

# Pain/Opioid CORE

VA HSR&D

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**A Pain/Opioid CORE Partner Featured Article from the Office of Patient Centered Care & Cultural Transformation****Outcomes from a Pilot of Whole Health Services for Veterans across VA**

Recently, there has been increased attention and resources dedicated to addressing pain management for Veterans, including the implementation and use of complementary and integrative health (CIH) and other approaches to health and well-being. The Whole Health System of Care has been promoted by the Office of Patient Centered Care & Cultural Transformation (OPCC&CT) as an approach to incorporate holistic, patient centered care that supports the use of CIH approaches.

In FY2018, a three-year pilot study began of implementation of Whole Health across 18 flagship sites, one per Veterans Integrated Service Network (VISN). Key findings from the pilot study over its first two years are detailed in a recent progress report – [VA Center for the Evaluation of Patient Centered Care \(EPCC\): Whole Health Flagship Site Evaluation](#). The outcomes reported from the pilot study included the extent of implementation, the cost of implementation, utilization of Whole Health services, and the impacts of Whole Health on Veterans and on VA employees.

Implementation data were collected using a mixed methods approach, with quantitative data collected through an online tracking tool and qualitative data through subsequent interviews. Sites were classified into five categories of implementation – not started, getting started, foundational, early, and advanced – based on a rubric model used by OPCC&CT. Qualitative interviews were used to identify facilitators and barriers to advancing implementation. As of October 2019, all sites showed progress in their implementation with one site reaching the advanced stage, nine in early implementation, and eight at the foundational stage. The average costs of implementation were \$446,291 for FY2018 (range: \$114,319 to \$927,102) and \$293,549 for FY2019 (range: \$293,549 to \$1,434,668). Strong leadership and organizational culture were found to facilitate implementation, while infrastructure challenges, viewing Whole Health as a program or service rather than an entire system of care, and misalignment of incentives were barriers to implementation.

Utilization of Whole Health services was measured at each flagship site based on electronic health record data and three defined categories of use: use of any Whole Health service, use of any CIH service, and use of any core Whole Health service. There was an increase in use of any Whole Health service from Q1FY2017 (10.5%) to Q3FY2019 (30.7%) by Veterans with chronic pain. Among all Veterans, there were increases over this same period in use of any Whole Health service (4.4% to 15.9%), any CIH service (4.3% to 13.0%), and any core Whole Health service (0.2% to 5.6%).

Multiple surveys were used to assess the impact of Whole Health on Veterans across the 18 sites, with Veterans reporting varied levels of improvements in engagement in care and in well-being. Pharmacy data were used to examine change in morphine equivalent opioid dose in Veterans with chronic pain using Whole Health compared to those who did not or only used a single service. A reduction in opioid use was found for individuals using any 2+ Whole Health services (-23%), using CIH (-26%), using Core Whole Health services (-38%), and using Comprehensive Whole Health (-38%). As noted by the authors in their report, this parallels ongoing and consistent national efforts across VA to reduce opioid use. Surveys of VA employees involved in Whole Health found increases in participation and involvement in Whole Health services and positive effects on employment characteristics.

The published report provides early findings from the Whole Health pilot across 18 VA sites. As implementation continues to advance, further analyses can more definitively assess the impact of the Whole Health System of Care on Veterans' health.



## An Announcement from the National Program Office for Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) and Dr. Friedhelm Sandbrink

# Field Funding Announcement for Pain Care and Opioid Stewardship Programs

The National Program Office for Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) in the VHA Specialty Care Program Office has announced field funding for dedicated staffing at VISNs and facilities to assure oversight, reporting, and coordination of pain care and opioid stewardship programs and initiatives and for expansion of clinical services for pain care.

PMOP funding includes:

- 1) **Sustained (recurring) funding** beginning April 1, 2021 for new PMOP coordinator positions at VISNs and facilities (at 1.0 FTE each) and partial FTE support for established Pain POC and Primary Care Pain Champion position (equivalent to 0.25 FTE each).
- 2) **Temporary funding** beginning April 1, 2021 for expansion of Veterans' access to clinical pain care services at facilities and through telehealth to help close major gaps related to pain management and opioid safety. This temporary funding will be provided to VISNs for allocation across their facilities with a total of \$2.0 million in FY2021 per VISN through medical services appropriations funds (0160). Funding should be primarily utilized for staffing enhancement, and the funding for staffing will be available at 100% for beginning April 1, FY2021 until the end of FY2023. Preference should be given specifically for the provision of pain management services in clinics utilizing stop code 420 (Pain Management). Staffing hired under this initiative may include, but is not limited to, physicians with pain management expertise (preferentially board certified or eligible in Pain Medicine or related disciplines), advanced practice providers, pharmacists, psychologists, physical and occupational therapists, addiction providers, nurses, social workers, other clinical associates, and administrative support personnel. VISN Leadership should collaborate with the VISN Pain POC(s) to determine funding allocations across the VISN.

