

# National Pain Newsletter



Editor: Jennifer L Murphy, PhD Administrator: Pamela Cremo

## Leader's Letter:

### Friedhelm Sandbrink, MD



**Dr. Friedhelm Sandbrink,  
National Program Director  
for Pain Management  
Veterans Health Administration**

This is the first newsletter in fiscal year 2020, and I want to thank the authors for their highlights. We closed out the last year with several important conferences in VHA: the PACT Pain Champions conference in August (featured below in the Primary Care section) and the VIP-POST 2 conference in early September. With one exception, all VISNs organized their own VIP-POST conference, and many participated in person or virtually. As in the prior year, we received feedback that the in-person meetings between the different stakeholders and teams, primarily from Primary Care and Pain Clinics, were most valuable in advancing local collaboration and program development. Moving forward, the collaboration between these stakeholders will hopefully continue within high functioning Pain Committees at the VISN and facility level.

VA HSR&D also held a State of the Art (SOTA) Conference on Effective Management of Pain and Addiction: Strategies to Improve Opioid Safety in early September with invited participants from within and outside VHA. Three workgroups addressed issues related to Opioid Use Disorder (OUD), long-term opioid therapy (LTOT) and opioid tapering, and the challenges in patients with comorbid pain and substance use disorders. We expect to learn from their proceedings in the near future. The research workgroups articulated the recommendation for greater access and

acceptability of Medication for OUD (MOUD) treatment. They also confirmed that current evidence supports access to interdisciplinary pain teams at all sites to assist patients on LTOT, in particular for those engaged in a care plan that includes reducing reliance on opioid medication. As you know, VHA has mandated such Pain teams/Pain Clinics at all facilities since 2017, in compliance with the CARA legislation. The SOTA also affirmed that opioid tapering must be patient-centered and should never be done without adequate discussion with the patient. One recommendation from the SOTA was to further enhance our efforts to provide consistent messaging related to opioid prescribing to both Veterans and providers. Thus, we will strengthen our efforts to collaborate by coordinating on monthly calls, including a joint Pain Leadership call for Pain POCs and PACT Pain Champions and the Integrated Pain Community of Practice call.

We are in the midst of major changes for VHA and pain care will be greatly affected. Modernization in VHA is moving forward, and Pain Management is expected to fall under Specialty Care Services at VACO and VISN levels. Planning for Cerner is underway with the Spokane VAMC being the first hospital to implement it, followed by Seattle (Puget Sound HCS) and then stepwise implementation across all VHA scheduled over the next 10 years. Other ongoing changes are MISSION Act implementation efforts, most notably the Community Care Program. I want to share the great news that, in support of MISSION Act section 134 about PDMP implementation, work is progressing well towards an automated PDMP querying process from within CPRS that is expected to be in place by the end of FY 2020 and even sooner at some pilot sites.

## Education Corner: Lauren Hollrah, PsyD & Aram Mardian, MD

### Food Impacts Pain



Research is showing that the food we eat can impact function and pain. We know that inflammation is a key component in many types of chronic pain. Some common foods can lead to chronic inflammation when consumed regularly, including sugary and highly processed foods. Consistent consumption of these foods may impact mood as well. Anti-inflammatory nutrition strategies include focusing on eating vegetables, fruits, nuts, and seeds. In addition, food sources rich in omega 3 fatty acid and high fiber foods are beneficial. Nutrition is part of the whole health model of treating chronic pain. Remind patients that minimizing inflammation through nutrition choices is a key element to minimizing and managing pain. If you are interested in learning more about anti-inflammatory nutrition for chronic pain from a VA dietician leader, please contact [Nancy.White@va.gov](mailto:Nancy.White@va.gov).

