

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 August and September, we had several exciting events relevant to VHA Pain Management and Opioid Safety that are listed under "Pain Happenings" below. On September 5 and 6, VISNs held pain conferences entitled VIP-POST: "**V**eterans **I**n **P**ain – Pain management, **O**pioid safety, and **S**uicide prevention **T**eams." Pain management teams came together with representatives from Primary Care, Mental Health, Pharmacy and others to learn and work together on advancing collaborative, team-based pain care everywhere. Since funding for these meetings became available on rather short notice, we had to organize the events as regional meetings. Most VISNs participated with face-to-face meetings, allowing teams to get to know each other better and strengthen their partnerships. We were also able to have a strong national training component integrated at the VIP-POST to support your regional efforts. The national presentations were delivered remotely to the regional conferences. The VIP-POST conferences were made possible because of the VISN Pain POCs (Points of Contact) who work tirelessly to advance VHA pain care. Deservedly, the VISN Pain POCs are specifically recognized at the end of this newsletter. Get to know them, and thank them for their work.

For many facilities, the local interdisciplinary pain teams were put together only recently and some are still in the implementation phase. Others have had strong interdisciplinary

pain management programs for many years. Whether you are a small or a large team, it often takes hard work and quite a bit of compromising to become a team where we support each other and make the best use of our many talents and skills. Collaborative pain care that bridges specialty care and primary care in an efficient and effective manner is the core of our Stepped Care Model for Pain Management. It's not a luxury or an unrealized vision, but has to become our "way of life" in VHA to achieve optimal outcomes as we take care of "Veterans In Pain." A special thank you to the Pain Management Team and PACT Pain Champions for bringing primary care and specialty care together.

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

Video Connect Increases Access

Major efforts have been under way to shift chronic pain care towards the use of active, evidence-based treatments such as Cognitive Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT). Equally important is shifting our processes for delivering pain care. Increasing implementation of novel delivery methods such as VA Video Connect (VVC) removes barriers to best pain care options. This is especially helpful for Veterans in rural areas. The new VVC app helps Veterans connect with their health care team from anywhere. Sites across the VA are beginning to use VVC in primary care and pain clinics. As these formats expand, more Veterans will be able to access empirically supported treatments for chronic pain such as CBT and ACT.

Opioid Safety Initiative Corner: Robert Sproul, PharmD

Spirit of Intent CARA (Comprehensive Addiction Recovery Act): Integration of Care - Fully Engaged or Missed Opportunity?

CARA legislative mandates clearly detail the minimal requirements for pain management team service-line participation: full compliance with the Stepped Care Model of Pain and the necessary corrective action plan for any gaps identified. The adoption, implementation, and sustainment of a highly functional, integrated pain care services are perhaps the most challenging yet critical component of CARA. There may be multiple providers/teams involved in a patient's care (e.g. PCP/PACT, Pain Management, PM&R, Addiction Medicine); however, there may be a lack of collaborative communication between these services. These communication gaps exist for a variety of reasons but without a concerted effort to bridge them, we leave Veterans at risk for less than ideal outcomes. With the strength and support of CARA behind us, each facility and VISN must determine how they can intervene for the Veteran in the most collaborative and coordinated effort across clinical settings. Have the team, but not quite there yet? The good news is that it doesn't take an army! One person or team with vision and commitment can make a difference!

Practical Pearls: Heidi Klingbeil, MD

To Prescribe or Not to Prescribe?

The answer is actually rather simple. Determine the condition, and take appropriate medical steps to relieve the issues (e.g., injections, non-opioid analgesics). Pursue all pain relieving options for the patient such as behavioral health and an exercise program to facilitate evidence of functional improvement. If that is insufficient, consider opioids carefully if selected, continue to monitor functional improvements such as the ability to work, be a family member, etc. Using a multi-pronged approach to achieve optimal functional restoration is critical to the process. And, as with most pendulum swings, a careful balance must be struck.

Pain Happenings: Stacey Sandusky, PhD

Recent Pain Events

Outside VA

- **PAINWeek**, 12th Annual Meeting, Las Vegas, NV, September 4-8.
<https://www.painweek.org/painweek.html>
- **International Association for the Study of Pain (IASP)**, 17th World Congress on Pain, Boston, MA, September 12-16.
<https://www.iaspworldcongressonpain.org/program/>

Inside VA

- **SCOUTT: Stepped Care for Opioid Use Disorder Train the Trainer**, August 20-22, 2018, Hartford, CT
- **VIP-POST: Veterans In Pain – Pain management, Opioid safety, and Suicide prevention Teams**, September 5-6, 2018, VISN-wide across the VA

Research Reads: Alicia Heapy, PhD

Review of Non-pharmacological Treatments for Chronic Pain

The Agency for Healthcare Research and Quality (AHRQ) has published a systematic review of non-pharmacological treatments for chronic pain conditions including low back pain, neck pain, hip and knee osteoarthritis, fibromyalgia, and tension headache. They found that several treatments showed positive effects on pain intensity and function at one month or longer following treatment including exercise, multidisciplinary rehabilitation, acupuncture, CBT, and mind-body practices. The most effective treatments varied by pain condition, but exercise was the treatment most consistently found to be effective across conditions. Specific information regarding which treatments were effective for specific pain conditions and the magnitude of treatment effects are presented in the review.

