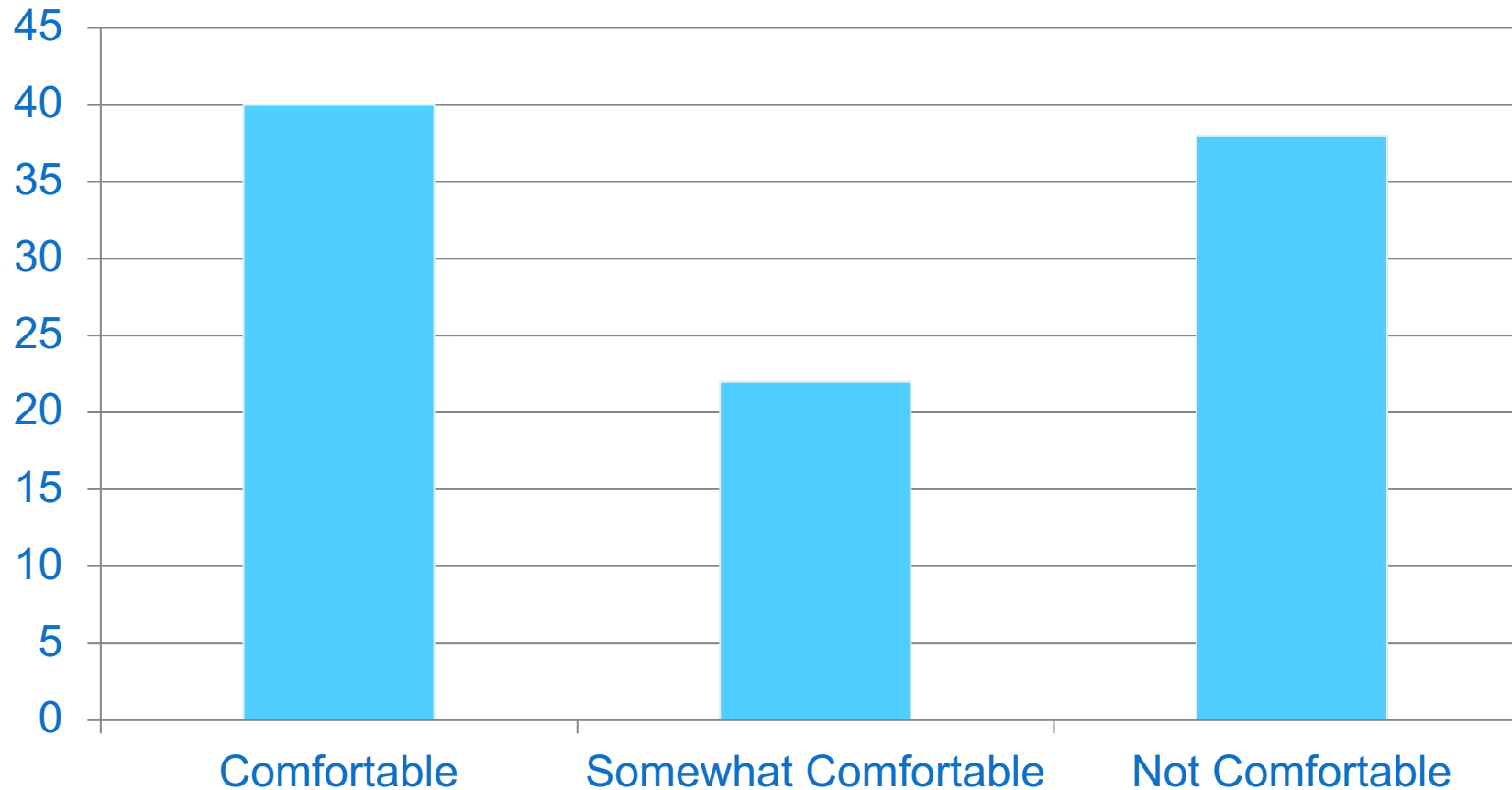


Expected remaining lifetime in years of patients by ESRD treatment modality

# Differences in Diagnosis



# Nephrology Comfort For Patient With Pediatric Diseases



- 105 surveys with 62 respondents of practicing adult Nephrologists



# Adult Dialysis Unit Support for Patients With Special Needs

	Region	Developmental delay: n (%)	Adherence Issues: n (%)
All centers	NA and Europe combined (n = 58)	2 (3%)	8 (14%)
	Canada (n = 9)	1 (11%)	1 (11%)
	Europe (n = 11)	0 (0%)	0 (0%)
	USA (n = 38)	1 (3%)	7 (18%)
Centers with TP <sup>a</sup>	NA and Europe combined (n = 58)	1 (5%)	5 (26%)
	Canada (n = 3)	1 (33%)	1 (33%)
	Europe (n = 4)	0 (0%)	0 (0%)
	USA (n = 12)	0 (0%)	4 (33%)
Centers without TP	NA and Europe Combined (n = 39)	1 (3%)	3 (8%)
	Canada (n = 6)	0 (0%)	0 (0%)
	Europe (n = 7)	0 (0%)	0 (0%)
	USA (n = 26)	1 (4%)	3 (12%)

