

Case Studies

1. Mom's OK After A Stroke, Even At A Distance



Marjorie P. is a 75 year old woman who was brought to the hospital by her neighbors, having been found wandering in her yard confused. She is widowed, lived alone, with a son in New York city and daughter in Colorado. LifeSpan was called by her son, who visited her in the hospital and took a leave from his job to be with her.

She was seen in the hospital by a LifeSpan nurse, who reviewed the chart and talked with her doctors. A plan was made for transfer to a subacute facility for rehabilitation after the initial hospitalization. In this instance, the stroke caused mild physical deficits, but more severe memory and judgment impairments. The plan was set for return to home with home health care support, but a secondary plan for Assisted Living placement if she did not progress enough for her safety awareness and ability to care for herself to return to normal.

Her progress in the subacute facility (subacute care is for those who do not have the strength for a full rehabilitation regimen, 3 to 5 hours of rehab per day). Subacute care is given in nursing facilities that have a strong rehab team. The advantage of placement in such a facility (rather than a garden variety nursing home) is that the skill level of the clinical staff (doctors, nurses and therapists) is generally much better, and if the resident has a setback, they can more easily be placed within the facility rather than being transferred to another one later. Those facilities that take Medicare and Medicaid can be more flexible than those who accept only Medicare only. Most of the skilled nursing facilities that take Medicare and Medicaid also have independent living and Assisted Living portions as well. If the resident and family elect such a facility, a lifelong contract can be made to care for the resident even if they outlive their assets. The hard part is finding a facility that meets the resident's and family's needs, and is a quality facility that will enable a high quality of life for the resident.

Mrs. Peterson transferred from the Subacute portion of the facility to the Assisted Living Portion with some adjustments. The Care Manager suggested a service to work with the resident to select the clothes, personal belongings and furniture that would best fit the Assisted Living apartment. They packed and moved the belongings to the new apartment without the son or daughter having to worry about the details. The Care Manager also suggested choices for the family of an elder lawyer to preserve the assets of the resident while complying with the laws judging such transference of wealth within the family. The Care Manager also helped find a real estate specialist that prepared the house for sale, and sold it. The Care Manager also attended doctor appointments with the resident both in the facility and follow-up appointments with specialists.

The Care Manager also worked on behalf of the resident and family to assure that the resident was progressing physically (i.e., eating well, sleeping well, not losing weight, addressing physical complaints such as pain, adjustment to the new environment). The Care Manager reviewed the pharmacy bills and adjudicated over-charge issues.

Eventually, it became clear that Mrs. Peterson was slowly losing her memory and orientation. An inter-facility transfer to a portion of the facility that has special expertise with those who have cognitive impairments (i.e., Alzheimer's disease) was negotiated. Here again, the Care Manager was able to negotiate the service level and rate of payment on behalf of the patient and family. The family was kept informed of all expenses, transactions, and likely upcoming issues. They were also provided with documents that detailed progress of their mother's condition and the expenses and to her necessary details.

Marjorie's children were greatly relieved that they did not have to travel frequently back to take care of details regarding the house, facility transfer, and other unforeseen details. They felt assured that their mother was getting the best possible care and that the cost of care, while higher than they imagined, was negotiated for them on their behalf by a Care Manager that was familiar with all the facilities in the region and what costs were reasonable and what ones were not.

2. Parents Discover Brain-Injured Son Can Make Progress, Despite Doctors' Opinion



Joseph Smith is a 7 year old boy who was the first child of John and Mary Smith. His lack of progress to develop normally became apparent that Joseph was never going to be a normal child. They were urged by the doctors to lower their expectations for his future.

During a pre-natal check-up, the doctor was alarmed because the fetal heart rate was above normal, and he suggested that the birth of the child be induced with medication. The medication did not work well, and the delivery process was prolonged. Mary asked for cesarean birth, but the doctor said that the insurance company would not approve of it, and tried to induce the birth without it. The prolonged birthing process apparently lead to a period of time when

baby Joseph did not get enough oxygen to his brain. The hospital and the doctors were not immediately forthcoming regarding the reason for Joseph's lack of progress. Only after 14 months did Mr. and Mrs. Smith engaged LifeSpan Care Management to review their situation. An initial evaluation was done.

