CO's CURE Podcast
Crucial Conversations

Hello, I'm Cathy O'Neil. Welcome to this CO's CURE Podcast. During my medical training like all of you, I was taught that it was important to listen to our patients. Like most clinicians, when a patient is in pain, my first go-to drug used to be an opioid.

As I've learned more about the negative effects of opioids and seen the impact of the opioid epidemic on my patients and my community, I have changed my practice to managing pain with options that are just as effective as opioids. These new tools and techniques are evidence-based and have changed my approach to one where I deploy multiple types of pain management options that build on each other to address a patient's pain. With this change, I have to be attentive to the education of my patients and family members to help them understand the why and the how. These conversations can sometimes be tricky, especially because it means that I have to manage expectations differently – and as we all know, change can be difficult. Luckily, I have a whole care team to help me with these conversations. The RNs, physical and occupational therapists, case managers and respiratory therapists all give the same message about the dangers of opioids. I do lean on my nurses quite a bit and try to have them in the room with me during these conversations.

Today, my colleague, Diane Rossi MacKay, will share some great tips about these crucial conversations. Welcome Diane.

1. **Diane:** Thanks, Cathy! When patients are in our care in the hospital, setting boundaries is crucial to keep our patients from harm. Work with the care team to define and set appropriate boundaries based on the patient's condition.
2. **Cathy:** Review expatiations with the patient on what the new norm for is opioid prescribing patterns.
    1. Unless there are extenuating circumstances, there will not likely be an increase in pain medications for non-pain admission problems such as asthma or acute renal failure.
3. **Diane:** Explain the use of alternative to opioid therapies, or ALTOs. This can include both non-pharmacological and pharmacological treatment options.
4. **Cathy:** Offer examples of non-pharmacological and ALTO options (acetaminophen, ibuprofen, gabapentin for example) and compare examples to treatments the patient may be familiar with. For instance, ALTOs might include a "cocktail" of medicines like the way we treat diabetes or heart disease.
5. **Cathy:** Tell the patient you have verified their home narcotic doses on the prescription drug monitoring program website discuss with the patient the plan for continuing home doses of chronic opioid therapy. Stable or

decrease. Also, if they have gotten refills recently, this will allow you to say no to prescribing narcotics at discharge.

6. **Diane:** And finally, validate patient understanding through teach-back techniques.

There are other important pieces of information you may find helpful as well:

1. **Diane:** Think about common misconceptions and potential stigma patients with addiction or substance use disorders frequently face. How might your own experiences or implicit biases impact the care you deliver?

2. **DUAL CONVERSATION:** Complete a thorough pain assessment with an evidence-based tool to look for the root cause or causes of the pain. Understand the source of the pain. This helps create an open, honest relationship with the patient.

3. **DUAL CONVERSATION:** Work with the care team to build a positive, cohesive, optimistic message about the healing process. Tie improvement of pain with healing – as the underlying illness gets better, their pain should also diminish.

4. **DUAL CONVERSATION:** Engage the patient and care team to develop daily functional goals to build self-esteem and create a positive outlook for the future.

5. **Cathy:** Practice saying no when appropriate. Challenge preconceived thinking about why the patient continues to seek narcotics and spend time talking with the patient.

6. **Cathy:** Learn how to use the PEARLS Plus communication tool:
   P-partnership
   E-empathy
   A-acknowledgment/apology
   R-respect
   L-legitimation
   S-support
   PLUS: A plan

Let's try a short role play so you can see how some of these phrases could be used and how your care team can help you with these crucial conversations

<u>Role Play</u>

Physician:

Hello Ms. Jones, my name is Doctor Smith I am so sorry to see you back again with your abdominal pain.

Ms. Jones:

It hurts terribly. I am having so much pain and I feel so sick to my stomach. The only thing that helped last time was that "D" drug - I think it was Dilaudid or something like that? They gave it to me in my IV, so it worked fast. I also feel so sick to my stomach. They gave me something for that too and it really helped. I don't know what that was, but can you get that nurse and ask her to please give me those drugs now please?

Physician:

I recognize that you are in a great deal of pain right now. We have had other patients with abdominal pain very similar to your pain. Your nurse and I will work together to get you something to take care of that right away.

Ms. Jones:

How are you going to stop my pain if you aren't going to use that "D" drug?
That worked fast!

Physician:

Yes, IV pain medicines work very fast, but it doesn't last as long as medicines taken by mouth. What we have discovered with many patients with pain like yours is that we are able to control the pain with a new mix of medications that work together better than just one medication. In fact, these new medications are not opioids, they work better for your type of pain than opioids and will not have the serious side-effects of opioids. How about if I get that going and then I will come back and we can sit and talk about next steps?

Ms. Jones

Thank you so much for listening to me and taking care of my pain so quickly. If you really think these new medications will really work and they have worked for other people with my kind of pain, I am willing to give it a try. But what if it doesn't work?

Physician:

Ms. Jones, it is important to understand these medications, just like opioids, will not take your pain away totally. Our goal is to get your pain manageable, find out what is causing your pain and treat the source of that pain. We want to get you back home as soon as possible so you can get back to doing the things you love most.

