

CORRESPONDENCE

**Congenital Heart Defects in Adults**

by Dr. Dr. med. Gerhard-Paul Diller, Prof. Dr. med. Dr. h.c. Günter Breithardt, Prof. Dr. med. Helmut Baumgartner in volume 26/2011

**Organization Not Well Enough Explained**

I do not wholly agree with the authors' explanations regarding the organization of healthcare service structures. Adult cardiologists as well as pediatric cardiologists can acquire an additional qualification for treating adults with congenital heart defects if they are suitably qualified and have gone through the required advanced training.

For pediatric cardiologists this scenario means that no seamless transfer of adult patients with congenital heart defects to cardiologists treating adults is required but that the qualified pediatric cardiologist treating the patient so far can continue to look after the patient. From my own experience as an accordingly qualified, hence authorized, doctor, however, I have to say that this option is not all that easily put into practice. Adult patients with congenital heart defects presenting in my outpatient clinic for a cardiological examination still require a referral from a specialist in pediatric and adolescent medicine in private practice. Referrals from general practitioners and specialists in internal medicine are not accepted by the National Association of Statutory Health Insurance Physicians. Specialists in pediatric and adolescent medicine, however, are restricted to looking after children and adolescents, respectively—so how is this possible?

My own conclusion: the possibility that pediatric cardiologists can develop into cardiologists treating adults with congenital heart defects does not seem all that popular.

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 The author declares that no conflict of interest exists.

**In Reply:**

As we explained in our article, the option to acquire the additional qualification to treat adults with congenital heart defects is open to pediatric cardiologists as well as adult cardiologists. The treatment of and care for those patients undoubtedly requires the close cooper-

ation of adult cardiologists and pediatric cardiologists in a defined structure, such as has been set out accordingly by the specialist societies in the criteria for centers treating adults with congenital heart defects and practices specializing in the subject. The “seamless transition” referred to such an institution, wherever it is based, taking over the care. In any case, pediatric and adult cardiological expertise should come together. Neither a pediatric cardiological institution nor one for adults meets the criteria of a center treating adults with congenital heart defects per se. For this reason, the process of certification of supraregional centers has been initiated by the specialist societies, verifying whether all conditions for the guideline conform care of adult patients with congenital heart defects are really met. Supraregional centers should function as part of a network with regional centers and cardiologists with the extra qualification.

Riedel is entirely correct that substantial problems are encountered in billing for the services of pediatric cardiologists who treat adult patients with congenital heart defects and the interdisciplinary task force was aware of those problems (1). Unfortunately, no consistent process is in sight. We hope this clarifies any misunderstandings.

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