

Date: **APR 02 2014**

From: Under Secretary for Health (10)

Subj: Opioid Safety Initiative Requirements

To: Network Directors (10N1 - 10N23)

1. Safe and effective management of pain in the care of Veterans is a priority for the Veterans Health Administration (VHA). In particular, VHA seeks to reduce harm from unsafe medications and/or excessive doses while adequately controlling pain in Veterans. To achieve this, VHA has established nine goals for safe, evidence-based, Veteran-centric pain care as part of VHA's Opioid Safety Initiative (Attachment 1).

2. VHA is using the Opioid Safety Initiative Dashboard to identify unique patients dispensed an opioid, both opioids and benzodiazepines, and those on long-term opioids and receiving urine drug screens. Data capture includes the average dose per day of hydromorphone, methadone, morphine, oxycodone, and oxymorphone. The Dashboard also includes a monitor of morphine equivalent dose per day. Goals have been set to provide appropriate education and training to prescribers regarding pain management, including safe opioid prescribing, provision of safe and effective tapering programs for both opioids and benzodiazepines when clinically indicated, and decreasing dosages of opioids per patient per month as monitored by the Dashboard.

3. This memorandum serves as official notification to Network Directors regarding the requirement for full compliance with all aspects of the Opioid Safety Initiative. The policies seek to provide a core set of standards to be implemented across VHA with the understanding that additional customization may be needed to account for local conditions.

4. For more information, please visit the VHA Pain Management Program Web site, at www.va.gov/painmanagement.

5. Thank you for your continued efforts to ensure our Veterans' pain is addressed thoughtfully, compassionately, and safely.



Robert A. Petzel, M.D.

Attachment: 1

Veterans Health Administration: Nine Goals to Enhance the Safe and Effective Prescribing of Opioids to Chronic Pain Patients

Introduction

Pain is a significant public health problem affecting about 100 million Americans and costing approximately \$600 billion a year. Pain is among the most expensive disorders treated in Veterans Health Administration (VHA) settings. Approximately 50 percent of male Veterans and 70 percent of female Veterans seen in primary care clinics report chronic pain.

The 2010 Patient Protection and Affordable Care Act required the Department of Health and Human Services (HHS) to enlist the Institute of Medicine (IOM) in examining pain as a public health problem. The resulting IOM report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research (2011)*, recommends that Federal Agencies improve pain assessment and management in the delivery of healthcare. VHA is at the forefront of that change as the organization undertakes its Opioid Safety Initiative (OSI).

Below are the VHA's nine goals and initial objectives for OSI. The Office of the Assistant Deputy Under Secretary for Health for Clinical Operations (10NC), along with VHA program offices and Pharmacy Benefits Management, have developed these goals and objectives to help provide Veterans Integrated Service Networks (VISN), VA Medical Centers (VAMC), and VHA providers (including those under contract) a common framework to enhance safe and effective pain management. The framework provides a set of core standards to be met across VHA while providing opportunity for customization to meet local needs. Ultimately, these goals are intended to improve the quality of life and well-being of our Veterans dealing with pain.

Short Term Goals (next 6 months)

Goal One: Provide prescribers of opioid medications with education regarding the safe and effective use of urine drug screening:

- Education tools will be approved by VHA Central Office (10N), and accessible through the Talent Management System (TMS) and Post-Deployment Pain Care website. These tools should be integrated within locally developed VISN education programs.
- VISNs will establish a Network-wide standardized education system by June 15, 2014.

Goal Two: Increase the use of urine drug screening as monitored through the Opioid Safety Dashboard.

- Drug screening shall include, at a minimum, amphetamine/methamphetamine, cocaine, benzodiazepines and opioids.
- VHA's initial objective is a 10 percent increase in the use of urine drug screening by September 15, 2014. This 10 percent decrease will be measured from baseline urine drug screening data collected April 15, 2014.

Goal Three: Provide prescribers an education program to facilitate easy access to state prescription databases.

- The education program will be approved by VHA Central Office (10N), and accessible through the Talent Management System (TMS) and within locally developed VISN education programs. Providers will also have access to individual training modules provided by state-specific Controlled Substance Credentialing websites.
- VA Office of General Counsel will provide further guidance to VHA on access to state drug prescription databases by September 15, 2014.

