

VHA National Pain Management Strategy: Implementation of the stepped care model



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Stepped Care Model

- Single standard of pain care for VHA
 - Timely access to pain assessment
 - State of the art treatment and follow-up
 - Reliable communication and case management
 - Patient and family participation
- Empirically supported model
- Full implementation within 5 years
- Supported by funded OEF/OIF pain care enhancement initiative
 - \$675,000 to \$1,597,400 per VISN
 - Enhanced staffing and equipment

Stepped Care Model

Step One: Primary Care

- Population based approach

- Competent primary care provider workforce to manage common pain conditions

- Available system supports

 - Collaboration with integrative mental health-primary care teams, polytrauma programs and teams, and postdeployment programs

- Patient/family education

Step Two: Secondary Consultation

- Timely access to specialty consultation

- Pain medicine, rehabilitation medicine, pain psychology

- Some short-term co-management

- Inpatient pain medicine consultation and inclusion of pain medicine in palliative care teams

Step Three: Tertiary, Interdisciplinary Care

- Advanced pain medicine diagnostics and interventions

- CARF accredited pain rehabilitation

Pain and Primary Care Task Force

1. Statement of primary care provider competencies
2. Criteria/thresholds for referrals (i.e., standardized service agreements)
3. Case management model
4. Additional tools/resources
5. Education and training initiatives

Primary Care Competency	Educational Strategy	Measurement of achievement	Strategies for sustainability
Conduct of comprehensive pain assessment	<ul style="list-style-type: none"> >Web-based training >In-person training sessions >Manuals from Pain.Edu 	<ul style="list-style-type: none"> >Completion of training >Chart review 	<ul style="list-style-type: none"> >Panel size adjustments and increased visit time for pain patients >Performance measures/monitors
History including assessment of psychiatric/behavioral comorbidities, addiction, and aberrant behavior (diversion)			
Conduct of routine focused physical/neurological examinations			
Judicious use of diagnostic tests/procedures			
Optimal patient communication	<ul style="list-style-type: none"> >Web-based training >In-person training sessions >Manuals from Pain.Edu >Motivational interview training 	<ul style="list-style-type: none"> >Completion of training >Patient feedback >Patient satisfaction surveys, but must account for skew due to disgruntled patients, secondary gain, >Ongoing reassessment of treatment plan >Appropriately soliciting patient questions and concerns 	<ul style="list-style-type: none"> >Availability of wellness programs, >Behavioral management/pain psychology >Patient support groups >Templates for functional evaluation and re-evaluation
How to encourage realistic evidence-based expectations			
How to provide reassurance and discourage negative behavior			
How to foster pain self-management			
Negotiating behaviorally specific and feasible goals			
Pain Management	<ul style="list-style-type: none"> >Web-based training >In-person training sessions >Manuals from Pain.Edu >List of available services >Service agreements >Web-based info on local arrangements >Links to practice guidelines 	<ul style="list-style-type: none"> >Completion of training >Medication utilization monitoring (long acting vs short acting opioids, non-opioid therapy) >Utilization of adjuvant therapy, other interventions >Chart review 	<ul style="list-style-type: none"> >Separate problem patients from regular PC pain population >Identify and review outliers >Availability of wellness programs, >Behavioral management/pain psychology >Performance measures/monitors
Knowledge of accepted clinical practice guidelines			
Rational, algorithmic based polypharmacy			
Opioid management			
Knowledge/use of common metrics for measuring function			
Determining the need for secondary consultation			

Primary Care Provider Education

1. Existing resources
 1. www.va.gov/pain_management
 2. VA Pain List Serve
 3. PBM resources
 4. On line training (general, opioid therapy, polytrauma)
 5. Monthly teleconferences (1st Tuesday, 11 am eastern time; 30287#)
 6. Cyberseminars

