



# A Case Study

# Background

- Member is a early 20s transgender FTM
- History of behavioral issues with providers
- Referred to Case Management from Ombuds team to help provide support and guidance
- Establish with a PCP, facilitate specialist referrals and help with relationships with providers

# Building Rapport and Relationship

- **Primary Care Provider – establishing care**
  - **Managing expectations**
  - What PCPs can do and what they cannot do
- Helping member with expectations, telephone calls and talking with people over the phone
  - Modeling behavior
  - Three-way phone calls
- Word choice
- Talking with providers/front staff/office manager before the appointment

# Managing Expectations

- Case Management
  - Goals of CM
  - Assessments, phone calls, email
- Setting Boundaries
  - Personal boundaries – length of phone calls, word choice, tone, closed loop communication
    - Acknowledging challenges, apologizing, direct communication
  - Members boundaries – when is the best time to call? email?

# Barriers to Care

- Personal Barriers

- Marginalized population
  - Mental health diagnosis, SUD, chronic illness, race, LGBTQ+, age
- SDOH needs
  - Housing, food, transportation, technology
- Personal responsibility vs System responsibility

- System Barriers

- Cancel culture
- The 'Right' thing

# Questions

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