

Pain/Opioid CORE

VA HSR&D

Pain/Opioid Consortium of Research

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VA



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of Veterans Affairs

ANNOUNCEMENTS

2022 Pain/Opioid CORE Annual In-Person Meeting

Last month, the Pain/Opioid CORE conducted its first in-person annual meeting. CORE principal investigators and staff were joined in Minneapolis, MN by attendees including members of the CORE Internal Leadership Committee and leaders from Health Services Research & Development (HSR&D) and operational partners. Program office representatives included those from the Office of Pain Management, Opioid Safety, and Prescription Drug Monitoring (PMOP); the Office of Mental Health and Suicide Prevention – Substance Use Disorders; the Office of Patient Centered Care and Cultural Transformation (OPCC&CT); Women’s Health Pain Research; and programs of the Pharmacy Benefits Management Service.

The objectives of the Annual Meeting focused on three primary areas – research prioritization, strategic direction, and network capacity. We made progress towards updating pain/opioid research priorities, which will culminate with a state-of-the-art (SOTA) style conference in Fall 2023. We highlighted accomplishments of contributors to the Pain/Opioid CORE over its first three years, including early career investigators, and explored opportunities for future directions of the CORE. Finally, we built and strengthened relationships across the Pain/Opioid CORE Community through facilitated dialogue and opportunities for unstructured conversation among the variety of stakeholders in attendance, including a special session with our operations partners, HSR&D leadership, and members of our Veteran Engagement Panel (VEP).

Updating Pain/Opioid Research Priorities

An overarching goal of the Pain/Opioid CORE is to review and update the pain/opioid research priorities of the VA through a multi-year, multi-phase process. The process will examine the current state of pain/opioid research before using a Delphi technique to generate a list of topics for discussion at a future consensus conference in late 2023.

Phase 1 of the process involved compiling and summarizing the portfolio of funded projects relevant to VA and Veteran-related pain/opioid research. This portfolio analysis focused on funded projects in topics identified as priorities during the most recent SOTA conferences on [nonpharmacologic approaches to pain management](#) and on [opioid safety](#). The findings were shared with meeting attendees to contextualize funding for previously identified priorities and establish a current landscape of funded projects in pain/opioid research to inform meeting discussions. Phase 1 also included a mapping review to provide an overview of where evidence gaps may exist in the pain/opioid literature. More than 3,000 abstracts were screened for inclusion, of which 1,119 were selected and categorized by intervention strategies for each of sixteen clinical conditions. A summary of this mapping review was presented to meeting attendees to guide discussion of potentially relevant research topics that may be under-studied in the pain/opioid literature.

After presenting the current landscape of funding and evidence, attendees were invited to share their suggestions for new priority areas of study during an open nomination period that marked the beginning of Phase 2 of the research prioritization process. Lively discussion from attendees generated a list of potential focus areas that were voted on during an initial Delphi vote to help narrow the potential topic list. The group identified priority areas from the prior SOTA conferences as candidates for a strategic update to reflect new evidence. The Pain/Opioid CORE will be forming workgroups around the potential priority areas, and these workgroups will meet leading up to the consensus conference where final consensus will be developed to identify pain/opioid research priority recommendations.

Highlighting the Pain/Opioid CORE's Career Development Accomplishments

The annual meeting also featured a special presentation from the Pain/Opioid CORE Career Development Workgroup ([information on how to join below](#)). Three members from the Career Development Workgroup remotely joined the meeting to share their experiences as early-career investigators in the VA and how the Career Development Workgroup has helped them. Each presenter had received Pain/Opioid CORE Rapid Start Funding and shared progress on their awarded projects.

Rendelle Bolton, PhD, MPH, MSW, MA, (2021 Rapid Start awardee, VA Bedford Health Care System) presented on her work using mixed methods to understand how individual, interpersonal, and organizational factors influence the use of complementary and integrative health approaches among patients with chronic pain. Ms. Bolton also shared how her experience with the Career Development Workgroup provided individual mentoring, writing support, and facilitated connections to new colleagues and potential collaboration opportunities.

Carolyn Gibson, PhD, MPH, (2021 Rapid Start awardee, San Francisco VA Health Care System) shared her team's progress on a mixed methods feasibility study of integrated tele-yoga therapy for midlife and older women Veterans with chronic pain. She also expressed appreciation for the Pain/Opioid CORE's Rapid Start program, specifically how it provides a feasible opportunity for early-career investigators to launch a study as a PI along with funds for research support staff. Further, Dr. Gibson shared her experience with the women members of the Pain/Opioid CORE VEP and how their feedback helped refine her study protocol, outcome measures, and recruitment materials.

