



Rheumatologie GKJR –Versorgung

KV 039

Transitional care in rheumatology: current practice in Switzerland

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Background: About half of all children with rheumatic diseases need continuous medical care during adolescence and adulthood. A good transition into adult rheumatology is essential. A structured transition process has therefore been recommended by the European League Against Rheumatism (EULAR) and the Pediatric Rheumatology European Society (PReS). However, these recommendations are not widely implemented.

Aims: To assess the current practice of transitional care (TC) in Switzerland in relation to EULAR/PReS recommendations and to describe gaps and challenges in following the recommendations.

Methods: All ten pediatric Swiss rheumatology centers and their collaborating adult centers offering transition service to adult care were invited to participate. The responsible pediatric (n= 10) and adult (n= 10) rheumatologist of each center was interviewed separately using a structured manual addressing the EULAR/PReS transitional care recommendations.

Results: All centers implemented parts of the recommendations, however none of the centers implemented all recommendations. Whereas some recommendations were given in all centers: e.g. continuity in healthcare team, consultations focused on adolescents and young adults, and joint consultations between pediatric and adult rheumatologists, other were only implemented in some: e.g. multi-disciplinary approach, the transfer to other disciplines at the same time, defined age for initiating transition and the existence of a transition plan. Despite this, most centers rated the performance of their TC as very good. The participants reported that they do not face major barriers that hinder the implementation of the recommendations.

Conclusion: This survey provides evidence on the current structure of TC in Swiss rheumatology centers. The impact of this heterogeneity of TC in Switzerland on young adults' clinical outcomes across centers can be essential. Next, we will study long-term disease outcome of young adults together with the evaluation of patient reported outcomes (e.g. quality-of-life, satisfaction with care) in relationship to the implementation of the EULAR/PReS recommendations.

