Trust and the Patient With Opioid Use Disorder

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May 11, 2022

Conflicts of Interest

Neither Dr. Elise Paquin nor Dr. Michael Noonan have any financial interests or relevant disclosures.

We have received two medical devices from AliveCor for use in an unrelated project. These devices do not diagnose or treat any conditions we will be discussing today, and we will not be discussing any non-FDA approved medications or using any medications for non-FDA approved indications.

Overview

- Case Presentation
- Describe trust as it pertains to the provider and hospitalized patient with opioid use disorder (OUD)
- How is trust measured
- How trust impacts outcomes
- Trust has eroded
- How to repair trust

Our Patient — Background

- 30yo female with 10 year Hx of OUD, benzodiazepine use disorder
- In the 3 years prior to this presentation, had 10 hospital encounters, and 6 patient-initiated discharges
- Morbidity: cellulitis, tricuspid endocarditis, CHF, pulmonary edema, lower extremity edema, renal failure
- Adverse in-hospital events, patient-initiated discharges, and escalating medical complexity were associated with erosion of trust

The Dynamic Patient-Provider Relationship

- There is robust literature regarding the patient-provider relationship for the last 120 years
- Authors center the relationship in the discussion of many issues
  - Quality of medical education (Flexner, 1910)
  - Response to pandemics (Neiberger 1918, Herrick 1919)
  - Medicare (Ward, 1995)
  - HIV/AIDS (Verghese, 1994)
  - The expansion of Managed Care (Mechanic, 1996)
  - Mistrust of Science (Baron and Berinsky, 2019)
  - Bias in the provision of healthcare (Foster, 2022)

The Dynamic Patient-Provider Relationship

- In each of these examples, and many more, the authors cite a historical relationship
- This historical relationship is not consistently defined
- “Trust” and “Professionalism” are dynamic concepts, this allows evolution to meet challenges, but also manipulation

Defining Trust

- The idea that individuals and institutions will act in a manner that is competent, responsible, and considerate of our interests
- Dynamic and multifactorial:
  - Personality traits of the truster
  - Characteristics of the person or organization to be trusted
  - Context of the interaction

Mechanic D. Milbank Q. 1996;74(2):171-89.

Dimensions of Trust

- Interpersonal
  - Intimate
  - Forms early in life based on emotional bonds, is amplified through life experiences over time
    - We learn to trust
- Social
  - More abstract, cognitive - based on (inferred) common norms and values

Mechanic D. Milbank Q. 1996;74(2):171-89.

Dimensions of Trust

- Interpersonal: bidirectional, between the individual provider and the patient
  - Four qualitative themes central to patients' trust in hospital physicians, as defined by survey responses
    - **Humanizing care** — non-judgemental/non-stigmatizing, compassionate
    - **Granting Agency** — honoring patient preferences without pushing an agenda
    - **Reliability** — [a provider that is] dependable, true to their word
    - **Demonstrating (addiction) expertise** — specifically as pertains to withdrawal and pain management

King C, Collins D, Patten A, Nicolaidis C, Englander H. J Addict Med. 2022 Jan-Feb 01 2022;16(1):41-48.

Measuring Trust - Wake Forest Physician Trust Scale

- **[Your doctor] will do whatever it takes to get you all the care you need.**
- **Sometimes [your doctor] cares more about what is convenient for [him or her] than about your medical needs.**
- **[Your doctor's] medical skills are not as good as they should be.**
- **[Your doctor] is extremely thorough and careful.**
  - Response categories:
    - Strongly Agree
    - Agree
    - Neutral
    - Disagree
    - Strongly Disagree

Hall MA, Camacho F, Dugan E, Balkrishnan R. Health Serv Res. Oct 2002;37(5):1419-39.

Impact of Trust on Health Outcomes

“Trust in the health care professional and health outcome”

- Meta-analysis, 47 studies with 37,817 total participants
- Inclusion criteria:
  - Reported quantitative data on the association between **trust in the health care professional and health outcomes**
  - Measured interpersonal trust with a valid, reliable and established trust questionnaire

Birkhäuer J, Gaab J, Kossowsky J, et al. PLoS One. 2017;12(2):e0170988.

Impact of Trust on Health Outcomes

“Health Outcomes”

- **Objective** — blood pressure, HbA1c, BMI
- **Observer-rated** — diagnosis by a professional
- **Self-reported health behaviors** — medication adherence, health-promoting lifestyle
- **Health-related subjective experiences** — patient satisfaction, health-related quality of life

Birkhäuer J, Gaab J, Kossowsky J, et al. PLoS One. 2017;12(2):e0170988.