## Pain Happenings: Stacey Sandusky, PhD

### Fall Pain Events

#### Inside VA

- PACT Pain Champion conference, August 13-14, 2019, Orlando, FL
- VIP-POST: Veterans In Pain – Pain Management, Opioid Safety, and Suicide Prevention Teams, September 10-11, 2019, VISN-wide across the VA

- VA HSR&D State-of-the-Art (SOTA) Conference, Effective Management of Pain and Addiction: Strategies to Improve Opioid Safety, September 11-12, 2019, Arlington, VA

#### Outside VA

- PAINWeek, 13th Annual Meeting, Las Vegas, NV, September 3-7, 2019

#### Upcoming Pain Events

- Enterprise Opioid Strategy Team Meeting, Orlando, FL, December 11 -13, 2019
- A VA Holiday Salute: A Musical Tribute to Veterans & Our Nation featuring Robert Sproul & Company, Orlando, FL VA, Lake Nona Auditorium, December 13, 2019 from | 11:45 a.m.-1:00 p.m.

## Research Reads: Alicia Heapy, PhD

### Brief Cognitive Behavioral Therapy for Chronic Pain: Results from a Clinical Demonstration Project in Primary Care Behavioral Health

Researchers examined the effectiveness brief cognitive behavioral therapy for chronic pain (Brief CBT-CP) designed to be delivered by VA behavioral health (BH) providers in primary care. VA BH providers (n=22) were trained in Brief CBT-CP (6, 30-minute sessions) and provided with ongoing support to deliver the treatment in primary care. Veterans (n=118) who received Brief CBT-CP showed statistically significant improvement in a combined measure of pain and interference and in self-efficacy. This study provides initial support for providing brief CBT-CP in primary care where it is accessible to a greater number of patients..

[https://journals.lww.com/clinicalpain/Citation/2019/10000/Brief\\_Cognitive\\_Behavioral\\_Therapy\\_For\\_Chronic.1.aspx](https://journals.lww.com/clinicalpain/Citation/2019/10000/Brief_Cognitive_Behavioral_Therapy_For_Chronic.1.aspx)

## **A Team Sport: Sanjog Pangarkar, MD**

In many ways, the adage “two heads are better than one” describes the direction pain care is moving at the VA. Interdisciplinary teams are being strengthened throughout the country to address the complex nature of chronic pain. In part, this move was spurred by CARA legislation, but VA providers have long been aware of the challenges associated with managing chronic illness and have rallied to the call. Coming from a PM&R background, the idea of partnering with an expert team was part of my training. Psychiatrists work alongside multiple disciplines (PT, OT, KT, RT, SLP, Neuropsychology, and Nursing) and various specialties to restore patient independence. This model has worked well for common neurologic and musculoskeletal conditions and should work well for pain. As the VA has historically collocated specialties to manage complicated illness, it isn't a stretch this could occur at many VA facilities for pain. The VA's size and complexity will undoubtedly produce multiple models and take time to understand which combinations work, but Veterans deserve this level of commitment. The process will likely be iterative, but the difficulties of managing chronic pain don't seem to be diminishing. Considering the ongoing opioid epidemic, the role of collaboration and multispecialty pain clinics will hopefully lead to an improvement in safety and outcome.

## **Pain Is Primary: Lucille Burgo, MD & Stephen Hunt, MD**

On August 12-13, 2019, the Office of Primary Care sponsored the first PACT Pain Champion conference held at the Orlando VA Medical Center. It was an inter-program, interdisciplinary conference that focused on how we can more effectively collaborate to enhance pain care, opioid safety and stepped substance use

