

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 arrives at the clinic; he is still experiencing shoulder pain, and states that he has not attended his physical therapy appointments.

What would be your next step?

Scenario One:

Provider: "Your shoulder is not going to improve without some physical therapy. You need to go to those appointments. We hold those appointments for you. If you don't go, that time is wasted. Someone else could have used that appointment."

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 missing his physical therapy appointments?

Scenario Two:

Provider: "Why did you miss your physical therapy appointments?"

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: "Why did you miss your physical therapy appointments?"

Patient: "I can't afford to get to the VA for the appointments. I have to take off work and it costs me to get here. I just didn't have the money."

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 missed his physical therapy appointments?

Scenario One (continued):

Provider: "I can put in an order for more PT, but I don't want to if you're not going to come."

Patient: "Yeah, maybe don't put in an order."

What do you think will happen with this patient's condition of shoulder pain?

Why do you think the patient didn't spontaneously reveal to this provider that he couldn't afford to come to the VA for his PT appointments?

Scenario Two (continued):

Provider: "Okay, I understand now. You aren't able to afford to come to the VA for the PT sessions?"

Patient: "Yeah, it ends up costing me too much money, by the time I take off work, and the bus fare. I just can't afford it."

Provider: "Let's look at some options. Have you talked to the travel department about travel vouchers?"

Patient: "I haven't tried that yet."

Provider: "We can check at the front desk, they can tell you where to fill out the forms for travel. We can also look to see if there are PT options closer to your home. Maybe they have hours that don't conflict with your work schedule. Would that help?"

Patient: "Yeah. That would be great."

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 included access to care.

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?