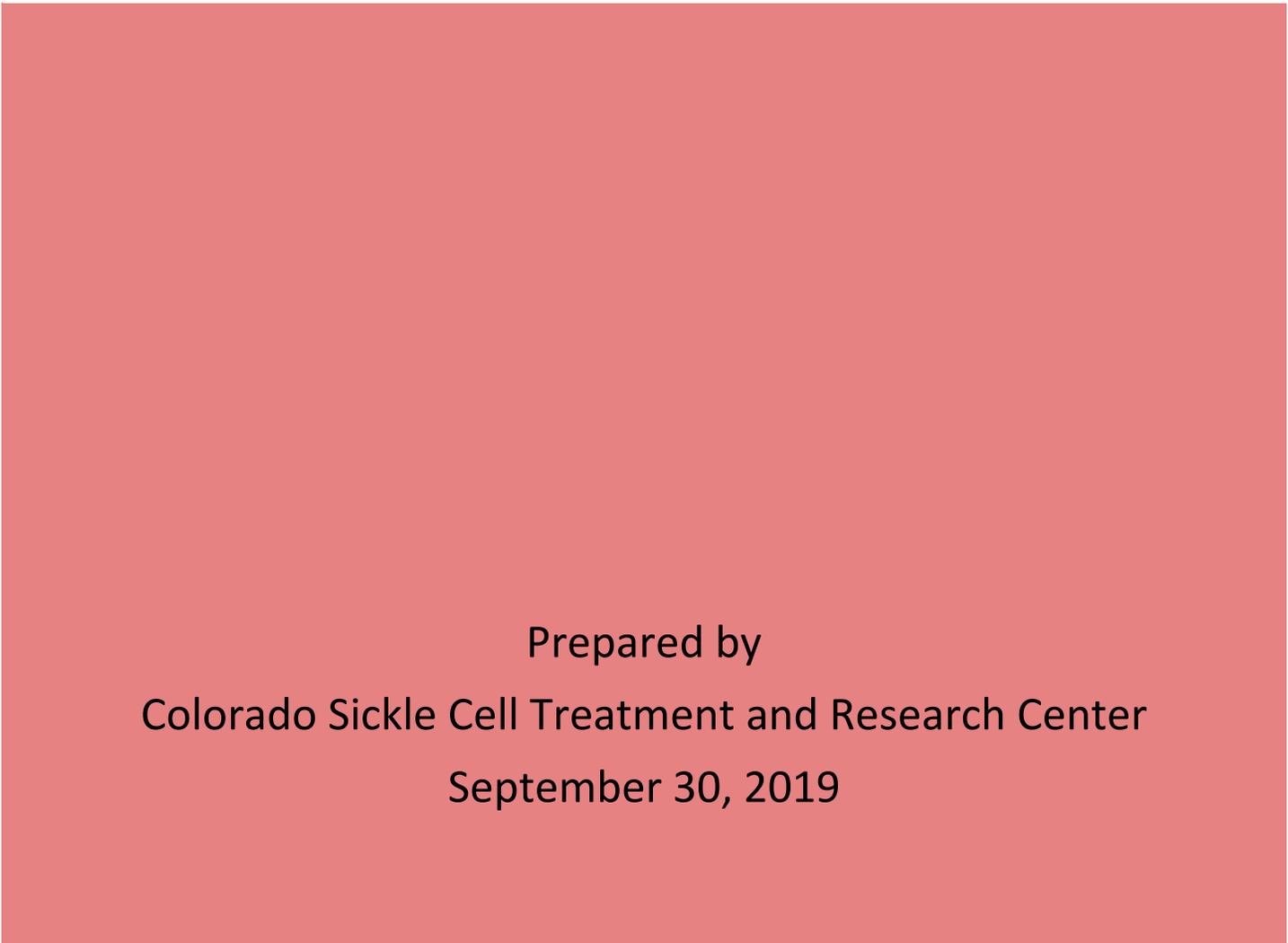


**COLORADO
SICKLE CELL
STATE ACTION PLAN
2021-2022**



Prepared by
Colorado Sickle Cell Treatment and Research Center
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I. BACKGROUND

The state of Colorado is home to several diverse populations, including 240,000 African Americans and 1,162,000 of Hispanic heritage (<http://www.census.gov/quickfacts>), with a rapidly growing community of over 35,000 African immigrants (<http://www.migrationpolicy.org/data/state-profiles/state/demographics/CO>). Based on population estimates and available data, the number of individuals in Colorado living with sickle cell disease is thought to be ~450. Most live along the Front Range of Colorado in the Denver metropolitan area, Colorado Springs 60 miles to the south and Fort Collins 65 miles to the north.

