Finding out why a patient wants an unnecessary test….

Sometimes a patient will ask for a medical test for no apparent reason.  During a visit with a nurse practitioner, a Veteran asked if he could be tested for a blood clot.  The provider, who had been talking about the need to better control blood pressure, asked why the patient was worried about a clot. The Veteran responded that he was “just curious.” The provider explained to the patient that he would have symptoms and probably risk factors if he had a blood clot and didn’t seem to have either.  The provider then delved further, asking the Veteran where he got the idea to be tested for a clot, and the Veteran said that he’d heard high blood pressure could affect his heart.  The provider replied that while there wasn’t any need to look for a clot, it was true that high blood pressure could damage the heart, and recommended the patient get an EKG.

Missing an opportunity to address misinformation…..

During a visit, the provider expresses surprise and concern that the patient’s A1C level has risen quite a bit since the last time it was checked.  The patient tells the provider that he used to eat plenty of salads, but had recently become concerned that salads were causing him to become anemic.  He was now no longer eating salads, but eating “everything else I can get my hands on.”

The provider didn’t respond (perhaps because of being absorbed typing into the computer), missing an opportunity to correct misinformation and talk to the patient about how to balance foods for proper nutrition.  The provider could also have referred the patient to see a nutritionist.

The provider in this week’s example identified a contextual factor (in this case a lack of understanding about how a particular medicine works) that was preventing her patient from taking the medication and was adversely impacting his health. Here’s what we heard:

While going over a Veteran’s list of medications, the provider noticed that he had not refilled a prescription for Mometasone, an inhaled corticosteroid.  When the provider asked about it, the patient responded, “Yeah, it doesn’t do anything when I’m wheezing.” The provider then asked the patient if he understood how the medication worked.  It turned out that the patient had expected the Mometasone inhaler to work like his Albuterol inhaler and give him immediate relief from symptoms if used when he is wheezing.  The provider then explained to the patient that Mometasone is only effective if taken daily on a regular schedule.  The patient stated that now that he knew how the medication worked, he would start taking it as prescribed. Great job!

This week's case illustrates a missed opportunity to explore whether memory problems could account for worsening control of a chronic condition.....

A patient with diabetes reported that he had been experiencing low blood sugar readings in the morning (under 65).  The provider did not ask the patient if he knew why his blood sugar readings were dropping so low, nor adjust the dosage.  Later in the visit, the patient and provider discussed briefly the fact that the patient had a history of memory problems.  However, the provider did not explore whether memory issues could be affecting the way the patient was managing his diabetes.  It’s quite possible that because the patient had memory issues, he was taking an extra dose of insulin at night forgetting he had already taken one earlier in the evening.  It’s also possible that the patient was forgetting the correct dosage of his insulin and taking too much.

Without probing further, the provider missed the opportunity to see if addressing the patient’s memory issues could lead to better, safer management of his diabetes.

During the encounter in this week’s example, the provider noticed a contextual red flag -- a patient not refilling their insulin for months -- and came up with a contextualized care plan.

During a primary care visit, the provider noticed on the patient’s list of medications that he had not refilled his insulin prescription in several months.  The patient reported that he was still using a bottle of insulin that he had opened months ago.  The patient went on to explain that the bottle was lasting longer because he was not taking his insulin as prescribed and was instead adjusting the dosage based on how he felt.  The provider explained to the patient that not only should he not be adjusting his dosages of insulin based on how he felt, but also that insulin should not be used more than 20 days after it’s been opened.  The clinician also explained that they would check a blood glucose and HgB A1c in order to determine the appropriate insulin dose, and referred the patient to diabetes education.

A missed opportunity to help a Veteran manage their diabetes...

A Veteran was seen in clinic with an A1C of 8.6, indicating that his diabetes control was worsening (a "contextual red flag").  When the provider commented on the problem, the patient revealed that he hadn't been taking his insulin as prescribed. The provider asked the patient why (a "contextual probe") and the patient responded that he forgotten a couple of times to take his insulin (a "contextual factor").

The provider did not explore with the Veteran why he is forgetting to take his medication or discuss what to do about it. What's changed in his life? Given the rising A1C it's likely he is frequently not taking his insulin as directed. Without a contextualized care plan it's more likely the patient's diabetes control will not improve.

