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; Gironda 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)
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

**Tertiary Interdisciplinary Pain Centers**
Advanced diagnostics & interventions
CARF accredited pain rehab
VACHS: Comprehensive Pain Management Center

**Secondary Consultation**
Pain Medicine
Rehabilitation Medicine
Behavioral Pain Management
SUD Programs
Mental Health Programs

**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

Comorbidities
Treatment Refractory
Complexity
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:

<table>
<thead>
<tr>
<th>PRIMARY CARE PCPs</th>
<th>PRIMARY CARE STAFF</th>
<th>SPECIALTY CLINIC STAFF</th>
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<tbody>
<tr>
<td><strong>Rewards/Facilitators</strong></td>
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<tr>
<td>Seeing patients improve functioning is gratifying</td>
<td>Knowledge that action can make a positive difference</td>
<td>Good communication between patient - provider</td>
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<td>Relationship building (with patient)</td>
<td>Multidisciplinary teams / Team approach to care</td>
<td>Multidisciplinary approach / team support</td>
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<td>Tapering off opiates</td>
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<td>Availability of CAM Resources</td>
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## Project Step: Baseline Survey Responses

<table>
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<tbody>
<tr>
<td><strong>Barriers</strong></td>
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<tr>
<td>Inadequacies in Education</td>
<td>Personal barriers (knowledge deficits)</td>
<td>Communication: Patient – provider</td>
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<td>Lack of consultant support</td>
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<td>Coordinating among clinics</td>
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<tr>
<td>Problem complexity</td>
<td>Patient barriers (resistance, non-cooperation, aberrant behavior)</td>
<td>Patient attitudes / beliefs about pain management</td>
</tr>
<tr>
<td>Skepticism about current treatments</td>
<td>Skepticism toward patients and providers</td>
<td></td>
</tr>
<tr>
<td>System barriers: restrictions on pharmaceutical formulary, handwritten opiate prescriptions</td>
<td>System barriers: limited hours of operation, distance, deficient pain educational material, large provider panels</td>
<td>System barriers: Resource limitations, demand exceeds capacity</td>
</tr>
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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
Method: Used administrative and electronic data to determine opioid medication use in VACHS & guideline 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