Impact of Trust on Health Outcomes

- Results:
  - Small to moderate correlation between trust and health outcomes (across all outcomes)
    - Largest association between trust and patient satisfaction
    - Smaller associations between trust and objective outcomes, observer-rated outcomes
      - Suggestion: an association between trust and objective outcomes depends on trust-sensitive subjective variables (i.e. patient satisfaction)

Birkhäuer J, Gaab J, Kossowsky J, et al. PLoS One. 2017;12(2):e0170988.

Our Patient — Hospital Course

- Admitted for management of TV endocarditis, pulmonary septic emboli, AKI
- Buprenorphine-naloxone initiated in ED for management of pain and withdrawal
  - Ketamine, hydromorphone
- Hospital day 40: found unresponsive with pinpoint pupils, revived with naloxone
  - Diverting buprenorphine-naloxone for several days in anticipation of using fentanyl brought in by a visitor
- Hospital day 42: self-initiated discharge, citing inadequate treatment of opioid withdrawal symptoms

> “She stated that we weren’t doing anything for her so she was not going to ask for anything anymore and refused to engage further.”
>
> “Patient stated that her number one issue is feeling restless/uncomfortable/irritable/anxious - a constellation of symptoms that she states are not helped by any of the medications she gets here.”

DOI: 10.1111/dewb.12170

SPECIAL ISSUE

WILEY developing world bioethics

The vicious circle of patient–physician mistrust in China: health professionals' perspectives, institutional conflict of interest, and building trust through medical professionalism

Jing-Bao Nie | Yu Cheng | Xiang Zou | Ni Gong | Joseph D. Tucker | Bonnie Wong | Arthur Kleinman

Erosion of Trust

Changing Medical Organization and the Erosion of Trust

- Trust is essential, but fragile
- Institutionalization leads to a change in focus

Mistrust in Science — A Threat to the Patient-Physician Relationship

- Growing cynicism, challenges to established authority
- Fragmentation of community and institutional violations of public trust
- “Trusted contacts” supersede “expert opinion”

Opioid Epidemic in the United States

- State medical boards liberalize prescribing
- Pharma initiative: “Pain is the fifth vital sign”

Baron RJ, Berinsky AJ. *N Engl J Med.* 07 11 2019;381(2):182-185.
Manchikanti L, Helm S, Fellow B, et al. *Pain Physician.* Jul 2015;15(3 Suppl):ES9-38.
Mechanic D. *Milbank Q.* 1996;74(2):171-89.

Erosion of Trust

“Rating of Patient-Provider Communication Among Veterans”

- Large Health Survey of Veterans
  - 8089 respondents
  - Rated interactions with their "regular doctor”

- Evaluated trust for patients with SUD
  - More likely to rate provider communication as poor
  - More likely to report poor trust in provider
  - Trust is dependent on quality communication

Bohnert AS, Zivin K, Welsh DE, Kilbourne AM. *Health Commun*. Apr 2011;26(3):267-74.

Erosion of Trust

"Understanding why patients with substance use disorders leave the hospital”

- 16 English-speaking patients at Massachusetts General Hospital
- History of SUD and AMA
- Open-ended interview questions
- All reported negative interactions with hospital staff
  - Believed they were judged and treated differently
  - Most treated at multiple hospitals
  - Poor pain control
  - Symptoms of withdrawal
  - Feelings of powerlessness

Simon R, Snow R, Wakeman S. *Subst Abus*. 2020;41(4):519-525.

Erosion of Trust

Humanizing care

- Prejudice and poor communication

"I've gotten choke slammed by security into the bed"

Granting agency

- Powerlessness

Reliability

- Poor attention, thoroughness

Demonstrating expertise

- Dissatisfaction with knowledge, inadequate withdrawal management:

"they get confused … they don't understand the problem."

Simon R, Snow R, Wakeman S. *Subst Abus*. 2020;41(4):519-525.
Bohnert AS, Zivin K, Welsh DE, Kilbourne AM. *Health Commun*. Apr 2011;26(3):267-74.

How to Repair Trust

- There are papers suggesting anecdotal or institutional change
  - Social media monitoring and intervention
  - Provider accountability for poor trust scores on surveys
  - Speaking kindly of colleagues
  - Empathetic, professional administrators
- None are designed to address the needs of SUD patients
- We have better examples

Lee TH, McGlynn EA, Safran DG. *JAMA*. Feb 12 2019;321(6):539-540.
Baron RJ, Berinsky AJ. *N Engl J Med*. 07 11 2019;381(2):182-185.
Linzer M, Neprash H, Brown R, et al. *Ann Fam Med*. 2021 Nov-Dec 2021;19(6):521-526.

