

PROJECT STEP

Implementation of the VA Stepped Care Model for Pain Management

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Acknowledgements

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PROJECT STEP

- Presentation Goals:
 - Provide background and overview of Project STEP
 - Present baseline assessment results
 - Needs Assessment / Developmental Formative Evaluation
 - Outcomes: Primary Care quality indicators

Project Step: Background

- 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)
 - Pain is among the most frequent presenting complaints of returning OEF/OIF soldiers; particularly in patients with polytrauma (Clark, 2004; Gironde et al., 2006)
 - The prevalence may be as high as 75% in OEF/OIF female Veterans (Haskell 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)

Project Step: Background

- In 2009, VHA advocated a stepped care approach to pain management as a best practice model
 - Stepped Care Model
 - Broad, population-based health interventions that promote screening, assessment, and management of health problems
 - Low intensity interventions first, followed by more intensive, specialized, and individually tailored approaches if necessary
 - Empirically supported
 - Collaborative care for chronic pain (Dobscha, 2009)
 - Modest improvement in outcome measures such as pain-related disability, depression
 - Other chronic health challenges (e.g., depression, alcoholism, tobacco cessation)
 - VHA Mandate: Adopt Stepped Care Model of Pain Management (SCM-PM) as single standard of pain care
 - VHA Goal: Full implementation within 5 years

VA Stepped Pain Care

RISK

Comorbidities

Treatment Refractory

Complexity

Tertiary, Interdisciplinary Pain Centers

Advanced diagnostics & interventions
CARF accredited pain rehab
VACHS: Comprehensive Pain Management Center

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Secondary Consultation

Pain Medicine
Rehabilitation Medicine
Behavioral Pain Management
SUD Programs
Mental Health Programs

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Patient Aligned Clinical Team (PACT)

Routine screening for presence & intensity of pain
Comprehensive pain assessment
Management of common pain conditions
Support from MH-PC Integration, OEF/OIF, & Post-Deployment Teams
Expanded care management
Opioid Renewal Clinics

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Project Step Goals/Design

- **Study Goal:** To study the adoption and implementation of the SCM-PM at VA Connecticut Healthcare System (VACHS)
 - **Aim 1:** (PROCESS) To examine implementation process of the SCM-PM at VACHS
 - **Aim 2:** (OUTCOMES) To examine the effectiveness of the SCM-PM at VACHS e.g., change in performance measures
- **Study Design: 4 years**
 - Observational mixed methods study using quantitative and qualitative data to assess implementation processes and outcomes
 - Participatory/Action Research: Core Team includes clinicians and researchers participating in some aspects of system change AND conducting research
- **Site:** VACHS (1 medical center, 7 Community Based Outpatient Clinics)

Baseline Assessment: Needs Assessment

- Pain management qualitative surveys administered to PCPs, support staff, and pain specialty staff:
 - Needs assessment / developmental formative evaluation in identifying barriers/facilitators of effective pain management throughout VACHS
 - Survey included 4 open-ended questions assessing positive & negative aspects of working with pain patients, current barriers limiting ability to work with pain patients
 - Determine change objectives for the implementation process

Project Step: Baseline Survey Responses

- Content analysis revealed following themes:

PRIMARY CARE PCPs	PRIMARY CARE STAFF	SPECIALTY CLINIC STAFF
Rewards/Facilitators	Rewards/Facilitators	Rewards/Facilitators
Seeing patients improve functioning is gratifying	Knowledge that action can make a positive difference	Good communication between patient - provider
Relationship building (with patient)	Multidisciplinary teams / Team approach to care	Multidisciplinary approach /team support
Tapering off opiates		
Availability of CAM Resources		

