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

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Health Care Provider
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and Misuse

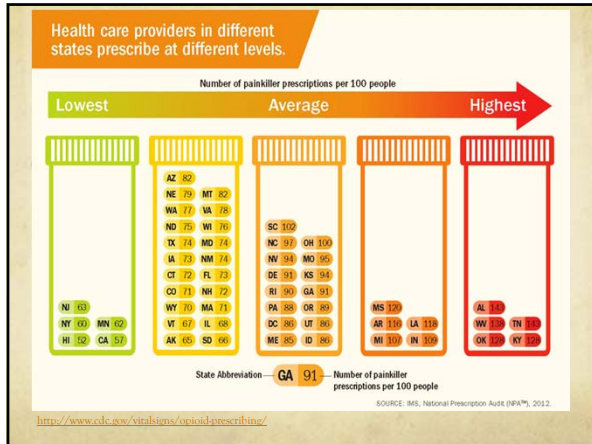
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Disclosures

- Drs. Hagemeyer 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 AppNET region



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

➔

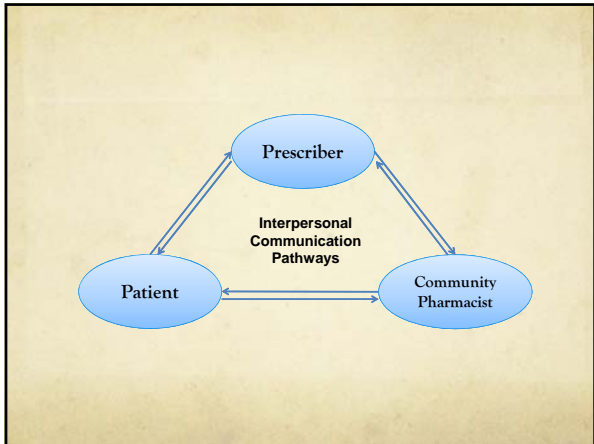
EPIDEMIC:
RESPONDING TO AMERICA'S
DRUG PRESCRIPTION

2011

Communication

“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.thedailybeast.com/epi/poster/ny/2011/12/Normal-Yellow.html> <http://www.ck12.org/essays/mental-illness/mental-illness.html>



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)

Progress To Date...

- Five focus groups conducted (N=35) within AppNET geographical region
 - 19 Prescribers & 16 Community Pharmacists
 - Verbatim transcripts
- Thematic Analysis (Hagemeyer & 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"
- "So controlled substance database is a good resource it's not, it's not gonna fix everything but it's a good resource. What else do we do? Get access to medical records...That would answer so many questions."
- "Are there other resources that you think would positively influence the extent to which you engage in prescription drug abuse related communication with your patients? Well sure, more written material with references to drug treatment centers or just, uh, maybe something that you could hand to the patient...Okay, so a self-assessment questionnaire."

➤ HCP3: Individual Policies and Procedures

- "As a drug seeker...my behavior is, I just tell them I don't have them."

➤ HCP4: HCPs Like to be Liked

- "There's all these bench marks, and we want high scores so we're trying to make sure we get that."
- "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."

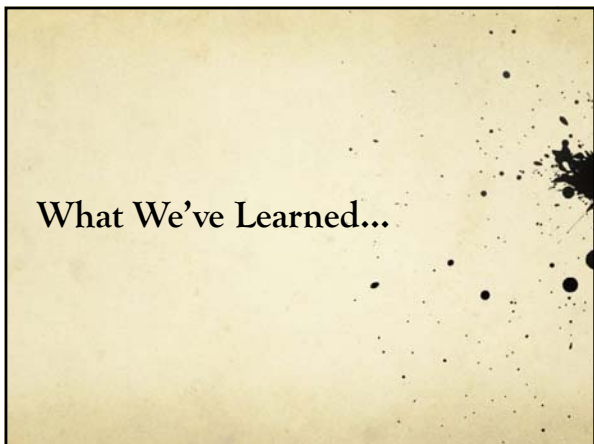
➤ HCP5: Pharmacists Lack Information and Trust

➤ 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"



- PCPs are hesitant to refer to pain management colleagues
- Pharmacist-to-prescriber communication is lacking and desired
- Prescriber-to-pharmacist communication is very rare, and even less so since the CSMD was implemented
- Prescribing behavior is often questioned by dispensers, and vice versa
- Pharmacists blame prescribers for some of their circumstances and for placing them in dangerous situations. Mid-level prescribers are particularly blamed.
- Interprofessional communication is situationally appreciated but is rare



- 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...
Survey Instrument Development

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