Dear editor,

We are grateful for the opportunity to respond to concerns raised by Shoar and colleagues (1) regarding our paper (2) and to rebut some misinterpretations.

We used the term ‘predictor’ to refer to explanatory/independent variables. In statistical terms, predictors do not necessarily refer to prediction over time. Further, as we stated in our discussion, the associations found in our study should not be interpreted in causal terms.

All patients in our study were included from specialist paediatric-cardiology outpatient clinics in university hospitals. No patients were included from shared care or non-specialist settings and follow-up status was determined 5 years after intended transfer. For this purpose, all types of adult-cardiology visits were considered, including shared care facilities and non-specialist setting (2). Because discontinuity of follow-up is common but detrimental in CHD, we analysed factors that could explain not being in follow-up (2).

We purposively built two regression models in which ‘no follow-up alone’ (best case scenario) and ‘no follow-up plus untraceable’ (worst case scenario) were investigated (2). Further, patients who had written documentation dismissing them from further follow-up were not included (2). Therefore, it is not correct that we mixed patients intended follow-up and patients not destined for follow-up.

Indeed, other patient-related factors could play a role. Family income was a protective factor in one study, but was not significant in another study, leaving the impact of socio-economic status undetermined. A systematic review (3) found that ethnicity was not a significant determinant of care gaps. Obviously, more research is needed.

References

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2. Skogby S, Moons P, Johansson B, Sunnegardh J, Christersson C, Nagy E, et al. Outpatient volumes and medical staffing resources as predictors for continuity of follow-up care during transfer of adolescents with congenital heart disease. *International journal of cardiology*. 2020 Jan 17.
3. Goossens E, Bovijn L, Gewillig M, Budts W, Moons P. Predictors of care gaps in adolescents with complex chronic condition transitioning to adulthood. *Pediatrics*. 2016 Apr;137(4).