<https://effectivehealthcare.ahrq.gov/topics/nonpharma-treatment-pain/research-2018>

A Team Sport: Sanjog Pangarkar, MD

This Month: From the Pain Physician's Desk

Surgeons typically prescribe opioids after surgery to ease post-operative pain and allow return to daily activities. Despite this being routine and customary care, there is limited evidence to provide guidance on the number of pills or duration of treatment for post-operative pain, especially for common surgeries such as appendectomy and cholecystectomy. Johns Hopkins Hospital and the University of Michigan have taken this challenge and provided prescribing recommendations for surgeons managing opioid naïve patients. The goal of these recommendations is to ensure appropriate pain control without dispensing

inappropriate quantities of opioids, that can ultimately lead to harm. For a quick review of these guidelines, please refer to: <https://www.solveethecrisis.org/best-practices> and <http://michigan-open.org/>

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

The Importance of PACT Pain Champions, Ilene Robeck, MD

The PACT Pain Champions initiative is a VA program that improves the ability to deliver pain care in PACT by choosing a pact pain champion who can address the needs of clinicians in their facility. While every facility must have a PACT pain champion, the roles may vary depending upon the different approaches taken locally.

Many innovations in the VA have stemmed from the pact pain champions program and include primary care based pain teams, incorporation of pain champions in facility pain teams, education programs in pact for patients and clinicians, the empowering Veterans program, and helping with discussions related to high risk patients to name just a few. The following monthly calls are available to help:

- PACT Pain Champions, fourth Monday at 3:30 PM ET, open to all champions
- Community of Practice (COP), fourth Friday at 12:30 ET, open to all VA

Bright Spots:

Jennifer L Murphy, PhD

Stepped Care for Opioid Use Train the Trainer (SCOUTT), Karen Drexler, MD

Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT) initiative aims to improve access to lifesaving medication assisted treatment for opioid use disorder by bringing appropriate evidence-based medication, monitoring, and brief counseling to the points of care where patients with opioid use disorder are most likely to be seen. These settings include Pain Management clinics, Primary Care, and Mental Health Clinics. In a stepped care model, care for stabilized and less complex patients can be provided in these Level I clinics. Pilot teams from each VISN will consist of an interdisciplinary team from one of the 3 level I clinics and an interdisciplinary team from an SUD specialty care clinic at the same facility. These teams will first implement stepped care for opioid use disorder, then train colleagues to implement and other clinics at their facility. Provided funding is available to complete the plan, the pilot facility will then train other facilities in their network in years 2 and 3. Pilot teams will be supported by a national community of practice, webinars, and consultation.

Nursing Pain Management Toolkit, Andy J. Tracy, PhD, CRNA

The Nursing Pain Management Resource Toolkit was developed by the Nursing Pain Field Advisory Committee which is a part of the Department of Veterans Affairs Office of Nursing Services Clinical Practice Program. Written to support the VA/Department of Defense's (DoD) Clinical Practice Guideline Management of Opioid Therapy for Chronic Pain (<https://www.healthquality.va.gov/guidelines/Pain/cot/>), this toolkit was designed as a resource to assist nurses, other healthcare professionals, and facilities to devise methods and implement processes for a holistic, multicultural, integrated, system-wide approach to pain management with the goal of reducing pain and suffering for Veterans. Whole Health is patient centered care that affirms the importance of the relationship and partnership between a patient and their community of providers and was defined by the Office of Patient Centered Care and Cultural Transformation. The toolkit provides convenient, centralized access to resources that are reflective of pain management strategies within the VA and may be found on the CPP products page (<http://vaww.va.gov/nursing/cppProducts.asp>). The toolkit was designed to provide quick access to a broad range of relevant resources including both internal and external sources. It also offers resources that are appropriate for all settings and professional roles with optimal pain control, improved function, and improved quality of life utilizing a whole person or holistic approach is emphasized.

Group Think

Regional Experts

In light of the VIP-POST conferences, it is an ideal time to express gratitude to the VISN Pain POCs. These individuals attend monthly calls and serve as the conduits for pain happenings in their respective VISNs.

VISN Pain Points of Contact

VISN	Pain Points of Contact (POC)	Location
1	Julie Franklin, MD Tu Ngo, PhD	White River Junction VA Bedford VAMC
2	Heidi Klingbeil, MD Aaron Schneider, APN	Bronx VAMC New Jersey HCS
4	Edward Garay, MD Nancy Wiedemer, CRNP	Pittsburgh VA Philadelphia VAMC
5	Efobi Ngozi, MD	Martinsburg VAMC
6	David Przestrzelski, MS, RN	Ashville VAMC
7	John Arena, PhD	Charlie Norwood VAMC
8	Jennifer Murphy, PhD	James A Haley Tampa VAMC
9	Mazhar Razul, MD	Lexington VAMC
10	Mary Davidson, MSN, RN	VISN 10 Office
12	Ronald Albrecht, MD (interim)	Jesse Brown VAMC
15	Bassem Abraham, MD	St Louis VAMC
16	Jason Hawkins, PharmD	Little Rock VAMC
17	Jimmie Gillum, MD	Arlington, TX, VISN 17 Office
19	Michael Craine, PhD	Denver VAMC
20	Meenakshi Dogra, MD Stephen Hedt, MMSc-PA-C	Puget Sound HCS
21	Diana Higgins, PharmD	VA Sierra Pacific Network
22	Aram Mardian, MD Mark Korzeniowski, DO	VA Southern Nevada HCS Phoenix VA
23	Caroline Schauer, RN	Eagan, MN VISN 23 Office