2. Planned conferences
 1. February 24-26, 2009 (Ft. Lauderdale)
 2. April 7-9, 2009 (Reno, NV)

National Pain Management Conference

- Stepped care model
- Rationale for integrative pain and primary care
- Specific issues related to management of pain among OEF/OIF veterans
- Evidence based management of musculoskeletal disorders
- Opioid therapy
- Prescription opioid abuse and addiction
- Provider-patient communication

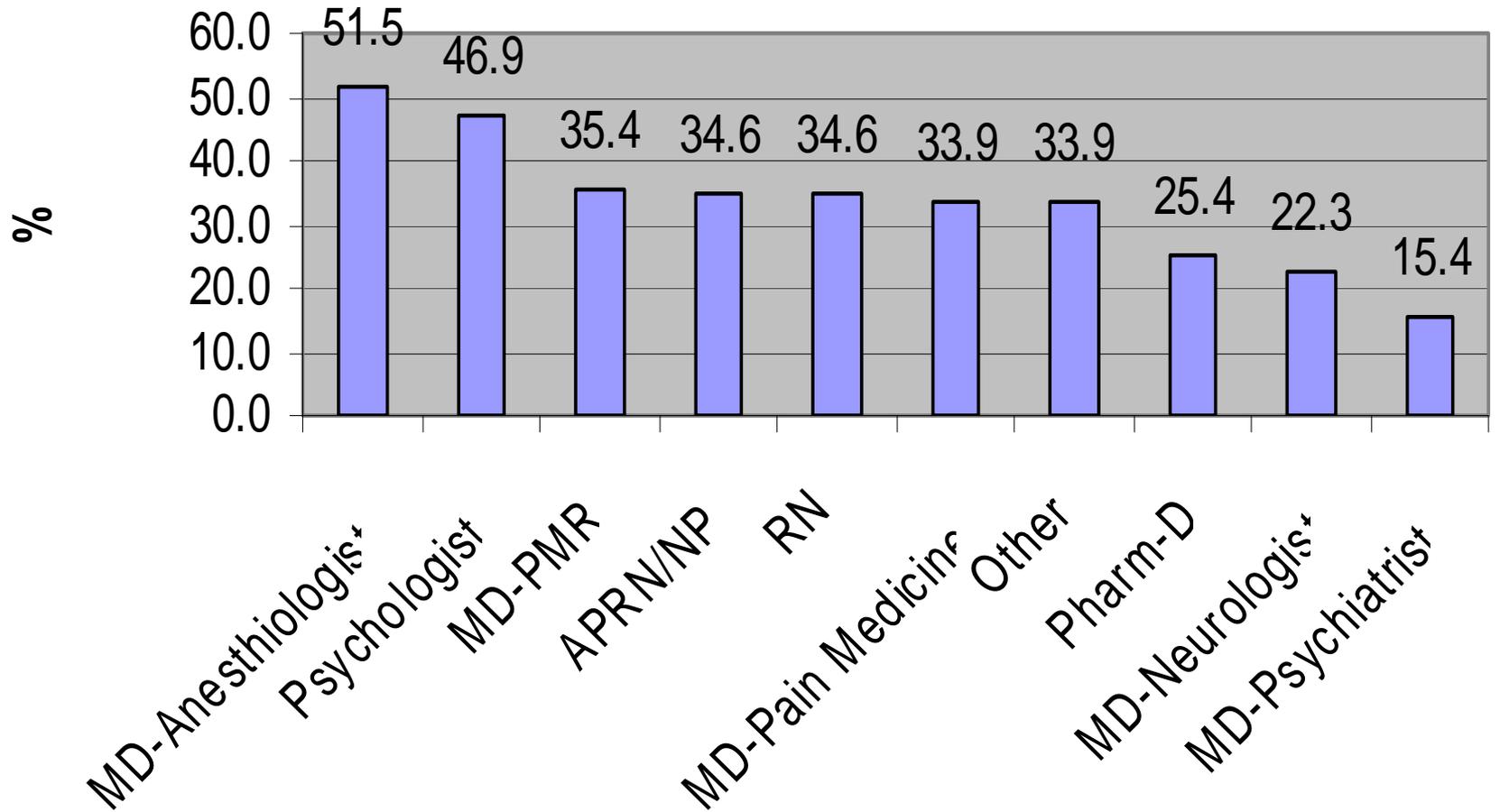
National Pain Management Conference

- Provider education
- Patient self-management
- “Triple P”: Pain, PTSD, and post-concussive syndrome
- Pain, depression, and suicide
- Developing tertiary, interdisciplinary pain centers
- Quality improvement and outcomes
- Developing VISN-level teams

