

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

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**VA**



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Background information for

# **BETTER UNDERSTANDING OF VA EFFORTS**

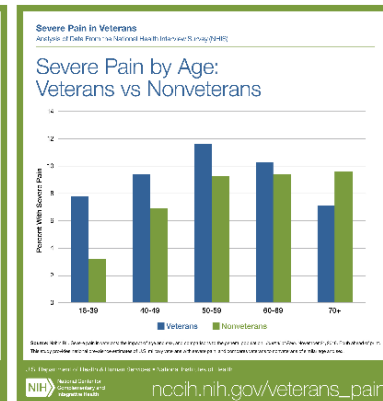
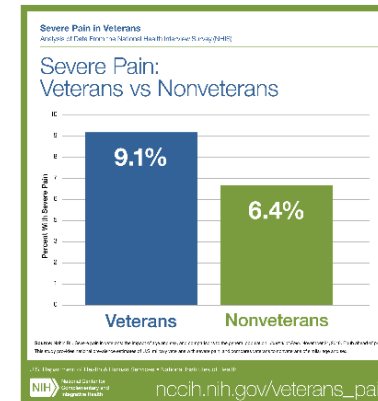


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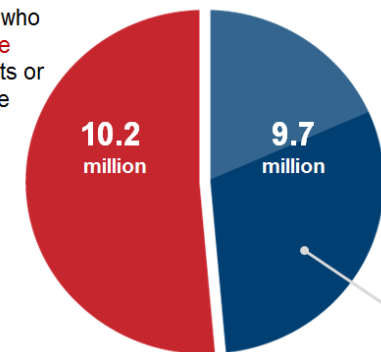
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# Veterans are Disproportionately Affected by Complex Pain

- **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.



Veterans who **do not use** VA benefits or healthcare



Veterans who **use at least one** VA benefit or healthcare service.

Of this group, about 6 million Veterans use VA health care (about 30% of all Veterans).

**Pain Management and Opioid Safety included in VHA Foundational Services**



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# 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
- **Nationwide Public Health Emergency to Address Opioid Crisis (Oct. 2017) Presidential Opioid Commission Report (November 2017)**
- **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**



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# 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 10-927; 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 Use Disorder

### Provider Materials



### Opioid Use Disorder A VA Clinician's Guide to Identification and Management of Opioid Use Disorder (2016)

Classification: Provider Educational Guide  
File Name: OUD – Provider AD – Educational Guide  
IB&P Number: IB 10-933; P96813



### 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

### Patient Materials



### Opioids: Do You Know the Truth About Opioid Use Disorder?

Classification: Patient Brochure  
File Name: OUD – Patient AD – Direct to Consumer  
Brochure  
IB&P Number: IB 10-937; P96829

## Opioid Overdose Education and Naloxone Distribution

### Provider Materials



### VA OEND Program Quick Reference Guide

Classification: Provider Quick Reference Guide  
File Name: OEND – Provider – Quick Reference Guide\_V2  
IB&P Number: IB 10-788; P96790



### Provider DVD: VA Overdose Rescue with Naloxone

Classification: DVD  
File Name: OEND – Patient – Provider DVD: VA Overdose  
Rescue with Naloxone  
IB&P Number: IB 10-770; P96764

### Patient Materials

### Naloxone Instructions



### Naloxone Nasal Spray 4 mg Instructions – Pocket Card

Classification: Patient Brochure  
File Name: OEND – Patient – OEND Patient Brochure –  
Pocket Card  
IB&P Number: IB 10-926; P96808



### Opioid Overdose Rescue with Naloxone: Auto-Injector Kit Instructions\_v2

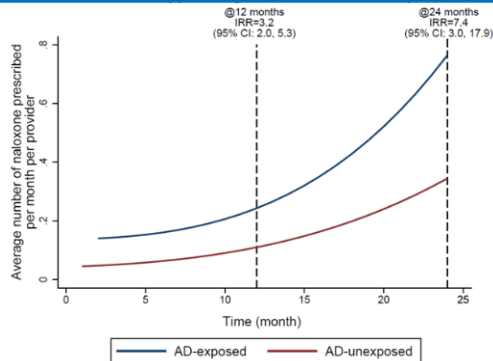
Classification: Patient Brochure  
File Name: OEND – Patient – Naloxone Kit Instructions –  
Auto-Injector\_V2  
IB&P Number: IB 10-780; P96782



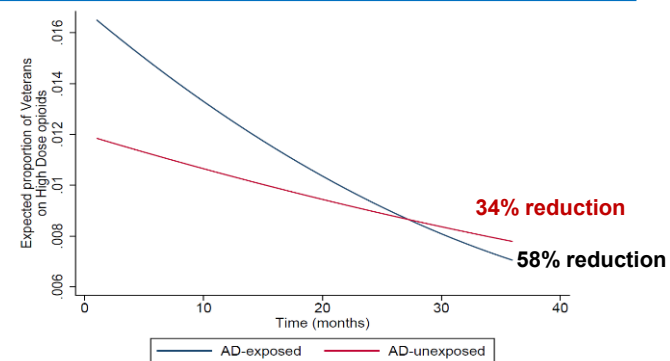
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# Academic Detailing Works!

