

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Health Equity
Session: Tribal Health
Name: Ashlee Freeman
Date: 11/7/2024



Patient Information

Gender: Male Female

Age: 70

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 is super nice, understanding, kind hearted, easy to talk to and caring. She has raised not only her kids but other kids throughout the years. She loves animals, especially dogs, and knows so much about them and how to train them. She wants to remain in her apartment with her dog. Her independence is one of the most important things to her.

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

Member was sexually abused as a child. Her first husband was physically abusive. She believes that she probably suffered head trauma multiple times from this relationship but never got medical help after any incidents. She very much loved her 2nd husband, but he unfortunately passed away 20+ years ago. She completed a Mechanic Program in the 80s. She was the first female to complete the program. She didn't learn who her birth dad was until she was 37 and learned that he was from the Choctaw tribe.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>High blood pressure, Hypo-Thyroid, Diabetes, Obstructive Sleep Apnea, Asthma, Urinary Incontinence, Drop Foot, legally blind (totally blind in one eye and almost blind in the other)</p>	<p>Tresiba Flex Inj 35 units Twice dail Ropinirole 2mg PM Levothyroxine 75mcg daily Hydrocodone 10-325mg 4 times daily Amitriptyline 100mg PM Albuterol PRN Potassium Cl 20MEQ AM Metformin 500 mg AM Losartan Pot 100mg AM Hydralazine 50mg 2Xdaily Furosemide 40mg AM Eliquis 5mg 2xdaily Amlodipine 10mg AM</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>Click here to insert summary</p>	<p>NA</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>N/A</p>	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Member has been diagnosed with Major Depressive Disorder and was diagnosed years ago. No self harming or suicidal attempts.</p>	

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

11/29/23 – ER for Fractured rib
12/2/23 – ER for lower back pain
2/6/24 – ER for weakness/Rhabdomyolysis
3/6/24- 3/8/24 – Hospital inpatient for Urinary Tract infection
5/4/24 – ER- Rhabdomyolysis
5/5/24 – 5/8/24 –Inpatient stay – Rhabdomyolysis (member reported that she had fallen and was on the ground for 14 hours before calling 911.)
7/22 LMH ER for contusion on left hip
7/31 – 8/8 – Inpatient for UTI – infection in bloodstream
8/8 – 8/22 Rehab for UTI (needed IV antibiotics)
9/4 – 9/6 Inpatient – In Home Nursing found her on the floor and sent her to ER

Barriers to Treatment

Member lacks social supports which has caused further depression and hopelessness at times. Member has children who talk to her from time to time but it's an up and down relationship. Her children are not there for her to help her make important decisions in her life or to support her through a difficult time. She has one friend that comes to see her when she is able. She has been at her apartment complex for many years but only knows one of her neighbors. It's hard for member to leave the house without support and she has been without a PCS worker for a long time due to bed bugs, hospital stays, and the condition of her apartment.