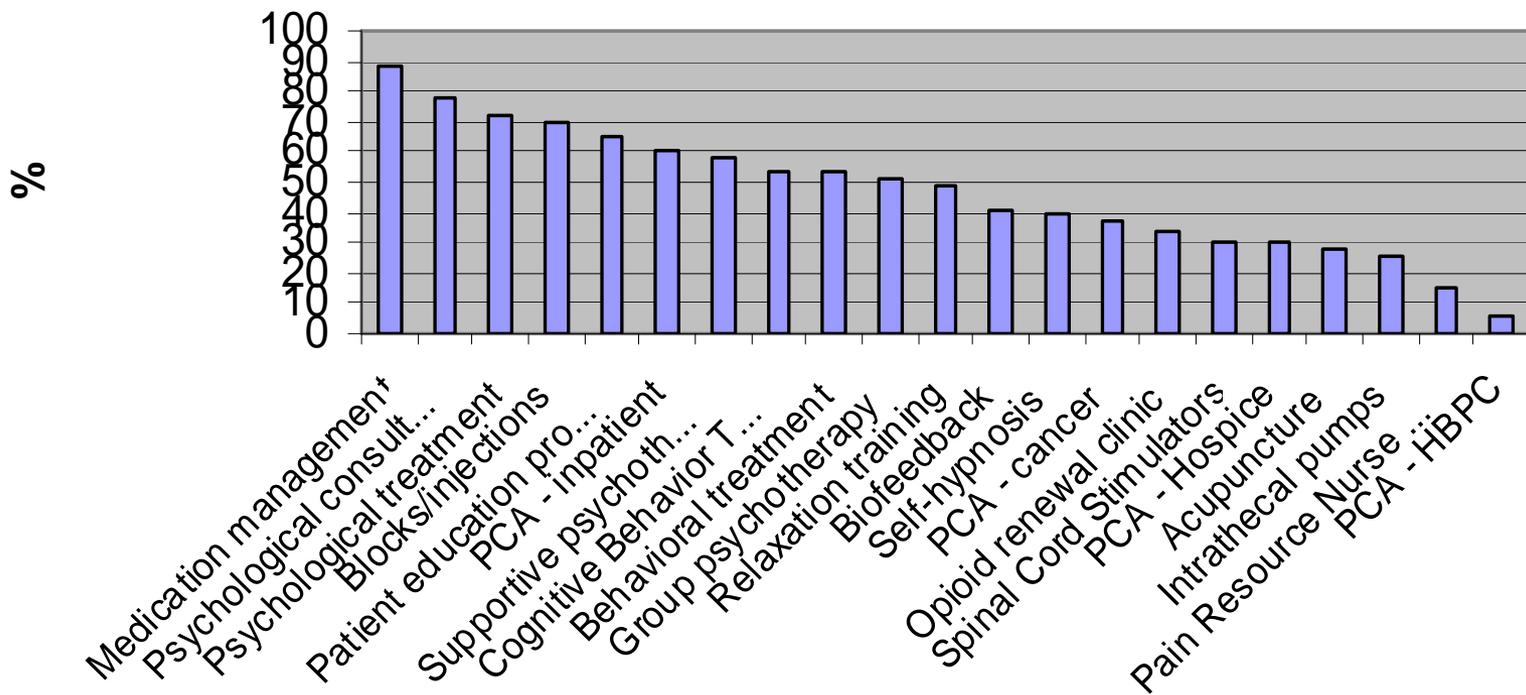
Secondary Consultation

- Thresholds/criteria for referrals
- On site access
- Network collaborations
 - Use of telehealth