Ms. Jones:

OK I'll wait for the nurse to bring me the new drugs.

Cathy:

At this point the physician walks out, reviews CO's CURE abdominal care path and orders accordingly, while the nurse enters the room)

Nurse:

Hi Ms. Jones, my name is nurse Nancy. I understand you are having severe stomach pain. This is your second time with us?

Ms. Jones:

Yes, it is. Dr. Smith said you were going to bring me some sort of new pain medication, but I've been thinking about it, I don't know. My pain is really getting bad and I don't feel well at all. I told that doctor the only thing that worked last time was that "D" drug. She wouldn't listen to me. She wants to give me this cocktail. I don't think that's going to work at all.

Nurse:

Ms. Jones, I know you are upset right now. There is nothing more frightening to have pain like yours and not know what's causing that pain. When we get anxious the pain can become a lot worse. Besides this medication, I have a few other things I would like to try as well. I have a heating pad I would like to put on your stomach. The heat will ease the tension in your stomach muscles. This will help take some of the pain away. I am also going to pull the shades in your room to darken the environment a bit. If you like soft music I can turn on the hospital music channel. There is music and nice scenic pictures. We know that all these non-drug therapies along with this cocktail of medications I am going to give you will work to take care of most of that pain. And most importantly, I want you to know, I am right outside. This medication takes about 15 minutes to work. I will be checking on you to see how you're doing. If the medicine we give has not been able to take care of most of your pain, we will come up with another plan. How does that sound?

Ms. Jones:

OK, I guess if you are willing to come back and check on me and if this doesn't work you can do something else. I guess that will be OK.

Nurse:

OK let me double check your name, allergies and explain the new medications I am giving you.

Diane:

At this point the nurse shares above information and leaves patient room and the physician re-enters.

Physician:

Hi Ms. Jones. You look like you are feeling better. What do you think about the new medications we have given you for your abdominal

pain?

Ms. Jones:

I feel better, but still don't know why I am having so much pain. I don't want to keep coming back to this hospital for all these tests.

Physician:

That's what I came to talk with you about. The next step in the plan is to work with you to better understand what is causing your pain. We will not be able to fix your chronic pain in the hospital, but together with your primary care doctor can develop a plan on how to better manage your pain. That may or may not include opioids, but it will include some of the non-pharmacological, or non-drug, therapies we discussed during your previous visit.

Ms. Jones:

Will I be going home on all the same medications I came into the hospital with? My home medicines are not working that is why I am here! I need high doses of IV pain medicine.

Physician:

IV pain medications are not the best option for you right now. At this time none of the tests or scans suggest that we need to increase the pain medicines and, as we discussed before, the opioids are not safe. There is the chance you can become addicted to opioids, and they also have other serious side effects that will not allow you to function daily.

Ms. Jones:

I can't function at home because of this pain, nausea and vomiting!

Physician:

The physical therapist says you are walking around the room well and the nurse says you asked for a regular diet. You are getting better and this is wonderful!

Ms. Jones:

I am not better, and I need my IV Dilaudid!

Physician:

I'm sorry, I wish I could give you what you want but it's dangerous and I'm not allowed to take risks with your health and safety. Anyone in your position would be upset because you are in a very difficult place right now but it's unsafe to continue what has been done in the past, so we need to work together in order to move forward in a way that is safer.

Ms. Jones:

But I know my body and I have been getting these medicines for years!

Physician:

I respect your opinion and I believe that you believe your opinion, but I have a different opinion and we will have to agree to disagree. I'm not able to prescribe medicines that I don't believe are safe for you. We have a lot of options to help your pain and I do want to help you.

Cathy:

And scene. Thanks Diane and …. for helping me practice this difficult conversation. It is hard to say no.

Diane: Thanks for your time and I hope this role play will help you with those difficult patient conversations. We have more information on useful phrases, pain assessment tools, and citations for information on our website.

Partnership: I still want to take care of you but it's not safe to … (give you more narcotics, etc.).
I am sorry that you are in so much pain. Let's create a plan for your pain management. How does that sound?

Empathy: I recognize that you are in a great deal of pain right now, we will work on figuring out why you have pain and target your pain treatment towards that cause.

Apologize: I'm sorry, we won't be using opioids unless it is necessary at this point in time. What is most important right now is your safety. Continued opioid use is dangerous to you and will not help you in the long run.
Secondly, our goal is to optimize your function and keep your pain at a manageable level so you can get back to doing the things you love the most. We cannot take your pain away completely because the ongoing side effects are too dangerous. What I can do is work with you to create a pain plan that will get you up, moving around and back home again.

Respect: You obviously researched this problem quite well. I respect your opinion in this matter. The challenge is, as your physician, I know that is not the best option for you.

Legitimize: Anyone in your position would be upset because you are in a very difficult place right now but it's unsafe to continue what has been done in the past, so we need to work together in order to move forward in a way that is safer.

PLUS: We have several effective options that we can use to control your pain while you are here.