

New Pain Management Collaboratory Funding Opportunity: Information Session with VA Pain & Opioid Program Offices

Spotlight on Pain Management

January 10, 2022

Presenters:

Robert Kerns, PhD

Peter Murray, PhD

Friedhelm Sandbrink, MD

Jennifer Murphy, PhD

Benjamin Kligler, MD, MPH

Moderator: Alicia Heapy, PhD

VA



U.S. Department of Veterans Affairs

Veterans Health Administration



Pain/Opioid
CORE

**National Institutes of Health • Department of Defense • Department of Veterans Affairs
Pain Management Collaboratory:**

Pragmatic Clinical Trials of Nonpharmacologic Pain Management Approaches

Planning for expansion of the PMC



From RFA-AT-17-001 (UG3/UH3)

- Establish a Coordinating Center to provide leadership and technical expertise
- Support the design and successful execution of pragmatic clinical trials
- Disseminate data, tools, best practices and resources

“Ultimately, it is expected that successful approaches and best practices ...will have a major impact on clinical research, and importantly, care for military and veteran populations.” (page 6)

From RFA AT-22-006

The purpose of this FOA is to solicit UG3/UH3 phased cooperative agreement research applications to conduct efficient, large-scale pragmatic clinical trial and/or implementation science Demonstration Projects within the infrastructure of the [NIH-DOD-VA Pain Management Collaboratory \(PMC\)](#) on nonpharmacologic approaches to pain management and other comorbid conditions in U.S. military personnel, veterans and their families. The PMC established a Coordinating Center that provides national leadership and technical expertise for all aspects of HCS-focused research including assistance to UG3/UH3 grant awardees.

- The second wave of the NIH-DOD-VA Pain Management Collaboratory solicited under the FOA will: support the design and execution of additional high-impact Demonstration Projects that will **conduct pragmatic clinical trials focusing on effectiveness research, implementation research, or hybrid effectiveness-implementation research on nonpharmacologic approaches to pain management and comorbidities with patients in health care delivery systems that provide care to military personnel, veterans and their families.**
- Make available data, tools, best practices, and resources from these and other projects to facilitate a research partnership with health care delivery systems that provide care to military personnel, veterans, and their families.

11 Pragmatic Clinical Trials

J. Fritz/D. Rhon:
SMART Stepped Care Management
for Low Back Pain in Military
Health System (NIH)

A. Heapy/D. Higgins:
Cooperative Pain Education and
Self-management: Expanding
Treatment for Real-world Access
(COPES ExTRA) (NIH)

K. Seal/W. Becker:
Implementation of a Pragmatic
Trial of Whole Health Team vs.
Primary Care Group Education to
Promote Non-Pharmacological
Strategies to Improve Pain,
Functioning, and Quality of Life in
Veterans (NIH)

S. George/S.N. Hastings:
Improving Veteran Access To
Integrated Management of Chronic
Back Pain (AIM-BACK) (NIH)

Burgess:
Learning to Apply Mindfulness to
Pain (LAMP) (DOD)

S. Taylor/S. Zeliadt:
Complementary and Integrative
Health for Pain in the VA: A National
Demonstration Project (VA)

B. Ilfeld:
Ultrasound-Guided Percutaneous
Peripheral Nerve Stimulation: A Non-
Pharmacological Alternative for the
Treatment of Postoperative Pain
(DOD)

C. Goertz/C. Long:
Chiropractic Care for Veterans: A
Pragmatic Randomized Trial
Addressing Dose Effects for cLBP
(NIH)

M. Rosen/S. Martino:
Engaging Veterans Seeking Service-
Connection Payments in Pain
Treatment (NIH)

S. Farrokhi/C. Dearth/E. Russell
Esposito:
Resolving the Burden of Low Back
Pain in Military Service Members
and Veterans (RESOLVE Trial)
(DOD)