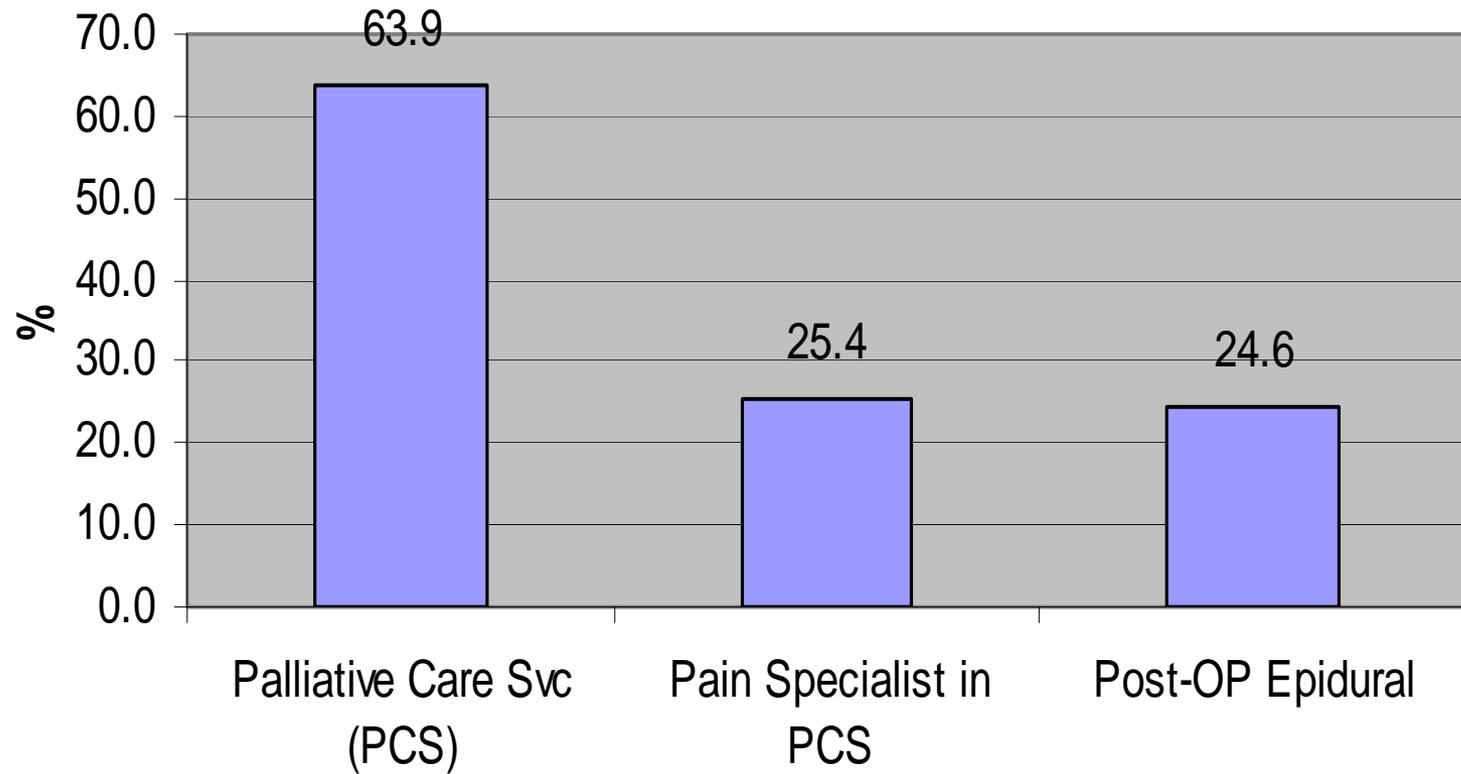
PAIN STAFF



PAIN SERVICES



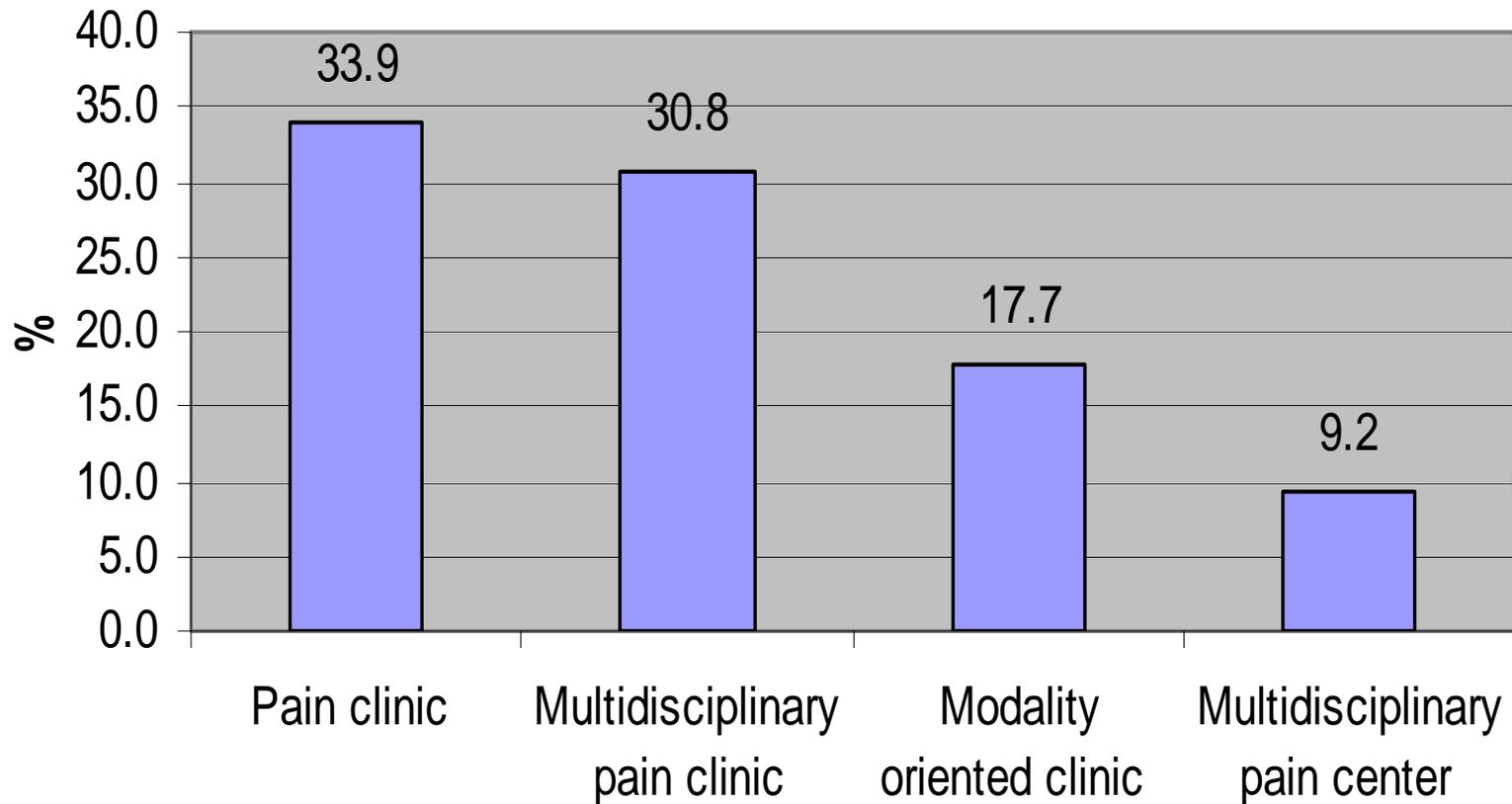
% SERVICES/SPECIALISTS



Tertiary, Interdisciplinary Pain Care Centers

1. At least one site per VISN
2. CARF accreditation in five years
3. Services
 1. Comprehensive medical/psychological evaluations of veterans with complex conditions
 2. Evidence-based pharmacological, rehabilitation, and psychological interventions
 3. Coordinated interdisciplinary rehabilitation/recovery program
 4. Case management
 5. Focus on family/caregiver involvement

