

Patient & Provider Perspectives on Opioid Medication Tapering

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Disclosures

- I have no financial disclosures.
 - The views expressed in this presentation do not necessarily reflect the position or policy of the Department of Veterans Affairs, the United States government, any university, or organization.
 - I am trained as a general internist with clinical experience in Primary Care from 2013-2020 and an interdisciplinary pain management team since 2020.
 - I have collaborated with an excellent Veteran Engagement Board since 2020.
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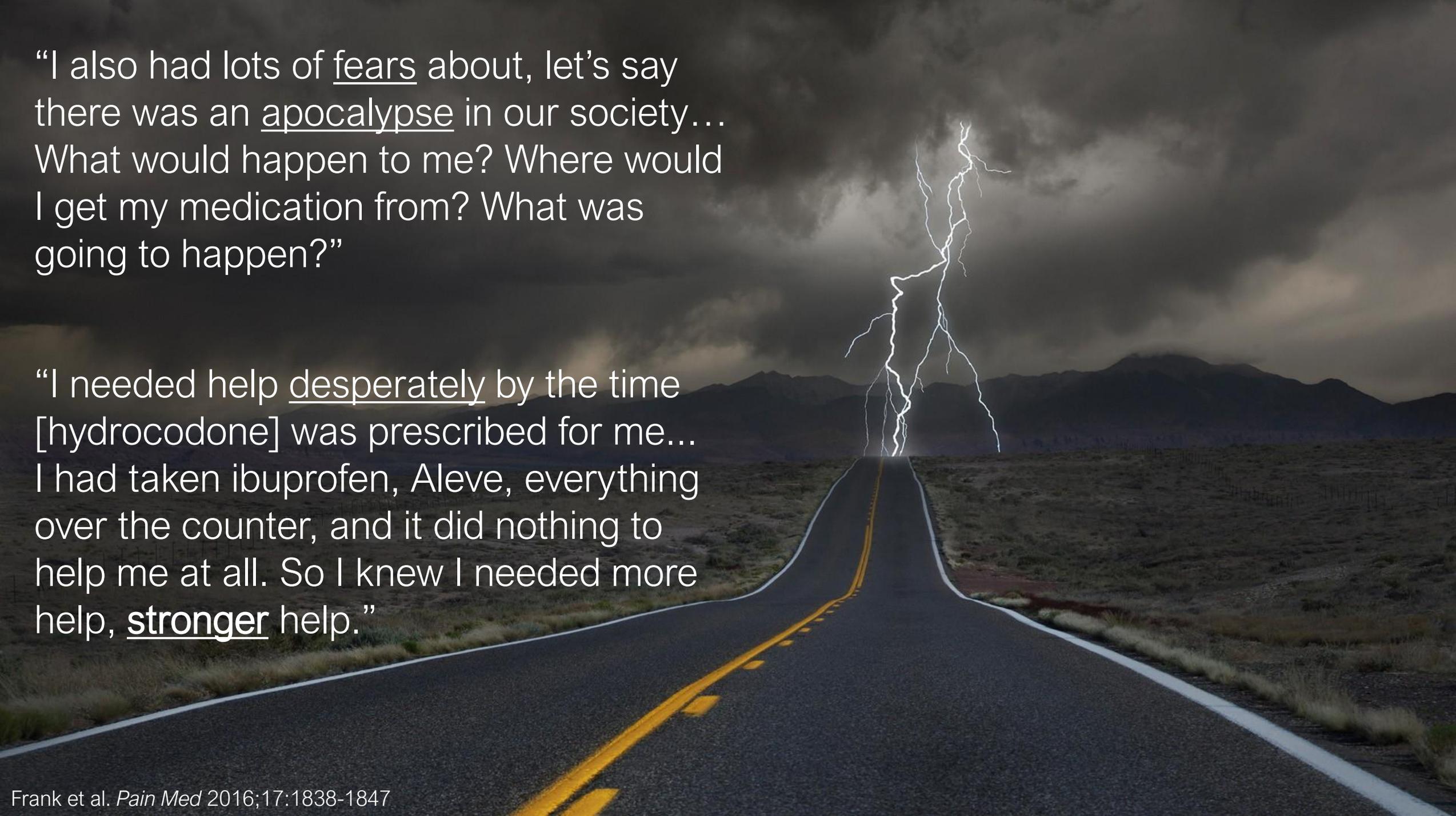
Patient & Provider Perspectives

Original Research Article

Patients' Perspectives on Tapering of Chronic Opioid Therapy: A Qualitative Study

Joseph W. Frank, MD, MPH,^{*,†} Cari Levy, MD, PhD,^{†,‡} Daniel D. Matlock, MD, MPH,^{*,§} Susan L. Calcaterra, MD, MPH,^{*,¶} Shane R. Mueller, MSW,^{*,||} Stephen Koester, PhD,^{||,***} and Ingrid A. Binswanger, MD, MPH^{*,||}

- Individual, semi-structured interviews with 24 patients in 3 healthcare systems in Colorado in 2014-2015
- Key themes:
 - Priority of severe pain symptoms over low perceived risk of severe harms
 - Perceived lack of benefit from other treatments
 - Fear of abandonment & opioid withdrawal
 - Importance of relationship with healthcare provider & social support

A dark, stormy landscape with a road leading towards a lightning bolt striking the horizon. The sky is filled with heavy, dark clouds, and a bright, jagged lightning bolt strikes the horizon in the distance. The road is a two-lane asphalt road with yellow double lines, leading towards the horizon. The surrounding landscape is a flat, open field with sparse vegetation and distant mountains under a dark sky.

