Understanding Providers’ Emotions and Thoughts Regarding Opioid Use for the Management of Chronic Noncancer Pain (CNCP) in a Family Medicine Residency Program

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BACKGROUND

• In 2014, almost 2 million Americans abused or were dependent on prescription opioids.
• Opioids are responsible for: o Three-fourths of all prescription drug overdose deaths in 2013
  o More than 16,200 deaths in the United States in 2013
  o Nationally, deaths involving opioids have quadrupled since 1999
• The sharp rise in prescription opioid overdose deaths closely parallels the increase in the prescribing of these drugs.
• 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.

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.

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, agree, calm, and quiet.

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 and 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, max. %, mean %</th>
<th>Diversity index, mean %</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>2.56–205</td>
<td>0.131</td>
</tr>
<tr>
<td>General Composition and Behavior</td>
<td>16 (6.27)</td>
<td>16 (6.43)</td>
<td>7</td>
<td>7</td>
<td>0–25.0</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 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>
</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 Struggles and Emotions</td>
<td>47 (18.43)</td>
<td>46 (18.5)</td>
<td>10</td>
<td>10</td>
<td>2.21–27.1</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>6</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>frustration, 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, Sadness, and Helplessness</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>
</tbody>
</table>

• Challenges in CNCP Management:
  1. 68 (26.67)
  2. 67 (26.9) 9 9 0–32.8 0.196
  3. 27 (10.59) 26 (10.4) 8 8 0–34.6 0.221
  4. 11 (4.31) 11 (4.42) 7 7 0–27.3 0.165
  5. 25 (9.8) 25 (10.0) 9 9 0–32.0 0.184
  6. 5 (1.96) 5 (2.01) 3 3 0–40.0 0.360

• What Works and What Else May Work:
  1. 43 (16.86) 40 (16.1) 9 9 0–35.0 0.249
  2. 14 (5.49) 13 (5.22) 6 6 0–38.5 0.265
  3. 29 (11.13) 27 (10.8) 9 8 0–40.7 0.258

Question 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.

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Difficulty managing patient expectations
• THEME: The CNCP Patient Population
  • Patients expectations are that opioids work, so “why can’t patients keep taking it?”

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 perceived notion of what they want.

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CONCLUSIONS

• While a predominance of negative experiences and challenges were reported, positive emotions during this focus group demonstrated that providers appreciate 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

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

We would also like to acknowledge Dr. Michael McNett, Dr. Christopher Klink, and Dr. Brian Wallace on their ongoing contribution and guidance in relation to this study.

Lastly, we want to acknowledge Courtney Pokrzywa for the organization and moderation of the focus group.

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.