TEMPO



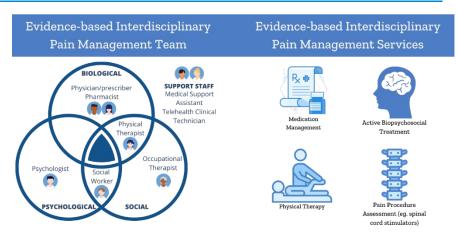
TelePain Evaluation, Metrics, & Pain Outcomes QUERI

Evaluating the national implementation of virtual interdisciplinary pain care teams

TEMPO QUERI enhances VA's ability to improve access to high-quality chronic pain care through telehealth. In partnership with the **National Pain Management**, **Opioid Safety**, **and Prescription Drug Monitoring Program Office**, the goal of TEMPO QUERI is to evaluate the clinical impact and costs of implementing virtual interdisciplinary pain teams (**TelePain**).

Improving Chronic Pain Care Access and Quality

Chronic pain is a leading cause of disability and a major contributor to the opioid and suicide epidemics. Pain-related conditions are the **most common service-connected disabilities** in VA. **More than 10%** of Veterans have high-impact chronic pain that limits their ability to participate in work, recreation, and self-care activities.



Interdisciplinary pain management

is the standard of care for high-impact chronic pain, but similar to other healthcare systems, **nearly 1 in 3 VA facilities** lack the staffing and infrastructure for interdisciplinary pain teams. Telehealth helps close this access gap. TEMPO QUERI is working with national program offices and regional and local health system leaders to support high-quality implementation of virtual pain teams (TelePain).

Evaluation Strategies

TEMPO QUERI uses a variety of data sources—including administrative data from the VA electronic health record, a patient survey, and interviews with patients and providers—to evaluate the impact of implementing TelePain.







Implementation Strategies

There are currently 12 Veteran Integrated Service Networks (VISNs) implementing TelePain. 3 VISNs are in the preimplementation phase, 9 VISNS are currently implementing TelePain services. From preimplementation to 7-month follow-up, clinic leaders reported increasingly high ratings of acceptability, feasibility, and readiness to implement TelePain (see figure at right).

Acceptability, Feasibility & Implementation Readiness

Mean proportion of Clinical Resource Hub and TelePain leaders who "Agree" or "Completely Agree" that TelePain is <u>acceptable</u> (AIM) and <u>feasible</u> (FIM) and that their organization is <u>ready</u> (ORIC) to implement



Sample Questions (all items are rated on a 5-point Likert-type scale ranging from Completely Disagree to Completely Agree):

- AIM: TelePain meets my approval
- FIM: TelePain implementation seems possible
- ORIC: People who work at my site feel confident that the organization can get people invested in implementing TelePain

TEMPO QUERI has created nearly a dozen products to facilitate implementation, including a planning guide, a checklist/roadmap, clinic build guidelines, triage note templates, patient journey workflow map, recorded Q&As, hiring resource guide, functional statement templates, interfacility consult template, example program marketing materials, global teleservice agreement template, a centralized SharePoint site to house resources, dedicated Team channels for VISNs, and monthly organized office hours with subject matter experts recruited to address specific questions.

Impact

Anticipated Impact:

- o Increase use of interdisciplinary pain management, particularly among rural Veterans.
- o Reduce reliance on low-value pain services and community pain care.

9,264 Cumulative CRH Veteran TelePain Encounters



For more information, check out:

http://www.queri.research.va.gov/centers/pain.cfm

If you would like to learn more or partner with us, please contact the TEMPO distribution group at VHATEMPOQUERI@va.gov

Principal Investigator:

Jessica Chen, PhD

n, PhD Seattle, WA

Site Pls: Evan Carey, PhD Sherry Ball, PhD

Denver, CO Cleveland, OH