

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Health Equity
Session: Health Disparities in the LGBTQIA+ Population
Name: Susan Hocker
Date: 8/10/2023



Patient Information

Gender: Male Transgender Female

Age: 71

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)

Above average intelligence, self-trained and on the job trained IT skills.
Understands medical conditions, able to take medications as prescribed.
Able to advocate for self and reach out when there are needs. Appreciates case management.
Interested in current affairs, government affairs, staying in touch with issues that impact LGBTQ members of the community.
Volunteers to be on advocacy groups that look at medical health issues, community services and personal care.
Proud of accomplishments thus far in life and the moving forward with decision to transition to female.
A strong spiritual belief.

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

No history of significant trauma history from childhood or young adulthood.
Lifelong involvement with a religious organization, that is not affirming of her being trans, but has not been cast out, continues to participate in religious functions, activities and practices with the church.
Divorced after 33 years of marriage, 3 children from the marriage. Has contact with only 2 of the children.
Transition process entered into 8 years ago.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>Mixed hyperlipidemia Primary hypertension Uncontrolled type 2 diabetes, diabetic polyneuropathy without long term use of insulin. Morbid obesity Stage 3a Chronic Kidney disease Status post below knee amputation, left lower extremity. Anemia in other chronic disease, classified elsewhere History of basil cell carcinoma Lymphedema of lower right extremity. Gender dysphoria</p>	<p>Accu-check AVIVA PLUS test strips Accu-check FLASTCLIX LANCETS MISC Alcohol swabs Aspirin 81mg Blood Glucose Calibration (use with glucose monitor) Blood glucose monitoring supplies Estradiol Famotidine Ferrous Sulfate Furosemide Glipizide Insulin Pen Needle Lovastatin Multivitamin Semaglutide Spironolactone Vit B-12 Vitamin C</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>No information for this section.</p>	<p>No information for this section.</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>No history of drug or tobacco use or abuse.</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Utilized psychiatric services when decision was made to transition to female, enabled her to start gender affirming services</p> <p>Stated once able to be prescribed hormones, the dysphoria that was experienced, become manageable, stating if she had not received this, there was a risk of suicide, this currently is not an issue due to the ability to receive hormones and is followed by an endocrinologist</p>	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	

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HCBS/FE services started when amputation occurred in about 2 years ago, recognized ADL's and IADL's had become difficult after amputation, member has a goal of becoming independent. Has also engaged with LTCC for case management of other issues that arise in daily needs/issues.

Adherent with medical care and diabetic supervision provided by doctor, has motivation to not lose other leg. Has willingly engaged in physical therapy related to amputation and prosthesis that has been fitted to left leg.

Barriers to Treatment

Lives on a limited income, unable to drive or afford a vehicle. Reliance on friends and caregivers for support with daily living (continues to be a barrier despite his willingness to allow the help). Housing is not accessible due to steps and reluctance to move to accessible housing due to familiarity with his current living setting. Desires to be fully recognized as a female, has been unable to change from name given at birth and not aware of how this can happen.