VA Prescription for Change Requires: The Veteran, the Healthcare Team and Strategies for Quality Improvement

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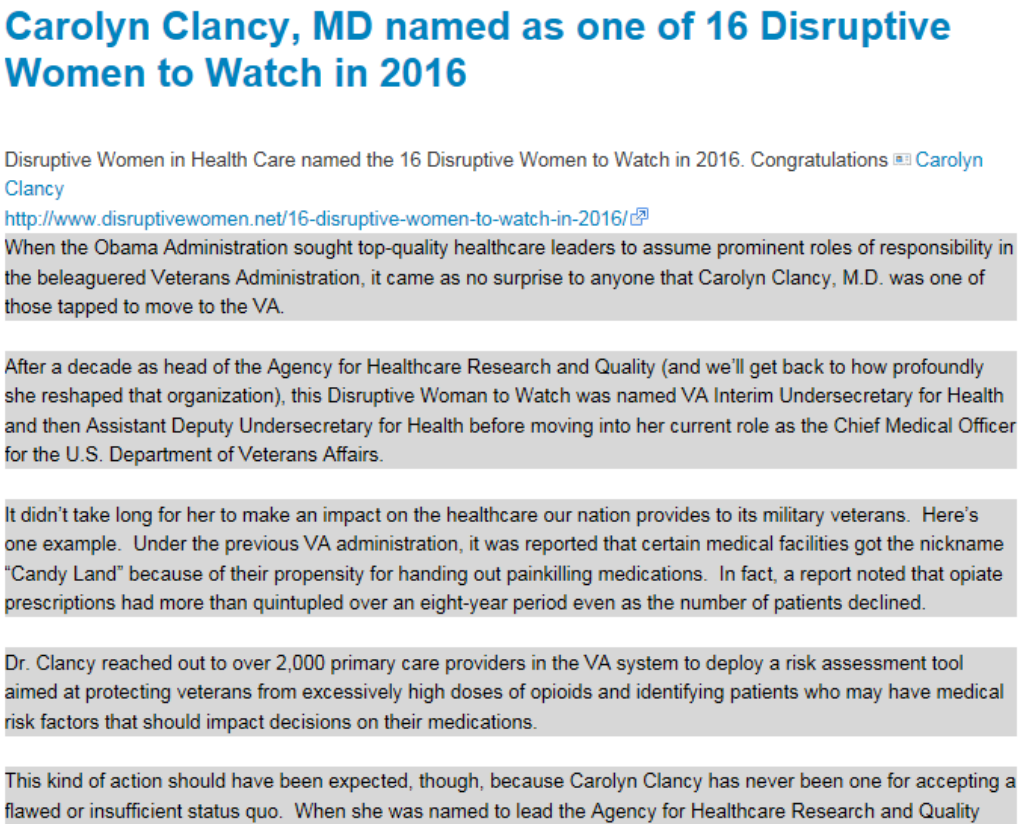
Disclosures

- Other than I have been named as a disruptive woman in healthcare I have nothing to disclose for conflicts of interest for this conference.



Carolyn Clancy, MD named as one of 16 Disruptive Women to Watch in 2016

Disruptive Women in Health Care named the 16 Disruptive Women to Watch in 2016. Congratulations Carolyn Clancy

http://www.disruptivewomen.net/16-disruptive-women-to-watch-in-2016/

When the Obama Administration sought top-quality healthcare leaders to assume prominent roles of responsibility in the beleaguered Veterans Administration, it came as no surprise to anyone that Carolyn Clancy, M.D. was one of those tapped to move to the VA.

After a decade as head of the Agency for Healthcare Research and Quality (and we'll get back to how profoundly she reshaped that organization), this Disruptive Woman to Watch was named VA Interim Undersecretary for Health and then Assistant Deputy Undersecretary for Health before moving into her current role as the Chief Medical Officer for the U.S. Department of Veterans Affairs.

It didn't take long for her to make an impact on the healthcare our nation provides to its military veterans. Here's one example. Under the previous VA administration, it was reported that certain medical facilities got the nickname "Candy Land" because of their propensity for handing out painkilling medications. In fact, a report noted that opiate prescriptions had more than quintupled over an eight-year period even as the number of patients declined.

Dr. Clancy reached out to over 2,000 primary care providers in the VA system to deploy a risk assessment tool aimed at protecting veterans from excessively high doses of opioids and identifying patients who may have medical risk factors that should impact decisions on their medications.

This kind of action should have been expected, though, because Carolyn Clancy has never been one for accepting a flawed or insufficient status quo. When she was named to lead the Agency for Healthcare Research and Quality

Overview

1. Background: Veterans and Pain
2. Opioids and Opioid Safety Initiative (OSI)
3. Academic Detailing and Multifaceted Approach
4. Looking to the future