Figure 1: Known locations of patients with sickle cell disease. Denver metropolitan area where most patients reside is shaded in red.

- ★ - Other cities with specialty practices that see sickle cell pts
- ▼ - Other location of known sickle cell patients



Colorado Sickle Cell Treatment and Research Center

Anschutz Medical Campus, University of Colorado, Aurora, CO

The Colorado Sickle Cell Treatment and Research Center (“Sickle Cell Center”) was established by state legislative act in 1978 and since that time has facilitated coordinated clinical care, research and education activities across the state. The Sickle Cell Center is the primary source of specialty expertise and facilitation of comprehensive specialty care for both children and adults living with hemoglobinopathies. It also is contracted to facilitate the newborn screening hemoglobinopathies follow-up program. Basic, clinical and health services research conducted by the Center and its collaborators serves to elucidate the pathophysiology of sickle cell disease, develop and implement treatments and systems of care that prevent or minimize complications and that prolong and improve the quality of life as well as cure sickle cell disease. Research funding sources include NIH and other Federal agencies, industry, and foundations.

The Sickle Cell Center, as a state-based administrative entity within the School of Medicine at the University of Colorado, is uniquely positioned to serve as a site of coordination of healthcare-related activities in the state. It is independent of any given clinical facility, hospital, or healthcare system, has several funding streams, and can be the recipient of various grants, awards, contracts and donations in support of its efforts.

The majority of affected children with sickle cell disease receive specialty pediatric care at the Colorado Children’s Hospital and the majority of adults receiving specialty care at the University of Colorado Hospital in their respective blood disorders clinics located on the Anschutz Medical Campus in the Denver metropolitan area. Both health systems also provide specialty care through affiliated sites on Colorado Springs (children and adults) and in Fort Collins (adults). The Sickle Cell Center

provides salary support for a pediatric and adult hematologist who focus on patients with sickle cell disease and other hemoglobinopathies. The pediatric and adult hematologists collaborate closely, supported by a Center-supported transition coordinator, a medical social worker who is focused on adolescents and young adults in the context of a transition and transfer program.

II. SUMMARY OF CURRENT STATE OF CLINICAL CARE

Hemoglobinopathies Newborn Screening Program

All infants born in Colorado are screened for hemoglobinopathies. The Sickle Cell Center has continuously provided newborn screening short-term follow-up for hemoglobinopathies and hemoglobin traits under contract to the State of Colorado since this universal screening was implemented in Colorado in January 1979. All infants with hemoglobinopathies are followed by this program until they have their first appointment with a sickle cell specialist in the Children's Hospital Colorado system. This program is directed by a newborn screening follow-up nurse specialist and overseen by the Sickle Cell Center Director; these providers also provide consultation to the Colorado State Public Health Laboratory regarding laboratory testing and reporting of results.

Clinical Care

The Sickle Cell Center serves as a coordinating organization for sickle cell activities across the state, but it is not an entity or physical site where healthcare is given. Approximately 400 adults and children with sickle cell disease are known to the Colorado Sickle Cell Center, the majority of whom receive ongoing specialty care in the Denver metropolitan area primarily in the healthcare systems affiliated with the University of Colorado.

Pediatric Sickle Cell Care

The majority of pediatric patients with sickle cell disease receive specialty sickle cell care in the Children's Hospital Colorado system, either on the main campus in the Denver metropolitan area (in Aurora, a Denver suburb) or in Colorado Springs. Children's Hospital Colorado supports these clinics with dedicated advance practice provider, nursing and social work support. The Sickle Cell Center provides salary support for the pediatric hematologist who coordinates and provides much of clinical care at Children's Hospital Colorado, who also conducts specialty comprehensive care visits in the Colorado Springs affiliated clinic two-three times a year. Children usually receive inpatient care in the main Children's Hospital Colorado in Denver. When receiving comprehensive care, the children are seen by a physician, nurse, social worker, geneticist, nutritionist, psychologist, and in some instances a dentist.

