



A-CHATTR: Adult Congenital Access to Timely Referrals

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INTRODUCTION

Topic: Adult Congenital Heart Disease (ACHD) patient gaps in care and referrals to a certified ACHD provider

Problems:

There are gaps in care between visits for CHD patients. There is a lack of referrals for adult congenital heart patients to an accredited congenital heart center.

Team Members:

MDS- Primary Care and Cardiologist, Nurse Practitioners, Physician Assistants, RNs, Clinical Directors, Informatics

Aim:

To improve referral rates to specialty congenital heart disease care by at least 50% with referrals.

Streamline the referral process when ICD code for CHD is assigned and increase collaborative life-long management strategies

Identify those lost to follow up care and not receiving a referral to a certified specialty congenital provider at an accredited CHD center.

Objectives:

1. Improve ACHD referrals to specialty centers
2. Provide an algorithm for automatic referrals
3. Identify gaps in care from pediatric, teens to adult CHD population.
4. Improve the gaps in care for ACHD patient

METHODS

PLAN:

Retrospective Chart Review, National Data Registries & Literature Review

Review National Data Registries: Current Gaps in Care

Review National Data: Specialty Referrals Received

Identify: time gaps between visits

Measure: Automatic referral process improvement in ACHD specialty referral

DO:

Data collection: EHR chart review of 30 charts, query for ICD code for CHD, Identify current gaps in care and referral process based on provider assignment of ICD code for ACHD.

Discuss: with stakeholders the need for identifying gaps in care and specialty referrals to certified ACHD providers

STUDY:

Data analysis process of National Registries and Literature review statistics. Average of percentages of M/F, Age, SD, Median, IQR of Age Range and months since visit using Frequency table and basic % of referred before and after automatic referral process implemented.

ACT:

Adopt→ Based on chart review, literature review and national data there should be an automatic referral process for ACHD patients and tracking of gaps in care.

Abandoned→ Based on IRB approval for the QI project

MEASURES:

Percentage of ACHD patients receiving referrals to ACHD centers

Number of months between visits

RESULTS

Characteristics of Subjects. Referral to ACHD Specialty. N= 30. Based on National Data

SEX	N=	%
Female	11	36.6
Male	19	63.3
AGE		
18-29	15	50
30-49	10	33.3
>50	5	16.7
Referred		
Yes	12	40
No	18	60

IMPLICATIONS FOR PRACTICE

- Evidence shows ACHD patients have improved outcomes with referrals to a CHD centers
- Inform practice settings on referrals to CHD specialties
- Guide future projects and policies, social determinants of health, disparities: zip codes, race, transportation, insurance, etc.
- Identifying gaps in care, Encourage follow up, education on national guidelines, registries and surveillance.
- A template for an algorithmic approach to automatic referral process for patients assigned an ICD-10 code for CHD.

REFERENCES

Chowdhury, D., Johnson, J. N., Baker-Smith, C. M., Jaquis, R. D., Mahendran, A. K., Curren, V. & Shaffer, K. (2021). Health care policy and congenital heart disease: 2020 focus on our 2030 future. *Journal of the American Heart Association*, 10(20), e020605.

