

A 6-Domain Framework Was Useful in Identifying Clinically Relevant Biopsychosocial Information

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BACKGROUND

- Traditional “History and Physical” omits clinically relevant psychosocial information such as:
 - Self-management skills and goals
 - Barriers to care (e.g., medication access)
 - Social determinants of health (e.g., housing, food insecurity).
- Physicians cite as reasons for not assessing non-biomedical domains
 - Limited time
 - Limited skills managing non-biomedical issues
 - Addressing social determinants of health lies outside health care.

PURPOSE

To develop a method for physicians to *efficiently* gather information from patients during *routine care* to:

- Enhance identification of clinically relevant behavioral and social factors, and
- Facilitate mobilization and collaboration with non-physician health care providers.

METHODS

Previous work

- Literature review on comprehensive assessment.
- Identified 6 domains of clinical assessment that are comprehensive yet limited in number:
 - Mental Health**
 - Behavioral Health**
 - Biomedical Conditions**
 - Social Support**
 - Living Environment / Resources**
 - Function**
- 6-domain framework positively received and applied in several clinical and educational settings. ^(1,2)

Current study

- Pilot phase
 - M4 Sub-interns on a hospitalist service applied 6-domain framework in routine care
- Implementation phase
 - Hospitalist service, May-June 2015, five M4s each month (total n=10)
 - Students oriented to framework:
 - Efficient use
 - Application to care planning
 - Use with team care (e.g., social work, discharge planners, care managers)
 - Applied to at least one patient
 - Incorporated into an admitting H and P or at least one progress note.

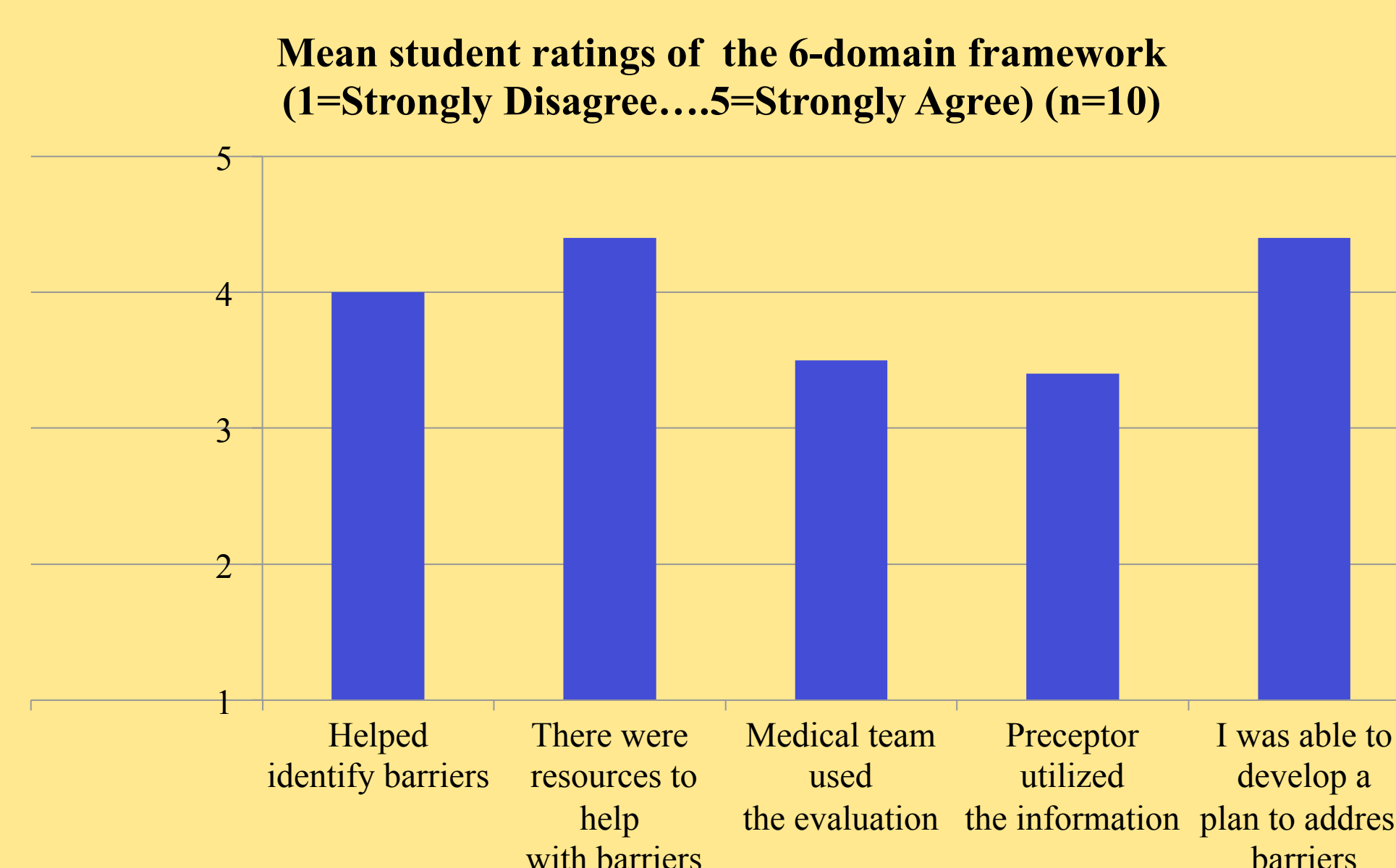
METHODS (cont'd)

- Evaluation by students:
 - On Likert-format questions, students rated usefulness of 6-domain framework on
 - patient assessment,
 - care planning, and
 - team care.
 - Open-ended comments

FINDINGS



- Student comments were largely positive
 - Advantages - helped see the whole patient and integrate into care planning.
 - Disadvantages - instructions not clear, redundant with another assignment.



- Student ratings supported usefulness and applicability in team care planning.
- Results of 6-domain assessment perceived as often NOT picked up by medical team and/or preceptor.

SUMMARY

- In this pilot study, most students found the 6-domain framework useful in identifying biopsychosocial information relevant to decision making and team care planning.
- Perceived usefulness was dependent on clarity of explanation of application of the framework.
- Information from the 6-domain framework was perceived as often applied in team care planning with non-physicians but applied less often by medical teams.

CONCLUSIONS

- The 6-domain framework appeared to accomplish its main purposes to:
 - Efficiently identify clinically relevant biopsychosocial information
 - Inform care planning
 - Facilitate team care
- Clarity in explaining its application is crucial to uptake.
- The framework is often viewed as a “special case” model, though intended for routine care.
- Increased familiarity with the framework by medical faculty may increase its application.

NEXT STEPS

- On the M4 Subintern hospitalist services:
 - Refine orientation protocol
 - Assess readiness by additional hospitalist faculty
 - Review clinical write-ups to measure effects on completeness and linkages to care planning compared to traditional write-ups
- Apply 6-domain model in routine practice in other receptive clinical settings (e.g., M3 clerkships; M4 Care of Underserved Elective)

References

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