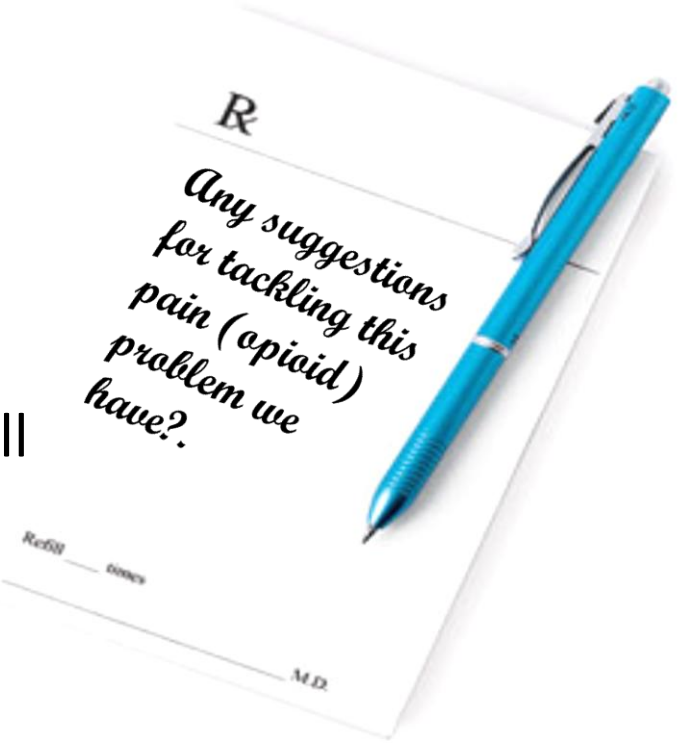
This is more than just an opioid problem

- Pain is complex and common in the veteran population.
  - Survivors of battlefield injuries, repeated with life long pain related to damage
  - Emotional Health, Mental Health, Head injuries, can further add to the complexity of chronic pain.
- Uncontrolled pain, distress, functional impairment make for a significant impact to the quality of life to our patients and their families.
- **The challenge is helping the hurting without causing more harm.**
- **Mission: to restore a reasonable quality of life in their families and communities.**

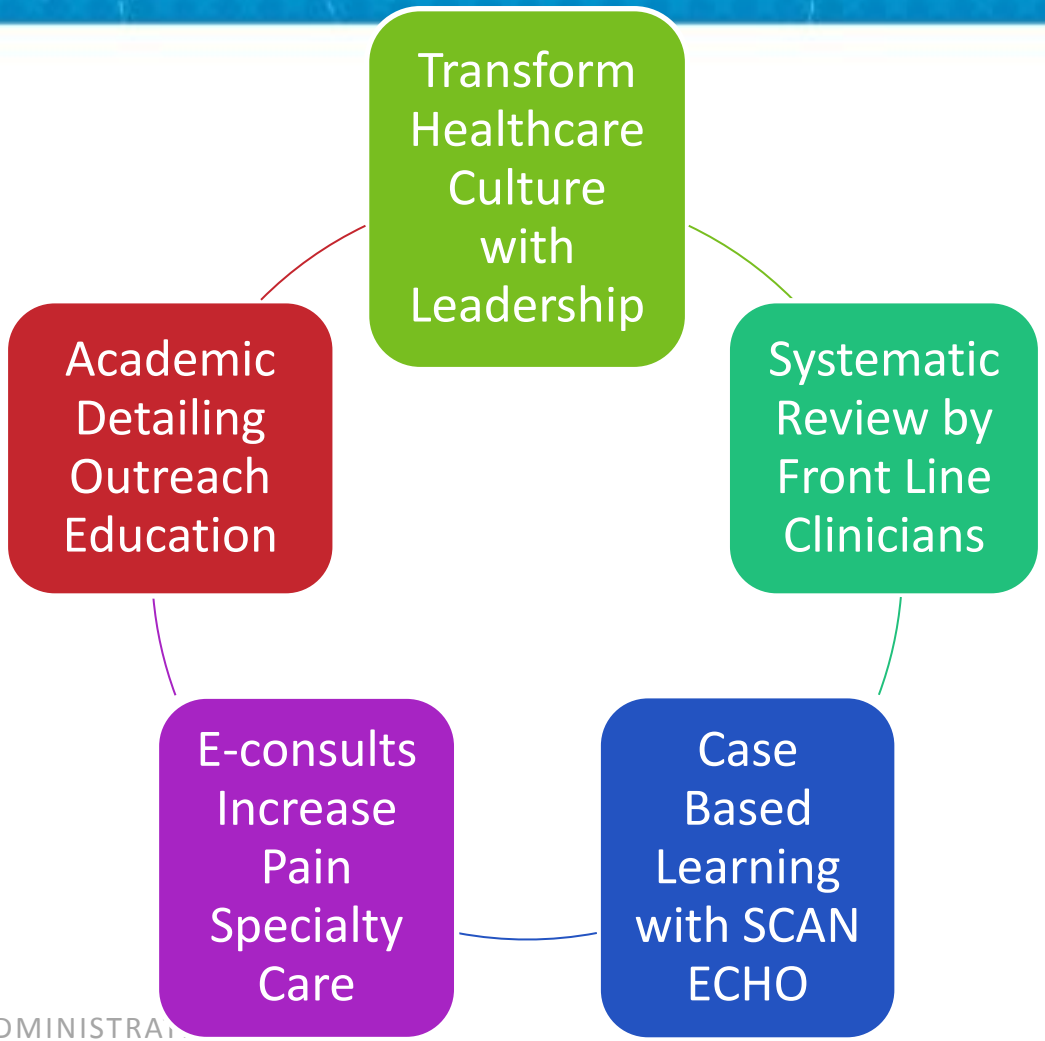
Healthcare System Change in Difficult Challenges

- Organizational approach requires both a top down and a bottom up approach
- The stakes are high as it is a safety and quality issue:
    - Not an option to do nothing
    - Pathway is still being developed

- Synergy of mixed methods is critical to assuring that we reaching the needs of all of veterans, and the needs of our healthcare team to execute this mission.



