

SERGG SICKLE CELL INITIATIVES

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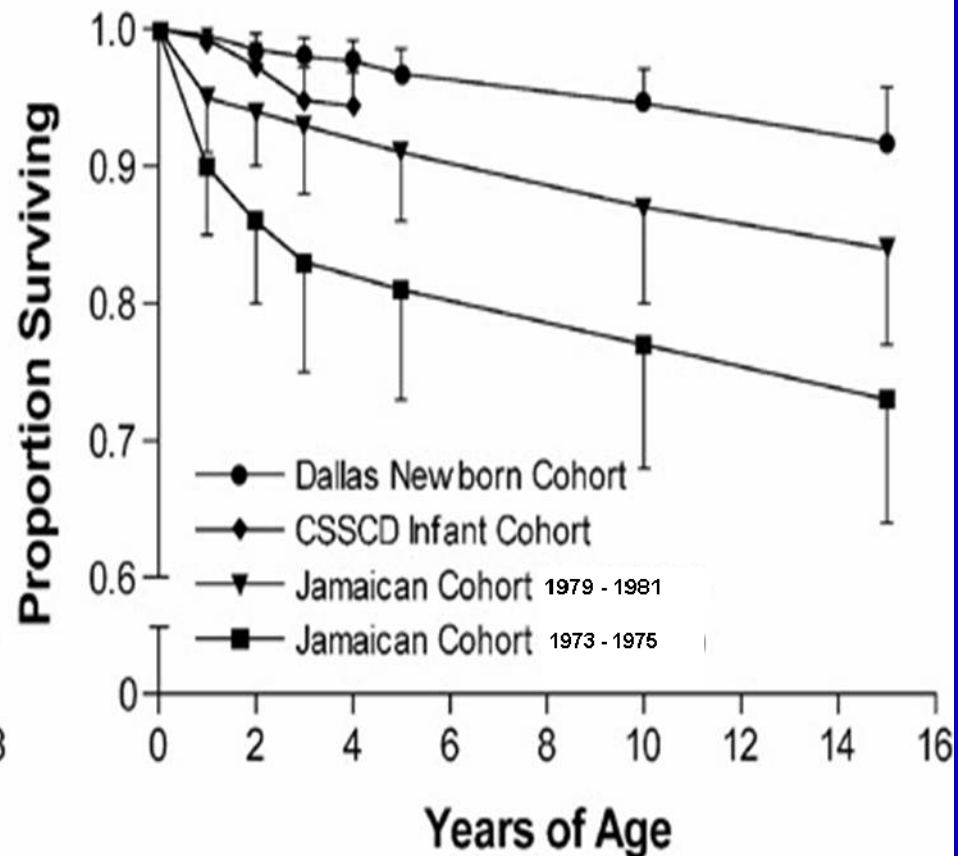
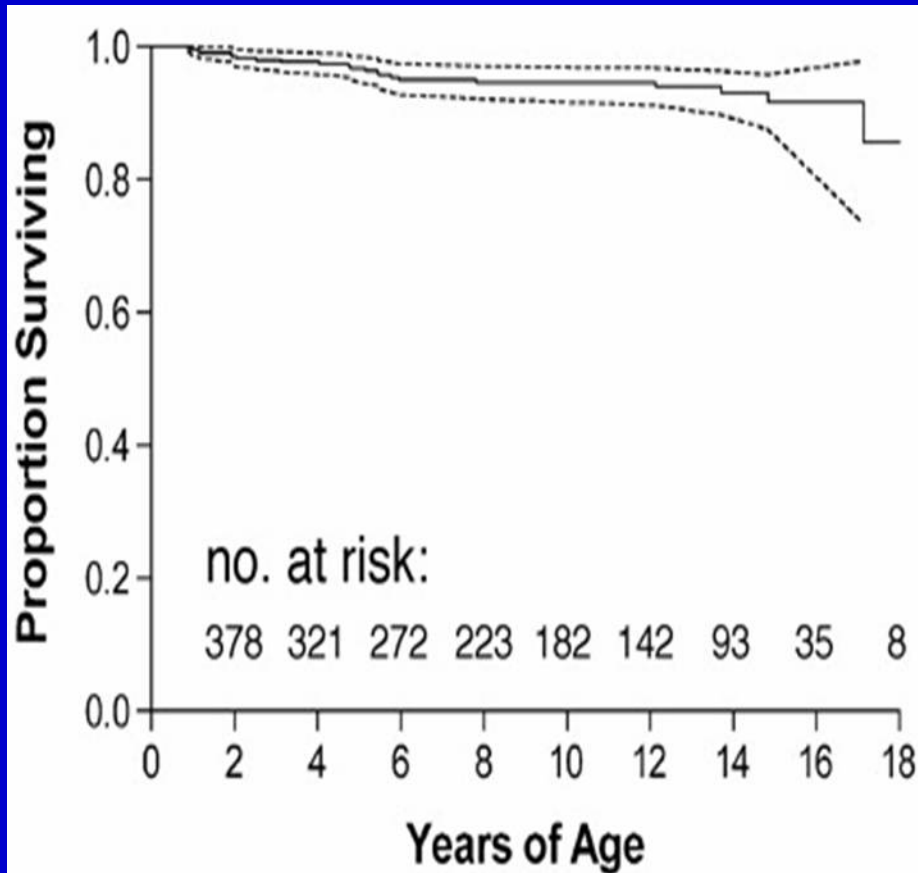
SERGG SICKLE CELL HISTORY

