

Provider Data Collection Form Baseline

Final Version 1.0, 1/17/2020

Please answer the following questions to the bes coordinator when you are done.	et of your ability and return the completed form to the study
GENERAL INFORMATION	
Date form completed: _ / /	III
Month Day	Year
Please select the clinic(s) in which you provide ca apply)	are for patients with SCD (sickle cell disease). (Check all that
St. Jude Clinics: St. Jude Children's Research Hospital Methodist University Hospital Baptist Health Care Duke Clinics: Duke Adult Sickle Cell Clinic Duke Pediatric Sickle Cell Clinic	Wash-U Clinics: ☐ St. Louis Children's Hospital Pediatric ☐ Barnes Jewish Hospital Hematology ☐ Christian Hospital Northeast-Hematology
Chicago Clinics: UI Hospital & Health Sciences System Sickle Cell Center UI Hospital & Health Sciences System Pediatric Department OSF Healthcare/Children's Hospital of Illinois Sinai Health System Lawndale Christian Health Center UCSF Clinics:	AU Pediatric Hem/Onc AU Macon Outreach Clinic AU Sylvester Outreach Clinic AU Savannah Outreach Clinic MUSC Clinics: MUSC Adult Sickle Cell Clinic MUSC Pediatric Sickle Cell Clinic
UCSF Benioff Children's Hospital OakUC Davis	land
EXPERIENCES PROVIDING CARE TO PATIENT	S WITH SICKLE CELL DISEASE (SCD)
How many patients with SCD (all sickle genot you?	types) would you estimate <u>currently</u> receive regular care from
# of patients	
2. Do you have any specific training for SCD? (C	heck all that apply)
☐ Fellowship training	
☐ Residency training	
☐ Attended special course	
☐ Attended online training	
☐ Learned "on the job"	

☐ Other, specify _____

3.	Please estimate the percentage of your patier	nts with SC	D you are <u>(</u>	<u>currently</u> r	nanaging w	ith hydrox	kyurea.
	□ <25%						
	1 25-50%						
	51-75 %						
	76-100%						
	☐ I do not manage any patients with hyd	roxyurea tł	nerapy for	SCD			
	☐ I don't know						
4.	Are you aware that the National Heart, Lung, and Blood Institute (NHLBI) published guidelines on Primary Care Management for SCD?						
	☐ Yes						
	□ No						
5.	Have you read the NHLBI guidelines for care of SCD patients?						
	☐ Yes						
	□ No						
6.	Indicate the number of episodes of acute chest syndrome required to initiate treatment with hydroxyurea:						
	□ 0						
	1						
	□ 2						
□ 3							
1 4							
	□ 5+						
	☐ I don't know						
7.	,	the followi	ng stateme	ents regard	ding taking	care of pe	rsons with
	SCD.	Character all a			Character	Doub	Rather not
		Strongly disagree	Disagree	Agree	Strongly agree	Don't know	provide
	a. I have the knowledge to provide care for a person with SCD.						_
	b. I have the training to deliver care to a person with SCD.						
	c. I have the administrative support I need						

to treat patients with SCD.

treat individuals with SCD.

d. I have access to medications I need to

	1		3	4	5	importan 6
Textbooks						
Peers						
Scientific articles						
Online videos (e.g., YouTube)						
NHLBI guidelines						
Other society guidelines						
hat apply) Episodes of acute chest syndrome	requiring hos at home requent opio	spitalizatio id use				
☐ Leg ulcers ☐ Patient or family request ☐ Presence of hypoxemia						
	Scientific articles Online videos (e.g., YouTube) NHLBI guidelines Other society guidelines ROXYUREA SELF EFFICACY Which of the following CRITERIA do you use that apply) □ Episodes of acute chest syndrome □ At least three painful episodes/year □ At least three painful episodes/year □ Chronic pain requiring excessive or formula of the story □ Renal failure □ Priapism □ Low hemoglobin F levels □ Pulmonary hypertension □ Symptomatic severe anemia □ Elevated white cell count without expenditure of the story □ Leg ulcers	Scientific articles Online videos (e.g., YouTube) NHLBI guidelines Other society guidelines ROXYUREA SELF EFFICACY Which of the following CRITERIA do you use to place path hat apply) Episodes of acute chest syndrome At least three painful episodes/year requiring hose At least three painful episodes/year at home Chronic pain requiring excessive or frequent opion Stroke history Renal failure Priapism Low hemoglobin F levels Pulmonary hypertension Symptomatic severe anemia Elevated white cell count without evidence of info	Scientific articles	Scientific articles	Scientific articles	Scientific articles