Multifaceted Approach to Transform Practice



Approaching a National Safety Concern

Opioid Safety Initiative

- Identify Veterans to develop an individualized clinical action plan to mitigate risks.
- Offer providers education and training to enhance competencies and to promote clinical practice guidelines
- Encourage utilization of existing tools and resources to promote organizational/system improvements

VA Stepped Pain Care

RISK

Comorbidities

Treatment Refractory

Complexity

Tertiary, Interdisciplinary Pain Centers
Advanced pain medicine diagnostics & interventions; CARF accredited pain rehabilitation

STEP 3

Secondary Consultation
Multidisciplinary Pain Medicine Specialty Teams; Rehabilitation Medicine; Behavioral Pain Management; Mental Health/SUD Programs

STEP 2

Patient Aligned Care Team (PACT) in Primary Care
Routine screening for presence & severity of pain; Assessment and management of common pain conditions; Support from MH-PC Integration; OEF/OIF, & Post-Deployment Teams; Expanded care management ; Pharmacy Pain Care Clinics; Pain Schools

Self Management
Nutrition/weight management; ice & stretch and exercise/conditioning; sleep management; mindfulness meditation/relaxation techniques; engagement in meaningful activities; family & social support; safe environment/surroundings

STEP 1

Nine Goals to Ensure Effective Pain Management

The Opioid Safety Initiative Requirements were issued to the VISN's on April 2, 2014. The purpose of the initiative is to ensure pain management is addressed thoughtfully, compassionately and safely.

1. Educate prescribers of opioid medication regarding effective use of urine drug screening
2. Increase the use of urine drug screening
3. Facilitate use of state prescription databases
4. Establish safe and effective tapering programs for the combination of benzodiazepines and opioids
5. Develop tools to identify higher risk patients
6. Improve prescribing practices around long-acting opioid formulations
7. Review treatment plans for patients on high doses of opioids
8. Offer Complementary and Alternative Medicine (CAM) modalities for chronic pain at all facilities
9. Develop new models of mental health and primary care collaboration to manage opioid and benzodiazepine prescribing in patients with chronic pain.

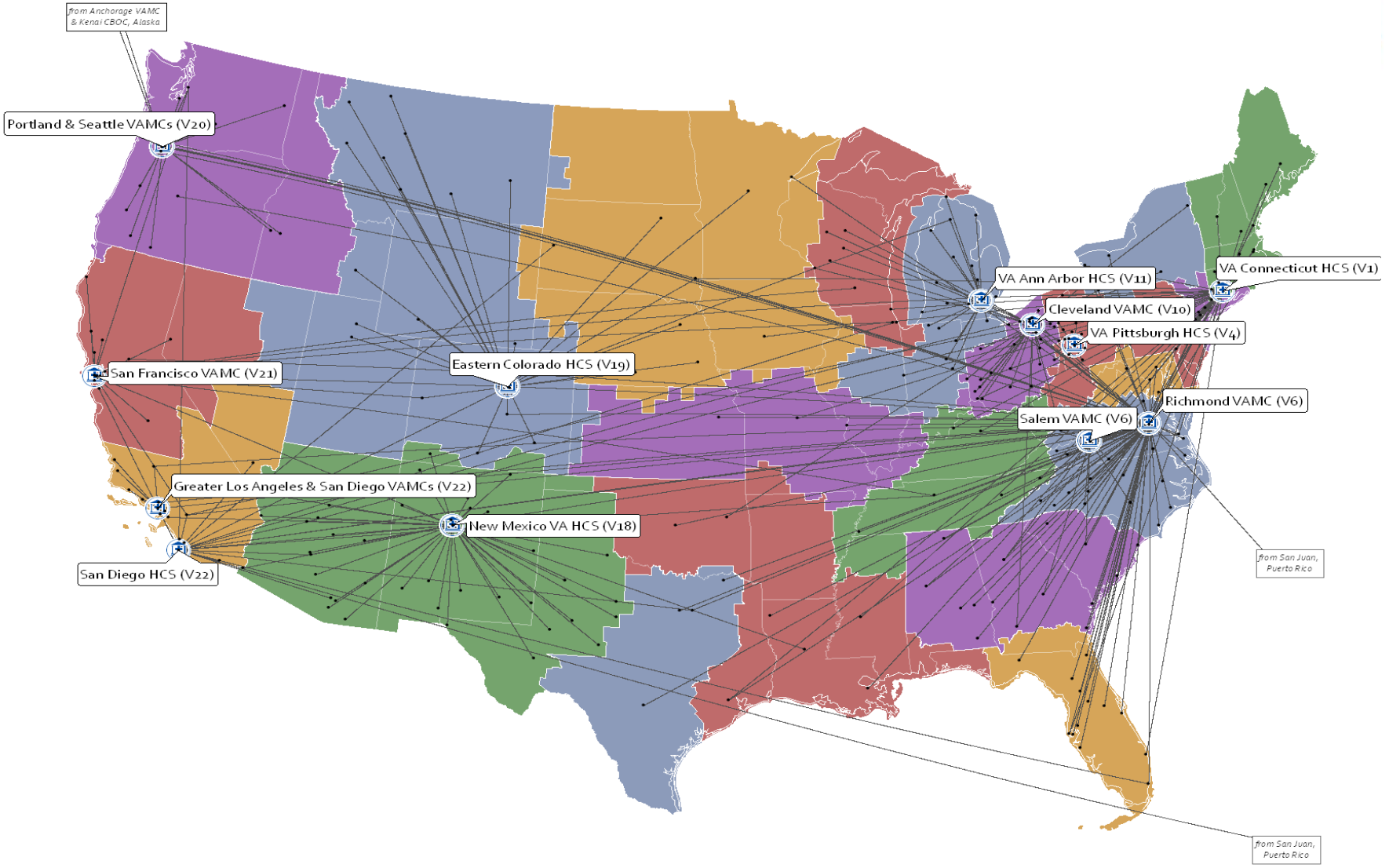
VA Primary Care Pain Champion Program Innovations in Virtual Care

