

# Project ECHO: Sunflower Health Plan Case Presentation

## Presentation Information

Series: Health Equity  
Session: Health Equity in Diabetes  
Name: Brianna Augustine  
Date: 8/17/2023



## Patient Information

Gender:  Male  Female

Age: 71

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)

Member enjoys watching the Royals play. She would like to not rely on the wheelchair so much and walk with walker and prosthetic on. Wants to be able to drive again. Making her own choices. She has two sisters, one that assists with transportation to appointments and POA of Health care. Another that lives at same ALF in her own apartment. Member enjoyed playing baseball for many years. She finished one year of college and worked as a bookkeeper in accounting for many years. After she retired, she then worked at a grocery store and local hotel. Member does not have any children.

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

Member previously admit to NF for acute illness and goals to transition to Assisted Living apartment. Member chooses not to take insulin. Doctor switched to oral pills, Metformin and Glipizide. Member follows a diabetic diet through NF meal prep. A week prior to moving over to ALF member had an episode in the early morning of a low blood sugar after feeling "off". Member was sent via ED after blood glucose result of 46. Member's physician had recently increased glipizide from 5mg to 10mg due to continued high glucose readings. Member did not have a snack the night prior.

Member moved over to assisted living apartment and was able to utilize Transition Assistant Funds to purchase a mini refrigerator for her new apartment to keep cold, healthy, and high protein snacks on hand. The ALF has access to a communal fridge, but it is not close to member's apartment.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>Diabetes Mellitus Type 2                      Chronic Kidney Disease stage 4                      Diabetic Neuropathy                      Chronic History of Urinary tract infections                      Hx of Left lower leg- below the knee amputation from trauma- 2016                      Hx of stroke                      Coronary Artery Disease                      Hx of COVID-19                      High Cholesterol                      Hypertension                      Low Potassium level                      Anemia                      Overactive bladder</p>	<p>Metformin                      Glipizide                      Aspirin                      Amlodipine                      Lexapro                      Atorvastatin 40 mg orally every night</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>Blood glucose reading-46                      Most recent A1C- 9.4</p>	<p>Click here to insert summary</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>Smoked for 55 years. Quit in 2015. Does not drink alcohol.</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>None currently.</p>	
Treatment Summary (Form of treatment, engagement in treatment, date entered, voluntary, etc.)	

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Blood sugars are being checked more frequently. Mini refrigerator in apartment as the ALF doesn't provide these for each apartment. There is a fridge for all residents to access 24/7, but not within a distance if needing a snack promptly. Continued monitoring of blood glucose and medication adjustments as needed with healthy snack choices in between meals. Member continues to work with restorative aid a few times a week to work up to independently walking with walker and prosthetic. Member can propel self in W/C and completed transfers independently.

## **Barriers to Treatment**

Member previously on long-term insulin use, however by choice stopped it and doctor prescribed Metformin and Glipizide. Member prefers not to get back on insulin and trying to manage blood sugars by oral medications and diabetic diet. Member's mobility status and ability to exercise.