

# Raising the Gaze to Promote Health Across Boundaries

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Promoting Health Across Boundaries [www.PHAB.us](http://www.PHAB.us)

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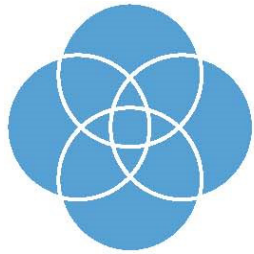
*Transforming Health Care, Together*









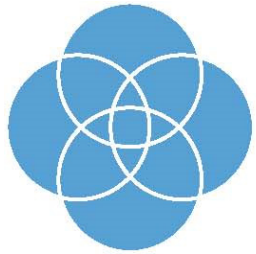


# PHAB

Promoting Health Across Boundaries

## What is Health?

- A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- ([World Health Organization, 1947](#))

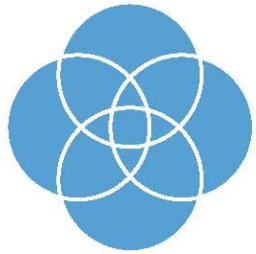


# PHAB

Promoting Health Across Boundaries

## What is Health?

- A resource for every day life, not the objective of living...
- ([Ottawa Charter for Health Promotion, 1986](#))



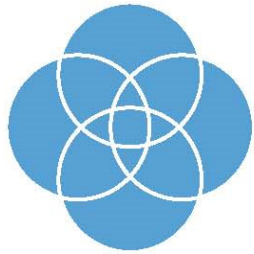
# PHAB

Promoting Health Across Boundaries

## What is Health?

- Conditions that enable a person to work to achieve his or her biological and chosen potential.
- (Seedhouse 2001)



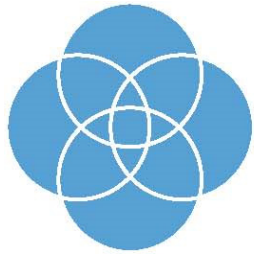


# PHAB

Promoting Health Across Boundaries

## What is Health?

- The biological, social, and psychological ability that affords an equal opportunity for each individual to function in the relationships appropriate to his or her cultural context at any point in the life cycle.
- (Fine & Peters, 2007)

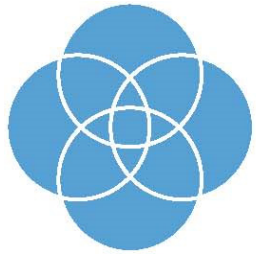


# PHAB

Promoting Health Across Boundaries

## What is Health?

- The ability to develop meaningful relationships and pursue a transcendent purpose in a finite life.
- ([Stange, 2010](#))

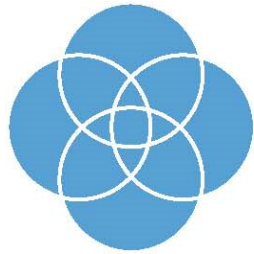


# PHAB

Promoting Health Across Boundaries

## What is Health?

- Membership in community.
- (Berry, 2002)

