

Difficult Conversations

Enhancing Provider Communication Skills, Building Patient/Family Centered Care Models & Incorporating Patient Education into Practice

Enhancing Prescriber Communication Skills Improves Patient, Family And Community-Centered Care

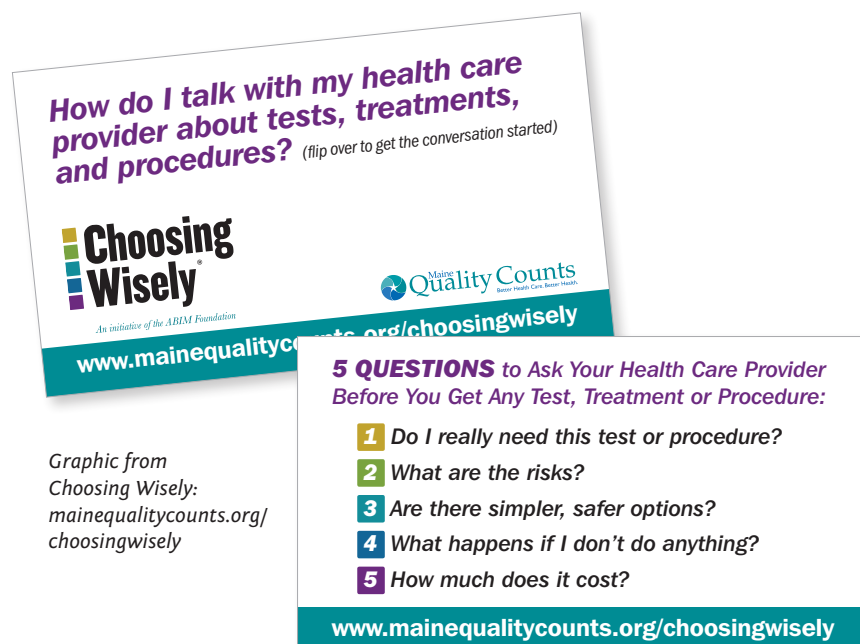
Adopting a trauma informed approach and integrating behavioral medicine are keys to improving chronic pain management.

Many physicians admit they are not confident in their ability to:

- ▶ Prescribe opioids safely
- ▶ Detect abuse or emerging addiction
- ▶ Discuss opioid use issues with patients

Hagemeier, *Subst Use Misuse* 2013;48:761-8.

Be prepared to answer these **5 QUESTIONS** from your patients regarding using opioids for chronic pain (even if the patient doesn't ask):



Graphic from
Choosing Wisely:
[mainequalitycounts.org/
choosingwisely](http://mainequalitycounts.org/choosingwisely)

As many patients with chronic pain have both physical and psychological aspects to their pain, the anti-depressant and anxiolytic effects of opioids may account for patients' perception of benefit from these medications. *Tenore, J Add Dis* 2008;27(3):49-65.

Provider-patient communication research over the last 30 years has shown that:

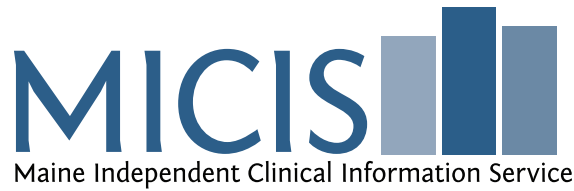
- 1 Adherence to a treatment plan is closely linked to **patient trust** and their perception that **their provider knows them as a person**.
- 2 Patient-provider communication is perhaps the most significant component of a patient's visit.
- 3 Good communication is linked to increased patient satisfaction, improved clinical outcomes and decreased malpractice claims.

**the ten references for the above are available at mainemed.com/MICIS*

2016 CDC Recommendations

Establish goals for pain and function

Improving Opioid Prescribing and Patient Safety: Educational Outreach



Disclaimer

These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition. This document presents only general information regarding prescribing laws in the state of Maine. Prescribers in Maine are instructed to independently study Chapter 488 and comply with current state law and rules.

Learning Objectives

- ▶ Review Trauma-Informed care
- ▶ Discuss integration strategies for behavioral health and chronic pain management

Additional Resources

- ▶ 2016 CDC Opioid Prescribing Guidelines: www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm
- ▶ Agency Medical Directors' Group, Washington State, 2015 Opioid Prescribing Guideline summary and MME calculator: www.agencymeddirectors.wa.gov
- ▶ Caring for ME: a joint project of Maine Quality Counts and the Maine Medical Association: qclearninglab.org/welcome-caring-for-me/
- ▶ Quality Counts Controlled Medication Playbook: mainequalitycounts.org/what-we-do/population-health/chronic-pain-and-controlled-medication-playbook/
- ▶ Opioid and Chronic Pain Toolkit available at MICISMaine.org

Funding Statement/Disclosure

This material was compiled by Elisabeth Fowlie Mock, MD, MPH, FAAFP, academic detailer for the Maine Independent Clinical Information Service (MICIS). Dr. Mock works as an Adult Hospitalist at Eastern Maine Medical Center.

MICIS is administered by the Maine Medical Association with funding from the Office of MaineCare Services, Maine DHHS. MICIS does not accept any compensation from any pharmaceutical company. Not all medications referenced in this document have FDA indications for the treatment of various chronic pain conditions ('off-label use disclosure').

Education Statement

This monograph was created in support of accompanying live educational activities. This monograph is not approved for medical education credit.

FMI:

Maine Independent Clinical Information Service (MICIS) c/o Maine Medical Association, MICISMaine.org, 207.622.3374