In 2014, almost 2 million Americans abused or were "it is usually the patient that mentions
I immediately start to notice,
THEME:
Nationally, deaths involving opioids have quadrupled since
Provider Struggles and Emotions
The CNCP Patient Population
What Works and What Else May Work
Among sixteen emotions, the most commonly exhibited by
As part of a multi- embrace.
Opioid sales in the United States quadrupled from 1999 to 2010.
Treat 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.
METHODS
As part of a multi-faceted quality improvement study conducted within our 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 the diversity index, calculated with analysis of text bytes and substantive respondents. 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.


• 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 prescribed notion of what they want.

I know who will abuse opioids.
• 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 prescribed notion of what they want.

Question and answer samples:
Is there self-doubt for clinicians managing CNCP?
• THEME: Provider Struggles and Emotions
  • I don’t want to start something I’m not experienced to handle the consequences (of) down the line.

Do resident physicians feel targeted by patients?
• THEME: The CNCP Patient Population
  • It is hard to say so when you’re new and especially when they say “my other doctor used to”, “just moved”, or “my insurance changed”.

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 tactful”


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

<table>
<thead>
<tr>
<th>Theme and subtheme</th>
<th>Total text bytes, n (%)</th>
<th>Substantive text bytes, n (%)</th>
<th>Total unique respondents, n (%)</th>
<th>Substantive respondents, n (%)</th>
<th>Participant contribution, % (n)</th>
<th>Respondent diversity index, λ</th>
</tr>
</thead>
<tbody>
<tr>
<td>The CNCP Patient Population</td>
<td>39 (15.29)</td>
<td>39 (15.7)</td>
<td>10</td>
<td>10</td>
<td>2.56–20.5</td>
<td>0.131</td>
</tr>
<tr>
<td>General Composition and Behavior</td>
<td>16 (6.27)</td>
<td>16 (6.44)</td>
<td>7</td>
<td>7</td>
<td>0–25</td>
<td>0.188</td>
</tr>
<tr>
<td>Opioid Seeking Strategies and Behaviors</td>
<td>16 (6.27)</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 Assistance</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>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<tr>
<td>Frustulation, Anger, and Anxiety</td>
<td>14 (5.49)</td>
<td>14 (5.63)</td>
<td>6</td>
<td>6</td>
<td>0–28.6</td>
<td>0.204</td>
</tr>
<tr>
<td>Concern, Stabilization, and Hypersensitivity</td>
<td>8 (3.14)</td>
<td>8 (3.21)</td>
<td>5</td>
<td>5</td>
<td>0–50.0</td>
<td>0.313</td>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Patient Challenges</td>
<td>27 (10.59)</td>
<td>26 (10.4)</td>
<td>8</td>
<td>8</td>
<td>0–34.6</td>
<td>0.221</td>
</tr>
<tr>
<td>Patient and Provider Accountability</td>
<td>14 (5.31)</td>
<td>14 (5.44)</td>
<td>7</td>
<td>7</td>
<td>0–27.3</td>
<td>0.231</td>
</tr>
<tr>
<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>
</tr>
<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>
</tr>
<tr>
<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>
</tr>
<tr>
<td>Strengths in the Current System</td>
<td>14 (5.49)</td>
<td>13 (5.22)</td>
<td>6</td>
<td>6</td>
<td>0–38.5</td>
<td>0.265</td>
</tr>
<tr>
<td>Drawbacks and Obstacles in the Current System</td>
<td>23 (9.13)</td>
<td>27 (10.8)</td>
<td>9</td>
<td>9</td>
<td>0–45.7</td>
<td>0.258</td>
</tr>
</tbody>
</table>

A text byte is a text chunk of any size (e.g., fragment, sentence, paragraph), representing the same concept and the basic unit of analysis.

A substantive text byte originates from a substantive participant response, wherein at least one example of statement of support/opposition is provided. Statements of "Not", "Yes", and "I agree" were not considered substantive.

Substantive respondents are participants who provided at least one substantive response.

Participant contribution is computed as the minimum and maximum percentages of the total text bytes contributed across all focus group participants.

Diversity index is computed as λ = \frac{\sum_{i=1}^{n} n_i}{n(n-1)}; where i = individual respondent, n = total number of unique respondents, p = proportion of total substantive text bytes contributed, and lower values indicate greater diversity.

CONCLUSIONS

• While a predominance of negative experiences and challenges were reported, positive emotions during this focus group demonstrated that providers appreciated the opportunity to share their experiences on this sensitive topic.

• Primary care providers face barriers to treat CNCP patients on an individual and institutional level. Better provider training and implementation of standard guidelines were among the most common suggestions for improvement.

• Input obtained during this focus group was used to help our institution develop standardized practice guidelines for the use of opioids for CNCP in the primary care setting.

ACKNOWLEDGEMENTS

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We would like to acknowledge Danielle Greer, PhD for assistance in the interpretation of our qualitative results.

RECOMMEND

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.

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