D. McGeary/J. Goodie:
Targeting Chronic Pain in Primary
Care Settings Using Internal
Behavioral Health Consultants
(DOD)

- All projects have transitioned to implementation phase
 - Strong partnership with Work Groups, including project specific consultations
 - Pilot studies and other formative work informed refinements to Pragmatic Clinical Trials
- COVID impacts addressed
 - Project impacts (PI responses to survey and qualitative interviews)
 - Questionnaire for study participants
 - Monitored changes in healthcare delivery systems
- Extensive data harmonization efforts
 - PEG-3 as outcome measure
 - Multiple phenotyping measures
- Ongoing efforts to optimize use of electronic health record data
- Aided PCTs in shift to electronic informed consent and addressing other regulations
- Ongoing efforts to address complexity of data sharing and data aggregation across projects
- Stakeholder Engagement Work Group provided forum for addressing challenges and sharing best practices
- External Board and Patient Resource Group activated

PMC Progress

- Military Treatment Facility Engagement Committee served as key resource for addressing emerging issues related to integration of the Defense Health Agency, EHR modernization in transition to Military Health System GENESIS, and regulations
- Focus on optimizing recruitment, including underrepresented groups
- Initiated cross-cutting discussion groups
 - Virtual delivery
 - Justice/equity
 - Pragmatism
 - Monitoring changes in pain management healthcare delivery
 - “Reverse translation” (*Health Psychology*)
- Website continues to mature (www.painmanagementcollaboratory.org)
- Product dissemination
 - Publication Policy updated and approved by Steering Committee
 - Product Development Process Guidance approved by Steering Committee
 - **26 publications and 23 presentations**

Testimonials

“I love being part of the Pain Management Collaboratory because I get to work closely with pain experts in the field regularly in real time.... For instance, when the COVID-19 crisis emerged, we had to scramble to determine the impact on our trials, but we were able to work rapidly in real time to come up with measures that everybody was going to add to their battery of baseline measures, and potentially measures throughout the trial, to factor in the impact of COVID.”

- Diana Burgess, Ph.D.

“I appreciate this type of camaraderie at a high level.”

-Steven George, PT, Ph.D.

[The Collaboratory] allows us to all be in tune with one another and benefit from the addition of all our projects together, rather than just from the individual project alone.

- Brian Ilfeld, M.D., M.S.



Expansion of NIH-DOD-VA Pain Management Collaboratory Research Activities

January 10, 2022

Peter Murray, PhD



Purpose of the Proposed Initiative



- The PMC3 has developed a rich infrastructure that can be used for additional pain research.
- This initiative will leverage the PMC3 for an additional 5 years including;
 1. The continued support of the coordinating center through a limited competition funding opportunity announcement; and
 2. A second set of pragmatic clinical trials which expand PMC scope to new research areas relevant to veterans and service members experiencing pain



Objectives: Coordinating Center



- Further develop, adapt, and adopt technical and policy guidelines and best practices for the effective conduct of pragmatic clinical effectiveness and implementation science trials in partnership with VA and DOD health care systems
- Learn and disseminate the best strategies for implementing effective nonpharmacological pain management interventions into the VA and DOD health care systems
- Create a plan for data sharing for the PMC Pragmatic Trial datasets by identifying options for long term storage and platforms that would allow cross-project analyses





Objectives: Research Projects

- Clinical trials that expand the scope of pain conditions.
- Pragmatic effectiveness trials to evaluate the impact of nonpharmacologic pain interventions embedded within VA and/or DOD health care systems.
 - Interventions for which evidence is lacking
- Pragmatic clinical trials that evaluate multi-component interventions and/or simultaneously address pain and common co-occurring conditions (e.g., PTSD, suicide ideation, anxiety, TBI).
- Implementation science trials that will test strategies to adopt, scale up and scale out evidence-based approaches in the VA and DOD health care systems.
- Coordinated pain care programs



PMOP Program: Research Priorities and Communication

Pain Management, Opioid Safety, and Prescription Drug Monitoring Program

January 10, 2022

Friedhelm Sandbrink, MD, Executive Director

Jennifer L Murphy, PhD, Director, Behavioral Pain Medicine

Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP)
Specialty Care Program Office, Veterans Health Administration

