

# VHA National Pain Management Strategy: Update and Future Directions



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# Pain management is a national priority for VHA

- As many as 50% of male VA patients in primary care report chronic pain. (Kerns et al., 2003; Clark, 2002)
- The prevalence may be as high as 75% in female veterans. (Haskell et al., 2006)
- Pain is among the most frequent presenting complaints of returning OEF/OIF soldiers; particularly in patients with polytrauma (Clark, 2004; Girona et al., 2006)
- Pain is among the most costly disorders treated in VHA settings; total estimated costs attributable to low back pain was \$2.2 billion in FY99 (Yu et al., 2003)

# Concomitants of persistent pain

- Pain is associated with:
  - poorer self-rating of health status,
  - greater use of healthcare resources,
  - more tobacco use, alcohol use, diet/weight concerns,
  - decreased social and physical activities,
  - lower social support,
  - higher levels of emotional distress, and
  - among women, high rates of military sexual trauma. (Haskell et al, in press; Kerns et al., 2003; Mantyselka et al., 2003)

# VHA National Pain Management Strategy

- Informed by study demonstrating inconsistencies in VHA pain care
- Strategy initiated by the Undersecretary for Health in 1998
- Pain Management Directive published in 2003

# VHA Directive 2003-021: Pain Management

Provides policy and implementation guidance for the improvement of pain management consistent with the VHA National Pain Management Strategy and compliance with generally accepted Pain Management Standards of Care.

Overall objective of the national strategy is to develop a comprehensive, multicultural, integrated, system-wide approach to pain management that reduces pain and suffering for veterans experiencing acute and chronic pain associated with a wide range of illnesses, including terminal illness.

# Goals of the VHA National Pain Management Strategy

- Provide a system-wide VHA standard of care for pain management that will reduce suffering from preventable pain
- Assure that pain assessment is performed in a consistent manner.
- Assure that pain treatment is prompt and appropriate.
- Include patients and families as active participants in pain management.

# Goals of the VHA National Pain Management Strategy

- Provide for continual monitoring and improvement in outcomes of pain treatment.
- Provide for an interdisciplinary, multi-modal approach to pain management.
- Assure that clinicians practicing in the VA healthcare system are adequately prepared to assess and manage pain effectively.

# Organization of National Strategy

- National Program Director
- Pain Strategy Coordinating Committee
- Coordinating Committee Working Groups
- VISN Points-of-Contact/VISN Pain Committees
- Local Facility Oversight Committees

# Coordinating Committee Members

- Bob Kerns – VACO/VACHS (Psychology)
- Matthew Bair – Indianapolis (Primary Care)
- Martha Bryan – VACO (ORD)
- Michael Clark – Tampa (Psychology)
- Audrey Drake – VACO (Nursing)
- Rollin “Mac” Gallagher – Philadelphia (Pain Medicine/  
Psychiatry)
- Francine Goodman – VACO (PBM)
- Mitchell Nazario – West Palm Beach (Pharmacy)
- Beverly Green-Rashad – Houston (Nursing)
- Jack Rosenberg – Ann Arbor (Pain Medicine/  
Anesthesiology)
- Anne Turner – Birmingham (EES)

# Working Groups

- Acute Pain Management (Rosenberg)
- Education (Turner)
- Guidelines (Rosenberg)
- Nursing (Rashad)
- Outcomes Measurement (Lawler)
- Performance Improvement (Czarnecki)
- Pharmacy (Goodman/Nazario)
- Polytrauma (Clark)
- Primary Care (Bair/Gallagher)
- Research (Kerns/Bryan)

# Coordinating Committee Responsibilities

- Coordinating system-wide implementation of Strategy
- Disseminating state-of-the-art treatment protocols
- Assure access to pain care throughout VHA
- Assure employee education
- Assure pain-relevant research agenda
- Integrate pain education into professional training curricula
- Assure performance improvement
- Assure internal and external communication

# VISN Responsibilities

- Identify VISN Pain Point of Contact
- Oversight and monitoring of facility performance

# Facility Responsibilities

- Provider and staff competencies assured
  - Orientation regarding pain assessment and management
  - Annual education
- Assessment and treatment standards met
  - Pain as the 5<sup>th</sup> Vital Sign
  - Comprehensive pain assessment
  - Patient and family education
  - Pain management protocols established and implemented
  - Pain management is integral component of palliative and end-of-life care
- Ongoing evaluation of outcomes and quality
  - Pain management committee established
  - Processes for continuous improvement are in place
  - Monitoring of outcomes
  - Assure adequate documentation

# National Pain Management Strategy Accomplishments

- Implementation of “Pain as the 5<sup>th</sup> Vital Sign” initiative
  - Pain as the 5<sup>th</sup> Vital Sign Toolkit
  - EPRP supportive measures
- Successful VHA/IHI Pain Management Collaborative
- Development of web-based opioid training

