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VA Pain Care Transformation Initiative

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CDC

Unintentional overdose deaths parallel per capita sales of opioid analgesics and are now the leading cause of injury deaths among 25-65 year olds in the United States (U.S.).[1,2]

- This is of particular concern in our Veteran population where there is a high incidence of post-traumatic stress disorder (PTSD), major depressive disorder (MDD), alcohol use and suicide attempts. All of these disorders are associated with high dose opioid utilization leading to an increased risk of overdose compared to the general population.[3,4]

1.Drug Overdose in the United States: Fact Sheet. Page last updated September 9, 2013. Available at: **http://www.cdc.gov/homeandrecreationalsafety/overdose/facts.html**.

2.Seal KH et al. Association of Mental Health Disorders with Prescription Opioids and High- Risk Opioid Use in US Veterans of Irag and Afghanistan. JAMA 2012; 307:940-7. cohort study on chronic pain: The role of opioids. Clin J Pain 2010; 26:763-769.

3.Pain Management. Department of Veterans Affairs Veterans Health Administration Directive 2009-053. October 28, 2009.

4.Southern Oregon Opioid Prescribing Guidelines; A provider and community resource. Available at: **www.SouthernOregonOpioidMangement.org**. Accessed online October 17, 2013.

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Concerns with Increasing Opioid Use

Veterans are twice as likely to die from accidental overdose compared to the non-Veteran population.[4] Assessment of risk factors is important in our Veteran population especially in returning combat Veterans. Often they present to primary care seeking relief from both physical and psychological pain.[5] **Psychological distress may lead to inappropriate use of opioid medications in patients with mental health disorders. Caution should be used in this high risk population.**

4.Southern Oregon Opioid Prescribing Guidelines; A provider and community resource. Available at: www.SouthernOregonOpioidMangement.org. Accessed online October 17, 2013.

5.Hayden JA, et al. Meta-Analysis: Exercise Therapy for Nonspecific Low Back Pain. Ann Intern Med 2005; 142:765-75.

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Veterans with PTSD are more likely to…

- Be prescribed opioids at higher doses
- Receive opioids and sedative hypnotics (including benzodiazepines) concurrently
- Combinations lead to increased risk of unintentional overdose Opioid use in mental health populations is associated with[3]:
- Opioid-related, alcohol, and non-opioid drug related accidents and overdoses
- Self-inflicted injuries and violence related injuries
- Higher incidence of wounds or injuries

3.Pain Management. Department of Veterans Affairs Veterans Health Administration Directive 2009-053. October 28, 2009.

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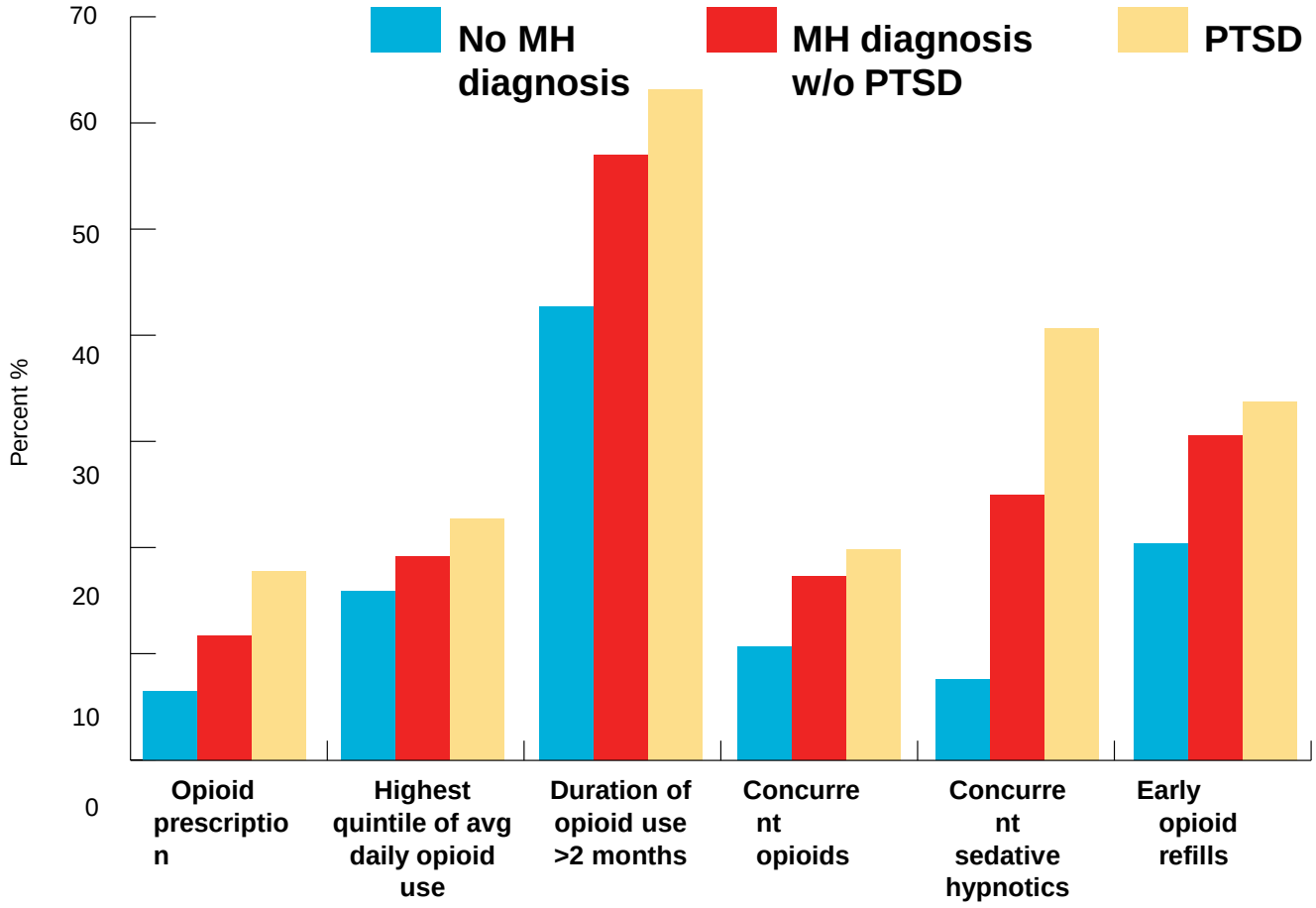
Opioid Use in Veterans[3]