- Pain champions throughout the country meet monthly through to discuss innovations in pain care
- Monthly Community of Practice Calls to review strong practices and innovations that make the best use of the medical home for safe and effective pain care

Innovations in Virtual Care

- Scan-Echo (Specialty Care Access Network - Extension for Community Health Care Outcomes)
- Econsulting
- Clinical Video Tele consulting
- APPS
- Virtual Mentoring

SCAN-ECHO Spread in VHA-300 CBOCs



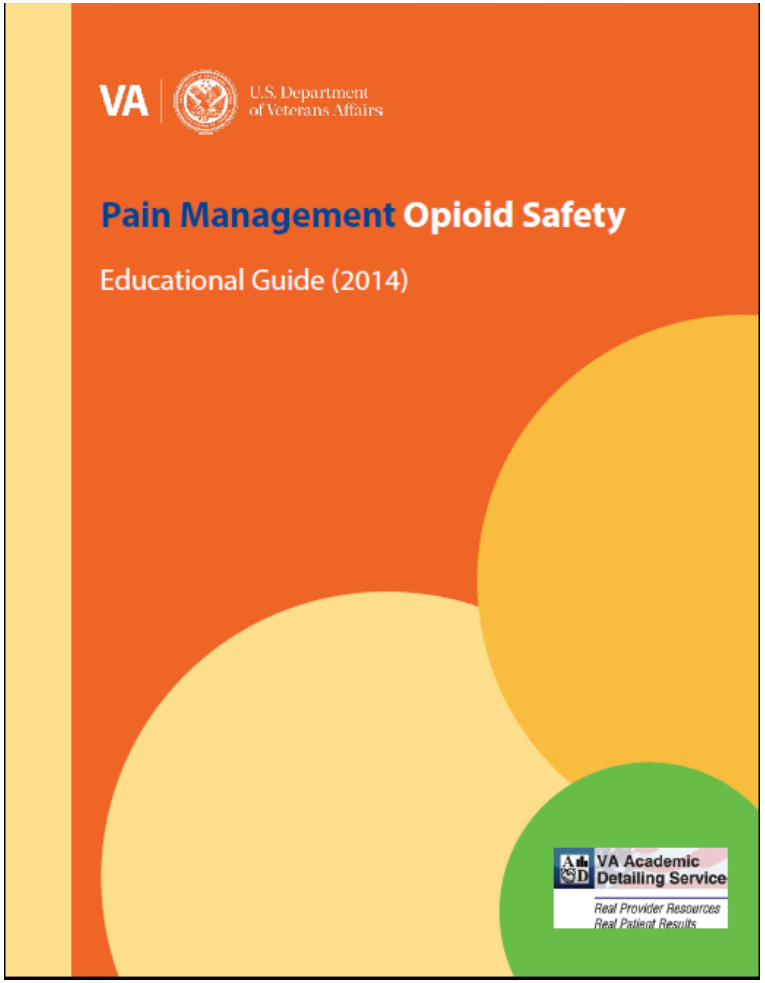
Academic Detailing Resources
Educational Modules Available

Available

1. Risk Reduction of Metabolic Adverse Effects with Antipsychotics
2. Evidence Based Treatment for PTSD
3. Evidence Based Recommendations for Treatment Resistant Depression
4. Evidence Based Treatment for Alcohol Use Disorders
5. Pain Management Opioid Safety
6. Evidence Based Treatment for Insomnia: Mitigate Risk of Psychotropic Medications
7. OEND – Naloxone provider guides

To be released soon

1. Evidence Based Treatment of Schizophrenia
2. Re-evaluating the Use of Second Generation Antipsychotics in Our Veterans



Provider Fact Sheet: Chronic Pain and Suicide

- Academic detailing fact sheet developed to engaged providers in discussion around suicide risk and chronic pain
- Topics covered:
  - Why should we be concerned?
    - Pain conditions independently increase risk for suicidal ideation and suicide attempts
  - What risk factors, warning signs and protective factors should I look for?
  - What steps can be taken to reduce risk?
  - What should I do if I suspect my patient is suicidal?