# Accomplishments

- Provider education
  - Four national leadership conferences
  - “Evolving Paradigms” conference
  - Participation in multiple other conferences (primary care, polytrauma)
  - Several satellite broadcasts
  - National pain management website ([www.va.gov/pain\\_management](http://www.va.gov/pain_management))
  - Monthly provider education teleconferences
  - VA Pain List Serve
  - VISN library resources
- Patient education
  - Patient infomercial
  - MyHealtheVet information, self-assessment, and links

# Accomplishments

- Pain medicine fellowship training established
- Pain management guideline development
  - Low back pain
  - Acute post-operative pain
  - Chronic opioid therapy

# Accomplishments

- Outcome Measures
  - CPRS Clinical Reminders/Pain assessment and treatment planning template
  - Outcomes Measures Toolkit
  - Consensus statement on assessment of pain in the cognitively impaired person
  - Review of opioid use data

# Accomplishments

- Research
  - Rehabilitation R&D solicitation
  - Collaboration with HSRD QuERI programs
  - Special issue of *Journal of Rehabilitation Research and Development*
    - *JRRD*, Volume 44, Number 2, 2007
  - Working group established
    - Over 50 VA pain-relevant investigators identified
  - Cluster groups developed
    - Pain in the cognitively-impaired
    - Pain, opioids, and substance abuse
    - Diversity and health disparities
    - Chronic pain and comorbid psychiatric disorders
    - Health services
    - Post-deployment health

# Accomplishments

- Performance measures
  - EPRP
  - ORYX
  - SHEP

# Current Projects

- Performance Measures
  - Cancer pain management pilot project
    - Documented pain plan of care
    - If opioid therapy, is there constipation prophylaxis
  - Evidence Synthesis Projects (ESP)
    - Management of pain in inpatient medical settings
    - Pain and polytrauma
- Outcomes measures
  - Revised CPRS pain assessment and treatment planning template/reminder system
  - Revised Outcomes Measures Toolkit

# Current Projects

## ■ Guidelines

- Revise post-operative pain guideline
- More broadly disseminate guidelines, including guidelines developed by other groups (e.g., APS)

## ■ Education

- Revise opioid web-based course
- Publish Information Letters on spinal cord stimulators and intrathecal pumps
- Continued collaboration with MyHealtheVet initiatives
- Identify and disseminate model web-based training
- Continuing update of national pain management website

# Current Projects

## ■ Pharmacy

- National opioid data “dashboard” project
- PBM publications related to opioids
- Development and dissemination of model “opioid agreement”
- Evaluation of regulations related to C-II prescriptions

## ■ Pain and Polytrauma

- HSRD/QuERI pain assessment formative evaluation and implementation project
- PT/BrI QuERI Executive Committee
- Representation at National Polytrauma Conference and upcoming TBI SOTA

# Current Projects

- Pain and primary care
  - Identify and disseminate best practices
  - Cyberseminar on pain and primary care
  - Recently established pain and primary care task force within Primary Care SHG
- Research
  - Developing proposal for multisite Cooperative Studies
  - TBI State-of-the-Art Conference
  - Continued advocacy within ORD for increased pain relevant research funding
  - Special issue of *Pain Medicine* on pain and OEF/OIF veterans
  - Advocating for establishment of Pain Research and Education Center

# Current Projects

- Nursing Working Group
  - Support Coordinating Committee
  - Encourage collaboration
  - Develop specific nursing initiatives
  - Promote involvement of nurses in existing projects
  - Foster nursing initiated research and dissemination of evidence-based practices
  - Increased acknowledgement of nursing contributions

# Current Projects

- Proposal for enhanced funding for musculoskeletal disorders among OEF/OIF veterans
  - Objective: Improved access to care
    - Increased medical and psychological providers
    - Provider education
    - Telehealth technologies
    - Creation of additional multidisciplinary pain centers

