

CONFIDENTIAL INFORMATION

From :

c/o Focus Care
500 West Cummings Park
Suite 2700
Woburn, MA 01801

To :

Dr. VASIREDDY, VENUGOPAL K MD
1955 MEMORIAL DRIVE
DANVILLE, VA, 24541

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c/o Focus Care
500 West Cummings Park Suite 2700| Woburn, MA 01801

CHARLIE D WATKINS

c/o Focus Care
500 West Cummings Park Suite 2700| Woburn, MA 01801

Dr. VASIREDDY, VENUGOPAL K MD
1955 MEMORIAL DRIVE
DANVILLE,VA,24541

2022-02-02

Dear Dr. VASIREDDY, VENUGOPAL K MD,

Through our partnership with Focus Care, your patient, covered through Optima Health, recently received a health visit by one of Focus Care's clinicians. Enclosed is a summary of the visit results for:

CHARLIE D WATKINS
900041836*01

This summary contains an environmental assessment, a summary of existing diagnoses, a list of current medications that may help you gain additional insight into your patient's health, as well as preventive and chronic care recommendations. Please discuss the findings with your patient at their next appointment or reach out to them for urgent concern.

If you have any questions, please contact Focus Care at 1-800-371-3338 (TTY: 711) Monday through Friday, 8:30 a.m. to 9:00 p.m.

Sincerely,

Dr. Thomas Lundquist, M.D.
Chief Medical Officer
Optima Health

Patient Assessment Summary

Name	: CHARLIE D WATKINS	Age	: 84
Date of Birth	: 1937-02-19	Member ID	: 900041836*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 202 ENGLEWOOD LN,DANVILLE,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/688-5289,434/688-5289, 434/688-5289

Your Vital Signs

Blood Pressure		Pulse	bpm	Respiratory Rate	
Temp		Pulse Oximetry		Pain Scale /10	6
Age	84	Patients Height	6 feet 0 inch	Patients Weight	238 lbs
BMI	32.3(Obesity (BMI 30 – 34.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select				
HBA1C	Select				
MICROALBUMIN	Select				
FOBT	Select				
DEXA	Select				
PAD	Select				
Peak Flow Meter	Select				

Allergies

Answer: No

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
schizophrenia	HALOPERIDOL	TAB 5MG	PO = By Mouth	HS	VASISREDDY	Taking
COPD	IPRATROPIUM/	SOL ALBUTER	PO = By Mouth	QD	VASISREDDY	Taking
DMII	LEVEMIR	INJ FLEXTUOC	SQ = Subcutaneous	QD	VASISREDDY	Taking
DMII	INSULIN LISP	INJ 100/ML	SQ = Subcutaneous	QD	VASISREDDY	Taking
GERD	OMEPRAZOLE	CAP 20MG	PO = By Mouth	QAM	VASISREDDY	Taking
neuropathy BLE	GABAPENTIN	CAP 300MG	PO = By Mouth	TID	VASISREDDY	Taking
HTN, DMII	LOSARTAN POT	TAB 100MG	PO = By Mouth	QAM	VASISREDDY	Taking
HTN	AMLODIPINE	TAB 5MG	PO = By Mouth	QAM	VASISREDDY	Taking

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BPH, nocturia	TAMSULOSIN	CAP 0.4MG	PO = By Mouth	HS	VASIRE DDY	Taking
constipation	STOOL SOFTENER	100mg	PO = By Mouth	HS	VASIRE DDY	Taking
COPD	TRELEGY ELLIPTA	100 mcg	PO = By Mouth	QAM	VASIRE DDY	Taking
DVT left leg	ELIQUIS	5mg	PO = By Mouth	BID	VASIRE DDY	Taking
HLD	lipitor	20mg	PO = By Mouth	HS	VASIRE DDY	Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **African American**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

COPD, Supported By Dyspnea on exertion, O2 use, Brinchodilator medication

Has patient been told they have Chronic Bronchitis : **No**

Has patient been told they have Emphysema : **Yes**

Is patient on Bronchodilator : **Yes**

Route is : **Inhaled**

Is patient on Steroids : **No**

Does patient have current exacerbation : **No**

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Hypertension, Supported By Medications

Adequately controlled : **Yes**

Peripheral Vascular Disease, Supported By Vascular studies

History Diabetes : **Yes**

Describe :

Other, Supported By Physical Findings

Other : **chronic edema bil feet/ankles**

GERD, Supported By Heartburn / Dyspepsia, Medications

Other, Supported By Medications

Other : **constipation, on stool softener**

Peripheral Neuropathy, Supported By Physical findings

Secondary to Diabetes : **Yes**

Schizophrenia, Supported By Medication, Hospitalization

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BPH, Supported By Symptoms, Medication

Chronic Kidney Disease, Supported By Lab tests

What stage : 3 [GFR 30-59]

