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Comfort, Complexities, and Confrontation: Health Care Provider Communication and Prescription Drug Abuse and Misuse

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Comfort, Complexities, and Confrontation: Health Care Provider Communication and Prescription Drug Abuse and Misuse

ETSU DIDARP Project 1: Health Care Provider Communication and Prescription Drug Abuse and Misuse

Nicholas E Hagemeier, PharmD, PhD & Fred Tudiver, MD
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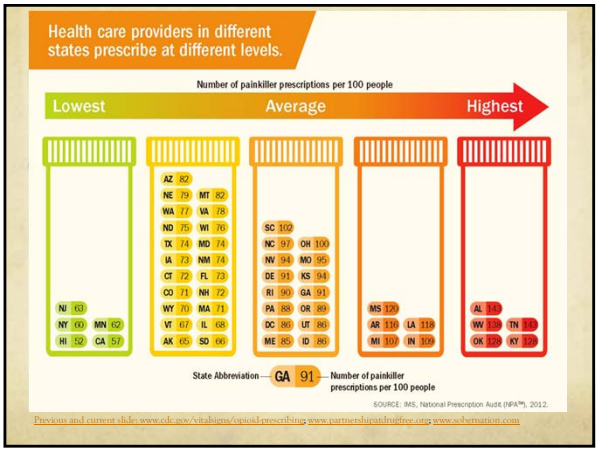
Disclosures

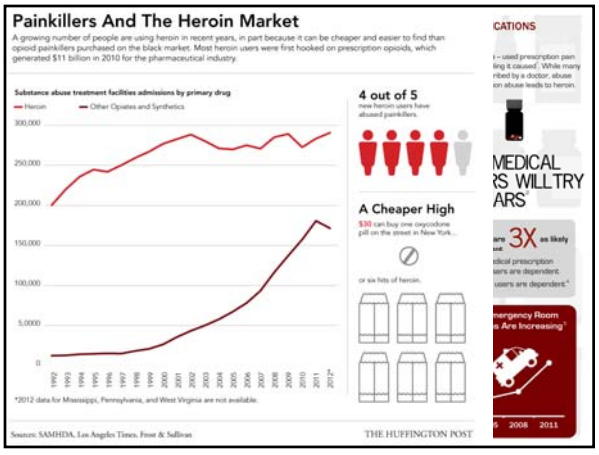
- Drs. Hagemeier and Tudiver **DO NOT** have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

Objectives

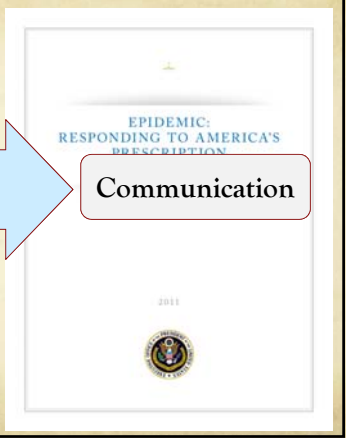
- Describe the role of communication in prescription drug abuse prevention and treatment
- Describe outcomes of 5 focus groups conducted in the Appalachian Research Network (AppNET) region


One person dies every
19 MINUTES
from drug overdose in the United States
Share this to help #En
Drug Overdose Deaths per
United States, 20
deaths and substance abuse treatment


Health care providers in different states prescribe at different levels.
Number of painkiller prescriptions per 100 people
Lowest
Average
Highest
NJ 63
NY 60
MN 62
HI 52
CA 57
AZ 82
NE 79
MT 82
WA 77
VA 78
ND 75
WI 76
TX 74
MD 74
IA 73
NM 74
CT 72
FL 73
CO 71
NH 72
WY 70
MA 71
VT 67
IL 68
AK 65
SD 66
SC 102
NC 97
OH 100
NV 94
MO 96
DE 91
KS 94
RI 90
GA 91
PA 88
OR 89
DC 86
UT 86
ME 85
ID 86
MS 120
AR 116
LA 118
MI 107
IN 109
AL 113
WV 138
TN 113
OK 128
KY 120
State Abbreviation
GA 91
Number of painkiller prescriptions per 100 people
SOURCE: IMS, National Prescription Audit (NPA™), 2012.
Previous and current slide: www.cdc.gov/vitalsigns/opioid-prescribing; www.partnershipatdrugfree.org; www.sobermation.com


