

Disengagement from Non-Compliant Patients

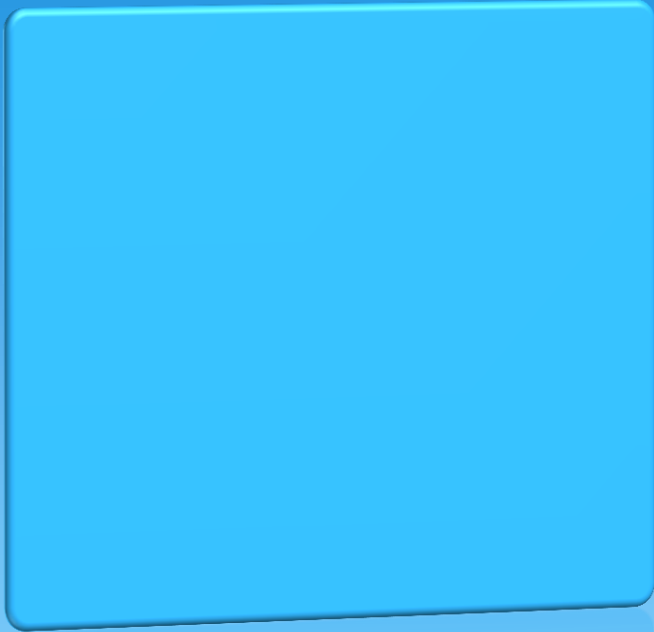
Jennifer Parsons, FNP
Duke Pain Medicine

Objectives

- * Describe “ difficult patients” and strategies for management
- * Understand the patient- provider relationship – what all of us bring to the room
- * Resources for optimizing the patient experience- strategies for compliance
- * When all else fails... Pearls for Discharge



A Good Offense
IS the Best Defense



FIRST VISIT

History

Imaging

Examination

Diagnosis Differential

Start to develop goals

Parameters for Patient –Provider Relationship

- * Establish your role as a PROVIDER
- * Set boundaries – limited disclosure
- * Empathize
- * Motivate
- * Develop patient- centric plan of care
- * Know your own personal boundaries and clinic consensus

Specific Parameters for Compliance

- * Treatment Agreement – Clear and concise
 - Provider Responsibility
 - Patient Responsibility
 - Informed Consent

Establish Patient Goals of Care

- * Realistic
- * Measurable
- * What is the most important issue to the patient

Barriers to Care

- * Transportation
- * Lack of social Support
- * Lack of knowledge
- * Misunderstanding of the Rules
- * Poor health habits
- * Lack of basic needs

Community and Practice Resources

- * Medical psychology
- * Physical therapy
- * Provider expertise
- * Psychiatry
- * Social Work
- * Pharmaceutical programs

Focused Visits

- * Establish mutual frequency of visits
- * Set short term and long term goals * REALISTIC*
- * List Patient priorities
- * List your priorities and explain reasoning
- * Settle on mutual plan
- * Review interventions / instructions after every visit
- * Address barriers to compliance at that time

Open Monitoring

- * I will be monitoring the state Database for your opioid prescriptions
- * I can ask for a drug screen at any time
- * I will be checking the state Offender's database- is there anything you would like to tell me about?
- * I will be communicating with your PCP and other caregivers as needed

Physical Conderations

- * Provider should be closest to the door
- * If any suspicion of violent reaction, notify security ahead of visit
- * Notify other staff regardless of expected reaction
- * Determine if best to see patient alone or have a witness to the exchange
- * Determine Clinic protocol for who the witness should be

Gather Data

- * Print copies of any violations :
 - inappropriate drug screens
 - record of missed appointments
 - Discrepancies on State database
 - Narrative of bad behavior

Start with Positive

- * Think about what the patient did right since the first visit:
 - Have any goals been accomplished?
 - What was learned?

When all else Fails...

■ **Assertion**

- nonverbals
- simple assertion
- describe misbehavior
- empathize
- remind other person of arrangement
- share feelings
- state consequences

Allow time for Response

- * State the violation – non-judgemental
- * Repeat the consequences if needed
- * Present patient options for continued treatment:
 - Referral to Suboxone clinic
 - Explore other pain clinics
 - Continue work with Psychology/ therapy
 - Pain management without opioids

Leave the Room

- * Do not turn your back on the patient
- * Have arrangements ahead of time for patient escort from the clinic

References