

Partnership in Michigan to Facilitate Access to Primary Care via Federally Qualified Health Centers (FQHCs): A Case Study

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Disclosures

- Jeanne Loboda is an employee and shareholder of Global Blood Therapeutics, Inc.
- Dr. Wanda Whitten-Shurney is the CEO and Medical Director of the Sickle Cell Disease Association of America – Michigan Chapter and an employee of University Pediatricians at Children’s Hospital of Michigan.
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- This study was supported by Global Blood Therapeutics, Inc.

About Global Blood Therapeutics, Inc.

- Global Blood Therapeutics, Inc., or GBT, is a clinical-stage biopharmaceutical company determined to discover, develop, and deliver innovative treatments that provide hope to underserved patient communities
- Our R&D efforts focus on developing new therapies that can provide transformative clinical benefit to patients
- Sickle cell disease (SCD) has been and continues to be our focus and passion

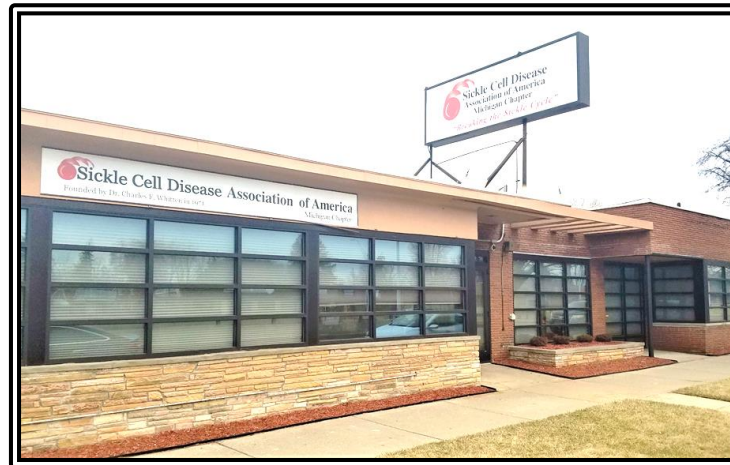


Ted W. Love, MD
President and Chief Executive Officer

About the Sickle Cell Disease Association of America – Michigan Chapter

- Our Mission

- To maximize the quality life of individuals living with SCD
- To enable individuals with sickle cell trait to make informed decisions that they believe are in their best interest with respect to family planning
- To provide education, testing, and information for the general public
- Serve as the coordinating center for the newborn hemoglobinopathy screening program for the MDHHS



Wanda Whitten-Shurney, MD
CEO/Medical Director

Introduction

Issue

Patients in many parts of the United States **lack access to adequate sickle cell care** because of the shortage of hematologists and primary care physicians with expertise managing the condition



One Potential Solution

Identify primary care providers in institutions, such as federally qualified health centers (FQHCs), who may be able to treat patients:

- + Educate MDs and other HCPs about SCD, including treatments
- + Enable patients to access additional care
- + Manage chronic comorbidities

Study Goal

Identify geographic areas of Michigan where FQHCs could provide additional care for patients with SCD and educate and empower primary care physicians in these areas with tools to help patients

Methods

- Pharmacy and medical claims for patients with at least 2 SCD-specific health care claims (using SCD-specific ICD-9/10 codes) from Symphony Health's Integrated Dataverse™ in each of the 2 most recent years (2016 and 2017) were analyzed to:
 - Identify Zip3 (the first 3 digits of the zip code of residence) geographies with the highest density of patients residing in the state of Michigan
 - Understand the population demographics of patients residing in Michigan
 - Identify the FQHCs with the largest local SCD populations
- This longitudinal patient dataset captures claims across the United States and covers all payment types, including Medicaid, Medicare, commercial plans, cash, and assistance programs

