The HealthPlan

Positive member experiences

Inside this booklet are actual case examples which demonstrate how The Health Plan works directly with WV Medicaid members to improve care, service and outcomes.

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Case Number **01**

11-Year Old Male, Effective 2/1/2014 Under MHT

During a new member outreach, staff of The Health Plan identified a new Mountain Health Trust (MHT) member age 11 with diabetes. Staff immediately referred this member to a disease management nurse with clinical expertise in diabetes.

Although the member was only effective the first of the month, by February 9, a nurse had already made contact with the guardian of the 11-year old to help assess the needs to better manage the child's chronic condition. The guardian, the child's grandfather, explained to the nurse that his grandson had recently come to live with him due to a bad home situation. His most recent blood sugar from that morning was 411 and the child was nauseated and unable to eat.

The Health Plan nurse was able to assist the gentleman immediately by providing instruction on the testing of the blood sugars and the administration of the insulin. The nurse also assisted him in obtaining a referral for more test strips since he indicated his supply was not sufficient for the amount of testing the child needed.

To ensure the child had improved, the nurse called the grandfather back later the same day to check on the status of the child. The grandfather stated that the blood sugar was back down to 265 and the child was drinking water and urinating. The nurse provided additional instruction on managing the child's blood sugar and encouraged the grandfather to call her or the physician anytime with questions.

The following day, after receiving a phone message from The Health Plan nurse, the grandfather called and reported that his grandson's blood sugar and ketones went back down to normal yesterday, but that it was back up to 268 at fasting this morning. The nurse instructed him to give the correction insulin only at meal times if not eating, but not to withhold the insulin if blood sugars are elevated. The nurse reviewed the importance of regular insulin dosing and correction of high blood sugars and encouraged him to call the endocrinology office to report the blood sugars/ketones. A week later, the grandfather called and the nurse was able to assist him in getting a new prescription for test strips. He noted that the child's blood sugars were improved and he was working with the child on improving eating habits.

About a month later, the nurse had a follow-up call with the grandfather and he decided to have his grandson evaluated by a new physician. He was very engaged with the child's treatment and was continuing to work to improve diet and activity levels. With the continued support of The Health Plan nurse, the grandparents have been able to better manage the child's condition.

The story is based on an actual member but the images are for illustration purposes and not actual members.

Case Number **02**

14-Year Old Male, Effective with Plan Since 2002 With Gaps in Coverage

In 2010, when this child was 9 years old, he was diagnosed with diabetes. He had been on The Health Plan since birth and managed regularly by his PCP. He had previous issues with a congenital heart issue, asthma and ADHD that were managed by the PCP with occasional specialist consultation. He was immediately referred to WVU to see a pediatric endocrinologist who placed him on an insulin pump about a year later.

As part of a routine submission of lab results by the endocrinologist, it was noted by The Health Plan nursing staff that the child had a high lab result and accordingly, the information was referred to a diabetes disease management nurse at The Health Plan. Upon speaking with the mother, it was determined that a GI evaluation was needed. Additionally, family had not been fully compliant with medication orders. The nurse educated the family and set them up on regular follow-up visits. Unfortunately, mom and patient were very non-compliant resulting in inadequate management of the child.

In 2013, The Health Plan was finally able to contact the father, whom the child now resided with after the passing of both the mother and stepfather. Attempts of following up by the nurse were not well received. After another admission on 4/28/2014, The Health Plan nurse was able to reach out to the child's grandparents, who now were in custody of the child.

Since the grandparents have been engaged with The Health Plan, the following interventions have occurred:

- The Health Plan arranged for the child to attend Camp Kno Koma and provided funds for transportation to camp
- Continuous glucose monitoring guidelines reviewed and assisted with providing information to the physician for follow-up
- Assisted with referral to CCF for evaluation of gastro issues resulting in numerous visits to CCF for testing and follow-up
- Required intervention to obtain prompt appointment
- Required intervention to coordinate travel with state transportation providers (MTM)
- Coordinated with The Health Plan Pharmacy Department to get prescription authorized to be filled at pharmacy in Cleveland while staying at Ronald McDonald house during testing
- Reviewed new treatment based on CCF findings with grandparents

The child continues to have serious medical needs but The Health Plan is working on a regular basis to help his grandparents navigate his care needs.

