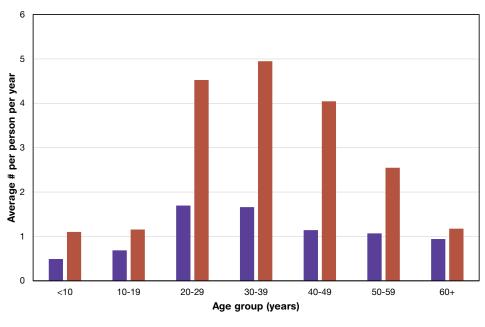
Hospital and Emergency Department (ED) Utilization for People with Sickle Cell Disease (SCD)

Healthcare utilization by people with SCD, 2015



■ Hospital admissions per patient, mean ■ E

■ED visits per patient, mean

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

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.



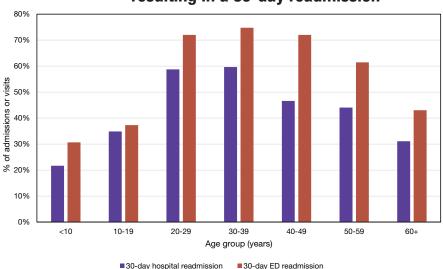




30-day Readmissions

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.

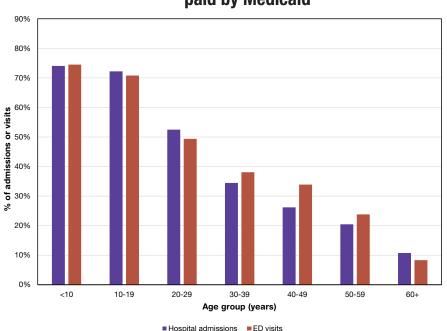
Percentage of hospital admissions and ED visits resulting in a 30-day readmission



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 https://www.cdc.gov/ncbddd/hemoglobinopathies/scdc.html.