disorder (SUD)/opioid use disorder (OUD) care. Thirty-six VISN and Facility PACT Pain Champions attended, representing 18 VISNs. In addition to the PACT Pain Champions, there were twelve clinical leaders from the Pain Program, Mental Health/PCMHI, Primary Care/PACT, SUD/OUD Care, Pharmacy (both Academic Detailing and Clinical Pharmacy Practice Office) and Whole Health. There were also more than twenty facility PACT Pain Champions/teams attending virtually. In the afternoon following the second day of the conference, seventeen of the champions were trained in Battlefield Acupuncture, an auricular (ear) acupuncture procedure for pain. More effectively addressing chronic pain, opioid use and SUD/OUD will significantly reduce the risk of veteran suicide as all three are among the top contributors to suicide risk. Action plans were created and shared by each of the attendees. The over-arching goal was to encourage broader implementation of the VA model of care: Veteran centered, PACT/team based, integrated, Whole Health oriented care for Veterans with chronic pain/SUD/OUD. Progress towards the goals and objectives outlined in the action plans will be monitored through monthly Pain Champion Community of Practice calls as well as monthly VA-wide Integrated Pain Community of Practice Calls. It was a well-received conference and planning has already begun for our 2020 integrated Pain Champions conference.

While the conference was a great success, it was also bittersweet. We said farewell to Dr. Ilene Robeck who retired on September 27th. Ilene was one of the pioneers of primary care-based pain/SUD care in the VA, she mentored hundreds of VA employees and she facilitated years of biweekly calls related to pain management, opioid safety and substance use disorders. Ilene will be deeply missed. We are thankful for her work and we are looking forward to carrying on the mission.

## Bright Spots:

### Jennifer L Murphy, PhD

#### Visit the New National Pain Website, Anthony Mariano, PhD

Have you recently visited the VA National Pain Website located at <https://www.va.gov/PAINMANAGEMENT>? The site is a one-stop location where Veterans, providers, and the public can find high-quality pain information that is regularly updated after review by VA subject matter experts. You'll find a wide range of useful educational materials for both Veterans and providers, links to Federal medicine and other sites with important pain-related content, and news about current events and research activities. Opioid safety is a special concern and you can find clinical tools and other resources to assist you in providing safe and effective treatment. A shared understanding of the complexity of the problem is the foundation of high-quality pain care. Unfortunately, Veterans using the internet to learn more about pain often encounter information of highly variable quality. Try referring your patients to the VA pain website where you can have confidence that the content is consistent with current thinking about pain care. A unique online course provides customized information to patients and generates a report you will find useful in understanding your patient's current beliefs about pain and its treatment. If you have questions or suggestions for pain-related resources to share with other Veterans, VA researchers, clinicians or administrators, please send an email to VHA Pain Management Webmaster Group

#### • HHS guidance opioids Jennifer Murphy, PhD

The Department of Health and Human Services issued a new guide for clinicians regarding appropriate tapering or discontinuation of opioid therapy. It warns against rapidly reducing or discontinuing opioids and emphasizes a collaborative approach when considering changes to

opioid therapy. It is a worthwhile read and reference for all healthcare professionals treating those with chronic pain. <https://www.hhs.gov/about/news/2019/10/10/hhs-announces-guide-appropriate-tapering-or-discontinuation-long-term-opioid-use.html>

#### • CERNER is here! Steve Hunt, MD

VA and Cerner have taken on a shared mission to create hope for those struggling with chronic pain, substance use disorders (SUD) and those Veterans at risk for suicide through a close collaboration of leading experts pain care, opioid safety and SUD and mental health treatment at the VA and Cerner. This partnership offers unique and significant opportunities to address these challenges and develop approaches to transforming pain care, ensuring responsible prescribing of controlled substances, and VA wide implementation of Opioid Use Disorder (OUD) and Substance Use Disorder (SUD) care. These EHR enhanced approaches will further improve the care offered by the VA as well as care provided in non-VA settings. This team has engaged multiple service lines, programs, and team members that will be impacted by the standardized set of workflows and processes for IOC and beyond. When clinicians, departments, and service lines have the right data in real-time, they are better equipped to identify at-risk individuals and anticipate the effects of their prescriptions and treatment recommendations at the point of care. The use of health information technology is a vital piece of the puzzle in the fight against opioid abuse and Veteran suicide. The improved patient-level data organization and tracking of prescriptions to identifying geographic areas with a higher prevalence of SUD/OUD and elevated suicide risk, electronic solutions can help address the epidemics. With the partnership of VA and Cerner, experts are provided insights to

address the needs of that given population when risks can be predicted across populations.

