PATIENT ENGAGEMENT

Establishing Trust and Acceptance

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YOUR SPEAKER

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FINANCIAL DISCLOSURES

- I have no disclosures for you
- If I use a name brand of a medication it is for clarity only

QUESTION TIME!!!

CASE #1

- Meet Amy
- 32 year old female patient establishes with you with opioid use for the past 3 years
- She only uses with her husband
- She says that she would not use at all if it were not for her husband
- She has tried to quit before but could not tolerate as she has to work
- She tells you that, “I am not *that* kind of addict.”

WEEK #1-2

- Amy is started on buprenorphine/naloxone 8/2 once a day.
- She returns for her 1 week follow up and says that the pharmacy gave her 2 empty medication packages and she is in withdrawal.
- She insists that nobody had access to her medications and that her husband stopped using drugs.
- How do you respond? Poll question & discussion

WEEK #2-3

- Amy returns to your office and she reports that she caught her husband using a razor blade to remove her medication from the foil.
- She did not run out of medication early and says that she feels well, but is angry at her husband.
- She is keeping all of her medication in her purse and bought a lock box to use at night.

WEEK #3-4

- Amy is doing well and she has managed keeping her medication safer.
- She feels ready to go to monthly appointments which will work better for her work schedule.
- She wishes to get a 28-day-supply of her medication due to her co-pay ($20 each pick up).
- What would you do next? Discuss.

28 DAYS LATER

- Amy is in the office and when you walk in the room, she starts to cry.
- She says that she had her entire prescription in her wallet to keep safe from her husband and used a public restroom and left her wallet behind.
- When she realized what had happened, she went back to the restroom where she found her wallet, but the money and medication were missing.

- Amy says that she didn't want to call you AGAIN, so was able to buy suboxone on the street and has been taking 4 mg a day at most and feels terrible.
- She did NOT use heroin.
- She says that for money's sake (she is broke), she still wants to have a 28 day supply of medications as she is sure that this will not happen again.
- What now? Discuss.

28 DAYS LATER

- Amy returns to you having had a good month with no lost medications.
- She has made adjustments to her lock box and has bolted the box to some studs in her basement and is able to leave her medication at home with lower risk of tampering.
- She asks for 28 day refills again.
- She adamantly asserts that there is no way she can go to counseling due to work.
- What would you do? Discuss.

LET'S CHECK IN

- Do you think that this patient feels respected?
- Do you think that this person feels heard and understood?
- Do you think this patient trusts her provider?
- Does she have a say in her care?

How is the Patient?

- What biases might have impeded the progress for this patient?
- What risks did this provider take?
- Were the risks worth it?

How is the Provider?

HERE'S THE REST OF THE STORY

- Amy remained quite stable in care (medication only).
- She left my care at about 6 months and was gone for 6 months.
- She returned due to relapse into opioid use.
- She and her husband separated.
- She moved to her own place.
- Her teenaged daughter had a baby.
- She left my care again.

ONE YEAR LATER

- Amy returned to me again due to relapse with opioids.
- She used with her estranged husband.
- She says that she feels best off ALL opioids and if she exercises.
- She says that in the past, she took a few days off from work to go through withdrawal.
- She wishes to do that again, but with more support through the process
- We used microdosing to get her back to suboxone as she had been using “purple dope” which is fentanyl + sedatives

OUR DISCUSSION

- Risk of return to drugs is 90%
- Today, this is even more deadly
- I want to help her succeed with her plan, but wonder if she would consider long term care
- Consider Sublocade monthly injection
- She decided to stop buprenorphine over Memorial weekend
- She asked for comfort medications
- She promised to check in with me

MY REFLECTION

- Each time Amy returns, she opens up more
- She is no longer blaming her drug use on her estranged husband
- She agrees that fentanyl is more difficult to come off of
- She agrees that if she feels that she might start using again, she needs to consider longer term treatment
- She is willing to engage in counseling “next time” if needed

Thank you!!