Secondary to Diabetes : Yes

Secondary to Hypertension : Yes

Other, Supported By History

Other : has Acquired keratosis [keratoderma] palmaris et plantaris - callous on bilat feet, Podiatrist shaves them down whenever they become bothersome

Chronic Kidney Disease secondary to Diabetes, Supported By Elevated BUN/Creatinine

Patient on ACE or ARB : Yes

Diabetes, Supported By Physical findings, Medications

Type : Type 2

Most recent Hb A1C, value : 7.1

And Date : July2021 per daughter

Met with a nurse or dietician for diabetic education : No

Met with a diabetic educator : No

Hypertension and Diabetes, Supported By History, Medications

Is patient on Ace or ARB : Yes

History Of

Deep Vein Thrombosis, Supported By Active

Supported by : Use of anticoagulation

Describe :

Persistent for three months or more : Yes

Care management related to self - assessment and psychosocial behaviors

- Further assessment and questioning should be done to determine if patient's literacy level is adequate, limited or poor to determine the best method to communicate instructions and information to the patient.

When you get written information at a doctor's office would you say it is? : Somewhat difficult

Comment :

When you read the instructions on a prescription bottle would you say that it is? : Somewhat difficult

Comment :

How confident are you in filling out medical forms by yourself? : Not at All Confident

Comment :

- Social service referral to further assess social support infrastructure.

During past 3 months has physical or emotional health limited social activities with family, friends, neighbors or groups? : Sometimes

Comment :

- Social service referral to further assess social support infrastructure

Do you have someone who can help if you are sick or have problems? : Yes

Comment :

- Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy? : No

Comment :

- Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive? : No

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Comment :

- Counsel patient on the need for a Durable Power of Attorney

Durable Power of Attorney : Yes

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADL's.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : Need Some Help

Refer patient for a physical therapy evaluation related to ADL's

B. Getting in or out of chairs : Need Some Help

C. Toileting : Need Some Help

D. Bathing : Need Some Help

E. Dressing : Need Some Help

F. Eating : No

G. Walking : Need Some Help

Comment: has a personal care worker who comes in daily to assist with ADL's

How far can you walk : Less than one block

H. Going up or down stairs : Need Some Help

How many stairs can you climb : Three to five

Care management related to past medical history

Do you use any assistive devices? (Check device or none if no devices used)

Answer: Walker

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Podiatrist	Dr Patel	callous trimming
Nephrologist	Dr Cassidy	CKD3
Cardiologist	Dr. Zagol	Elaquis monitoring/DVT

If no activities are checked as need some help or total help

Refer patient for a physical therapy evaluation : 3

A. Seen your PCP

Refer patient for a physical therapy evaluation related to ADL's

B. Visited the Emergency Room : 1

If one or more, describe

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fell after tripping on O2 tubing, landed on floor left side

D. Been in a nursing home : 1

If one or more, describe
NH for rehab after fall

E. Had Surgery : None

- Have you ever been hospitalized prior to the last 12 months?

Answer: No

- In the past year how many times have you Fallen?

Answer: Once

Comment: fell at home, tripped on O2 tubing, fell hard on floor, ambulance called and kept overnight at hospital then to NH for rehab

Do you worry about falling or feeling unsteady when standing or walking

Answer: No

Worries about falling or feeling unsteady when standing or walking?

Answer: No

Did you have a fracture in past 6 months?

Answer: Yes

Was it due to fall?

Answer: Yes

Comment: It rib fractures daughter unsure of which ribs

Are you on osteoporosis med?

Answer: No

Social service referral to evaluate history of potential abuse

- Have you ever physically or felt emotionally abused by someone

Answer: No

-Have you lost weight in the past 6 months?

Answer: 10lbs

Comment: while in NH/rehab, gaining some of it back since being back home

Care management related to preventive care

Counsel patient on screening guidelines with relation to type of screens that are age and gender appropriate and timelines for those screens going forward.

Screen	Answer
Colonoscopy	No
Breast Exam/Mammography	Not Applicable
Cervical Screening	Not Applicable
Bone Density	Not Applicable
Prostate Exam/PSA	No
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes

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If Diabetic Hgb A1c screen	Yes
Lipid Panel	Yes

Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother	DMII	natural causes age 90's

- In the past year how many times have you Fallen?

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Assessors Comments :

Virtual visit with member. his daughter was present for the interview and was able to fill in many gaps as member is on constant O2 and it is sometimes hard to talk and breath with COPD
Daughter showed and identified her father with his Optima ID card. She reports he fell over a month ago at home on lt side and fractures a few ribs. He is doing well post rehab. The member denies metatarsalgia and or rt toe pain listed in preexisting conditions. He has PAD and a DVT. He has chronic edema in Bil feet and ankles and wears no support hose. Daughter says he is not a special diet and eats what he wants.
Member denies tinea unguium as in preexisting dx.
PE portions and areas left blank in PE: auscultation, percussion, palpation, rhomberg, reflex testing, vital signs, exams of orifices could not be performed due to virtual visit