CORRESPONDENCE

Late Complication After Surgical Treatment of Aortic Isthmus Stenosis

by Michael Huber, Dr. med. Matthias Wolf, and Prof. Dr. med. Harald Dormann in issue 5/2019

Treatment of Adults by Pediatric Cardiologists

The article by Huber et al. (1) shows a typical complication after surgical repair of aortic isthmus stenosis that was recognized late (2, 3). The lack of comprehensive care of grown-ups with congenital heart disease (GUCH; also known as adult congenital heart disease, ACHD) in Germany leads to this type of late diagnosis.

Ongoing care of GUCH-patients could also be taken on by pediatric cardiologists. However, the Baden-Wuerttemberg health insurance and the social courts have recently decided: “[...] treatment of GUCH-patients is to be regarded as outside the specialization of pediatric cardiology and therefore as non-billable”.

Why should the competence of the pediatric cardiologists suddenly vanish, once the patients reach the age of 18? How can congenital heart defect be considered a disease outside of specialization of pediatric cardiologists? Furthermore, pediatric cardiologists can acquire an additional qualification, the GUCH certificate.

This is a transition of the patients, but also of the pediatric cardiologists. This was recognized by the German Medical Association, who implemented a subspecialization training to become a GUCH cardiologist (4). With the acknowledgement of competence of pediatric cardiologists, the German Uniform Value Scale (*Ein-*

heitlicher Bewertungsmaßstab, EBM) now has to be adapted to implement an adequate follow-up of the GUCH-patient population. DOI: 10.3238/arztebl.2019.0422a

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In Reply:

We would like to thank our colleagues for their highly relevant comment on our clinical snapshot (1).

Indeed, ongoing care of adults with congenital heart disease (ACHD; also known as grown-ups with congenital heart disease, GUCH) is a problem. Drawing attention to it was also an intention of publishing our article. In particular, the transition from pediatric cardiology care to adult care is difficult. Up to 50% of patients are not referred to an ACHD center (2), although it has been demonstrated that care for ACHD by specialist physicians is superior to that by non-specialists (3).

As a matter of course, we also consider pediatric cardiologists who are ACHD/GUCH certified to be qualified for participating in the ongoing care of ACHD. The decision of the social courts, which has been contested by our colleagues, is incomprehensible, especially with regard to the currently insufficient care of these patients. The decision about this, however, is ultimately the responsibility of the relevant bodies.

From the patient's point of view, it is crucial that regular ongoing care be provided by a qualified

center. A current list of physicians with an ACHD certificate can be found, for example, on the homepage of the Children's Heart Foundation of the Deutsche Herzstiftung e.V. (www.kinderherzstiftung.de/emah.php). DOI: 10.3238/arztebl.2019.0422b

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Conflict of interest statement

The authors of each contribution declare that no conflict of interest exists.