

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Improving Chronic Conditions through a Health Equity Lens

Session: Diabetes

Name: Deborah Rear

Date: 12/22/2022



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.)

Individual is currently living in a duplex with 2 roommates and with care givers as well as attends day service. Individual lived with his parents. His father and mother are both deceased, noting his mother passed in 2005 post his father passing. After his parents passed, his care was taken over by his sisters. In his history it is noted that he suffered from neglect and emotional abuse as well as living in extremely poor conditions. A family friend learned of his situation and chose to move him into her house. He is not employed in the community; however, he does participate in a job club. He requires assistance from caregivers for meals, medication management/administration, cleaning and money management. He is a single man and is not interested in having a relationship. It appears that he has an aunt that is part of his support system as well as a TCM. He does not have any children. His level of education is not stated.

Medical History (Diagnosis, conditions, etc.)

Medical History for includes:

- Type II Diabetes Mellitus
- Hypertension
- Hyperlipidemia

Medication Summary (Name, dose, frequency, route)

Multiple medications r/t his Type II DM. Medications as follows:

- Levemir 50units subcue daily at bedtime
- Tulicity 1.5mg/0.5mL subcue weekly on Thursday
- Metformin 1000mg orally twice daily
- Amaryl 4mg orally daily

Other medications as follows:

- Lisinopril/HCTZ 10mg/12.5mg x2 tabs orally daily
* Blood Pressure is obtained weekly
- Atorvastatin 40mg orally daily

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Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>12/3/22: Fasting Glucose 207 8/30/22: Fasting Glucose 297 12/3/22: HgbA1c 10.8 8/30/22: HgbA1c 10.5 In comparison to his prior labs in August 2022 his Fasting Glucose has improved; however, his HgbA1c has worsened.</p>	<p>N/A</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>Does not have a history of substance abuse.</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Has a history of physical, verbal and sexual behaviors. He does participate in a Positive Behavior Support Plan. There are no medications listed for behavior management. His behaviors are as follows:</p> <ul style="list-style-type: none"> - Physical: responds physically by jumping up/down, running around the townhome, flipping furniture, approaching staff and peers aggressively and using inappropriate hand gestures. He will at times, elope from his townhome. Individual will also steal food from others, out of the pantry and eat food off of the floor. - Verbal: will screech loudly and yell at staff and peers -Sexually: will refuse to close the door when he is using the restroom, is redirected multiple times weekly to remove his hands from his pants and will walk around with only underwear or nude. <p>He most often responds to verbal redirection; however, at times, his behaviors will require staff to redirect physically.</p>	
Treatment Summary (Form of treatment, date entered, voluntary, etc.)	
<p>Individual is compliant with following up with his PCP for his Type II DM, HTN and HLD. He is compliant with taking his medications and adheres to physician recommendations with medications, both current and any changes needed. He participates in his Behavior Support Plan and continues to have a TCM in place.</p>	
Barriers to Treatment	
<p>This individuals' main barrier to improving his Diabetes, is his drive for food and tendency to overeat or choose inappropriate foods. This potentially stems from his experiences while living with his sisters and not having the appropriate nutrition available to him as well as a sustainable amount of food. He is unable to comprehend appropriate natural interventions to manage his diabetes. This includes carb counting, knowing foods that are high in sugar, calorie consumption and decreasing his intake with foods that have preservatives. He must be monitored when he is around food as he has a history of stealing others food, taking from the pantry and eating food from the floor. He also enjoys cooking and needs to have guidance in choosing alternatives while preparing meals. Fresh fruits and sugar free snack options should be available to him daily, potentially having his own "snack spot" on the counter in order to help decrease his stealing behaviors among his peers and the pantry and encourage a more healthy diabetic diet.</p>	

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