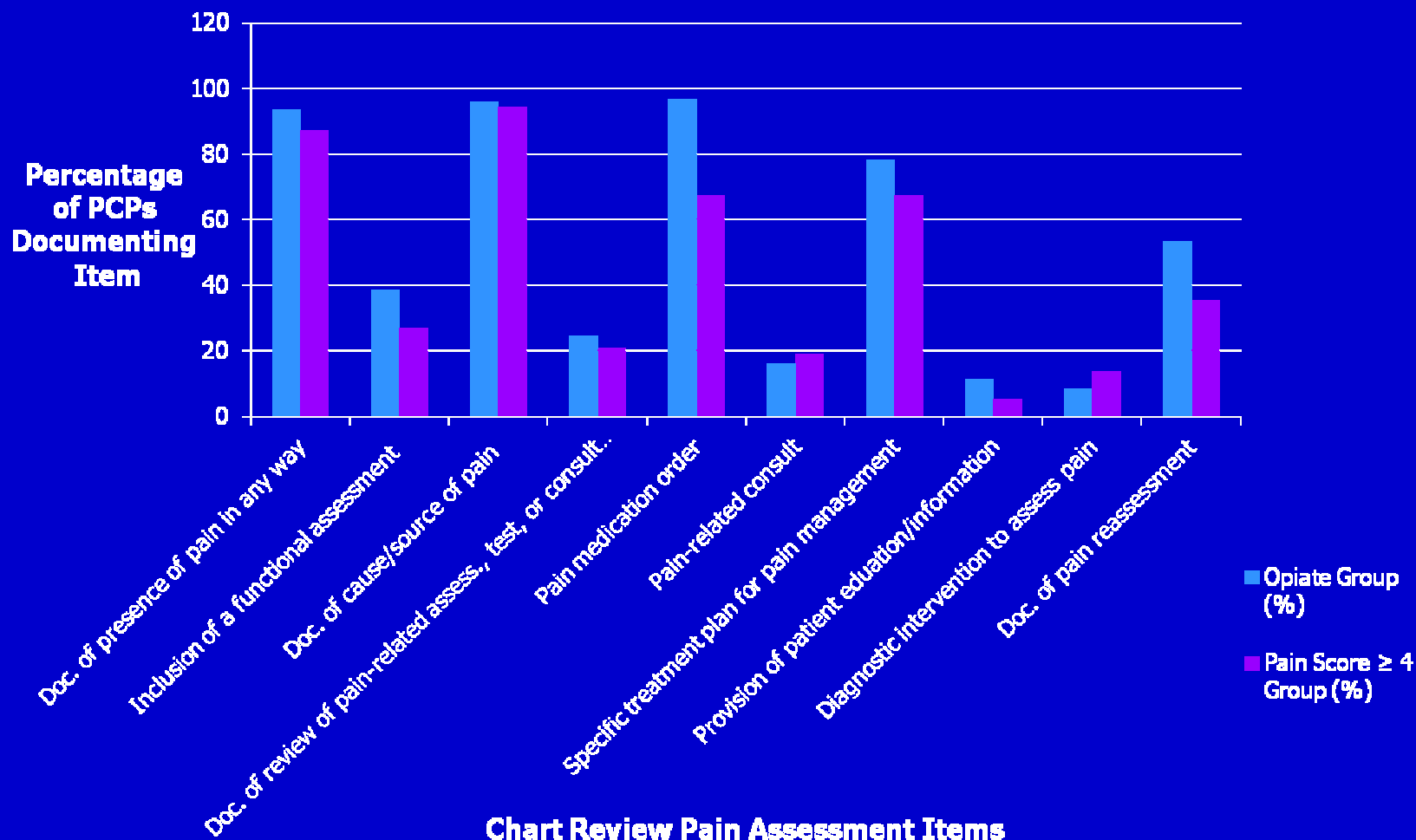
Project Step: Baseline Survey Responses

PRIMARY CARE PCPs	PRIMARY CARE STAFF	SPECIALTY CLINIC STAFF
Barriers	Barriers	Barriers
Inadequacies in Education	Personal barriers (knowledge deficits)	Communication: Patient – provider
Lack of consultant support		Coordination among clinics
Problem complexity	Patient barriers (resistance, non-cooperation, aberrant behavior)	Patient attitudes / beliefs about pain management
Skepticism about current treatments	Skepticism toward patients and providers	
System barriers: restrictions on pharmaceutical formulary, handwritten opiate prescriptions	System barriers: limited hours of operation, distance, deficient pain educational material, large provider panels	System barriers: Resource limitations, demand exceeds capacity

Baseline Assessment: Quality Indicators

- Hypothesis: Successful implementation of SCM-PM will be reflected in change in professional behavior at the level of primary care
 - Increased knowledge and competency in managing pain conditions
- Primary Care Pain Documentation: Baseline examination of primary care pain management quality indicators
 - Assessed pain assessment, treatment planning, pain reassessment through expert coding of PCP progress notes
 - Randomly selected 2 samples of 150 Veterans within baseline year:
 - Veterans reporting moderate to severe pain (score ≥ 4 on VA NRS)
 - Veterans receiving chronic opioid therapy (≥ 90 days)
 - Interrater reliability kappas supported adequate reliability