Specialty sickle cell services including transcranial Doppler, cardiac and liver MR imaging for iron content, acute and chronic erythrocytapheresis (red cell exchange) with partially minor antigen-matched RBCs, and stem cell (bone marrow) transplantation as a standard-of-care procedure. Research studies are often available for novel inpatient and outpatient interventions, new approaches to stem cell transplantation, and gene therapy.

For children who live in an outlying area, families are asked to come to the Children's Hospital in Denver at least annually for a comprehensive visit, and follow-up care is coordinated through the local primary care provider. They are generally transferred from outside facilities for an increased level of expert care if hospitalization is required.

Children covered by Kaiser insurance are allowed to be seen at Children's Hospital Colorado for specialty services which are not available within the Kaiser system. This includes certain testing, e.g. transcranial Doppler and interventions, e.g. erythrocytapheresis. However, families are required to go to a Kaiser facility for tests and procedures when they are available, which presents challenges when trying to ensure families complete these tests.

The Children's Hospital Colorado the primary site of referral for the specialty management and follow-up of children with sickle cell disease and other hemoglobinopathies.

Adult Specialty Care

The majority of adult patients with sickle cell disease receive specialty sickle cell care in the University of Colorado Health (UCHealth) system, most on the Anschutz Medical Campus (AMC) in the Denver metropolitan area or in Colorado Springs at Memorial Hospital. The Sickle Cell Center provides salary support for the adult hematologist who coordinates and provides clinical care at University of Colorado Hospital (UCH); outreach clinical services are also available in Glenwood Springs, CO. Adults followed in the UCHealth system in the Denver area who require an emergency department visit are seen at UCH on the AMC campus or one of the many affiliated urgent care sites, and are usually admitted to UCH if hospitalization is required. Adults followed in the UCH system in Colorado Springs are seen in the emergency department and hospitalized at Memorial Hospital, and those who live in Fort Collins are seen at Poudre Valley Hospital. Each of these hospitals share a common electronic medical record (EPIC).

Subspecialty sickle cell services uniquely offered at AMC campus in the Denver area include liver MR imaging for iron content and chronic erythrocytapheresis (red cell exchange) with minor antigen-matched RBCs. For patients seen at UCH on the AMC campus, an individualized emergency department initial care plan is created and placed in their UCHealth EPIC record, although this can only be seen by providers within the UCHealth-affiliated institutions. Other specialty providers (renal, hepatology, cardiopulmonary, pain) have gained experience in the assessment and management of sickle cell disease complications. Research studies are often available for novel inpatient and outpatient interventions; new approaches to stem cell transplantation and gene therapy are available through the Children's Hospital for young adults.

For adults covered by Kaiser Permanente Colorado plans, both inpatient and outpatient sickle cell specialty care is deferred to UCH on the AMC campus, although the ability to perform laboratory and other testing and other specialty consultation at UCH may be constrained. Ongoing primary care is provided within the Kaiser system. If a patient requires hospital admission for acute sickle cell issues, they are transferred for admission to UCH, even if they have not been previously seen at in the UCHealth system.

Some individuals choose to receive specialty care in practices in Denver, Colorado Springs, and Fort Collins, most often with providers in the Rocky Mountain Cancer Center network, and in other part of the state, closer to where they reside or attend school. These practices use various hospitals in

different healthcare systems across Colorado, some of which are linked through the “Care Everywhere” where some parts of an outside EMR can be viewed if the institution uses EPIC.

Primary Care

There are no primary care clinics or providers within the Colorado Children’s or UCHHealth systems specifically targeting individuals with sickle cell disease. Thus, care for these patients can be spread across a variety of clinic systems and providers, many of which are not actively involved in the Sickle Cell Center and have variable experience in the management of sickle cell disease. This may include Children’s Hospital Colorado primary care clinic, Kaiser, various pediatric practices, and “indigent care” clinics including the Denver Health and Hospitals system (“safety net” healthcare system) and the Metropolitan Community Provider network, which includes FQHCs. In general, the primary care providers for the children defer all issues not related to routine immunizations to the pediatric sickle cell hematologist.

For adults living with sickle cell disease, a collaboration has been established with a community primary care and pain management clinic in the northwestern part of the Denver metro area. A co-management model has been established and under development between UCH and the primary care provider, which has served 17 patients as of mid-2021.

