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

In the coming months, we expect to learn a lot about how we care for Veterans with pain in the Veterans Health Administration. First, the VA Internal Audit group will review the compliance with the CARA legislation mandated Pain Management Teams at all VHA facilities. This is only one of two internal audit topics for this year and thus reflects the importance of issue for VHA. In the last weeks, we have been working with the audit team to make recommendations for the survey questions that likely will have been disseminated to the Pain POCs by the time you read this. We expect results to be available sometime in the spring. More information about the PMTs can be found in the Opioid Safety Initiative Corner below.
A few months later, the HAIG survey will be sent to all facilities. HAIG stands for Healthcare Analysis & Information Group (HAIG) and this survey will provide a detailed analysis of pain care and opioid safety in VHA. The last HAIG survey for pain management was in 2014 and much has happened since then. This survey will assess pain care at all levels within the Stepped Care Model for Pain Management, from self-care to Primary care, Pain specialty care and to our Tertiary pain rehabilitation programs with CARF accreditation. I want to thank the facility Pain POCs in advance for their forthcoming work in gathering the requested data and inputting it into the survey instruments. Your information will allow us to assess our progress and delineate the gaps, so we can improve pain care for our Veterans. It is vital that we assure access to high quality pain care that includes pain specialty care working in collaboration with primary care. In this context, the proposed new access standards to determine the eligibility for the Community Care Program per the MISSION Act will be an important yardstick for the adequacy of pain management resources in VHA. The proposed criteria include a waiting time of 28 days or a driving time of 60 minutes for specialty care which includes pain management programs. Thus, we must assure access and quality of our pain care services. I thank you all for being part of this journey.

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

What is Opioid Use Disorder?

There is a lot of confusion around what Opioid Use Disorder is. OUD is a DSM-5 diagnosis that requires two or more of the eleven criteria.
Helpful link: VA Academic Detailing document
One tool to help remember some of the criteria required for a diagnosis is the 3 C's – Craving, loss of Control and use despite Consequences. Treatment of OUD and pain can often overlap and requires an individualized treatment plan using a team-based approach. This can be a combination of medication assisted therapy (MAT) for stabilization of OUD with behavioral therapies and counseling to address pain and opioid use for a whole person approach.

Opioid Safety Initiative Corner: Robert Sproul, PharmD

Audit of CARA-mandated Pain Management Teams

In January 2019 a VA Memorandum was disseminated to the field announcing an upcoming VHA Internal Audit to validate the requirements established by Comprehensive Addictions Recovery Act (CARA) relative to the Pain Management Team (PMT). As detailed, the minimal persons required include a Medical Provider with pain expertise (including medication management), Behavioral Medicine, Addiction Medicine, and Rehabilitation Medicine. The identification and verification of compliance with the minimal team members is an important first step of the audit. However, the clinical utility and associated degree of success for a given PMT will also be determined by the team's practice of effective, collaborative and coordinated pain care. In the spirit of CARA, thoughtful implementation of a highly functional, integrative pain team "wins" this race to provide the best possible outcomes for Veterans, healthcare professionals, and our VA system. Is your team there yet? Or do you have a plan to achieve your goal of an optimally realized PMT? Now is the time to consider.

Practical Pearls: Heidi Klingbeil, MD

Happier People Feel Better

Holistic medicine isn't really a new concept. It's a way of thinking and relating to your patient that many health practitioners have been adept at for centuries. Simply put, happier people feel better. Sounds easy enough – but assessing this requires actually looking at your patient, as a whole person, and developing evaluation skills that are not simply a check off item on a template. Do you see an individual whose entire affect is down? Or do you see someone who is exhausted? Do they have anyone that they care about or who cares about them? Is there anything that they look forward to in the future? Many times, these questions are better not asked directly but derived during the visit (checking reflexes is a great time for casual questions). Unfortunately, the constant need to use a computer has put a physical barrier between the patient and provider, or results in the provider's back actually being turned to the patient for part of the visit. I have occasionally entered a room to find a resident busy at the computer, not having appreciated the patient silently sobbing. While the VA has many fine programs designed to foster human connections and support, it is a shame to not infuse more humanity into every visit and contact. Instead of simply reaching for a prescription that may just address a symptom, look into someone's eyes and ask a question. You may be surprised how much you learn and how your treatment plan changes.

Pain Happenings: Stacey Sandusky, PhD

Upcoming Noteworthy Events

- American Academy of Pain Medicine, 35th Annual Meeting, Denver, CO, March 6-10: "State of the Art Advancements in Pain Medicine" https://painmed.org/annual-meeting/2019-annual-meeting
- American Pain Society Scientific Meeting, Milwaukee, WI, April 3-6: "Combating the Opioid Epidemic through Innovations in the Treatment of Pain", http://americanpainsociety.org/meetings-and-events/2019-scientific-meeting/2019-scientific-meeting

Research Reads: Alicia Heapy, PhD

The Association of Pain Intensity and Suicide Attempts among Patients Initiating Pain Specialty Services

