

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 with diabetes arrives at the clinic. His lab results indicate that his diabetes is not well-controlled. He has a high A1C (the blood test that reflects how well his blood sugar has been managed over the past three months). 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?

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 date and the long acting insulin at night."

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.

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

Scenario Two:

Provider: "Why aren't you taking your insulin the way 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?