



Care Redesign Clinic Data Collection Form

Baseline, Week 36, and Week 48 Assessment

A. Clinic Contact Name and Address:

Primary Clinic Contact: (Division Chief, Medical Director, or Clinical Lead):

1. Name: _____
2. Address:
 - a. Number and street: _____
 - b. City: _____
 - c. State: _____
 - d. Zip code: _____
3. Phone number: _____
4. Email address: _____
5. Visit (select one): Baseline Week 36 Week 48

Date of assessment: |__|__| - |__|__| - |__|__|__|__|

B. Patient Population (current/active patients seen in the last 12 months)

Total number of SCD patients (n)	Total SCD patients, by genotype (n)	Total SCD patients, by sex (n)	Total SCD patients, by age (n)
_____	SS Disease: _____ S Beta zero Thalassemia: _____ SC Disease: _____ S Beta plus Thalassemia: _____ Other Variant: _____	Males: _____ Females: _____	15 to 18 years: _____ 19 to 25 years: _____ 26 and older: _____

C. Patients prescribed hydroxyurea (includes those who were prescribed hydroxyurea in the last 12 months and have since discontinued hydroxyurea)

Total number of SCD patients prescribed Hydroxyurea (n)	Total SCD patients prescribed hydroxyurea, by genotype (n)	Total SCD patients prescribed hydroxyurea, by sex (n)	Total SCD patients prescribed hydroxyurea, by age (n)
_____	SS Disease: _____ S Beta zero Thalassemia: _____ SC Disease: _____ S Beta plus Thalassemia: _____ Other Variant: _____	Males: _____ Females: _____	15 to 18 years: _____ 19 to 25 years: _____ 26 and older: _____

*HbSS/SBO thal with 3 or more pain/year 2 or more ACS/year

D. Case mix of clinic. Please report the distribution of insurance carriers for the population.

Total patients insured by Medicaid (n)	Total patients insured by Medicare (n)	Total patients with private insurance (n)	Total of uninsured patients (n)	Total patients with unknown insurance (n)
_____	_____	_____	_____	_____

E. Provider and Clinic Setting Description

Total physicians (n), MD or DO List specialty of each provider	Total NPs, DNPs and PAs (n) List specialty of each provider	Type of practice	Type of clinic setting
Total: _____ Specialties: _____ _____ _____ _____	Total: _____ Specialties: _____ _____ _____ _____	<input type="checkbox"/> Urban <input type="checkbox"/> Suburban <input type="checkbox"/> Rural	<input type="checkbox"/> Tertiary academic <input type="checkbox"/> Community <input type="checkbox"/> Both academic and community <input type="checkbox"/> Research institute <input type="checkbox"/> Other, specify: _____