Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information
Series: Care Coordination
Session: HCBS and Care Coordination
Name: Michelle L. Davis
Date: 11/4/2021

Patient Information
Gender: ☒ Male ☐ Female
Age: 40
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

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

This person is currently living in the community in an apartment, presently unemployed. He has worked in a video store and fast food. The individual has no legal history, high school diploma, single, and little to no support system-family his father is intermittently involved.

The individual is 40 years old. Member's mental health tends to interfere with individual holding a job. The individual has been in and out of an inpatient mental health hospital to assist with coping skills with independent living. Moved from a level II mental health institution in July 2021, he moved to his apartment with 30 hours of personal care services. Now is stating he feels this is more than enough, even too much at times. He has dismissed staff twice in the last few months and is now trying to locate a new employee to help him with IADL. The individual states that sometimes staff make him feel like he is walking on eggshells if they are in the apartment too long. Case management suggested that we reduce the Service plan so that staff is only in the apartment for three hours at a time.

The individual wants staff to help with ADL/IADL to maintain his home, mental health, and nutritional support. He has had a history of hoarding and his home becoming non-livable without support staff helping him.

Some of what makes this difficult:
-He will call a case manager and ask for help to release the staff from their duties. The Case Manager has explained under self-directed care, and this is a task he should complete; however, he will not take the staff's calls, avoid, and expect others to deal with confrontational situations.
-Lives in a county that has a lacking of staff support and does not want to move as this area
-Would not accept assisted living
-Staffing providers are only Self-Directed options for the area that this person lives (no Agency Providers able to find staff supports)
-Finds staff hard to get along with if they come in and clean or try to help him maintain his home
-Finds it hard to cope with day-to-day confrontations (phone calls that might interrupt something he is doing, lack of problem-solving,
Examples of things that are not working
The person will not make calls to set an appt., rides procrastinate to the last moment, and expects others to get him to appt.
Calling to report a negative situation,
releasing (fire staff from the job under self-direction)
Not always following his diet related to the diabetic health
He refuses to stick himself to take blood glucose measures – his mental health case manager takes his blood sugar every morning, five days a week
Areas the member wants help with

Finding social groups to meet others in his town
Help to find staff supports
Wants help keeping the home clean; he has had a history of losing a live setting due to hoarding and cleanliness.
What has been working for the individual currently
Help through mental health case management for medical care, pharmacy, troubleshooting day to day issues
Talk therapy with a counselor with a local Psychologist

Medical History (Diagnosis, conditions, etc.)	**Medication Summary** (Name, dose, frequency, route)
History of alcohol abuse Bipolar I recent mix sever psyciatric episodes Anxiety State, unspecified Dengeneration of hips Substance abuse	See attached med list

Past Medical History

Abnormal blood sugar.
Allergic rhinitis.
Ankylosing spondylitis.
Anxiety.
Sleep apnea.
Bipolar disorder.
Chronic bronchitis.
Current Smoker.
Degenerative joint disease.
Essential hypertension.
GERD.
Generalized pruitus.
Hay fever.
Hyperammonemia.
Insomnia.
Kidney Disease.
Kidney stones.
Hyperlipidemia.
Overweight.
Sleep related hypoventilation.
Acne.
Anxiety.
Depression.
Substance abuse.
Head trauma.
Ilioinguinal nerve entrapment.
Osteoarthritis.
Tylenol overdose - Hospitalized
10/28/2012
Diabetes Melitus

Current Medications

Taking

- Acetaminophen
- Atorvastatin Calcium 10 MG Tablet 1 tablet Orally Once a day, Notes: Dent,Jo 7/13/2021 2:40:09 PM > bubble pak
- Cetirizine HCl 10 MG Tablet 1 tablet Orally daily, Notes: Dent,Jo 7/13/2021 2:39:42 PM > bubble pak
- DULoxetine HCl 60 MG Capsule Delayed Release Particles 1 capsule Orally Once a day, Notes: Total of 90mg
- DULoxetine HCl 30 MG Capsule Delayed Release Particles 1 capsule Orally Once a day, Notes: Total of 90mg
- FreeStyle Libre 14 Day Reader - Device as directed in vitro to check blood glucose QID, E11.9 and R73.9
- FreeStyle Libre Sensor System - Miscellaneous as directed in vitro to check blood glucose QID, E11.9 and R73.9
- Jardiance 25 MG Tablet 1 tablet Orally Once a day, Notes: Dent,Jo 7/13/2021 2:39:19 PM > bubble pak