- TP transition program, NA North America
- <sup>a</sup>Where applicable

# Adult Care Ethos

## Pediatrics

- CKD prevalence worldwide: 15–74.7 cases per million children (1)
- ESRD prevalence in United States: 90 cases per million children (2)
- United States pediatric Nephrologists: 1124 (3)
- 73 million children in the United States
- Equates to ~ 13 patients per nephrologist

## Adult

- CKD prevalence 1 in 7 or 37 million have CKD (4)
- United States adult Nephrologists: ~12000 (5)
- 255 million adults in the United States
- Equates to ~ 3000 patients per nephrologist

10.1007/s00467-006-0410-1

10.1159/000380828

ABP Subspeciality Data 2021

CDC Data CKD in USA 2021

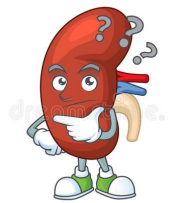
Centers for Medicare & Medicaid 2022

# Adult Care Ethos: Percent of US Population by CKD

Percentage of US Population by eGFR and Albuminuria  
Category: KDIGO 2012 and NHANES 1999-2006

				Persistent albuminuria categories			
				Description and range			
				A1	A2	A3	
				Normal to mildly increased	Moderately increased	Severely increased	
				<30 mg/g <3 mg/mmol	30-300 mg/g 3-30 mg/mmol	>300 mg/g >30mg/mmol	
GFR categories (ml/min/1.73m <sup>2</sup> ) Description and range	G1	Normal or high	≥90	55.6	1.9	0.4	57.9
	G2	Mildly decreased	60-89	32.9	2.2	0.3	35.4
	G3a	Mildly to moderately decreased	45-59	3.6	0.8	0.2	4.6
	G3b	Moderately to severely decreased	30-44	1.0	0.4	0.2	
	G4	Severely decreased	15-29	0.2	0.1	0.1	0.4
	G5	Kidney failure	<15	0.0	0.0	0.1	0.1
				93.2	5.4	1.3	100.0

