MaineHealth

Difficult Conversations Video Supplement

This educational effort from your colleagues at MaineHealth was created in response to requests from providers like you. These providers felt uncomfortable or ill-equipped to have conversations with patients who may have Opioid Use Disorder, may need to taper their opioid medications, or are discovered to be using other drugs. These scenarios may be familiar to you and remind you of interactions you wish had gone better. We can all improve how we care for our patients and learn new strategies that make future conversations less uncomfortable for our patients and ourselves. You can use this video supplement to reinforce what you have learned and as a guide for discussion with your colleagues.

Introduction Key Points

- Many providers find it difficult to broach certain topics such as Opioid Use Disorder with a patient with chronic pain and has been using opioids.
- There are often signs that a patient has an OUD such as asking for early refills, reporting lost or stolen medications, or trying to obtain opioids from multiple providers.
- There are steps you can take now to help your patients to make positive changes amidst this crisis. The key is starting the conversation before it is too late.
- Video objectives are to become more comfortable starting conversations with patients in these areas: expressing your concern that they may have an OUD, discussing tapering their chronic opioid pain regimen, addressing unexpected urine drug screen results, discussing the safety of MAT and alleviating any fears, and addressing concerns around opioid use with your pregnant patient including DHHS reporting.
- Providers do their patients a disservice if they avoid these conversations and don’t address concerns about the behaviors they observe.

Key points to emphasize to providers in vignettes

First Scene: Denial, Anger and Defensiveness

Be specific about pointing out the behaviors that raise concerns, acknowledging that opioids can cause changes in the brain which lead to loss of control, and standing by to help the patient address their use disorder and get the treatment they need.

Look for the following best practice communication strategies:

- Validate patient concerns such as “That must be really frustrating having to take extra Vicodin and expecting to get some relief but not having any”.
- Be honest about observations.
- Express genuine concern for the patient and the pain they experience.
- Remain calm and not engage in the anger from the patient.
- If a patient escalates to the extent that the encounter feels threatening or abusive it is important to set limits on the behavior and if necessary, end the appointment. For example, "It is important for us to have this conversation about your health. You will need to calm down or we will not be able to continue this conversation at this time and no decisions will be made about your care. When you are ready, we can meet again."
Second Scene: Receptive to Help

Explain what an Opioid Use Disorder is in a non-judgmental way. Open up the conversation and allow the patient to express their own concerns. The provider also reassures the patient he will not have to address this alone.

Look for the following best practice communication strategies:

- Straight forward communication.
- Define medical terms in a way that’s easy to understand (tolerance, Opioid Use Disorder).
- Encourage continuing the conversation.
- Acknowledge that admitting to a problem is difficult and may be shameful to the patient by saying something like, “I really appreciate you being honest about what is going on”.

Third Scene: Acceptance

Starting the conversation by expressing genuine concern can be enough to reassure the patient that their provider is willing to listen, not judge, and help work with them to get help.

Look for the following best practice communication strategies:

- Ask open-ended questions (ex: “What have other people said?”).
- Empowering communication: when the patient admits that they need help, ask for the patient’s permission to move on to the next step.
- Active listening skills such as eye contact and non-verbal encouragers which displays interest.

Fourth Scene: Tapering, Alternatives

The provider is there to help the patient manage their pain in a safe way and also help them be functional. Discussing tapering of prescribed medication and alternative ways to manage pain takes patience on the part of both provider and patient.

Look for the following best practice communication strategies:

- Repeat the prescribed medication and ask the patient to confirm that it is the correct dosage or use teach-back strategies.
- Ask the patient about their ability to participate in activities that add value to his life. Focus more on function and less on pain levels.
- Emphasize that provider and patient work as a team and share the responsibility of managing the patient’s pain.
- Suggest alternative therapies for managing pain.

Fifth Scene: Positive Urine Drug Screen

By emphasizing concern and arranging for close follow-up, the provider is leaving the door open for the patient to address their use. Often patients return more willing to have an honest conversation and ask for help.

Look for the following best practice communication strategies:

- Use of objective information (the computer screen in this case) to demonstrate the problem.
- Never use accusatory terms or tone when discussing urine drug screen results.
- Continue to speak in a caring manner and express concern for the patient’s pain management even when they are denying objective information- keep the conversation open.
Sixth Scene: Prenatal

In this vignette, the provider asks the patient about their substance use in a direct yet supportive manner. The provider alleviates fear about how ongoing substance or MAT may affect the fetus. She also alleviates fears from the patient about DHHS involvement.

Look for the following best practice communication strategies:

- Offer a safe and non-judgmental space for patients to share their experiences.
- Emphasize what is best for baby and mom at all times in non-judgmental terms and tone.
- Use reassuring words and provide information about the benefits of engaging in treatment.
- Lay out treatment options in a clear and simple way to reassure that the patient that she is making the best choice for both herself and her baby.
- Address and de-mystify the DHHS reporting laws.
- Addressing fears to make the patient feel more comfortable proceeding with treatment.

Open-ended discussion questions when viewing the video

1. Do any of the vignettes remind you of patient interactions that you’ve had in the past?
2. Have you been in a situation when a patient starts to become aggressive (raising voice, yelling, intimidating body language, becoming physical, etc.)? Do you have other tips for de-escalating a patient who is agitated?
3. What emotions or thoughts go through your head when initiating a difficult conversation with a patient? How do you prepare yourself for it?
4. When a patient admits they have an OUD (or alludes to it), what are some of the strategies you use to facilitate the conversation?
5. What are some of common statements that you use during conversations with patients with OUD?

Suggestions for role-playing/practicing difficult conversations

1. Role play a conversation when a patient is in denial about the severity of their Opioid Use Disorder and won’t listen to or accept any of the suggestions that the provider is giving.
2. Role play when a patient is on the verge of confiding in their provider about their OUD. In what ways can you comfort, gain trust, and facilitate the conversation in a positive direction?
3. Role play a scenario when a patient becomes visibly angry and upset.
4. Role play a conversation about beginning to taper medication and continue to discuss other ways to mitigate pain while doing so.
5. Role play a conversation that is likely to happen after delivering positive drug screen results.
6. Role play a conversation when a pregnant patient verbalizes that she wants to stop her opioid use cold turkey (because she thinks it’s what’s best for the baby).

For additional provider resources or patient education related to OUD, go to the MaineHealth website.