Editorial

Transplantation has celebrated major achievements over the past decades due to more refined surgical techniques, more potent and targeted immunosuppressive drugs, and better treatments against infection. Survival rates after solid organ transplantation have improved significantly although this has been primarily achieved by a decrease in organ attrition in the first year post-transplant. Improving long-term survival beyond one year post-transplant remains the major challenge of transplant clinicians and researchers.

The hight attrition rates in the long-term after transplantation is lead by existing pre-transplant and newly-developed comorbidities post-transplant, due to not only the side effects of immunosuppressants but also to unhealthy life style (e.g., smoking, sedentarism, unhealthy diet). Furthermore, medication non-adherence is associated with increased risk in late acute rejections, graft loss, and possibly death, besides the disease burden in this population.

In order to improve long-term outcomes after solid organ transplantation, investment in new models of care, such as the Chronic Care Model (CCM), has been proposed. The CCM is based on the principles of chronic illness management (CIM), addressing the needs of solid organ transplant recipients regarding continuity of care and support for patient self-management. The CCM contrasts with the prevailing acute care model. Nurses play a crucial role in CCM, especially in the self-management support and providing continuity of care across institutional boundaries. One Canadian quase-experimental study showed that implementing the CCM in transplant patient's follow-up improved clinical and healthcare utilization outcomes.

In order to better understand the practice patterns regarding CIM worldwide in transplantation, the Building **r**esearch **i**nitiative **g**roup: chronic illness management and ad**h**erence in **t**ransplantation (BRIGHT) study was launched. This study covers 4 continents, 11 countries and 38 heart transplant centers. This study will allow describing and benchmarking transplant patient's health behaviors as well as practice patterns of CIM in transplantation and provide transplant clinicians with essential information on how to improve their transplant practices with the goal to improve long-term outcomes post-transplant.

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