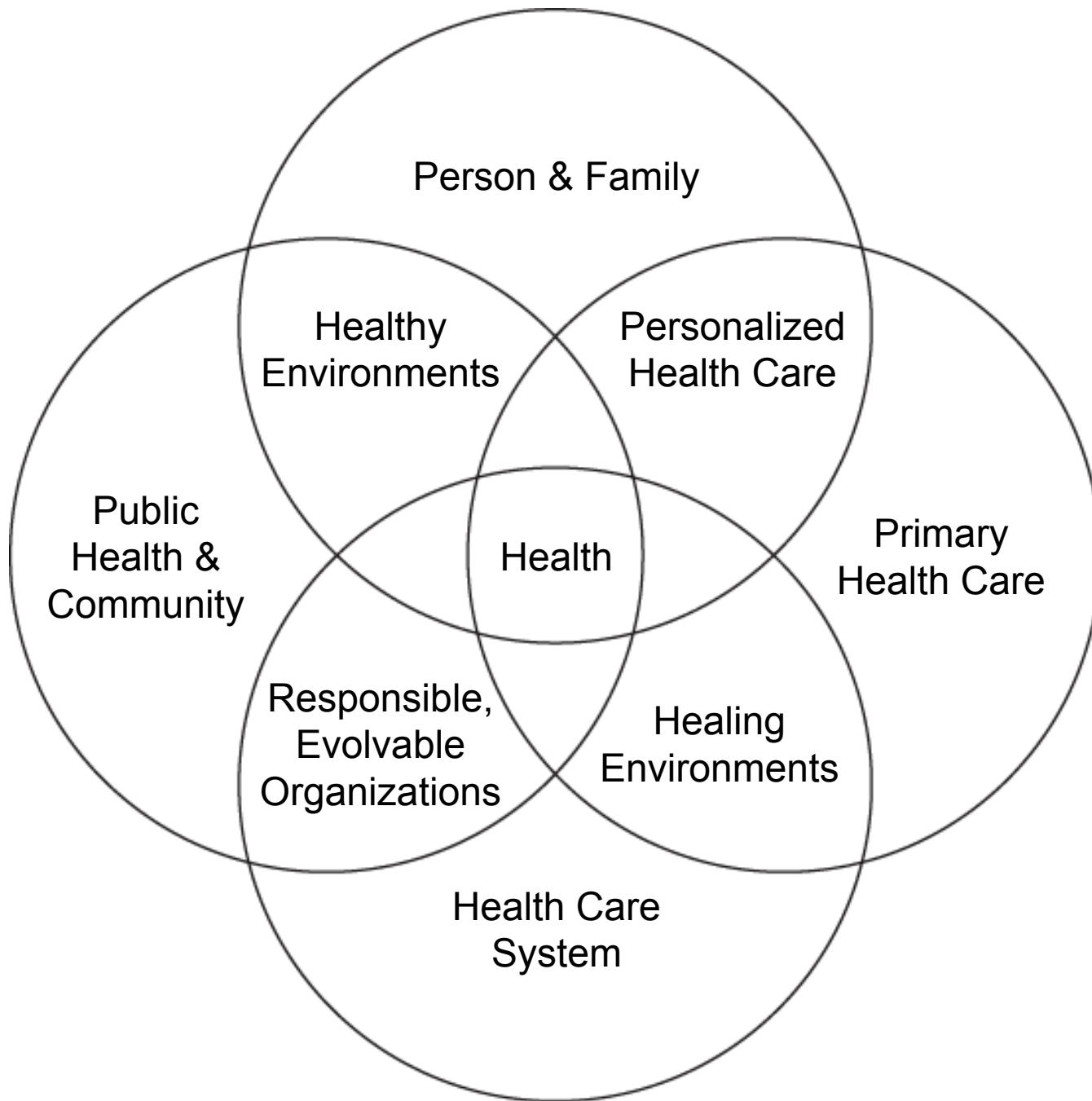


PHAB

Promoting Health Across Boundaries

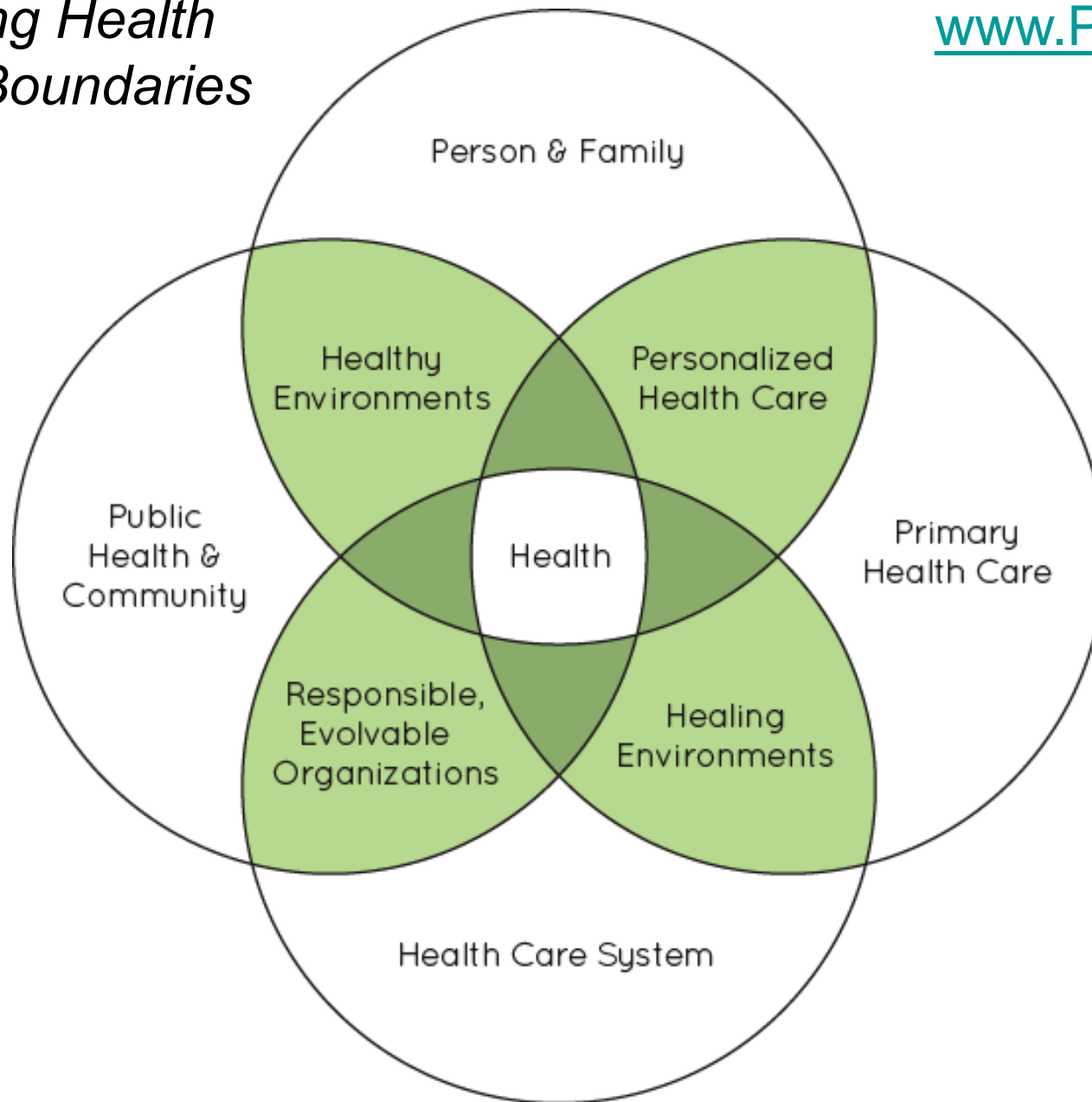
## What is Health?

Among these definitions, a concept is emerging of health as a resource to support meaningful work and connection.



# *Promoting Health Across Boundaries*

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# A snapshot of primary care visits in Northeast Ohio

# Competing Demands Theory

- **Many worthwhile services compete with each other for time on the agenda of primary care patient visits.**

Jaén CR, Stange KC, Nutting PA. The competing demands of primary care: A model for the delivery of clinical preventive services. *J Fam Pract.* 1994; 38:166-171.



# Visits to Family Physicians

- Variety of patients, problems and complexity
  - Top 25 diagnostic clusters account for <50% of visits
- 10 minute average duration
- Reason for visit
  - 58% acute illness
  - 24% chronic illness
  - 12% well care
- Average patient paid 4.3 visits in the past year

Stange KC, Zyzanski SJ, Flocke SA, et al. Illuminating the 'black box': A description of 17 4454 patient visits to 138 family physicians. *J Fam Pract*, 1998; 46:377-389.

# Multiple Problems Per Visit

- Average of 3 problems per visit
  - 37% >3 problems
  - 18% 4 problems
  - 2 problems per visit on bill
- Special groups
  - Patients >65 - 4 problems per visit
  - Diabetics - 5 problems per visit

Beasley JW, Hankey TH, Erickson R, Stange KC, Mundt M, Elliott M, Wiesen P, Bobula J. How many problems do family physicians manage at each encounter? *Ann Fam Med*, 2004; 2:405-410.

