

Contextual Care Exercise¹

What is the best next thing for this patient at this time?

A note before you begin: It may be tempting to respond to questions below by saying that the physician would have done a better job if they'd had more time. While it may seem counter-intuitive, the length of time scheduled for an appointment has been demonstrated not to be relevant to the problems illustrated in the example below. There is research to show that when physicians explore, acknowledge, and respond to patients' individual situations and address underlying needs, visits are not on average any longer. That is not to deny that longer visits would be beneficial, just that they are not a factor in accounting for why decision making is patient-centered in some encounters but not in others, under similar time constraints.

CASE:

A patient arrives at the clinic with a blood pressure reading of 180/93. He is also overweight.

What would be your next step?

Scenario One:

Provider: "We need to get you on some more medication for your hypertension."

What are your thoughts on this response to the patient's high BP?

¹ These materials have been developed with support from the Department of Veterans Affairs. Any views expressed are those of the authors and do not necessarily reflect the position or policy of the U.S. Department of Veterans Affairs or the United States government.

Scenario Two:

Provider: "What is going on with your blood pressure? It's quite high."

How does this response differ from the provider's response in Scenario One?

What kinds of information could be revealed in response to the provider's question in Scenario Two?

Scenario Two (continued):

Provider: "What is going on with your blood pressure? It's quite high"

Patient: "I don't take my blood pressure meds because my body is different than other people's. It's okay that my blood pressure is above normal. If it's too low, like around 130, I can't get up in the morning - I don't have enough energy. And I know when my blood pressure is too high, because I get a headache. If I don't get a headache, I'm fine. Anyways, the blood pressure medications are a scam. They don't want anyone drug free. It's just a way to make money and increase stock profits for the drug companies."

How does this information influence your thoughts about next steps?

What are some possible reasons the provider in the first scenario didn't ask the patient about his life circumstances that might be affecting his blood pressure?

Scenario One (continued):

Provider: "I'm ordering you a new medication, take it once a day."

Patient: "Um, whatever..."

What do you think the patient's blood pressure will be when he returns? Do you think he will follow the plan of care correctly?

Why do you think the patient didn't spontaneously reveal to this provider that he thought it was okay to have high blood pressure and that he thought blood pressure medications were keeping him sick?

Scenario Two (continued):

Provider: Let's discuss some of this. Did you know high blood pressure really doesn't have symptoms even when it's dangerous? You might have heard it called the "silent killer." By the time you have a headache from your blood pressure, you're already experiencing damage to your body.

Patient: No one told me that.

Provider: And having higher blood pressure doesn't have anything to do with energy level. I'm not suggesting you don't feel that way, but it's not likely your high blood pressure.

Patient: I still think blood pressure medications are a racket. Doctors just get rich off of the pharmaceutical companies. You want to keep us sick.

Provider: I assure you that I don't own any stock in any drug companies. I am your doctor, and my job is to take care of your health.

Patient: I still don't trust the whole medical system. I won't take those medications.

Provider: Okay, well, how about we talk about some lifestyle and dietary changes you can make that could be good for your health and might lower your blood pressure a bit? And I could refer you to our wellness program.

Patient: Yes, I'd like that.

Provider: Great. I'm still concerned about your blood pressure remaining too high, but this is a step in a healthy direction.

Do you think the patient may have a more positive feeling about working with the health care team when he returns? Do you think he will follow the plan of care?

In Scenario Two, the provider was able to respond to the patient's context, which includes his attitude towards the health care system, as it impacted his ability to manage his health.

What are the challenges to incorporating a patient's context into a future plan of care?

Have you encountered a patient where their context impacted their ability to manage their care? What happened?

Were you able to incorporate the patient's context into the plan of care? What was the outcome?

What can providers do to explore and incorporate patient context?