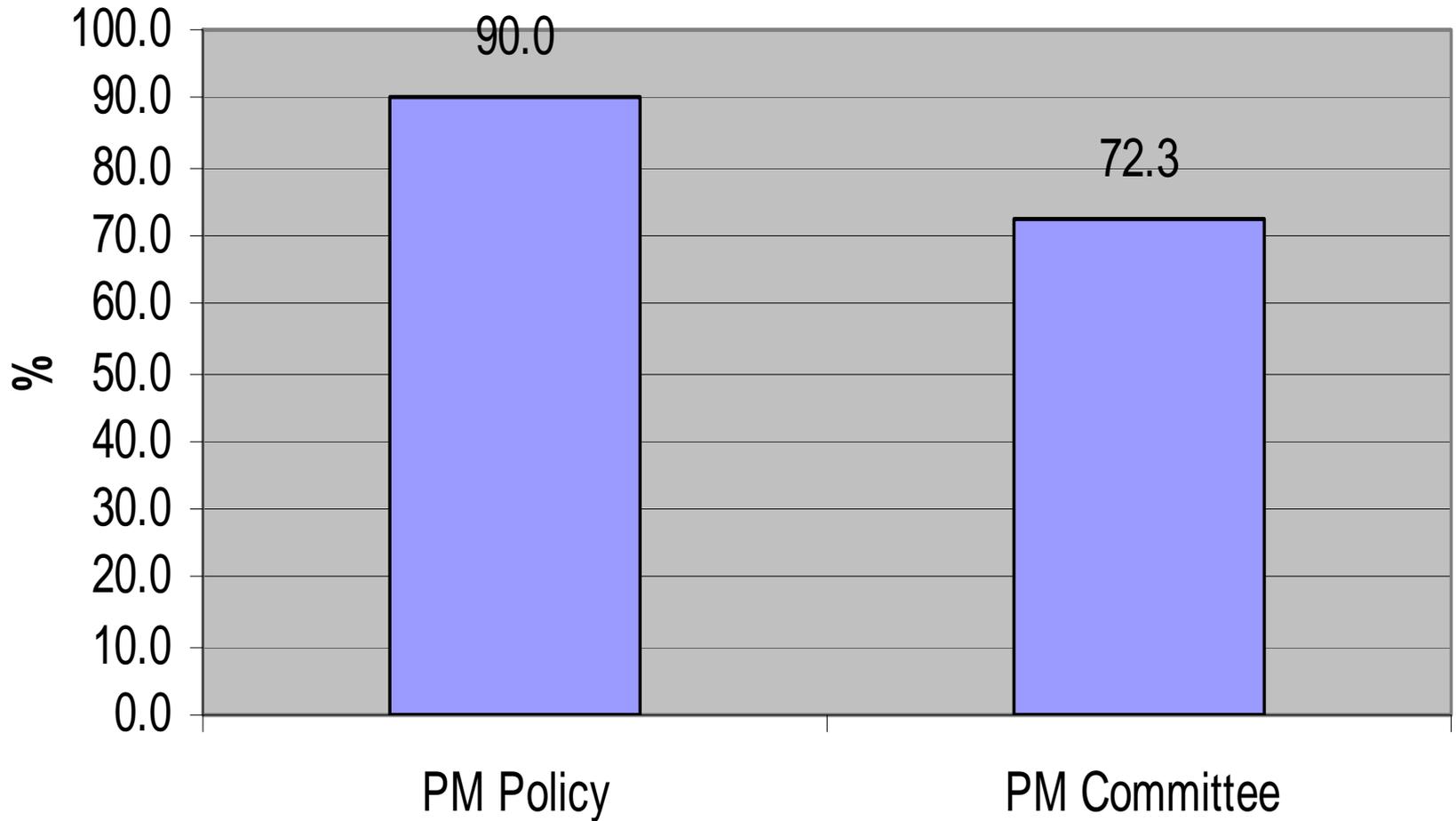
# Current Projects

- Opioid – High Alert Medications Project
  - Objective: Enhance safe and effective use of opioids
  - Aims:
    - Increased use of CPRS pain assessment and reassessment templates
    - Increased use of opioid agreements
    - Increased percent of prescribers who have completed opioid web-based course
    - Increased percent of facilities that have successfully implemented accepted protocols/guidelines for opioid use (oral and PCA) in inpatient settings
    - Reduction in opioid related AEs
    - Increased availability of pain specialists, including pain medicine specialists, pain resource nurses, clinical pharmacists, and pain psychologists