PAIN TREATMENT FACILITIES



“Hot topics”

- PL 110-387 (S.2162), Section 510 (Veterans Mental Health and Other Improvements Act of 2008)
- Opioid – High Alert Medication Initiative
- OEF/OIF Pain Care Enhancement Initiative

Sec 501. Pain Care Act Implementation

- Comprehensive Policy on Pain Management (Revised Pain Management Directive)
 - Department-wide approach to managing acute and chronic pain
 - Standard of care
 - Consistent approach to pain assessment
 - Assurance of prompt and appropriate treatment
 - Research
 - Provider education and training
- Input solicited from VSOs and non-VA pain experts

Sec 501. Pain Care Act Implementation

- Annual report
- Content
 - Comprehensive policy
 - Performance Measures
 - Survey of adequacy of services
 - Assessment of research projects
 - Assessment of provider training
 - Assessment of patient education

Sec 501. Pain Care Act Implementation

- Performance measures
 - Tracking of compliance with Directive
 - Survey of pain staffing and services
 - Access measures
 - Adherence to opioid therapy guidelines
 - Cancer pain management

PROTECTING

5 Million *lives*

FROM HARM

SOME IS NOT A NUMBER. SOON IS NOT A TIME.

Opioids High Alert Medications

Robert D. Kerns, Ph.D.
Chair, Opioids Sub-Committee

Jeffrey Fudin, Pharm.D., DAAPM, Francine Goodman, Pharm.D.,
BCPS, Mitchell Nazario, Pharm.D.
Co-Chairs, Opioids Sub-Committee

Francesca Cordi, FNP-BC, MSN/MPH

Progress report (January 2009)

- Presentation of three best practice models related to opioid safety in the outpatient setting
 - Opioid Renewal Clinic
 - Opioid-Decision Support System
 - Collaborative Addiction and Pain (CAP) Program
- Publication of compendium of all submitted protocols, tools, resources
- Follow-up solicitation related to opioid safety in inpatient/palliative care settings
 - Review underway
- Solicitation of completed performance improvement initiatives with outcome data
 - Deadline of next spring

Resources

- High Alert Medication Share Point Site
 - <http://vaww.national.cmop.va.gov/HighAlertMedications/default.aspx>
- CPRS pain assessment and reassessment templates/reminders: Specific opioid therapy module
 - <http://vista.med.va.gov/reminders/examples.htm>
- Web-based opioid therapy course
 - <http://vaww.sites.lrn.va.gov/pain/opioids/>
- Chronic Opioid Therapy (COT) clinical practice guideline
 - www.oqp.med.va.gov/cpq/cot/ot_base.htm

Other national initiatives

- Guidelines
- Performance measures
- Opioid initiatives
- Web-based education
- Pain and polytrauma
- Nursing
- Research

Summary

- Support National Pain Management Program Office
 - Implementation of Stepped Care Model
 - Enactment of PL-110-387
 - Promote safe and effective use of opioids – High Alert Medication Initiative
- Support VISN Pain POC
 - Coordination of resources within VISN
 - Develop mechanisms to assure bidirectional communication with National Pain Management Program Office
- Establish high functioning facility Pain Committee
 - Performance improvement
 - Provider competence
 - Educated consumers
- Use existing resources
 - Pain Management website – www.va.gov/pain_management
 - VA Pain List Serve
 - Monthly national teleconferences
- Identify and nurture “painiacs”; get involved

Thanks!
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