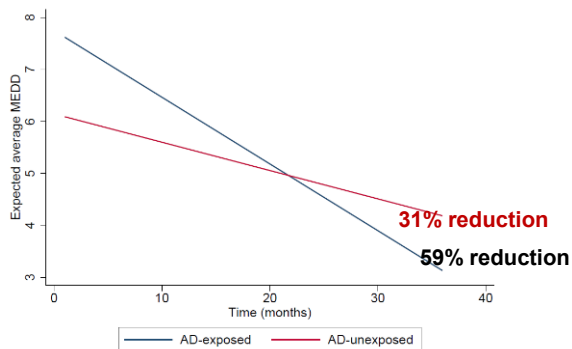
**Increased naloxone prescribing rate after 2 years (rx/month) by 7 times!**



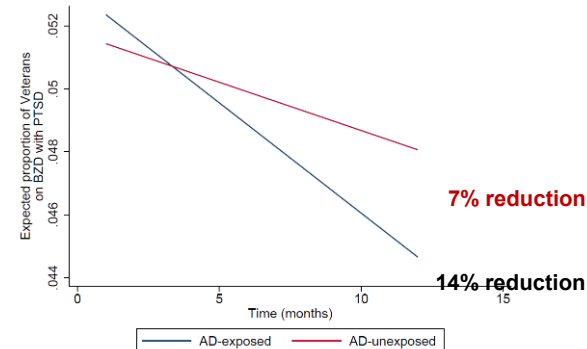
**Greater reduction in the proportion of patients on high dose opioids**



**Greater reduction in the expected average opioid MEDD**



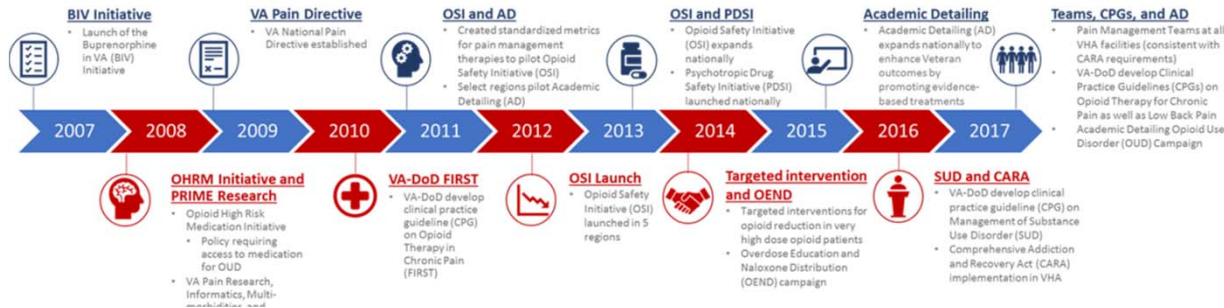
**Greater reduction in patients prescribed benzodiazepines for PTSD**



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# VHA Opioid Safety Initiative (OSI)



## 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)

### OSI Dashboard

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:

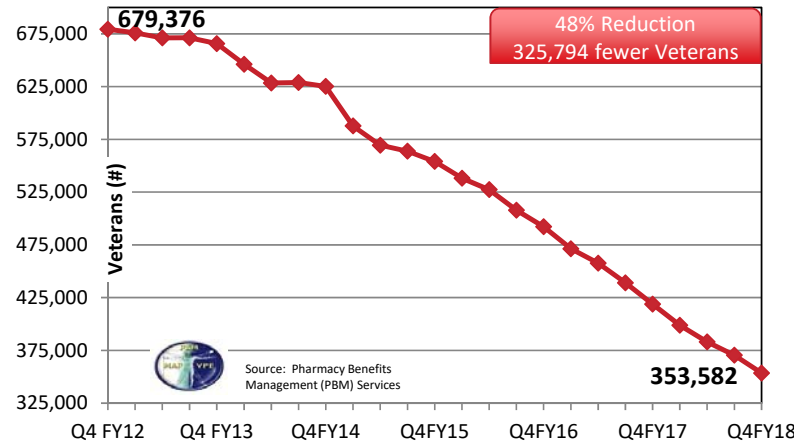
- **Informed consent** (2014) for pts on LTOT (90 d)
- **PDMP checks** (2016) annually or more often per state, for all controlled medications if > 5 d supply
- **Overdose Education and Naloxone Distribution** broad inclusion, no cost to Veterans
- **Timely f/u** within 1-4 weeks after dosage change, and at least q3 months to review care
- **OSI Risk Reviews based on STORM** (2018) optimize care of pts with very high risk for OD/suicide, and assess risk prior to initiation of opioid therapy.

