



Communication/201

Talking with patients about concerning PMP data

The Texas PMP provides a complete picture of a patient's controlled substance prescription history. Prescribers and pharmacists use these data to inform clinical decisions and to address prescription drug misuse, diversion and overdose. Checking the PMP for every patient, every time helps keep your patients safe, but it can also lead to some challenging conversations. Research shows that the words you use impact your patients' health. Here are some evidence-based health communication best practices to help you successfully navigate these conversations.

USING NON-STIGMATIZING AND PERSON-FIRST LANGUAGE

While talking with your patients, it's important to be mindful of the language you use. Stigmatizing a patient by essentializing them using a single trait creates a barrier to better patient health outcomes. The inaccurate belief that substance addiction is a moral failing rather than a chronic and treatable disease is one example of stigma.

REVIEW PATIENT RISK FACTORS

When reviewing PMP data, providers should look for risk factors that may indicate misuse or a risk for overdose, including:

Overlapping prescriptions

- Obtaining prescriptions from several prescribers and/or pharmacies
- Dosages at or above 50 MME/day (per the [CDC](#), increase the risk of overdose by at least 2x the risk at <20 MME/day)

Keep in mind, concerning data should trigger a discussion, not a decision. Talking with your patient and working together to determine the most appropriate treatment options could save their life.

You can work against the effects of stigma by using person-first language, which separates the person from the disease:

- Instead of saying “drug user or abuser,” say “a person who misuses prescription drugs.”
- Instead of saying someone is “abusing drugs,” say “prescription drug misuse.”
- Instead of referring to someone as an “addict,” say they are “a person with opioid use disorder.”

UNDERSTANDING IMPLICIT BIAS

Implicit biases are preconceived ideas about people shaped by environmental factors — such as family, friends and media — and everyone has them. Factors such as a person’s appearance, race, gender or socioeconomic status can trigger our implicit biases and cause us to form assumptions before a conversation begins. Checking the PMP for every patient, every time ensures that you base your decisions on objective data, which helps keep implicit bias in check and your patients safe.

COMMUNICATION BEST PRACTICES

- **Invite participation** by explicitly encouraging patients to respond. Asking questions like, “How does that sound to you?” before or after providing information to patients can help establish a trusting relationship. In addition, this helps you collect valuable information from patients.
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- **Use motivational interviewing techniques** to encourage patients to share their stories, allowing them to explore their own circumstances and options with professional guidance. Asking open-ended questions can help identify psychosocial factors that are contributing to patient experiences of pain. Treating co-occurring psychological disorders may help decrease a patient’s pain.
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- **Use positive language** like, “Sometimes we struggle to know exactly what causes this problem, but I can tell you that I will make my best effort to help you get comfortable” instead of, “I don’t know what’s wrong.” Avoid using negatives (e.g., “no” “not” “nothing” “never”).

- **Demonstrate active listening** by giving your patient both nonverbal and verbal cues that make them feel heard. Active listening can be as simple as making eye contact, nodding along, sitting at eye level or asking follow-up questions.

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- **Practice cognitive empathy** by recognizing that patients’ feelings are real and powerful. Empathy builds rapport and garners patient buy-in to treatment plans. Cognitive empathy is about saying the caring thing in the moment, even if it doesn’t resonate with you personally.

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- **Affirm resilience** by offering encouraging responses when patients disclose positive coping strategies. It’s important to identify, name and celebrate positive coping strategies to help patients maintain hope and realize they can cope with pain and other stressors.

WRAPPING UP THE CONVERSATION

To ensure collaborative understanding of everything you discussed with your patient, use the teach-back method to summarize and wrap up. Ask the patient to recap the main points of the conversation in their own words and fill in the gaps wherever needed.

For additional communication best practices and talking points, visit txpmp.org/resources.

HARM REDUCTION STRATEGIES

- Suddenly discontinuing opioid medications can be dangerous. Consider collaborating with the patient to taper opioids for chronic pain to a safer dosage. Refer to [CDC tapering guidelines](#).
- [The CDC recommends](#) co-prescribing the overdose-reversing drug naloxone to patients at risk of overdose (≥50 morphine milligram equivalents per day).
- If a patient is diagnosed with substance use disorder, a referral to local Medication for Opioid Use Disorder services may be prudent. Doctors and patients can also use [Outreach Screening Assessment & Referral](#) services for information about substance use services in Texas.
- As a final step, it’s important to schedule a follow-up with the patient to check in on the treatment plan and make adjustments as necessary.