UF College of Medicine - Jacksonville
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TU498

Patient perceptions of emergency pain management and state opioid prescribing laws

PAMI Pain Assessment and Management Initiative

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Background

Pain is one of the most common reasons for presenting to the Emergency Department (ED) in the United States (US).[1,2]

Studies exploring patient perceptions and expectation of ED pain management are limited, particularly viewpoints from socioeconomically disadvantaged and minority populations who historically tend to receive inadequate pain control in the ED.[3]

Additionally, patient knowledge regarding the opioid epidemic and state related legislative changes in the US are not well documented.

Characterizing patient perceptions, expectations and motivations when seeking pain relief in the ED, particularly in disadvantaged patient populations, and assessing knowledge of laws related to ED pain care may identify opportunities to address goals of care.

Methods

A survey assessing patients' perceptions and expectations of emergency pain management and knowledge of opioid prescribing laws was developed based on relevant literature and clinical experiences of emergency physicians on the study team.

Surveys were administered to a convenience sample of adult patients seeking care in the ED of a large, urban, academic hospital system from May 2023 to January 2024.

Non-incarcerated, English-speaking adults who were able to provide consent and had at least one ED visit for pain were eligible to participate.

Regressions were performed in Excel 2019 to identify associations between survey responses and sociodemographic variables (including marital status, area deprivation index (ADI), highest education and medical insurance type) and history of chronic pain (yes/no). This study was approved by the sponsoring university's Institutional Review Board.

Results

Table 1: Participant Demographics N=109 (N,%)

Gender		**Race**		**Insurance type**	
Female	70 (64)	African American	65 (60)	City Contract	8 (7)
Male	38 (35)	White	40 (37)	Medicaid/ Medicare	68 (62)
Transgender	1 (<0.01)	Multiracial	1 (<0.01)	Self Pay	4 (4)
Age category (years)		Other	2 (2)	Private insurance	24 (22)
18-24	10 (.01)	**Ethnicity**		VA	1 (1)
25-34	13 (12)	Hispanic/Latino	5 (5)	Worker's comp	1 (1)
35-44	18 (17)	Non- Hispanic/ Latino	104 (95)	Other	3 (3)
45-54	20 (18)	**Marital Status**		**Education**	
55-64	20 (18)	Never married	52 (48)	Less than high school	19 (17)
65-74	18 (17)	Married	17 (15)	High School diploma	38 (35)
75 and older	10 (.01)	Separated	7 (6)	Some college	33 (30)
		Divorced	28 (26)	College degree	9 (8)
		Widowed	5 (5)	Masters degree or higher	6 (6)
				Vocational training	4 (4)

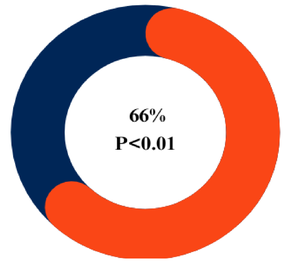
PAIN MANAGEMENT LEGISLATION

47% were unaware of laws supporting opioid alternatives

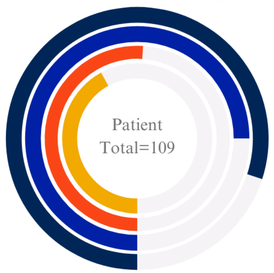
51% were aware laws limiting opioid prescribing

63% were aware of the opioid epidemic

66% of under/uninsured and none of the privately insured were aware of opioid alternative laws



PERCEPTION OF PAIN CARE IN ED SETTING



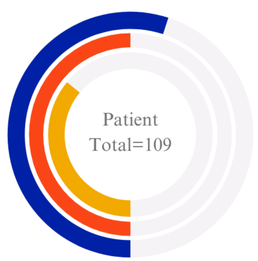
42% felt ED pain care differed from other healthcare settings

51% believe clinician communication could reduce pain

75% reported pain was addressed in a timely

80% felt ED providers cared about their pain

PAIN MANAGEMENT EXPECTATIONS

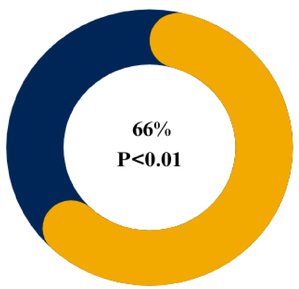


36% expected complete pain resolution before leaving the ED

50% expected to receive non-pharmacologic options during their ED visit

55% did not expect to receive opioids

66% of under/uninsured and none of the privately insured expected opioid treatment



Conclusions

Within our high minority and disadvantaged survey population, there was a preference to receive pain care in the ED compared to other healthcare settings, potentially due to a perceived sense of expedient treatment from providers who cared about them.

There was a relatively high and low expectation for nonpharmacologic and opioid treatment in the ED, respectively, possibly due to patients' awareness of the ongoing opioid epidemic. A relatively high proportion of patients expected complete pain resolution from their ED care. However, it was reassuring that many felt communication with their ED providers could help alleviate their pain.

Insurance coverage (a potential surrogate marker of healthcare access) may play a role in patient expectations regarding ED opioid treatment.

Understanding patient motivations and expectations when seeking pain care in the ED may help ED clinicians provide better care for the millions of patients presenting to the ED for pain.

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