

CONFIDENTIAL INFORMATION

From :

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

To :

Dr. CARMACK, JOHN MD
1088 LONDON LINKS RD
FOREST, VA, 24551

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

WILLIAM A WATKINS

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

Dr. CARMACK, JOHN MD
1088 LONDON LINKS RD
FOREST,VA,24551

2022-02-02

Dear Dr. CARMACK, JOHN 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:

WILLIAM A WATKINS
900046825*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,

A handwritten signature in black ink, appearing to read "T. Lundquist".

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

Patient Assessment Summary

Name	: WILLIAM A WATKINS	Age	: 66
Date of Birth	: 1955-06-20	Member ID	: 900046825*01
Evaluator Name	: undefined	Date	: undefined
Gender	: Male	Address	: 223 MCCONVILLE ROAD PO BOX 476,LYNCHBURG,VA
Lob	: DSNP	Marital Status	: Single
Email	:	Phno	: 434/579-9925,434/579-9925, 434/579-9925

Your Vital Signs

Blood Pressure	140/84 mmHG	Pulse	83 bpm	Respiratory Rate	12
Temp	97.7	Pulse Oximetry	96	Pain Scale /10	0/10
Age	66	Patients Height	5 feet 8 inch	Patients Weight	246 lbs
BMI	37.4(Moderate Obesity (BMI 35 – 39.9))				

Your Screenings

Screening Name	Screening Completed	Exam Date	Screening Result	Diagnosis	Comments
DIGITAL_RETINAL_EXAM	No				
HBA1C	No				
MICROALBUMIN	No				
FOBT	No				
DEXA	Select				
PAD	No				
Peak Flow Meter	No				

Allergies

Answer: **yes**

Substance	Reaction
penicillian	unknown, reaction as child

Your Medications

Diagnoses	Label Name	Dose / Units	Route	Frequency	Prescribing Physician	Status
GERD	PANTOPRAZOLE TAB	40MG	PO = By Mouth	QD		Taking
hyperlipidemia	ATORVASTATIN TAB	80MG	PO = By Mouth	QD		Taking
diabetes	NOVOLOG	INJ FLEXPEN	SQ = Subcutaneous	TID		Taking
diabetes	LEVEMIR	30 AM, 40 PM	SQ = Subcutaneous	BID		Taking
CHF	FUROSEMIDE	TAB 40MG	PO = By Mouth	BID		Taking
hypocalcemia	CALCITRIOL	CAP 0.25MCG	PO = By Mouth	QD		Taking
stroke/CAD	CLOPIDOGREL	TAB 75MG	PO = By Mouth	QD		Taking
depression	MIRTAZAPINE	TAB 15MG	PO = By Mouth	QD		Taking
BPH	TAMSULOSIN	CAP 0.4MG	PO = By Mouth	QD		Taking
orthostatic hypotension	midodrine	5 mg	PO = By Mouth	QD		Taking
depression	Duloxetine	60 mg	PO = By Mouth	BID		Taking

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vitamin deficiency	zinc	50 mg	PO = By Mouth	QD		Taking
vitamin deficiency	multi vit	1 tab	PO = By Mouth	QD		Taking
stroke/CAD	eliquis	5mg	PO = By Mouth	BID		Taking

Over the Counter Medications / Supplements

Answer: **No**

- Race

Answer: **Caucasian**

- Preferred language

Answer: **English**

Diagnoses under Chronic Care Management

Active

Retinal Disease, Supported By History

Secondary to Diabetes : **Yes**

Vitreous Hemorrhage : **No**

Cardiomyopathy, Supported By Echo, Cardiac Cath

Secondary to Hypertension :

Congestive Heart Failure, Supported By Cardiomegaly

Describe : **Diastolic**

Secondary to Hypertension : **No**

Is patient on an ACE or ARB : **No**

Is patient on a Beta Blocker : **No**

Hyperlipidemia, Supported By Medication

Is patient on Statin : **Yes**

Ischemic Heart Disease (CAD), Supported By Cardiac Cath, History of coronary stent, Medications

Other, Supported By History, Symptoms, Medications

Other : **orthostatic hypotension.** states this is improving and is only taking Midodrine once daily rather than TID as prescribed.