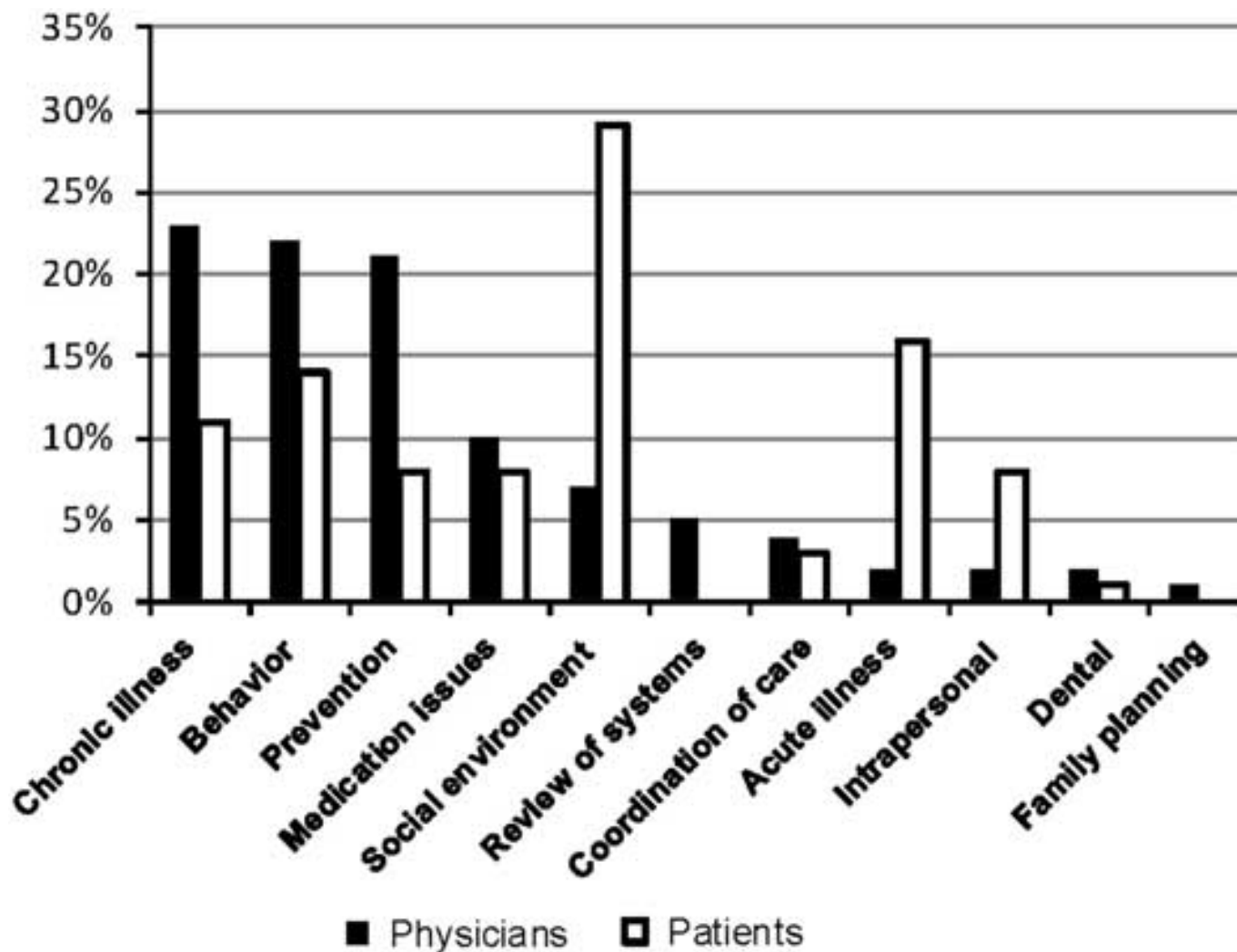
Flocke SA, Frank SH, Wenger DA. Addressing multiple problems in the family practice office visit. *J Fam Pract*. 2001; 50:211-216.

# Visits by Diabetic Patients in a CHC

- Mean of 25 problems (range 13 to 32)
- Multiple acute & chronic illnesses, prevention
- Variety of issues
  - Biomedical
  - Behavioral
  - Social
  - System
  - Environmental health

Bolen SD, Sage P, Perzynski AT, Stange KC. No Moment Wasted: The Primary Care Visit for Adults with Diabetes. *Primary Healthcare Research & Development*. 2015; May 20:1-15.