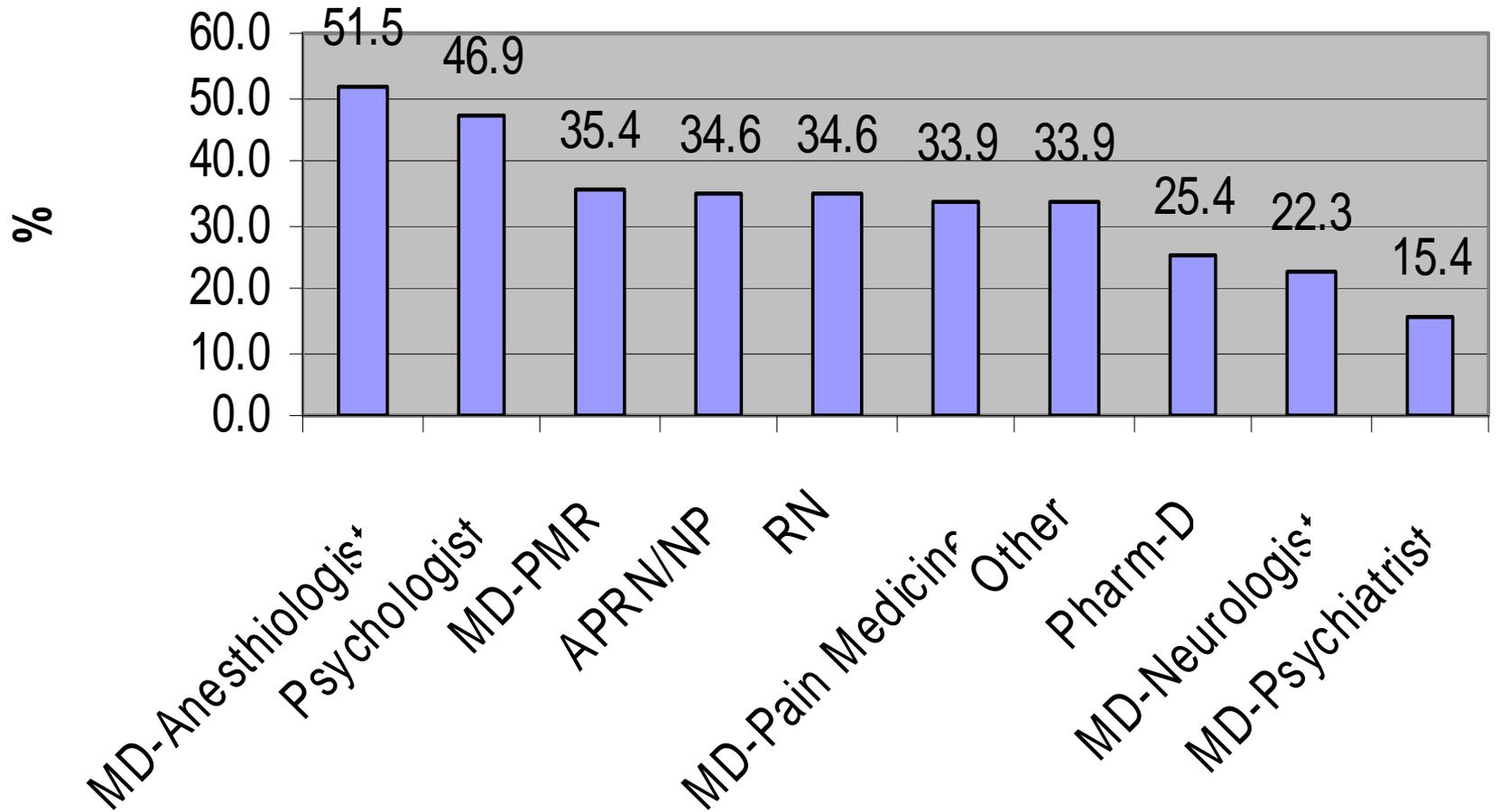
# Opioid – High Alert Medications

- Standardize pain management protocols
- Use appropriate monitoring for side effects
- Increase use of non-pharmacologic interventions
- Double checks on pumps
- Reversal protocols
- Opioid agreements/treatment goals
- Medication reconciliation
- Availability of pain specialty consult