# Opioid Safety – Veterans Opioid Dispensing Over Time

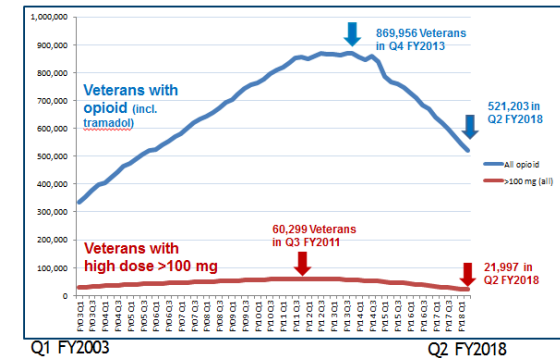
**Veterans with Opioid prescription: 48%↓**  
(excludes tramadol).

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

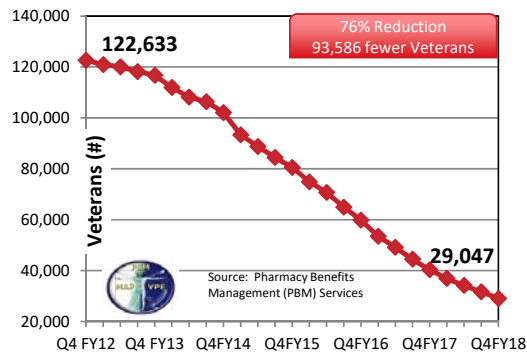
Source: Pharmacy Benefits Management (PBM) Services



