

# Case Study:

## Preventing costly health issues

Katrina is a service coordinator at a Section 8 building in New York. The building has about 150 apartments that house low-income seniors age 62 and older, as well as people 18 and older with disabilities.

### “Carolyn”

When new residents move in to the building, Katrina meets with them to introduce herself, assess the residents’ needs and determine how she can assist them. When she met with “Carolyn,” a new resident in her seventies on Medicare and Medicaid, Carolyn mentioned she was having some tooth pain. Carolyn hadn’t seen any medical professionals in over 10 years. She didn’t know how to find a dentist who would take her insurance and didn’t have a way to get to the appointment.

Katrina linked Carolyn with a dentist that accepted her insurance and arranged transportation to take her to the office. At the appointment, Carolyn was told that not only was her tooth infected, but also the dentist suspected she had mouth cancer.

Carolyn was overwhelmed and didn’t know what to do next. Katrina worked with her, the dental clinic and a local cancer provider to get a follow-up appointment. Carolyn had a biopsy, which determined she had a pre-cancerous lesion. The lesion was easily removed, and Carolyn did not need any additional cancer care.

Without Katrina’s intervention, Carolyn’s lesion would have developed into cancer, leading to costly treatment billed to Medicare and Medicaid. Instead, the issue was resolved within three outpatient visits.

In addition, Carolyn has received complete medical care, sees her primary care physician regularly, and has no other health issues.

# \$71,732

**The average increase in total annual health care spending in patients during the year following a diagnosis of oral cavity, oral pharyngeal or salivary gland cancer.\***

\*Delta Dental of Michigan Research and Data Institute, 2012

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