It is estimated that twenty-two Veterans die by suicide every day[9]

What additional steps can I employ to reduce suicide risk in patients taking opioids?[14,18]

- ✓ Perform consistent and frequent urine drug screens
  - Opioid risk classification*: moderate (at least 2/year); high (at least 3-4/year)
  - Follow-up on inconsistent results and order confirmatory testing when appropriate
- ✓ Follow-up within 4 weeks after initiation of opioids especially with long acting opioids
- ✓ Avoid sedative co-prescriptions with opioids
- ✓ Ensure that patients with diagnosed substance use disorders (SUD) are actively receiving SUD specialty treatment and/or SUD specific pharmacotherapies while on opioid therapy

Im JJ et al.. J Gen Intern Med 2015;30:979

Opioid Therapy Risk Report

Opioid Therapy Risk Report
Patient Detail

1 of 1 | 100% | Find | Next

Data Current As Of:
08/31/2014

NOTE: Fields with **double asterisk** represent values evaluated for the past two years

Return to Patient List

Patient Details

Patient Name	Last Visit w/PCP**	Last Visit in Pain Clinic**	Last Visit in Mental Health**	Last Visit in SUD Tx**	Depr**	PTSD**	SUD**	OSA**	Most Recent UDT Date**	Last Full Month Avg Morph Equiv	Active Opioid Rx	Active Benzo Rx	Pain Contract Entry Date
Veteran Pt One	8/5/2014	11/20/2012	8/19/2014		✓		✓	✓	8/5/2014	186	✓	⚑	None found

Most Recent Urine Drug Test

AMPHETAMINE	BARBITURATE	BENZODIAZEPINE	CANNABINOID	COCAINE	[illegible]	[illegible]	[illegible]	HYDROMORPHONE	METHADONE	MORPHINE	OPIATE	OXYCODONE
Not-Detected	Not-Detected	PRESUMPPOS	PRESUMPPOS	Not-Detected			Detected		Not-Detected		PRESUMPPOS	

Average Morphine Equivilents Per Month - Past Twelve Months

Pain Score - Past Twelve Months

Opioid History Past Twelve Months

Release Date	VA Product	Strength	Days Supply	Daily Morphine Equivalent
7/16/2014	OXYCODONE HCL 5MG TAB	5.00	30	15
6/13/2014	OXYCODONE HCL 5MG TAB	5.00	30	15
6/5/2014	OXYCODONE HCL 5MG TAB	5.00	30	15
5/21/2014	OXYCODONE HCL 5MG TAB	5.00	30	15
4/24/2014	OXYCODONE HCL 5MG TAB	5.00	30	15

Benzodiazepine History Past Twelve Months

Release Date	VA Product	Strength	Days Supply
6/30/2014	CLONAZEPAM 1MG TAB	1.00	30
6/9/2014	LORAZEPAM 2MG TAB	2.00	30
6/13/2014	TEMAZEPAM 15MG CAP	15.00	30
4/23/2014	TEMAZEPAM 7.5MG CAP	7.50	30
4/7/2014	TEMAZEPAM 7.5MG CAP	7.50	30
2/28/2014	CLONAZEPAM 1MG TAB	1.00	30

Progress on Opioid Safety Initiative, Opioid Overdose Education Naloxone Distribution

Early Progress Report on Implementation of a VHA Nationwide Academic Detailing Services

VA HEALTH CARE | Defining EXCELLENCE in the 21st Century

Implementation Status for VHA's National Academic Detailing Service Fiscal Year 2015

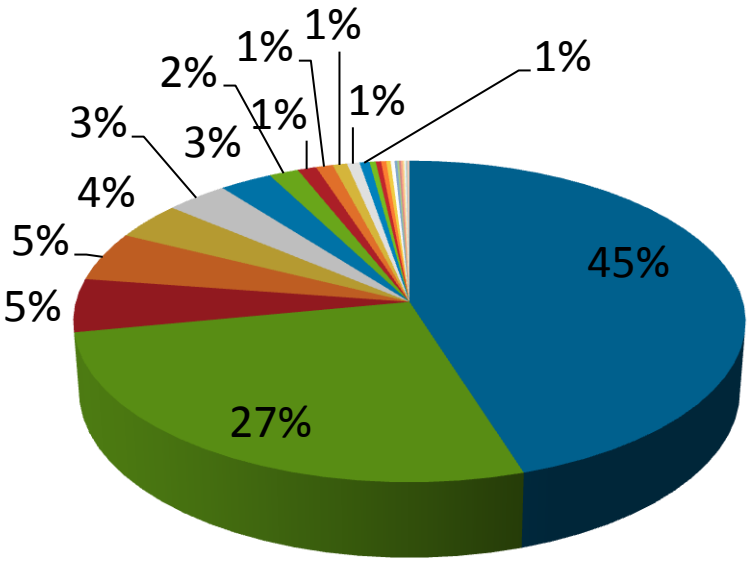
# Outreach Visits	3,443
# VISNs w/ Visits Recorded in National Database	9
# Facilities	39
# Detailers	65
# Providers	5,168

VISN	Detailers w/ Recorded Visit	First Visit Date	Visits	Providers
3	13	10/2/2014	254	363
8	9	5/7/2015	155	570
11	1	12/8/2014	8	28
15	22	10/14/2014	489	847
17	5	*Established 2012	493	395
19	1	4/6/2015	2	1
21	9	*Established 2010	817	1409
22	5	*Established 2010	1224	1522
23	1	7/14/2015	1	35

Aggregate numbers Nationally
VISN-level Detailers/Visits/Providers
*VISN Programs established prior to FY2015