VA and Cerner are collaborating to develop tools that are intended to support members of the care team to rapidly address several opportunities in creating safer use of opioids, closing gaps in pain management, identifying and treating substance use disorders, and alerting and/or predicting those at greatest risk of self-harm. Linking these opioid safety approaches in pain care and OUD/SUD treatment will offer greater opportunities to move health care forward in the VA and in other settings using Cerner's solutions. Cerner will continue to shape these capabilities in the EHRM program to empower VA clinicians to continue their ground-breaking work in the field of chronic pain management and beyond.

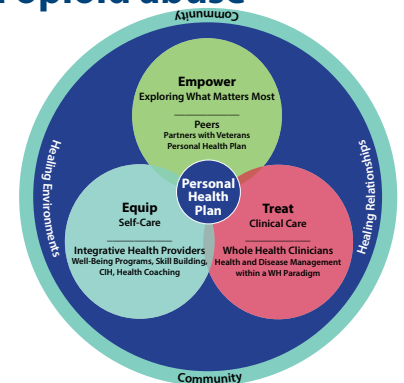
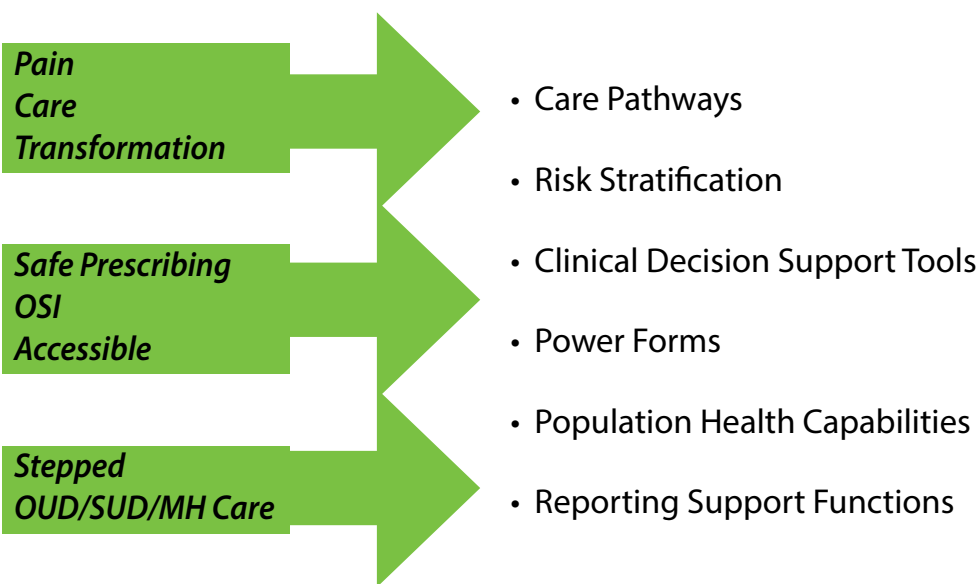
For IOC the following capabilities will be provided from Cerner Millennium:

- Any provider prescribing opioids to Veterans across the continuum can assess or perform a rapid risk score for any Veteran at any time to meet CARA Act mandates. In addition, that data can be captured for risk factor scoring.
- The Care pathway functionality is a standardized approach using the joint VA/DOD Clinical Practice Guidelines embedded into workflows as well as providing guardrails at the time of prescribing.
- Quick access to PDMP database within Millennium and within the context of the Veteran's chart. The system will know geographic location and what Veteran you are searching for in the database.

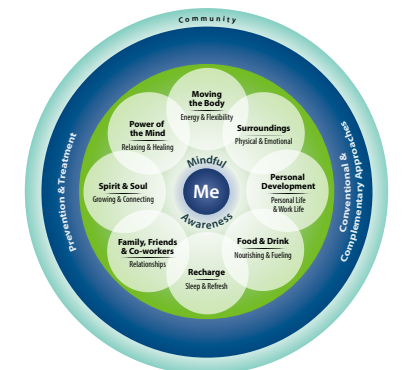
The future is unfolding and holds great potential for further improvements in Veterans health care.