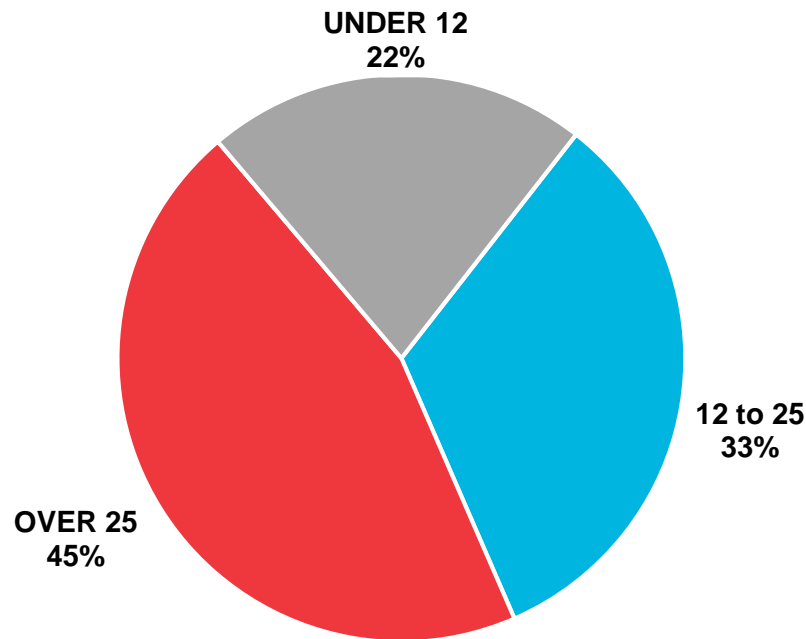
Methods *(continued)*

- All data collected from the database are deidentified in compliance with the patient confidentiality requirement of the Health Insurance Portability and Accountability Act
- SCDA-MI aligned community health workers with identified centers in the respective geographies
- SCDA-MI began outreach to understand capabilities and willingness to learn more about SCD
- Trained primary care providers interested and willing to care for people living with sickle cell