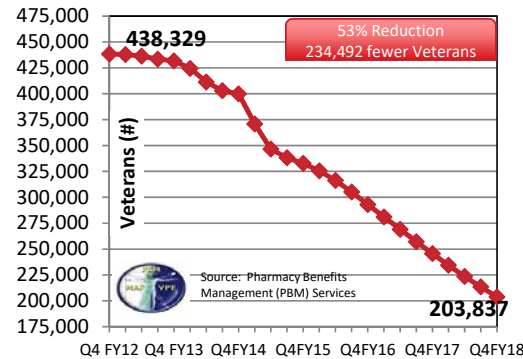
**High Dose Prescribing 2003 to 2018**



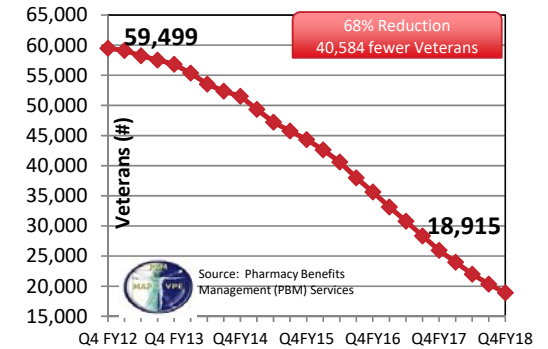
**Opioid + Benzo: 76%↓**



**Opioid Long-term: 53%↓**



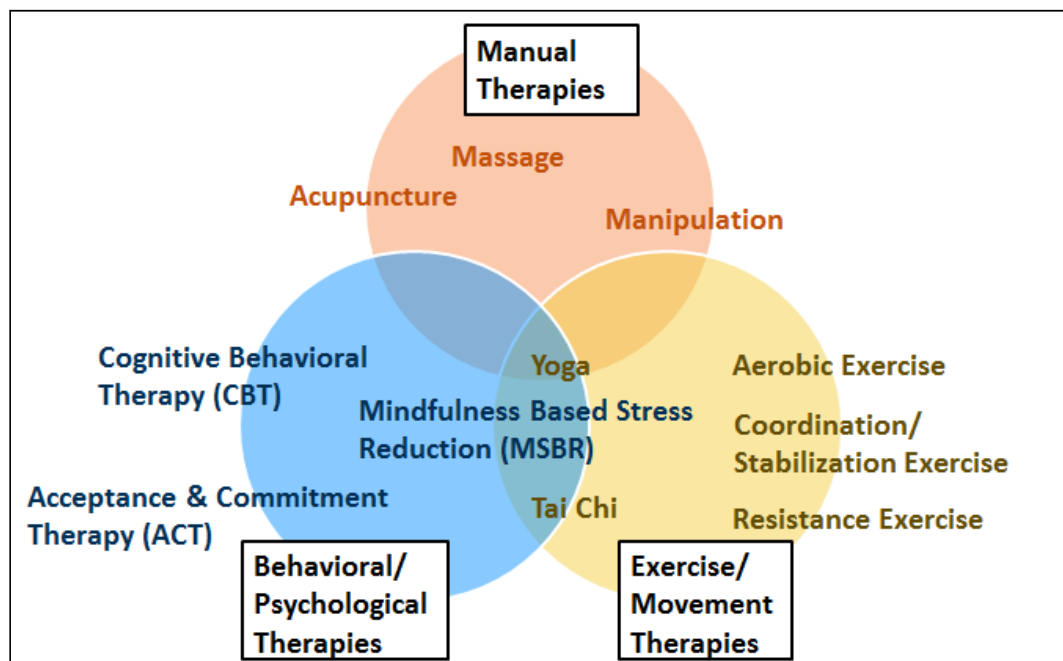
**Opioid High Dose: 68%↓**



# 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

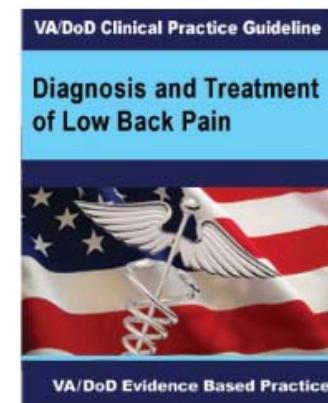
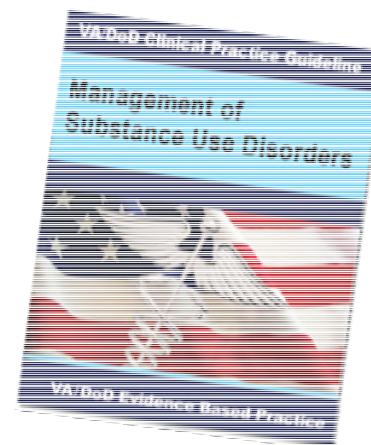
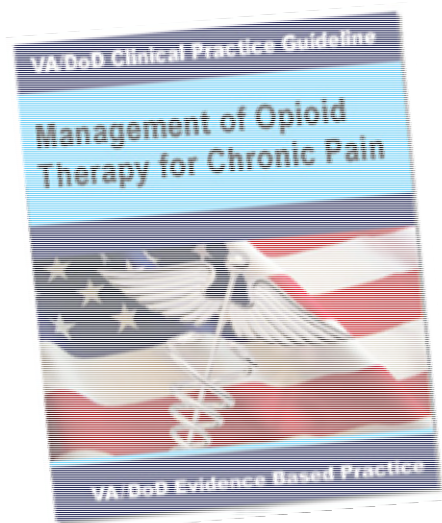
VA Office of Health Integrity collaborates with the Department of Defense, VA and DoD clinicians and clinical researchers, and experts in systematic review of the literature to create evidence-based guidance for common medical problems.

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.

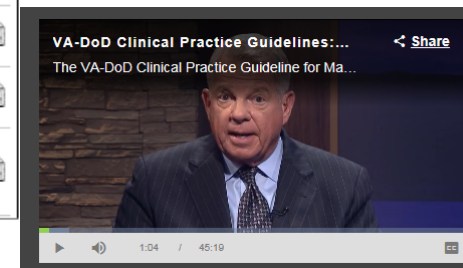


About the CPG
The guideline is formatted as a single algorithm with annotations.
<a href="#">Questions about the OT Guideline</a>

Guideline Links
<a href="#">OT Full Guideline (2017)</a>
<a href="#">OT Provider Summary (2017)</a>
<a href="#">OT Pocket Card (2017)</a>

Patient-Provider Tools
<a href="#">OT Patient Summary (2017)</a>
<a href="#">Managing Side Effects Fact Sheet (2017)</a>
<a href="#">Patient Information Guide (2017)</a>
<a href="#">Opioid Therapy Provider Guide (2017)</a>
<a href="#">Tapering and Discontinuing Opioids (2017)</a>

Related Guidelines
<a href="#">Substance Use Disorder (SUD)</a>



<https://www.healthquality.va.gov/index.asp>



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# Stepped Care Model for Pain Management