Painkillers And The Heroin Market
A growing number of people are using heroin in recent years, in part because it can be cheaper and easier to find than opioid painkillers purchased on the black market. Most heroin users were first hooked on prescription opioids, which generated $11 billion in 2010 for the pharmaceutical industry.
Substance abuse treatment facilities admissions by primary drug
Heroin
Other Opiates and Synthetics
300,000
250,000
200,000
150,000
100,000
50,000
0
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012*
*2012 data for Mississippi, Pennsylvania, and West Virginia are not available.
4 out of 5
new heroin users have abused painkillers.
A Cheaper High
$30 can buy one oxycodone pill on the street in New York...
or six hits of heroin.
Sources: SAMHSA, Los Angeles Times, Frost & Sullivan
THE HUFFINGTON POST
CATIONS
MEDICAL
RS WILL TRY
ARS
3X
2008
2011

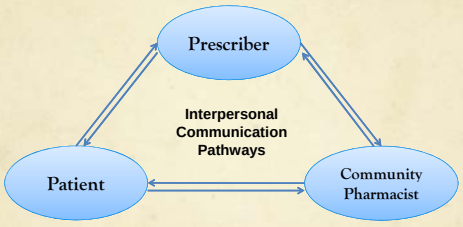
1. Education
   - ✓ Parents
   - ✓ Youth
   - ✓ Patients
   - ✓ HCPs
2. Monitoring
3. Disposal
4. Enforcement



"Many doctors aren't properly trained on screening for substance abuse and how to intervene, so they feel very uncomfortable asking patients about drug and alcohol use"

http://www.thecleanslate.org/wp-content/uploads/2011/12/Nora-Volkow.jpg http://www.cdca.org/resources/detail/nida-unveils-new-

ETSU's Diversity-promoting Institutions Drug Abuse Research Program (DIDARP)



Communication Constructs

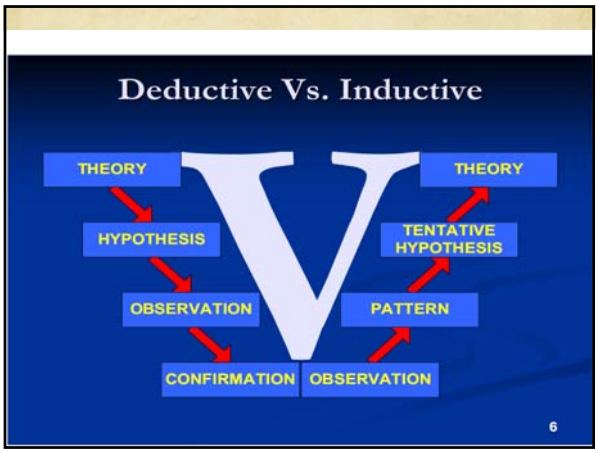
- Communication Apprehension
- Self-Perceived Communication Competence
- Willingness to Communicate
- Communicative Behaviors

Aims of DIDARP Project 1

- **Develop provider situational prescription drug abuse/misuse communication apprehension, self-perceived communication competence, willingness to communicate, and TpB instruments (Years 1 & 2)**
- **Evaluate the psychometric properties of instruments (Year 3)**
- **Determine the extent to which PDA-related (CA, SPCC, WTC, and TpB) constructs explain health care provider communicative behaviors (Year 4)**
- **Pilot test a communication intervention within the AppNET PBRN (Year 5)**

Qualitative Methods (at first)

- WHY?
  - ✓ No existing validated measure
  - ✓ Needed to develop items
- HOW?
  - ✓ Qualitative method – focus groups



Quantitative vs Qualitative: Data Collection

- **Quantitative data** (deductive)
  - ✓ Instruments (validity)
  - ✓ Checklists
  - ✓ Records
  - ✓ Clinical data
- **Qualitative data** (inductive)
  - ✓ Observations
  - ✓ Audio-visual materials
  - ✓ Interviews (member checking)
  - ✓ Verbatim transcriptions

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Approach to Data Analysis

- **Quantitative analysis**
  - ✓ Statistical analysis
  - ✓ For description
  - ✓ For comparing groups
  - ✓ For relating variables
- **Qualitative analysis**
  - ✓ Use text and images
  - ✓ Coding
  - ✓ 2+ data analyzers
  - ✓ Emerging theme development
  - ✓ Immersion
  - ✓ Member checking

Methods – Data Analysis

- Data collection often occur iteratively
- 1st step
  - Independent reviewers (2+) – emerging central issues
  - Compare/combine analyses
  - Explore/refine emerging themes

Methods – Data Analysis (2)

- 2nd step
  - Determine similarities/differences/potential connections among key words/phrases/concepts within & among each focus group transcript
- 3rd step
  - Themes/subcategories of all focus groups compared and contrasted
  - Quotes that most accurately illustrate the themes ("exemplar quotes") identified.