SCD Patient Demographics in Michigan

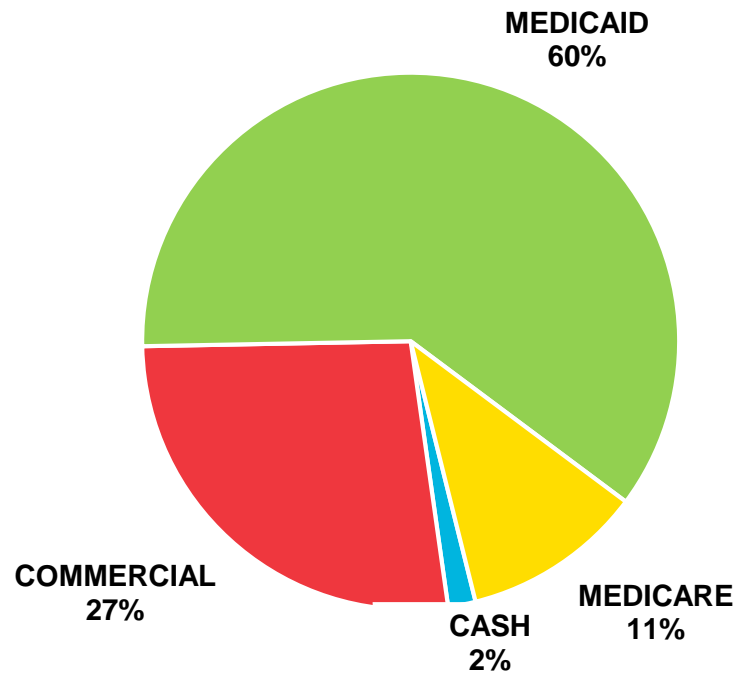
YOUNG

55% are under the age of 25



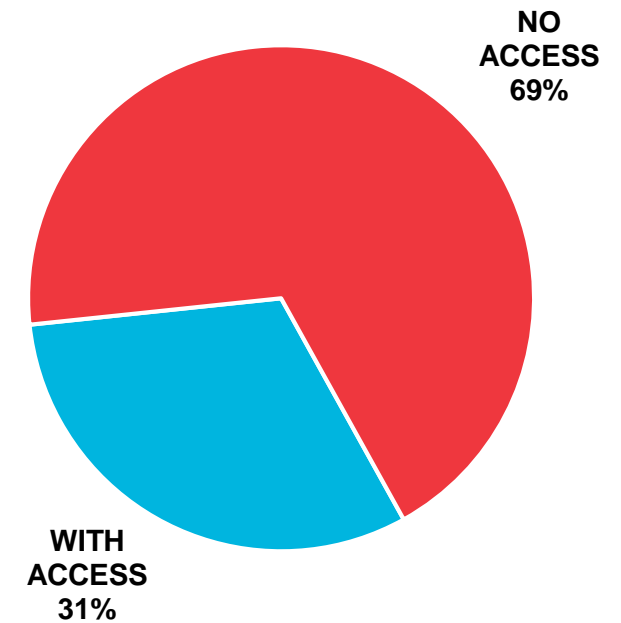
MOSTLY ON MEDICAID

60% of patients are covered by Medicaid

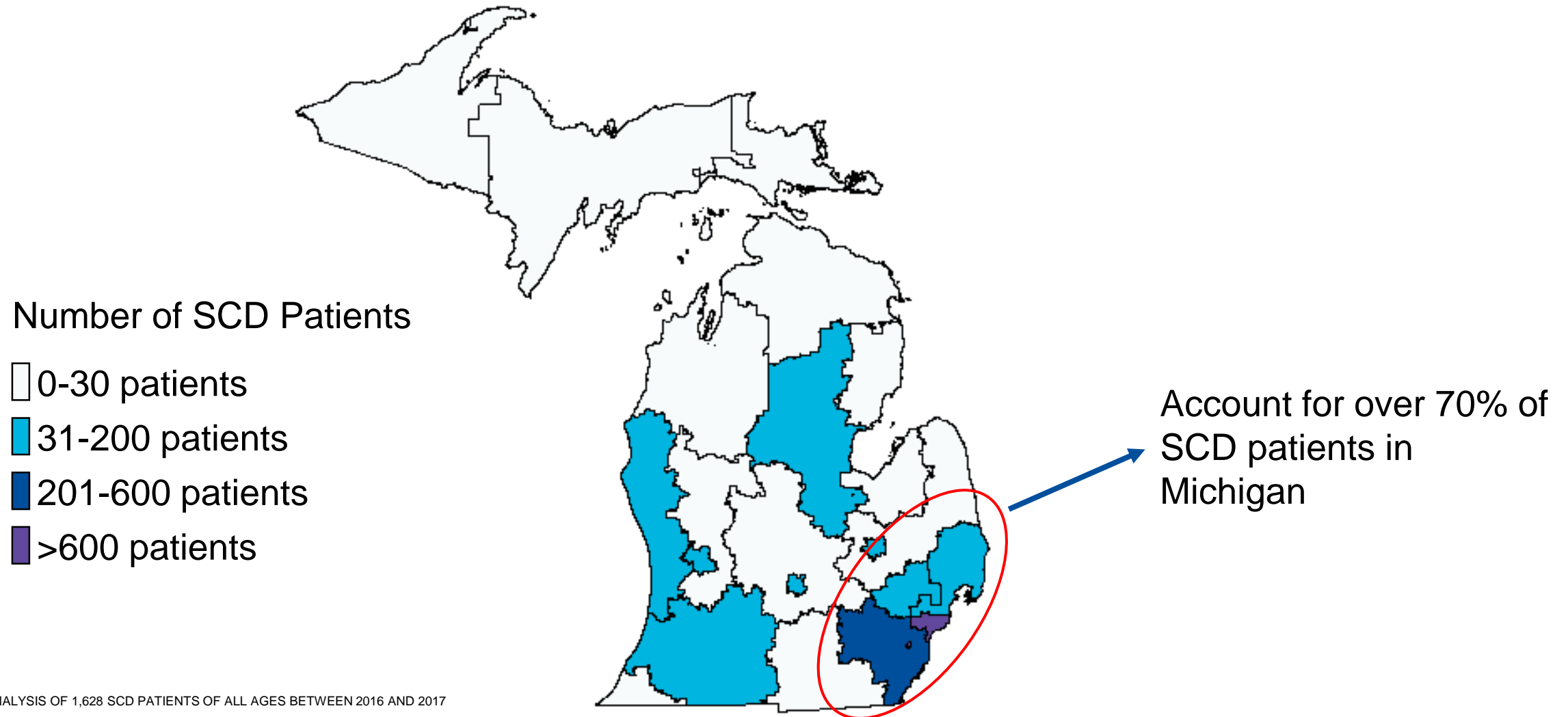


HAVE POOR ACCESS TO SPECIALTY CARE

