Challenging conversations when prescribing opioids for chronic pain

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Objectives

At the end of this presentation, participants will be able to:

- Acquire knowledge and skills to communicate effectively with patients with chronic pain

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Applying the guideline

Female, 71 years old, severe neuropathic pain as consequence of chemo and radiotherapy, on opioids for 17 years. Currently on Fentanyl patch 100ucg/h q3d, oxycodone IR 5-10mg PRN 6 per day. Pain varies 8 to 9/10 most of the time. Function: weekdays she looks after her 2 grandchildren after school until her son picks them up. Weekends does volunteer work. Drives short distance for shopping and doctor appointments

Mild cognitive impairment (MoCA 25). Sleep study: central and obstructive sleep apnea. Diabetes for 10 years on oral medication. Zopiclone 3x week before bedtime.

3

Guideline: Rec #15

"For patients receiving opioids for a prolonged period who may not have had an appropriate trial of therapy, take steps to ensure that long-term therapy is warranted and dose is optimal" (Grade C).

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Steps for an appropriate opioid trial (Rec #9)

- Pain condition diagnosis
- Risk screening
- Goal setting
- Informed consent
- Appropriateness of opioid selected and dose
- Opioid effectiveness

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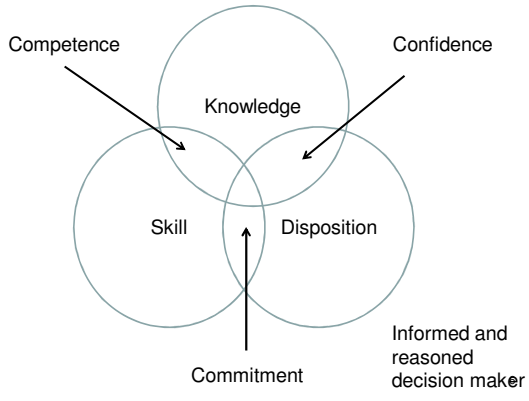

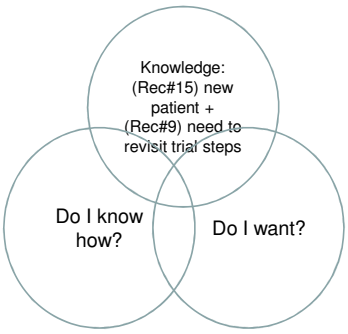

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Using Tools and Videos to Implement the Recommendations of the Canadian Opioid Guidelines Pain

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OPIOID MANAGER™ Toolkit


"It's All About You"
Goal setting


"Risky Business"
Sensitive Conversations


"I've Already Given"
Challenging conversation


"Dope and Mirrors"
Making it Safe


"More Please"
Setting limits


"No Means No"
Being assertive in saying no

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Challenging conversation #1

Setting goals about opioid therapy

Watch for the behaviours, actions and words between the physician and the patient in this conversation

Stop 00:27

10

Goal setting

Patient: Remind me again why we're doing that?

What would be your answer?

11

Goal Setting: Potential Benefits and Patient Expectations (Rec #5)

The goal of opioid therapy for **chronic** non-cancer pain is rarely the elimination of pain, but rather an improvement in function or a reduction of pain intensity by at least 30%.

A discussion with the patient about specific goals related to pain reduction and functional improvement should address any unrealistic expectations.

These agreed-on goals should be documented in the patient's record; they are critical in determining that opioids are effective and should be monitored over time.

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Goal Setting

Set therapeutic goal: Improved function and/or pain reduction of 30% or more

"It's all about you"

Challenging conversation #2

Screening tools/questions for substance abuse, sexual abuse and psychological disease

"Risky Business"

Risky Business

- ✓ To have an approach to asking about potentially sensitive patient history/using the Opioid Risk Tool (ORT)
- ✓ To have an approach to common screening tools/questions for substance use, sexual abuse and mental health problems
- ✓ To have an approach to responding to patient disclosure during assessment of high risk behaviors

Commonly seen problems

- Not fully explaining the role of assessing for risk behaviors prior to asking about them
- Not picking up on patient verbal and non verbal cues around disclosing sensitive information
- Accepting initial response at face value – For example not quantifying or getting contextual details
- Avoiding asking, acknowledging or exploring responses because of own discomfort

Commonly seen problems

- Not empathetically acknowledging sensitive disclosures
- Not reviewing limits of confidentiality before assessing high risk behavior
- Forgetting to refer back to the Opioid Risk Tool during the maintenance and monitoring phase

Challenging conversation #2

Screening tools/questions for substance abuse, sexual abuse and psychological disease

"Risky Business"

Challenging conversation #3

"Hey your receptionist just asked me for a urine sample what's up with that?"

