University of Chicago Medicine’s Approach to Caring for Patients with Sickle Cell Disease

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Background

Sickle cell disease results in pain crises and other complications for patients, resulting in frequent hospital visits, admissions, and readmissions. The episodic severe pain associated with pain crises in this disease results in the need for a supportive structure to continuously manage these patients across the continuum of care.

At UChicago Medicine, there is a need for structure to support continuous and personalized care management for our adult patients with sickle cell disease across the ED, inpatient, and outpatient settings.

Aim

Reduce length of stay and admissions for pain crisis in patients with sickle cell disease by:

Creating individualized pain plans for all UChicago Medicine’s ACO adult sickle cell patients and patients with sickle cell disease who are at high risk for readmission

Ensuring a continuity of care provider for patients via referrals to outpatient providers and community health centers

Establishing seamless communication between each physician caring for patients with sickle cell disease along the continuum of care

Strategy

Multidisciplinary workgroup oversees and provides support for high priority interventions

Intervention Design

Engagement of clinical providers at each level of care to provide care coordination and execution of the shared goal to appropriately manage sickle cell patients within the outpatient setting

Development of clinical pathways to enhance treatment and management of sickle cell disease

A functional pain scale is utilized to more comprehensively assess a patient’s acute pain while in a vaso-occlusive crisis.

Address comorbidities by administering psychological assessments to assess for depression, generalized anxiety, and post-traumatic stress disorder. Referrals are provided to patients with mental health needs.

Providers engage patients in their care by collaborating with each patient to create individualized pain plans. Individualized pain plans are readily available in Epic. A Best Practice Alert (BPA) will notify the provider if a patient has a pain plan.

Next Steps

Partner with Informatics to measure usage and compliance with individualized pain plans and clinical pathway

Develop a strategy to increase the number of sickle cell disease patients who have a continuity of care provider through referrals to outpatient providers and community health centers

Integrate functional pain scale into clinical workflow and patient health record


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