## This changes everything:

### How VA/Cerner collaboration will help combat suicide and opioid abuse

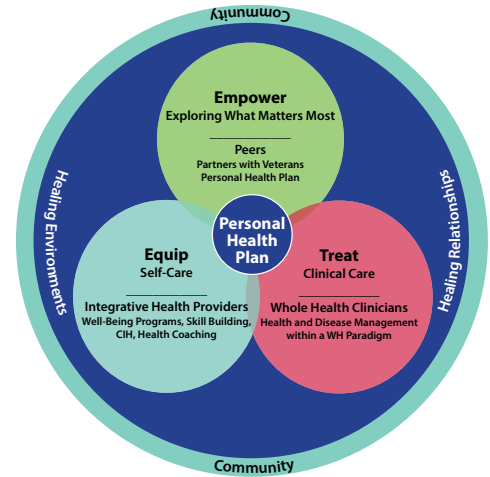
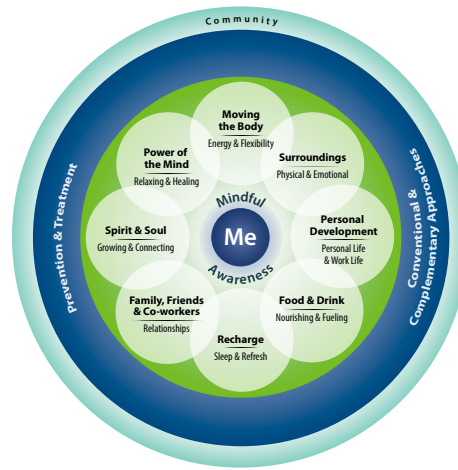


### Whole Health



# Whole Health and CIH in VHA

The Whole Health: re-orientating the Veteran's relationship with VA by combining conventional medicine with personalized health planning, Complementary Integrated Health, and innovative, self-care approaches.



## Group Think

Welcome to our newly assigned VISN PACT Pain Champions. The VISN PACT Pain Champion will work with the VISN Pain POCs and inter-program VISN leadership to help improve pain care, opioid safety and opioid use disorder (OUD) treatment VISN wide as well as acting as liaisons to the facility PACT Pain champions national initiatives and policies.

## VISN PACT Pain Champions

VISN	Name	Location
1	Tu Ngo, MD	Bedford VA Medical Center
2	John Langenberg, MD, Joseph Leung, MD	Syracuse VA Medical Center, NY Health Care System
4	Manik Chhabra, MD	Philadelphia VA Medical Center
5	Jonathan Fierer, MD	Martinsburg VA Medical Center
6	Brian Hayes, MD	Durham VA Medical Center
7	Michael Saenger, MD	Atlanta VA Medical Center
8	Steven Mudra, MD	North FL/South GA HCS
9	David F. Massaro, MD	Nashville VA Medical Center
10	Mary Davidson, RN	VA Healthcare System of Ohio
12	Nancy Patterson, NP	Tomah VA Medical Center
15	Kanan Chatterjee, MD	Kansas City VA Medical Center
16	Nicholas M. Masozera, MD	Biloxi VA Medical Center
17	John A. Bonchak, MD	North Texas VA Health Care System
19	Mary Lynn Ayers, MD	Glendale-Mountain Towers-, CO
20	Steve Eraker, MD, Lucinda Kolo, MD	Puget Sound Health Care System, VHA White City, OR (VHAWCOKOLOL)
21	John F. Chardos, MD	VA Palo Alto Health Care System
22	Evelyn Chang, MD	Greater Los Angeles Health Care System
23	Larry L. Brown, MD	Nebraska-Western Iowa Medical Center