Funding for the following settings should be prioritized:

- a) Pain Management Team/Pain Clinics at all VHA facilities consistent with previously communicated standards.
- b) Development and expansion of at least one CARF-accredited interdisciplinary pain rehabilitation program in each VISN.
- c) Expanding interfacility telehealth for pain management (TelePain), in particular telehealth services that expand access to tertiary pain management services such as CARF-accredited pain rehabilitation programs. It also includes TelePain that complements facility pain management services to expand pain care options at facilities without full access to comprehensive pain services at this time.

A separate request for application for funding of TelePain hubs to be affiliated with Clinical Resource Hubs (CRHs) beginning in FY2022 will be sent out soon.

For more information on this funding announcement, [click here to view the complete memorandum](#).

## Pain/Opioid CORE Work Groups

The Pain/Opioid CORE includes multiple domain-based work groups to help promote scientific study in pain-related and/or opioid-related research. For more information on getting involved in our work groups, contact Brian C. Coleman, DC at [Brian.Coleman2@va.gov](mailto:Brian.Coleman2@va.gov).

### **Heterogeneity of Treatment Effects in Pain- and Opioid-Related Research Work Group**

**Chair: Kelli Allen, PhD**

The Heterogeneity of Treatment Effects (HTE) work group involves researchers and clinicians with expertise in pain- and/or opioid-related treatment interventions, as well as experts in statistical approaches to evaluate treatment effect heterogeneity. The HTE work group aims to bring a common, systematic, and rigorous approach to evaluating treatment effects in pain/opioid-related research. The focus of this work group is understanding factors that predict patients' response to various treatments for pain and opioid use/misuse using state-of-the-art statistical methods. The goals of the HTE work group are to improve the understanding of treatment responses and support work that leads to practical clinical recommendations regarding tailoring of pain/opioid treatment approaches.

### **Mentoring and Networking in Pain/Opioid Research Work Group**

**Chair: Matthew Bair, MD, MS**

A high priority focus of the Pain/Opioid CORE is facilitating career development of early career investigators and investigators new to pain or opioid research through collaboration and professional development activities. In response to investigator requests identified through the Pain/Opioid CORE Needs Assessment, the work group was formed to establish and facilitate a virtual mentor/mentee venue for idea sharing and feedback. The Mentoring and Networking work group intends to offer professional development events and facilitate mentee/mentor relationships for early career investigators and scientists new to pain/opioid research (including clinician-scientists).

### **Medication Treatment for Opioid Use Disorder (MOUD) Synergy Work Group**

**Chair: Adam Gordon, MD, MPH**

The VHA established addressing the rising numbers of Veterans with opioid use disorder (OUD) as a national priority, with a recommended and standard treatment for OUD being medication treatment for OUD (MOUD). Multiple strategies and operational initiatives have been implemented to improve access to and use of MOUD treatment. To facilitate improved access, these programs have become especially focused on non-addiction care settings, such as outpatient primary care, mental health, and pain care environments. Characterizing and understanding the ongoing initiatives and identifying and prioritizing research gaps in MOUD care are the main priorities of the MOUD Synergy work group.

### **Medication Treatment for Opioid Use Disorder (MOUD) in Perioperative Care Work Group**

**Co-Chairs: Thomas Hickey, MD & William Becker, MD**

The Perioperative MOUD work group focuses on the use of MOUD, specifically buprenorphine, in the perioperative care setting. A priority area of interest is in safety and optimal use of MOUD during the preoperative, operative, and postoperative care periods. This work group takes a multidisciplinary approach to identifying and recommending best practices in care coordination, care planning, MOUD administration, and multimodal analgesia in the perioperative setting.