Allyson Varley, PhD, MPH, (2020 Rapid Start awardee, Birmingham VA Medical Center) presented her study of primary care experiences for Homeless-Patient Aligned Care Team clients with self-reported chronic pain and substance use problems. Dr. Varley also shared her team's experience with the Veteran Engagement Panel and how the panel members' feedback helped to reshape her research team's perspective on their study and inspire future study questions.

CORE Veteran Engagement Panel: Meeting Together for the First Time

The Pain/Opioid CORE Veteran Engagement Panel (VEP) consists of twelve Veterans who have personal experience with chronic pain, opioid use, or opioid use disorder. Veteran members are a diverse group of men and women from across a wide range of ages and backgrounds, including students, retirees, and current workers with varied military, volunteer, and professional experiences. The CORE established this panel to connect Veterans with the VA pain/opioid research community, facilitate Veteran-engaged research, and promote opportunities of two-way learning.



Pain/Opioid CORE leadership, staff, partners, and VEP at the 2022 in-person meeting. Photo credit: David Atkins.

Veteran Engagement Panel members recently had the opportunity to meet in person for the first time. During this meeting, VEP members engaged with Pain/Opioid CORE leadership and partners to discuss the importance of integrating Veterans' life experience into research from inception to dissemination. The group conversation prompted HSR&D Director Dr. David Atkins' recent Tweet noting the challenge of "integrating research into the lived experience of Veterans with chronic pain."

In September, CORE staff will present a poster at the International Association for the Study of Pain (IASP) 2022 World Congress on Pain describing lessons learned from implementation of the Pain/Opioid CORE VEP. See [below](#) for more information about the 2022 IASP conference.

For more information about the VEP meeting process, [see this one-page overview on the VA Intranet](#). **Contact Tracy Sides at Tracy.Sides@va.gov with questions or to schedule a research consultation with the VEP. [Learn more >>](#)**

FEATURED ARTICLES

Perioperative Management of Extended-release Buprenorphine

Hickey TR, Henry JT, Edens EL, Gordon AJ, & Acampora G. Perioperative Management of Extended-release Buprenorphine. *J Addict Med.* 2022 Jul 21. doi: 10.1097/ADM.0000000000001024. Online ahead of print. [\[Link\]](#)

Members of the Pain/Opioid CORE Perioperative MOUD Workgroup (Drs. Thomas Hickey and Adam Gordon) and colleagues recently co-authored an article published in the *Journal of Addiction Medicine*. The following is a summary adapted from their article: Perioperative management of buprenorphine is increasingly characterized by continuation of buprenorphine throughout the perioperative period while coadministering full agonist opioids for analgesia. Although this "simultaneous strategy" is commonly used for the shorter-acting sublingual buprenorphine formulations, there is little to guide management of the extended-release formulations of buprenorphine. [In this article, authors] report the perioperative experience of an individual maintained on extended-release buprenorphine who successfully underwent major surgeries utilizing a strategy of performing the surgeries at the time of the next scheduled dose, which appeared to provide protection from return to nonprescribed opioid use and facilitation of effective acute pain management. [\[Full article available on VA Intranet\]](#)

Posttraumatic Stress Disorder and Chronic Pain

Murphy J, Driscoll M, Odom A, & Hadlandsmyth K. Posttraumatic Stress Disorder and Chronic Pain. *PTSD Research Quarterly.* 2022;33(2). ISSN: 1050-1835. [\[Link\]](#)

Members of the Pain/Opioid CORE network (Drs. Jennifer Murphy, Mary Driscoll, Katie Hadlandsmyth) and a colleague recently co-authored an editorial published in the *PTSD Research Quarterly* from the VA's National Center for PTSD. In this article, the authors highlight the relationship between chronic pain and PTSD, specifically focusing on identifying potential mechanisms connecting the two and treatment approaches/models by reviewing work from the past two decades. The article summarizes work to date and discusses future areas of research. Learn more information and read the full article by visiting the [VA National Center for PTSD Website](#).

Journal of Pain publishes three-article series on antiracism in pain research

Equity, inclusion, and diversity are important cross-cutting issues to the Pain/Opioid CORE. In this three-article series, authors describe and make the case for an antiracism pain research framework focused on the impact of racism, rather than "race," on pain outcomes, and share specific recommendations spanning the research continuum that illustrate practical applications of the framework.

1) Confronting Racism in Pain Research: A Call to Action

Morais CA, Aroke EN, Letzen JE, Campbell CM, Hood AM, Janevic MR, Mathur VA, Merriwether EN, Goodin BR, Booker SQ, & Campbell LC. Confronting Racism in Pain Research: A Call to Action. *J Pain*. 2022;23(6):878-892. [\[Link\]](#)

In part one of the series, authors provide historical and theoretical background of racism as a foundation for understanding how an antiracism pain research framework can be incorporated across the continuum of pain research.