Topics Covered during AD Visits

Academic Detailing Visits by Topic FY15

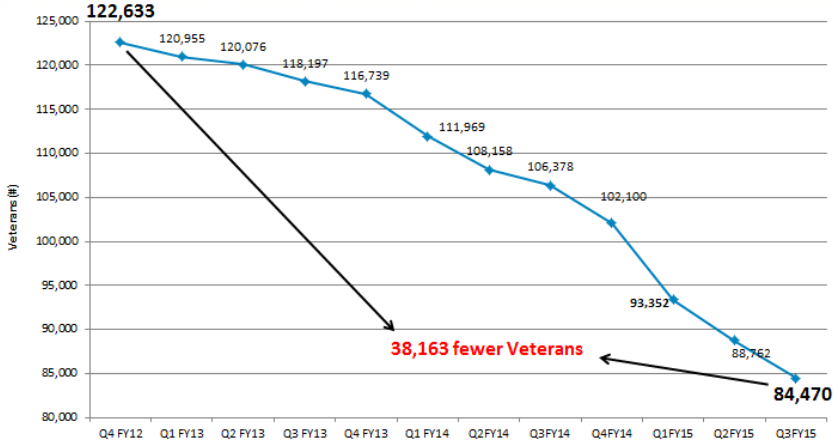


VISN and National Academic Detailing Campaign Topics	# Visits
Pain/Opioid	1913
Naloxone/OEND	1140
Geriatrics	227
PTSD	210
Hepatitis C	160
Testosterone	144
AUD	121
Insomnia	68
Refractory Schizophrenia	43
Depression	39
Other Topics Aggregated:	176

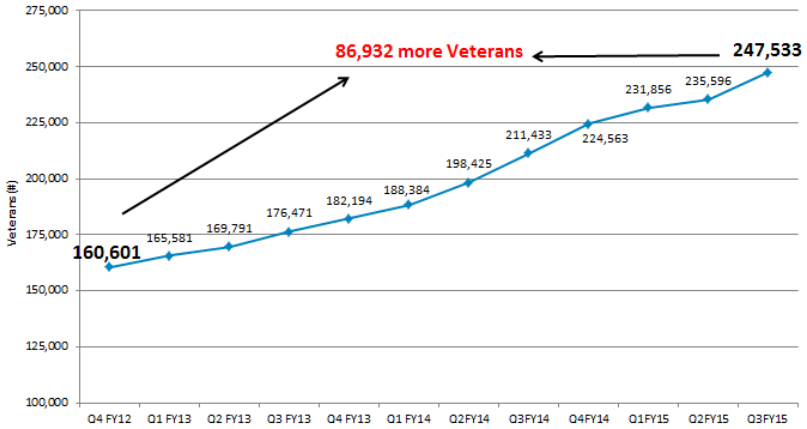
***Visits reported more than one topic discussed during the educational outreach session**

OSI Dashboard in VHA Identifies Opportunity

Veterans Dispensed An Opioids And A Benzodiazepine Over Time



Veterans Dispensed Opioids Long-Term With A Urine Drug Screen Completed Over Time



Select First Fiscal Quarter: Q1FY13 Select Last Fiscal Quarter: Q1FY14

1 of 1 100% Find | Next Select a format Export

National: Percent of Patients Dispensed More Than 400 MEDD

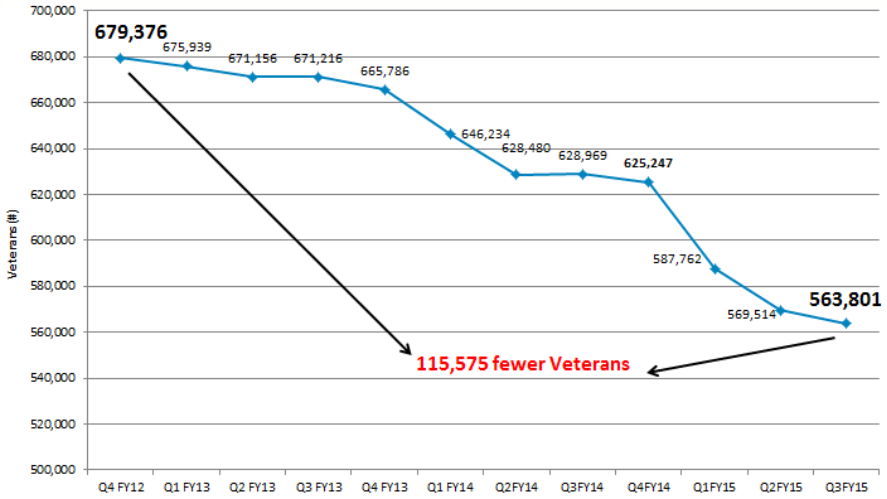
	Q1FY13	Q2FY13	Q3FY13	Q4FY13	Q1FY14
National					
	/	/	/	/	/

Click on the blue underlined text to drill into the next level of data in the OSI dashboard

Achieving Results:
Decrease Chronic Opioids for Pain, High dose opioids, benzos + opioids, and increase UDS monitoring

