

Utilizing Stage of Change and Level of Engagement Assessments in a Formal Congenital Heart Disease Transition Educational Program

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BACKGROUND

- Dedicated transition programs help teach fundamental congenital heart disease (CHD) knowledge and skills prior to patient transfer from pediatric to adult CHD care
- It is critical to determine other predictors of successful care transition and transfer
- Patient receptivity to learn and engage in educational sessions may play a role in the transition process and in programmatic

PURPOSE

- To utilize existing scales to rate patient readiness to assume adult behaviors and level of learning engagement during sessions
- To assess how this modeling changes while participating in a CHD transition program

METHODS

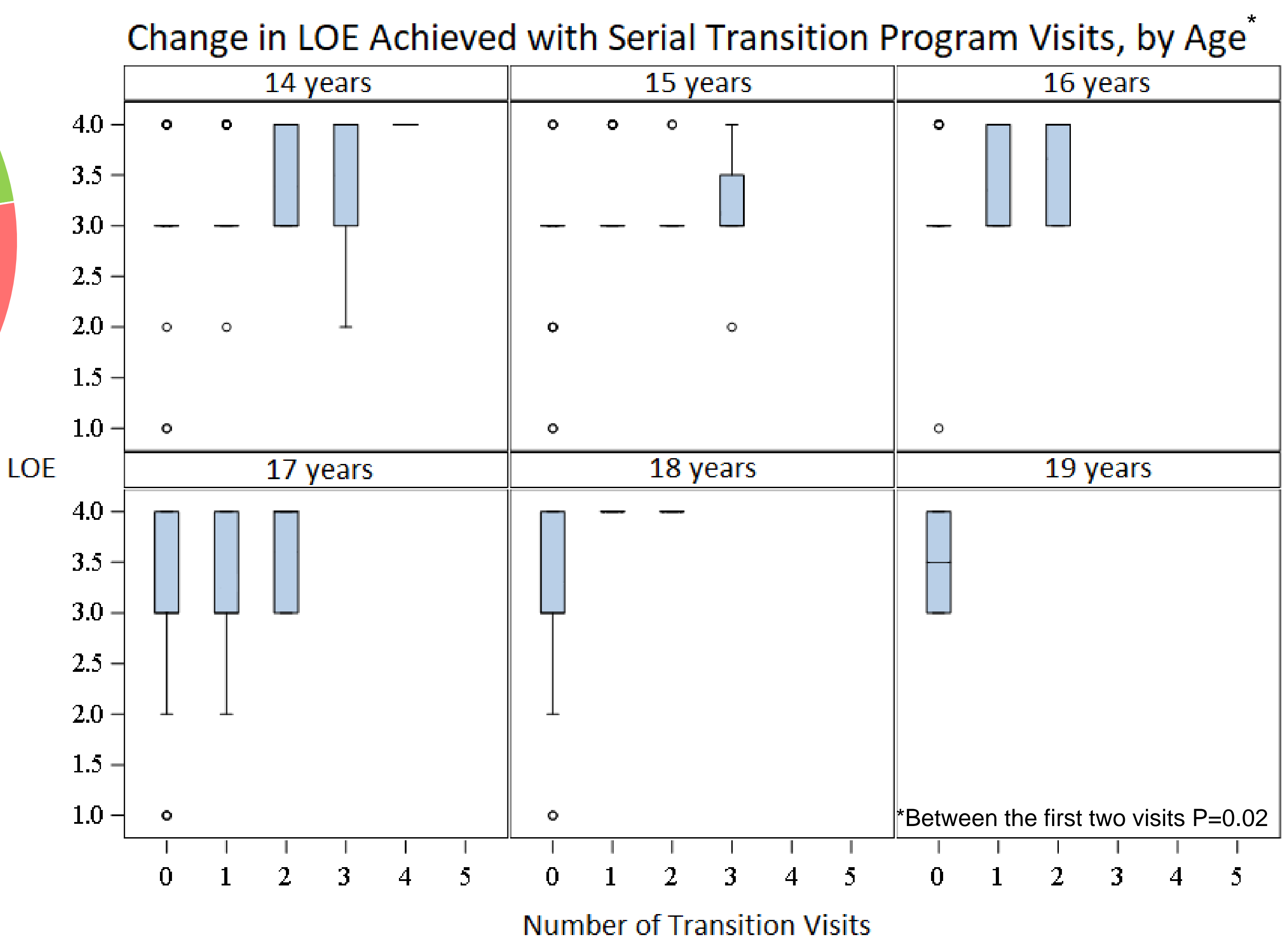
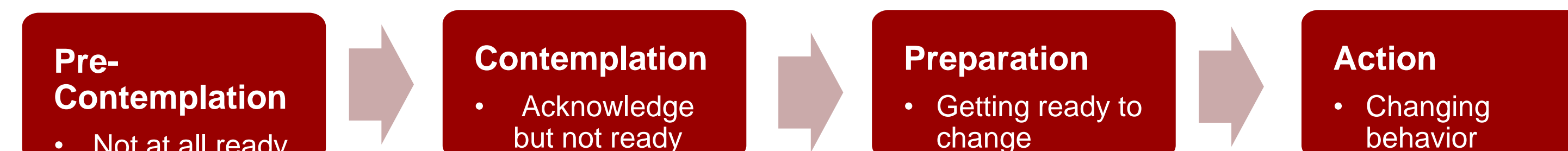
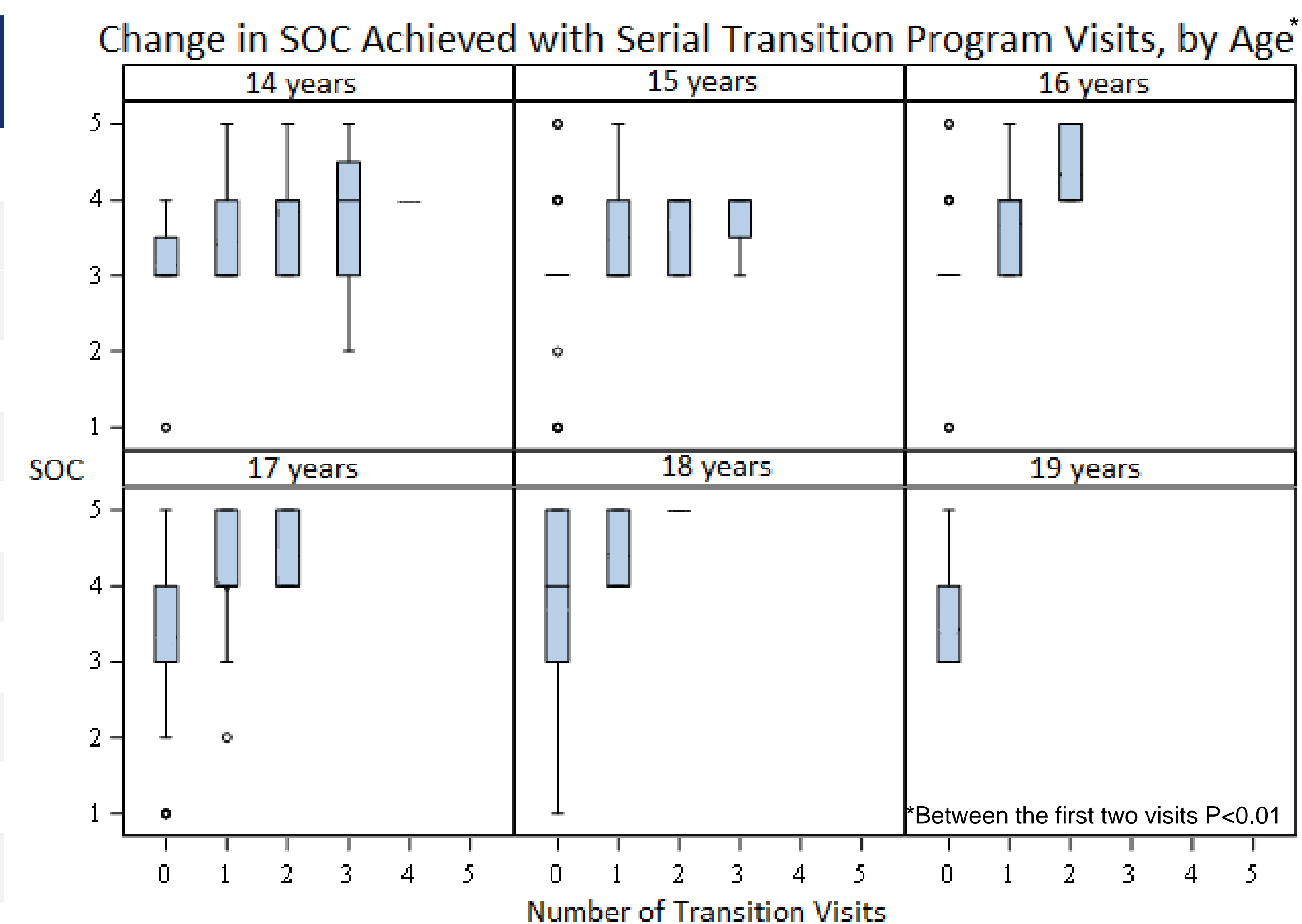
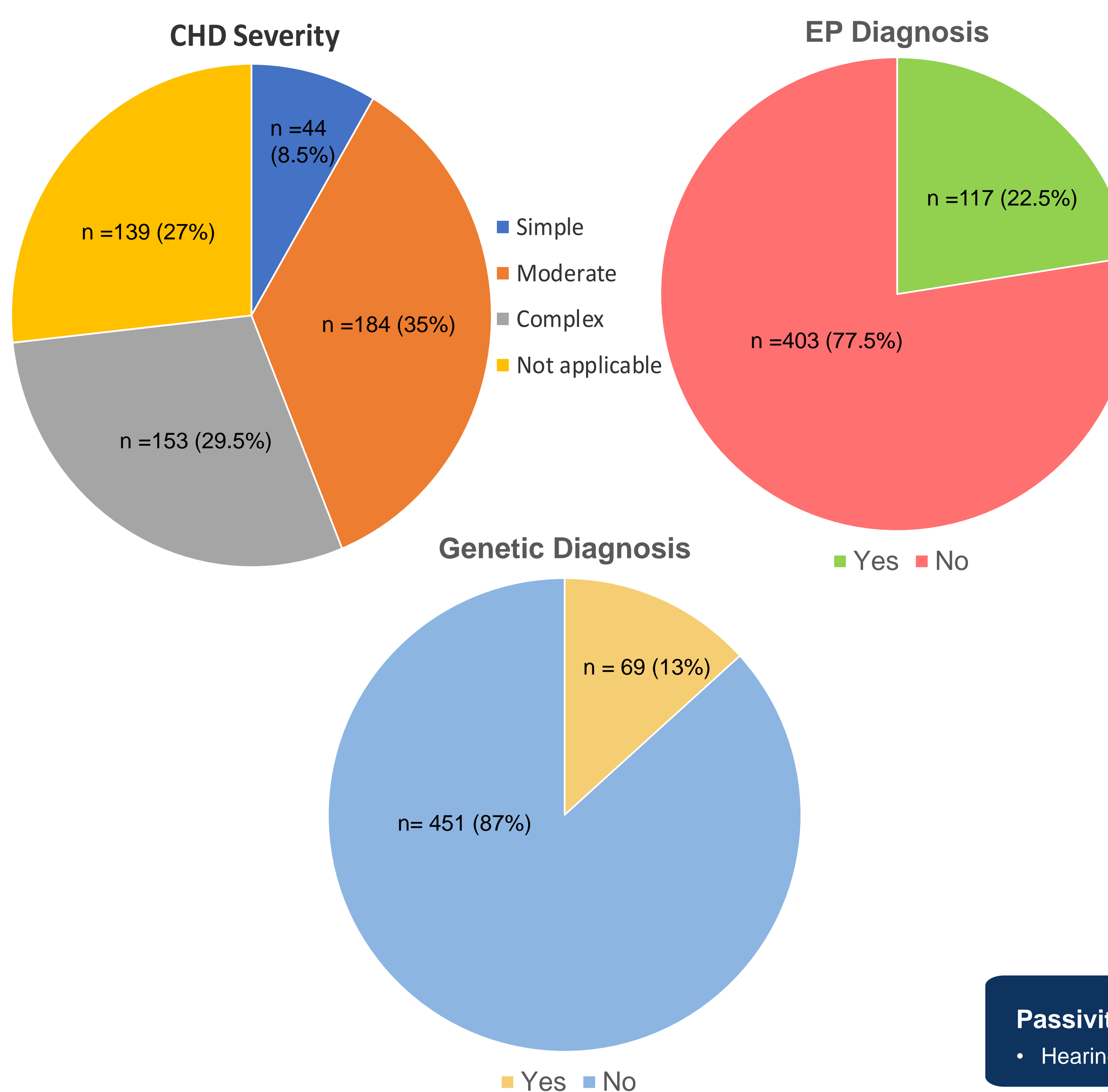
- Inclusion criteria:** Adolescents 14-21 years between 2019-2021 with either a CHD or electrophysiological (EP) diagnosis participating in the Texas Children's Hospital cardiology transition program
- Exclusion criteria:** Significant developmental delay
- Two methods of assessment:**
 - 4 Stages of Change (SOC)
 - 4 Level of Engagement (LOE)
- Outcome variables:** Change in SOC or LOE
- Primary predictor variables:** Patient sociodemographics and CHD type
- Statistics:** Multivariate mixed linear regression modeling accounting for repeated measures adjusting for sociodemographics and number of cardiology transition program visits