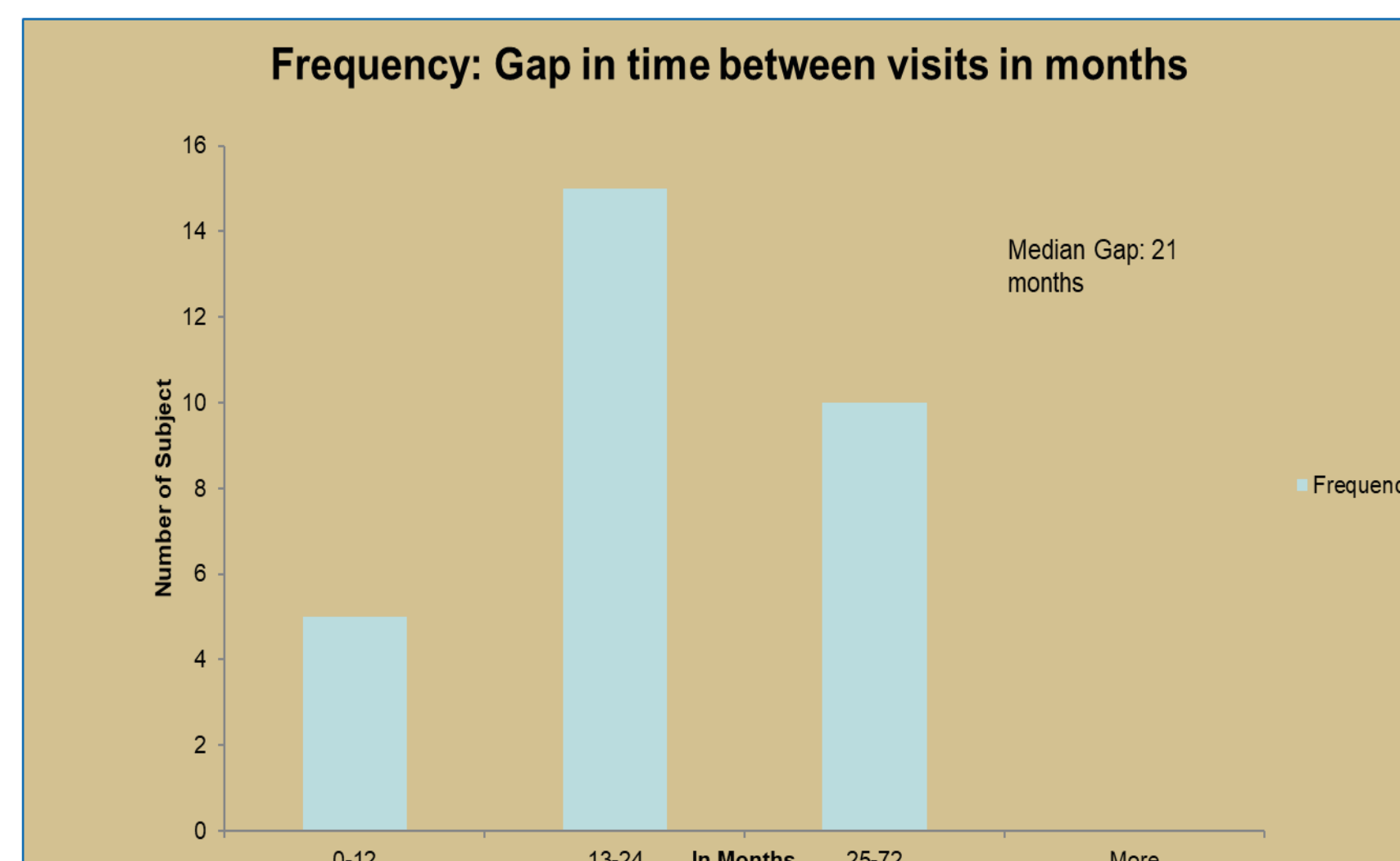
Diller, G. P., Orwat, S., Lammers, A. E., Radke, R. M., De-Torres-Alba, F., Schmidt, R., Marschall, U., Bauer, M., Enders, D., Bronstein, L., Kaleschke, G., & Baumgartner, H. (2021). Lack of specialist care is associated with increased morbidity and mortality in adult congenital heart disease: A population-based study. *European Heart Journal*, 42(41), 4241-4248. <https://doi.org/10.1093/eurheartj/ehab422>

Fernandes, S., Marelli, A., Hille, D. M., & Daniels, C. J. (2020). Access and Delivery of Adult Congenital Heart Disease Care in the United States: Quality-Driven Team-Based Care. *Cardiology Clinics*, 38(3), 295-304. <https://doi.org/10.1016/j.ccl.2020.04.012>

John, A., Jackson, J., Moons, P., Uzark, K., Mackie, A. S., Timmins, S., Lopez, K. N., Kovacs, A. H., & Gurvitz, M. (2022). Advances in Managing Transition to Adulthood for Adolescents with Congenital Heart Disease: A Practical Approach to Transition Program Design: A Scientific Statement from the American Heart Association. *Journal of the American Heart Association*, 11(7), e025278-e025278. <https://doi.org/10.1161/JAHA.122.025278>

Stout, K., Daniels, C., Aboulhosn, J., Bozkurt, B., Broberg, C., Coleman, J., Crumb, S., Dearani, J., Fuller, S., Gurvitz, M., Khairy, P., Landzberg, M., Saidi, A., Valente, A., Van-Hare, G. 2018 AHA/ACC Guideline for the Management of Adults with Congenital Heart Disease. *Journal of American College of Cardiology*, 2019 Apr, 73 (12) e81-192. <https://doi.org/10.1016/j.jacc.2018.08.1023>

Based on National Data Registries & Studies



2-3 Million
Children & adults living with CHDs in the U.S.



For more info: Scan