## Domains of health issues initiated by clinician or patient (n=365 total health issues at 15 encounters)



**Table 1. Case study 1: 21 healthcare issues from a patient's 29-min primary-care visit**

Coded category <sup>a</sup>	Illustrative direct and indirect quotations <sup>b</sup>	Mentioned first by
Social environment (financial)	<i>Dr Smith:</i> I heard you got a job? <i>Ms Jones:</i> Boss had no money to pay us. So happy to work but no money to pay us. [Later in the visit] <i>Ms Jones:</i> I need scripts for my social worker who is going to submit the scripts where I can get it [the meds] for free. <i>Dr Smith:</i> so you actually need a prescription for something you can take to the pharmacy since the insulin flexpens are going to be too expensive	Dr
Chronic illness (obesity)	<i>Dr Smith:</i> Hey, but you, lost 12 pounds. <i>Ms Jones:</i> I know. <i>Dr Smith:</i> That's so good	Dr
Behavior (diet)	<i>Ms Jones:</i> I'm eating healthier. Ate chicken and salad. [Long discussion of her diet]	Pt
Behavior (exercise)	<i>Ms Jones:</i> I walk every day, even in the rain. <i>Dr Smith:</i> How far are you walking? <i>Ms Jones:</i> yesterday I walked from my house to chagrin boulevard where I saw you that time I was sitting at the bus stop. I also walk to that plaza	Pt
Review of systems	<i>Dr Smith:</i> Shortness of breath or chest pain when walking?	Dr
Behavior (self-monitoring)	<i>Ms Jones:</i> I invested in a (blood pressure) machine, couldn't figure out how to use it. <i>Dr Smith:</i> We can schedule a nurse visit to do that	Pt
Behavior (self-monitoring)	<i>Dr Smith:</i> What about your sugars? <i>Ms Jones:</i> My sugars are good. I did not bring my little book but at 8 this morning it was 129 ...	Dr
Social environment/larger culture (diet and exercise)	<i>Ms Jones:</i> I've been watching that Biggest Loser ... but I can do it because the people that go on the show, they get sent home, and they do it. <i>Ms Jones:</i> And when I go to Subway, I ate subway for a whole month. Well I ate the same thing that Jared ate. <i>Dr Smith:</i> But Jared is a six foot tall guy who walked to subway twice a day. <laughter>	Pt
Behavior (medication adherence) and chronic illness (hyperlipidemia management)	<i>Dr Smith:</i> Did you start your cholesterol medication? <i>Ms Jones:</i> No. I lost the prescription. <i>Dr Smith:</i> You know that's subconscious. You did not want that prescription. So do you want to be checked again? <i>Ms Jones:</i> yes, and I am hoping you don't have to fuss at me. [Later] <i>Dr Smith:</i> your LDL, this was where the problem was. Your LDL was 151 and goal is <100 but we really want you <70	Dr
Chronic illness – diabetes (hypo and hyperglycemia, management, and supplies)	<i>Dr Smith:</i> Tell me what your highest sugar is. <i>Ms Jones:</i> 179. <i>Dr Smith:</i> and the lowest? <i>Ms Jones:</i> 82. I feel funny when my sugars are down in the 80s-90s. <i>Dr Smith:</i> your body is used to higher sugar levels, so you're going to have to get used to what normal feels like ... You don't want to overeat to get your sugars up. [Later] <i>Ms Jones:</i> I bought those little tablet things. <i>Dr Smith:</i> Glucose tablets. <i>Ms Jones:</i> But you know what I want to invest in? One of those bands. <i>Dr Smith:</i> Medical alert bracelets. Go to medalert.com to get them. [Later] <i>Dr Smith:</i> The first part of your diabetes report is about your diabetes. So 7 or lower (for HbA1c) is where we want you. [Dr Smith reviews diabetes report card showing goals for intermediate outcomes]	Dr
Chronic illness – hypertension management	<i>Dr Smith:</i> These are your blood pressure medicines. Did you ever take lisinopril? <i>Ms Jones:</i> What is that? <i>Dr Smith:</i> a blood pressure medicine that protects your kidneys. Last time we checked your kidneys, it was fine, but that's something we are going to have to watch	Dr
Prevention (screening)	<i>Dr Smith:</i> you had your colonoscopy but you need an eye exam. <i>Ms Jones:</i> I know I need to go. <i>Dr Smith:</i> Your PAP is due in October	Dr
Care co-ordination	<i>Dr Smith:</i> You're due for your PAP in August and your flu shot in October. But two months late (for your PAP) is not too late. I am trying to save you a trip	Dr
Behavior (non-adherence)	<i>Dr Smith:</i> And I put the referral in last time for the eye exam so all you've got to do is make the appointment. <i>Ms Jones:</i> I made the appointment and then I didn't go	Dr
Acute issue	<i>Ms Jones:</i> I need you to look at this (skin lesions on legs). <i>Dr Smith:</i> It looks more like you've been messing with it. <i>Ms Jones:</i> yes, I be sticking needles in them. <i>Dr Smith:</i> you need to leave it alone. Diabetics are hard to heal so don't stick needles below your knees	Pt
Acute issue	<i>Dr Smith:</i> so what are your other concerns? <i>Ms Jones:</i> Just this, just here (Skin lesion on forehead). It hurts. [After examining lesion] <i>Dr Smith:</i> We need to send you to dermatology and let them take it off	Pt
Medication issues (refills)	<i>Dr Smith:</i> Do you need prescriptions? <i>Ms Jones:</i> I am going to need my water pill and synthroid. And insulin. [Long discussion of insulin] <i>Dr Smith:</i> Need syringes? Need lancets?	Dr
Medication issues (side effects)	<i>Dr Smith:</i> Should I write for your cholesterol medicine again? <i>Ms Jones:</i> But I got so many bottles of that Lipitor. <i>Dr Smith:</i> why can't you take those? <i>Ms Jones:</i> Remember, it was making me sick and my joints hurt real bad	Dr
Prevention (immunizations)	<i>Dr Smith:</i> You had your tetanus, but your flu shot is due in October	Dr
Intra-personal (sexuality)	<i>Ms Jones:</i> But what if I want to schedule before four months to get a complete inside physical. I just want to get myself checked out. Cause I'm not dating no more. I have no man. I'm back to my old self	Pt
Social environment (spiritual)	<i>Ms Jones:</i> And pray for me that I get paid	Pt

