

CMHO Health Home Process Narrative

Hypothetical Health Home Scenario

Individual Background:

Vincent is a divorced 45 year old man who is 6 'tall and weighs 245 lbs. He was a construction worker until he fell on a job site and broke a vertebra and can no longer do heavy lifting. He has also been a diabetic since adolescence and often struggles with the management of his blood sugar levels. Since the accident, he has gained weight and been unable to exercise. He has no insurance and was turned down once for disability in the last year. He has completed another application and was just awarded SSDI and is now Medicaid eligible. He had visited the local emergency department on several occasions before he received disability support and continues to try and get his medical needs met through this route.

Lately, he is having sleep issues and, often, does not want to get out of bed or to leave the house. The last time he visited the emergency department, he had not taken his insulin for several days and, when questioned about this, reported that he simply didn't care and wondered if it was "worth it. Based on this statement and his elevated blood sugar, the physician at the emergency department decided to admit him with a rule out of major depression with passive suicidal thoughts. He also has several prescriptions for pain medication that he uses regularly, but he reports that it can leave him feeling even more "down.

Engagement and Health Home:

Vincent was briefly assessed by the CMHO clinician (established protocol) in the emergency department who agreed with the physician that Vincent seemed to be experiencing a major depressive episode coupled with some serious medical issues. The CMHO Hospital Liaison met with Vincent on the medical floor and discovered that his symptoms of depression had increased despite the stabilization of his diabetes. His suicidal thoughts had increased and he admitted to having a plan to leave the hospital and stop his insulin completely. The CMHO Hospital Liaison alerted the medical staff who decided to transfer Vincent to their psychiatric unit. The staff learned that Vincent had a history of depression, but that he had not sought treatment. He felt it had been manageable until he lost his job and his family.

Behind the Scenes –

CMHO Hospital Liaison contacts another member of the CMHO health home team to present Vincent as a possible candidate for CMHO health home services and treatment. A follow-up appointment is made with the CMHO.

Based on Vincent's health issues (diabetes and major depression) the CMHO hospital liaison alerted the health home team that Vincent would be a good candidate. A member of the health home team met with Vincent to discuss the option of obtaining care through the assistance of the CMHO's health home team. Vincent agreed to accept services through the CMHO and to use care management as a way to get in better control of all his health issues. The CMHO staff began the state intake process with Vincent immediately. At this point, the health home team members work with the hospital staff to plan Vincent's discharge and to ensure that he experiences a smooth transition. Vincent's mother is an active support for Vincent and she encouraged his participation with the CMHO.

Vincent receives assistance from a health home team member in obtaining his medication from the pharmacy. He is educated about the need to take his insulin at regular intervals and to continue his anti-depressant medication. The nurse from the health home team observed Vincent draw and inject his insulin and also watched him check his blood sugar levels. She/he used this as a teaching moment for Vincent and encouraged him to rotate his shot sites. He is advised about diet and there is a discussion about finding a type of exercise that he can engage in that will not exacerbate his back condition.

Vincent meets with the health home team at the CMHO and is oriented to the CMHO. The team works with Vincent to develop a plan that includes working with a primary care physician and emphasized the need for him to have consistent care for his diabetes in order to avoid damage to his kidneys, eyesight, and circulation. The team also discussed his need

for ongoing treatment for his depression. Based on the interview, Vincent's health home team recommended the following options:

- Referral to a primary care physician to better manage his diabetes, back injury, and other health issues (Dr. Wilson).
- Once his depression is stabilized look at a vocational assessment to determine Vincent's aptitude for other employment
- Group and/or individual therapy to help him cope with the loss of his job and his recent divorce
- Short term educational group to learn about major depression and its treatment
- Possible referral through the new primary care physician to a physical therapist to help with the back condition
- Prescription of an anti-depressant to stabilize his mental health condition

Vincent agrees to the suggestions from the health home team. He was particularly pleased by the idea of developing another employment possibility and reported an interest in computers.

Vincent's Initial Treatment Plan:

Recovery Goal: I will see my new primary care physician regularly and will alert him to any changes in my condition.

Outcome: I will take my insulin as prescribed by the new primary care physician. I will check my blood sugar levels regularly.

Action Plan: A community support worker will visit Vincent at least once weekly and check that he is taking his insulin as prescribed.

Recovery Goal: I want to get my depression under control and will take medication as prescribed. If I have suicidal thoughts, I will alert a member of the health home team immediately. I will also try and find an alternative to pain medication as it increases my depressed mood.

Outcome: I will take my medication regularly as checked by my health home team through weekly visits. I will also attend individual therapy for several months and then move into a group for men with mental health issues. I will also attend a four week educational group on major depression. A physical therapist will help me develop an exercise regimen that will reduce my need for pain medication.

Action Plan: Vincent's success will be measured by the team based on his attendance to therapy, adherence to his medication, and a reduction in his use of pain medication.

Recovery Goal: I would like to find a new way to make a living that would not require manual labor. I am interested in computers and would like to develop this skill.

Outcome: I need a lot of help with this and would like to look at adult education programs on computers. I would also like help budgeting so I could buy a computer.

Action Plan: A member of the health team will work with Vincent to explore educational options and how to better manage his budget to allow for the purchase of a computer. Until he can purchase a computer, he is helped to join the library where he can use the computer and practice for his classes.

Per the treatment plan, the nurse assigned to Vincent's health home team will call Dr. Wilson to arrange an appointment for Vincent for the following week. With Vincent's release of information the nurse discusses Vincent health history. Dr. Wilson agrees to be part of the health home team and to provide input into Vincent's treatment plan, to attend meetings via phone when possible or to have a nurse from his office fill in if he is unable to attend.

Behind the Scenes –

A member of the CMHO health home team works with the primary care practice to expedite an appointment in accordance with priority referral guidelines established with the CMHO.

Vincent attends his first appointment and concerns are raised by Dr. Wilson that Vincent should see an endocrinologist based on his diabetic condition. He also expressed concern that the CMHO monitor Vincent's depression closely as he can always use his insulin as a way to suicide. Dr. Wilson agreed with the suggestion of a physical therapist and that the reduction in the use of pain medication would help both his diabetes and his depression.

Dr. Smith's Additions to Vincent's Treatment Plan:

- Referral to an endocrinologist
- Referral to a physical therapist
- Frequent consultation between the primary care physician and the CMHO on Vincent's depression
- Close monitoring of Vincent's use of insulin to ensure management of his diabetic condition

Vincent does well with his treatment and as his depression is managed with medication and therapy, he begins to explore educational options. He also begins to attend a group for divorced men and develops several friendships.