“I also had lots of fears about, let’s say there was an apocalypse in our society... What would happen to me? Where would I get my medication from? What was going to happen?”

“I needed help desperately by the time [hydrocodone] was prescribed for me... I had taken ibuprofen, Aleve, everything over the counter, and it did nothing to help me at all. So I knew I needed more help, stronger help.”

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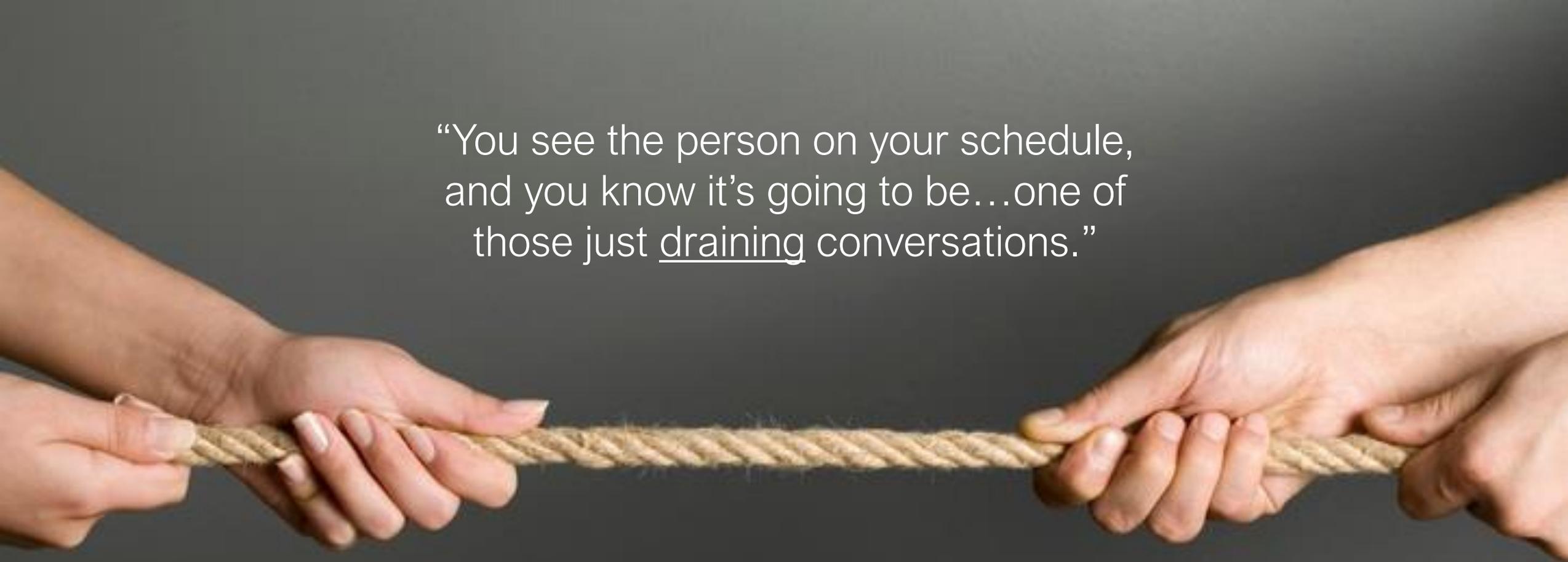
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Original Research Article

“Those Conversations in My Experience Don’t Go Well”: A Qualitative Study of Primary Care Provider Experiences Tapering Long-term Opioid Medications

Laura C. Kennedy, MD,^{*} Ingrid A. Binswanger, MD, MPH,^{*,†} Shane R. Mueller, MSW,^{*,‡} Cari Levy, MD, PhD,^{§,¶} Daniel D. Matlock, MD, MPH,^{||} Susan L. Calcaterra, MD, MPH,^{***} Stephen Koester, PhD,^{‡,††} and Joseph W. Frank, MD, MPH^{*,§}

- Six focus groups with 40 primary care providers in 3 healthcare systems in Colorado in 2014-2015
- Key themes:
 - Emotionally exhausting & potentially adversarial discussions
 - Inadequate time, resources and training in chronic pain management
 - Uncertainty, lack of trust and changes of healthcare providers

A photograph showing two hands, one on the left and one on the right, pulling a thick, light-brown rope. The hands are positioned as if in a tug-of-war, with the rope stretched taut between them. The background is a dark, solid color.

“You see the person on your schedule, and you know it’s going to be...one of those just draining conversations.”

“I think everyone around the table is very conscientious, very aware of the risks. It’s a matter of resources, time that is not allocated, and that’s the nature of medicine today, and it’s the nature of primary care.”

Clinical Context & Decision-Making

Key themes likely apply to:

- Initiating opioid medications for chronic pain
- Escalating opioid medication dose
- Co-prescribing of opioid & benzodiazepine medications

- Patients and providers share a goal of balancing benefits & risks, but...
- Anxiety, fear & anger are common
- Symptoms are severe, subjective & highly distressing
- Decision-making is uncertain & context rapidly changing
- Multidisciplinary care is needed but often unavailable or fragmented

Implications & Data Considerations

Patient Perspectives

- Relationships with provider(s)
- Health & pain treatment history
- Rapid medication changes, dose variability & discontinuation
- Abandonment & change of provider

Provider Perspectives

- Relationships with patients
- Panel size & team support
- Availability of non-opioid treatment options
- Termination of care & change of provider

Thank you!

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