

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Closing the Gap - Care Coordination with Community Providers

Session: Community Programs

Name: Deborah Rear

Date: 7/31/2025



Patient Information

Gender: ☐ Male ☒ Female

Age: 62

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)

Individual's current goal is to maintain a consistent PCS worker. She wants to remain independent. She wants her mobility to return and not be in pain.

Strong self-advocate, knows what she wants

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

Individual currently lives alone and is not employed. Individual does not have any legal history that we are aware of. She does have a daughter who is active in her life and a brother whom she is fond of but does not speak with very often. She has completed some college education, course of study was respiratory therapy. Has worked as a Certified Medication Assistant and in the hotel services industry. Individual reports being very independent prior to having a stroke in 2013.

In the fall of 2021, she was beaten with a cane and hospitalized with a broken left wrist and had bruises of her back. Resulting in continued wrist and knee pain.

A Court appointed guardian was assigned in January of 2023 during a hospitalization, the guardian successfully petitioned the court to remove Individual from guardianship in December of 2023. Citing: The ward/conservatee has expressed an understanding of her needs and ability to arrange her own transportation. The ward/conservatee has refused to work with in-home providers to support her health care needs. Evidence was heard by the Guardian indicating that should the need for a Guardian/Conservator arise in the future, an in-home placement with an appointed Guardian/Conservator is not a realistic option due to the requirement of Individual to participate in her care and allow in-home providers to help support her. There no longer exists an imminent need to safeguard the personal belongings and estate.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
1. Osteoarthritis - M19.90 (Primary) 2. Hypertension - 110 3. Gait instability - R26.81, from prior stroke 4. CVA (cerebral vascular accident) - 163.9, old 5. BMI 23.0-23.9, adult - 268.23 6. Left wrist pain - M25.532 7. Right knee pain, unspecified chronicity - M25.561 8. Hair loss - L65.9 9. Epilepsy, unspecified, not intractable, without status epilepticus - G40.909 10. Other sequelae of cerebral infarction - 169.398 Anxiety disorder Depression Glaucoma	<div data-bbox="802 163 1292 632"> <div>HYDROCO/APAP SOL 7.5-325 OR</div> <div>FOLIC ACID TAB 1MG OR</div> <div>AMLODIPINE TAB 5MG OR</div> <div>CARVEDILOL TAB 6.25MG OR</div> <div>CLONIDINE TAB 0.1MG OR</div> <div>LISINOPRIL TAB 40MG OR</div> <div>ATORVASTATIN TAB 40MG OR</div> </div>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
Click here to insert summary	Click here to insert summary
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>Per data Individual does has a substance abuse for opioids (4 prescribers, 4 different pharmacies) She also reports having 2 to 3 alcoholic beverages per week. Individual will call CM and words will be slurred and this is usually when the accusations/name calling starts.</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Individual has a hx of anxiety and depression. Any other information regarding this diagnosis is unknown.</p>	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	
<p>She currently accesses 33 hours per week of personal care services and home delivered meals. She has a primary care provider</p>	
Barriers to Treatment	
<p>Individual refused to complete an intake at community based mental health to assist with her mental health. She has participated in the past as recently as 2024. She has unrealistic expectations of those attempting to assist her. She is capable but demands others to help her complete forms, assist with bill collectors, make phone calls, becomes angry when redirected to the appropriate person for the type of assistance needed. Individual has “fired” every CM and PCS worker that has been assigned to her. She makes accusatory statements of her money being stolen, clothes stolen. She makes racial statements towards white CM or will call CM’s name (called one CM stupid, one is known as the “white/black girl”).</p>	