

By Specializing in Sickle Cell Treatment, Amerigroup Case Managers Help Ease the Pain

For two years, in 2006 and 2007, Latawsha Phillips virtually lived in the hospital – not just one hospital, lots of them.

Latawsha, 22, has sickle cell disease, an inherited, incurable blood disorder that is extremely painful and that has dominated her life since birth. Latawsha remembers having her first stroke at age 7. By age 13, both her spleen and gall bladder had been removed. Blood transfusions came every few weeks. And bouts of immense pain made it impossible to focus on school work and almost anything else.

By age 19, overwhelmed by her disease and unable to get the complex medical care she needed to function independently, she became a familiar face at hospital emergency rooms around her hometown of Baltimore. Over the next two years, she would be admitted regularly and repeatedly to 13 different hospitals, sometimes going directly from one to the next. She spent 80 percent of her time as a patient and never went more than two days between visits.

Then, early in 2008, Latawsha met Gayle Street, Bobbie Stokes and Amerigroup. Her life would soon change dramatically.

Bobbie, a registered nurse, and Gayle, a social worker, are case managers whose only jobs are assisting people who have sickle cell disease. They work for Amerigroup, a health insurance company that serves people who are financially vulnerable and enrolled in publicly funded health care programs such as Medicaid. Gayle and Bobbie would make a decisive difference in Latawsha's health care the very first time they met her. But the Amerigroup program that brought the three of them together was many months, even years, in the making.

More than 70,000 people in the United States are impacted by sickle cell disease, most of whom are African-American. If both a mother and father have the sickle cell genetic trait, there is a 25 percent chance they will pass the disease along to a child. Those with the condition have blood cells that are misshapen – curved like sickles – and that do not flow easily through veins and arteries. Over time,



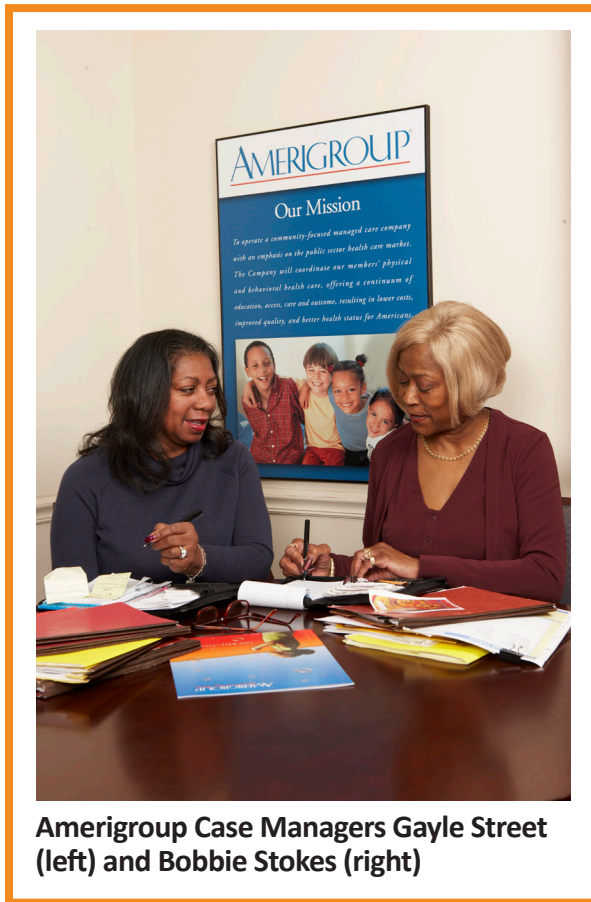
Amerigroup Case Managers Bobbie Stokes (left) and Gayle Street (right), standing with Latawsha Phillips (center), Amerigroup member

sickle cell disease can severely damage major organs, increase the likelihood of bacterial infection and cause searing pain in the chest and joints.

The disease's effects can be controlled, but effective treatment involves a variety of medical specialists – including hematologists, ophthalmologists and cardiologists – and a menu of powerful painkillers, many of which are addictive. The number of physicians who specialize in sickle cell disease is small. For too many people, the task of managing sickle cell disease is simply too much to handle.