Medicaid Surplus Funds

The Colorado Sickle Cell Center has been awarded funding from the State of Colorado Medicaid surplus through CU Medicine, the faculty practice organization for the University of Colorado. These funds have renewed annually, most recently in July 2021, which permits the Sickle Cell Center to continue salary support for sickle cell specialty practitioners to free up some of their time and some budget to implement changes in communication and collaboration between the various parts of the health systems that impact those with sickle cell disease. A primary focus has been to identify, catalogue and post healthcare resources, educational material, decision tools, and other materials on the Sickle Cell Center’s state website, which will be updated and maintained. This permits the primary pediatric and adult hematology specialists to have some protected time to conduct the activities to improve the access to and coordination of care across Colorado for the state’s Medicaid recipients, including projects and programs outlined in this State Plan.

III. PRIORITIES, GOALS AND STRATEGIES 2021-2022

First Priority: To work with sites of specialty and primary healthcare to ensure that high-quality, evidence- and guideline-based services are offered to all persons in Colorado living with sickle cell disease across the lifespan

Second Priority: To improve awareness of the resources available in Colorado to individuals with sickle cell disease and their families to manage the impact of the disease across the lifespan, including access to healthcare, community-based services, and school/work

GOALS AND STRATEGIES TO ACHIEVE THESE PRIORITIES:

GOAL 1: Continuously identify specific providers, clinics, facilities and healthcare systems (sites of care) where individuals with sickle cell disease seek healthcare service, including sickle cell hematological care, sickle cell-related specialty care e.g. ophthalmology, cardiopulmonary, obstetrics, and non-sickle cell-related care e.g. primary care

Strategy 1.1: Maintain a central database of sites of care known to the Colorado Sickle Cell Center, as identified by individuals and their families and/or as identified during transition from pediatric-oriented to adult-oriented healthcare

Strategy 1.1.1: Provide the opportunity for individuals and families to identify other sites of care during healthcare encounters or by contacting the Colorado Sickle Cell Center via its website, by email or by phone

Strategy 1.1.2: Collaborate with community-based organizations to identify sites of care for individuals who are not seen within known sites of care

Strategy 1.1.3: Create a Colorado sickle cell provider listserv by obtaining email addresses as the primary method of communication with providers, key personnel in clinics, facilities and healthcare systems for dissemination of information regarding resources

Strategy 1.2: Contact known sites of care initially and at least annually to be sure database information is correct, to provide information about how to access the website and its content, how to obtain consultation from sickle cell experts in Colorado, and to request feedback about other needs or opportunities for further interaction/support

Strategy 1.3: Convene an annual “Sickle Cell Provider Summit” to include all stakeholders to review current status of sickle cell disease in Colorado, provide an update on sentinel advances in management, and provide a forum for communication and collaboration.

GOAL 2: Support sites of care in an effort to provide high-quality, evidence- and guideline-based healthcare for individuals with sickle cell disease across the lifespan

Strategy 2.1: Maintain an updated centralized resource on the Colorado Sickle Cell Center's website containing contemporary guidelines and clinical decision support, providing:

Strategy 2.1.1: Downloadable PDFs and/or links to sources of guidance for the management of individuals with sickle cell disease, including newborn screening follow-up recommendations, pediatric and adult hematology specialty care, other specialty care, primary and obstetrical care

Strategy 2.1.2: Contact information for sickle cell disease experts in Colorado, including access for routine and urgent consultation

Strategy 2.1.3: A listing of the known sites of care, including primary care and other specialty care providers who serve sickle cell patients

Strategy 2.1.4: Information highlighting newly-approved drugs or recommended management strategies

Strategy 2.2: Disseminate educational opportunities to the identified sites of care via the Colorado sickle cell provider listserv

Strategy 2.1.1: Offer 2-4 educational interactive webinars per year for all Colorado sites of care, focusing on topics of interest to providers in Colorado

Strategy 2.1.2: Consider continuing education credit for activities, including the webinars

Strategy 2.1.3: Advertise to those in the database as well as listservs as available listservs for educational institutions and other professional groups as appropriate

Strategy 2.1.4: Announce other educational meetings, webinars, archived presentations as they become available via the listserv

GOAL 3: Enhance awareness of sickle cell disease and coverage for appropriate healthcare services provided by administrator of major healthcare systems and insurers, including the Children's Hospital Colorado system, UHealth system, Colorado State Medicaid programs, Medicare, Denver Health Medical Center, Colorado Kaiser Permanente and any other systems in which sickle cell patients seek care.

