

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Chronic Conditions through the Health Equity Lens

Session: Obesity

Name: Natalie Gorman LMSW

Date: 12/15/2022



Patient Information

Gender: Male Female

Age: 45

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.)

Member currently resides with his brother in rural setting. Member was removed from school at the age of 8 years old. He did not complete any further education. He is currently employed on average 30-35 hours a week. There is no legal history known to this worker and none has been reported. He is not involved with anyone romantically and does not have any children. His (informal) support system includes his brother, father and extended family in the area. He has two paid support staff who work for him a few hours a week. Member historically has been below poverty level. Member reports trauma of losing his mother as significant. For it was after this loss, his father removed him and his brother from school to work full time with him on oil rigs. He suffered injuries on the job which has led to physical disabilities later in life. Current trauma includes in February 2022 an accident occurred where he landed on his right foot after being dropped off of gurney. The report is he had fallen in his home and was unable to get back up into his chair. His brother and father were also unable to get him to his chair. A call was made to 911 and while EMS worked at getting him on the gurney and into the chair, something happened. He landed his full weight onto his right leg. This resulted in a nearly severing his foot, at the ankle joint off of his body and he has undergone surgery to correct it. It is unlikely he will be able to walk again. This has limited even more his mobility and has increased his dependence on others for his needs.

Medical History (Diagnosis, conditions, etc.)

Medication Summary (Name, dose, frequency, route)

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<p>History of UTI Obstructive and Reflux Uropathy Anemia Sleep Apnea Type 2 Diabetes (non insulin) Morbid Severe Obesity Hyperlipidemia Hypertension Asthma Chronic Kidney Disease, Stage 4 Constipation Dislocation of right ankle joint History of skin wounds</p> <p>Member's last reported weight was at 500 lbs. He is 6 ft tall. Since the accident he has had more skin wounds which have needed more monitoring and had home health with nursing to address. Current reports are a wound on his foot. He reports wounds on his posterior legs and buttocks have resolved.</p> <p>Last month he was fitted for a brace for his injured ankle and is to help with stability of the joint when attempting to place weight on this leg. Member has not reported if this has been a help or not at the time of this documentation.</p>	<p>Tamsulosin Cap 0.4 mg daily Nystatin Powder, PRN Folic Acid 1mg daily Colace 100mg daily Ammonium Lac Cream 12%, PRN Lactobacillus Tab, daily Furosemide 40 mg, BID Aspirin 81mg, daily Montelukast 10 mg, daily Oxycodone 20mg ER, daily Atorvastatin 20mg, daily Potassium CL ER 10 MEQ, daily CPAP machine and/or Oxygen</p>
<p>Lab Summary (Test, result, date, etc.)</p>	<p>Toxicology Summary (Test, result, date, etc.)</p>
<p>Do not have any labs currently. Previous reports of fasting blood sugar readings have been between 80-130. Blood pressure has been 130/70's. Medical records have been request from his PCP.</p>	<p>Do not have a toxicology report</p>
<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>	
<p>There is no report of any substance use both current or history of for this member. Member reports social drinking but not to excess.</p>	
<p>Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)</p>	

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Member does not have a history of self harm or suicide ideations or attempts. Member does not engage in mental health services. Member does not report any current mental health concerns. It should be noted member does have IDD diagnosis but does not receive any treatment for this. Member is unable to read or write as is his brother. This presents as a challenge when understanding the importance of providing direct care i.e., wound care, safe transfers, following dr orders, managing money, following nutrition guidelines, and completing at home physical therapy .

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

Treatment for this member has included a rehab stay to help gain strength after his accident and ongoing outpatient physical therapy. He removed himself from in patient rehab against medical advice. He returned home in June 2022. He was perscribed home health for both wound care (nursing) and physical therapy. This service stopped after member either cancelled the appointments or not being there when they showed up. He is currently recommended to attend physical therapy at a facility; however, these appointments have been inconsistent. The last known therapy appointment was in August 2022. He has not reported any treatment relative to mental health or psychiatric needs. He has worked with his PCP and was perscribed weight loss medication. Prior to the accident, he had started working with a weight loss dr, he has not returned for treatment after returning home. He is not currently taking any weight loss medication at this time. Member was referred for Sunflowers Nurtur program for weight loss and diabetic education. After several attempts at contact were made, and due to lack of engagement, this service ended.

Barriers to Treatment

Barriers to losing weight include his lack of physical activity due to being in his power chair and watching his portions when he eats. He has reported to love to eat "salads" but has been unable to verbalize the importance of and understanding of what proper nutrition looks like to support weight loss and diabetic health. Historically he has not been completely honest with what he eats and evidence has shown this to be accurate. He also tends to resist when anyone recommends any change that may increase his quality of life. His informal support system is also a barrier as they enable him and do not model healthy eating habits. He also lives in a remote location making access to some services and treatment difficult. Another barrier is that he is completely dependent on others for his transportation needs. Meaning if he made an appointment he would have depend on his family to drive him there. The relationship between him and his family is another barrier. He reports he lives in his brothers home, and there is often tension in the home and the brother does not appear to provide him with the proper care needed to ensure he is as healthy as possible.