## Veteran Engagement Panel Update

The Pain/Opioid CORE Veteran Engagement Panel (VEP) consists of 12 Veterans with personal experience with chronic pain, opioid use, and/or addiction. Veteran members are a diverse group of men and women across a wide age range and include students, retirees, current workers with varied military, volunteer, and professional experiences.

Each month, the VEP has been meets virtually (via Web-Ex) with a different guest research team or operations partner, to answer key questions collaboratively developed by the guest team and Pain CORE staff. So far, the VEP has given extensive feedback on a recruitment brochure for a new project; reviewed a decision aid tool and provided feasibility feedback on the aid; discussed use of ANNIE text messages for research and provided suggested text for ANNIE to send; and gave advice on how providers providing virtual care can better interact with their patients with chronic pain. The VEP also provided feedback to the Pain/Opioid CORE on the development of their new logo, with VEP members and investigators participating in a collaborative, multi-step voting process. At upcoming meetings, the VEP will review a phantom limb project that incorporates the use of mixed reality and language in measuring non-drug pain management use. During their post-meeting evaluation, a researcher shared “I just thought it was really well-done, by both the facilitators and the panel, which was informed, engaged, articulate, and enthusiastic.”

Interested in working with the VEP? Limited pre-work from the guest researcher/PI is required. CORE staff will meet with your research team to help develop key questions or brainstorm ideas for how the VEP can provide patient centered feedback to your project. The CORE staff then drafts a meeting facilitation guide, invites you to a ‘dry run’ to talk through the guide, facilitates the VEP meeting, and provides you detailed post-VEP meeting notes. The guest researcher is invited to the VEP meeting to observe, interact, and ask clarifying questions of the panel

If you are interested in meeting with the VEP, we are currently inviting study teams for meetings with the panel from June through September 2021. Please contact Agnes Jensen at [agnes.jensen2@va.gov](mailto:agnes.jensen2@va.gov) to learn more or get on the VEP schedule.

## Pain/Opioid Research Feature Article

### “Cost Effectiveness of Treatments for Opioid Use Disorder”

**Fairley M, Humphreys K, Joyce VR, et al. Cost-effectiveness of Treatments for Opioid Use Disorder. JAMA Psychiatry. Published online March 31, 2021. doi:10.1001/jamapsychiatry.2021.0247**

In [this recent article](#) from the VA Palo Alto Health Care System and Stanford University, the authors examined the cost savings and health benefits of medication treatment for opioid use disorder (MOUD) in the US general population and in the VA patient population. Their primary finding was that MOUD interventions, with or without add-on treatments including psychotherapy, overdose education and naloxone distribution, and contingency management, were linked to significant health benefits and cost savings compared to no treatment in the VA population and the US general population. The authors propose that policy expanding access to MOUD would generate significant societal cost savings while improving the lives of individuals with opioid use disorder.

## Upcoming Pain/Opioid Related Events

### NIH Pain Consortium Symposium - May 24-25, 2021

The 16<sup>th</sup> Annual NIH Pain Consortium Symposium on Advances in Pain Research will be held in May 2021 via a virtual platform. The theme of the event is “Pain and Pandemics: Challenges and Opportunities in the Current Social and Healthcare Climate”. Topics will include the impact of COVID-19 on acute and chronic pain conditions, comorbidities, and disparities, with a focus on vulnerable populations. The symposium will also discuss current opportunities for interventions to reduce health disparities and increase effective pain management across populations. For more information or to register, [click here](#).

### A Webinar Series from the NIH Pain Consortium on Grant Mechanisms

The NIH Pain Consortium is hosting a virtual seminar series to inform the pain research community of funding opportunities and other resources provided by the NIH. Webinars are scheduled for the second Thursday of the month from 3:00-4:15pm ET, through February 2022. For a list of upcoming seminar topics and registration, [click here](#).

### IASP World Congress on Pain – June 9-11 & 16-18, 2021

The International Association for the Study of Pain (IASP) 2021 Virtual World Congress on Pain is the leading global meeting for sharing new developments in pain research, treatment, and education. For more information or to register, [click here](#).



### For more information and updates on the Pain/Opioid CORE

To be added to our email list to receive our newsletter and research updates, please contact Brian C. Coleman, DC at [Brian.Coleman2@va.gov](mailto:Brian.Coleman2@va.gov).

### VA HSR&D COREs

**Suicide Prevention CORE**

**Pain/Opioid CORE**

**Access CORE**

**Virtual Care CORE**

[Click here](#) for more information about VA HSR&D COREs.