Strategy 3.1: Identify and work with case managers within systems/plans to increase awareness of the complexities of sickle cell disease management and the need for individuals and their families to have access to sites of care with appropriate expertise

Strategy 3.2: Identify and collaborate with transition coordinators within systems/plans to develop processes to facilitate the transition from pediatric-oriented care to adult-oriented care as well as actual transfer of care

Strategy 3.3: Communicate annually with the state Medicaid Medical Director and key personnel regarding standard and new management recommendations, including FDA approval of new therapies, curative therapies and policy statements regarding treatment strategies.

Strategy 3.4: Include stakeholders from governmental and private insurers as well as administrators of major healthcare systems in the annual Sickle Cell Provider Summit

GOAL 4: Increase awareness of and facilitate linkages to community-based organizations in Colorado that have or potentially could support a variety of needs for individuals with sickle cell disease and their families.

Strategy 4.1: Disseminate information about services and support offered by the Colorado sickle cell community-based organizations to the Colorado sickle cell provider listserv and healthcare entities, as well as provide contact information and a link on the Colorado Sickle Cell Center website

Strategy 4.2: Maintain up-to-date information about organizations that provide support to Coloradans for transportation, housing, assistance with access to Medicaid and other healthcare coverage, school and work accommodation, and other needs via the Colorado Sickle Cell Center website

Strategy 4.3: Maintain ongoing regular communication and collaboration between sickle cell community-based organization and the Sickle Cell Center in order to facilitate activities and programs, including those outlined in this State Plan

IV. KEY PARTICIPANTS AND POTENTIAL PARTNERS

Coordinating Organization:

Colorado Sickle Cell Treatment and Research Center
University of Colorado, Aurora, CO

Known Sites of Pediatric Specialty Care:

Children’s Hospital Colorado System
Hospitals/Outpatient Clinics
Main Campus: Aurora, CO
Affiliated Facilities: CO Springs, CO

Known Sites of Adult Specialty Care:

University of Colorado Health (UCHealth) System
Hospitals/Outpatient Clinics
Main Campus: Aurora, CO
Affiliated Hospitals: CO Springs, Fort Collins, CO
Denver Health and Hospitals System
Hospital/Outpatient Clinics: Denver Metro
Rocky Mountain Cancer Centers
Outpatient Clinics: Various locations in CO

Known Sites of Primary Care Providers

Kaiser Permanente Colorado
Outpatient Clinics: Various locations across Colorado
Metropolitan Community Provider Network (MCPN)
withEvery Child Pediatrics
Denver Health Medical Center
Children’s Hospital Colorado Primary Care Clinics
Peak Vista Pediatrics
Arvada West Family Medicine (primary care and pain management, focused on adolescents/adults)

Community Support Groups

Colorado Sickle Cell Association Denver, CO	Ella Mae Bransom Sickle Cell Support Group Colorado Springs, CO
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Colorado State Medicaid Program

Department of Health Care Policy and Finance: Health First Colorado, 40+ managed care plans

Colorado Department of Health and Environment Laboratory

Newborn Screening for Hemoglobinopathies

V. STATE ACTION PLAN DEVELOPMENT OPPORTUNITIES IN 2021-2022

There are a number of opportunities for enhancement of healthcare in Colorado for individuals of all ages living with sickle cell disease and their families. However, state action planning in Colorado will initially focus on the healthcare and other systems which serve adults as well as in the area of transition and transfer for adolescents and young adults from pediatric-oriented to adult-oriented healthcare. The following activities are planned for the next year (August 2021-August 2022), targeting the sites with larger number of patients in addition to ongoing efforts to locate and reach out to providers and practice sites that have fewer patients, eventually creating a virtual interactive network of communication and sharing of resources.

ADULT CARE

University of Colorado Healthcare System (UCHealth) Specialty Care

University of Colorado Hospital (UCH), Aurora, CO

The majority of adults living with sickle cell disease receive their specialty inpatient and outpatient care at UCH in Aurora. There are a number of opportunities to improve the quality of care and patient experience, some of which are currently in development in collaboration with hospital-wide multidisciplinary taskforce including physicians, APPs, nurses and social workers representing hospitalists, pain management, emergency medicine and adult hematology.

