Name:
Date:
Contextual Care Exercise ¹ 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 audio recorded encounters between clinicians and Veterans. 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.
Please read each of the examples below and respond to the questions (type your answers in the boxes below).
CASE Example:
A 55-year old male Veteran with a history of untreated hypertension presented in clinic after having been recently diagnosed with diabetes following an eye exam for glasses that revealed retinopathy. He had not been in to see a primary care provider in over ten years.
What clue(s) suggest this patient might be facing life challenges ("contextual factors") that are relevant to their health or health care?
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.

The provider did not ask the patient why he hadn't been in to see a primary care provider in so long.
What are some reasons providers DON'T ask a patient why they aren't seeing their primary care provider as recommended?
The patient went on to mention that he is the sole caregiver for his severely disabled adult brother and spends all of his time attending to his brother's needs. He doesn't feel he can leave the brother alone at home.
What contextual issue did the patient just reveal?
How would you adapt your plan of care to incorporate this patient's life context?
Example continued:
The provider in this example did not address the patient's situation. This was a missed opportunity for the provider to help the patient manage his own health while taking care of his brother. This is an example of a "Competing Responsibility" (see 12 domains below) impacting the patient's ability to manage his health.
Do you think the patient, with the interventions you propose, is now more likely to attend to his own care?

Example continued:

Can you think of an example from your own work where a patient's competing responsibility has impacted their ability to attend to their own health or health care?	

CONTEXTUALIZING CARE		
	DOMAINS OF CONTEXT	
1.	Access to Care The patient's ability to receive care in a timely manner.	
2.	Competing Responsibility An obligation or commitment the patient has that impacts their ability to manage their health care.	
3.	Social Support A patient's access to a supportive network of individual(s) able to assist if needed.	
4.	Financial Situation The patient's ability to afford health and health care needs.	
5.	Environment The physical and social setting that encompasses a patient.	
6.	Resources The possessions and materials available to a patient that can facilitate a person's ability to manage their care.	
7.	Skills, Abilities and Knowledge A patient's intellectual understanding and physical ability to manage health care.	
8.	Emotional State The emotional condition of a patient as it relates to their ability to manage their health care.	
9.	Cultural Perspective/Spiritual Beliefs The customs or a faith-based practice a patient has that impacts health care.	
10.	Attitude Towards Illness The feelings a patient has towards their condition that impacts their ability to manage it.	
11.	Attitude Towards Health Care Provider and System The patient's feelings and attitudes towards their providers and the health care system that impact their ability to manage their health care.	
12.	Health Behavior The patient's actions and lifestyle choices that impact their health care.	

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