

Adult Sickle Cell Clinic at MLK Jr. Outpatient Center – South Los Angeles Update

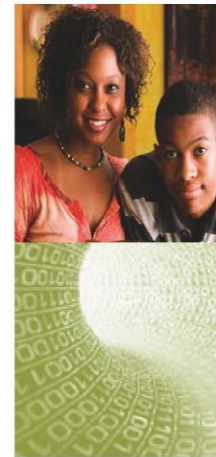
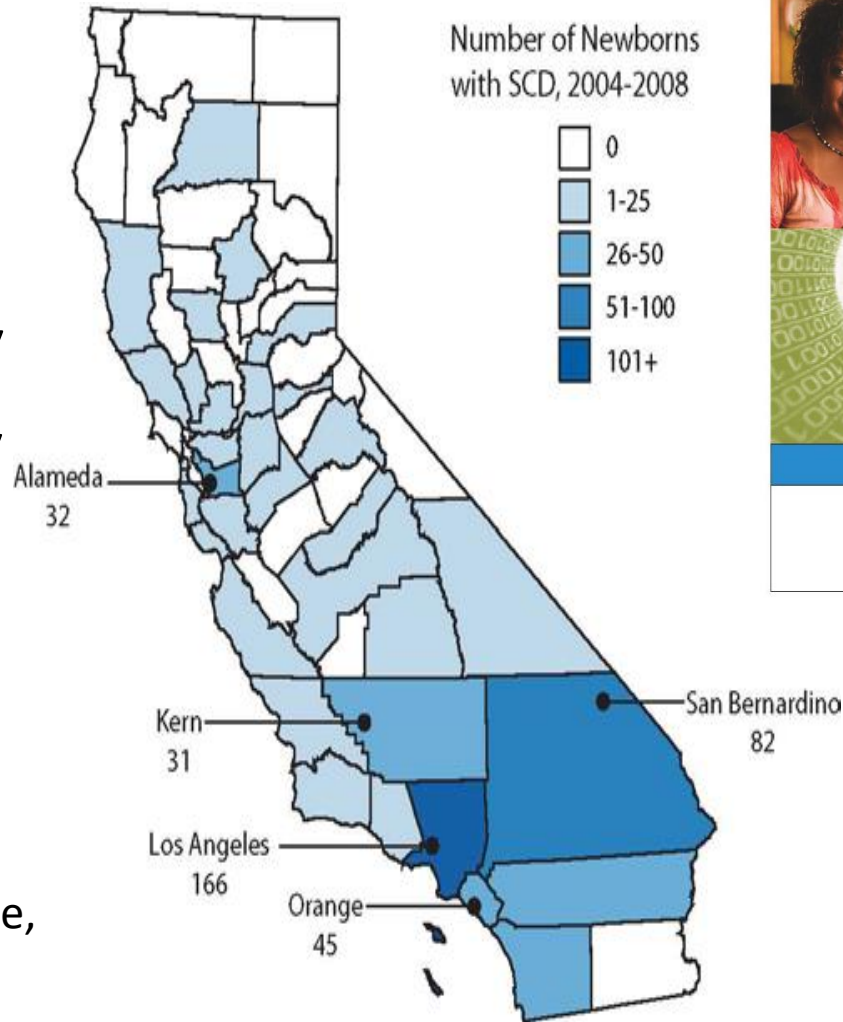
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The problem in LA County

51% of all Calif. adults with SCD live in L.A. County
SCD mortality higher in L.A. than rest of the country

2. Powars, Medicine, 2005



Longitudinal Data Collection for Sickle Cell Disease in California: History, Goals and Challenges



1. Paulukonis, Raider, Hulihan, December 2015



How the Clinic was Created



- HRSA grant awarded 2014-CIBD involved CBO as integral partner
- Reached out to local PCPs to engage them in SCD care
- Difficulties with this process led us to contact LA Dept. of Health
- Developed robust partnership between LADPH/HRSA core group
- First meeting occurred October 2015
- Co-location of Primary Care in Advanced Medical Home model
- Involvement of SCDFC added CHWs, outreach, patient contacts
- Clinic opened August 2016

What's Novel about the Adult SC Clinic at MLK Outpatient Center?

- ◆ Primary care provider in clinic with Hematologist
- ◆ Community Health Workers as bridge to community
- ◆ DHS is a closed system- e-consults provide access to specialty care
- ◆ Nurse Educator and Social Worker available in clinic
- ◆ Mental Health access immediate

**Adult SC Clinic at MLK Outpatient Center
August 2016-December 2017**

Genotype	N	No care past >12 months	Needs immunizations	Severe iron overload	No HU but eligible
SS	18	7	18	4	11
SC	7	2	7	0	0
SB Thal	5	2	5	1	1
TOTALS	30	11	30	4	12
%	100	36.7	100	17.0	40

28/30 patients are from the South LA/Long Beach area.
All patients have Medicaid and /or Medicare insurance



Lack of Access to Primary Care: First 30 patients

- ◆ Over 1/3 had no primary or specialty care in past 12 months
- ◆ 100% were under immunized
- ◆ Those patients who did have PCP often inappropriately treated
- ◆ Several were given a statin instead of transfusion for stroke
- ◆ Another was given iron for fatigue by PCP despite being heavily iron overloaded

Lack of Access to **Knowledgeable Hematology Care**- First 30 patients

- ◆ 5/30 had severe iron overload due to multiple, often inappropriate transfusions in the hospital
- ◆ No outpatient chelation and monitoring of iron overload
- ◆ One required liver transplant due to iron overload and is now in renal failure because of this
- ◆ 40% seen were eligible for HU but not on drug
- ◆ Some on HU were not monitored correctly

Lessons Learned

- ◆ Lack of access to care results in patients using the emergency room
- ◆ Repeated hospital admissions can result in unnecessary transfusions and other complications due to lack of understanding of SCD by hospitalists
- ◆ Poor access to outpatient care can result in lack of treatment of iron overload and subsequent bad outcomes
- ◆ Better access to care and disease modifying treatments can prolong life (NHS study in UK- ASH 2016)