

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Bawling</i>	DATE <i>11/7/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000349</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claude 11/21/04, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11/16/06</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

Cardiovascular Disease

W. STRAT STAVROU, MD, FACC, FAHA,
J. DALE CANNON, JR., MD, FACC, ESCAL
C. WEST JACOCKS, IV, MD, FACC
MITCHELL W. JACOCKS, MD



**Sumter
Medical
Consultants, P.A.**

Gastrointestinal Disease

T.D. WILLIAMS, III, MD, FACC,
KENT N. CUNNINGHAM, MD,
SCOTT R. MEDURFEE, MD,
FLOYD L. ANGUS, MD

Pulmonary Disease

CHARLES H. WHITE, JR., MD, FCCP

October 23, 2006

NOV - 6 2006

RECEIVED

MEDICAL SERVICES

**DHHS
RECEIVED**

NOV 07 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

To Whom It May Concern:

Re: Debra K. Lowder
DOB: 04/11/59
Our File #: 1743

Mrs. Debra Lowder is a patient of mine who has been followed at Duke University for her previous heart/lung transplant since the initial procedure in December 1998. She has continued to have multiple complications and multiple adjustments in medications, and has continued to be followed by them. Because of her complexity of complications, it would be to her detriment to try to be followed at another institution where her case would not be as well known. I am sending you a copy of my history and physical, detailing most of the problems that she has had. Again, it would be a detriment to her to not be able to be followed in the institution where she initially had her transplant procedure.

Sincerely,

W. Strat Stavrou, FACC, FAHA
LPI# B91941

WSS/ppm

Enclosures: (3)

Medicaid # 250 13 8387A
Medicaid # 8436951101

Debra K. Lowder 47 YO WF
DOB: 04/11/59

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Department of Health & Human Services
OFFICE OF THE DIRECTOR

#1743
SEP 21, 2006
Wt. 153.2 (up 1 ½ lbs.)
Ht. 4'11"
BP 138/90
P 110

CHIEF COMPLAINT:

Pt. has had a history of congenital heart defect, dyspnea, chronic hoarseness, & atypical chest pain. She was initially diagnosed as having ASD during her pregnancy, which was repaired in 1982. She had a surgical repair post-delivery, but unfortunately, was found to have developed a recurrent ASD, pulmonary hypertension, & Eisenmenger's Complex in 1993. On 12/27/98 she underwent heart & lung transplant. She did have a stormy postoperative course, & has had multiple complications since that time. She has a history of CMV virus infection-treated. She has had a transient seizure disorder. She has abnormal PFT's that limit her ability to get around, w/FEV 1 of 1.61 liters, & FVC of 1.91 liters in 02/2000. She has not had diabetes, but she has had hypertension. She also has mild renal insufficiency w/Creatinines ~2.0-2.5. She developed a chronic thrombus in her rt. internal jugular vein w/Venous Study 10/2002 confirming a thrombus that had recanalized.

SYMPTOMS:

47-YO WF, comes in because she has to have a written referral to be seen at Duke for FU because of SC Medicaid. She is being followed there for her post-lung & heart transplant, w/multiple complications as described previously. She apparently has had some small air rejection of her lung, although her heart is doing quite well, & she has had the Prednisone & other meds. readjusted, & was also placed on Zithromax, 250 mgs. qd. She has to go back to Duke in Oct. for her heart, as well, although they say currently her heart is doing extremely well & she has had no PND, orthopnea, palpitations, syncope, or near syncope. She still has a cough productive of yellowish sputum, & no hemoptysis, & she still has fatigue. Her K+ has been increased recently & readjusted. She has not been diabetic, as of yet. SOB cont. to be a problem & is probably worsening w/the rejection. She has had regular BM's, w/no melena, hematochezia, or hematemesis. Her hoarseness remains unchanged. She is riding her exercise bike & doing quite well w/that.

PAST HISTORY:

In 02/2004 she did undergo hysterectomy & did reasonably well, however, she did have some problems w/waking up & had to be on a ventilator for a period of time. She had the heart & lung transplant for the ASD & recurrence w/Eisenmenger's Complex in 12/93. She has had intermittent seizure disorder. She has chronic headaches, chronic hoarseness w/vocal cord paralysis related to her transplant.