31% of patients have seen a specialist at least once in 2016 and 2017



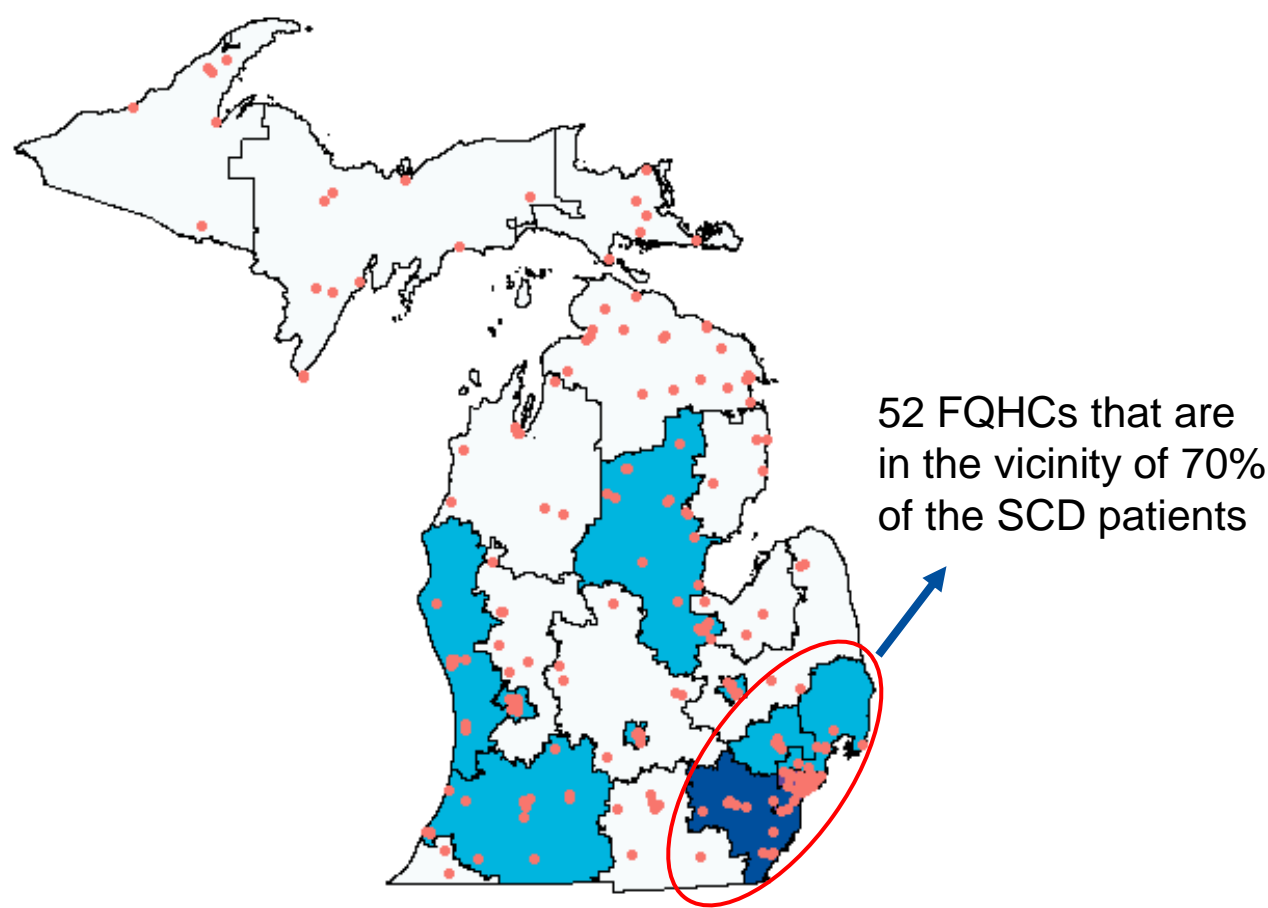
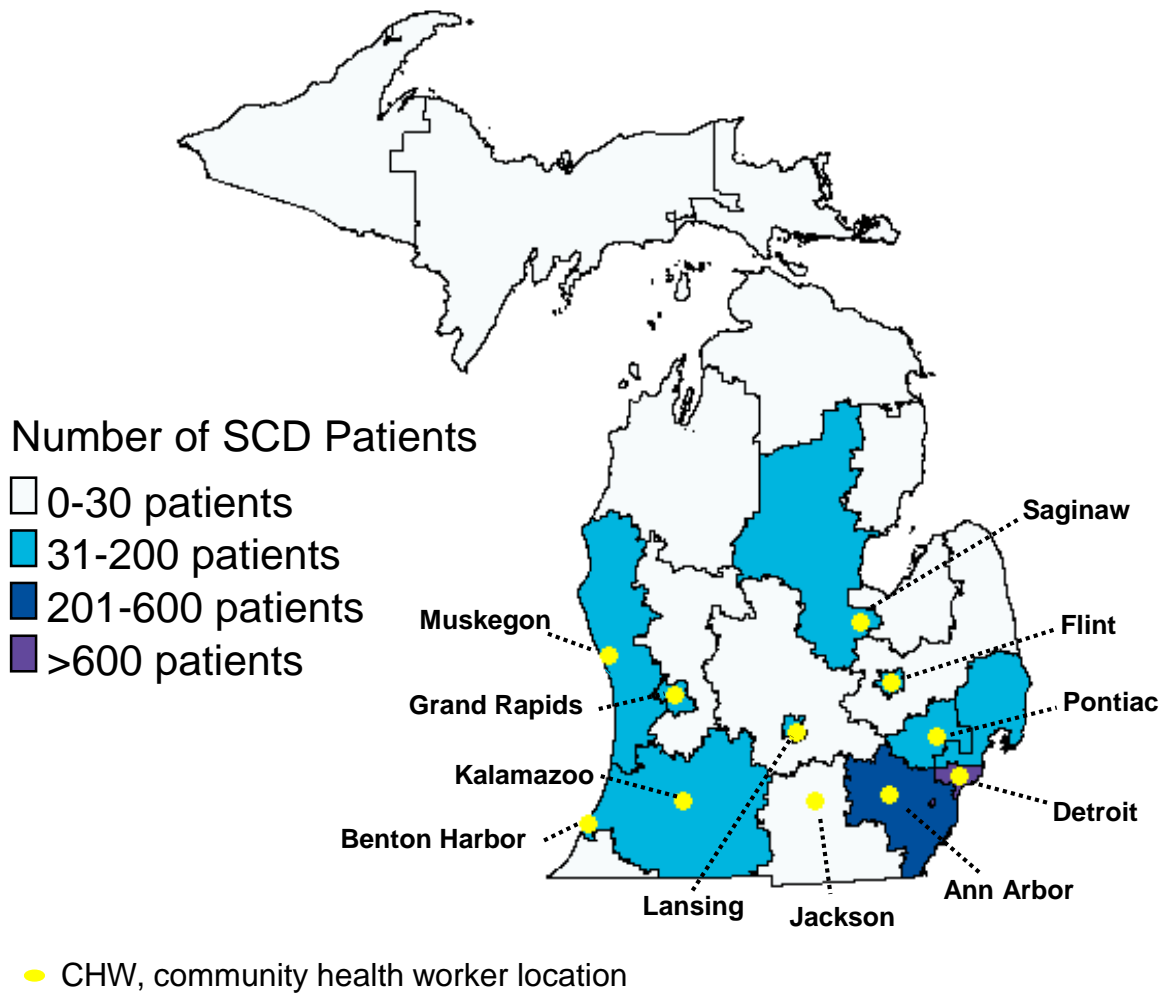
Over 70% of All SCD Patients in Michigan Reside in Three Zip3 Geographies in and Around Detroit (480, 481, 482)