VA



U.S. Department
of Veterans Affairs

Pain Management, Opioid Safety, and PDMP (PMOP) Initiatives

Pain Management

- Stepped Care Model for Pain Management
- Primary Care integration of pain care
- Interdisciplinary pain teams
- Pain Management Teams/Clinics at all facilities (CARA Mandate)
- Interdisciplinary pain rehabilitation
- CARF accredited program development/expansion
- Tele-Pain initiatives
- Therapies/Approaches such as behavioral therapy, Ketamine, PT, CIH, etc.

PMOP

PDMP

- PDMP integrated electronic health record solution for CPRS
- State integration
- Federal Register publication
- PDMP within EHRM
- Compliance tracking

Opioid Safety

- Safe prescribing practices
- Risk mitigation implementation
- Informed consent
- Naloxone
- Urine Drug Screen
- Drug take back
- OSI initiatives and education



PMOP Research Priorities

- PMOP is interested in learning more about:
 - Interventions that address common comorbidities such as chronic pain and PTSD
 - The effectiveness and impacts of opioid-related risk mitigation strategies
 - TelePain approaches and implementations including impact on those in rural or underserved areas
 - What treatment interventions work best for particular populations (e.g., women)
 - Interdisciplinary pain management (team members, collaboration and coordination) and collaborative pain care between pain specialty teams and primary care
 - Patient reported outcomes and pain metrics suitable for widespread implementation
 - Social determinants of pain and opioid use, specifically the factors that may impact the development and chronification of pain and factors related to opioid use, overdose, access
 - Interdisciplinary pain rehabilitation approaches and outcomes
- Overall, we are interested in outcomes focused on **functioning and quality of life** versus solely pain intensity, and **how to organize care to broaden access and improve outcomes for all Veterans with pain conditions**