How to Repair Trust

IMPACT Team

- Oregon Health and Science University
- Addiction Medicine physicians
- Social workers
- Peer mentors

"If it Wasn't for Him, I Wouldn't Have Talked to Them"

- Qualitative study of peer mentors
- Peer mentors provide interpretation for providers
- Provide comfort for patients

Collins D, Alla J, Nicolaidis C, et al. *J Gen Intern Med*. Dec 12 2019.

How to Repair Trust

"Trust in Hospital Physicians Among Patients With SUD…"

- Cohort of 328 hospitalized patients with SUD
- Referred to IMPACT team
- 196 completed study surveys
- Statistically significant improvement in trust across 4 domains:
  - Humanizing Care
  - Reliability
  - Granting Agency
  - Demonstrating Expertise

King C, Collins D, Patten A, Nicolaidis C, Englander H. *J Addict Med*. 2022 Jan-Feb 01 2022;16(1):41-48.

How to Repair Trust

- Patients cited perceptions of prejudice
- Precipitated patient-initiated discharges
- We can manage our negative interactions with patients:
  - BREATHE OUT tool
  - Pre- and post-visit checklist for providers
  - Structured approach to perceived difficult interactions
  - Validated in primary care setting

Edgoose JY, Regner CJ, Zakletskaia LI. *J Am Board Fam Med*. 2015 Jan-Feb 2015;28(1):13-20.

BREATHE-OUT Instructions for Use:

Complete the BREATHE previsit questionnaire before seeing the patient.

1. List at least one **B**ias/assumption you have about this patient.
2. **RE**flect upon why you see this patient as "difficult."
3. List one thing you'd like to **A**ccomplish today.
4. **TH**ink about one question you'd like to address today that would enable you to further explore your assumptions.
5. Stop before you **E**nter the patient room and take three deep breaths (In through your nose and out through your mouth).

Immediately after the encounter, complete the OUT post visit questionnaire.

1. Reflect on the **O**utcome of the encounter.
    a. From the patient's perspective: What was their agenda?
    b. From your perspective: Did you accomplish your agenda? If not, how do you feel about it today?
2. Did you learn anything **U**nexpected?
3. List one thing you look forward to addressing if you were to run into this patient **T**ommorow?

Our Patient — Complications

- Hospital day 40: found unresponsive with pinpoint pupils, revived with naloxone
- Hospital day 42: self-initiated discharge, citing inadequate treatment of opioid withdrawal symptoms
- Recent history underscored by the breakdown of the patient-provider relationship, loss of trust
    - Humanizing care
    - Granting agency
    - Reliability
    - Demonstrating expertise

The Value of Trust in a Patient with OUD

- Case report published in *Drug and Alcohol Review* in 2021
- 53M with 32y history of OUD presented for in-office buprenorphine induction, 29h since last nonmedical opioid use (COWS 16)
- Received a total of 8mg buprenorphine-naloxone in divided doses over 2 hours (COWS 16 → 14 → 33)

Oakley B, Wilson H, Hayes V, Lintzeris N. *Drug Alcohol Rev*. 05 2021;40(4):567-571.

The Value of Trust in a Patient with OUD

- Following discussion between the patient and his treatment team, he was admitted to the hospital for symptom management and to continue buprenorphine induction
  - Total day 1 dose: 24mg (COWS 33 → 22 → 5 → 13 → 3)
- “Our case demonstrates the importance of a good therapeutic alliance that can assist a patient to undertake rapid buprenorphine increases to overcome precipitated withdrawal, and patients can be reassured that this will alleviate their symptoms.”

Oakley B, Wilson H, Hayes V, Lintzeris N. *Drug Alcohol Rev*. 05 2021;40(4):567-571.

Our Patient — Hopeful Directions

- Two further admissions at other Philadelphia-area hospitals following discharge from TJUH
  - One self-initiated discharge, related to conflict with hospital staff
  - One (hospital-initiated) discharge to home

- Since last hospitalization:
  - Regular outpatient visits with PCP, specialists (cardiology, ID)
  - Suboxone prescriptions filled at regular intervals

- Although details of her last two admissions (and outpatient visits) are unavailable for review in the EMR…
  - Engaging in care
  - Restoration of trust, repair of patient-physician relationship

Questions/Discussion

- Please use the “raise your hand” function in zoom to ask a question/make a comment
  - Click “Raise Hand” from the tool bar at the bottom of the zoom window
  - We will take questions and comments in order
  - Thank you for your kind attention today

Acknowledgements

- Drs. Marina Goldman, MD, William Jangro DO, and Lara Weinstein, MD MPH DrPH
  - For their patience, guidance and direction
- Annalee Locke
  - For her constant assistance and support
- Abby Adamcyzk, MLIS, AHIP
  - For helping us understand the available resources

References

1. Anderson LA, Zimmerman MA. Patient and physician perceptions of their relationship and patient satisfaction: a study of chronic disease management. Patient Educ Couns. Jan 1993;20(1):27-36. doi:10.1016/0738-3991(93)90114-c

