An interview with Dan Smith, MD, FACEP, Studer Group® 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.

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.
**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®: The Five Fundamentals of Patient Communication.” AIDET stands for “Acknowledge—Introduce—Duration—Explanation—Thank You.”

In more than fifteen 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 medicine since 1998. 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.)
HOW TO MANAGE DRUG-SEEKING PATIENTS IN THE EMERGENCY DEPARTMENT

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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.)

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.

Dan Smith, MD, FACEP, has been an Emergency Medicine physician since 1998. 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.
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