Noticing that a Veteran’s blood pressure remained elevated despite having recently started an antihypertensive medication, the provider asked “Tell me, how your taking your medication?” The patient replied that he was taking it every three days. The provider followed up with “And what’s preventing you from taking it every day?” The patient replied that since he only checked his blood pressure every several days, he thought he should only take his medication on days when he checks his blood pressure. The provider educated the patient that it is both safe and necessary to take his antihypertensive medications daily, even if he checks his blood pressure less often. The provider then suggested they come up with a plan to assure he takes it daily, and they agreed he’d keep his pill bottle on his dresser so he sees it when he gets his clothing each morning.

This interaction nicely illustrates a provider identifying a contextual red flag (i.e. no response to a medication), probing until he figures out what is going on, and arriving at a contextualized care plan that even anticipates what else might go wrong (e.g. forgetting to take the medicine).

During an outpatient visit, a Veteran with a chronic leg wound infection said he’d like to have a nurse come to his home to help with dressing changes, then commented that “I know what to do, but I just can’t do it.” The provider asked, “What would a nurse do that you can’t do?”  The Veteran replied that he was having trouble seeing what he was doing during the wound changes and needed someone to help.  He did not have anyone else at home to assist.  The conversation topic changed and the patient left the visit without any plans to arrange for assistance with wound care.

Applying the “4C” coding method to this example, we documented (a) the contextual red flag (request by patient for help with self-care), followed by (b) a contextual probe (clinician asked about it), followed by (c) a contextual factor (patient explained why he needed a specific VA service). But then the ball got dropped (care plan did not incorporate the contextual factor), resulting in a failure to adapt care to the patient’s context.

A patient, whose blood pressure reading was elevated (150/85) volunteered, without being asked, that he was not taking his medications regularly.  The provider asked why he wasn’t taking them correctly.  The patient explained that he was having memory issues and sometimes misplaced the medications only to find them later.  The conversation moved on to other matters and, at the end of the visit the provider simply reordered the medications.

This patient has a “Skills, Abilities and Knowledge” deficit (see 12 domains pasted below).  His ability to remember to take his medications is impacting his health.  A contextual plan of care would take this issue into consideration.  The provider could further assess his cognitive decline, and work on strategies to adapt, such as a pill box, reminder notes where the patient could see them, and figuring out if he has social support.

A patient missed 21 appointments in the past year (60% of scheduled appointments.)  The provider did not inquire as to why the patient had missed so many appointments, but the patient brought up that he is confused as to how appointments at the VA are scheduled.  The provider spent time understanding the patients confusion and then knowledgeably explained the process of scheduling appointments. This was great care, but there could have been a missed opportunity if the patient hadn’t mentioned the missed appointments himself.

Note: This is a patient’s “knowledge/skills” deficit (see below).

A patient was talking with his nurse prior to his primary care appointment while having his vitals taken.  During the conversation the veteran mentioned that he had waited so long for his follow up appointment that the condition he was being treated for had deteriorated, and he wished he could have seen the doctor sooner. He seemed to think he had to wait for the appointment, unaware that he could arrange to be seen sooner if he wanted. The nurse sorted out the misunderstanding and gave the patient a phone number to call to contact the clinic directly if he was having symptoms in the future and wanted to be seen sooner. By explaining the scheduling process to the patient and providing a direct line to call the clinic, this nurse addressed the patient’s ability to access healthcare in a timely manner

As noted below, this case illustrates challenges (“contextual factors”) in two of the twelve domains of context.

A patient with COPD stated that he was using his rescue inhaler but was not using a prescribed steroid inhaler.  He then explained, “…just the term steroid scares me off.” The provider explained to the patient that he didn’t need to be scared of the steroids in his inhaler because they work primarily on the lungs with very little absorption to the rest of the body, and so the side effects are not the same as other forms of steroids taken in pill form or as injections. The provider also explained the difference between the rescue inhaler and the steroid maintenance inhaler.  The patient stated he now understood the difference and said he would not hesitate to resume the steroid inhaler if he needed it.  After further discussion they agreed that since his symptoms had been so mild recently he would continue for now with just the rescue inhaler, but resume the steroid inhaler in the future if his condition changed.

This is a straightforward example of a knowledge deficit (see 12 domains of context below) that can and was easily corrected by the provider.

While the provider was going over the medicines prescribed for a patient, the patient mentioned that he wasn’t taking his cholesterol medication.  The provider paused and asked the Veteran why he wasn’t taking that particular medication. The patient acknowledged that he was generally confused:  he wasn’t sure what medications he was supposed to be taking on a daily basis. The provider then asked if having a list would be helpful. The patient replied that, yes, a list would help him remember what to take and when. And then the provider gave him one.