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Case Number 03

62-Year Old WV Health Bridge Member, Effective 1/1/16

Clinical analytics identified member as "high utilization of inpatient services" with frequent admissions to acute care in the beginning of April. Member was contacted and introduced to The Health Plan Care Navigation Program. She was assessed and found to have a history of rectal cancer with original diagnosis in 2005. This member had six inpatient stays and two emergency room visits between January and April of 2016 and ongoing complaints of nausea, abdominal pain, vomiting, dehydration and non-healing wounds.

The member was thrilled to have one special person to call at The Health Plan who became familiar with her history and needs. The member was immediately assisted in getting home health services to address her wound care needs and ongoing education issues related to her nutrition and hydration and management of recurrent related symptoms. During the course of phone interventions, it became evident that while the member was making some progress, she was still having issues related to nausea and abdominal pain and was not able to keep up with her fluid intake needs due to her abdominal issues.

The member's PCP and gastroenterologist were contacted, medications reconciled, plan of care reviewed and telephonic services were coordinated to allow the member to receive infusion services for intermittent hydration in her home. Member was educated to track her symptoms and learn when to supplement her oral intake with IV hydration on her own.

Since member entered care navigation six months ago, she has had no emergency room visits and no acute admissions. Her nutrition has improved and her abdominal wound has healed. She has kept up with routine physician visits and screening appointments and had a clear colonoscopy.

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Case Number **04**

47-Year Old with Terminal Brain Cancer

you have helped us (and are continuing to help us) through a terribly sad time. I appreciate your patience, and efforts to get things done quickly for us. I thank you for listening and showing compassion.

– Excerpt from a thank you note written by patient's family

A 47-year-old WV Health Bridge Expansion member was referred to Complex Case Navigation due to answers obtained during her HRA (Health Risk Assessment) upon welcome to The Health Plan in September of 2015. The member self-identified as requiring assistance for cancer and head injury.

She was contacted and an assessment completed to admit her to case management. Her assessment revealed that her actual diagnosis was a grade II glioblastoma (brain cancer) originally diagnosed in 2001. She admitted her tumor was currently deemed inoperable and that she had already received the maximum lifetime dose of radiation to her brain. She shared a history of violent seizures, requiring drug-induced comas and ventilation to manage medically. She detailed working in an office prior to her illness and juggling hospital admissions up until 2014 when she experienced a particularly violent seizure that caused her to choke on food and aspirate into her lungs. She reported a lengthy hospital stay for this and a stay in a long-term acute care hospital as well, due to difficulty getting off of the ventilator. From that time forward, member reported she continued to decline physically.

Weekly to monthly phone calls continued with case management to coordinate services and support symptom management, including fatigue and increasing weakness, despite the arranged therapies. By February, symptoms had worsened and her sister asked for assistance with a hospital bed and for some direction. The Health Plan nurses discussed home health options and the difficult decision of possible hospice.

In March of 2016, a call was received from the sister who asked for help accessing hospice. Arrangements were immediately made for admission to a home hospice program with member admitted to hospice on March 10. Unfortunately, she continued to rapidly decline and experience more severe symptoms of pain and nausea. Arrangements were coordinated for admission to an acute care hospice facility for her symptom management, as well as caregiver support. The patient passed away but her family had nothing but praise for both The Health Plan Case Management Team and the excellent care she received.

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General Examples of Disease Management Interventions

Various Cases With COPD Disease Management Patients

- A member who was taking long-acting respiratory medications but a short-acting inhaler was never ordered by the physician for emergency and member was short of breath and panicky when The Health Plan nurse talked to her. The nurse immediately gave her rescue breathing techniques and she was able to relax. Anxiety and panic subsided. Physician was notified that patient did not have short-acting inhaler and was grateful for that information on his patient.
- A member wanted to quit smoking and was unable to leave her house. The Health Plan nurse encouraged her to keep up the good work as she was decreasing the amount she smoked and was down to five cigarettes per day. Member appreciated the support and encouragement and is continuing to try to quit.
- A gentleman could not walk from the house to the mailbox without distress. The Health Plan nurse reviewed the two types of breathing with him. He stated he had gone to a pulmonologist for years and this was the first time he heard about pursed-lip breathing. He stated that it had helped him so much he could not get over it.

Various Cases With Diabetic Disease Management Patients

- A gentleman having trouble with sugar levels was convinced to stop drinking Mountain Dew and his blood sugars immediately dropped.
- Nurses have been able to intervene in several instances by suggesting medications to physicians and they have prescribed them and the members have shown improvement.
- Nurses help members on a regular basis get prescriptions filled that require a prior authorization acting as liaison between them, pharmacy and doctor.
- OneTouch meters are frequently obtained for members who are having trouble getting one on their own, or theirs have broken.

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