- Systems Changes
 - o Collaboration with hospitalist practice group to have sickle cell disease patients admitted to a hospitalist inpatient service which is staffed by a stable group of permanent faculty who become familiar with patients and sickle cell care
 - o Establish routine expectations regarding hematology consultation for all patients admitted to UCH
 - o Finalization and implementation of standardized order sets and clinical pathways for acute care of patients seen at UCH
 - o Dissemination of awareness of and utilization of these standardized tools across the UCHealth system
 - o Solidify working relationships with specific subspecialty faculty (renal, pulmonary, hepatology, pain, ortho) with an interest in sickle cell disease who are willing to accept specific referrals of sickle cell patients
- Transition of day-to-day care of adult sickle cell patients to the new adult hematology faculty and to any APPs or nurses newly assigned to the UCH Blood Disorders Clinic, providing mentoring and education as needed
- Quality Improvement Activities – Outpatient Specialty Clinic
 - o Assess and maintain focus on utilization of hydroxyurea and other disease-modifying therapies, including documentation of counseling and monitoring of prescription refills
 - o Continued refinement of processes and monitoring outcomes of disease-modifying therapy

Memorial Hospital, Colorado Springs, CO

- Meet with specialty provider group to assess opportunities for additional consultative support, the provision of additional resources (education, decision tools, etc), collaboration in QI and research activities
- Identify specific issues for ED and inpatient sickle cell care which might be addressed by education, decision tools, order sets and/or quality improvement efforts with support from the Sickle Cell Center by meeting with providers in these areas

Poudre Valley Hospital, Fort Collins, CO

- Meet with specialty provider group to assess opportunities for additional consultative support, the provision of additional resources (education, decision tools, etc), collaboration in QI and research activities
- Identify specific issues for ED and inpatient sickle cell care which might be addressed by education, decision tools, order sets and/or quality improvement efforts with support from the Sickle Cell Center by meeting with providers in these areas.

UCHealth System-Wide

- Identify location in shared EMR system (EPIC) for ED individualized care plans that can be accessed by all affiliated hospital-based EDs as well as the numerous newly-acquired free-standing urgent care centers
- Identify processes to incorporate pain management plans devised by the co-managing community clinic partner into EPIC in a readily accessible location, as this clinic is not currently in the UCHealth system nor with access to a shared EMR

Other Healthcare Systems Specialty Care

Kaiser Permanente

- “Repatriation” of adult sickle cell patients who are Kaiser members into the Kaiser Hematology Clinic for ongoing routine specialty care to reduce currently fragmented care and follow-up
- Offer education and ongoing consultative support to Kaiser hematologists as needed in the management of sickle cell disease patients. This may include an annual routine formal consultation at UCH, at the discretion of the Kaiser hematologist.
- Establish formal policies regarding transfer of sickle cell patients for inpatient management, supporting the capacity for emergency department and inpatient care at Kaiser hospital facilities
- Offer education and ongoing consultative support to Kaiser emergency department and hospital providers as needed for the management of sickle cell disease patient

Private Hematology/Oncology Practices

- Offer resources (guidelines, networking, consultation) to practices who are currently seeing even a single sickle cell patient or a practice which an individual with sickle cell disease might like to use based on location/convenience/insurance requirements

State-Wide Clinical Practice Efforts

- Identify location (if different from above) where ED individualized care plans can be seen through the “Care Everywhere” feature of EPIC for those unaffiliated healthcare systems currently linked through this mechanism, which includes Denver Health Medical Center, the principle “safety net” hospital in Denver, and Kaiser, as well as several other major hospital systems.
- Encourage all provider to join Project ECHO and other educational activities
- Continue support of transitioning youth to known or new potential sites of specialty care and/or establish distant co-management strategies with local providers, based on their choice of school or employment location anywhere in Colorado. This includes participation of the state transition coordinator in clinic visits as requested by the youth in transition, regardless of hospital system or clinic location