2) Confronting Racism in All Forms of Pain Research: Reframing Study Designs

Letzen JE, Mathur VA, Janevic MR, Burton MD, Hood AM, Morais CA, Booker SQ, Campbell CM, Aroke EN, Goodin BR, Campbell LC, Merriwether EN. Confronting Racism in Pain Research: Reframing Study Designs. *J Pain*. 2022;23(6):893-912. [\[Link\]](#)

In part two of the series, authors identify common study design factors that risk hindering progress toward pain care equity and recommend practices for reframing study designs to address these factors.

3) Confronting Racism in All Forms of Pain Research: A Shared Commitment for Engagement, Diversity, and Dissemination Diversity

Hood AM, Booker SQ, Morais CA, Goodin BR, Letzen JE, Campbell LC, Merriwether EN, Aroke EN, Campbell CM, Mathur VA, Janevic MR. Confronting Racism in Pain Research: A Shared Commitment for Engagement, Diversity, and Dissemination Diversity. *J Pain*. 2022;23(6):913-928. [\[Link\]](#)

The third and final article in the series builds on the previous call to action and the proposed reframing of study designs with the goal of confronting and eradicating racism through a shared commitment to change current research practices.



WE WANT TO HEAR FROM YOU!

Pain/Opioid CORE 2022 User Survey

Coming in August, we will be sending out the 2022 Pain/Opioid CORE User Survey. Our most recent User Survey (in 2020) provided us valuable information from the pain/opioid research community that helped shape what the Pain/Opioid CORE has become. Your input is vital to inform where we go from here. We want to learn from you what's working, what's missing, and what could be improved. Watch for an email from PainOpioidCORE@va.gov next month.

Pain/Opioid CORE Workgroups

The Pain/Opioid CORE includes [multiple domain-based workgroups](#) to help promote scientific study and identify gaps and priorities in pain management and/or opioid use disorder (OUD) health services research. Many of our workgroups have been taking a short summer break before resuming their activities in August/September. Now is a great time to join a workgroup and get involved – see below for more information on how to join.

Career Development in Pain/Opioid Research Workgroup

Chair: Matthew Bair, MD, MS

A high priority of the Pain/Opioid CORE is facilitating career development of early career investigators and investigators new to pain or opioid-related research through collaboration, networking, and professional development activities. Meeting topics rotate among career development topics; presentations by early career researchers and CORE Rapid Start Funding awardees; and every meeting includes time for open questions and discussion. *Investigators at any stage of their career* are invited to contribute and learn as part of this workgroup's ongoing dialogue regarding career development.

Contact Matt Bair (Matthew.Bair@va.gov) or Tracy Sides (Tracy.Sides@va.gov) with questions or to join the VA Career Development in Pain/Opioid Research Workgroup. Monthly meetings will resume in September.

Heterogeneity of Treatment Effects in Pain- and Opioid-Related Research Workgroup

Chair: Kelli Allen, PhD

The Heterogeneity of Treatment Effects (HTE) Workgroup brings together researchers and clinicians with expertise in pain- or opioid-related treatment interventions, as well as experts in statistical approaches, to advance the science surrounding understanding of treatment response in clinical trials and to support work that leads to practical clinical recommendations regarding tailoring of pain/opioid treatment approaches.

Contact Kelli Allen (Kelli.Allen@va.gov) or Brian Coleman (Brian.Coleman2@va.gov) with questions or to join the HTE Workgroup. Early career investigators welcome!

Medication Treatment for Opioid Use Disorder (MOUD) in Perioperative Care Workgroup

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

The Perioperative MOUD Workgroup focuses on the use of MOUD, specifically buprenorphine, in the perioperative care setting. A priority interest is in the safe and optimal use of MOUD during the preoperative, operative, and postoperative care periods.

Contact Thomas Hickey (Thomas.Hickey3@va.gov) or William Becker (William.Becker4@va.gov) with questions.

Medication Treatment for Opioid Use Disorder (MOUD) Synergy Workgroup

Chair: Adam Gordon, MD, MPH

The VHA established addressing the rising numbers of Veterans with opioid use disorder (OUD) as a national priority, with medication treatment as a recommended and standard 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 ongoing VA initiatives and identifying and prioritizing research gaps in MOUD care are the main priorities of the MOUD Synergy Workgroup.

Contact Adam Gordon (Adam.Gordon@va.gov) or Spencer Calder (Spencer.Calder@va.gov) with questions.