# Competing Demands and Tobacco Counseling

- Hierarchy of taken & missed opportunities
  - Good (5As) counseling: 21%
  - Competing demands: 24%
  - Failure in a non-smoking related visit 27%
  - Failure in a smoking-related visit 25%
  - Failure in a health maintenance visit 2%
- Guidelines to counsel every visit unrealistic
- Systems & individual approaches are needed

# Opportunistic Preventive Service Delivery

- 32% of outpatient visits for illness
  - Health habit advice (28%)
  - Immunization (5%)
  - Screening (4%)
- No difference in patient satisfaction
- Visits longer by 2.1 minutes

Stange KC, Flocke SA, Goodwin MA. Opportunistic preventive service delivery: Are time limitations and patient satisfaction barriers? *J Fam Pract*, 1998; 46:419-424.

# Opportunistic Preventive Service Delivery

- **More common during visits by:**
  - Patients who smoke, drink or are overweight
  - Patients with high risk diseases
  - New patients
  - Patients with fewer visits in the past year
  - Patients requesting preventive services
- **Less common during visits involving:**
  - Another family member
  - Acute illness
  - Prescription of a drug

Flocke SA, Goodwin MA, Stange KC. Predictors of opportunistic preventive service delivery. *J Fam Pract*, 1998; 47:202-208.

Podl TR, Goodwin MA, Kikano GE, Stange KC. Direct observation of exercise counseling in community family practice. *Am J Prev Med*. 1999; 17:207-210.

Eaton CB, Goodwin MA, Stange KC. Direct observation of nutrition counseling in community family practice. *Am J Prev Med*, 2002; 23:174-179.