## Stepped Care Model for Pain Management (SCM-PM)

Foundational Step: Self-Care/Self-Management

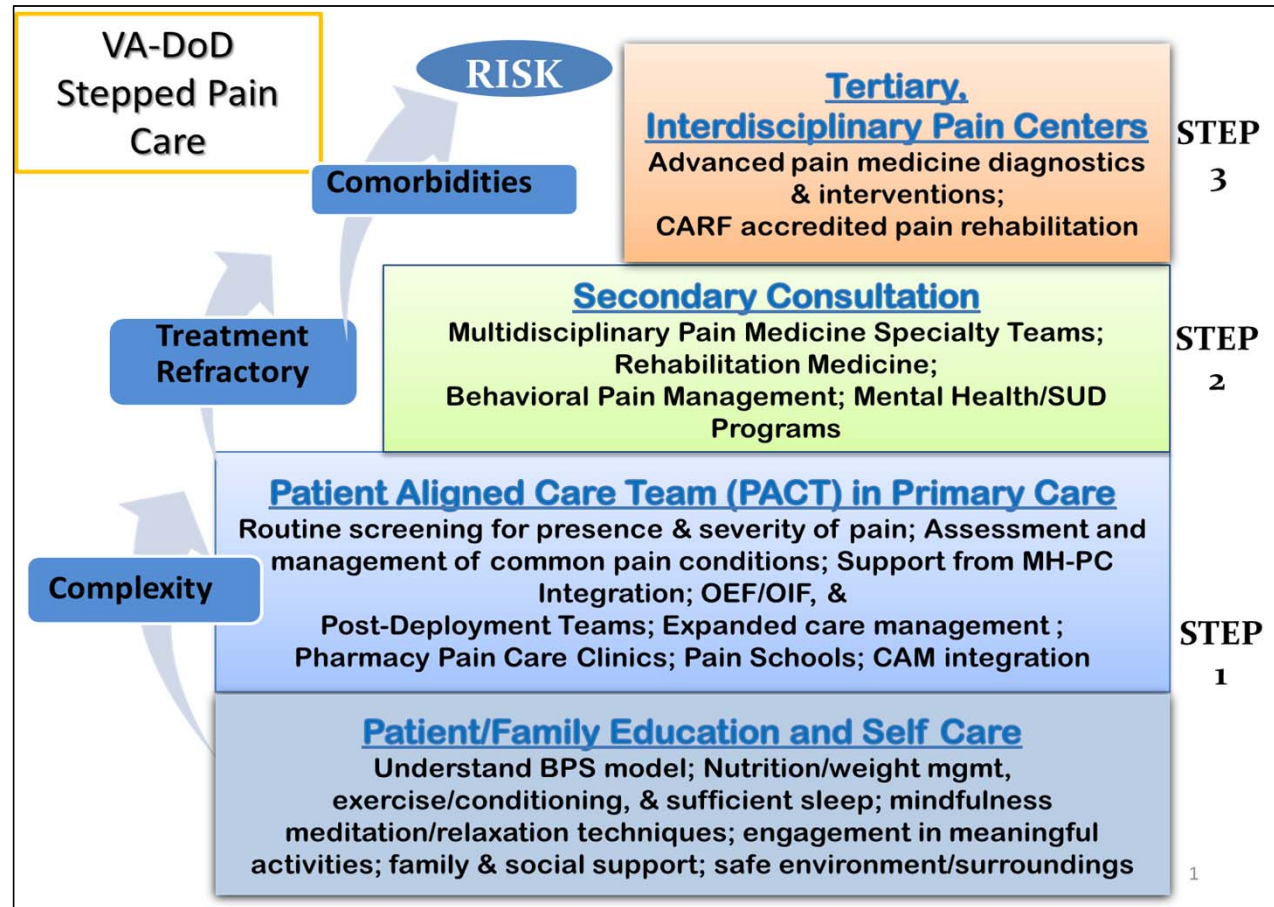
- Broad approach.

