

Transcranial Doppler Screening for Children with Sickle Cell Anemia

Health Plan - Key Driver Diagram

Strategies

Global Aim

To reduce the incidence of stroke in children with sickle cell anemia

Health Plan Aim

To increase the percentage of children who receive an annual TCD screening by XX% over baseline in 12 months

Key Drivers

Activate Care Management Strategies

Facilitate Patient Clinic Visits

Train & Support Providers

Support Patient with TCD Scheduling & Screening

Follow-Up

- Pediatric members with sickle cell disease are assigned a health plan care manager
- Communication process is established between clinic staff and health plan care managers to ensure care coordination (e.g. pre-approvals, transportation, no-shows, unable to reach, child care for siblings during visits)
- Care managers receive education regarding sickle cell disease and necessity of preventive care including TCD screening for children with sickle cell anemia
- Health plan staff develop a registry of pediatric members with sickle cell disease which tracks PCP/hematologist visits, medications, emergency department visits, and other healthcare related activities including TCD screening
- Registry is used to identify members who require annual TCD screen
- Care manager contacts member (text, email, postal mail, phone call) to discuss scheduling a clinic visit
- Care manager provides educational materials which explain reasons for/value of preventive care including TCD screening for children with sickle cell anemia

- Care manager assists in scheduling appointment, as necessary
- Care manager identifies and note patient's preferred method and frequency for appointment reminders
- Care manager sends patient appointment reminders (text, email, postal mail, phone call) depending on patient preference
- Care manager assesses potential barriers to care and provides assistance with transportation, other needs
- Care manager contacts member to assist in rescheduling missed/cancelled appointments, identify barriers to attending appointments/obtaining care
- Care manager implements "unable to reach" protocol for members who are not reached within a specified number of attempts
- "Unable to reach" protocol includes home visit to identify barriers to obtaining care

- Health plan staff provide training and educational information to providers regarding sickle cell disease and necessity of preventive care including TCD screening for children with sickle cell anemia
- Health plan staff provide clinic staff with feedback on rates of children who received TCD screening (quality measure performance)

- Care manager sends patient reminders (text, email, postal mail, phone call) to schedule TCD screening
- Reminders include educational materials which explain reasons for/value of preventive care including TCD screening for children with sickle cell anemia
- Care manager assists with scheduling appointment, as necessary
- Care manager assesses potential barriers to care and provides assistance with transportation, other needs
- Care manager follows up after specified time period following provider order to determine if TCD screen was obtained
- Care manager contacts member (text, email, postal mail, phone call) to schedule/reschedule TCD screening if not received within specified time period following date of provider order and identify barriers to attending appointments/obtaining care

- Care manager contacts member/clinic staff to obtain results
- Care manager contacts member to assist with next steps in care, as necessary