

Tapping into Technology: Using Virtual Methods to Improve a Cardiology Transition Clinic

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Background

- To successfully transition from a pediatric healthcare into adult care and adulthood, adolescent and young adult (AYA) patients need for a structured process for transition education and preparation
- Since 2014, Ambulatory Cardiology has had an in-person Cardiology Transition Clinic to educate and prepare our AYA patients
 - There was a high no-show rate and often inefficient coordination of patient and provider schedules
- Purpose of this project was to reduce the no-show rate by:
 - Converting the transition clinic to a telehealth format
 - Digitalizing patient resources
 - Reducing the total visit time

Methods

- Completed an assessment of the structure and process of the in-person Cardiology Transition Clinic to identify opportunities to improve and create a more AYA-centered clinic
- In July 2021, Transition Clinic converted to Telehealth format with nurse leader, single scheduler, in-house Cardiologist with experience in life-long course of disease (Table 1)
- Created clinic flyer and structure process for referral from the Primary Cardiologist to introduce patients to the Transition Clinic, more broadly capture appropriate patients, and ensure an appointment was scheduled
- Changes were also made to the frequency, day of the week appointments occurred, length of appointment, and target age range
- All education materials were adapted from paper-based binder to a digital resource packet and emailed to patients post visit
- Visits focused on individualized education plans based on assessments (Figure 1)

Table 1. Implemented Changes

	In-Person Transition Clinic	Virtual Transition Clinic
Administrative Support	Ad-hoc	Designated scheduler
Educational Materials Format	Paper-binder	Digital Resource Packet
Provider	External Adult Cardiologist (with no dedicated time)	In-house, Med-Peds Cardiologist (with dedicated time)
Appointment Date/Time	Friday Afternoons	Wednesday Afternoons
Frequency of Clinic	Monthly	Weekly
Format	In-Person	Virtual / Telehealth
Target Age	20-21 years old	17 -21 years old

Figure 1. Focus of Virtual Clinic Appointment

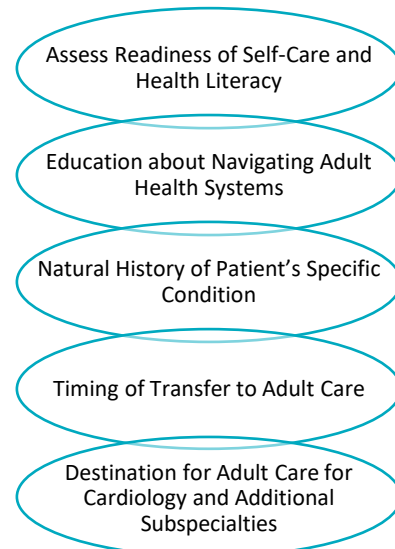
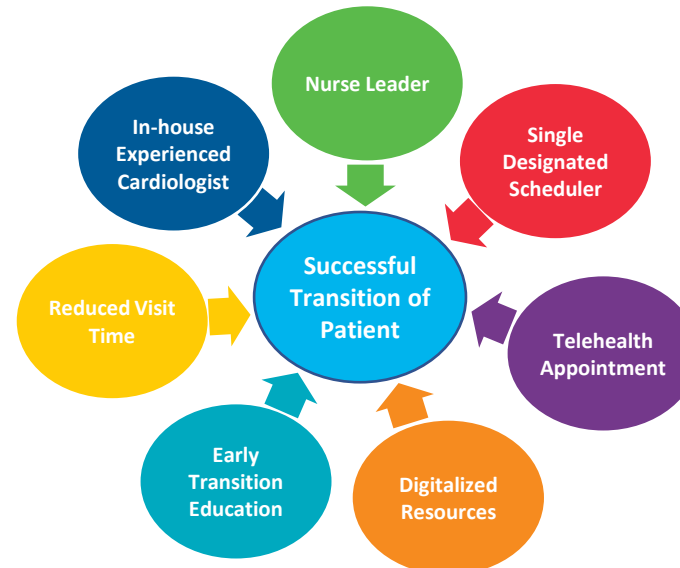


Figure 2. AYA-Centered Strategies



Results

- Saw increased appointment volume and reduction in no-show rate after changes were implemented (Table 2)
- Additionally, uncovered unexpected problems or detrimental plans in 15% patients such as discontinuity of care, high-risk pregnancy, organ dysfunction or plans for life-threatening arrhythmia care
- Some patients revealed information, not previously disclosed to their long-standing cardiology team, which included topics of contraception, career goals, and plans for moving out of state
 - Provided intervention and anticipatory guidance to ensure the patient did not experience complications or lapse in care

Table 2. Volume and No-Show Rate Results

	In-Person Clinic (FY21)	Virtual Clinic (FY22)
Volume of Visits	28	↑ 67
No-Show Rate	26%	↓ 12%

Conclusions

- In our preliminary experience, we learned that patients appear to disclose more openly when meeting virtually with unfamiliar providers than at standard clinic visits
- No-show still occurred but was less frequent and less disruptive to provider schedules
- Virtual approach relieved pressure on busy clinic space and designated team insured consistent coordination and communication
- Future plans include exploring the long-term impact and conducting pre-visit patient surveys to continue to individualize education plans and discussions and post-visit feedback interviews with select patients