3.Pain Management. Department of Veterans Affairs Veterans Health Administration Directive 2009-053. October 28, 2009.



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Opioids and Veterans

- Chronic pain is the most common cause of work disability [6]
- More than 50% of male VA patients in primary care report chronic pain; the prevalence may be even higher in female Veterans[6]

However…

- Chronic opioid use may not always improve function and quality of life[7-10]
- The judicious use of opioids should be considered as only one part of the treatment plan

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6. American Geriatrics Society Panel on Pharmacological Management of Persistent Pain in Older Persons. Pharmacological management of persistent pain in older persons. J Am Geriatr Soc 2009; 57:1331-46.

7. Barkin RL et al. Management of Chronic Noncancer Pain in Depressed Patients. Postgraduate Medicine 2011; 123:143-54.

8. Towheed TE, Maxwell L, Judd MG et al. Acetaminophen for osteoarthritis. Cochrane Database Syst Rev. 2006(1):CD000396.

9. Munir MA, et al. Nonopioid Analgesics. Med Clin N Am 2007; 91:97–111.

10. Micromedex Drugdex Evaluations. Thomson Micromedex. Greenwood Village, CO. Available at: http://www.thomsonhc.com. Accessed March 19, 2012.

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The Six Essential Elements of Good Pain Care

1. **Educate Veterans/families to promote self-efficacy and shared decision making; provide access to all relevant resources**
2. **Educate/train all team members to their discipline specific competencies, including team based care**
3. **Develop and integrate non-pharmacological modalities into care plans, including behavioral medicine and integrative medicine techniques**
4. **Institute rational medication prescribing, use of pain procedures and safe opioid use (universal precautions)**
5. **Implement approaches for bringing the Veteran's whole team together such as virtual pain consulting (SCAN-ECHO, e-consults, tele-health, clinical video tele-consultation and education) and for maintaining ongoing communication between team members**
6. **Establish metrics to monitor pain care and outcomes at both the individual level and the population level**

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The Six Essential Elements of Good Pain Care

1. Educate Veterans/families to promote self-efficacy and shared decision making; provide access to all relevant resources

- Educating patients and families on good pain care
- "Taking Opioids Responsibly"
- Self-care self management
- Shared decision making
- Pain schools
- Providing tools to teams to support SCSM
- Platform for patient access to educational info….website/APPS

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The Six Essential Elements of Good Pain Care

2. Educate/train all team members to their discipline specific competencies, including team based care

- PACT roles and responsibilities (discipline specific and team based)
- JPEP curriculum
- SCAN ECHO
- PAIN PACT COP
- Bright Spots to assist field with implementation strategies
- Time for education and team building
- Pain champions (PC/MH/SA)

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3. Develop and integrate non-pharmacological modalities into care plans, including behavioral medicine and integrative medicine techniques

- CBT for pain widely accessible F2F and via telehealth
- Mobile APPS for support (Pain coach for caregivers, PTSD coach, mindfulness coach, etc.) https://mobile.va.gov
- Acupuncture training of primary care in BFA through ATACS (Joint VA/DoD funded)
- PCMHI/behavioral health/PACT support for SCSM
- SA support and programs available
- Access to CARF accredited pain rehab
- Access to specialty care services (interventional pain medicine)

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4. Institute rational medication prescribing, use of pain procedures and safe opioid use (universal precautions)

- IMED consent
- PACT Compass individual provider access to data
- PDMP policy
- Monthly documentation of appropriateness and safety of opioid/benzodiazepine prescription being written
- Routine use of UDS
- Interdisciplinary team care plans for complex patients PC/MH/SA and pain specialists

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5. Implement approaches for bringing the Veteran's whole team together such as virtual pain consulting (SCAN-ECHO, e-consults, tele-health, clinical video tele-consultation and education) and for maintaining ongoing communication between team members

- Scan echo
- E-consults
- Tele-health
- CVT
- Community support and partnerships
- Case management of complex patients
- Primary care and MH/SA pain champions

- Establish practical metrics to monitor pain care and outcomes

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The Six Essential Elements of Good Pain Care

6. Establish metrics to monitor pain care and outcomes at both the individual level and the population level

- OSI
- PACT almanac with UTOX and PDMP data
- Facility dashboards
- Encounters in pain specialty, CIM, group visits

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