

**Adult male under 65 with Type II Diabetes**

Patient Name: Mr. Alcivar Castillo  
Gender: Male  
Age: 55  
Insurance: Uninsured  
Diagnosis: 250.00 Newly Diagnosed Diabetes Mellitus, Type II

**Scenario:** Mr. C. presented in the Emergency Room (ER) with complaints of intermittent dizziness, thirst, and periods of diaphoresis. During the ER medical screening and treatment Mr. C received the following:

- CBC
- Chemistry Profile
- A1c
- Urinalysis
- Vital Signs
- Ht/Wt
- IV Fluids
- History and Physical
- Prescription for Insulin

**ER Discharge Instructions:**

When Mr. C was stabilized and the decision was made to discharge him to home the ER Service Navigator met with him to facilitate his discharge planning. The ER Service Navigator completed a simple interview and identified per Mr. C he has no insurance and could not pay for the prescription Insulin and blood pressure medications that the ER physician wrote for him. The ER Service Navigator **escorted Mr. C to the hospital's financial counselor to seek some financial assistance**, if eligible. During the financial counseling it was discovered that Mr. C prefers to be spoken to in Spanish. He does understand English but is not proficient in the language.



Through the assessment process the ER Service Navigator also found out from Mr. C he has been to the Hospital in the past 6 months for the same symptoms, does not seek routine primary care provider because he cannot afford his medications and cannot afford to pay for doctor visits and Mr. C feels he has not gotten better. Mr. **C's wife is disabled and cannot care for** their 4 children. Mr. C often misses work to take care of the children and is afraid of losing his job. His A1c is 13 and Mr. C expresses concern he cannot afford the types of food he needs to manage his diabetes. He has a high school education.

**Action: Referral to Primary Care**

The ER Service Navigator at the hospital makes an appointment for Mr. C to be seen at your health center.

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**Mr. C's First Primary Care Visit Intake:**

**Visit Findings:**

1. Mr. C is obese (BMI 38)
2. Diet consists of high carb and high fat
3. Walks 20 minutes 3x week most weeks
4. Mr. C does not understand his new diagnosis of diabetes
5. Mr. C has trouble getting his medications
6. Mr. C does not have a glucometer
7. Blood pressure is 150/95
8. Has not been to a dentist in over 5 years.
9. Does not speak or understand English very well.
10. Did not graduate from high school
11. Smokes cigarettes – 2 packs a day
12. Does not drink alcohol
13. No current use or history of substance use/abuse disorder
14. A1c is > 13
15. Diabetes Distress 2 (DDS-2) question scale = Moderate Problem
16. PHQ 9 Score = 8



General: Population Based Stratification of Risks		
Low	Rising	High
No chronic condition <b>AND</b> Age < 65 No ongoing complications (co-morbidities) No ER visits in the last 12 months No Inpatient Admissions in the last year No lifestyle/behavior risk factors (smoking, physically inactive, SAD/SUD, etc) BMI < 30 No psychosocial, environmental, or health care access Negative PHQ-2 or PHQ-9 score range < 10	Chronic Condition <b>AND no more than three of the following risk factors:</b> Age 65-70 1-2 ongoing complications (co-morbidities) 1-2 ER visits in the last 12 months 1-2 Inpatient Hospitalizations in the last year <1-3 lifestyle/behavior risk factors ((smoking, physically inactive, SAD/SUD, etc) BMI > 30 but less than 40 1-3 psychosocial, environmental or health care access risks, with one being uninsured. PHQ -9 score range = 10-14	Chronic Condition <b>AND more than three of the following risk factors:</b> Age 70+ More than 2 ongoing complications (co-morbidities) More than 3 ER visits in the last 12 months More than 3 hospitalizations in the last year > 3 lifestyle/behavior risk factors ((smoking, physically inactive, SAD/SUD, etc) BMI > 40 > 3 psychosocial, environmental or healthcare access risks, with one being uninsured. PHQ-9 score range = 15-19



**Second Tier Segmentation: Diabetes Risk Stratification**

Low	Rising	High
A1c < 7% BP ≤ 130/80 BMI < 30 No ongoing complications of diabetes DDS-2 – Not a problem-slight problem (responses in 1-2 range)	A1c 7.0 % - 8.9% <b>OR</b> No documented A1c in the last 6 months <b>AND at least one of the following:</b> BP 130/80 – 140/90 BMI > 30 but less than 40 DDS-2 = Moderate-Somewhat Serious problem (responses in 3-4 range) <b>OR</b> Diabetes Dx 60-90 days	A1c ≥ 9.0 % <b>OR</b> No documented A1c in last six months <b>AND at least 1 of the following:</b> BP > 140/90 BMI > 40 DDS-2 = Serious to very serious problem (response in 5-6 range) <b>OR</b> Diabetes Dx < 60 days

**PHQ-9**

Total Score	Depression Severity
0-4	None
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
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	Not a Problem	A Slight Problem	A Moderate Problem	Somewhat Serious Problem	A Serious Problem	A Very Serious Problem
1. Feeling overwhelmed by the demands of living with diabetes.	1	2	3	4	5	6
2. Feeling that I am often failing with my diabetes routine.	1	2	3	4	5	6







**What types of self-management support can you and/or others can provide to Mr. C to help him meet his goal?**

**What type of communication will you have with Mr. C along his journey to provide engaged support?**

**How frequent will you check-in with Mr. C?**

**Follow-Up: Think about and briefly describe methods you would consider using to address barriers he may tell you about during a check-in that may limit his success?**