Debra K. Lowder 47 YO WF
DOB: 04/11/59

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(Continued):

FAMILY HISTORY:

Mother is age 72, w/heart disease. Father is age 72, & has had a Stent & CAD. He is not drinking alcohol currently, but has drunk heavily in the past. She has a brother w/DM & hypertension, who is 7 yrs. older than she. She has a younger brother who has hypertension. She had a sister who died at age 38 w/breast Ca.

SOCIAL HISTORY:

She is married & lives w/her husband. She has one child who has graduated from USC. The pt. is rt.-handed. She has had multiple transfusions. She has an *intolerance/allergy to Codeine*. She is not able to work & is 100% Disabled.

REVIEW OF SYSTEMS:

Wt. is up 1 ½ lbs. No change in vision or hearing. No rash. No significant cough, wheeze, or hemoptysis. No significant dysphagia, indigestion, or reflux. No change in BM's, w/no melena, hematochezia, or hematemesis. No dysuria or hematuria. Ultrasound of the abd. in 03/2003 showed no anasarca, no hepatomegaly, & no splenomegaly.

MEDICATIONS:

See 09/21/2006 Medication Flow Sheet.

PHYSICAL EXAM:

She is 4'11" tall; Wt. is 153.2 (up 1 ½ lbs.); BP is 138/90; Pulse is 110. She is a middle-aged WF w/lft. eye slightly deviated laterally, chronic, & is wearing glasses.

HEENT PERL. Clear sclera. Normal conjunctiva & MM. Wearing glasses.
NECK no lymphadenopathy, thyromegaly, or bruits. Good carotid upstrokes. No neck vein distention.
CHEST is CTA. ML thoracotomy scar is noted. Good expansion. No consolidation.
HEART quiet precordium, S1, S2 normal.
ABDOMEN is soft & nontender, w/normal bowel sounds. No organomegaly, widening of the aorta, or bruits.
EXTREMITIES w/good pulses. Normal skin color & temp. No cyanosis or clubbing.

DATA REVIEWED:

12/17/2002, Lab. revealed Na. 143; K+ 4.9; CO2 24; Gluc. 88; BUN 37; Cr. 2.0; Magnesium 1.8; Hgb. 10.0; Hct. 30.6; WBC 6.0; Platelets 398,000; MCV 92.7.

Debra K. Lowder 47 YO WF
DOB: 04/11/59

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(Continued):

10/31/2002, LEVS revealed thrombus formation in the internal jugular vein, most proximal portion, w/what appears to be recanalization & flow w/a very patent proximal subclavian vein documented.

02/2000, PFT's revealed FEV 1 of 1.61 liters, 62%; FVC of 2.10 liters, 70%.
08/98, Lft. central line was inserted for Chemotherapy for CMV infection.

ASSESSMENTS:

1. SP-congenital heart defect, ASD-repair failed, w/Eisenmenger's Complex, w/heart & lung transplant at Duke w/multiple complications postoperatively, including CMV, seizure disorder, hoarseness & vocal cord paralysis, & apparent depression-currently on Epo.
2. History of benign breast biopsies in the past.
3. History of COPD.

RECOMMENDATIONS:

1. The pt. will need to be cont. to be followed at Duke w/her complicated situation, & in fact, w/her current situation this is the only place where she can be seen in this area; therefore, her FU at Duke is essential for her to do well.

*WSStavrou/ppm
xc: Dr. Compton



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

November 21, 2006

Robert M. Kerr
Director

W. Strat Stavrou, MD
Sumter Medical Consultants
540 Physician's Lane
Sumter, South Carolina 29150

Dear Dr. Stavrou:

Thank you for your letter regarding Mrs. Debra Lowder and her referral to Duke University Medical Center for continuation of care following her heart/lung transplant. We welcome the opportunity to be of assistance.

Ms. Martha Mitchell, Program Manager for Out-Of-State Services with the Division of Physician Services, contacted your office and spoke with Cindy concerning the required documentation. On November 14, 2006, the completed Request for Out-Of-State Services referral was received, and the services were authorized. We are enclosing a copy of the approval letter that was forwarded to Duke University Medical Center.

Again, thank you for your continued support of the South Carolina Medicaid program. If you have additional questions concerning the out-of-state referral authorization, please contact Mr. William Feagin, Team Leader in the Division of Physician Services, at (803) 898-2660.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Deputy Director

SBB/gwd

Enclosure

#349