2. Baron RJ, Berinsky AJ. Mistrust in Science - A Threat to the Patient-Physician Relationship. N Engl J Med. 07 11 2019;381(2):182-185. doi:10.1056/NEJMms1813043

3. Birkhäuer J, Gaab J, Kossowsky J, et al. Trust in the health care professional and health outcome: A meta-analysis. PLoS One. 2017;12(2):e0170988. doi:10.1371/journal.pone.0170988

4. Bohnert AS, Zivin K, Welsh DE, Kilbourne AM. Ratings of patient-provider communication among veterans: serious mental illnesses, substance use disorders, and the moderating role of trust. Health Commun. Apr 2011;26(3):267-74. doi:10.1080/10410236.2010.549813

5. Case A, Deaton A. Deaths of despair and the future of capitalism. Princeton University Press; 2021:pages cm.

6. Collins D, Alla J, Nicolaidis C, et al. "If It Wasn't for Him, I Wouldn't Have Talked to Them": Qualitative Study of Addiction Peer Mentorship in the Hospital. J Gen Intern Med. Dec 12 2019;doi:10.1007/s11606-019-05311-0

7. Duffy TP. The Flexner Report--100 years later. Yale J Biol Med. Sep 2011;84(3):269-76.

8. Edgoose JY, Regner CJ, Zakletskaia LI. BREATHE OUT: a randomized controlled trial of a structured intervention to improve clinician satisfaction with "difficult" visits. J Am Board Fam Med. 2015 Jan-Feb 2015;28(1):13-20. doi:10.3122/jabfm.2015.01.130323

9. Flexner A. Medical education in the United States and Canada. From the Carnegie Foundation for the Advancement of Teaching, Bulletin Number Four, 1910. Bull World Health Organ. 2002;80(7):594-602.

10. Foster PP, Cuffee Y, Alwatban N, Minton M, Lewis DW, Allison J. Physician Trust and Home Remedy Use Among Low-Income Blacks and Whites with Hypertension: Findings from the TRUST Study. J Racial Ethn Health Disparities. 08 2019;6(4):830-835. doi:10.1007/s40615-019-00582-z

11. Hall MA, Camacho F, Dugan E, Balkrishnan R. Trust in the medical profession: conceptual and measurement issues. Health Serv Res. Oct 2002;37(5):1419-39. doi:10.1111/1475-6773.01070

References

12. King C, Collins D, Patten A, Nicolaidis C, Englander H. Trust in Hospital Physicians Among Patients With Substance Use Disorder Referred to an Addiction Consult Service: A Mixed-methods Study. J Addict Med. 2022 Jan-Feb 01 2022;16(1):41-48. doi:10.1097/ADM.0000000000000819

13. Lee TH, McGlynn EA, Safran DG. A Framework for Increasing Trust Between Patients and the Organizations That Care for Them. JAMA. Feb 12 2019;321(6):539-540. doi:10.1001/jama.2018.19186

14. Linzer M, Neprash H, Brown R, et al. Where Trust Flourishes: Perceptions of Clinicians Who Trust Their Organizations and Are Trusted by Their Patients. Ann Fam Med. 2021 Nov-Dec 2021;19(6):521-526. doi:10.1370/afm.2732

15. Malebranche DJ, Peterson JL, Fullilove RE, Stackhouse RW. Race and sexual identity: perceptions about medical culture and healthcare among Black men who have sex with men. J Natl Med Assoc. Jan 2004;96(1):97-107.

16. Manchikanti L, Helm S, Fellows B, et al. Opioid epidemic in the United States. Pain Physician. Jul 2012;15(3 Suppl):ES9-38.

17. Mechanic D. Changing medical organization and the erosion of trust. Milbank Q. 1996;74(2):171-89.

18. Nie JB, Cheng Y, Zou X, et al. The vicious circle of patient-physician mistrust in China: health professionals' perspectives, institutional conflict of interest, and building trust through medical professionalism. Dev World Bioeth. 03 2018;18(1):26-36. doi:10.1111/dewb.12170

19. Oakley B, Wilson H, Hayes V, Lintzeris N. Managing opioid withdrawal precipitated by buprenorphine with buprenorphine. Drug Alcohol Rev. 05 2021;40(4):567-571. doi:10.1111/dar.13228

20. Simon R, Snow R, Wakeman S. Understanding why patients with substance use disorders leave the hospital against medical advice: A qualitative study. Subst Abus. 2020;41(4):519-525. doi:10.1080/08897077.2019.1671942

21. Verghese A. My own country : a doctor's story of a town and its people in the age of AIDS. Simon & Schuster; 1994:347 p.