

# How to Manage Drug-Seeking Patients in the Emergency Department

*An interview with Dan Smith, MD, Studer Group<sup>®</sup> coach, national speaker, and practicing Emergency Department physician*

## **Q: Dr. Smith, why are drug-seeking patients such a big challenge in the ED?**

**A:** They're a challenge for a number of reasons. Even though they account for only less than 3 percent of patients in most Emergency Departments, they can be a particularly frustrating group. After all, emergency physicians choose to practice in this field because of our desire to help people and positively impact patient health. We are also stewards of the Hippocratic Oath ("Do no harm."). Prescribing to this group may feed and encourage a chronic drug problem. And yet, if we don't prescribe—or we decline to medicate with sought-after medications—we may irritate and inflame a patient so that he or she is irrational, disrupts the ED, or complains to administrators or licensing agencies.

Another challenge is that providers in a single ED often treat them inconsistently. While Dr. Johnson might be resolute in his non-prescribing, Dr. Brown might give in on the next visit because he feels so uncomfortable with the whole situation. What message does this send about your ED?

And last, drug-seeking behaviors are a complex health issue. It's a multi-factorial challenge that ultimately requires multi-factorial management (e.g., psychotherapy, counseling, organized pain management). So the ED is clearly not the best or most appropriate setting for these patients to receive care.

## **Q: But isn't it possible that such patients might have a legitimate acute condition?**

**A:** Yes. That's why it's critical that providers perform a complete and thorough medical history and exam. In fact, we have an obligation under the Emergency Medical Treatment and Active Labor Act (EMTALA) to medically screen and examine all patients who present in the ED, even those we suspect are drug-seeking. I recommend that providers put aside any preconceived notions during this history and exam until they've collected all available information to exclude an emergency medical condition.

## **Q: Okay, but what if you do the exam and it's clear that this patient *is* drug-seeking?**

**A:** Then I recommend providers use "AIDET<sup>SM</sup>: The Five Fundamentals of Patient Communication." AIDET stands for "Acknowledge—Introduce—Duration—Explanation—Thank You."

In thirteen years as a practicing physician in the ED, I've found this to be the most effective tool I know for quickly diffusing potential confrontations and gaining patient compliance with my decision to treat them according to what I feel is the most prudent treatment plan.

**Q: Wait...Are you suggesting that we should *thank* these patients for coming to our ED? Really?**

**A:** No. I am suggesting that you thank these patients for complying with your treatment plan. The reason that AIDET works so well is because it sets a tone of caring, reduces anxiety, and demonstrates that you are non-judgmental, open-minded, and objective. When a patient perceives me in that way, I find that he will calm down and comply with my treatment decision in about 80 percent of cases. When a provider does not use AIDET, she may leave a patient misinformed or with the perception that she doesn't have time for or interest in him. All patients may not need narcotic medications, but all patients deserve our care.

**Q: So how does AIDET work exactly? Can you share a sample dialogue?**

**A:** Here's an example for a patient who has presented for the fifth visit this month for chronic low back pain:

**A—Acknowledge:**

"Good morning, Mr. Smith, can I come in?"

*(Ensures you are speaking with the correct patient, no negative opening lines.)*

**I—Introduce:**

"I'm Dr. Jones, one of the emergency physicians here at XYZ Hospital." *(Offers handshake and eye contact.)* "I have practiced for thirteen years. I understand you are here for continued back pain."

*(Introduces self and role and further acknowledges the patient's presenting illness.)*

**D—Duration:**

"Tell me more about this medical problem and then I will examine you...this should take only about five minutes."

*(History is completed with documentation of chronicity, level of pain, any new neurological deficits, comparison to prior episodes, and current pain management strategy. Physical exam documents subjective distress level, muscle strength, sensation, reflexes, and back exam.)*

*(Patient's concern is taken seriously and documented appropriately.)*

**E—Explanation:**

"Mr. Smith, based on your exam, history, and medical record review, you are presenting again for chronic back pain. Because I care about your total health and must abide by our system's chronic pain policy, I don't believe that further prescription of these habit-forming medications is in your best interest. I would like to offer you a steroid injection to reduce inflammation and a resource list of several outpatient clinics where you can enroll in a chronic pain management program and receive continuity of care. We know from the medical literature that patients with your condition will experience fewer episodes of pain and less variation of care with this approach." *(Answer patient questions.)*

*(This approach allows for prudent medical management. This patient feels he was taken seriously and was not demeaned. The provider also tied together all the information and findings in an objective and cordial way, offered real-time means to deal with pain, offered further resources for outpatient care, and clearly stated his rationale for non-narcotic prescribing.)*

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**T—Thank You:**

"Mr. Smith, I hope this makes sense and we thank you for complying with the treatment plan. I wish you the best."

*(Overall sense that you did "care" within the constraints of prescribing and the pain policy. Non-punitive perception by patient.)*

**Q: In the sample AIDET dialogue, you mentioned a "chronic pain policy." How does that work?**

**A:** AIDET is an effective tool that every ED provider can use starting today with the next drug-seeking patient who presents. Long-term, to reduce these unnecessary visits and encourage treatment in more appropriate settings, I recommend the implementation of a chronic pain policy that all staff follow consistently. It can include things like what defines drug-seeking behaviors and how to enroll ED "super users" in the ED's chronic pain program. To ensure that ED providers are consistent in their approach to every patient every time, training on both AIDET and the pain policy are crucial.

I'll be presenting on both these topics in detail with Stephanie Baker, RN, CEN, MBA, at Studer Group's two-day institute "Excellence in the Emergency Department," January 26 to 27, 2011, in Tampa, FL, and June 29 to 30, 2011, in Chicago, IL.

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Dan Smith, MD, has been an Emergency Medicine physician for 13 years. Since 1998 he has been an Emergency Medicine staff physician with Baptist Health System/Emergency Physicians' Affiliates, San Antonio, TX. Since 2007 he has served as director of its Emergency Medicine Satisfaction Program. Dan is a Studer Group coach and a presenter who speaks to numerous healthcare audiences on topics relating to the care, compassion, and satisfaction of Emergency Department patients and staff.

## Want to Learn More? Studer Group Institute Improves Emergency Department Results

Studer Group offers an intensive two-day learning institute titled “Excellence in the Emergency Department: Hardwiring Flow and Patient Experience.” In 2011 the institute will be held January 26-27 in Tampa, FL, and June 29-30 in Chicago, IL.

Attendees will learn how to implement a comprehensive ED pain management policy that reduces unnecessary visits for ED “super users” and ensures better care for these patients. The institute offers dozens of tactics that have been time-tested in Studer Group’s national learning lab of more than 1,000 Emergency Departments. Attendees will learn how to:

- improve ED perception of care to get higher HCAHPS results in all ten composites,
- set measurable goals and hardwire practices to achieve them,
- improve patient flow and reduce arrival-to-physician-exam time,
- implement tactics such as Hourly Rounding<sup>SM</sup> to improve pain management,
- identify pitfalls and apply safeguards when you must prescribe to a patient you suspect of drug-seeking,
- appropriately identify and track ED super users,
- work with primary care physicians and other resources to set limits and redirect care to appropriate patient care settings.

**To learn more about this and other institutes, including upcoming dates and registration information, visit [www.studergroup.com](http://www.studergroup.com).**

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