Jaén CR, Crabtree BF, Zyzanski SJ, Stange KC. Making time for tobacco counseling. *J Fam Pract*, 1998; 46:425-428.



# The “Secondary Patient”

- Family members other than the identified patient
- 18% of outpatient visits
- Care of secondary patient
  - Advice, information, explanation
  - Prescription
  - Follow-up of a previous episode of care
  - Visits longer by 1.3 minutes
- No difference in primary patient’s
  - Preventive service delivery
  - Satisfaction
  - Billing

Flocke SA, Goodwin MA, Stange KC. The effect of a secondary patient on the family practice visit. *J Fam Pract*, 1998; 46:429-434.

Orzano AJ, Gregory PM, Nutting PA, Werner JJ, Flocke SA, Stange KC. Care of the secondary patient in family practice: A report from the Ambulatory Sentinel Practice Network *J Fam Pract*, 2001; 50:113-116.

# Two Styles of Family Focus

- Family history as context for care of individuals
  - Higher preventive service delivery rates
- Family as the unit of care
  - Greater knowledge of the patient and family

Medalie JH, Zyzanski SJ, Goodwin MA, Stange KC. Patient outcomes from two different styles of family focus. *J Fam Pract*, 2000; 46:209-215.

# Recent Emotional Distress

- Reported by 19% of patients seeing a family physician
- 18% of these were diagnosed with anxiety or depression
- Visit duration
  - 10 min - not distressed
  - 11.5 min - distressed, not diagnosed
  - 12.8 min - distressed and diagnosed
- Dramatic differences in time use

Callahan EJ, Jaén CR, Goodwin MA, Crabtree BF, Stange KC. The impact of recent emotional distress and diagnosis of depression or anxiety on the physician-patient encounter in family practice. *J Fam Pract*, 1998; 46:410-418.

# Recent Emotional Distress

- Lower rates of
  - Screening tests
- Less time spent on
  - Screening
  - Tobacco counseling

Callahan EJ, Jaén CR, Goodwin MA, Crabtree BF, Stange KC. The impact of recent emotional distress and diagnosis of depression or anxiety on the physician-patient encounter in family practice. *J Fam Pract*, 1998; 46:410-418.

# Preventive Service Delivery to African Americans & Whites

- Similar rates of screening & immunization
- Higher rates of health habit counseling

Williams RL, Flocke SA, Stange KC. Race and preventive service delivery among African-Americans and Whites seen in primary care. *Med Care*, 2001;11:1260-1267<sub>29</sub>

# Competing Demands Theory

- **Many worthwhile services compete with each other for time on the agenda of primary care patient visits.**

