

Case Study
Facilitator: Jim Hudson

Situation: 86 y/o white male with chronic pain referred from prior PCP for ongoing management. Has a diagnosis of chronic demyelinating poly-radculopathy and currently on Fentanyl 50 mcg patch every three days and MS Contin 30 mg twice a day (180 MME). On the chart is mention it is okay to see patient every 6 months because of the difficulty with patient in getting into the office. Patient wheeled into the room by son and sister. Sister does most of talking as patient nods off and on during interaction.

Background: Retired from Grand Rapids Press. Lives with sister and son who helps with I ADLs and some ADLs. In the past he has drank a lot of alcohol, but denies drinking now.

Assessment: He is on a very high dose of opioids and has poor functional capacity.

Recommendation: I would like to wean him down improve his quality of life without causing undue side effects for patient and the family.

Elicit Group Discussion

After reviewing the case, discuss as a group the following:

1. Create a scripting to start a conversation with this patient.
 - a. Include words and messaging that will demonstrate to the patient/family you are on their team.
 - b. Explain pain to this patient/family in a way that they can understand it. Come up with some analogies or plain language descriptors.
2. Share ideas on what follow up would be recommended.
3. What barriers do you foresee, and what are ideas to overcome these barriers?
4. How do you nuance your message for the patient/family that is?
 - a. Angry
 - b. Has substance use disorder

Dr. Hudson – Provide information/ideas/tips

1. After the group discussion, review the responses.
2. Offer suggestions/ideas/tips that you have used with success and or failure.

Elicit Change

1. Have the group reframe their responses subsequent to the new information provided.
2. Alternatively, review responses and collectively reframe the responses based on the new information.