

INTRODUCTION

Sickle Cell Disease (SCD) is an inherited blood disorder that occurs in 1 out of every 365 African-American births¹. It is a complex, chronic, multisystem disease and requires expert medical care throughout the lifespan. There is a lack of clinicians with the expertise to care for people living with SCD¹. The *Prince George's County Access To High-quality* Sickle cell care (PATHS) project aimed to create a Hub and Spoke model to provide expert SCD treatment in the Maryland County with the highest number of people living with SCD. This County is about an hour from any existing comprehensive sickle program in the State.

AIM

- Improve outcomes for patients seeking care for acute vaso-occlusive episodes (VOEs) in Prince George's County (PGC).
- Provide access to expert outpatient sickle care close to where patients live.

METHODS

Multi-Site Implementation study

- Infusion center (IC) at a community hospital (spoke) in PGC
- Well-established comprehensive sickle cell center (hub)
- Community Based Organization for resources to address social determinants of health (SDOH)

Spoke hospital (University of Maryland Capital Region)

- Part-time palliative care physician and full-time advanced practice provider
- Acute care in IC
- Inpatient consultation
- Weekly routine follow-up clinic
- Nurse and front desk staff for the 6 chair IC open weekdays from 9am-5pm

- Comprehensive sickle center provided ongoing consultation with the spoke:
- Weekly meetings to discuss clinical cases and clinical operations • Availability at any time to discuss patients of concern who might
- need transfer to a tertiary care center

Data Sources and Analysis

- Data was collected from the medical record on number of IC and ED visits, admissions from each site of care
- Maryland has a robust health information exchange (HIE) that partnered in this effort and provided aggregate County level data

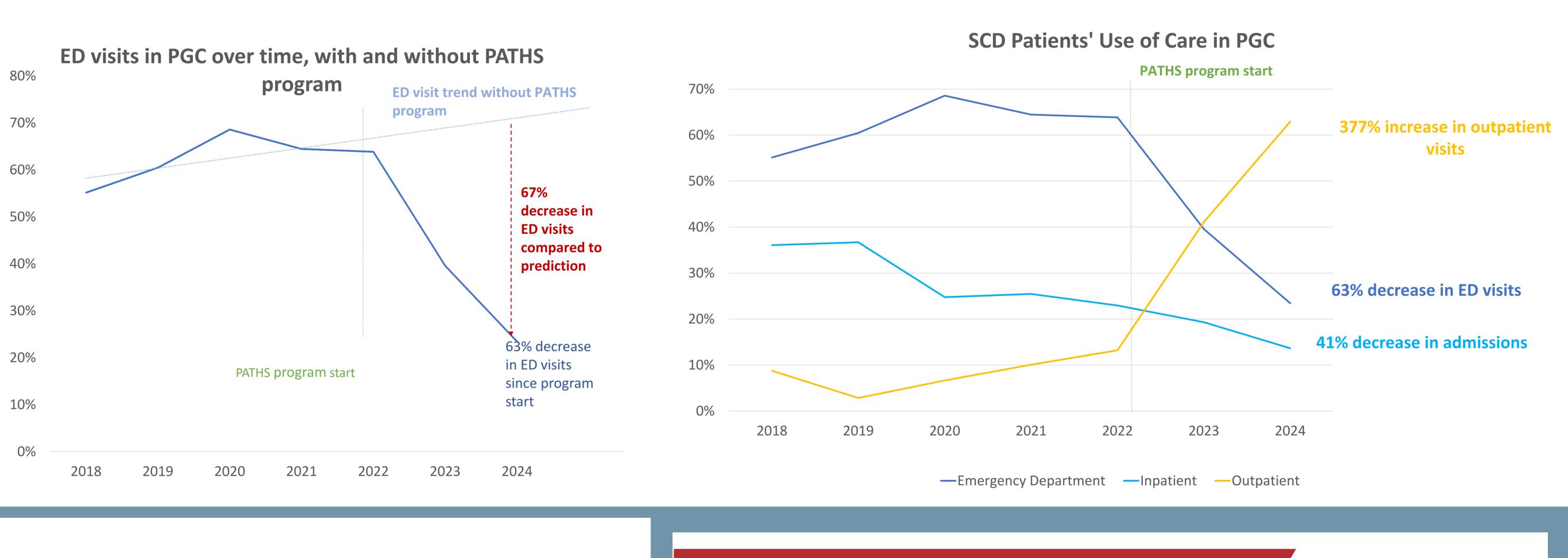
"PATHS GRANT: Using the Hub and Spoke Model to Improve Access to Care for Adults Living with Sickle Cell Disease"

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RESULTS

• From 2022 to 2024, 174 adult patients with SCD received care at the spoke. • A dedicated SCD IC opened at the spoke in March 2023. • From March 2023- June 2024 there were 949 encounters to the IC. • 636 of those visits were acute care infusion visits. \circ 13 visits resulted in hospital admission (2%).



Role of the Hub (Johns Hopkins)

• Descriptive statistics were used to compare admission rates

1. Kanter J, Smith WR, Desai PC, Treadwell M, Andemariam B, Little J, Nugent D, Claster S, Manwani DG, Baker J, Strouse JJ, Osunkwo I, Stewart RW, King A, Shook LM, Roberts JD, Lanzkron S. Building access to care in adult sickle cell disease: defining models of care, essential components, and economic aspects. Blood Adv. 2020 Aug 25;4(16):3804-3813.

6. Maryland Sickle Cell Disease Association of America, Columbia, Maryland

Outpatient Utilization:

• Outpatient visits (including IC visits) for SCD among PGC residents within their county increased by 377%

• From 61 in 2022, to 200 in 2023, and projected 500 outpatient visits in 2024

Hospital Admissions:

• In comparison of data prior to opening the IC (data from 2018) to 2 years after opening the IC in 2024 there was a 41% decrease in inpatient admissions for county residents with SCD in county hospitals without corresponding increase in hospitalizations outside the county.

REFERENCES

2. Lanzkron S, Little J, Wang H, Field JJ, Shows JR, Haywood C Jr, Saheed M, Proudford M, Robertson D, Kincaid A, Burgess L, Green C, Seufert R, Brooks J, Piehet A, Griffin B, Arnold N, Frymark S, Wallace M, Abu Al Hamayel N, Huang CY, Segal JB, Varadhan R. Treatment of Acute Pain in Adults With Sickle Cell Disease in an Infusion Center Versus the Emergency Department : A Multicenter Prospective Cohort Study. Ann Intern Med. 2021 Sep;174(9):1207-1213. doi: 10.7326/M20-7171. Epub 2021 Jul 6. Erratum in: Ann Intern Med. 2021 Sep;174(9):1347.



ED Utilization:

- In 2022, there were 295 ED visits for SCD in the 5 community hospitals in PGC for residents of PGC.
- The spoke facility accounted for 107 (36%) of visits, with an admission rate of 26%
- After the IC opened in 2023, total ED visits for SCD in county hospitals dropped by 13%
- The spoke facility proportion remained 36%
- Admission rate from the spoke facility decreased to 14%

CONCLUSIONS

The hub and spoke model is an efficient way for the hub to extend its clinical reach to meet the needs of adults living with SCD in underserved areas of the US.

Future evaluations will examine whether this model leads to an increase in use of appropriate disease modifying therapy.

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