PEDIATRIC CARE

Children’s Hospital Colorado System-Aurora

- Continue close collaboration with the other pediatric hematologists who provide care to sickle cell disease patients admitted to the hematology service.
- Identify and solidify working relationships with specific subspecialty faculty (renal, pulmonary, hepatology, pain, ortho) and hospital staff through the Sickle Cell Collaborative at Children’s Hospital Colorado by meeting 2-3 times per year. Provide sickle cell content and through education and research.
- Maintain and update care pathways, guidelines, order sets for inpatients
- Continue close relationship with bone marrow transplant to provide a cure through bone marrow transplant or gene therapy
- Quality Improvement Activities – Outpatient Hemoglobinopathy Clinics
 - o Assess and maintain focus on utilization of hydroxyurea, L-glutamine (Endari) and blood transfusion therapies to modify disease
 - o Assess and track TCD uptake by families
 - o Continue efforts to reduce “no-show” rate by collaborating with scheduling
 - o Participate in the pediatric emergency care network funded HRSA project to decrease time to opiates for pain in the emergency department
 - o Work with the blood bank at Children’s Hospital Colorado to gain more ethnically diverse blood donors

Children’s Hospital Colorado Springs

- Continue to hold outreach clinics every 3-4 months to develop comprehensive plans and provide consultation
- Determine local provider needs and provide resources
- Assess access to current sickle cell guidelines, algorithms and management protocols at main Children’s Hospital Colorado
- Assess optimal location of admission (Colorado Springs or CHCO on AMC in Aurora)
- Be available for urgent issues
- Verify similar testing can be offered
- Attempt to maintain the same standards of care

Kaiser Permanente

- Continue co-management with primary care providers with primary responsibility for acute and chronic care falling to sickle cell providers at Children's Hospital Colorado
- Continue transfer of sickle cell patients for inpatient management

Denver Health

- Provide comprehensive care to patients assigned to Denver Health
- Provide inpatient care to patients assigned to Denver Health.

ACROSS-THE-LIFESPAN COLLABORATION

Partnership with Medicaid

- Identify primary liaison which can help navigator the multitude of managed care plans under this umbrella
- Better understand and help patients maneuver various policies for assignment to a particular plan that would include care within the Children's Hospital Colorado or UHealth systems
- Explore dissemination of NHBLI guidelines, American Society of Hematology (ASH) guidelines or state-specific adaptation of basic best practices across the various plans
- Inquire about sickle cell statewide utilization data and outcomes

Partnership with Primary Care Providers

- Contact all known and newly-identified providers/practices/clinic systems which serve sickle cell patients to assess opportunities to support
- Target Project ECHO-like teleconferences at least one a year to primary care providers
- Identify a location easily accessed in EPIC Care Everywhere which shows treatment and plans
- Providers outside Care Everywhere and those in it, receive a letter after every patient is seen.
- Receive calls from outside providers and develop co-management plans
- Continue support of transitioning youth to known or new potential sites of primary and specialty care

Partnership with Colorado State Department of Health and Environment (CDPHE)

- Continue collaboration with the CDPHE Newborn Screening Laboratory to sustain quality hemoglobinopathies testing and follow-up
- Continue collaboration with CDPHE efforts to education primary care providers about newborn screening and appropriate follow-up for sickle cell disease

Partnership with Community Based Organizations

- Identification of high priority areas for clients (careers, parenting) and resources available to assist where needed
- Further develop transition program components which are anchored in community and family support

- Working on collaboration between Children’s Hospital Colorado social worker and CBO to clients
- Updating of “Sickle Cell 101” – basic education and materials provided by CBO to clients
- Collaboration on projects, including dissemination about the services created by the HRSA-funded Community Health Worker one-year grant awarded to the Colorado Sickle Cell Disease Association
- Optimizing communication in community at large – social media, positive messaging, oneSCDvoice

Additional Specific Activities:

- Continued use of telehealth in specialty and primary care setting for patients who desire this form of healthcare when appropriate and as supported by healthcare systems and clinics.
- Annual in-person provider “summit” for education and networking: open to all types of providers
- Colorado Project ECHO-like teleconferences ~2-4/year – primary method of outreach to ED, hospitalists, primary care and specialty care
 - o Establish process for reaching out (letter vs email vs other? to newly-identified providers, including invitation to Colorado and Regional ECHO Calls
 - o Rotate focus of Colorado ECHO calls (hospitalist, ED, primary care, specialty care)
- Dissemination of resources and clinical/decision support information via the Sickle Cell Center state website:
 - o Clinical resources including primary, hematology and other specialty care
 - o Agencies
 - o Community-based organizations
- Annual community-targeted in-person education conference co-sponsored by the Sickle Cell Center and community-based organizations
- Participate in activities related to the development of state-wise surveillance for sickle cell disease funded by CDC