

Name:

Date:

Contextual Care Exercise¹

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

The following case exercise is intended to facilitate reflection on the challenges of adapting Veterans' care to their individual needs and circumstances, or context. It is constructed from an audio recorded encounter between a clinician and Veteran in which the care plan was contextualized, and a visit for a similar encounter in which it was not. This exercise will count toward both category 1 CME credit and ABIM Maintenance of Certification (MOC) Credit for physicians participating in the Quality Improvement Project to Reduce Contextual Errors.

CASE:

A patient with diabetes arrives at the clinic. His lab results indicate that his diabetes is not well-controlled. He has a high glycosylated hemoglobin (A1C) indicative of poorly controlled diabetes. The patient's A1C is 11 (ideal reading is < 7). During the encounter, the patient states, "I'm not exactly taking the insulin the way I'm supposed to."

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:

Provider: “Well, that would explain why your A1C is not at goal. You need to make sure to take your long acting insulin at night and your short acting with meals. You know you’re supposed to do that, right?”

Patient: “Yeah, I know that.”

Provider: “Okay, make sure to take the insulin with meals three times a day and the long acting insulin at night.”

What are your thoughts on this response to the patient’s statement about not taking his insulin as prescribed?

Scenario Two:

Provider: “Can you tell me how you are taking it and why not as we discussed previously?”

Patient: “I’m having trouble paying for food. I also don’t have a proper stove - I just have a hot plate, so it’s hard to cook anything. I know I’m supposed to take my insulin with meals, so I thought it was best that I stop taking it.”

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 *why* he wasn’t taking his insulin as prescribed?

Scenario One (continued):

Provider: "So, we've discussed the importance of your taking your insulin on schedule. I've put in an order for refills. Do you need any supplies?"

Patient: "No, I've got all my supplies."

Provider: "We'll follow-up in three months."

Patient: "Okay."

What do you think the patient's A1C 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 was unable to afford food and therefore not taking his medications as prescribed?

Scenario Two (continued):

Provider: "How are you getting food now?"

Patient: "I have a SNAP card, but the grocery is 10 miles down the road and I don't have a way to get there except when I can get a ride. I often end up buying foods I shouldn't eat but snack on because they come in packages I can store like Oreos and Pop Tarts"

Provider: "Isn't there any place closer?"

Patient: "I only know of two places by me that I can go to."

Provider: "If you had access to healthy food, would you be able to take your insulin as prescribed?"

Patient: "Yeah, I did it in the past okay."

Provider: "I'm going to have you talk to our social worker today. Would that help?"

Patient: "Yes, but I still would have trouble cooking it..."

Provider: "The social worker may be able to help with getting a stove. I'm going to also send you to a dietician to talk about meals you don't have to necessarily cook. Until you have access to three meals, let's keep you on the long-acting insulin and change you back to metformin until your living situation improves. You can take that without meals. How does that sound?"

Patient: "Good."

Provider: "Are you checking your sugars at home?"

Patient: "Yeah."

Provider: "What was your reading this morning?"

Patient: "359."

Provider: "Do you understand that that is a high number?"

Patient: "Yeah, I guess."

Provider: "We definitely want to see those numbers at home under 200. If you start taking your insulin on schedule and can healthier food, those numbers should be better."

Patient: "Okay, I'll get on that."

What do you think the patient's A1C will be when he returns? Do you think he will follow the plan of care correctly?

In Scenario Two, the provider was able to address the patient's context, or his life situation, 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?