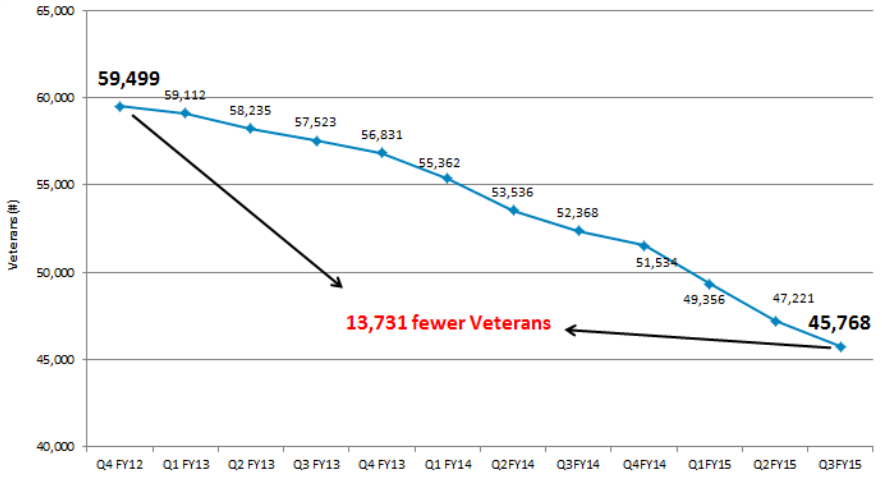
Trends in Opioid Use Track Progress in VHA

Veterans Dispensed Opioids Over Time



- At a 10,000 foot view straight forward metrics assist to give VHA a picture of how the system is adapting to the call for action to change pain management approach.

Veterans Dispensed Greater Than Or Equal to 100 MEDD



Findings:

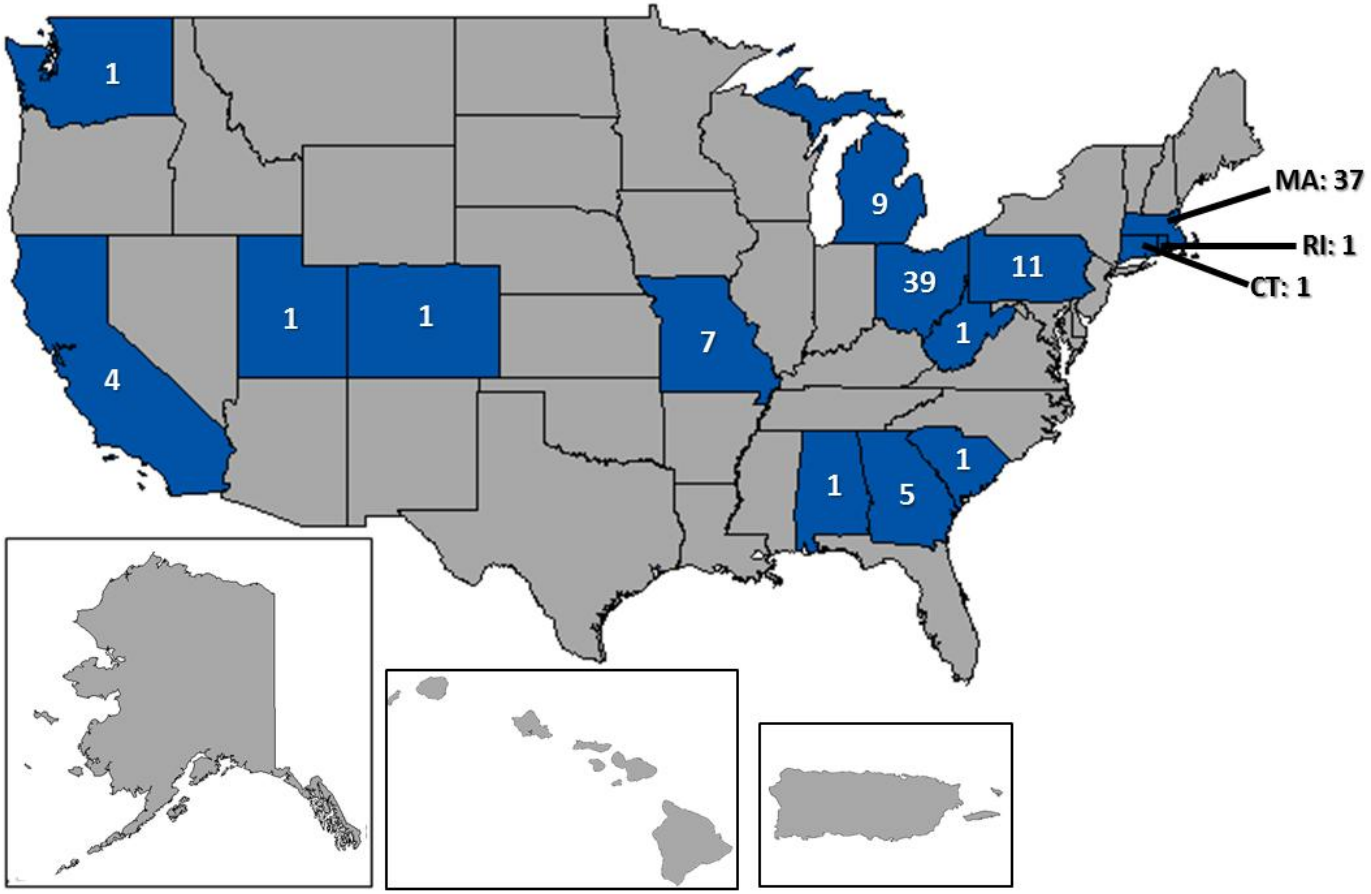
- Substantial decrease in prescription opioid utilization over time
- Decrease in prescriptions dispensed with doses of 100 mg equivalent of morphine per day