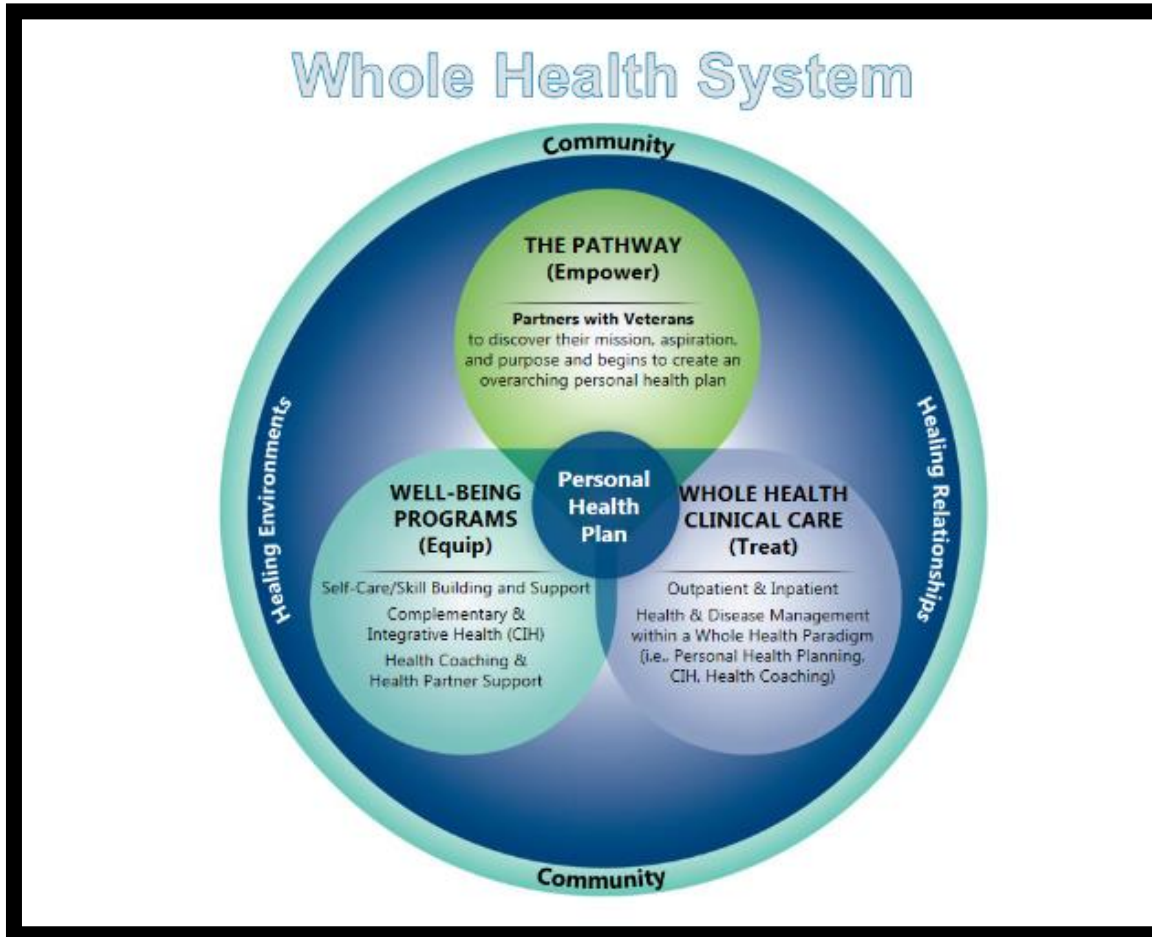
Best Way to Communicate with PMOP

- We would love to hear about your ideas!
- Please feel free to contact us for input – provide an email that outlines a specific idea
- Email: VHAPMOPResearchQuery@va.gov
 - A small group PMOP leaders will review and reply
 - Dr. Friedhelm Sandbrink
 - Dr. Jennifer Murphy
 - Dr. Tara McMullen



Whole Health/Office of Patient Centered Care & Cultural Transformation Research Priorities for new PMC RFA

**BENJAMIN KLIGLER MD MPH
EXECUTIVE DIRECTOR
OFFICE OF PATIENT CENTERED CARE & CULTURAL
TRANSFORMATION
VETERANS HEALTH ADMINISTRATION**



Whole Health
is an approach
to health care that
empowers and **equips**
people to take charge
of their health and well-being,
and live their life to the fullest.

Moving from “What’s the Matter with You?” to “What Matters to You?”

Whole Health = Health Care Transformation

The Whole Health Model is a balance of 3 pillars which when combined will help drive the continued success of the transition to personalized, pro-active, patient-driven care

- ✓ Encourage self-care
- ✓ Decrease reliance on provider delivered care
- ✓ Complementary and Integrative Health Approaches



- ✓ Engage Veterans in their Mission Aspiration Purpose (MAP)
- ✓ Veteran Partners, Whole Health Coaches