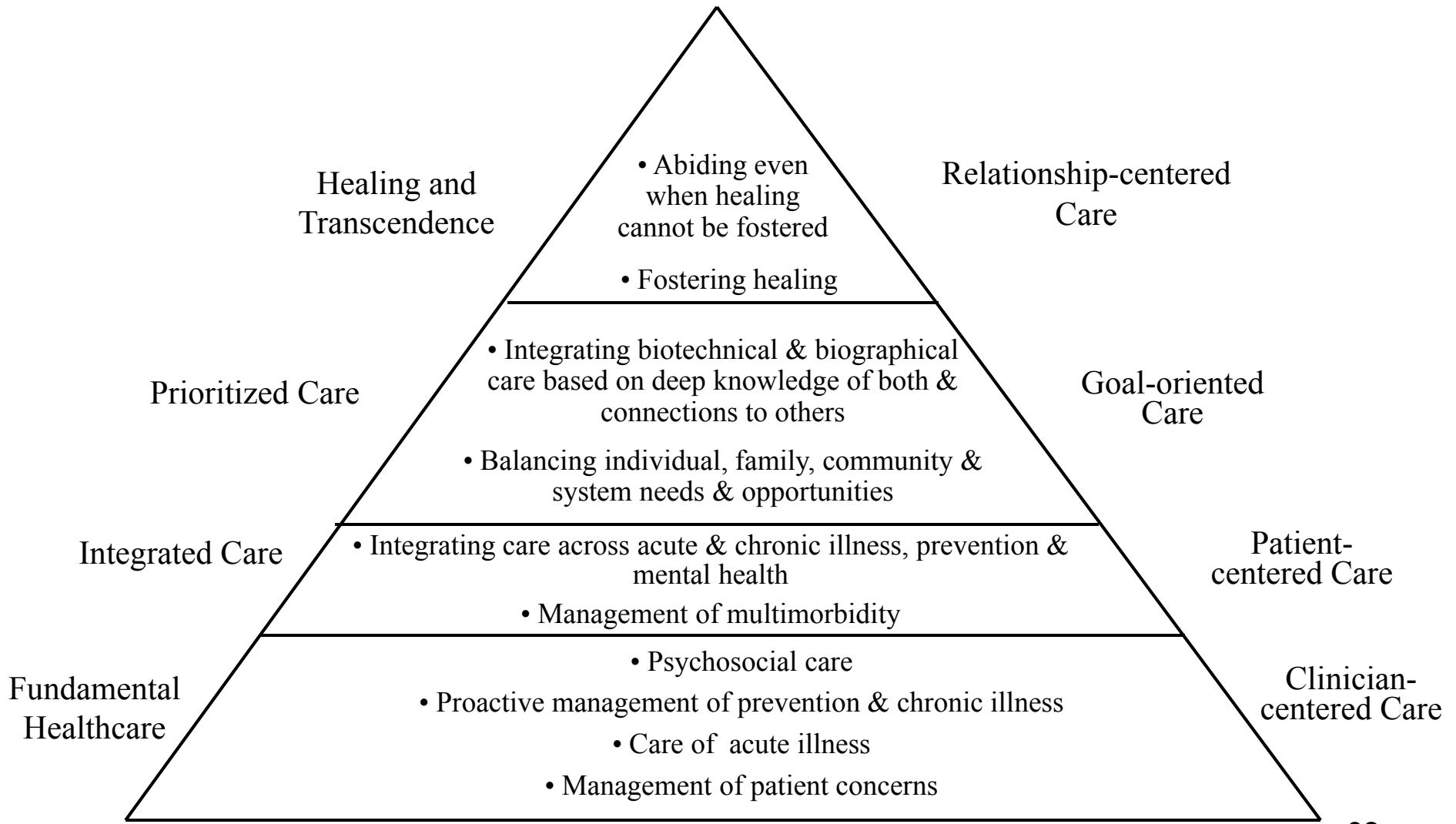
Jaén CR, Stange KC, Nutting PA. The competing demands of primary care: A model for the delivery of clinical preventive services. *J Fam Pract.* 1994; 38:166-171.

# Theory of Competing Opportunities

- **Integrated, prioritized care within an ongoing personal relationship**
  - **Breadth of care**
  - **Depth of knowledge of the patient, family and community over time**
  - **Bridging of the boundaries between health and illness**
  - **Guiding access to more narrowly focused care**

Stange KC, Jaén CR, Flocke SA, Miller WL, Crabtree BF. The value of a family physician. *J Fam Pract*, 1998; 46:363-368.

# Holarchy of Health Care





A few closing reflections on  
**Boundary Spanning & Health**

# Boundaries have benefits

- Protection / safety / conflict reduction
- Focus attention and resources
- Help make sense
- Metaphors: country, cell, silo....
- Benefits can become barriers
  - Reduce diversity and innovation
  - Get in the way of collaboration
  - Foster (sometimes unhealthy) competition
  - Reinforce disparities and inequity

# Being a Boundary Spanner

- Boundary spanning can feel
  - Lonely, isolating,
  - Vulnerable
  - Beaten down
- Boundary spanning can feel
  - Exhilarating
  - Meaningful
  - Joyful

# Boundary spanning & health

- Benefits from a platform
- Can be helped by a team
- May be enhanced by an inclusive definition of health
- Often is driven by a sense of meaning, wholeness, possibility
- Helped by a vision of something more together than we have separately

# Boundary spanning might affect health by

- Overcoming the trauma of isolation & separateness
- Uncovering new motivations
- Raise the gaze to multiple determinants of health
- Integrating, personalizing, prioritizing
- Direct benefit of connection
- Fostering creativity



**Better Health Partnership is:  
Raising the Gaze to Promote  
Health Across Boundaries**