A patient has missed 22 appointments in the past year (55% of scheduled appointments.)  The provider did not inquire why, but during the visit the patient mentioned she was taking care of two very ill family members and found it difficult.  The provider did not address the patient’s ability to juggle competing responsibilities at home and still attend to her own healthcare.  One  strategy could include a referral to a social worker to see if respite care is available.

When a Veteran has major caretaker responsibilities that undermine their access to care…

A Veteran came for the first visit in over 10 years, saying that he learned at an outside eye exam that he has untreated diabetes. A blood test ordered by the VA provider showed an A1C of 9. The provider did not ask the Veteran why he hadn’t been to see a doctor in so long but the Veteran went on to say that he is the primary caregiver for his severely disabled brother who requires a lot of care and can’t be left alone. The provider did not address the patient’s situation. They could have involved a social worker, home services including respite so that the patient could better attend to his own medical care needs.

At one point during a visit a patient mentioned to their provider that they had stopped checking their sugars at home. The provider did not comment on the statement or ask the patient why. Later in the appointment, the patient went on to say that that he had given his glucometer to his son who also has diabetes and did not have access to a glucometer. Again, the provider did not respond. Instead they might have discussed with the patient strategies for helping his son without compromising his own care, and clarifying that VA resources are exclusively for the Veterans to whom they are prescribed.

A patient with a BMI in the obese range brought up the fact that he wanted to lose weight but was struggling with his eating habits. The provider asked the patient to tell him more about what struggles he is facing. The patient explained that that since he had started working full time as a truck driver it was difficult to prepare healthy meals and so he was gaining weight.

The provider initiated a discussion exploring options for changes to diet that could be realistically achieved under the circumstance. Since the patient felt he was limited to prepared food that he could get on the road, they discussed various options. The patient mentioned that he heard Subway sandwiches were a better choice than what he had been eating. The provider agreed but said he thought Subway is a bit more costly and asked him if he felt he could afford to eat there regularly. Luckily, the patient said he thought he could afford the extra cost and that it was worth it to eat healthier food.

This case is a nice example of a clinician helping a patient address a contextual factor to arrive at an effective plan to achieve a desirable health goal. Note, below, that driving a truck is a “competing responsibility” because complicates the ability to prepare one’s own meals.