A study conducted by the VA Center of Excellence for Suicide Prevention examined the relationship between pain intensity and suicide attempts among Veterans beginning pain specialty services. Using a national sample of over 220,000 Veterans, the investigators found that the presence of moderate and severe pain, on average, over the year prior to pain specialty treatment was associated with the increased risk of a suicide attempt even after adjusting for mental health diagnoses, presence of opioid analgesic prescription, and prior suicide attempts. Strengths of this study are the use of longitudinal medical record data rather than cross-sectional and self-report data.

https://doi.org/10.1016/j.jpain.2019.01.012

A Team Sport: Sanjog Pangarkar, MD

From the desk of the Pain Physician

One of my favorite shows growing up in the 1970s was the Six Million Dollar Man, featuring Steve Austin as an Air Force pilot horribly injured in an experimental plane crash. He was rebuilt by the government with "bionic" parts that cost six million dollars and enhanced his natural capabilities, providing him with super human strength, speed, and vision. The idea seemed futuristic in 1973 when the show began, but by 1967, Norman Shealy, a US neurosurgeon, had already implanted the first dorsal column stimulator in a patient with lung cancer. The device was a "proof of concept" that placed electricity in proximity to the spinal cord to diminish intractable pain. Although the patient passed away shortly thereafter, the race to improve this technology had started. Today, there are an incredible array of devices and manufacturers available to patients and providers that can improve neuropathic pain symptoms. Though not quite six million dollars, spinal cord stimulators are expensive and require longitudinal care, but can improve upon the function lost from pain and suffering. It is unclear what the next decade of pain care will look like, but the science fiction of the past is quickly becoming the reality of our futures. More research is needed to determine how technologies may be able to help as part of a comprehensive pain care plan.

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

Updated IMED Consent Ilene Robeck, MD

The IMED consent process for chronic opioid therapy and the accompanying education guide have been updated to be aligned with the

current VA/DoD Clinical Practice Guidelines for long-term opioid therapy. As with the original IMED consent, this process will apply to all new starts of opioids. If the original version of the IMED consent process has been completed for a Veteran, there is no need to replace it with the updated version, although there can be some benefit in using the revised version to reinforce the Veteran's understanding of the risks and benefits of opioids in pain care. However, if there is a significant change in therapy that would increase opioid risks, the new IMED consent should also be reviewed with the patient and signed even if a previous IMED consent has been signed.

As part of the updated IMED consent process, the accompanying patient education resource entitled "Safe and Responsible Use of Opioids for Chronic Pain" should be reviewed and given to all patients who sign the IMED consent. In addition, education with this document can be facilitated by any team member to educate/re-educate a Veteran on chronic opioids. The Pain PACT COP on February 22, 2019 described the updated IMED consent process and education document. You can access the new consent and patient education document as well as the recording and the slides at this link: Pain PACT COP Folder

Bright Spots: Jennifer L Murphy, PhD

HHS Pain Management Best Practices Draft Report, Jennifer Murphy, PhD

In late December, the Pain Management Inter-Agency Task Force issued a draft report on Pain Management: Best Practices. The Task Force, developed in response to CARA legislation, was tasked to identify any gaps or inconsistencies across identified best practices and propose any needed updates to those practices. The comprehensive report "offers a wide range of treatment modalities with a framework to allow for multidisciplinary, individualized patient-centered care," said Task Force Chair, Vanila M. Singh, M.D. The draft is open for public comment until 04/01/2019 and all are encouraged to review it and provide feedback.

https://www.hhs.gov/ash/advisory-committees/pain/reports/2018-12-draft-report-on-updates-gaps-in-consistencies-recommendations/index.html

Co-Occurring Disorders Clinic, Zachary Schmidt, PhD

New Mexico VA Co-Occurring Disorders Clinic (CODC) is a multidisciplinary clinic housed within ambulatory care with addiction medicine, pain management, pharmacy, psychology, and nursing expertise. CODC focuses on evidence-based care for complex chronic pain patients and was presented previously with the SAMHSA Office-Based Opioid Treatment (OBOT) award for innovation. CODC treats acute/chronic pain, prescribes opioid/non-opioid analgesic medications, assists with tapers/rotations, and provides medication assisted therapy for substance use disorders that complicate pain management. In addition to caring for established patients, CODC provides consultative services to all medical center inpatient and outpatient programs and assumes care for high risk patients for stabilization.

Group Think

Enterprise Opioid Strategy Team

The Enterprise Opioid Strategy Team (EOST) was established in 2018 by Dr. Lawrence Meyer, Chief Officer of VA Specialty Care Services. This high-level group was carefully selected to include leaders from across the system who provide key information to affect opioid-related policy and practice. This team includes exceptional administrative support from Jenie Perry, Amy Aylor, Rachel Brophy, and Pam Cremo.

Enterprise Opioid Strategy Team

Name	National Title/Program Office
Bowersox, Nicholas	**Director**, QUERI
Burgo, Lucille	**National Co-Lead**, PACT/Pain Care Transformation Initiative **National Co-Director**, Post Deployment Integrated Care Initiative
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Himstreet, Julianne	**PharmD**, Academic Detailing
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Jorgenson, Terri	**National Program Manager**, Clinical Practice Integration and Model Advancement, PBM, CPPO
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