BACKGROUND

- In 2014, almost 2 million Americans abused or were treated for prescription opioids.1
- Opioids are responsible for:
  - Three-fourths of all prescription drug overdose deaths in 20132
  - More than 162,000 deaths in the United States in 20133
  - Nationally, deaths involving opioids have quadrupled since 19994
- The sharp rise in prescription opioid overdose deaths closely parallels the increase in the prescribing of these drugs.
- Opioid sales in the United States quadrupled from 1999 to 2010.5
- Treatment of CNCP with opioids is a major medical and social challenge for primary care providers.

OBJECTIVES

- To conduct a focus group that would identify attitudes, emotions, and reflections of providers as they treat patients with opioids for CNCP.
- As part of a multi-faceted quality improvement study conducted with the Family Medicine Residency Program, one pharmacist, four family medicine faculty members, and five residents participated.
- A trained medical student, in the presence of key investigators, moderated the focus group.
- Participants were provided anonymous aliases and responses were audio-recorded.
- Audio recording was transcribed and analyzed by diversity index, calculated with analysis of text bytes and substantive respondents.4 Themes were verified by manual coding.
- Participants were asked to respond to a series of open ended questions and statements about the opioid epidemic, as well as clinical vignettes.
- Attention was also given to participants’ emotions through utilization of a recording tool. Non-verbal expressions including tone and body language were interpreted and equated to one or more emotions.

RESULTS

- Focus group main themes on CNCP patients and treatment (Table 1):
  1. The CNCP Patient Population
  2. Provider Strategies and Practices
  3. Provider Struggles and Emotions
  4. Challenges in CNCP Management
  5. What Works and What Else May Work

- Among sixteen emotions, the most commonly exhibited by participants during the focus group were: engaged, agreeing, calm and quiet.

Statement and answer samples:

- **A new patient is scheduled for chronic pain**
  - **THEME:** Provider Struggles and Emotions
    - “I immediately start to notice, physiologically, anxiety and discomfort because of previous encounters when I got yelled at or when things went terribly wrong.”

- **Difficulty managing patient expectations**
  - **THEME:** The CNCP Patient Population
    - “It is usually the patient that mentions it (getting opioids prescribed) and it triggers me that the patient has a preconceived notion of what they want.”

- **I know who will abuse opioids.**
  - **THEME:** The CNCP Patient Population
    - “It is usally the patient that mentions it (getting opioids prescribed) and it triggers me that the patient has a preconceived notion of what they want.”

- **Do resident physicians feel targeted by patients?**
  - **THEME:** The CNCP Patient Population
    - “It is hard to say no when you’re new and you do not hear the same old story, but a different version. ‘You realize (the patient) is factual’”

- **Do clinicians mistrust patients?**
  - **THEME:** The CNCP Patient Population
    - “As a provider “I start to realize it is the same old story, but a different version. ‘You realize (the patient) is factual’”

- **Are there self-doubt for clinicians managing CNCP?**
  - **THEME:** Provider Struggles and Emotions
    - “I don’t want to start something I was not experiences to handle the consequences (of) down the line.”

- **Do providers believe patients want opioids?**
  - **THEME:** The CNCP Patient Population
    - “It is hard to say no when you’re new and especially when they say ‘my other doctor used to’, ‘just moved’, or ‘my insurance changed’.”

- **What Works and What Else May Work**
  - **THEME:** Provider Struggles and Emotions
    - “With a provider “I start to realize it is the same old story, but a different version. ‘You realize (the patient) is factual’”

Table 1. Numbers of theme bytes and respondents and levels of participant contribution and diversity in contribution per theme and subtheme.

