

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Enhancing Independence for Individuals with Disabilities

Session: Self-direction

Name: Robin Hazeslip

Date: 11/30/2023



Patient Information

Gender: Male Female

Age: 14

Race:

- American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Multi-racial Other
 Black/African American White/Caucasian Prefer not to say

Ethnicity:

- Hispanic/Latino Not Hispanic/Latino Prefer not to say

Strengths and Preferences (goals, motivators, preferences, Important to the individual)

Per Members Mom:

STRENGTH: "her attitude, she meets everything head on and doesn't quit."

GOALS: get chronic conditions under control and miss less days of school. She has missed up to 50 days of school, due to illness and appointments in one year, in the past

Motivators: when I asked mom, she said: She has a strong desire to help others! Motivation is a will to improve others' lives. That's why she participates in research studies and all the trials that come along.

*She did not list these at this time, but I do know member has been 'tested' over the years, for more diagnosis than she actually has. Mostly in attempt to discover prob/issue/root cause.

Important to Ind: She loves to draw, her art is her outlet.

Relevant Social and Trauma History (Current living situation, employment status, pertinent legal history, level of education, relationship status, children, support system, etc.)

Back story:

Member's mom has been in case management with this cm and the stress of her daughters' chronic conditions had come up. When member was about 11, she was diagnosed with an ovarian cyst the size of a volleyball and it was scheduled to be surgically removed. This condition was previously diagnosed to be "obesity" and the pain as "need for attention". At that time, member who was also with SHP, was enrolled into CCM and followed separately from her mom by this cm.

Now cm is a source of encouragement and discussion that is crucial to mom, she has expressed gratitude multiple times. To have conversation with someone who knows what the test or diagnosis are, is important for mom, ie: 'peer to peer' type conversation. As well as being a record keeper of 'how far they have come'.

Current:

Member is a 14 yr old female, she was preemie at birth and has dealt with developing/discovering more health conditions as she got older. When cm first started talking with mom, her primary goal for her daughter, was that

Project ECHO: Sunflower Health Plan Case Presentation

member would be 'healthy enough to start kindergarten'. Now member is followed closely through Hospital clinics, seeing multiple specialists monthly, and is in Middle School.

Member lives with her mom. There are no current barriers to member's mom scheduling and keeping appointments, though they have occasionally had issue this past year with the non-emergency medical transportation provider, the new app seems to have resolved these issues for mom.

Member misses school often due to tests/screenings/provider appointments, as well as the occasional exacerbation is conditions. Mom attempts to lump together the appointments in a 3-5 day window and they stay at a location close to the hospital. They live/travel about four hrs, one way, to the Hospital.

Mom has been involved in special meetings at members school to verify and discuss members health and its interference with school. She has IEP meetings and support plan in place to accommodate member and her special needs. One of the main things they do in the meetings, is evaluate member through transitions, ie: such as when member moved from elementary school to middle school and now that she is entering HS, a new evaluation needs completed to find out how member is doing and where she is mentally and socially. One example of special need in members support plan, is getting extra time between classes. She gets to leave one a couple mins early and this gives her calmer/more time get to other. This plan, reduced a lot of anxiety that was caused by bell ringing, shoving through hall, to get to another class before another bell rang. Not to mention if member needed to stop by her locker too. Things like this, that are sometimes thought of as good feelings/good things to other kids, ie: class is over or school is out, caused a lot of undue anxiety to member. This anxiety often presented as nausea/vomiting and resulted in a trip to nurse's office or her missing school, not wanting to go to school just at the anticipation of the experience. The thought would cause panic for member.

Member has medications that is distributed and monitored by the school nurse.

Member is learning to identify her signs/symptoms when issues arise such as letting her mom know when she is getting another UTI or ear infection, to which her mom can help make an appointment or take her to urgent care, and less need for trip to ER suddenly. Member is learning to identify when her PRN medications are needed while at school, ie: migraine medication.

She wears wrist weights to assist with tremors and has special tools to help hold drawing pencils/etc to write/draw/eat with.