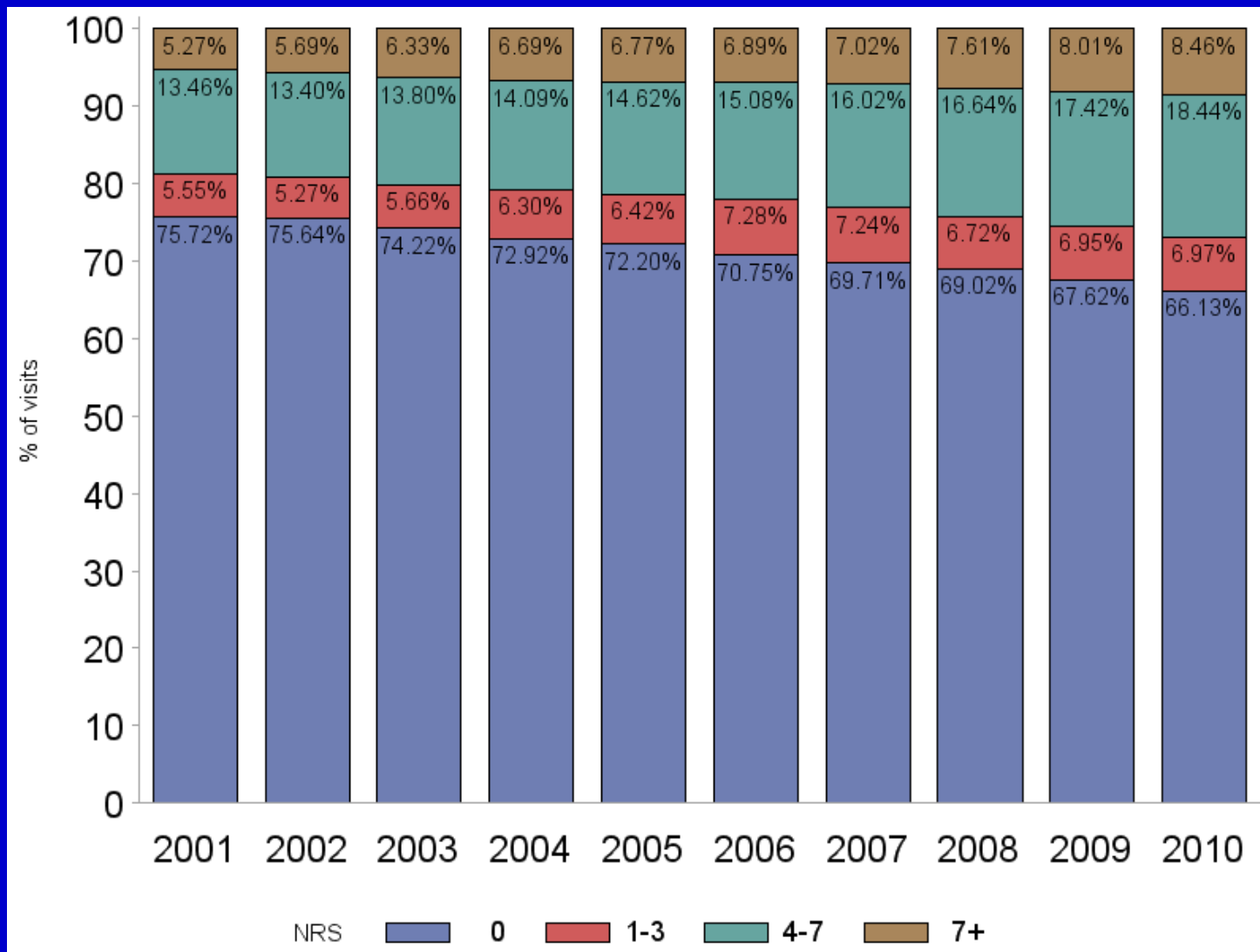
Project Step Baseline Chart Review: Comparison of Pain Documentation in Chronic Opioid Prescription Group Versus Pain Score ≥ 4 Group



VACHS Primary Care Patient Visits

- Primary care and pain:
 - Examined trends in pain scores assessed at primary care visits through administrative data

Project Step: Trends in Veteran pain reporting over 10 years in primary care



Project Step Primary Care Opioid Medication Data

- Method: Used administrative and electronic data to determine opioid medication use in VACHS & guide line concordant care
 - During baseline year (July 2009 – June 2010)
 - 1616 Veterans received an opioid, of which 597 (36.9%) received 90 or more days.
 - Management of Chronic Opioid Therapy
 - Among those prescribed an opioid of 90+ days, (63.2%) had a valid opiate initiation agreement on record
 - 82.4% had a urine tox screen ordered within year

Project Step: Facilitating Implementation of the SCM-PM

- Needs Assessment: Inadequacies in training
 - Sponsored a day workshop
 - Developed and distributed pain brochure for primary care to distribute to patients
- Quality Indicators:
 - Templates for pain assessment and opioid initiation and follow up now available to PCP's in medical record
 - Presentations to all primary care clinics on how to use templates
- Yearly assessments ongoing to determine change