VHA Response to the Opioid Epidemic and Comprehensive Addiction and Recovery Act of 2016 (CARA)*

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Background information for

BETTER UNDERSTANDING OF VA EFFORTS
Veterans are Disproportionately Affected by Complex Pain

- Chronic pain is more common in Veterans than in the non-veteran US population, more often severe and in the context of comorbidities.
- Veterans are at high risk for harms from opioid medication.
  - Behavioral Health Autopsy Report (2015) “The most frequently identified risk factor among Veterans who died by suicide was pain”.
- Pain, medical and/or mental comorbidities are often related to military service and/or require Veteran-specific expertise.
- Integrated care: systematic coordination of medical, psychological, and social aspects of health care is required for high quality pain care.

Pain Management and Opioid Safety included in VHA Foundational Services
The Opioid Crisis – National Initiatives

• Presidential Memorandum: Addressing Prescription Drug Abuse and Heroin Use (Oct. 2015)
  – Training of all federal prescribers; Access to addiction treatment incl. MAT for patients with OUD

• CDC Opioid Prescribing Guidelines (March 2016)

• National Pain Strategy (April 2016)

• Comprehensive Addiction and Recovery Act (CARA) (July 2016)
  – Title IX: Jason Simcakoski Memorial Act with specific VHA mandates


• Office of National Drug Control Policy (ONDCP)

• President Initiative to Stop Opioid Abuse and Reduce Drug Supply and Demand (March 2018)
  – 1. Reduce drug demand through education, awareness, and preventing over-prescription; 2. Cut-off flow of illicit drugs; 3. Save lives by expanding proven addiction treatments

• Opioid Cabinet: Weekly Face to Face meetings
  – Coordinates with other cabinet agencies
VHA efforts related to the opioid crisis

EFFORTS AND OUTCOMES TO DATE
Paradigm Shift in Pain Care

• **Paradigm shift away from opioid therapy for non-end-of-life pain management.**
  – There is no completely safe opioid dose threshold below which there are no risks for adverse outcomes.
  – Even a short-term use of low dose opioids may result in addiction.
  – Realization that any initial, short-term functional benefit will likely not be sustained in most patients.
  – Prolonged use of opioids, especially in higher doses, may lead to central sensitization and increase in pain over time (*Opioid Induced Hyperalgesia*)
  – Patients on opioids may actually experience a functional decline in the long term, measured by factors like returning to employment.

• **Paradigm shift towards multimodal and integrated team-based pain care (biopsychosocial interdisciplinary care)**
VA Academic Detailing Educational Materials

Pain/Opioid Safety Initiative

Marijuana: Natural – Safe, Right?
Classification: Patient Factsheet
File Name: Marijuana Use: Patient Discussion Tool
IB&P Number: IB 10-937, P96809

Slowly Stopping Opioid Medications
Helpful Tips to Getting Off Your Opioid Successfully
Classification: Patient Factsheet
File Name: Pain – Patient – Slowly Stopping Opioids
IB&P Number: IB 10-1016, P96884

Pain
New Ways to Treat a Common Problem
Classification: Patient Factsheet
File Name: Pain – Patient – Pain Information Guide
IB&P Number: IB 10-1017, P96885

Opioid Overdose Education and Naloxone Distribution

Opioid Use Disorder

Provider Materials
Opioid Use Disorder
Classification: Provider Educational Guide
File Name: OUD – Provider AD – Educational Guide
IB&P Number: IB 10-933, P96813

Patient Materials
Opioid Use Disorder
Identification and Management of Opioid Use Disorder
Classification: Provider Quick Reference Guide
File Name: OUD – Provider AD – Quick Reference Guide
IB&P Number: IB 10-932, P96812

Naloxone Instructions

Naloxone Nasal Spray 4 mg Instructions – Pocket Card
Classification: Patient Brochure
File Name: OENR – Patient – OENR Patient Brochure – Pocket Card
IB&P Number: IB 10-934, P96808

Opioid Overdose Rescue with Naloxone Auto-Injector Kit Instructions_v2
Classification: Patient Brochure
File Name: OENR – Patient – Naloxone Kit Instructions – Auto-Injector_v2
IB&P Number: IB 10-937, P96872
Academic Detailing Works!

Increased naloxone prescribing rate after 2 years (rx/month) by 7 times!

Greater reduction in the proportion of patients on high dose opioids

Greater reduction in the expected average opioid MEDD

Greater reduction in patients prescribed benzodiazepines for PTSD
Opioid Safety Initiative (OSI) expanded nationally in 2013.

- **Paradigm shift in Pain Care**: Away from opioid therapy for chronic pain management towards multimodal bio-psycho-social pain care.
- **OSI aims** to reduce reliance on opioid analgesics for pain management and to promote safe and effective use when indicated.
- **Provider education** and expansion of non-pharmacological therapies.
- **OSI Dashboard** makes the totality of opioid use visible within VA.
- **Opioid Therapy Risk Report (OTRR) and Stratification Tool for Opioid Risk Monitoring (STORM)** for providers to review/coordinate care.
- **Academic Detailing**: *In-person educational outreach* by pharmacists trained to provide evidence-based information and tools.