"I've already given"

Objectives

- ✓To have an approach to preparing for challenging conversations
- ✓To have an approach to holding challenging conversations when discussing and managing opioid therapy

"I've already given"

"I've already given"

- Some areas of medicine, including opioid management inherently have a higher or more frequent need to hold conversations that can be perceived as potentially challenging.
- Physicians need skills and strategies to hold conversations when emotions are high.

Challenging conversation #3

"Hey your receptionist just asked me for a urine sample. What's up with that?"

"I've already given"

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Another approach

"I've already given"

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Challenging conversation #4

To have an approach to setting clear, yet supportive limits with patients when prescribing and managing opioid therapy

"More please ©"

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Setting limits

- One way to increase your comfort level with prescribing and monitoring opioids is to gain skills in setting clear limits.
- Setting limits can be one of the most powerful tools professionals have for promoting behavior change.
- Limit setting involves setting ground rules about articulating explicit expectations about what is and is not acceptable in the relationship.

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Communication steps for setting clear limits

- Communicate the limits (ground rules) of the relationship from the outset
- Explain the rationale for the limit and the consequences for not following it
- Involve the patient in the discussion.
- Check to ensure the patient's understanding and interpretation of the limit and consequence is the same as yours
- Revisit the limits based on patient need

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Communication tips

- Ensure treatment agreement is discussed and signed at outset of treatment
- Actively invite the patient to share concerns and ask questions
- Clearly define behaviors and consequences – Use **SMART** criteria
- Hold timely conversations when necessary
- Be fair and consistent (i.e. don't arbitrarily overlook rules or change consequences)

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Challenging conversation #4

Observe the physician setting clear limits

"More please"

02:23

28

Challenging conversation #4

- To identify examples of common testing behaviors
- To develop strategies for managing testing behavior

"More please"

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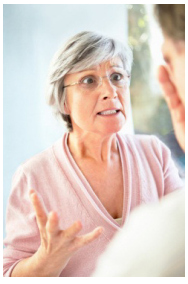
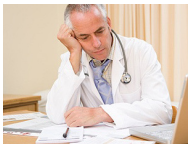
Common Examples

- Begging
- Intimidation
- Threats to self
- Martyrdom
- Flattery



Although it may *feel* personal …

… behavior *is not* an attack on our competence or caring



Not all tactics have the same impact on us …

- *Begging ??*
- **Intimidation??**
- **Threats to self ??**
- **MARTYRDOM ??**
- *Flattery ??*

Intimidation

EXAMPLES

- Yelling
- Standing up
- Adult temper tantrums
- Swearing
- Arguments that accuse you of being unjust, illogical or simply a bad doctor

UNDERLYING MESSAGE

If I make you uncomfortable enough, you will give me what I want

SAMPLE RESPONSES

Set limits with consequences

"Sit down and lower your voice or I will have to ask you to leave"

Broken record – Repeat firmly same message

"The medication is not effective and we need to look at alternatives."

Threats to self

EXAMPLES

- I'm going to kill myself
- I'm not going to be able to cope
- I won't be able to manage
- I will start drinking again

UNDERLYING MESSAGE
If I make you uncomfortable enough, you will give me what I want

SAMPLE RESPONSES

Acknowledge concern/feeling, but redirect

"I know you are feeling anxious about your ability to manage. This would be a good time to revisit your goals."

Avoid responding – Provide choice

"Do you want a referral to the hospital social worker or the community social worker?"

MARTYRDOM

EXAMPLES

- No one understands me
- Crying
- I thought you wanted me to get better
- I thought you cared

UNDERLYING MESSAGE
If I make you feel guilty, you will give me what I want

SAMPLE RESPONSES

Avoid responding, provide choice

"Which do you want to explore, massage therapy, pool therapy or active release therapy?

Acknowledge concern/feeling, but redirect

"I share your goal to get better. Let's talk about what your options are moving forward"

Flattery

EXAMPLES

- You're the only doctor who has ever understood me
- I don't how I'd ever be able to manage without you
- You're the only doctor who has ever been able to help me

UNDERLYING MESSAGE
If I make you feel really good maybe you will ignore certain behavior or give me what I want

SAMPLE RESPONSES

Acknowledge concern/feeling, but redirect

""Great. I'm glad I've been helpful. Let's talk next steps."

Avoid responding to flattery and redirect

"So let's talk next steps".