In Maryland, where Amerigroup insures about 141,000 people enrolled in Medicaid and other public programs, Latawsha was one of several dozen Amerigroup members struggling to cope with sickle cell. The Company's medical team – led by Dr. Andrew Bergman, Amerigroup Maryland's medical director,

and Sandra Orsulak, a nurse and assistant vice president of health care – decided they could do something to help.



Amerigroup Case Managers Gayle Street (left) and Bobbie Stokes (right)

Dr. Bergman and Sandra had met Dr. Sophie Lanzkron, a sickle cell specialist who wanted to establish a clinic devoted solely to the disease. The clinic would bring together in a single outpatient facility many of the things needed to treat sickle cell. People with the illness could meet most of their daily needs in one place, working with a medical staff who clearly understood their condition. Dr. Lanzkron, Dr. Bergman and Sandra hoped the clinic would cut down revolving-door hospital admissions and trips to emergency rooms, leading to a happy but rare result: better health care, delivered at lower cost.

Amerigroup provided Dr. Lanzkron and Johns Hopkins with the financial commitment and support needed to start the clinic and agreed to refer the Company's Baltimore-area members with sickle cell there for treatment. Amerigroup also made sickle cell disease a full-time job for Bobbie and Gayle, the nurse and social worker who would go into the

community and assist those struggling with sickle cell one person at a time. The approach they took with Latawsha Phillips was supportive but very direct.

"One day Miss Bobbie and Miss Gayle, they popped up at the hospital I was at," Latawsha said. "They told me they didn't want me going from hospital to hospital to hospital. I told them I was OK. They told me they wanted me to go to a new clinic.

"I was surprised. I was like, 'What's going on? Who are these people? They're from my insurance company?' I didn't want to go. But I told them I would try it for a week."

"She was very guarded at first," Gayle recalled. "Her first response was, 'What do you want with me?' But she learned we meant business."

Latawsha did go to the clinic, and Bobbie and Gayle followed her there. For weeks, they spoke with her in

person or by phone every day. Bobbie concentrated on medical care for Latawsha's illness; Gayle helped Latawsha find a place to live, fixed a problem with Social Security payments and talked about whatever Latawsha had on her mind. "During the first few months, she tested us," Bobbie recalls. Latawsha would occasionally seek admission to another hospital; Bobbie would follow up with a visit or a letter making clear that Latawsha should be referred to the clinic at Johns Hopkins.

But from the beginning, Latawsha's treatment at the clinic and her relationship with Bobbie and Gayle had a profound impact. "When I was going to emergency rooms, sometimes I would have to wait eight hours," Latawsha said. "Sometimes they wouldn't even do blood work (to confirm sickle cell) because they thought I was just there for drugs. At the clinic, they know what we need. One of the staff there has sickle cell and knows what we're going through."

As Latawsha began making regular visits to the clinic, the amount of time she was spending in emergency rooms and hospitals plunged from 80 days out of 100 to 20. She also developed a personal bond with Bobbie and Gayle.

"We're close – very close," Latawsha said. "I can talk to them about anything. Miss Bobbie, she's outspoken and blunt; she doesn't hold anything back. Miss Gayle, she's soft-spoken. We talk about my boyfriend, my family, my health – everything. I know I can count on them if I'm ever in trouble."

A year into their relationship, Bobbie and Gayle still counsel Latawsha several times a week and plan to continue doing so. While Latawsha's overall health has improved significantly, she still must deal with episodes of pain, the long-term effects of her illness and the complicated daily routine of life with sickle cell. "It's hard," Latawsha said. "I have lots of stress. Sometimes I ask myself, 'Why me? Why am I the one who got this?'"

"But Miss Bobbie and Miss Gayle, they are in my corner. Sometimes I don't like what they're telling me, but I know they are there. And I know they will stay there as long it takes to see this through."

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Latawsha Phillips
Amerigroup member, speaking
about Case Managers
Bobbie Stokes and Gayle Street