**OSI Parameters and Policies (selected)**

1. **Opioid use overall**, and long-term opioid use
2. **Opioid and Benzo co‐prescribing**
3. **High dose >100 MEDD**
4. **Urine Drug Testing**

**Other OSI parameters/risk mitigation strategies:**

- **Informed consent** (2014) for pts on LTOT (90 d)
- **PDMP checks** (2016) annually or more often per state, for all controlled medications if > 5 d supply
- **Overdose Education and Naloxone Distribution** broad inclusion, no cost to Veterans
- **Timely f/u** within 1-4 weeks after dosage change, and at least q3 months to review care
Opioid Safety – Veterans Opioid Dispensing Over Time

Veterans with Opioid prescription: 48% (excludes tramadol).

Veterans with opioid dispensed in reporting quarter as percentage of all Veterans with pharmacy activity

Source: Pharmacy Benefits Management (PBM) Services

High Dose Prescribing 2003 to 2018

Veterans with opioid prescription: 48% reduction
325,794 fewer Veterans

Veterans with opioid prescribed in reporting quarter as percentage of all Veterans with pharmacy activity

Source: Pharmacy Benefits Management (PBM) Services

Opioid + Benzo: 76% reduction
93,586 fewer Veterans

Opioid Long-term: 53% reduction
234,492 fewer Veterans

Opioid High Dose: 68% reduction
40,584 fewer Veterans

Source: Pharmacy Benefits Management (PBM) Services
Non-Pharmacological Pain Treatments can Reduce Reliance on Opioids

VA State of the Art Conference Nov. 2016: Evidence-based non-pharmacological approaches for MSK pain management
- Evidence to support CIH and conventional therapies.
- Provision of multi-modal therapies accessible from Primary Care.

VHA Directive 1137: Advancing Complementary and Integrative Health (May 2017)
- List 1: Approaches with published evidence of promising or potential benefit.
  - Acupuncture
  - Massage Therapy
  - Tai Chi
  - Meditation
  - Yoga
  - Clinical Hypnosis
  - Biofeedback
  - Guided Imagery

- Chiropractic Care was approved as a covered benefit in VHA in 2004 and is part of VA whole health care.
- To be made available across the system, if recommended by the Veteran’s health care team.
VA/DoD Clinical Practice Guidelines

VA Office of Health Integrity collaborates with the Department of Defense, VA and DoD clinicians and clinical researchers, and experts in systematic review of the literature to create evidence-based guidance for common medical problems.

VA-DoD guidelines recommend:
Against initiating opioids for chronic, non end-of-life pain
For risk mitigation strategies for patients on chronic opioid therapy.
For medication assisted treatment for opioid use disorder.

https://www.healthquality.va.gov/index.asp
Stepped Care Model for Pain Management (SCM-PM)

Foundational Step: Self-Care/Self-Management
- Broad approach.

Primary Care (PACT) = Medical Home
- Coordinated care and a long-term healing relationship, instead of episodic care based on illness
- Primary Care Mental Health Integration (PCMHI) at all facilities

CARA Legislation:
- Full implementation of the SCM-PM
- Pain Management Teams at all facilities

VA-DoD Stepped Pain Care

RISK

Comorbidities

Tertiary, Interdisciplinary Pain Centers
Advanced pain medicine diagnostics & interventions; CARF accredited pain rehabilitation

Secondary Consultation
Multidisciplinary Pain Medicine Specialty Teams; Rehabilitation Medicine; Behavioral Pain Management; Mental Health/SUD Programs

Patient Aligned Care Team (PACT) in Primary Care
Routine screening for presence & severity of pain; Assessment and management of common pain conditions; Support from MH-PC Integration; OEF/OIF, & Post-Deployment Teams; Expanded care management; Pharmacy Pain Care Clinics; Pain Schools; CAM integration

Patient/Family Education and Self Care
Understand BPS model; Nutrition/weight mgmt, exercise/conditioning, & sufficient sleep; mindfulness meditation/relaxation techniques; engagement in meaningful activities; family & social support; safe environment/surroundings
Risk Mitigation: Stratification Tool for Opioid Risk Mitigation – STORM

- For patients on opioids and when considering opioid therapy
- Leverages VA national data and predictive modeling to identify patients at-risk for overdose-/suicide-related adverse events (including death) in the next year
- Provides patient-centered opioid risk mitigation strategies
- The goal should be to design a treatment plan that addresses risk factors and is appropriate for the patient’s risk level.

