

# CONFIDENTIAL INFORMATION

**From :**

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

**To :**

PHYSICIAN, MR PRIMARY CARE MD  
4417 CORPORATION LANE  
23462

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c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

MARY M FISCHBACH

c/o Focus Care

500 West Cummings Park Suite 2700| Woburn, MA 01801

4417 CORPORATION LANE

VIRGINIA BEACH

2022-05-26

PHYSICIAN, MR PRIMARY CARE 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:

MARY M FISCHBACH

900042478\*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,

## Your Vital Signs

Blood Pressure	123/71 mmHG	Pulse	60	Respiratory Rate	21
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# Patient Assessment Summary

Name	: MARY M FISCHBACH	Age	: 80
Date of Birth	: 1941-06-02	Member ID	: 900042478*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Female	Address	: 1021 GERMAN SCHOOL ROAD APT 123,RICHMOND,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 804/651-7088,804/651-7088,

Temp	97.2	Pulse Oximetry	95	Pain Scale /10	0
Age	80	Patients Height	5	Patients Weight	140
BMI	24.0				

## Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	Select		could not obtain images - pt on home ventilator and positioning/lighting could not obtain good images with face mask on (ventilator)		
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
	IPRATROPIUM/	SOL ALBUTER	Select	Select		Taking
	ALBUTEROL	NEB 0.00083	Select	Select		Taking
	METOPROL SUC	TAB 25MG ER	Select	Select		Taking
	SPIRIVA	CAP HANDIHLR	Select	Select		Taking
	OXYCODONE	TAB 10MG	Select	Select		Taking
	ALPRAZOLAM	TAB 1MG	Select	Select		Taking
	LOSARTAN POT	TAB 25MG	Select	Select		Taking
	VENTOLIN HFA	AER	Select	Select		Taking
	MUPIROCIN	OIN 0.02	Select	Select		Taking
	BUMETANIDE	TAB 1MG	Select	Select		Taking
	FLUTICASONE	SPR 50MCG	Select	Select		Taking
	TRAZODONE	TAB 50MG	Select	Select		Taking

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	GLIMEPIRIDE	TAB 1MG	Select	Select		Taking
	METOPROLOL SUCCINATE ER		Select	Select		Taking
	SPIRIVA HANDIHALER		Select	Select		Taking
	ALBUTEROL SULFATE		Select	Select		Taking
	IPRATROPIUM BROMIDE/ALBUTEROL SULFATE		Select	Select		Taking
	OXYCODONE HYDROCHLORIDE		Select	Select		Taking
	FLUTICASONE PROPIONATE		Select	Select		Taking
	TRAZODONE HYDROCHLORIDE		Select	Select		Taking
	LOSARTAN POTASSIUM		Select	Select		Taking
	ALBUTEROL SULFATE HFA		Select	Select		Taking
	MUPIROCIN		Select	Select		Taking

## Over the Counter Medications / Supplements

Answer:

### Race

Answer: **Caucasian**

### Preferred language

Answer: **English**

## Diagnoses under Chronic Care Management

### Active

#### Difficulty with vision

Legally Blind**No**

#### Chronic Respiratory Failure

##### COPD

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

Has patient been told they have Emphysema**No**

Is patient on Bronchodilator**Yes**

Route is :

Is patient on Steroids**No**

Does patient have current exacerbation**No**

#### Sleep Apnea

#### Congestive Heart Failure

Describe

Secondary to Hypertension**Yes**

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Is patient on an ACE or ARB**Yes**

Is patient on a Beta Blocker**Yes**

## Hypertension

Adequately controlled**Yes**

## Generalized Anxiety Disorder

## Chronic Kidney Disease

What stage

Secondary to Diabetes**No**

Secondary to Hypertension**Yes**

yes and heart failure

## Urinary Incontinence

Related to stress**Yes**

Related to : **Dribbling**

Describe

## Other

Othermember states "I can't get to the bathroom fast enough."

## Osteoarthritis

Which joints**left hand**

## Diabetes

Type**Type 2**

Most recent Hb A1C, value**8%**

And Date**unknown**

Met with a nurse or dietician for diabetic education **No**

Met with a diabetic educator**No**

## History Of

### Cataracts

Secondary to Diabetes**No**

### Asthma

Is patient on controller medications**Yes**

Does patient use rescue medications**Yes**

Does patient have current exacerbation**No**

### Hypoxemia

### Pneumonia

Etiology

History / finding of Lung abscess**No**

History / finding of Empyema**No**

### Respirator Dependence/ Tracheostomy Status

### Respiratory Arrest

### Myocardial Infarction

Is patient taking a Beta Blocker

Is patient taking

### Gall Bladder Disease

### Basil Cell Carcinoma

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## Care management related to self - assessment and psychosocial behaviors

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?**Often**

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 and or provide medication for smoking cessation.

Tobacco Use**Current**

Comment : **someday smoker**

Type

Comment

Counsel patient on the need for a Healthcare Proxy.

Do you have a Healthcare Proxy?**No**

Comment :

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

Do you have a Durable Power of Attorney?**No**

Comment :

Counsel patient on the need for an Advance Directive.

Do you have an Advance Directive?**No**

Comment :

Further assessment is required with a GAD 7 and or referral for a psychological evaluation

Are you nervous, anxious, feel on the edge or often feel stressed?**Yes**

Comment :

Do you worry too much about different things?**Yes**

Comment :

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## 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**

Comment: uses rollator walker

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

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

C. Toileting : **No**

D. Bathing : **Need Some Help**

E. Dressing : **No**

F. Eating : **No**

G. Walking : **No**

H. Going up or down stairs : **No**

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## Care management related to past medical history

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

Answer: Other

**Other**

**Describe**

Answer: rollator walker, electric wheelchair

Are you currently seeing any specialists?

Answer: Yes

Medical Specialty	Specialist	For
Cardiologist	Denise Deets	SSS, AAA, pacemaker/defibrillator
Other	Hepatologist (unknown)	elevated liver enzymes
Nephrologist	Dr. Condro	CKD

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

Refer patient for a physical therapy evaluation : 4

A. Seen your PCP

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

B. Visited the Emergency Room : None

C. Stayed in the hospital overnight : None

D. Been in a nursing home : None

E. Had Surgery : None

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

Answer:

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

Answer: More than three times

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

Answer: Yes

**Worries about falling or feeling unsteady when standing or walking?**

Answer: Yes

**Did you have a fracture in past 6 months?**

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:

## Care management related to preventive care

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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	No
Cervical Screening	No
Bone Density	No
Prostate Exam/PSA	Not Applicable
If Diabetic Eye Exam	No
If Diabetic Foot Exam	No
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
Select Family Member	unknown family history - both parents died when very young and her brothers and sisters are scattered throughout the US and she's lost contact	

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

Answer: More than three times

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

Answer: Yes

Worries about falling or feeling unsteady when standing or walking?

Answer: Yes

Did you have a fracture in past 6 months?

Answer: No

### Assessors Comments :

80yo female with longstanding history of cardiopulmonary compromise. She has a pacemaker/defibrillator; uses a home ventilator system with continuous 2L O2 for COPD history and history of respiratory arrest. Her PCP has started the referral process for additional assistance with decreased ability to perform her ADLs. I spoke to her PCP Caroline Blevins MD (804-560-0490) to update on the HRA findings which is consistent with difficulties performing her ADLs, increased risk of injury in her current environment, high fall risk, and the inability to remove her ventilator without decreased PaO2 from 95% to 84%. She has issues with bathing, dressing, and cooking. She lives with her spouse who appears disabled and recently underwent surgery so he cannot lift or provide the assistance that this patient needs.