

# 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.<sup>1</sup>
- Opioids are responsible for:**
  - Three-fourths of all prescription drug overdose deaths in 2013<sup>2</sup>
  - More than 16,200 deaths in the United States in 2013<sup>2</sup>
  - Nationally, deaths involving opioids have quadrupled since 1999<sup>2</sup>
- 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.<sup>3</sup>
- 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.<sup>4,5</sup> 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):

- 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	<ul style="list-style-type: none"> <li><b>THEME:</b> Provider Struggles and Emotions</li> <li>"I immediately start to notice, physiologically, anxiety and discomfort because of previous encounters when I got yelled at or when things went terribly wrong."</li> </ul>
Difficulty managing patient expectations	<ul style="list-style-type: none"> <li><b>THEME:</b> The CNCP Patient Population</li> <li>"Patients expectations are that opioids work, so 'why can't patients keep taking it?'"</li> </ul>
I know who will abuse opioids.	<ul style="list-style-type: none"> <li><b>THEME:</b> The CNCP Patient Population</li> <li>"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."</li> </ul>

### Question and answer samples:

Is there self-doubt for clinicians managing CNCP?	<ul style="list-style-type: none"> <li><b>THEME:</b> Provider Struggles and Emotions</li> <li>"I don't want to start something I'm not experienced to handle the consequences (of) down the line."</li> </ul>
Do resident physicians feel targeted by patients?	<ul style="list-style-type: none"> <li><b>THEME:</b> The CNCP Patient Population</li> <li>"It is hard to say no when you're new and especially when they say 'my other doctor used to', 'I just moved', or 'my insurance changed'."</li> </ul>
Do clinicians mistrust patients?	<ul style="list-style-type: none"> <li><b>THEME:</b> THE CNCP Patient Population</li> <li>As a provider I "start to realize it is the same old story, but a different version. You realize [the patient] is tactical"</li> </ul>

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

Theme and subtheme <sup>3</sup>	Total text bytes, n (%) <sup>a</sup>	Substantive text bytes, n (%) <sup>b</sup>	Total unique respondents, n	Substantive respondents, n <sup>c</sup>	Participant contribution, max % - min % <sup>d</sup>	Respondent diversity index, λ <sup>e</sup>
<b>The CNCP Patient Population</b>	39 (15.29)	39 (15.7)	10	10	2.56 – 20.5	0.131
General Composition and Behavior	16 (6.27)	16 (6.43)	7	7	0 – 25.0	0.188
Opioid Seeking Strategies and Behaviors	16 (6.27)	16 (6.43)	6	6	0 – 31.3	0.203
Red Flags for Opioid Abuse	7 (2.75)	7 (2.81)	6	6	0 – 28.6	0.184
<b>Provider Strategies and Practices</b>	58 (22.75)	57 (22.9)	10	10	1.75 – 29.8	0.178
Pain Management	20 (7.84)	20 (8.03)	8	8	0 – 35.0	0.200
Opiate Prescribing and Dispensing	15 (5.88)	14 (5.62)	5	5	0 – 35.7	0.236
Conflict Avoidance	6 (2.35)	6 (2.41)	6	6	0 – 16.7	0.167
Confronting and Minimizing Opioid Abuse	8 (3.14)	8 (3.21)	4	4	0 – 37.5	0.281
Risk Assessment for Opioid Addiction	9 (3.53)	9 (3.61)	3	3	0 – 44.4	0.407
<b>Provider Struggles and Emotions</b>	47 (18.43)	46 (18.5)	10	10	2.17 – 21.7	0.128
Struggles and Weaknesses	13 (5.1)	12 (4.82)	7	6	0 – 41.7	0.219
Discomfort, Anxiety, Dread, and Fear	12 (4.71)	12 (4.82)	8	8	0 – 25.0	0.153
Frustration, Annoyance, and Anger	14 (5.49)	14 (5.62)	6	6	0 – 28.6	0.204
Concern, Sadness, and Hopelessness	8 (3.14)	8 (3.21)	5	5	0 – 50.0	0.313
<b>Challenges in CNCP Management</b>	68 (26.67)	67 (26.9)	9	9	0 – 32.8	0.196
Inherent Challenges	27 (10.59)	26 (10.4)	8	8	0 – 34.6	0.221
Patient and Provider Accountability	11 (4.31)	11 (4.42)	7	7	0 – 27.3	0.174
Drawbacks in the Current System	25 (9.8)	25 (10.0)	9	9	0 – 32.0	0.184
Time Limitations and Delays	5 (1.96)	5 (2.01)	3	3	0 – 40.0	0.360
<b>What Works and What Else May Work</b>	43 (16.86)	40 (16.1)	9	9	0 – 35.0	0.249
Strengths in the Current System	14 (5.49)	13 (5.22)	6	6	0 – 38.5	0.265
Suggestions for Improvement	29 (11.37)	27 (10.8)	9	8	0 – 40.7	0.258

<sup>a</sup> 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.<sup>6</sup>

<sup>b</sup> A substantive text byte originates from a substantive participant response, wherein at least one example or statement of support/opposition is provided.<sup>7</sup> Statements of "No", "Yes", and "I agree" were not considered substantive.

<sup>c</sup> Substantive respondents are participants who provided at least one substantive response.

<sup>d</sup> Participant contribution is computed as the minimum and maximum percentages of the total text bytes contributed across the 10 focus group participants.

<sup>e</sup> Diversity index is computed as  $\lambda = \sum_{i=1}^N \frac{1}{N} (p_i^2)$ , where  $i$  = individual respondent,  $N$  = total number of unique respondents,  $p$  = proportion of total substantive text bytes contributed, and lower values indicate greater diversity.<sup>4,5</sup>

## 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.

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