- Sickle Workshop focused on newborn screening
- TASCs Force helps four states start newborn screening
- CORN working group outlines program designs
- TASCs Force helps Region and six other states start programs



SICKLE SURVIVAL

Quinn et al Blood 2004;103:4023



COMMON OPPORTUNITIES FOR IMPROVEMENT IN ADULT CARE

- **Sickle cell disease exacerbates in late teens and twenties**
- **Lack of independence - Learned helplessness**
- **Chronic illness behavior**
- **Transfusion related problems**
 - **Venous access**
 - **Alloimmunization**
 - **Iron overload**
- **Chronic pain states**

POTENTIAL SOLUTIONS

- **Early intervention using newborn screening as an opportunity to educate the parents and family**
- **Improve the adult medical home**
- **Develop effective transition programs to establish an effective adult medical home**

EARLY FAMILY INTERVENTION

- **Address medical issues**
- **Provide parent education**
- **Provide extended family education**
- **Improve social support**
- **Increase psychological functioning**
- **Address financial functioning**

Nurse Home Visitor Program

David Olds: Elmira, Memphis, Denver

- **Prenatal and two year postnatal intervention**
- **Treatment effects up to 15 years**
 - **Mother and child show reduced substance abuse, legal problems, dependence on welfare, risky sexual behavior**
- **Positive effects only in high risk mothers**
- **Nurses appear to be necessary**
- **Rigorous protocol and training**

LIMITATIONS OF OLDS' MODEL

- **Expensive**
 - **Requires highly trained professionals**
 - **Prenatal initiation of intervention**
 - **Effects in high risk mothers and normal infants**
 - **No sickle specific elements to guide parent and family education**
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TRANSITION

WHO, TO WHERE, WHEN,
and HOW?

WHO NEEDS TRANSITIONING

- **Individual with sickle cell disease**
 - **Primary care givers and family**
 - **Pediatric health care team**
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TO WHERE

- **To No Where!**
 - **Lack of knowledgeable health care providers for adults**
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WHO REALLY CARES FOR ADULTS WITH SICKLE CELL DISEASE?

