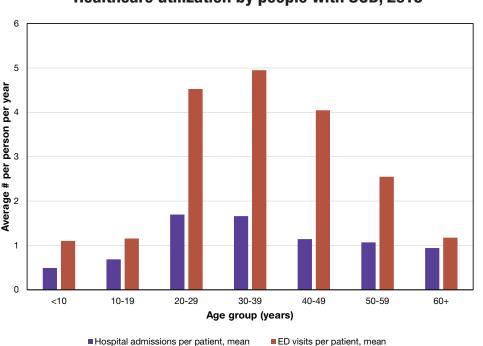
Hospital and Emergency Department (ED) Utilization for People with Sickle Cell Disease (SCD)



Healthcare utilization by people with SCD, 2015

Overall, in 2015, people with SCD had an average of



Key Terms

Hospital admissions: Direct hospital admissions, as well as hospital admissions that began in the ED

ED visits: ED visits that resulted in a release after treatment



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Centers for Disease Control and Prevention National Center on Birth Defects and Developmental Disabilities



Georgia, 2015

The average number of hospital admissions and ED visits rose dramatically after age 19. This is the time when many patients transition (change) from being seen by a pediatric healthcare provider to needing a healthcare provider for adults.

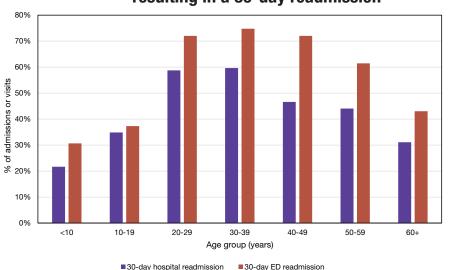
The higher number of hospital admissions and ED visits in adults may be due to

- More frequent and more severe SCD-related health issues; or
- Lack of access to primary care and specialty care providers for adults with SCD.



30-day Readmissions

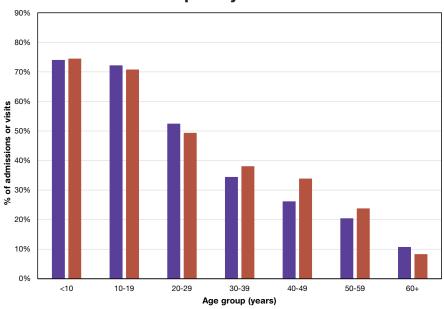
People with SCD had high rates of 30-day readmissions for both hospital admissions (22–60%) and ED visits (31–75%). Treating SCD can be complicated and requires specialized knowledge.



Percentage of hospital admissions and ED visits resulting in a 30-day readmission

Payer

Almost half of hospital and ED visits for people with SCD were paid by Medicaid. Comprehensive care models that include specialized hematology and primary care medical services along with non-medical services may improve the lives of people with SCD and reduce costs for healthcare payers.



Percentage of hospital admissions and ED visits paid by Medicaid

Key Terms

30-day hospital

readmissions: Hospital or ED admission within 30 days of discharge from the initial hospital admission

30-day ED readmissions:

Hospital or ED admission within 30 days of discharge from the initial ED visit

CDC's Sickle Cell Data Collection (SCDC) program collects and analyzes data to better understand how people with SCD are accessing and using health care. These data are used to target and develop strategies to improve access to the healthcare system and, ultimately, to improve the health of people living with SCD.

Stay informed about the health trends of people living with SCD by visiting <u>https://www.cdc.gov/ncbddd/</u> <u>hemoglobinopathies/scdc.html</u>.



Hospital admissions ED visits