Member recently started acupuncture for auditory issues, as well as Auditory Therapy to teach member to re-process information. Her primary issue is regarding numbers, she says them back, but in incorrect order. She is to be tested for Dyslexia.

She also is now starting to receive acupuncture for migraine and pain relief as well. She verbalized to her mom, following acupuncture treatment for pain, it was the 'most normal she has ever felt'. Mom and member are very excited to have found a treatment plan that is non-medication related and non-invasive.

Project ECHO: Sunflower Health Plan Case Presentation

Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>DX: obesity, DM, Lipedema: Endo and Dietitians/wt mgmt anemia, clotting disorder: Hematology asthma, sleep apnea, sleep disturbance: this sometimes presents itself “like narcolepsy”, member can fall asleep giving a presentation at school: Pulm, sleep clinic migraines, tremors: Neuro skin cancer: Oncology ovarian cysts, currently has a fist size ovary being monitored: GYN HTN: Cardiology hepatitis, enlarged spleen: Hepatology hearing issues: ENT kidney: stones, one kidney is abnormally larger than other (a bit larger is often common, but right kidney is abnormally larger): Nephrology gastritis: GI psoriasis and fungal skin issues that present on multiple parts of body, mostly on scalp and genital area. Labia are so severely compromised, by what was previously diagnosed as psoriasis by GYN, and Dermatology just saw and is wanting to do a biopsy: Dermatology chronic pain: Rheumatology Dev Delays: Present as walking slowly and speaking slowly. anxiety, depression, ADHD, PTSD: therapist and Psych, they are really working on members issues with sleep to help her get more of it, ie: exercises to help members anxiety when she awakens at night. As well as helping member understand that if she goes to sleep, she will not die. She has this anxiety/fear.</p>	<p>ALBUTEROL AER HFA IN AMMONIUM LAC LOT 12% EX BENADRYL CAP 25MG OR CETAPHIL DAY LOT ADVANCE EX COMPAZINE TAB 10MG OR ESOMEPRAMAG CAP 40MG DR OR FLONASE ALGY SPR 50MCG NA FLOVENT HFA AER 220MCG IN GABAPENTIN CAP 100MG OR HYDROCHLOROTAB 25MG OR IBUPROFEN TAB 200MG OR IRON TAB 325MG OR KETOCONAZOLE CRE 2% EX LYSTEDA TAB 650MG OR MAXALT TAB 5MG OR MELATONIN TAB 10MG OR METFORMIN TAB 1000MG OR MONTELUKAST TAB 10MG OR OMEPRAZOLE CAP 40MG OR POLYETH GLYC POW 3350 NF OR SPIRONOLACT TAB 50MG OR TOPAMAX TAB 25MG OR TOPAMAX TAB 50MG OR vit c Wegovey T-Tree oil Frankincense oil</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>Bs @ 130-140 A1C: 4.9 HT 5’1”, 188lbs</p>	<p>Click here to insert summary</p>
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
<p>na</p>	

Project ECHO: Sunflower Health Plan Case Presentation

Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)

Anxiety, ADHD, Depression and PTSD: DX 2019

This came about when member was about 9 yrs old, when a family member threatened to shoot her and her dad. He held a gun to her head, after he told her he would cut her throat and watch her bleed to death while he laughed.

No self-harming or suicidal ideations.

Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)

obesity, DM, Lipedema: Endo and Dietitians/wt mgnt
anemia, clotting disorder: Hematology
asthma, sleep apnea: Pulm, sleep clinic
migraines, tremors: Neuro
skin cancer: Oncology
ovarian cysts: GYN
htn: Cardiology
hepatitis, enlarged spleen: Hepatology
hearing issues: ENT
kidney stones: Nephrology
gastritis: GI
psoriasis and fungal skin issues: Dermatology
chronic pain: Rheumatology
Dev Delays: IEP, support plan, therapists
anxiety, depression, ADHD, PTSD: therapist and Psych

Barriers to Treatment

Navigating multiple chronic conditions
Transitioning medical care to self-management
Learning to advocate for her own needs/preferences