

Impatient Patients: Navigating Chronic Pain Management during an Opioid Epidemic

Jennifer Hall, MPH¹, Lindsey Alley, MS², Sarah Haverly, MS², Daniel Hartung, MPH, PharmD^{1,3}, Nicole O’Kane, PharmD², Jody Carson, RN, MSW, CPHQ², & David Cameron¹

¹Oregon Health & Science University, Department of Family Medicine; ²HealthInsight Oregon; ³Oregon State University College of Pharmacy

BACKGROUND

Prescription opioids have become the most widely employed mechanism for treating pain leading, in part, to the current opioid epidemic in the United States.

Many health care organizations and professionals are motivated to reduce the number of risky, dangerous, or unnecessary prescriptions reaching patients. However, these protective efforts may have negative implications for chronic-pain patients.

Objective: To better understand opioid-treated patients’ experiences with access to and barriers in adequate healthcare and pain management, and explore the influence of perceived opioid-related stigma on these experiences.

METHODS

Three in-person focus groups:

- Urban and rural Oregon settings
- 1-hour sessions
- 12 prompts, delivered by trained moderator
- Participants age ≥ 18, opioid R_x within past 6mos
- \$100 reimbursement for participation

Approved by the OHSU IRB



QUALITATIVE ANALYSIS

Immersion-Crystallization Approach

- Multidisciplinary team of seven qualitative data analysts
- Codes and consensus determined via group process

Acknowledgements

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DEMOGRAPHICS

Age, M(SD)	69(13.5)
Gender	71% Female
Urbanicity	29% Urban
Race	95% White
Insurance Type	24% Medicare 24% Medicaid 47% Combination
Household Income	82% < \$50,000/year

Note. Urbanicity based on recruitment site. M=mean, SD=standard deviation.

It makes it difficult to see another doctor, or when I’m in the hospital it makes it difficult... like, people are looking at me like I’m doing something wrong. I’ve had situations where they’re hesitant to prescribe any more pain meds. Last time I sat for about 24 hours in terrible pain, because they just didn’t want to go over my regular prescription amount.

–Patient S, Focus Group 1

I had trouble with my insurance because they are no longer prescribing any opioid. [...] They just cut me off. [...] I knew that acetaminophen and stuff was bad for you, but when you’re in that much pain you got to do something or you’ll go insane. So I was overdosing myself immensely on acetaminophen, which caused me to have fatty liver disease. So now I can’t even take that for pain. I’ve had four doctors since the first one. None of them have tried to approach my pain. They don’t write prescriptions. They don’t, you know, try [other] methods or anything.

–Patient B, Focus Group 2

FINDINGS



Psychological Impact:

- Labels: Doctor shopper, impatient patient, pain medicine seeker, addict
- Feelings: Fear, pain, impatience, anger, hope, desire for change
- “People are looking at me like I’m doing something wrong.”



Barriers to Treatment:

- Delays in treatment
- Unaddressed medical needs and concerns
- Discretization of their pain
- Overemphasis on pain and opioids distracts from unrelated but urgent healthcare needs



Workaround Tactics:

- Maintaining accurate medication list for providers
- Employing an advocate (friend, family, professional) to attend medical appointments
- Conducting online research into their medications (side effects, dangerous interactions, etc.)

PERCEPTIONS OF OPIOID-RELATED STIGMA

CONCLUSIONS & IMPLICATIONS

Current trainings and healthcare policies rely on “red flag” markers to determine when to screen patients for opioid safety issues. These markers are largely dependent on patient diversion tactics (e.g., new patient, red eyes or shifty behavior, multiple doctors and/or pharmacies). However:

- All patients treated with prescription opioids are susceptible to developing physical dependence and addiction
- Research supports that the *legitimate* overprescribing and/or risky prescribing of opioids has fueled the current opioid epidemic

Providers’ lack of current training in patient sensitivity (especially for those with substance use disorders) and opioid safety communication may be contributing to patient misunderstandings and perceived stigmatization. Intervention in these areas would facilitate more effective conversations in pain management, alternative therapies, and non-pharmaceutical treatment options.