GERD, Supported By Medications

Depression, Supported By Use of antidepressant medication

Major : **Yes**

Supported by : **Chronic use of antidepressant medication beyond 6 months**

Peripheral Neuropathy, Supported By Physical findings

Secondary to Diabetes : **Yes**

Stroke, Supported By Hospitalization, Physical findings

BPH, Supported By Medication

Diabetes, Supported By Medications

Type : **Type 2**

Most recent Hb A1C, value : **7.6**

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And Date : July 2021

Met with a nurse or dietician for diabetic education : Yes

Met with a diabetic educator : Yes

Treatment includes : Insulin

currently in exercise program as well

Diabetic Retinopathy, Supported By Funduscopy exam, Retinal Injections

Patient sees Ophthalmologist : Twice a year

Peripheral Neuropathy secondary to Diabetes, Supported By Physical exam

Patient sees Podiatrist : No

History Of

Myocardial Infarction, Supported By History of Hospitalization / Procedure for MI

Is patient taking a Beta Blocker : No

Is patient taking : Other

Describe : undefined

Acute Renal Failure, Supported By Other

Describe : pt had AKI requiring HD with hospitalization in March. Received dialysis while hospitalized and at out patient center 3-4 times.

AKI resolved and dialysis catheter was removed. Patient unsure status of CKD at this time.

Etiology : as above.

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

Who do you currently live with? : Alone

Comment :

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

Healthcare Proxy : Yes

Comment :

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

Durable Power of Attorney : Yes

Comment :

- Counsel patient on the need for an Advance Directive / MOLST orders

Advance Directive / MOLST orders : Yes

Comment :

Care management related to patient's activity levels

- Patient should be referred for a physical therapy evaluation related to ADLs.

Refer patient for a physical therapy evaluation

A. Getting in or out of bed : No

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

B. Getting in or out of chairs : **No**

C. Toileting : **No**

D. Bathing : **No**

E. Dressing : **No**

F. Eating : **Need Some Help**

G. Walking : **Need Some Help**

How far can you walk : **Less than one block**

Comment: only with walker

H. Going up or down stairs : **Need Some Help**

How many stairs can you climb : **More than ten**

Comment: able to climb easily, needs assistance going down stairs

Care management related to past medical history

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

Answer: Cane , Walker , Other

Other

Describe

Answer: shower chair

Are you currently seeing any specialists?

Answer: **Yes**

Medical Specialty	Specialist	For
Cardiologist	Centra Cardiology	CAD
Neurologist	Dr. Policard, Centra Neurology	stroke
Endocrinologist	Dr. Kaupy, Centra	Diabetes
Ophthalmologist	Piedmont eye center	diabetic retinopathy
Psychiatrist	Centra, Dr. Johnson	depression

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 : **2**

If one or more, describe

Stroke

MI/ AKI

C. Stayed in the hospital overnight : **3**

If one or more, describe

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stroke
MI/AKI
elevated BGL

D. Been in a nursing home : 2

If one or more, describe
two stays each after hospital discharges

E. Had Surgery : 2

If one or more, describe
Stent placement
Loop recorder placement

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

Answer: Yes

Describe

Answer: CAD

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

Answer: Once

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: 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: 5lbs

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	Yes
Breast Exam/Mammography	No
Cervical Screening	Not Applicable
Bone Density	No
Prostate Exam/PSA	Don't Know
If Diabetic Eye Exam	Yes
If Diabetic Foot Exam	Yes
If Diabetic Hgb A1c screen	Yes

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Lipid Panel	Yes
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Care management related to diagnoses and symptoms

Family History

Answer: Yes

Family Member	Medical Condition	Cause of Death
Mother		lung cancer
Father		MI

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

Answer: Once

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: No

Assessors Comments :

Face to Face visit was completed. Pt was identified with name and date of birth. Pt verbally provided their height and weight. Any blanks left in this assessment were unable to be completed during this assessment today. Pt was informed that their PCP would receive a copy of this assessment.

Pt has had very complicated year with regards to medical health. Had stroke and MI requiring multiple hospitalizations. Had AKI requiring temporary dialysis, this has resolved, pt unsure if he has CKD. Pt currently on dual antiplatelet therapy with Plavix and Eliquis. He states that due to being on a fixed budget, he is not going to be able to afford Eliquis next month and is wanted to talk to someone at Optima regarding coverage for this.