A simple fix to a problem . . .

As a provider was reviewing the patient’s list of medications, the patient admitted that he had never taken the new cholesterol medication that had been ordered at his last visit.  The provider immediately asked the patient why he hadn’t taken it.  The patient stated that the instructions were to cut the pills in half, but since he had never received a pill cutter, he hadn’t taken them.  The patient didn’t want to take the medication incorrectly.  The provider ordered a pill cutter for the patient.  The provider also told the patient to call if there was ever an issue with taking a prescribed medication.

Sometimes providers elicit important  information about Veterans’ life challenges impacting their care….but then seem to drop the ball…

During a routine visit, a patient mentioned that he was not using his CPAP machine.  As coders we call this a “contextual red flag” as it’s a clue that a patient’s life situation may be impacting their care.  The provider asked the open ended question: "What's the reason why you aren't using it?" We call asking that question a “contextual probe.” So far so good: a contextual red flag should be followed by a contextual probe.

The patient responded that his CPAP machine had been stolen. We call that a “contextual factor.” When a contextual factor is then revealed by the patient, the next step should be a discussion of how to address the contextual factor….a process called “contextualizing care.”

Unfortunately, in this example, no plan was discussed to address the situation.  The provider did not assist the patient in getting another CPAP, nor discuss the patient’s living situation during which the reported theft occurred.

Our example this week involves a patient with diabetes who fell through the cracks until a persistent nurse corrected the mistake.

During a scheduled nurse visit, the provider, an RN, asked the patient if he was checking his glucose readings at home.  When the patient responded that he wasn’t, the RN asked him why.  The Veteran replied that when he asked his doctor for a glucometer since his had broken he was told that the VA was about to issue a new type. The doctor said he didn’t want to order an old one since it would soon have to be replaced, and that he’d hear from someone when the new machine was available -- but no one followed up. The RN ordered the new one for the patient to pick up that day.

The key to this RN’s success at helping the Veteran was not assuming the patient was just non-compliant. The RN followed up by asking *why* he wasn’t checking his glucose levels at home. That led to the contextual factor (lack of access to a glucometer) and an easy solution.

A patient, who came with his caretaker, mentioned during an encounter that he was not following an agreed upon plan to do Accu-Cheks at home. When the provider asked why, he replied that he didn’t have a glucometer. The provider looked in the records and saw one had been mailed.  He then showed them an image of the glucometer.  The patient and caregiver stated that it was possible that they had missed the package, as they hadn't been on the lookout for it in the mail room where it could still be sitting.  The provider confirmed that the patient and caregiver understood how to use it.  They agreed to check to see if they did, in fact, have the package and let the PACT know if it was still a problem.

Sometime asking why repeatedly gets to the crux of the matter…

When a patient presented with a hemoglobin A1C of 11, and the provider asked what was going on, the patient replied that he hadn’t been checking his blood sugar for some time. Rather than simply telling the patient he needed to start doing so again (which we often hear on audios), the provider dug deeper and asked the patient to please explain why he’d stopped. The patient then explained that the strips he’d received from the VA most recently didn’t seem that compatible with his machine and he had to try multiple times to get one that worked each time, so he’d run out early. The provider explained that could be a problem with the strips or the machine, or both, and arranged for the patient not only to get new strips but to meet with the pharmacist to figure out what was going on.