

#### **BREAKOUT SESSION**



OCTOBER 28-30, 2024

**Clinical Track:** 

# Expanding Care of Sickle Cell Disease Utilizing Telehealth

Tuesday, October 29 11:15 AM - 12:00 PM



**Daniel Landau, MD**Medical University of South Carolina

#### Removing barriers to care: Telehealth and Sickle Cell Disease

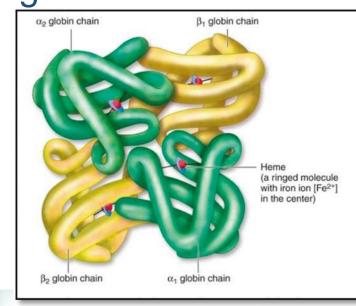
Daniel Landau, MD Medical Director Hematology/Sickle Cell MUSC department of Telehealth



A common and commonly misunderstood condition

Mutation develops from a substitution of valine glutamic acid in the

beta globin chain





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- What is the function of red blood cells?
  - How long do they typically survive?
- The "sickled" cell has half the life span of a non sickled red blood cell (hemolysis)
- Sickled cells clump together and block blood flow to tissue and organs





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- Variations of the disease
  - Sickle C disease
  - Sickle Thalassemia
  - Sickle Trait
  - More



How to separate out different types





#### **How Common is Sickle Cell Disease**

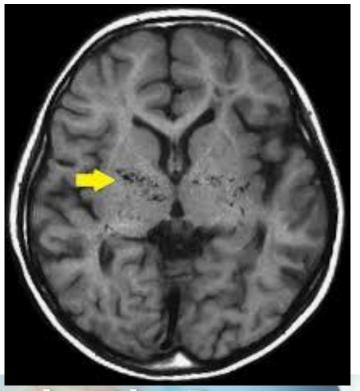
- 100,000+ in the US20 million + worldwide
- 1/13 African American births have trait
- 1/365 African American births have disease
  - In the US, the African American population is the most commonly affected but sickle cell disease can be seen across many different ethnicities
- Life span is 20 years shorter than the general population



- Every organ system is impacted by this disease
  - Neurologic
  - Ocular
  - Heart
  - Lungs
  - Spleen
  - Blood vessels
  - Kidneys
  - Muscles
  - Joints



# Moya Moya





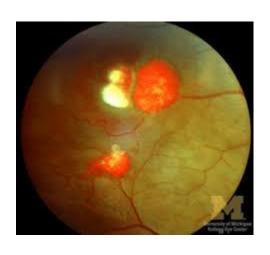
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#### **Stroke**

- 10% + of children with sickle cell disease have stroke
  - Life time implications
  - Missed days of school, work, lower self esteem



## Eye exam



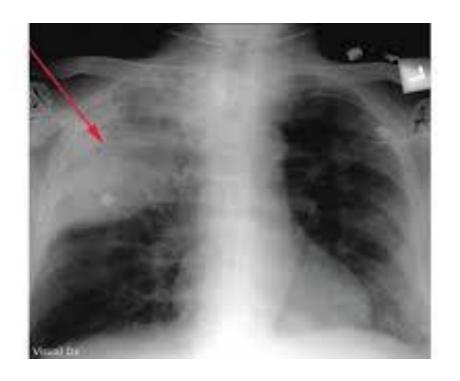


## **Cardiac complications**

- Heart failure and pulmonary hypertension are common complications
  - Ultimately are common reasons for mortality



## Acute chest syndrome





#### **Avascular necrosis**





## Spleen

Spleens undergo necrosis increasing risk of infections



#### **Rena Grant**

- Director of Legislation to the House Ways and Means Committee / South Carolina House of Representatives
- Double majored in Political Science and History at Furman University in Greenville, SC and would go on to serve as Director of the director of legislation for the South Carolina House Ways and Means Committee.
- Rena played a pivotal role in raising awareness and advocating for better health care resources, support services and public understanding of SCD at the state level, leading to significant improvements in research, patient care and legislation.



Always believe that something wonderful is going to happen.
Even with all the ups and downs, never take a day for granted.
Smile, cherish the little things and remember to hug the ones you really love.



## Challenges in care

- Pediatric to adult transition
- Frequent emergency room use
- Lengthy hospitalizations
- Complicated medications
- Fractured care models
- Expectation of survival
- Access to care



#### Pediatric to adult transition

- Patients sometimes get lost
- Change in insurance
- Different type of care



#### **Emergency room use**

- Severe pain doesn't always occur during office hours!
- Many centers do not have the ability to offer regular fluids or pain medications



## Lengthy hospital stays

 We have little control in how long a crisis will occur, we can only offer supportive care



## **Expectations of survival**

Researchers found that the average life expectancy for publicly insured individuals with SCD was 52.6 years, with male life expectancy at birth (49.3 years) being significantly lower than that of females at birth (55 years).



#### Research investment

	Individuals Impacted in the US	Number of Centers in the US
Sickle Cell Disease	100,000	98
Cystic Fibrosis	40,000	130
Hemophilia	33,000	140



# Challenges with clinical trial enrollment



#### Access to care

- Many patients live outside of areas with access to specialists
- Many health care providers are unfamiliar with the complications of treatment and disease
- Higher use of emergency rooms, longer hospital stays, limited access to clinical trials
  - So many of the problems we have discussed are exacerbated by access concerns

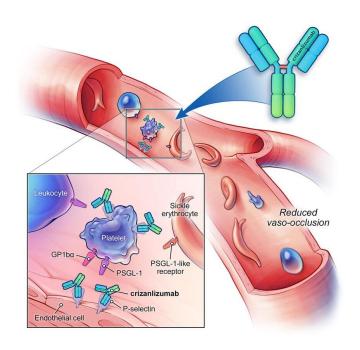


## Options for sickle cell therapy

- Hydroxyurea
  - The most important medication for sickle cell disease
- Crizanlizumab
- Voxelotor
- L-glutamine
- Gene editing therapy
  - \$2,000,000 per person!



#### Adakveo





#### **Options for treatment**

- Every option has toxicities, and few patients are adequately treated
- Many therapies are also misunderstood



## **Expanding care via Telehealth**

- 50 random charts were sampled
- Analysis included
  - Age
  - Birth gender
  - Use of Hydroxyurea
  - Completion of telehealth appointment
  - Previous relationship with hematologist within 1 year



#### **Expanding care via Telehealth**

#### Results:

Age: 48 (25-68)

Gender: 25 M / 25 F

Hydroxyurea use: 32%

Connection to telehealth: 76%

Greater than 40: 84%

Younger than 40: 61%

Previous relationship with a hematologist: 18%



#### **Basic conclusions**

- Few patients have been adequately treated
- Without proper therapy, the risk of complications rises
- Without proper therapy, hospital utilization rises
- Expanding care via telehealth can address major barriers



#### Addressing a major barrier

- In a random review of 25 patients
  - Average distance to MUSC was 27.8 miles (1.2-96.5 miles)
  - 56% lives >20 miles away
  - 68% would need to travel more than 30 minutes to access care with hematology



## Addressing a major barrier

- Data from other papers suggests most patients wont travel more than 20 minutes for non emergency care
- Offering an easier way to establish care could help avoid the distance barrier



#### **Future needs**

- Offering telehealth visits to larger populations
- Utilizing telehealth to improve transition from pediatric to adult care
- Addressing inpatient care/ER utilization



#### **Questions?**