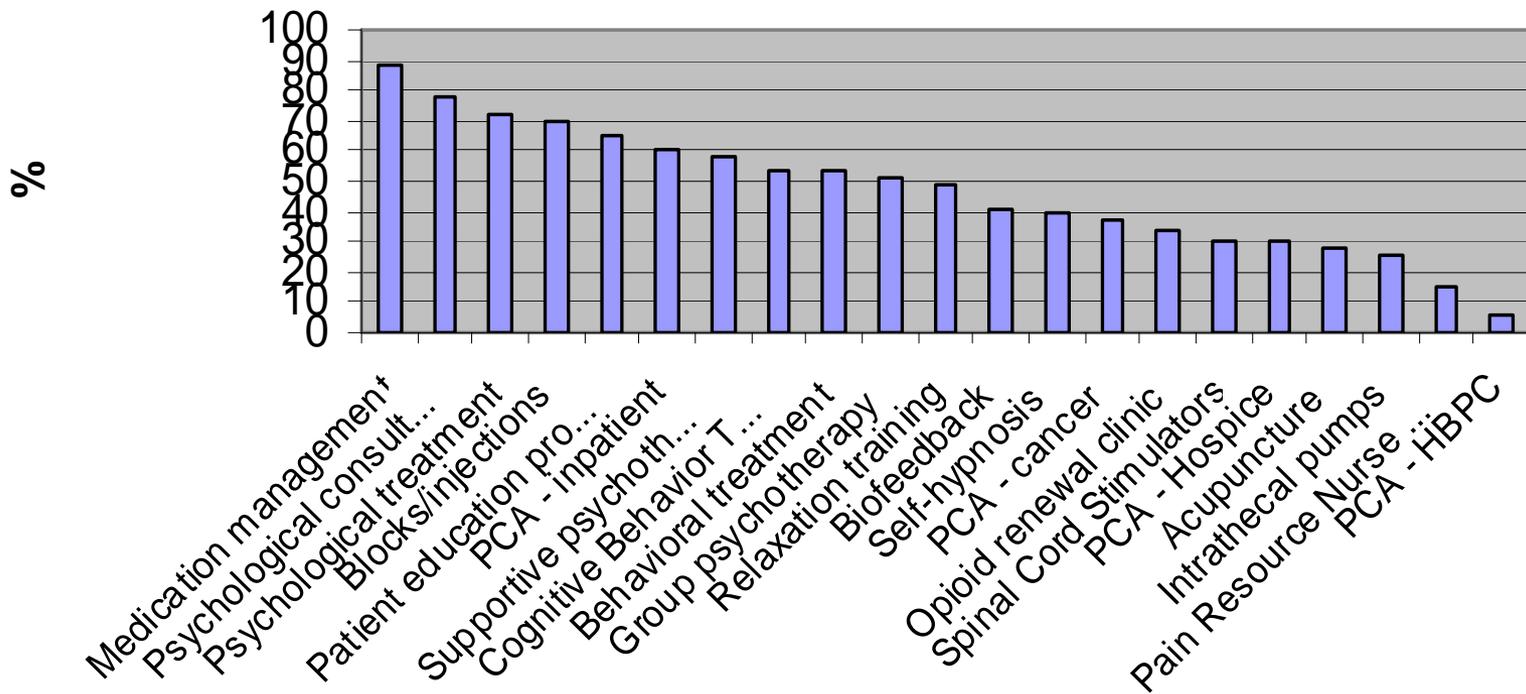
# % PAIN POLICY/PAIN COMMITTEES



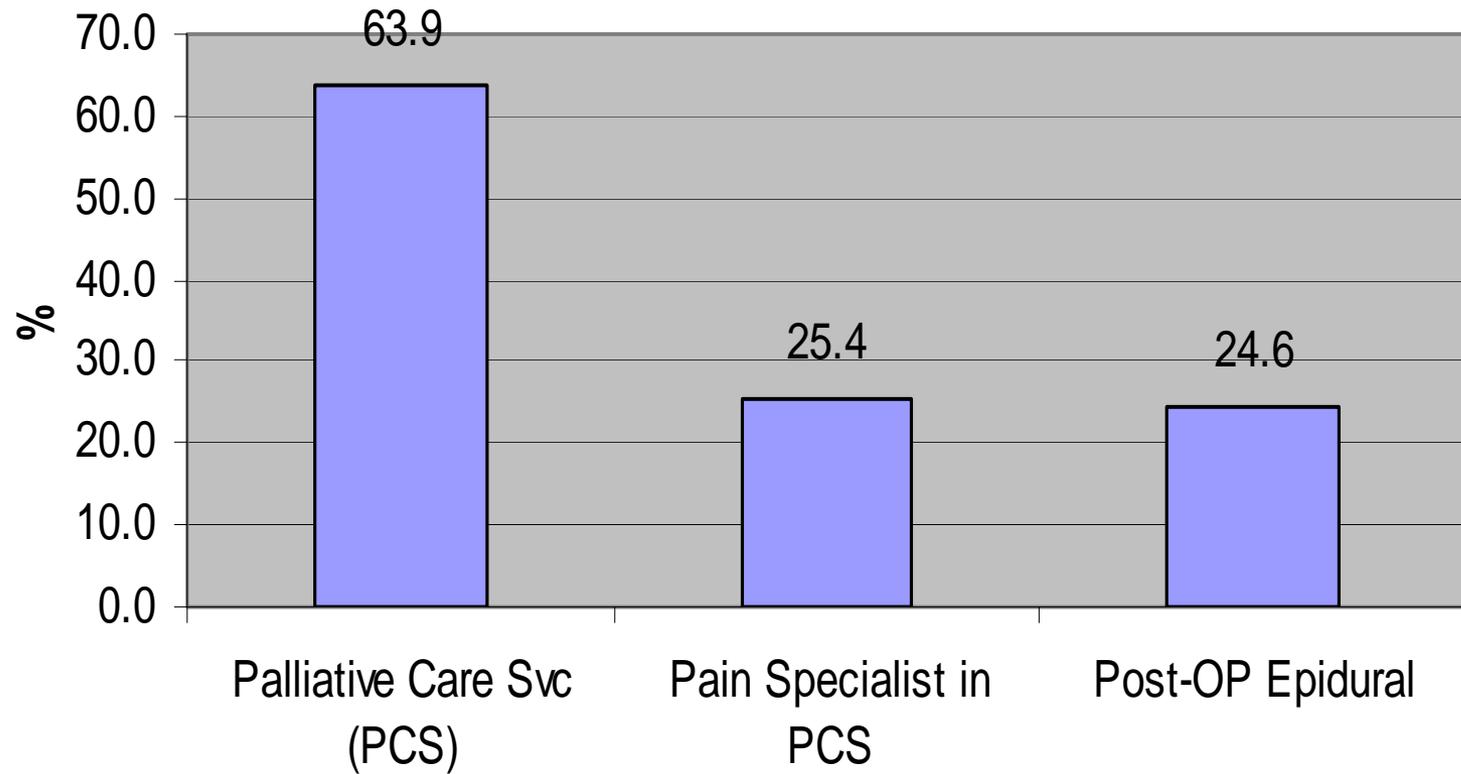
# PAIN STAFF



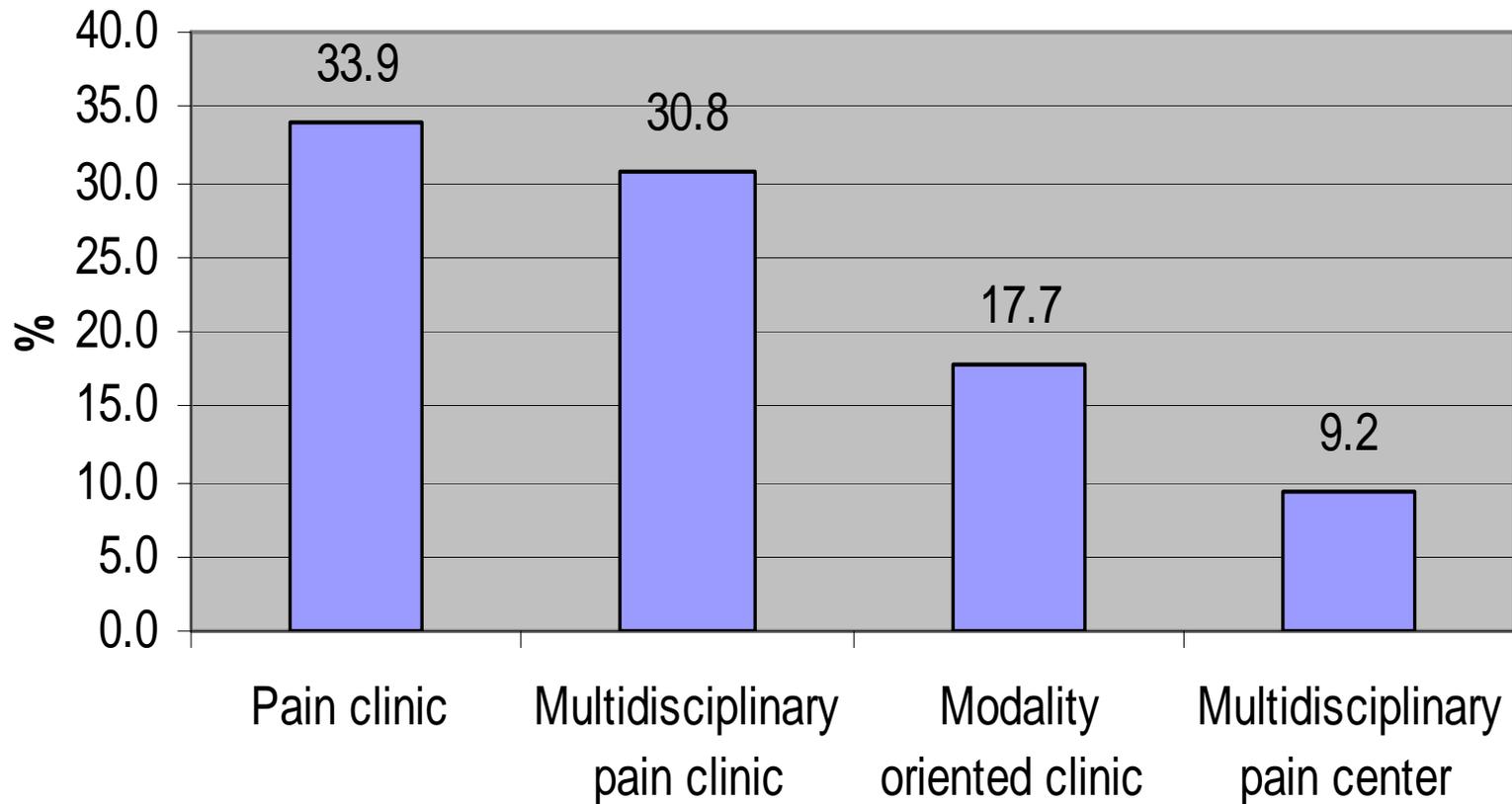
# PAIN SERVICES



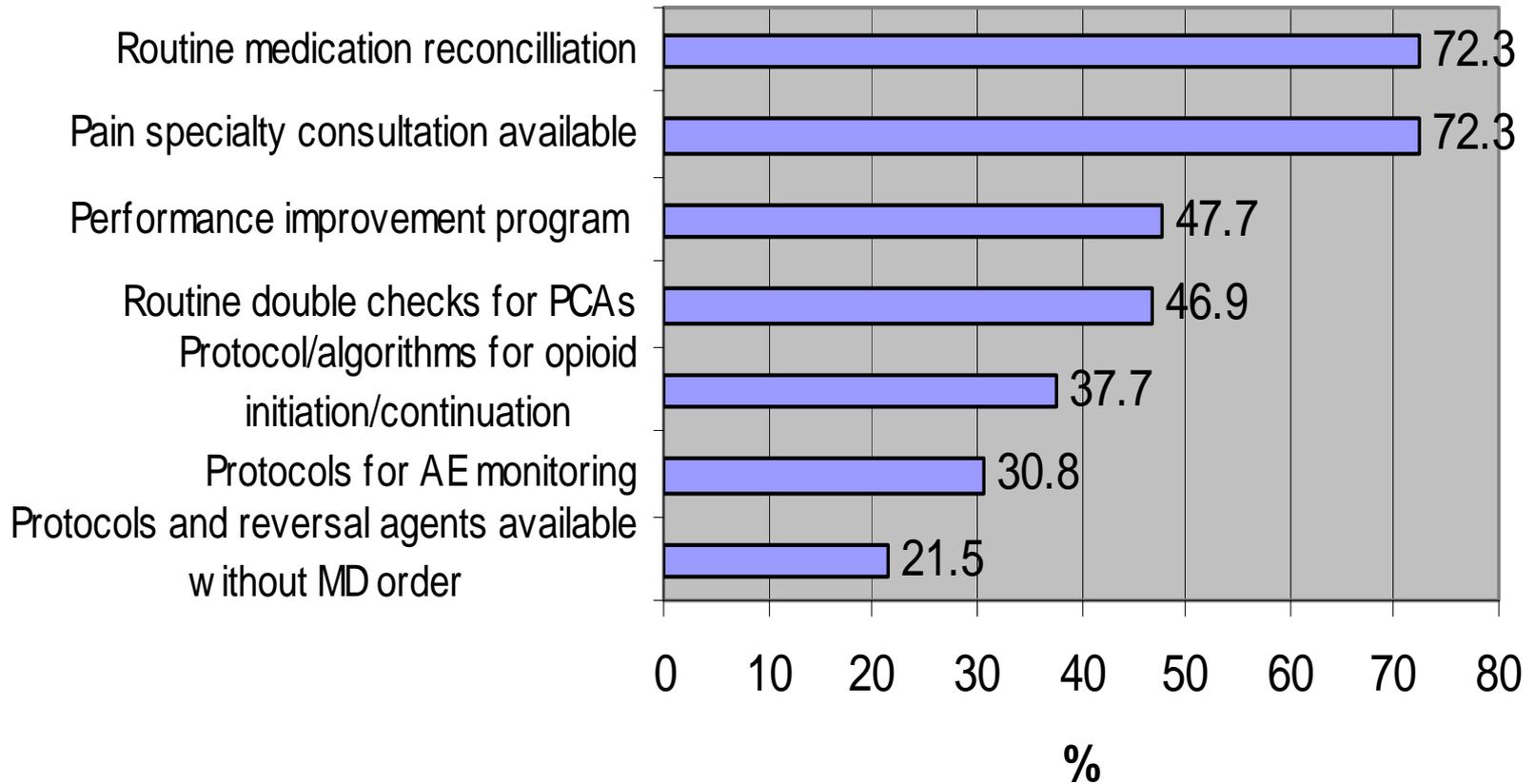
## % SERVICES/SPECIALISTS



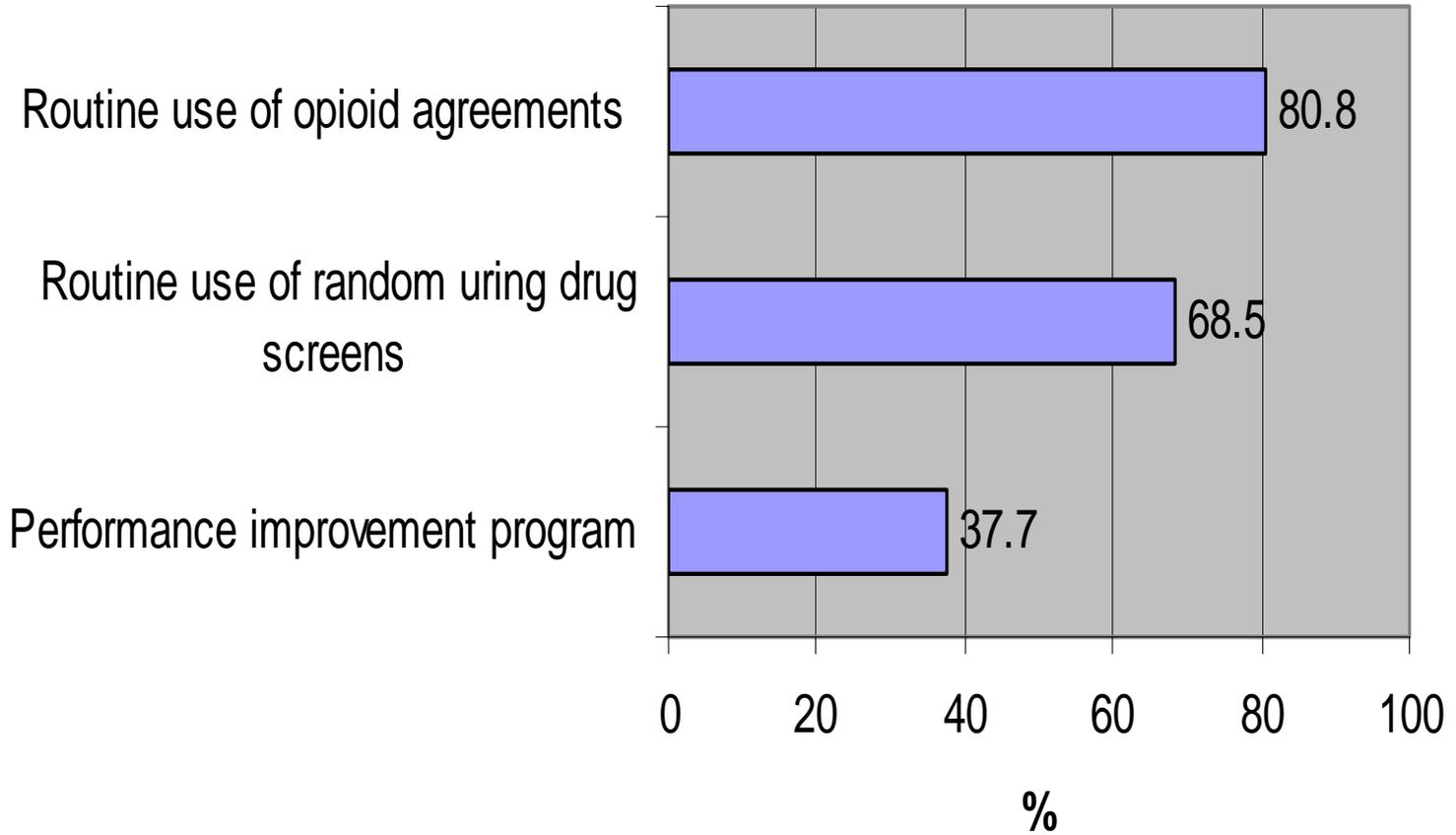
## PAIN TREATMENT FACILITIES



# OPIOID SAFETY INPATIENT



# OPIOID SAFETY OUTPATIENT



# Recommendations for enhanced pain care at the facility level

- Pain Management Committee
  - Assure provider competence
  - Promote patient/family education
  - Promote safe and effective use of analgesics, particularly opioids