Featured Pain/Opioid Related Events & Funding Opportunities

IASP Conference 2022 World Congress on Pain – September 19-23, 2022

The International Association for the Study of Pain (IASP) 2022 World Congress on Pain will be held in Toronto, Canada from September 19-23, 2022. The biennial World Congress on Pain brings together more than 7,000 scientists, clinicians, and healthcare providers from around the world and across pain disciplines to stimulate and share pain research and to translate that knowledge into improved patient outcomes. IASP has declared 2022 the [Global Year for Translating Pain Knowledge to Practice](#). See the [IASP World Congress website](#) for more information or to [register for the conference](#).

HSR&D Focus on Health Equity and Action Cyberseminar Series – Recording

On July 13th, CORE Career Development workgroup members, Allyson Varley and Stefan Kertesz, presented on the Office of Health Equity's national cyberseminar series. Their presentation, *Enhancing Primary Care Experiences in Patients with Homeless Experience and Chronic Pain: Lesson learned from the Primary Care Quality-Homeless Services Tailoring (PCQ-HOST) study*, described the results of the PCQ-HOST study and included discussion of access to care issues among Veterans with homeless experience and chronic pain. [View the recording here](#).

HSR&D Spotlight on Pain Management (SoPM) Cyberseminars

The HSR&D Spotlight on Pain Management Cyberseminar series is held on the first Tuesday of each month to discuss pain-relevant health services research and support evidence-based improvements in pain management for Veterans. For more information on upcoming and past sessions, visit the [VA HSR&D Cyberseminar website](#).

Funding Opportunities

See below for three opportunities from the NIH HEAL (Helping to End Addiction Long Term) initiative.

[Notice of Intent to Publish a Funding Opportunity Announcement for HEAL Initiative: Prevention and Management of Chronic Pain in Rural Populations](#), NOT-NR-22-015. (UG3/UH3, Clinical Trials Required)

The National Institutes of Health (NIH) HEAL (Helping to End Addiction Long-term) Initiative intends to promote a new initiative by publishing a Funding Opportunity Announcement (FOA) soliciting applications for UG3/UH3 phased cooperative research to accelerate implementation of effective, non-opioid interventions for chronic pain management in rural and remote populations. Projects include pragmatic, implementation or hybrid effectiveness-implementation trials to improve pain management and reduce the unnecessary use of opioid medications. The overall goal of this initiative is to support the implementation of effective clinical practices and procedures that may lead to prevention or improved management of chronic pain in rural and/or remote populations, along with a reduction in unnecessary opioid prescribing

and/or use. Results from the trials supported by this initiative should inform policy makers, payers, community stakeholders, health care providers and patients in the primary care, emergency department, hospital, home health, or dental setting. This initiative requires that the patients receiving services must reside in rural and/or remote areas and the intervention under study be integrated into a health care delivery system.

[HEAL Initiative: Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long Term Opioid Therapy \(MIRHIQL\)](#), RFA-DA-23-041. (R01 Clinical Trial Required)

The National Institute on Drug Abuse (NIDA) seeks to support clinical trials that will evaluate multi-level interventions for patients who are using long-term opioid therapy to manage chronic pain for whom risks of continuing opioid therapy may outweigh the benefits of continued opioid use. NIDA seeks studies for pharmacologic management with or without non-pharmacological approaches for managing chronic pain in those currently using long-term opioids. Interventions can target patients, health care providers (inclusive of pharmacists) or health care systems to reduce chronic pain and opioid-related risks and improve quality of life.

[HEAL Initiative: Multilevel Interventions to Reduce Harm and Improve Quality of Life for Patients on Long Term Opioid Therapy \(MIRHIQL\): Resource Center](#), RFA-DA-23-042 (U24- Clinical Trial Optional)

The National Institute on Drug Abuse (NIDA) seeks applications for a single resource center to complement a broader HEAL program on reducing opioid-related harms and improving quality of life in patients on long-term opioid therapy (LTOT). Key responsibilities include: (1) Provide logistical and coordination support for this broader research program; (2) Create a risk-benefit decision tool to assist providers in determining when opioids should be continued as prescribed, tapered, or tapered and discontinued; (3) Create a clinical definition, identifying associated symptoms/behaviors, and generating a screening tool for individuals on LTOT for whom harms outweigh the benefits; (4) Validate the clinical definition, associated behaviors and symptoms, and screening tool in an independent sample. Applicants are expected to form a community steering committee consisting of multiple stakeholders, including patients with lived experience, to guide these efforts. This FOA runs in parallel with a companion FOA that will address multi-level interventions for populations on long-term opioid therapy to manage chronic pain for whom risks may outweigh the benefits of continued opioid use (RFA-DA-23-041).



[More information and updates on the Pain/Opioid CORE >>](#)

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