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



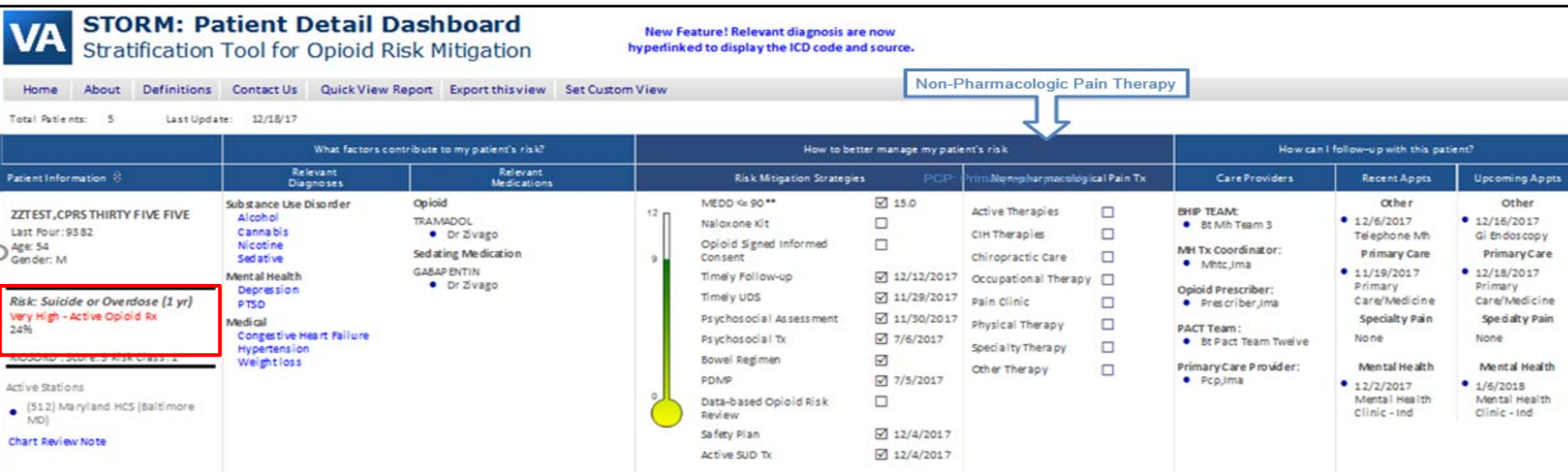


# Risk Mitigation: Stratification Tool for Opioid Risk Mitigation – STORM

- 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



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# Policies & Resources

- VHA Directive 2009-053, Pain Management:  
[http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=2781](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=2781)
- VHA Directive 1005, Informed Consent for Long-Term Opioid Therapy for Pain:  
[http://www1.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=3005](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=3005)
- VHA Directive 1306, Querying State Prescription Drug Monitoring Programs (PDMP):  
[http://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=3283](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3283)
- VHA Notice 2018-08, Conduct of Data-Based Case Reviews of Patients with Opioid-Related Risk Factors:  
[https://www.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=6366](https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=6366)
- VA/DoD Management of Opioid Therapy (OT) for Chronic Pain (2017):  
<https://www.healthquality.va.gov/guidelines/Pain/cot/>
- Management of Substance Use Disorder (SUD) (2015) Guidelines:  
<https://www.healthquality.va.gov/guidelines/MH/sud/>
- Academic Detailing Site: <https://vaww.portal2.va.gov/sites/ad>
- SUD Program Locator: <https://www.va.gov/directory/guide/SUD.asp>

VHA efforts related to the opioid crisis

# **OPIOID USE DISORDER PREVENTION AND TREATMENT**



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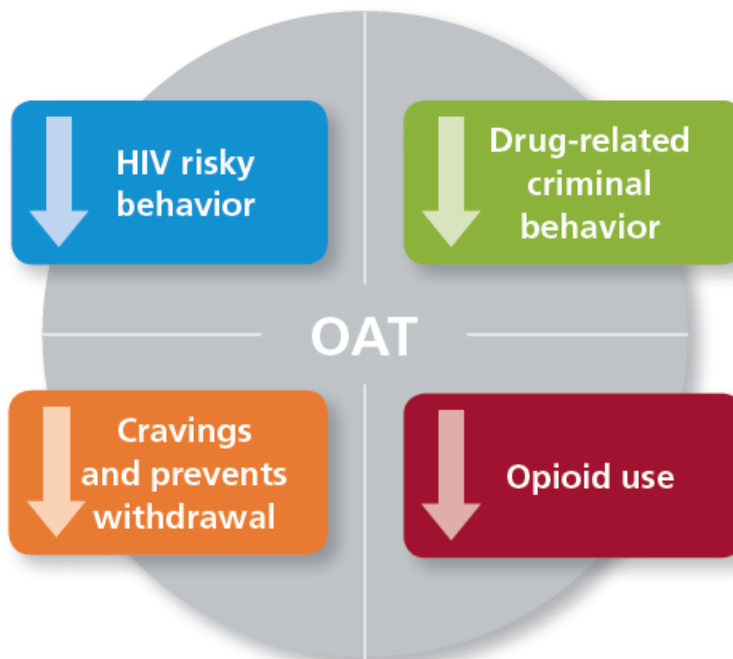
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## MEDICATION FOR OPIOID USE DISORDER (OUD)