Goal Four: Establish safe and effective VISN tapering programs for patients using the combination of benzodiazepines and opioids.

- VHA Central Office (10N) will provide approved protocols and education plans to assure a common core standard. Examples of education programs can be found at: <http://www1.va.gov/painmanagement>.
- VISN tapering protocols should be in place by June 15, 2014.
- VHA's initial objective is a 10 percent decrease in the combined use of opioids and benzodiazepines by September 15, 2014. This 10 percent decrease will be measured from combined benzodiazepines and opioid prescribing data collected April 15, 2014.

Intermediate Term Goals (next 9 months)

Goal Five: Field a risk stratification toolkit to assess patients who should not be treated with opioids or those that should have opioid doses decreased to a safe treatment level.

- VHA Central Office (10N) will coordinate development of a single approved risk stratification toolkit for use by all VISNs.

- Toolkit use will focus on high-risk patients such as those on illicit medications (as identified by urine drug screening) or those who exhibit a pattern of prescription non-compliance.
- The toolkit will be implemented by December 15, 2014.

Goal Six: Establish systems across VHA for tapering high-risk opioids such as sustained action oxycodone, hydromorphone, and methadone.

- Each VISN will develop and implement a uniform tapering system for these high-risk opioids; clinical evidence suggests these medications can be substituted with safe alternates such a sustained action morphine.
- Tapering systems will be approved by VHA Central Office (10N).
- VHA's initial objective is a 75 percent reduction in the use of sustained action oxycodone, hydromorphone, and methadone used in managing chronic nonmalignant pain by December 15, 2014. This 75 percent decrease will be measured from prescribing data collected April 15, 2014.

Long Term Goals (one year or longer)

Goal Seven: All VHA facilities will identify patients on greater than 200 mg/morphine equivalents a day (MEDD).

- Through a VHA Central Office (10N) directed program, VISNs will be provided patient and provider data for all patients on greater than 200 MEDD by facility.
- VISN and facilities will review the appropriateness of these therapies and consult with prescribers and veterans regarding cases deemed unsafe and/or ineffective.
- VHA's initial objective is to review all data for patients on greater than 200 mg/MEDD by March 15, 2015.

Goal Eight: All facilities will provide at least two Complementary and Alternative Medicine (CAM) modalities in the treatment of chronic pain.

- CAM expands provider options beyond the use of standard modalities (e.g., interventional radiology, physical therapy, occupational therapy, and non-opioid medication therapies).
- Approved CAM modalities are listed on the 10NC SharePoint, <http://vawww.vha.vaco.portal.va.gov/sites/DUSHOM/10NC/OSI/default.aspx>.
- VHA's initial objective is evidence of two or more approved CAM modalities per facility by March 15, 2015.

Goal Nine: Facilities shall explore the use of the Behavioral Health Interdisciplinary Program Model in conjunction with the Patient Aligned Care Team to provide mental health support for the safe and evidence-based use of opioids and benzodiazepines in patients with chronic pain syndromes.

- Mental Health Services, the Office of Mental Health Operations and Pharmacy Benefits Management will work collaboratively with the National Pain Program Office to provide guidance to mental health, primary care, and pain teams.
- A request for proposals will be released to the field by VHA Central Office (10N) to establish model interdisciplinary medication risk management teams for field trials at three medical centers. These offices will identify strong practices that can be operationalized across the VHA Healthcare System.

Goal Assessment

VHA will complete two assessments of our pain management infrastructure to augment our Opioid Safety Initiative.

1. VISNs and facilities will complete a survey on provider resource requirements. The survey must be completed by June 15, 2014, and can be accessed at: <http://vawww.vha.vaco.portal.va.gov/sites/DUSHOM/10NC/OSI/default.aspx>.
2. VISNs and facilities will complete a survey on pain management services. This survey has been provided by the Health Care Analytics Group to the VISNs. The survey will enable a comparison of pain management services between 2010 and today. This survey should be completed by April 14, 2014.