

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Sunflower Project ECHO: Aging

Session: Social Isolation and Aging

Name: Patty Jensen

Date: 8/6/2020



Patient Information

Gender: Male Female

Age: 69

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 has a history of self-neglect, thus the appointed guardianship. Member lives with her son who is recovering from CVA. Member is deaf, does not wear hearing aids, and does not possess a TTY (doesn't want one).

No trauma history known.

Medical History (Diagnosis, conditions, etc.)

Major Depressive Disorder
HTN
Arterial Fibromuscular Dysplasia

Medication Summary (Name, dose, frequency, route)

1. CEFDINIR CAP 300MG, BID Twice/day, Oral
2. PANTOPRAZOLE TAB 40MG, QD Daily, Oral
3. FERROUS SULF TAB 325MG, QD Daily, Oral
4. AMLODIPINE TAB 2.5MG, QD Daily, Oral
5. FLUOXETINE TAB 20MG, QD Daily, Oral
6. METOPROL TAR TAB 100MG, QD Daily, Oral
7. ATORVASTATIN TAB 10MG, @ HS, Oral
8. DIAZEPAM TAB 5MG, @ HS, Oral
9. NITROSTAT SUB 0.4MG, PRN, Sublingual
10. AMIODARONE TAB 200MG, QD Daily, Oral

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Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
None on file	None on file
Substance Use History (Substance, age of first use, age where use became problematic, longest period of sobriety, how sobriety was achieved, method of use)	
None known	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
Major Depressive Disorder – member doesn't admit she has a mental health diagnosis.	
Treatment Summary (Form of treatment, date entered, voluntary, etc.)	
Member became HCBS/ FE eligible on 5-13-19. Waiver care coordination began at that time as well.	
Barriers to Treatment	
<p>Hearing impairment – member does not answer her phone (doesn't hear it) nor does she return calls/ text messages. Letter has also been sent, but again, she has not returned the call per the message.</p> <p>Member has a guardian who will not return calls, letters, emails seeking info on member. Last response from guardian was in Feb. 2020 – guardian non responsive to any/ all emails/ meeting invites, etc. No guardian signature on any Service/ Back up plan despite repeated attempts to get in touch with guardian.</p> <p>COVID – because COVID has all staff sheltering in place, this Care Coordinator unable to conduct a drop in Home Visit to check on member.</p>	