

Health Plan and Sickle Cell Clinic Communication Process and Meeting Planning (2c.6)
 This diagram illustrates the process for communications between clinic and health plan staff to ensure patients with SCD are receiving appropriate care.

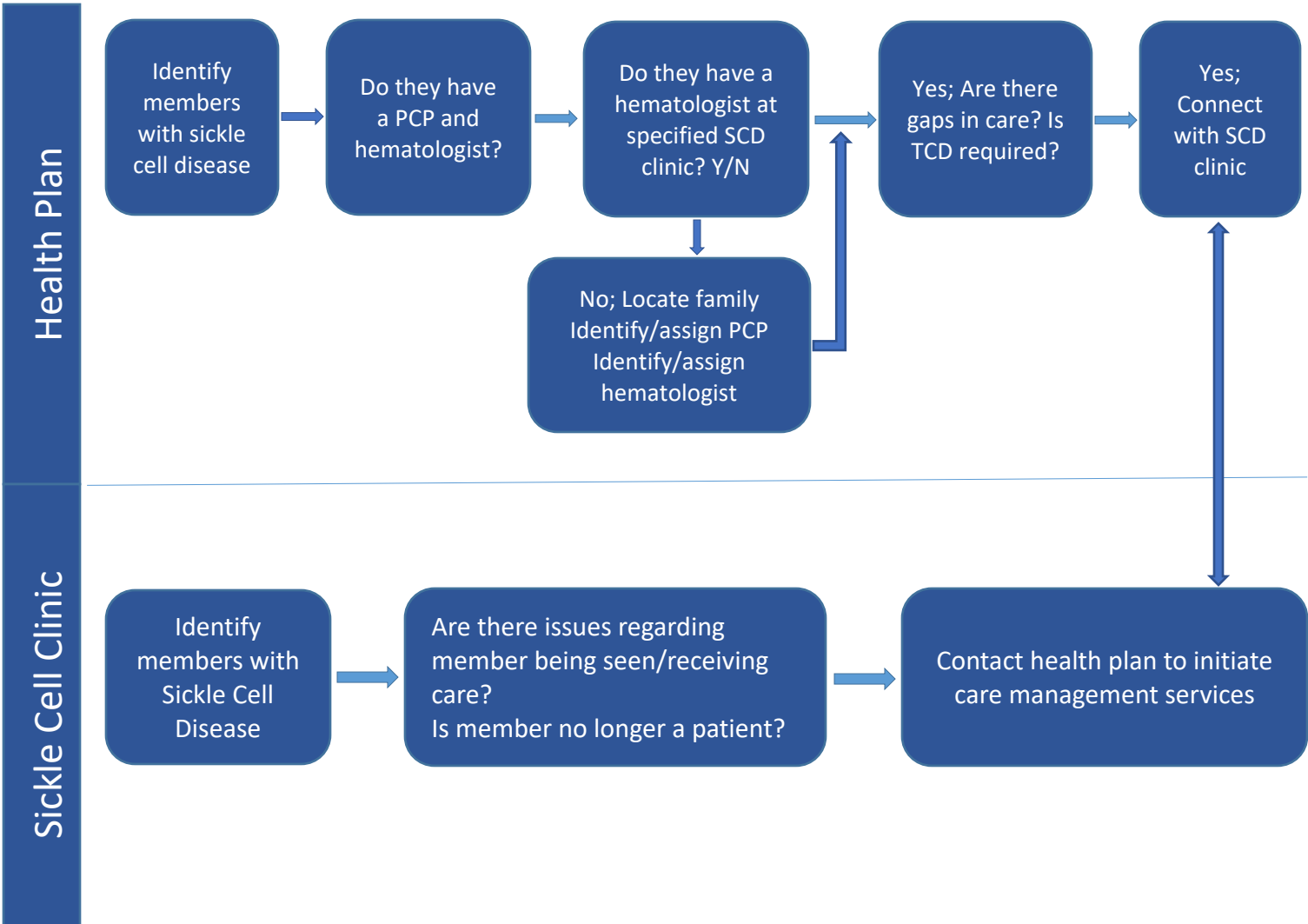
Health Plan and Specialty Clinic Communication Process Regarding Patients with Sickle Cell Disease

Shared Goals

Identify and partner on shared, complex care patients and families

Sickle Cell Clinic: Report patients that are lost to follow up, relocate, or require care management services

Heath plans: Connect members to a primary care provider and hematologist, and provide care management services



Sample Sickle Cell Clinic and Health Plan Patient Meeting Planning and Documentation Form

Gathering the following information prior to patient level discussions will help increase meeting productivity and identify areas for clinic/health plan action.

Health Plan Staff

1. Identify pediatric members with sickle cell disease that are receiving care at the specific sickle cell clinic.
2. Determine if these members are receiving care management services.
3. Complete the following chart.
4. Use chart to guide discussion with clinic staff.
5. If members are identified that are not on the clinic's list, need a hematologist/PCP, require an annual TCD, have known barriers to care, or other factors impacting care, develop plan of action with clinic staff.

Sickle Cell Clinic Staff

1. Identify pediatric patients with sickle cell disease that are members of the specific health plan.
2. Determine if these patients are being seen in the clinic as recommended.
3. Complete the following chart.
4. Use chart to guide discussion with health plan staff.
5. If patients are identified that are not on the health plan list, have been lost to follow-up, require an annual TCD, have known barriers to care, or other factors impacting care, develop plan of action with health plan staff.

Patient Information	Hematologist Name	Primary Care Physician Name	Is member receiving care management services?	Date of last TCD Screening	Known barriers to care	Plan for outreach/ Improved Care
	Date of last visit	Date of last visit	If yes, list care manager name and services receiving.			
Name:						
MRN:						
DOB:						
Name:						
MRN:						
DOB:						