OEND

- **Opioid Overdose Education and Naloxone Distribution (OEND)**
- A harm reduction and risk mitigation initiative that aims to decrease opioid-related overdose deaths

- Key Components
  - Education and training regarding opioid overdose prevention and recognition
  - Opioid overdose rescue response
  - Issuing naloxone kits

120 Reversal Events = Lives Saved!



State	# Naloxone Opioid Reversals
AL	1
CA	4
CO	1
CT	1
GA	5
MA	37
MI	9
MO	7
OH	39
PA	11
RI	1
SC	1
UT	1
WA	1
WV	1
Total	120

How Reversals Impact: Case Examples

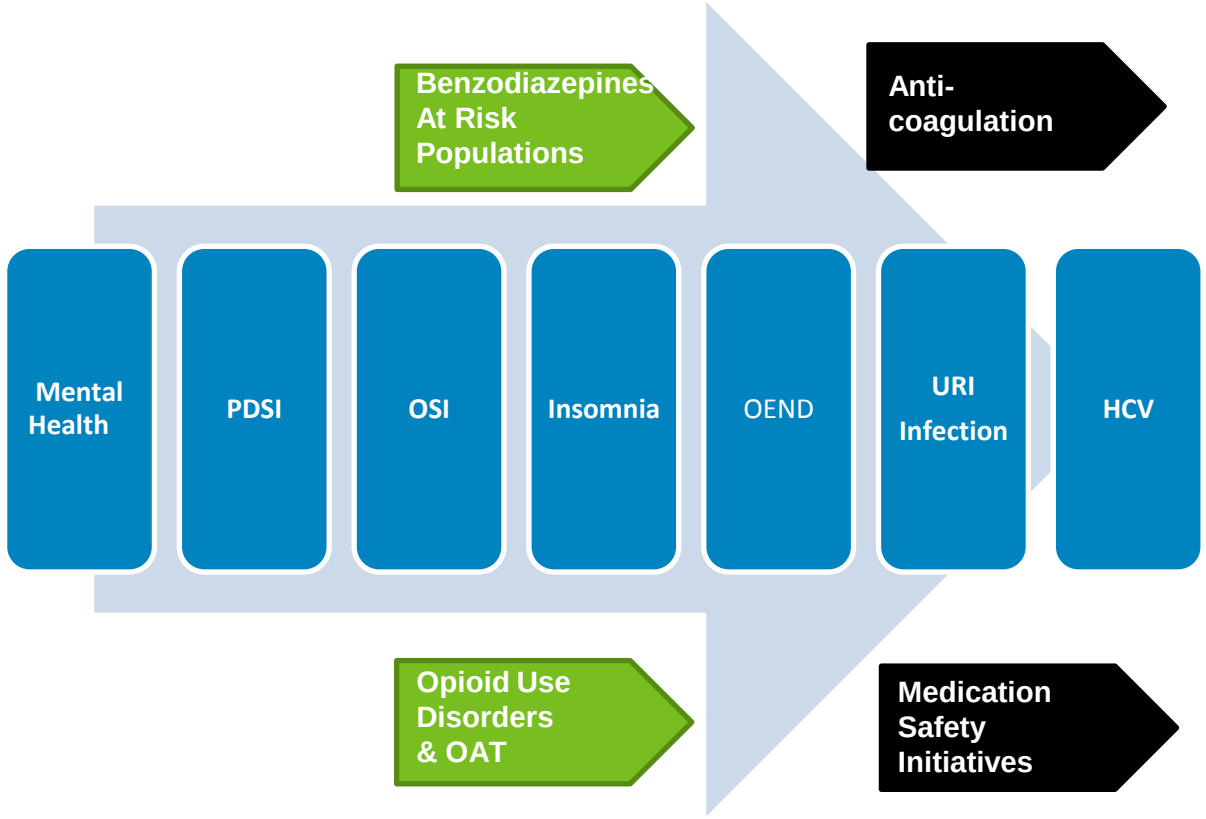
- A Veteran was taking morphine tablets and lidocaine patches for pain control, and had an upcoming stressful meeting. The Veteran's wife was worried that he would become agitated during the meeting , so they decided he should take a benzodiazepine tablet to calm him. Subsequently, the patient's wife noticed his eyes closing and he was appearing to fall asleep, when he wasn't. She also noted his breath was wheezing. The wife gave the patient naloxone, applied sternal rub and other measures that revived the patient.
- A Veteran and his roommate were using IV heroin almost on a daily basis. Both had been in and out of buprenorphine and methadone maintenance programs. Both also attended a recent OEND class and were prescribed naloxone kits. The roommate found the Veteran in an overdosed state at home and used the naloxone to revive the Veteran. The roommate called 911 and the Veteran was taken to the hospital where he was treated for an opioid overdose and released. The Veteran continues to use IV heroin but his roommate is in treatment and hoping that this Veteran will follow suit.

Forward Thinking for Academic Detailing

VISN Strategies and Priorities

- As VHA continues with implementation of Academic Detailing across US
  1. Refinement in Priority Campaign and Deployment Methods
  2. Measuring Program Impact on evidence based practice
  3. Tracking Outcome to Veterans

Future Opportunities for AD programming
Setting priorities for future investment



Discussion and Questions