Progress To Date…

- Five focus groups conducted (N=35) within AppNET geographical region
  - 19 Prescribers & 16 Community Pharmacists
  - Verbatim transcripts
- Thematic Analysis (Hagemeier & Tudiver)

Healthcare Provider – Patient Communication

Emerging Themes

- HCP1: Communicative Factors – Hard Evidence
  - *"I think the first thing you do is a you pull the database and do a drug screen…I mean pull the drug screen, do a drug screen and see if they fall out because a lot of times they'll fall out then that takes care of your problem"*

- HCP2: Practice Barriers (lack of time; lack of resources)
  - *"If you had time to do all of this, you'd be…you'd be broke is another way of saying it"*
  - *"Ah, you're given 15-20 minutes per patient so when you're looking at controlled substance on top of hypertension and diabetes and this that and the other it becomes problematic in trying to address everything that you're supposed to. Um sometimes I do well to go out of the room to go do the CSMD check"*

- HCP3: Individual Policies and Procedures
  - *"As a drug seeker….my behavior is, I just tell them I don't have them."*
- HCP4: Likeability and Pt Satisfaction
  - *"You want to please the patient"*
  - *"We do fear this [complaints] and I have heard conversations in the past providers fearing losing scores right, by not fulfilling the patient's desires…that's a ding against me."*

- HCP5: Pharmacists Lack Information and Trust
  - *"I don't like the people…I don't like the feeling I get from them"*
- HCP6: Difficult or Uncomfortable Conversations are Avoided
  - *"But some of them [patients] are scary that you know are abusing drugs and those I just sort of…ya know…I legitimately fill, you know. I don't do anything illegal."*
  - *"I mean I won't be hateful. I'll be direct and I'll say well you know I don't know you and I don't prescribe these medications on the first visit. If I see you for a couple times and think you need em I might prescribe, but there's a good chance I might not"*

Interprofessional Communication

Emerging Themes

- IP1: PCPs are hesitant to refer to pain management colleagues
  - *"Sending them to a pain specialist is creating more, they're gonna prescribe a lot more than what I am"*
- IP2: Pharmacist-to-prescriber communication is lacking and desired
  - *"You leave a message and you never hear back"*
  - *"I think doctors need to have a pharmacy line"*

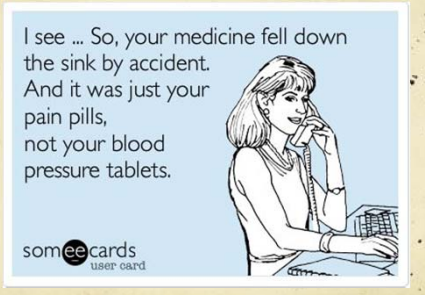
- IP3: Prescriber-to-pharmacist communication is very rare, and even less so since the CSMD was implemented
  - *"I don't rely on them as much but I do appreciate the fact that pharmacist calls"*
- IP4: Prescribing behavior is often questioned by dispensers, and vice versa
  - *"It's hard from a pharmacist's perspective if you think a prescriber is overprescribing to talk to them about it. I know I've done that before and got nowhere"*
  - *"The local pharmacy…oh they'd be handing it out the back door"*

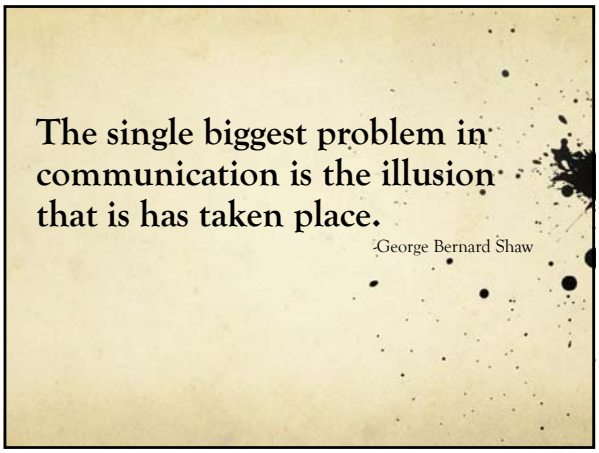
- IP5: Pharmacists blame prescribers for some of their circumstances and for placing them in dangerous situations. Mid-level prescribers are particularly blamed.
  - *"I think it is the physicians, and the mid-levels. I think a lot of it is the physicians with their mid levels that's the trouble."*
  - *"You now put me and my staff in danger. Thank you."*
- IP6: Interprofessional communication is situationally appreciated but is rare
  - *"You know one person calls me on a pretty routine basis, Dr. X."*

What We've Learned...

- Prescription drug abuse communicative behavior is extremely situational, as is...
  - Communication apprehension
  - Self-perceived communication competence
  - Willingness to communicate
- Subjectivity invites simplification
- Dissonance exists between the patient care model and some current business models
- Perceived non-confrontational communication is often confrontational

Where we're heading...




The single biggest problem in communication is the illusion that is has taken place.
-George Bernard Shaw