### OUD Pharmacotherapy

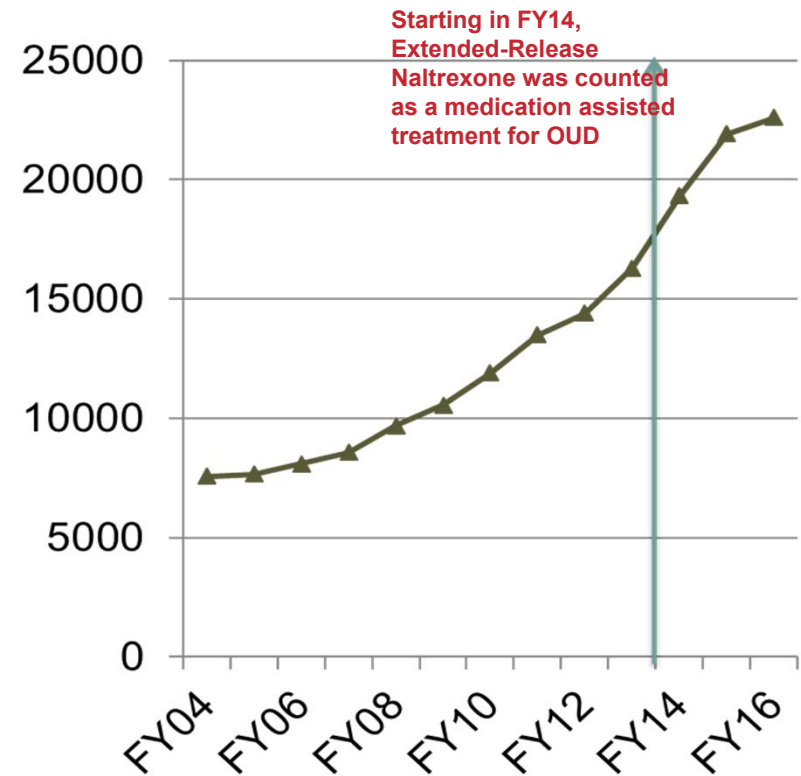
Figure 7. Opioid Agonist Therapy (OAT) is considered 1st line treatment for OUD.<sup>16</sup>



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.<sup>17,18</sup>

# 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.



**# of Veterans with OUD receiving MAT**



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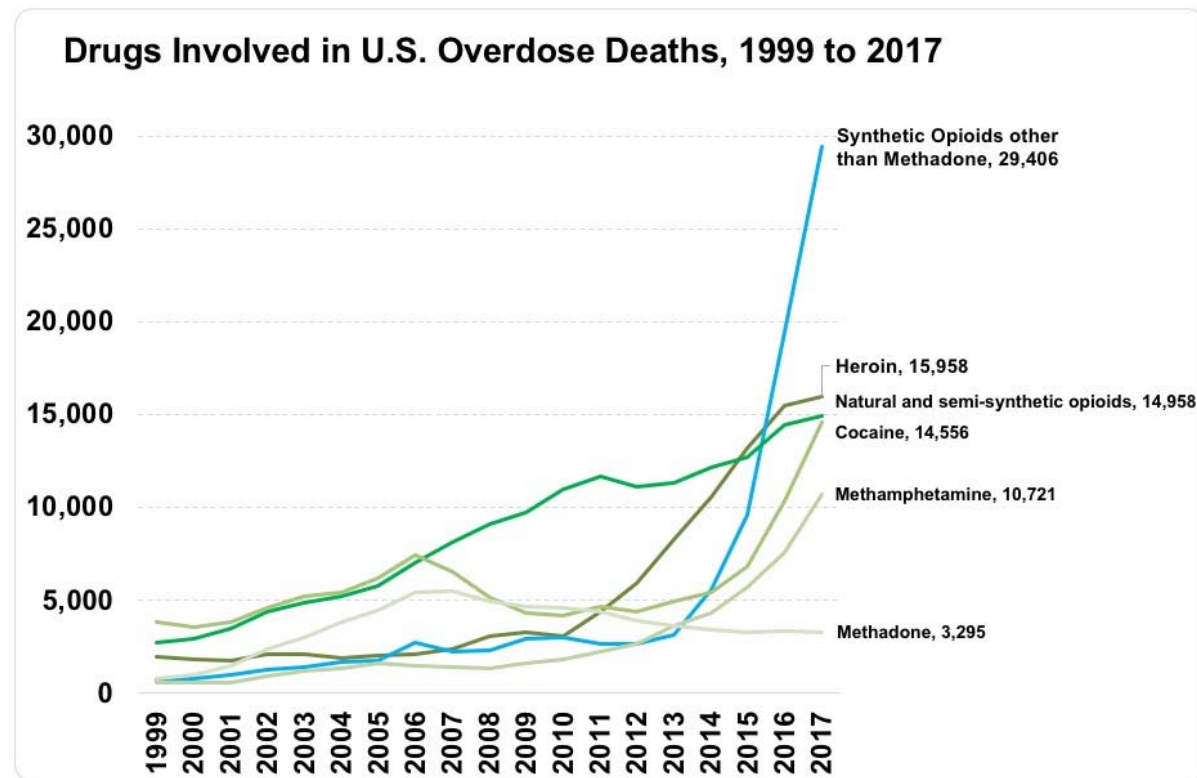
## Heroin and Illicit Synthetic Opioid Overdose Deaths Exceed Prescription Drug Overdose Deaths in 2017

