Overview

Among Veterans treated in the VA healthcare system, chronic non-cancer pain is highly prevalent (up to 50% of patients) and a major contributor to poor health-related quality of life. VA primary care teams—responsible for most chronic pain care—report feeling overburdened, under-resourced, and generally ill-equipped to meet the needs of Veterans with chronic pain. In some cases, this results in low-quality pain care that is unsatisfactory for patients and providers, and is sometimes unsafe. These challenges in caring for patients with pain also are true outside of the VA healthcare system. Therefore, consistent with recommendations from the Institute of Medicine and the Department of Health and Human Services, the Improving Pain-Related Outcomes for Veterans (IMPROVE) QUERI works to enhance safe and effective pain management through partnered implementation of personalized, proactive, patient-centered interventions that optimize access to care.

The primary goal of IMPROVE QUERI is to improve function and quality of life and decrease morbidity and mortality among patients with chronic pain. A growing body of research and expert consensus support multi-modal pain care. In this type of care, evidence-based, non-pharmacologic treatment modalities are incorporated alongside pharmacologic treatment, including a reduction in high-dose opioid therapy and avoidance of opioid-benzodiazepine combination therapy. Although efficacious non-pharmacologic interventions exist, determining which patients might be best served by which interventions is a challenge for primary care; moreover, referral to specialty programs often is overly complex, time-consuming, or even unavailable. To address needs for specific strategies and tools, this QUERI program is developing and refining implementation tools and strategies that facilitate uptake and increase access to evidence-based, multi-modal pain management services.

Implementation Strategy

IMPROVE QUERI projects rely on various implementation activities, but primarily draw upon a blended facilitation approach, adapted to fit the individual needs of each project. Key reasons for using the facilitation approach across projects include the following:

• Facilitation as an implementation strategy has been used within VA primary care settings.
• This strategy has shown promise in establishing Primary Care Mental Health in VA healthcare settings.
• This strategy combines IMPROVE QUERI’s expertise as an external facilitator with local champions to promote the delivery of evidence-based chronic pain interventions to Veterans.
• This strategy provides an opportunity to further develop the facilitation approach that has not been sufficiently defined in the literature.
Project Summaries

- **Cooperative Pain Education and Self-management (COPES).** This project focuses on reaching Veterans who currently do not have access to pain management resources by providing cognitive-behavioral therapy for pain. An automated Interactive Voice Response (IVR) system called COPES allows Veterans to engage in this evidence-based treatment from their homes. Investigators are evaluating the effectiveness of a facilitation-based approach on Veteran enrollment in COPES at the community-based outpatient clinics associated with three VA facilities. Successful implementation of this system could provide a foundation for future work on similar interventions to improve chronic illness care cost-effectively using mobile health models for Veterans with high-priority chronic conditions such as depression, diabetes, and obesity.

- **Primary Care Integrated Pain Support (PIPS).** This project studies the implementation of a pharmacist-led care management strategy designed to decrease the number of Veterans receiving high-dose opioid and combination opioid-benzodiazepine therapy, while increasing their engagement with non-pharmacologic pain treatment. Investigators use formative evaluation to modify and assess the effectiveness of a blended-facilitation implementation strategy at three VA sites. If this study is successful in achieving its aims, it could be used immediately by VISN (Veterans Integrated Service Network) leadership to enact the mandates of the Opioid Safety Initiative—and to lay the foundation for a broader dissemination and implementation trial focused on spread and sustainment. Currently implemented in the Eastern Colorado VA Healthcare System and Central Arkansas VA Healthcare System, investigators plan to start implementation at the third site imminently.

- **Academic Detailing Quality Improvement.** In this quality improvement project, interviews were conducted with academic detailers and providers from VISN 21 (Sierra Pacific) to evaluate the Pharmacy Benefit Management Services’ opioid-prescribing practices. A rapid qualitative analysis of the interview data with academic detailers and providers identified aspects of implementation that both worked well in the program and could use some improvement, particularly aspects that could be enriched to improve provider engagement and dissemination of the academic detailing model. Interviews with academic detailers revealed: 1) challenges and strategies for engaging providers; 2) the importance of leadership support at the clinic and executive levels; 3) effective components of academic detailing training, i.e., motivational interviewing and role playing; and 4) the importance of networking and relationship building. Provider interviews confirmed the importance of leadership support, including the need for protected time to meet with academic detailers, and also revealed the value of tailoring information to provider setting and patient population, among other things. Findings are being used to refine intervention targets, discuss ways to implement recommendations/best practices identified by participants VA-wide, and identify funding mechanisms for future work in this area.

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