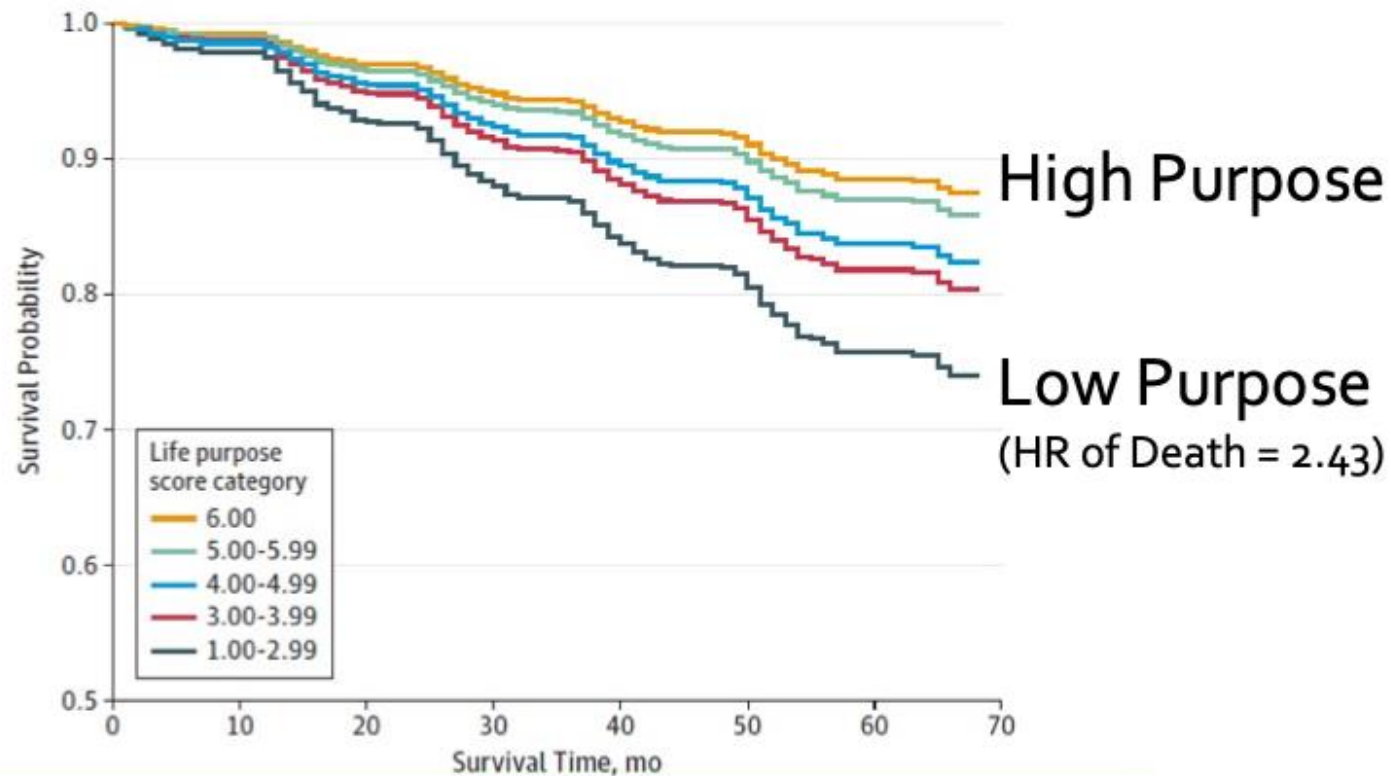
- ✓ Cultural transformation of how clinical health care is delivered

OPCCCT PRIORITIES FOR PAIN RESEARCH

- Moving beyond impact of individual CIH approaches to looking at a more real-world perspective on the Whole Health approach
- Incorporating well-being outcomes (not just health-related quality of life measures) into study design
- Examining the role of health coaching and peer-to-peer approaches in addressing chronic pain in Veterans
- Studying the impact of interventions to address structural determinants of health on pain and well-being outcomes
- Strategies for effective implementation of Whole Health approaches and effective integration of Whole Health into existing programs

The Next Challenges: Meaningful Measures

Figure. Survival Curves Illustrating the Association Between Life Purpose and Mortality



Alimujiang A, et al. Association Between Life Purpose and Mortality Among US Adults Older than 50 Years. *JAMA Open.* 2(5):2019

WELL-BEING SIGNS – CLINICAL TOOL

- Validated measure of “everyday life functioning” that offers snapshot of how individuals are doing with regard to most important things they wish to do, in daily lives (“what matters”)
- Developed for use in the clinical context
- Asks the veteran to consider the most important things they would like to do in their daily life-- such as having a job, managing their health or finances, spending time with loved ones, or leisure-time activities--and report a percentage of time over the preceding three months from 0-100% when they were:

1. Satisfaction

Fully satisfied with how things are going in key aspects of your life?

2. Status/Role Involvement

Regularly involved in all aspects of life that are important to you?

3. Role Functioning

Functioning your best in aspects of life that you regularly participate in?

WHY THIS APPROACH?