RESULTS

Patient Sociodemographics

		n = 520 (%)
Sex	Male	273 (52)
	Female	247 (48)
Race/Ethnicity	White non-Hispanic	298 (57.3)
	Black non-Hispanic	43 (8.3)
	Hispanic	179 (34.4)
Need for Interpreter	Yes	40 (7.7)
	No	480 (92.3)
BMI	Normal	355 (68.3)
	Overweight/Obese	143 (27.5)
Insurance Type	Private	259 (49.8)
	Public	112 (21.5)

CHD, Genetic, and EP Diagnoses



CONCLUSIONS

- Regardless of age, increasing transition visits were associated with **increase** SOC and LOE, however, this was only significant between the first two visits
- Higher risk groups with **lower** SOC include those with either no or military insurance
- Higher risk groups with **lower** LOE include those with public insurance and Black race
- Patients with an EP diagnosis were more likely to have **higher** SOC
- Sex, ethnicity, obesity, primary language, CHD severity, and genetic syndrome diagnosis were **not associated** with a significant difference in SOC or LOE

LIMITATIONS

- Single center study utilizing information gathered from one transition program

FUTURE DIRECTIONS

- Further standardization of psychotherapy modelling into regular transition visits need to be further explored to target transition programmatics and scheduling
- Determine if patients with lower LOE and SOC at the beginning of transition can “catch up” with others
- Determine if higher SOC or LOE is associated with more effective transfer of care to adult CHD providers

DISCLOSURES

The authors have nothing to disclose

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