Communication steps for managing testing behavior:

- ❑ Recognize the testing behavior
- ❑ Identify the testing behavior
- ❑ No emotion, Limit talking
- ❑ When necessary, set limits

Challenging conversation #4

- Observe the physicians approach to this request
- Generate a list of the techniques he used to handle the request

"More please"

02:23

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Another approach

"More please"

Avoidance

Not actively listening to understand the patient's viewpoint, including challenges

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Another approach

- Accomodating
- Not checking to ensure the patient's understanding and interpretation of the limit is the same as yours
- Inconsistently following through on consequences
- Not periodically revisiting the limits

"More please"

Challenging conversation #5

- ✓ To recognize barriers to saying "No"
- ✓ To have an approach to assertively saying "No" to patients perceived as challenging

"No means no"

Facing Challenges

The risk for miscommunication for both the physician and patient is high when talking about opioids because the stakes can be significant, opinions vary and emotions can run strong

"No means no"

Potential Response to Facing Challenges

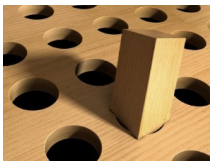
Some physicians accede to the wishes of demanding patients because they don't know how to say No, while other physicians avoid or delay saying No because it causes anxiety

"No means no"

Opioids can be very effective for many patients …

… but for some patients, for a variety of reasons, opioids are not a good fit and alternative management plans need to be explored.

"No means no"



The experience of hearing "No"

The experience of hearing "No" can be similar to hearing bad news because it involves an adjustment in expectations or one's reality.

The experience of hearing "No"



- Deciding to stop opioids is a process involving multiple discussions; it is rarely a single office visit.
- Having multiple conversations about progress (functional gain and pain reduction) overtime can become analogous to providing a warning shot if opioids need to be stopped.

Communication Steps for assertively saying "No":

1. Set and periodically review ground rules. Agreed upon ground rules can support your "No".
2. Prevent misunderstanding by addressing issues as they arise. Avoiding even small conversations leaves room for misinterpretation and assumption making, which can lead to conflict.
3. Identify the purpose of your conversation before you see the patient. If you are confident about the purpose and the outcome you are seeking, it will be easier to be clear with the patient in conversation and you will less likely be derailed by the patient.
4. Listen and acknowledge the patient's feelings and concerns. Listening and acknowledging are not the same as agreeing.
5. Breathe

Getting in the right mental frame:

- You are responsible for your behavior and patients are responsible for their behavior
- Patients have the right to ask any questions or make any requests they want. And you have the right to say "no".
- Don't expect that all patients will be happy
- Expect to be challenged and expect some defensiveness

Getting in the right mental frame:

- Challenging conversations demand self-control.
- Patients anger or frustration is not a comment on your competence as a physician or whether you are a good person
- **You have the right to say "No" and others have the right not to like it**

Helpful Tips

- Get patients attention – lower your voice
- Create enough time to have a conversation, yet not too much time for the conversation to become a debate
- Focus on the outcome of the conversation using simple, objective language to help maintain control of the conversation

Helpful Tips

- Avoid words/phrases that invite argument (i.e. "I don't want to argue with you", "I want to talk about this peacefully")
- Recognize your own values and triggers – Develop preplanned phrases for situations you encounter often
- Align body language and tone of voice with your verbal content. Submissive, assertive and aggressive tone and body posture sound and look different

Helpful Tips

- Attentively listen and reflect back what you have heard to help deescalate strong emotion
- Selectively ignore comments that don't move the conversation forward / hold the potential for debate
- Your silent "No" can be interpreted as their silent "Yes"
- Use "I" statements when possible – be clear, direct and specific

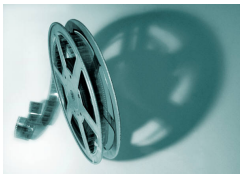
Helpful Tips

- You don't need to counter every comment with magic words. It's okay to repeat the same message, eventually they will hear it
- Don't ask permission to say "No" or whether it's okay to explore alternative treatment options. Be clear, direct and straightforward with requests
- You don't have to wait for the patient to agree with your decision. This assumes that you have the right to say "No" only if you can convince patients to see your point.
- **"No" is a complete sentence**

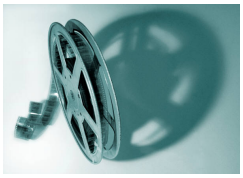
Challenging conversation #5

"No means no"

Another approach (1)



Another approach (2)



General tips for clear and direct communication

- Provide time for the patient to think and respond.
- Provide a professional interpreter when necessary.
- Be aware of body language and comfort issues regarding gender.
- Provide frequent opportunities for questions and concerns.
- Listen to understand and without prejudgement

A patient-centered approach to the Opioid Manager means

A patient centered approach does not mean a patient controlled interview

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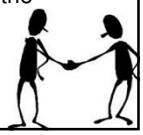
A patient-centered approach to the Opioid Manager means

- Engaging the patient in conversation through open-ended questions
- Encouraging and eliciting the patients experience
- Asking about patient's ideas and concerns
- Acknowledging the patient's feelings
- Eliciting and (realistically) addressing the patients expectations

Ballantyne 2011



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Applying the guideline

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Thank you

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