- **Emergency Room Physicians**
 - **Hospitalists**
 - **General Internal Medicine and
Family Medicine Physicians**
 - **Oncologists/Hematologists**
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SUPPORT A SYSTEM OF PRIMARY CARE WITH BACKUP

- **Adequate funding for primary care**
 - **Protocols for primary health maintenance developed for and with generalists and physician extenders**
 - **Protocols for and with Emergency Room Physicians**
 - **Protocols for and with Hospitalists**
 - **Support for Centers of excellence that know the disease and the patients**
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SERGG INITIATIVE IN PRIMARY CARE BACKUP

- **Develop protocols with the two HRSA funded projects in our region**
 - **Focus on protocols for pain management**
 - **Develop protocols for home management, emergency rooms, and inpatients**
 - **Assessment tools for management and outcomes assessment**
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WHEN

Eckman

- **Starts early**
 - Transition truly must begin at birth
 - **Based on developmental stages not age**
 - **Never transfer, especially with crisis**
 - **Formal celebration of the event near natural transitions**
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TRANSITION FACILITATION

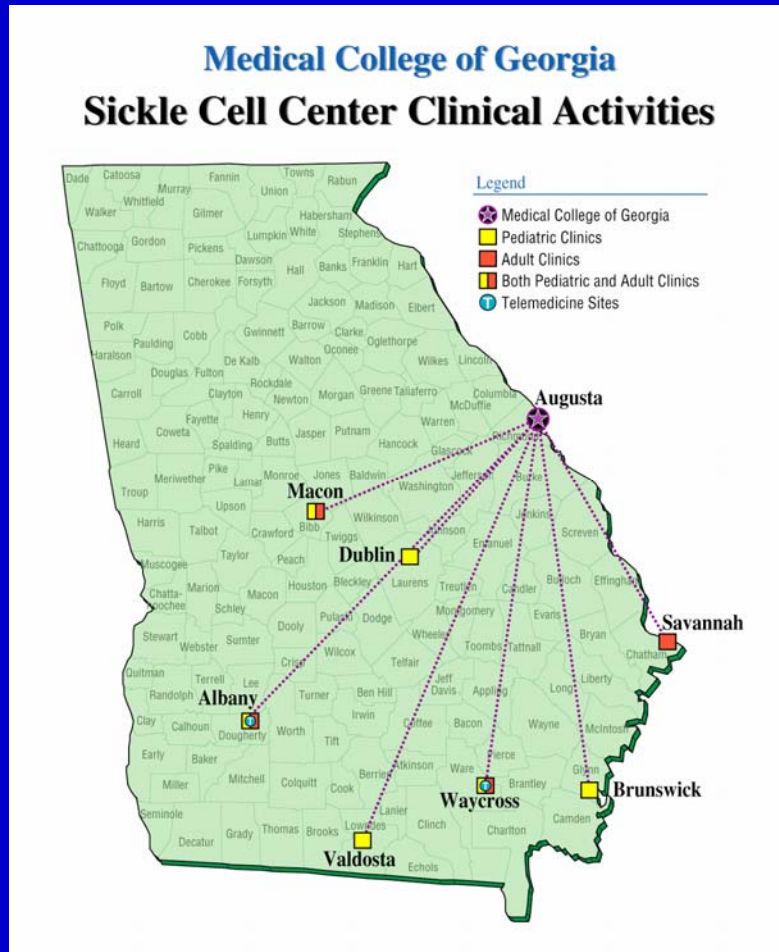
Reiss J, Gibson R. Pediatrics 2002;110:1307

- The family, young adult, and provider have a future orientation.
 - Transition is started early.
 - Family members and health care providers foster personal and medical independence
 - Planning occurs for all future material needs.
 - The youth verbalizes the desire to function in the adult medical world.
 - Reimbursement for services is not interrupted and comparable.
 - If pediatric providers continue care, it is shifted to adult care systems
 - Individuals are able to continue to receive services from the same health system.
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TRANSITIONS IN PARALLEL UNIVERSES *Eckman*

- **Transition clinics for affected individuals – Pilot New Models**
 - **Parallel educational activities for family and care providers**
 - **Pre - and post - clinic meetings of the providers of pediatric and adult medical care**
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ASSESSMENT OF OUTCOME



- Database established by newborns screening results & annual update
- Similar networks of outreach clinics in Alabama, Georgia, and North Carolina
- Include two HSRA Sickle demonstration projects
- Explore NIH C-data or CDC hemophilia clinical database as models

THANK YOU !!

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