This is an example of a provider picking up on clue (a contextual red flag), asking about it (probing), and then identifying and addressing a contextual factor that had become a barrier to a patient’s ability to manage his health. The contextual factor (confusion about meds) is in the domain of *Skills, Abilities and Knowledge* (see list below).

Often we hear providers in similar situations simply reorder a medication without probing why the patient wasn’t taking it. When that happens, problems with medication adherence are more likely to persist.

A patient declined a recommended steroid injection for pain and inflammation in his knee. The provider asked "What makes you not want it?”  He replied that he was concerned about steroid abuse; that he was aware it was an issue for professional athletes and didn’t want to risk the same kind of side-effects these athletes experience. The provider addressed the patient’s misunderstanding that the recommended steroid shot is the same as the kind of steroids prohibited for athletes. The patient indicated his understanding and accepted the treatment.

During an outpatient visit a patient stated, “I don’t want anything put in the computer.” The provider asked the patient what he meant. The patient stated that he had received a message from her through Myhealth*e*vet regarding his appointments, and didn’t want any email further communication. The provider then explained that he (the Veteran) had voluntarily signed up for the service, and that it was a secure message that was only going directly to him. The patient said he’d didn’t want to use the confidential messages feature (it’s possible he was giving access to someone else in his home to his account but that was not discussed). The provider said that she would no longer send secure messages and they agreed that, instead she would call him. She could also send him test results via regular mail through CPRS. The provider in this case addressed the patient’s knowledge about secure messaging and arrived at an individualized plan for communicating medical information.

A patient who’s A1C was not at goal was asked by a provider if he was taking his insulin as prescribed. The patient answered that he often forgets his short acting insulin before meals. He said this happens because he frequently eats outside his home since he doesn’t cook much. He keeps insulin in his car, but then forgets to bring it into restaurants or goes out without his car. The provider did not discuss strategies with the patient to help him remember to bring his insulin with him to every meal. Options include placing a post-it on the dashboard, setting a reminder on his phone at lunchtime, and/or placing the insulin in a jacket pocket instead of in his car.

Discussing strategies to help patients remember to take medications can improve adherence.  Research shows that when clinicians work with patients to arrive at a contextualized care plan, the presenting problem, including poor adherence, is more likely to resolve. In this example, the Veteran needs help with the skills to manage his medication under his current circumstances (see 12 domains below).

A patient who is over 50 years of age declined a colonoscopy when the doctor recommended one. The doctor responded with, “What are your thoughts about having this test?” The patient replied that he didn’t think he needed the procedure because a “Everything is working okay ‘down there.’” The provider explained that by the time he felt any symptoms of colon cancer, it would be late in the progression of the disease and that colonoscopies identify a problem early enough to treat it more effectively. Once the patient had a better understanding of the rationale, he agreed to the screening.

This example illustrates how a contextual probe – asking an open ended question about why the patient didn’t want the test – led to a contextual factor (a lack of knowledge of what it is for) and a contextualized response (correcting the Veterans’ misunderstanding) with a good outcome (he changed his mind).

A patient with diabetes mentioned that he did not like to check his blood sugars at home and didn’t do it anymore (contextual red flag). The provider asked him why (contextual probe) and he replied his previous job involved handling chemicals and left his fingers too sensitive to finger sticks (contextual factor). He didn’t know there were alternatives (knowledge deficit – contextual domain). The provider then discussed options for alternate-site testing (AST) of blood sugars at home, which can include the forearm, thigh, abdomen – if calibrated against a serum glucose first, done when sugars are stable such as before a meal, and using a glucometer approved for AST. They came up with plan that worked around patients discomfort with finger sticks (contextualized care plan).

A provider asked a patient whose blood pressure was elevated at 153/90 (a contextual red flag) if he was taking his medication as prescribed (a contextual probe). The patient responded that since he also had diabetes, he only took his medications (blood pressure meds included) when he checked his blood sugars, which he was only required to do periodically (a Skills, Abilities, and Knowledge deficit.) The provider explained to the patient why his BP medications needed to be taken on a consistent basis. The provider also discussed strategies with the patient to help him take them daily as prescribed. The provider and the patient not only agreed on setting a timer on the patient’s phone, but the provider helped set the reminders on the phone during the visit. This provider not only identified a contextualized plan of care to address the patient’s contextual issues, but helped implement it as well.