	• lamoTRIgine ER 25 MG Tablet Extended Release 24 Hour 2 tabs AM, 4 tabs PM by mouth BID • Metoprolol Succinate 100 MG Capsule ER 24 Hour Sprinkle 1 capsule Orally q pm, Notes: Dent,Jo 7/13/2021 2:39:03 PM > bubble pak • Metoprolol Succinate ER 50 MG Tablet Extended Release 24 Hour 1 tablet Orally q am, Notes: Dent,Jo 7/13/2021 2:38:46 PM >bubble pak • OLANZapine 10 MG Tablet 1 tablet Orally in the morning • OLANZapine 15 MG Tablet 1 tablet Orally Once a day at bedtime • Omeprazole 20 MG Capsule Delayed Release 1 capsule 30 minutes before morning meal Orally Once a day, Notes: Dent,Jo 7/13/2021 2:39:55 PM > bubble pak • Ozempic (0.25 or 0.5 MG/DOSE) 2 MG/1.5ML Solution Pen-injector 1 mg Subcutaneous weekly on Tuesdays • Polyvinyl Alcohol 1.4 % Solution 1 gtt to each eye Ophthalmic at bedtime • Refresh 1.4-0.6 % Solution 1 drop into affected eye as needed Ophthalmic BID • traMADol HCl 50 MG Tablet 1 tablet Orally 3 Times a day, Notes: ROUTINE SCRIPT • Tylenol 325 MG Tablet 2 tablets Orally every 6 hrs • ZyPREXA 5 MG Tablet 1 tablet Orally Once a day, Notes: prn Discontinued • busPIRone HCl 5 MG Tablet 1 tablet Orally tid • traMADol HCl 50 MG Tablet 1 tablet Orally 3 Times a day Medication List reviewed and reconciled with the patient

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Lab Summary (Test, result, date, etc.)

Sodium	138		137 - 145 - mmol/L
Potassium	3.5		3.5 - 5.0 - mmol/L
Chloride	**92**	**L**	**98 - 107 - mmol/L**
Carbon Dioxide	**34.0**	**H**	**22 - 30 - mmol/L**
BUN	11		10 - 21 - mg/dL
Creatinine	0.68		0.66 - 1.25 - mg/dL
Bun Creatinine Ratio	16.2		8 - 36 -
Glucose	**253**	**H**	**70 - 99 - mg/dL**
Total Bilirubin	0.5		0.2 - 1.3 - mg/dL
ALT	**86**	**H**	**21 - 72 - U/L**
AST	54		17 - 59 - U/L
Alkaline Phosphatase	**150**	**H**	**38 - 126 - U/L**
Calcium	9.7		8.4 - 10.6 - mg/dL
Albumin	4.6		3.5 - 5.0 - g/dL
Total Protein	8.0		6.3 - 8.2 - g/dL
Estimated GFR African American	>60		60 - 999 - ml/min/1.73
Estimated GFR Non African American	>60		60 - 999 - ml/min/1.73

LAB: Hemoglobin A1c - In House (Ordered for 10/06/2021)
Abnormal

	Value		Reference Range
Hemoglobin A1c	**8.1**	**H**	**0.0 - 5.9 - %**

Toxicology Summary (Test, result, date, etc.)

none

Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)

Onset at teenage years. Sobriety year and a half. Achieved sobriety through admission to State Hospital and later Level II mental health nursing facility. Admits drinking beer, most any alcoholic substance

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

Tylenol overdose - hospitlized 10-28-12, age 31
Bipolar, depression, Anxiety
Individual discharged home after OD in 2012, later two times (unsure of dates) readmitted inpatient for medication evaluation between 2012 and 2020, evaluated at one point at Larned State Hospital; this is not information he wishes to disclose.
He was admitted to a level II mental health nursing facility for nearly a year before transitioning to the community to his apartment with behavior health case management and PD Waiver Services.

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

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The individual has admitted in-patient several times in the last several years. In the last two years the person admitted to a State Hospital involuntary due to charges related to assault, after an incident of bipolar and was treated. The individual later released to a level II nursing facility in 2020 to July 2021. He no longer has any legal follow up. He is now living in his own apartment in community. He attends weekly talk therapy service with his mental health counselor and monthly appointments with his psychologist. He visits daily with a mental health case manager who help him with medication management, blood sugar glucose checks in the AM, and independent living / problem solving skills.

Barriers to Treatment

-Releasing staff of their duties when he truly needs the help, due to him feeling uncomfortable (thinking that the staff come in and stay six hrs. doing the work in the home, he becomes edgy “feeling like he is walking on eggshells”).
-The individual's barriers to treatment have limited the individual coping skills with his mental health.
-The person will avoid calls taking them or making them when there is a stressful situation.
-Lacking independent living skills- will not always keep a clean home.
-Lacking or not understanding that there is a time frame to getting services such as transports to and from a doctor, and then becoming frustrated when he needs a ride, and there is no plan in place (Planning in general).

-Avoiding and not working with CM or others to resolve a stressful issue, not taking a call or making a call to resolve situations.
-Not giving staff a chance and firing them when they work hours assigned, he says they do a good job cleaning and cooking.
-Not accepting he needs the help, and there are little to no employees to be hired in today's current job situation.
-His history of eviction due to not keeping a clean home
-His decision to not move to another area where there would be staff support to help him other than the small town he is living in.