Records from the doctor's and the hospital were gathered and reviewed. The family was assisted with finding therapy providers that aided their child's ability to grow and function in a more normal way. Also, the assistance of the care manger enabled that family to get more appropriate therapy assistance paid for by the school district, and have other treatments paid for by the health insurance company.

3. Health Advocate Helps Man Cure Chronic Pain, Drug Addiction



LifeSpan Care Management was asked by the father of 21 year old Larry, who was in constant, debilitating pain after having suffered a motor vehicle accident when he was 18 years old. The accident caused a compound fracture of his left arm. This arm was operated on and apparently healed, but three months later the pain started and became so bad that he could not continue his

college work, and was on large doses of Oxycontin and Fentanyl for pain. He could not hold a job or drive a care due to his pain. His doctors thought he was a drug addict and did little for him other than to write for additional pain medication. He was diagnosed with Regional Complex Pain Syndrome (what was formerly called RSD or Reflex Sympathetic Dystrophy).

The LifeSpan Care Manager reviewed the records and treatments of the past. She had him see a different doctor, who did an nerve conduction study (EMG) and found that the pain was not neurogenic (i.e., due to nerve disruption). An x-ray of the fractured bone was unclear, due to a confluence of white material around the fracture site. However, one of he screws that was used to fasten the plate to the broken bone was itself fractured. This usually indicates that the old fracture itself has not healed. The Care Manager assisted in presenting the case to the auto insurance carrier for payment of a CAT scan to the affected arm, and an eventual re-operation of the site. As it turned out, the bone had re-fractured, and was the cause of the pain. The bone was re-fitted with a new plate and screws, and the cast was removed within 2 months to begin physical therapy.

After the operation, the pain medication was gradually reduced, but it became apparent that the pain medication was very difficult for Larry to stop. Part of this was a physical addiction, part was due to Larry's fear of re-entering the normal demands of life. The Care Manager advocated for him to the insurance company again (with the assistance of his personal injury attorney) to get help from a psychiatrist with special expertise in addictions. Within 10 weeks Larry was off all medication, found employment and eventually went back to college.

Care management in this case not only assisted Larry to get back to living a normal life, but assisted his family understand and cope with the difficulties of his behavior. The Care Manager made sure he got to his doctor appointments and

spoke on his behalf to the physicians, who were hesitant of taking on a patient who was obviously impaired by the medication he was taking for pain. Care management in this case also proved beneficial to the auto insurance carrier, who was paying thousands of dollars per month for pain medication.

4. Family Finds A Way To Get Better Care For Father With Alzheimer's'



George, a resident in an Assisted Living facility who had Alzheimer's Disease, lost 25 of his 145 pounds during a hospitalization for pneumonia. During that time and afterward in the sub-acute nursing facility, he was tied to the bed. The family was unhappy with the care he got from the Assisted Living facility as well as the hospital and the nursing home that did the sub-acute care. They were also unhappy at the miscommunication that took place from all the providers, and the fact that they were charged extra for an aide to sit with their father at the sub-acute center during the time they were tying him down.

The LifeSpan Care Manager visited George in the facility, accompanied by his daughter, who had Power of Attorney for his health and financial affairs. George was interviewed, and the records of the facility were reviewed. LifeSpan Care Management was asked by the daughter to assess the situation and suggest ways to avoid a similar occurrence in the future. The family was concerned with George's safety and quality of life.

Part of the problem was that when George got sick, the Assisted Living facility did not recognize there was a problem until the very last minute, and he was taken emergently to the nearest hospital. Since the family was not happy with the hospital care and did not want George to have to go back to that hospital in the future, he would need to be relocated close to a hospital that had a better reputation. The Care Manager assisted the family in picking another Assisted Living facility that had a special area for Alzheimer-diagnosed residents. Additionally, the facility was chosen for its strong rehabilitation program for Sub-acute patients who were recently discharged from the hospital. The rationale is that the skill level of the nursing staff is higher when there are more acutely ill residents to care for, and that if George had additional problems in the future, they could be recognized and addressed before requiring a hospitalization. Additionally, if George did need to go to the hospital, he could return to the same facility for the subacute portion of the care he would require, where the staff would be more familiar with him and the experience would be less disturbing to him.

The family was greatly relieved that a comprehensive plan was in place to address any future needs their father would require, and that the facility that they chose was actually closer to them than the previous one, enabling them to visit him more often.