Three waves of opioid overdose deaths:

Wave 1: Prescription opioids (1990s)

Wave 2: Heroin (2010)

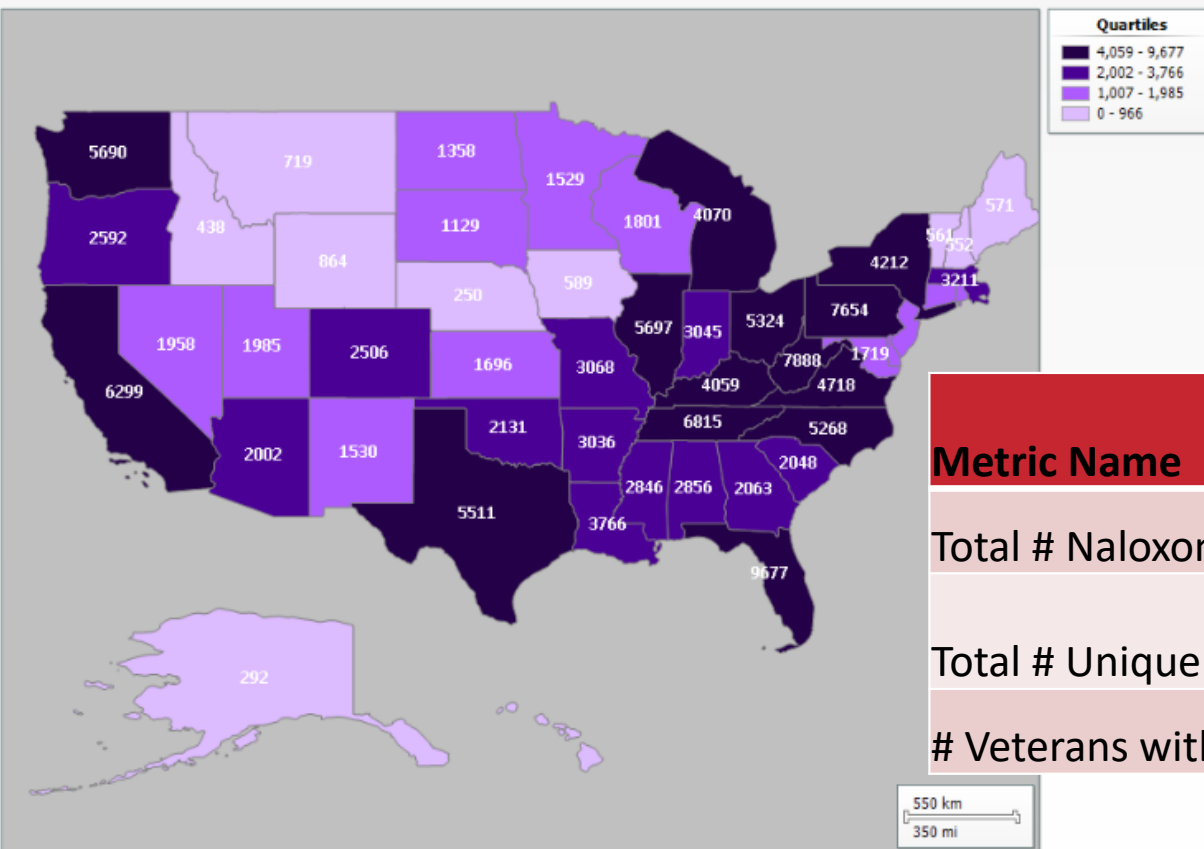
Wave 3: Fentanyl and other illicit synthetic opioids (2013)



<https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>

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

Naloxone Kit Prescription Fills by State



State	Kit Rx Fill Count
DE	1,007
NJ	1,051
Manila	10
Puerto Rico	385
RI	1,038

Metric Name	Metric Value
Total # Naloxone Prescriptions Released	198,441
Total # Unique Veterans receiving naloxone	143,003
# Veterans with OUD receiving naloxone	31,175

## 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 8<sup>th</sup>
- **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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