Prescribing Opiates in Resident Clinic:  
Clinic directors’ and residents’ perspectives on problems and potential solutions

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Background

- Opiate therapy for chronic non-cancer pain (CNCP) and incidence of opiate overdose are increasing
- Managing patients on opiate therapy for CNCP in resident clinics presents many unique challenges

Goal

To improve resident clinic management of CNCP through collecting and analyzing clinic directors’ and residents’ perspectives on:

a) experiences managing CNCP in resident clinic
b) problems they’ve identified
c) potential solutions to these problems

Methods

1) A list-serve of 75 US IM residency clinic directors (CDs)  
   - Emailed an anonymous electronic survey  
   - 12 questions rate experiences, problems and possible solutions on a 1-5 Likert scale
2) 48 medicine residents with continuity clinics at the University of Colorado Hospital  
   - Anonymous 2-page paper survey adapted from Chen et al. (1) placed in mailboxes  
   - 32 questions rate experiences, problems and possible solutions on a 1-5 Likert scale

Clinic Director Responses

- How difficult is it to manage CNCP compared to diabetes?  
  - 50% said much more difficult  
  - 30% said equally difficult  
  - 20% said a little easier
- Problems: percent who responded "a big or huge problem"  
  - 5% said CNCP is more difficult to manage than diabetes

Resident Responses

- How difficult is it to manage CNCP compared to diabetes?  
  - 90% said more or much more difficult
- Problems: percent who responded "a big or huge problem"  
  - 5% said CNCP is more difficult to manage than diabetes

Solutions: percent who responded "somewhat or tremendously helpful"  

- 20% said enhanced continuity of care is needed and would help
- 20% said communicating around pain issues would help
- 20% said improving residency education would help

Additional Responses

- 1/3 of residents have been threatened by CNCP patients over issues surrounding opiates
- 81% said CNCP patients negatively affect continuity clinic experience
- 81% started opiates in less than 20% of their CNCP patients on opiates

Conclusions

- Managing CNCP in resident clinic is difficult for both CDs and residents
- Managing CNCP patients on opiates has negatively impacted residents’ continuity clinic experience
- CDs and residents have different perspectives on the largest problems in managing this population but both identify continuity of care as a large issue

Further Studies

- CNCP management innovations in resident clinic should:
  - enhance continuity of care
  - allow residents to focus on other issues
  - review red flags
- Improved residency education is needed and should focus on:
  - Identifying poor opiate candidates
  - Communicating around pain issues
  - Alternatives to opiate therapy
- We are piloting a nurse/pharmacist-run patients on chronic opiates (POCO) clinic to work toward some of these goals

References