10. What is your comfort level in managing hydroxyurea as a disea	se modifying therapy for SCD?
☐ Very uncomfortable	
☐ Somewhat uncomfortable	
☐ Neither comfortable or uncomfortable	
☐ Somewhat comfortable	
☐ Very comfortable	
□ I don't know	
11. How effective do you think hydroxyurea is for preventing painf	ful events in people with SCD?
☐ Very effective	
☐ Somewhat effective	
☐ Effective	
☐ Not effective	
☐ I don't know	
12. How many hours of CME have you completed related to hydro the <u>past 3 years</u> ?	xyurea prescribing for patients with SCD in
# of hours or 🗖 I don't know	
13. How often should hydroxyurea be taken by individuals with SC	D?
☐ Once daily	
☐ Twice daily	
☐ Three times daily	
☐ Every other day	
☐ Once a week	
□ I don't know	
14. What is the NHLBI recommended initial daily dosing of hydroxy	yurea for individuals with SCD?
□ 0.5 mg/kg/day	
☐ 1 mg/kg/day	
☐ 20 mg/kg/day	
☐ 50 mg/kg/day	
□ 100 mg/kg/day	
☐ I don't know	

☐ Hb 5 mg/dL, Absolute neutrophil count 4500/mm^3, Absolute reticulocyte count 20 x10^6/mm^3, and platelets 250 x10^3/mm^3
☐ Hb 7 mg/dL, Absolute neutrophil count 4500/mm^3, Absolute reticulocyte count 200 x10^6/mm^3 and platelets 250 x10^3/mm^3
☐ Hb 9 mg/dL, Absolute neutrophil count 4000/mm^3, Absolute reticulocyte count 130 x10^6/mm^3 and platelets 250 x10^3/mm^3
☐ Hb 9 mg/dL, Absolute neutrophil count 4500/mm^3, Absolute reticulocyte count 120 x10^6/mm^3 and platelets 250 x10^3/mm^3
☐ Hb 9 mg/dL, Absolute neutrophil count 4500/mm^3, Absolute reticulocyte count 120 x10^6/mm^3 and platelets 150 x10^3/mm^3
□ I don't know
16. In which scenario below should hydroxyurea be held due to drug toxicity?
☐ Platelets 70 x10^3/mm^3
☐ Platelets 150 x10^3/mm^3
☐ Platelets 250 x10^3/mm^3
☐ Platelets 350 x10^3/mm^3
☐ Platelets 450 x10^3/mm^3
□ I don't know
17. In which scenario below should hydroxyurea be held due to toxicity?
☐ Absolute neutrophil count 800/mm^3
☐ Absolute neutrophil count 3000/mm^3
☐ Absolute neutrophil count 3500/mm^3
☐ Absolute neutrophil count 4000/mm^3
☐ Absolute neutrophil count 4500/mm^3
□ I don't know
DEMOGRAPHICS
Please tell us about yourself.
1. What is your age?
2. Do you consider yourself Hispanic or Latino?
☐ Yes
□ No

15. In which scenario below should hydroxyurea be held due to drug toxicity?

3.	What race do you consider yourself to be? You can pick more than one.
	☐ American Indian or Alaska Native
	☐ Asian
	☐ Black or African American
	☐ Native Hawaiian or Pacific Islander
	☐ White
4.	What is your current gender identity? (Check all that apply)
	☐ Male
	☐ Female
	☐ Female-to-male (FTM)/transgender male/trans man
	☐ Male-to-female (MTF)/transgender female/trans woman
	☐ Genderqueer, neither exclusively male nor female
	☐ Additional gender category/(or other), please specify:
	☐ Prefer not to respond
5.	What sex were you assigned at birth on your original birth certificate? (Check one)
	☐ Male
	☐ Female
	☐ Prefer not to respond
6.	Please mark the role/profession you play related to the treatment of sickle cell patients:
	☐ Physician (MD, DO, etc.)
	☐ Physician's Assistant
	☐ Nurse Practitioner
	☐ Licensed Practical Nurse
	☐ Other professional training, specify
7.	How many years have you been in clinical practice? (years)
8.	Which of the following descriptions best characterizes your comfort and expertise in caring for patients with SCD?
	☐ I am a primary care provider or hematologist/oncologist; I do not seek SCD patients in my practice; I do not prescribe hydroxyurea for SCD patients; I do not feel comfortable with SCD management.
	☐ I am a PCP or hematologist/oncologist willing to care for SCD patients; I am willing to learn to prescribe hydroxyurea; I am unfamiliar or unaware of evidence-based prescribing for SCD; I frequently refer to our consult SCD experts.

	☐ I am a PCP or hematologist/oncologist; I accept and try to attract SCD patients in my practice; I fe comfortable prescribing hydroxyurea; I am aware of evidence-based prescribing for SCD; I care for or fewer SCD patients.	
	☐ I am a PCP or hematologist/oncologist; I accept and try to attract SCD patients; I prescribe and cal for greater than 25 SCD patients; I am often sought for SCD management decisions by other providers; I am usually at an academic medical center.	re
9.	Vhat is your specialty area of practice? (Check all that apply)	
	☐ Internal Medicine	
	☐ Pediatrics	
	☐ Family Medicine	
	☐ Med-Peds	
	□ OB/GYN	
	☐ Hematology/Including SCD	
	☐ Hematology/Not including SCD	
	☐ Emergency Medicine	
	☐ Other specialty area (specify):	
10.	What is the age range of the patients you care for? (Check all that apply)	
	☐ Birth to 18 years	
	☐ 19 to 24 years	
	☐ 25 years and older	
	This is the END of the survey. Please return it to the study coordinator.	

Thank you for your participation.