1) Fulfills need for brief measure of “everyday life functioning”¹ for use in clinical care

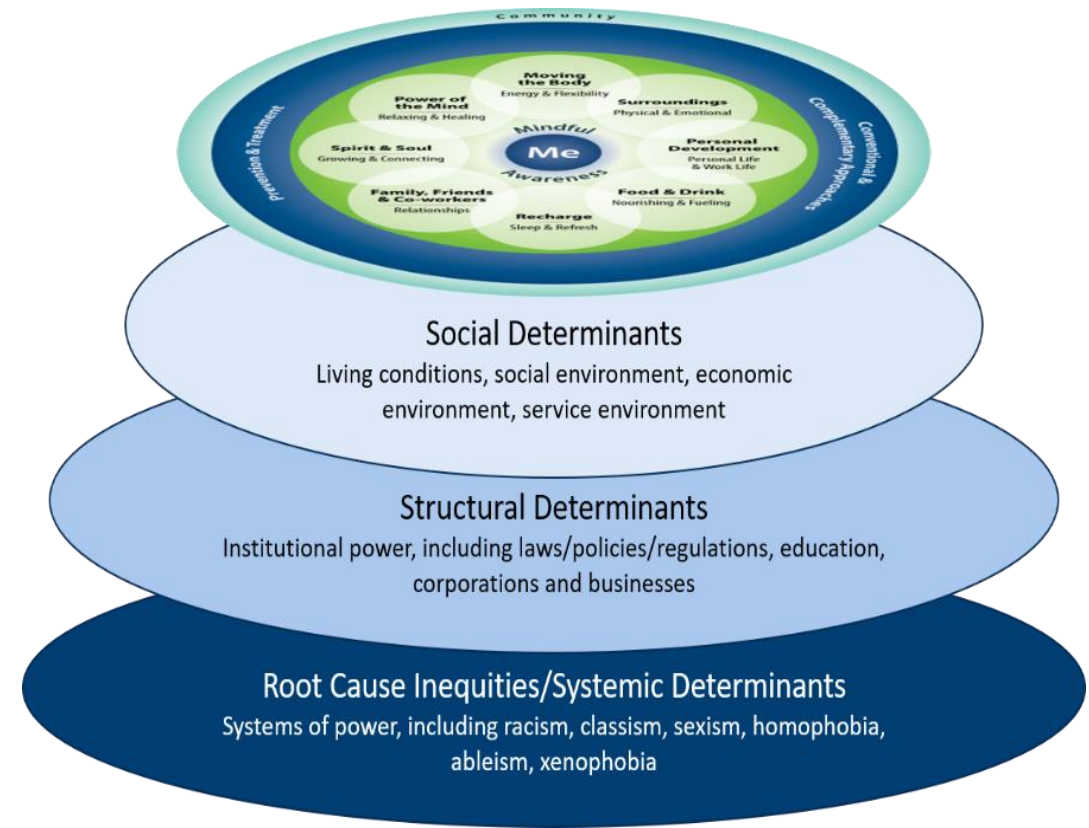
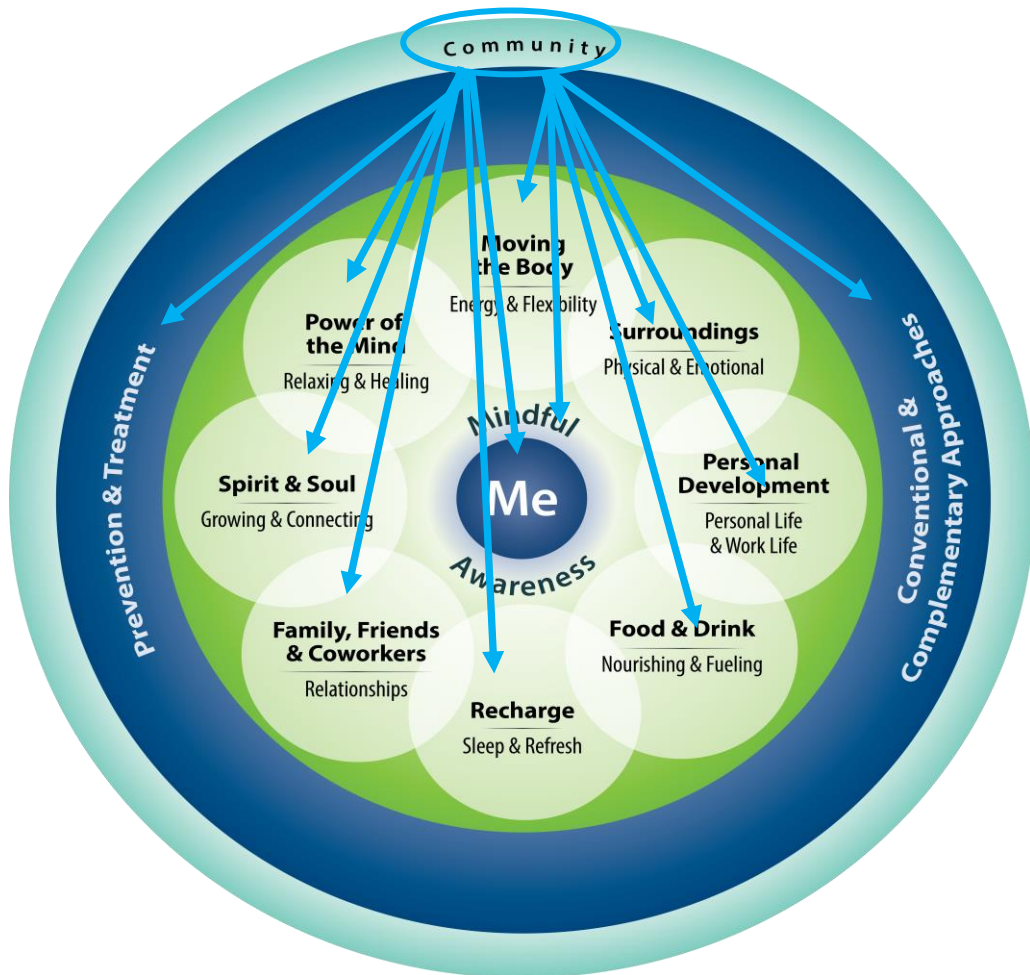
3) Has potential to better capture change in response to health care interventions than measures of more distal well-being concepts (e.g., positive emotions)

