PATIENT VISIT TO PRIMARY CARE PROVIDER

what do providers experience?

Connection with GP/NP

Considering:
- Patient may not have capacity to make appointment
- Access is an issue: may not be timely; not all patients are attached to primary care providers
- Patient may agitate office assistant to get appointment
- Patient may be functional or decompensating

Feeling:
RUSHED
not sufficient appointment time

Patient may or may not be forthcoming with addiction

Substance use is not declared

Doing:
- Need to screen patients for substance use

Considering:
- Seeing injured children or family members may be a flag
- Patients often not willing to accept treatment

What's important:
- Substance use issues are often unrecognized and unaddressed in seniors population
- Seniors need pain management from aging or chronic illnesses

Feeling:
GOOD – to discover an underlying reason for addiction

FRUSTRATION – when you know patients have substance use problem but they are pre-contemplative (not yet willing to accept treatment)

STIGMA –Patients fear judgement when the issue is raised

GUILT – Patients feel guilt when they relapse, but it is an opportunity to understand why

Declared issue with substance use

Doing:
- Ask patient what they need, what matters to them

Considering:
- Humanize – Recognize this is a vulnerable moment
- There is potential for confrontation
- Need to understand and address the underlying issues leading to addiction
- Look at stages of readiness

What's important:
- Establish a relationship – an emotional connection. Invite them to return.
- Trust
- Address the bio, psycho, social, spiritual aspects of pain
- Give them hope that you can help

Feeling:
RELIEF – Declaration of substance use can be an 'aha' moment
CONCERN – for other patients in the waiting room
OVERWHELMED and **UNDERRESOURCED** – (especially in rural areas)
WORRY – Will I open the floodgates for others?
STIGMA – Will I still have a "family" practice?
EXCITED and **HOPEFUL** – When I have effective treatment options to offer

Providing Care

Initial visit

Doing:
- Complete a history/ physical exam
- Explore treatment options

Considering:
- How do we manage patients to 'feel good' compared to the endorphin rush they had with substances?
- Evidence base for addiction medicine may not be well understood by physicians

Feeling:
STRESS – Caught between patient demands and College requirements for prescribing opioids

FRUSTRATED – If patient is set on a treatment option that might not meet their expectation

Rural or First Nations

Considering:
- Barriers for continuity of care (cell phone and travel)
- Loss of confidentiality – need to tell band office reason for travel
- Provider-Patient may not be a fit

Opioid agonist treatment induction

Doing:
- Providing opioid agonist treatment
- Access addiction specialists

Considering:
- Do I have enough experience to start induction?
- Are there clinics with access nearby that can do this?
- Can I keep my patient comfortable during induction?
- Are there payment mechanisms in place?
- Do I have time to start an induction?

What's important:
- Treating the underlying cause of addiction is as important as treating the addiction itself
- Treatment itself is inadequate – it requires a strong community support system

Feeling:
FEAR – Of College requirements for prescribing opioids

HESITATION – Less support available after regular treatment hours – I don't want to bother my colleagues

WORRY – Risk of initiating Suboxone with inadequate specialized support

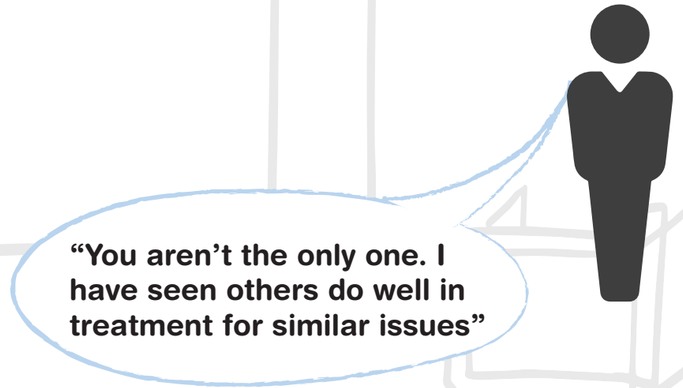
Opioid agonist treatment maintenance

Doing:
- Relationship management
- Regular follow-up visits

Considering:
- Physio and other pain therapies may not be affordable
- Patients may lose treatment options if they are arrested, or move, or have to travel
- Access and sustainability for programs

What's important:
- Opioid agonist treatment needs to be a standard of practice
- There needs to be a network of support for patients in recovery

Feeling:
CONCERN – If doses missed, could lead to relapse



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