- Promote access to effective pain care
  - Emphasize optimal pain care in primary care
  - Expand interdisciplinary focus
  - Assure access to cost-effective care

# Pain Management Committee

- Facility pain management policy
- “The Pain Management Committee provides oversight, coordination, and organization-wide monitoring of pain management activities and processes to ensure consistency with the VHA National Pain Management Strategy”
- Report to Chief of Staff and Medical Staff Executive Committee
- Reports to VISN Pain Committee

# Pain Management Committee

- Active performance improvement effort
  - Ongoing monitoring of performance in all settings of care
    - Collaboration in establishing pain-relevant policies and procedures
    - Pain report card
    - Setting specific performance improvement projects
    - IHI type projects
  - Establish minimal competencies and provide ongoing provider education
    - Orientation of new employees
    - Annual mandatory training
    - Case based and setting/specialty specific provider training
  - Provide ongoing patient/family education
    - Pain fairs
    - Promote access to MyHealtheVet
    - "Living with pain class"

# Summary

- Support VISN Pain POC
  - Develop mechanisms to assure bidirectional communication with National Pain Management Strategy Coordinating Committee
- Establish high functioning facility Pain Committee
  - Performance improvement
  - Provider competence
  - Educated consumers
- Use existing resources
  - Pain Management website – [www.va.gov/pain\\_management](http://www.va.gov/pain_management)
  - VA Pain List Serve
  - Monthly national teleconferences
- Identify and nurture “painiacs”; get involved

Thanks!  
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