

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Behavioral Health and Addiction

Session: 2

Name: Maggie Myers

Date: 3/10/2021



Patient Information

Gender: Male Female

Age: 48

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 is a 48 year old female, single, no children, lives alone in apartment. Member has conflictual relationship with family. Member is currently unemployed, does have past work history as administrative assistant. Member has no reported legal history. Member is a high school graduate. Member has limited support systems, reduced further by COVID.

Medical History (Diagnosis, conditions, etc.)

Member experiences Rheumatoid Arthritis, Major Depressive Disorder, Other Psychoactive Substance Abuse.

Medication Summary (Name, dose, frequency, route)

Gabapentin
Seroquel
Hydroxyz HCL
Cymbalta

Project ECHO: Sunflower Health Plan Case Presentation

Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
Not available.	Not available.
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>Member began opioid use in her early 40s. Member reports Member's use has been more problematic within the past two years due to pain from arthritis. Member has had periods of sobriety of approximately 2-3 months in duration with the support of MAT (Suboxone) treatment. Member denies any current or historic alcohol use, same for other drugs. Member has history of residential SUDS treatment. Member has historically been unwilling to utilize outpatient SUDS therapy.</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Member has received therapy for her depression through her local community mental health center. Member has no history of IP Psych admissions, suicide attempts, self-harming behavior. Member has declined pharmacological treatment for depression, indicating she does not believe it will be helpful.</p>	
Treatment Summary (Form of treatment, date entered, voluntary, etc.)	
<p>Member had discontinued MAT treatment in December 2020 believing that she was able to manage without it. Member also discontinued Naltrexone in December 2020 for the same reason. Member resumed opioid use on an interim basis mid-January 2021. Member moved into daily use of opioids in February 2021. Member met with her therapist at her CMHC in mid-February 2021 to discuss SUDS treatment options. Member reported she believed she could manage self-detox. Member reported to SHP and her CMHC provider on 02-22-201 that she is "ready for detox and IP treatment", indicating she would like a treatment center that has MAT included in the program. Member indicated she had an incident 2 days prior where she was attempting to detox on her own and had some absence seizures and delusions. The police took her to Advent Health, but she said they did not treat her. She said they left her alone and did not provide Gabapentin when she asked for it so she left. Member reported she had not taken any opioids in the last week or so but she said it has been difficult for her. Member was admitted to residential SUDS treatment facility with MAT available and is currently in treatment.</p>	
Barriers to Treatment	

Project ECHO: Sunflower Health Plan Case Presentation

Pain management issues, member reluctance to engage in certain forms of treatment.