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.1

Opioids are responsible for:
- Three-fourths of all prescription drug overdose deaths in 20132
- More than 16,200 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.

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 audio recording.

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):

- The CNCP Patient Population
- Provider Strategies and Practices
- Provider Struggles and Emotions
- Challenges in CNCP Management
- 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

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.

Do resident physicians feel targeted by patients?

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'.

Do clinicians mistrust patients?

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 fabricated”

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 text bytes, n (%)</th>
<th>Substantive text bytes, n (%)</th>
<th>Total substantive respondents, n (%)</th>
<th>Substantive respondents, n (%)</th>
<th>Participant contribution, max %, mean % (SD)</th>
<th>Respondent diversity index, max %, mean % (SD)</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>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</td>
<td>1.18</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>2.03</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>1.84</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>1.78</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</td>
<td>0.26</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>0.26</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>0.28</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 – 44.7</td>
<td>0.40</td>
</tr>
<tr>
<td>Provider Strategies and Emotions</td>
<td>47 (18.43)</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>
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<tr>
<td>Resilience, Anxiety, and Anger</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>
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<tr>
<td>Concern, Feelings, 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>
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<tr>
<td>Challenges in CNCP Management</td>
<td>66 (26.27)</td>
<td>67 (26.29)</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>
<td>8</td>
<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>0.132</td>
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<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>
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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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<tr>
<td>What Works and What Else May Work Strategies in the Current System</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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<tr>
<td>Strengthening the Resilience</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>
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<tr>
<td>Know the patient, design intervention</td>
<td>29 (11.37)</td>
<td>27 (10.58)</td>
<td>9</td>
<td>9</td>
<td>0 – 45.7</td>
<td>0.258</td>
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</tbody>
</table>

* A text byte is a text chunk of any size (e.g., fragment, sentence, paragraph, representing a single idea and the basic unit of analysis; 4.

* A substantive text byte originates from a substantive participant response, wherein at least one example or statement of support/opposition is provided. Statements of “No”, “Yes”, and “I agree” were not considered substantive.5

* 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 the 10 focus group participants.

* Diversity index is computed as I = 1 – (pi²/ni), where i = individual respondent, ni = total number of unique respondents, p = proportion of total substantive text bytes contributed, and lower values indicate greater diversity.4

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

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We would also like to acknowledge Dr. Michael McNett, Dr. Christopher Klink, and Dr. Brian Wallace to their on going support of our 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.