Why?

2) Well-aligned with goal to promote ability to “live life to the fullest,” a key focus for whole health care²

4) Potential to “change the conversation” between provider and patient

WHOLE HEALTH AND STRUCTURAL DETERMINANTS OF HEALTH



Live Whole Health.

HOW TO GET OUR INPUT ON A PROPOSAL

- Develop a specific idea you are interested in studying and get some thoughts on paper—please do not ask us “what should we study?” 😊
- Ideally have draft Specific Aims to discuss but not absolutely required
- Please try to familiarize yourself with other research going on in the VA on Whole Health for pain—please look at some of the compilation of recent research and recently published studies on our website <https://www.va.gov/WHOLEHEALTH/professional-resources/clinician-tools/Evidence-Based-Research.asp>
- Please allow sufficient time for getting our input before grant deadlines
- Benjamin.Kligler@va.gov is contact for input from OPCCCT

Q&A with Presenters

- Pain/Opioid Consortium of REsearch (CORE)
 - Alicia Heapy, PhD
- Pain Management Collaboratory Coordinating Center (PMC³)
 - Robert Kerns, PhD
- National Center for Complementary and Integrative Health (NCCIH)
 - Peter Murray, PhD
- VA Office of Pain Management, Opioid Safety, & Prescription Drug Monitoring (PMOP)
 - Friedhelm Sandbrink, MD & Jennifer Murphy, PhD
- VA Office of Patient Centered Care & Cultural Transformation/Whole Health
 - Benjamin Kligler, MD MPH