A patient in the clinic had missed three of his scheduled appointments in the past four months (a contextual red flag).  The provider asked the patient if he was perhaps seeing another doctor outside of the VA for his care.  The patient responded that he had PTSD and had become fearful about leaving his home.  He explained that his primary mode of transportation is a bicycle and he has been shot at and, on another occasion, hit by a car (a contextual factor).  Because of these experiences, he is deathly afraid to go anywhere outside.  The provider in our example understood that the patient’s living environment and emotional state has been impacting his ability to manage his health care.  The provider explored options, such as VA transportation service for safer travel, and seeing a counselor at the VA to cope with his symptoms.

The contextualized care plan is, therefore, to help address his unsafe transportation situation and the effect it’s having on his PTSD.

When a provider asked a patient if he was still using his CPAP, the patient said he was not. The provider asked “Why not?” The patient responded that he “had a lot going on in his life.” The provider continued with “Can you tell me more?” The patient said that he was under a great deal of financial stress and was also in the process of moving and changing who he lived with. He said he felt overwhelmed and was having trouble keeping things together. The provider asked the patient if he thought it would be helpful to see a mental health counsellor and, perhaps, a social worker. The patient agreed that he might benefit from both. This provider picked up on two areas of patient context, emotional state and financial situation based on a single red flag: the patient had stopped using his CPAP.

A patient declined to have his PSA level checked as recommended by his provider, given a prior history of prostate CA. When The provider initiated a discussion exploring the patient’s reasons for declining the blood test, the patient exhibited delusional behavior, including referring to living in a “4th dimension,” suggesting an undiagnostic psychiatric illness. The patient also stated that death was inevitable so he saw no reason to intervene. The provider asked the Veteran if they would be willing to see a mental health professional to discuss some of things the patient has been thinking about and feeling, and the Veteran agreed. This is an example in which a new or undiagnosed mental health problem is identified when it becomes part of the context of another clinical issue (cancer screening).

During an office visit, the provider noticed that their patient had canceled a scheduled colonoscopy (contextual red flag). The provider asked the patient why (contextual probe). The patient laughed and tried to brush off the question. The provider persisted and encouraged the patient to explain what his thoughts were about the colonoscopy. The patient then admitted that he was scared of the procedure (contextual factor). He had heard that it was painful and that he would have to watch the whole thing. (This falls into the domain of “Emotional State.”)

Now that the provider understood the reason, they addressed his fears by telling him that the procedure could be uncomfortable, but not painful and that he would be administered “twilight” sedation and probably sleep through the whole thing (contextualized care plan). The provider also informed the patient he could use a FIT test to screen for colon cancer, but that the colonoscopy was preferred.

Once the provider addressed the patient’s fears, he was greatly relieved and agreed to reschedule the colonoscopy.

Exploring why a patient is afraid to share a concern….

During a routine visit, a Veteran brought his wife and mentioned that he had been experiencing problems with “impotence” for decades (waiting so long to discuss is a contextual red flag). The physician asked the patient why he waited so long to bring up his concern (contextual probe). His wife answered that the only reason he brought it up was because she came along and wanted him too. The patient acknowledged that he’d been uncomfortable bringing it up and kept putting it off (contextual factor). The physician reassured the patient that there is no shame in discussing issues like impotence and that he should feel comfortable discussing anything with him. The patient expressed his appreciation and said that that he would speak up about all issues in the future (contextualized care plan).

The patient’s coming with his wife to talk about sexual problems after so long was a major breakthrough for the couple. The physician effectively explored reasons for the delay and discussed them so that the patient is less likely to hide his concerns in the future.