

Project ECHO: Sunflower Health Plan Case Presentation

Presentation Information

Series: Health Equity
Session: Dental Care for Individuals with Disabilities
Name: Tiffanie Desch-Cox
Date: 11/14/2024



Patient Information

Gender: Male Female

Age: 39

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)

Routines are very important for member. Member likes to go on car rides and loves to carry his preferred items with him. Member's family is very important to him. It is important that support team members are able to learn member's communication- non-verbal, facial expressions and/or body movements. It is important for member's health needs to be addressed as soon as possible to decrease behavioral outbursts.

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

Member is on the I/DD Waiver in Kansas and receives IDD Waiver services in his home with family providing the care-mom and sister. Member requires 24/7 care and is unable to be left alone. Member is not employed and his environment must be carefully structured to support member. Member has had significant increase in behaviors over the past 6 months and has had 10 arrests in the past 6 months due to assaulting his mother. The last arrest included charges for assaulting his neighbor as well. Historically, the support team has seen an increase in aggressive behaviors when he has been in some sort of pain- dental, ear, headaches, etc. Member has difficulty going to appointments and anything out of his normal routine. Member struggles with understanding changes to schedules and can lead to an increase in behaviors. Due to difficulty with attending appointments member has not had appropriate dental care. Member needs to be sedated for cleanings. This has resulted in significant tooth decay and increase in pain/behaviors/arrests.

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Relevant Medical History (Diagnosis, conditions, etc.)	Medication Summary (Name, dose, frequency, route)
<p>Click here to insert summary</p> <p>F84.0 Autistic Disorder</p> <p>F 52.8 Other sexual dysfunction not due to a substance or known physiological condition</p> <p>F 65.89 Other paraphilias</p> <p>Type 2 Diabetes</p> <p>History of Seizures</p> <p>IQ 32 (8/10/2006)</p>	<p>Medication Name *</p> <p>Divalproex ER 500mg</p> <p>Phenytoin 125mg/5ml</p> <p>Metformin 500mg</p> <p>Clonazepam 2mg</p> <p>Simvastatin 20mg</p> <p>Montelukast 10mg</p> <p>Chlorpromazine 200mg</p> <p>Paroxetine 20mg</p> <p>Dulera 100-5mcg</p> <p>Atenolol 25mg</p> <p>Benzotropine</p> <p>Guanfacine 2mg</p> <p>Lamotrigine 25mg</p> <p>Amitriptyline 100mg</p> <p>Hydrocodone Acetaminophen 10-325mg- prescribed for migraines, guardian reports it is given sometimes 4 times per day</p> <p>Hydroxyzine 50mg</p> <p>Onglyza 5mg</p> <p>Glimepiride 4mg</p>
Lab Summary (Test, result, date, etc.)	Toxicology Summary (Test, result, date, etc.)
<p>6/14/2024 HGBA1C 6.5</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)	
Empty space for Substance Use History	
Psychiatric History (Age of first mental health contact, past diagnosis, self-harming behavior, suicide attempts, etc.)	
<p>Member has no Mental Health Diagnosis- although meds are prescribed for behaviors/aggression</p>	

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

Support team has been engaged in numerous staffing since July to identify supports for member, primarily addressing the need for dental care as member's behaviors are directly associated with pain.

In July of 2023, member completed a dental appointment with sedation for cleaning and to fill a few cavities. Member requires much more dental work. Member's team has worked to identify a provider in Kansas to complete this work that would be close enough to members home to complete due the difficulty in travel with members. Member completed a telemedicine appointment for clearance for sedation dentistry. To date member has not had this scheduled due to backlog with the provider who can complete this procedure for our member.

Barriers to Treatment

Overall lack of Dental providers who accept Medicaid, specifically a lack of Dentists who will do sedation dentistry for members who need this support. The lack of dental care has resulted in significant tooth decay, requiring extensive dental work. Member is unable to travel far for appointments due to behavioral concerns, especially when in pain. This pain has resulted in member being given pain medicine for a significant period of time, member has had significant increase in behaviors resulting in Law Enforcement involvement and multiple arrests not appropriate for member due to members inability to communicate and cognitively understand his actions. Member does not have the financial resources to pay for private dental care. Member has to travel over an hour away for care. Closest other providers in Kansas are over 2 hours away.