Refer to Nephrology Somewhere in Here



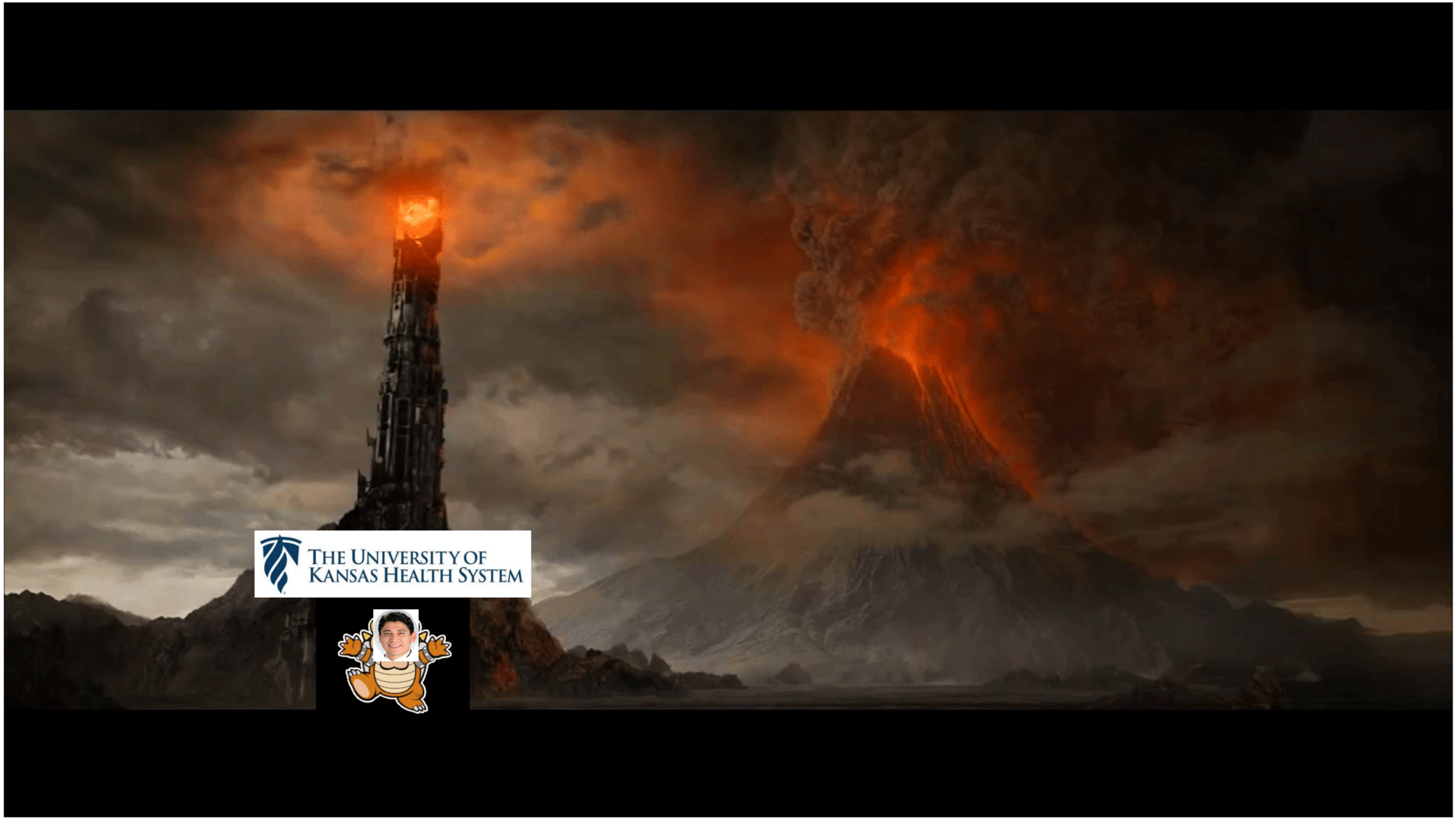
# Adult Nephrology Patient Load

- The average Nephrologist:
  - Works 56 hours per week
  - Evaluates 92 patients per week
- Many private practice nephrologists can see 8-12 clinic patients per half day and up to 50 inpatient consults
- In addition to 50-200 hemodialysis patients
- In my half day clinics in transplant, I can see up to 16 patients frequently
- Majority of time these visits are with the practitioner solo or with a nurse
- It's easy to see how a patient can feel like a number in the adult world

# Kansas University Medical Center



# Kansas University Medical Center



 THE UNIVERSITY OF  
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# Transition – CMH and My Approach

- As a pediatrician I understand the significance and stress associated with transition
- I've obtained hospital/division permission to develop a transition acceptance clinic
- Introduction occurs PRIOR to the patient having their first scheduled clinic with my team in the adult center
- I meet with the Children's Mercy team, patient and their support person
- I introduce myself and what to expect coming to my visit including who the patient will meet
- Answer any questions or hesitations the patient and family may have before visiting my team

# Transition – First Visit

- First clinic visit is multidisciplinary
- Support persons are welcomed!
- First visit is introductory to explain **goals & expectations**
- No stress getting “plugged into the system” (Labs, clinic space layout, ‘MyChart’ etc)
- The patient returns to CMH for a final visit within 3 months of seeing me
- The patient returns to see me within 3 months of their final CMH visit then I assume care



# Transplant Transition Clinic

- Quarterly clinic appointments and scheduled in advance on Thursday mornings
- Staffed with consistent providers: nephrologist, post transplant nurse, social workers, pharmacist & dietician
- Transitioned patients remain in this clinic for a minimum of 1 year before consideration of transferring to regular adult clinics
- Appointments are 40 minutes long for new or 30 minutes for follow-ups and no over-booking
- I spend 1/3 of my patient time discussing non-medical related items

# Transplant Transition Clinic

- I have put together a team of “Champions of transition” in every major subspecialty that are frequently needed in this patient population including:
  - Cardiology
  - Gastroenterology
  - Neurology
  - OBGYN
  - Primary Care
  - Psychiatry
  - Psychology
  - Pulmonary
  - Urology
  
- If there are any concerns, I refer patients to the right support:
  - Any subspecialty above or with a low threshold for Psychiatry or Psychology
  - Social work, pharmacy, dietician or a female provider

# Questions?