<table>
<thead>
<tr>
<th>Theme or subtheme</th>
<th>Total bytes, n (%)</th>
<th>Substantive bytes, n (%)</th>
<th>Total unique respondents, n (%)</th>
<th>Substantive respondents, n (%)</th>
<th>Participant contribution, %</th>
<th>Diversity index, λ = 1 - H/ln(N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CNCP Patient Population</td>
<td>39 (15.7)</td>
<td>39 (15.7)</td>
<td>10</td>
<td>10</td>
<td>25.6 - 20.5</td>
<td>0.131</td>
</tr>
<tr>
<td>General Composition and Behavior</td>
<td>16 (6.2)</td>
<td>16 (6.43)</td>
<td>7</td>
<td>7</td>
<td>0 - 25.0</td>
<td>0.188</td>
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<tr>
<td>Opioid Seeking Strategies and Behaviors</td>
<td>16 (6.2)</td>
<td>16 (6.43)</td>
<td>6</td>
<td>6</td>
<td>0 - 31.3</td>
<td>0.203</td>
</tr>
<tr>
<td>Red Flags for Opioid Abuse</td>
<td>7 (2.75)</td>
<td>7 (2.81)</td>
<td>6</td>
<td>6</td>
<td>0 - 28.6</td>
<td>0.184</td>
</tr>
<tr>
<td>Provider Strategies and Practices</td>
<td>58 (22.75)</td>
<td>57 (22.9)</td>
<td>10</td>
<td>10</td>
<td>1.75 - 29.8</td>
<td>0.178</td>
</tr>
<tr>
<td>Pain Management</td>
<td>20 (7.84)</td>
<td>20 (8.03)</td>
<td>8</td>
<td>8</td>
<td>0 - 35.0</td>
<td>0.200</td>
</tr>
<tr>
<td>Opiate Prescribing and Dispensing</td>
<td>15 (5.88)</td>
<td>14 (5.62)</td>
<td>5</td>
<td>5</td>
<td>0 - 35.7</td>
<td>0.236</td>
</tr>
<tr>
<td>Conflict Avoidance</td>
<td>6 (2.35)</td>
<td>6 (2.41)</td>
<td>6</td>
<td>6</td>
<td>0 - 16.7</td>
<td>0.167</td>
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<tr>
<td>Confronting and Minimizing Opioid Abuse</td>
<td>8 (3.14)</td>
<td>8 (3.21)</td>
<td>4</td>
<td>4</td>
<td>0 - 37.5</td>
<td>0.281</td>
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<tr>
<td>Risk Assessment for Opioid Addiction</td>
<td>9 (3.53)</td>
<td>9 (3.61)</td>
<td>3</td>
<td>3</td>
<td>0 - 44.4</td>
<td>0.407</td>
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<tr>
<td>Provider Strategies and Emotions</td>
<td>47 (18.45)</td>
<td>46 (18.5)</td>
<td>10</td>
<td>10</td>
<td>2.17 - 21.7</td>
<td>0.128</td>
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<tr>
<td>Strengths and Weaknesses</td>
<td>13 (5.1)</td>
<td>12 (4.82)</td>
<td>7</td>
<td>7</td>
<td>0 - 41.7</td>
<td>0.219</td>
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<tr>
<td>Discomfort, Anxiety, Dread, and Fear</td>
<td>12 (4.71)</td>
<td>12 (4.82)</td>
<td>8</td>
<td>8</td>
<td>0 - 25.0</td>
<td>0.153</td>
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<tr>
<td>Frustration, Anger, and Anxiety</td>
<td>14 (5.49)</td>
<td>14 (5.63)</td>
<td>6</td>
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<td>0 - 28.6</td>
<td>0.204</td>
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<td>Concern, Inefficacy, and Helplessness</td>
<td>8 (3.14)</td>
<td>8 (3.21)</td>
<td>5</td>
<td>5</td>
<td>0 - 30.0</td>
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<td>Challenges in CNCP Management</td>
<td>68 (26.67)</td>
<td>67 (26.9)</td>
<td>9</td>
<td>9</td>
<td>0 - 32.8</td>
<td>0.196</td>
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<td>Patient Challenges</td>
<td>27 (10.59)</td>
<td>26 (10.4)</td>
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<td>8</td>
<td>0 - 34.6</td>
<td>0.221</td>
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<tr>
<td>Patient and Provider Accountability</td>
<td>11 (4.31)</td>
<td>11 (4.42)</td>
<td>7</td>
<td>7</td>
<td>0 - 27.3</td>
<td>0.236</td>
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<td>Drawbacks in the Current System</td>
<td>25 (9.8)</td>
<td>25 (10.0)</td>
<td>9</td>
<td>9</td>
<td>0 - 32.0</td>
<td>0.184</td>
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<tr>
<td>Time Limitations and Delays</td>
<td>5 (1.96)</td>
<td>5 (2.01)</td>
<td>3</td>
<td>3</td>
<td>0 - 40.0</td>
<td>0.360</td>
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<td>What Works and What Else May Work</td>
<td>43 (16.86)</td>
<td>40 (16.1)</td>
<td>9</td>
<td>9</td>
<td>0 - 35.0</td>
<td>0.249</td>
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<td>Strengths in the Current System</td>
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<td>13 (5.22)</td>
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<td>6</td>
<td>0 - 38.5</td>
<td>0.265</td>
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<td>Suggestions for Improvement</td>
<td>29 (11.37)</td>
<td>27 (10.84)</td>
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<td>8</td>
<td>0 - 45.7</td>
<td>0.258</td>
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</tbody>
</table>

ACKNOWLEDGEMENTS

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REFERENCES

1. Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health. 2014.
2. CDC. CDC WONDER Multiple Cause of Death data. 1999–2013.