

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's records indicate that he hasn't refilled a 30-day prescription for blood pressure medication in several months, but he states that he is taking the medication. When asked he confirms that he took it this morning. His blood pressure is 138/85 (He is prescribed to take one pill daily.)

What would be your next step?

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 One:

The provider does not ask the patient why he still has medications at home when records indicate he should have run out of them.

What are your thoughts on this response?

Scenario Two:

Provider: "It's odd that you still have medication left. It appears from the records that you should have run out. Tell me how you're taking your medication."

What are your thoughts on this response?

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: "It's odd that you still have medication left. It appears from the records that you should have run out. Tell me how you're taking your medication."

Patient: "I take a pill when I feel my blood pressure is high."

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 how he was taking his medication?

Scenario One (continued):

Provider: "It looks like you still have refills available."

Patient: "Okay, that sounds great."

What do you think will happen with this patient's medication adherence?

Why do you think the patient didn't spontaneously reveal to this provider that he was not taking his medication as prescribed?

Scenario Two (continued):

Provider: "I see. Do you remember that we discussed you were to take one pill every day?"

Patient: "Oh, I thought I was only supposed to take it when I felt like my blood pressure was high, like if I feel tense or have a headache."

Provider: "Actually, you might not feel when your blood pressure is running high, that's why they call it the 'silent killer.' The medication you are on is meant to be used daily regardless of how you feel."

Patient: "I didn't know that."

Provider: "Have you been feeling tense a lot or having frequent headaches?"

Patient: "No. I had a small headache this morning so I took a pill."

Provider: "Are there any issues with you taking the pill every day?"

Patient: "No, I should be able to do that."

Provider: "Most of my patients find it convenient to take it every morning. You mentioned you took it this morning, so I suggest you do that daily no matter how you feel. Would that work for you?"

Patient: "Yeah, I can just put the bottle next to the coffee maker, that will remind me."

Do you think the patient will follow the plan of care? Why or why not?

In Scenario Two, the provider was able to respond to the patient's context, which was his knowledge or understanding of how to take his medication correctly.

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?