Key features:
- Lists risk factors that place patients at-risk (e.g., co-Rx benzos, previous adverse events, mental health and medical diagnoses, MEDD)
- Displays risk mitigation strategies, including non-pharmacological treatment options, that have been employed and/or could be considered
- Displays upcoming appointments and current treatment providers to facilitate care coordination
- Updated nightly
**Policies & Resources**

- VHA Directive 2009-053, Pain Management:  
- VHA Directive 1005, Informed Consent for Long-Term Opioid Therapy for Pain:  
- VHA Directive 1306, Querying State Prescription Drug Monitoring Programs (PDMP):  
- VHA Notice 2018-08, Conduct of Data-Based Case Reviews of Patients with Opioid-Related Risk Factors:  
- VA/DoD Management of Opioid Therapy (OT) for Chronic Pain (2017):  
  [https://www.healthquality.va.gov/guidelines/Pain/cot/](https://www.healthquality.va.gov/guidelines/Pain/cot/)
- Management of Substance Use Disorder (SUD) (2015) Guidelines:  
- Academic Detailing Site: [https://vaww.portal2.va.gov/sites/ad](https://vaww.portal2.va.gov/sites/ad)
- SUD Program Locator: [https://www.va.gov/directory/guide/SUD.asp](https://www.va.gov/directory/guide/SUD.asp)
VHA efforts related to the opioid crisis

OPIOID USE DISORDER PREVENTION AND TREATMENT
MEDICATION FOR OPIOID USE DISORDER (OUD)

OUD Pharmacotherapy

Figure 7. Opioid Agonist Therapy (OAT) is considered 1st line treatment for OUD.¹⁶

OAT allows the patient to focus more readily on recovery activities by preventing withdrawal and reducing cravings; helps achieve long-term goal of reducing opioid use and the associated negative medical, legal, and social consequences, including death from overdose.¹⁷,¹⁸
**OPIOID USE DISORDER (OUD) TREATMENT**

- **Mental Health & Suicide Prevention:**
  - Develops policy/guidelines and facilitates evidence-based OUD services

- **Key Accomplishments/Initiatives:**
  - 2007—Buprenorphine in VA Initiative
  - 2008—VHA Handbook 1160.01 requires access to opioid agonist therapy (OAT) for those with OUD
  - 2009—VHA Handbook 1160.04 requires prescriber in SUD specialty care teams
  - 2013—Psychotropic Drug Safety Initiative (PDSI)
  - 2017—Academic Detailing OUD campaign and PDSI Phase 3
  - 2018 – Stepped Care for OUD Train-the-Trainer (SCOUTT)
  - Q3FY2018- >23,600 Veterans with OUD received indicated medication.

Starting in FY14, Extended-Release Naltrexone was counted as a medication assisted treatment for OUD

# of Veterans with OUD receiving MAT
Heroin and Illicit Synthetic Opioid Overdose Deaths Exceed Prescription Drug Overdose Deaths in 2017

Three waves of opioid overdose deaths:
Wave 1: Prescription opioids (1990s)
Wave 2: Heroin (2010)
Wave 3: Fentanyl and other illicit synthetic opioids (2013)

### NALOXONE PRESCRIPTION FILLS BY STATE (9/18/18; TOTAL 198,441 RX FILLS)

#### Metric Name

<table>
<thead>
<tr>
<th>Metric Name</th>
<th>Metric Value</th>
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<tbody>
<tr>
<td>Total # Naloxone Prescriptions Released</td>
<td>198,441</td>
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<tr>
<td>Total # Unique Veterans receiving naloxone</td>
<td>143,003</td>
</tr>
<tr>
<td># Veterans with OUD receiving naloxone</td>
<td>31,175</td>
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#### Map of Naloxone Kit Prescription Fills by State

The map shows the distribution of naloxone kit prescription fills by state.*

### Table of Kit Rx Fill Count

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<thead>
<tr>
<th>State</th>
<th>Kit Rx Fill Count</th>
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<tbody>
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<td>DE</td>
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<tr>
<td>NJ</td>
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<td>Maine</td>
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<tr>
<td>Puerto Rico</td>
<td>385</td>
</tr>
<tr>
<td>RI</td>
<td>1,038</td>
</tr>
</tbody>
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Research Initiatives and Collaboration

• **SOTA Conference on opioids- Planned for September 2019**
  – Topics: OUD and overdose prevention, improving treatment and delivery for OUD & MAT, PDMP, tapering, etc.
  – First planning meeting- January 8th

• **VA has collaborated on, lead, and published research in areas including (but not limited to):**
  – Opioid use disorder
  – Opioid safety
  – Pain Management
  – Complementary and Integrative Health

• **Current opioid safety research for 2018**
  – Safety of Opioid Use Among Veterans Receiving Care in Multiple Health Systems
  – Effects of VHA Opioid Policy on Prescribing and Patient-centered Outcomes
  – Spatiotemporal Analysis to Evaluate Opioid Safety Initiative Spread
  – Analgesic Safety and Effectiveness in Older Veterans with Arthritis
  – A Proactive Walking Trial to Reduce Pain in Black Veterans
  – Use of a Prescription Drug Monitoring Program to Evaluate Concurrent VA and non-VA Opioid Prescriptions
  – Stratification Tool for Opioid Risk Mitigation (STORM) Implementation Program Evaluation
Questions

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