Matching Community Health Workers With Specific FQHCs Improves Outreach and Education Possibilities

CITIES OF FOCUS FOR SCDA A OF MICHIGAN CHW OUTREACH

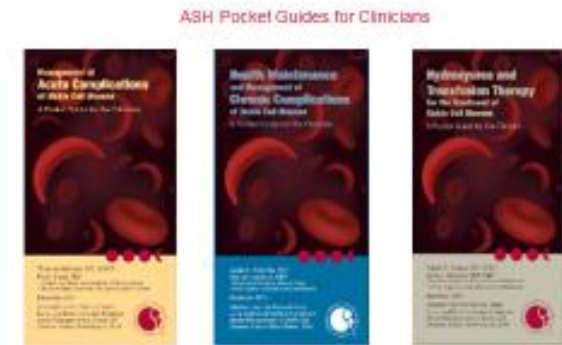
FQHC DISTRIBUTION ACROSS MICHIGAN



Initial Accomplishments

“Narrowing the Gap...the need for primary care providers for adults living with SCD”

- Developed a PowerPoint presentation for FQHCs/PCPs
 - Presentation includes:
 - History of SCD
 - Information about the SCDA
 - Newborn screening
 - Challenges patients face
 - Resources:
 - NHLBI guidelines
 - ASH guidelines
 - STORM – TeleECHO
 - Patient self-management toolkit
- Brief presentation by an adult living with SCD
- Introduction of the CHWs serving their area



Goal: All patients referred to PCPs will be educated/activated and ready to participate in client-centered care

Initial Accomplishments *(continued)*

- Outreach to 68 FQHCs by email, phone, and snail mail
- Presentations to 2 FQHCs
- 2 presentations scheduled (1 to a group that covers 5 FQHCs)
- 10 Patient referrals

Lessons Learned

- Review, prioritization and targeting of FQHC list should align with patient population concentration
- Focus strategically on areas of the state where there is a high population of at-risk individuals (eg, Hispanic patients)
- Efforts to schedule presentations are labor intense
- The information is well received once you get your foot in the door
- Follow-up is key to ensuring patient access
- Engagement of other HCPs is important (eg, nurse practitioners and physician assistants)

Process could be beneficial to other states = more patients access primary care

Questions and Contact



GBT

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