Identifying and Prioritizing Gaps in Pain and Opioid-related Research

Alicia Heapy, PhD; William Becker, MD; Erin Krebs, MD, MPH

Update Research priorities

October 2021

Portfolio Analysis & Evidence Review

Delphi Process Part 1

Delphi Process Part 2

Consensus Work Groups

Consensus Meeting September 2023:

Oct 2021 – May 2022

Compile and summarize funding portfolio & evidence reviews

Apr – Jun 2022

Based on portfolio analysis and evidence review results, narrow possible priority topic areas & expand Delphi group

Jun – Dec 2022

Delphi group participates in iterative rounds of voting to select 4 to 6 Focus Areas

Jan – Aug 2023

Form workgroups to review evidence in 4-6 Focus Areas to prepare for Consensus Meeting

Current Pain/Opioid Research Priorities

- Informed by 2 prior state of the art (SOTA) conferences
  - SOTA XIII (2016): Nondrug therapies for musculoskeletal pain
    - Psychological/behavioral therapies
    - Exercise/movement therapies
    - Manual therapies
    - Models for delivery of multi-modal pain care
  - SOTA XV (2019): Opioid safety
    - Management of opioid use disorder
    - Long-term opioid therapy and tapering
    - Management of co-occurring chronic pain & substance use disorders

https://www.hsrd.research.va.gov/meetings/sota/

- Where is the evidence sufficient to move to implementation?
  - ➢ Policy recommendations
- What important questions do not have sufficient evidence to guide practice and clinical policy?
  - ➢ Research priority recommendations

STATE OF THE ART CONFERENCE
Non-pharmacological Approaches to Chronic Musculoskeletal Pain Management
VA HSR&D

Strategies to Improve OPIOID SAFETY

Effective Management of Pain and Addiction: Strategies to Improve Opioid Safety
A VA Health Services Research & Development Service State of the Art Conference

Pain/Opioid CORE

Nondrug therapies for musculoskeletal pain

- ## Psychological and behavioral therapies for chronic pain
  - Effectiveness of meditation, biofeedback, hypnosis, and relaxation
  - Approaches to address clinician and health system barriers to use of evidence-based therapies (e.g., CBT, ACT, MBSR)

- ## Exercise and movement therapies for chronic pain
  - Effectiveness of aquatic vs. land-based therapies for back pain and fibromyalgia
  - Approaches to improve availability and reach of evidence-based exercise therapies and movement-based mind-body therapies

Becker WC, et al. J Gen Intern Med. 2018 May;33(Suppl 1):11-15
https://pain-opioid-research.umn.edu/priorities

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Nondrug therapies for musculoskeletal pain

- Manual therapies for chronic pain
  - Effectiveness of manipulation, acupuncture, and massage for specific conditions with insufficient evidence
  - Approaches to improve availability and reach of evidence-based approaches (e.g., manipulation, massage, acupuncture) for low back and neck pain

- Chronic pain care delivery models
  - Effectiveness of novel care delivery approaches (e.g., peer-delivered care, prognostic risk stratification)
  - Multisite effectiveness-implementation research on evidence-based collaborative care and stepped care models

Becker WC, et al. J Gen Intern Med. 2018 May;33(Suppl 1):11-15
https://pain-opioid-research.umn.edu/priorities

Nondrug therapies for musculoskeletal pain

- ## Cross-cutting issues in nondrug management of chronic pain
  - Approaches to enhance patient activation, engagement, and adherence
  - Comparisons of treatment delivery strategies
  - Outcomes of combining or sequencing nondrug therapies
  - Treatment dosing and maintenance strategies
  - Evaluation of implementation strategies to increase uptake of effective treatments

Becker WC, et al. J Gen Intern Med. 2018 May;33(Suppl 1):11-15
https://pain-opioid-research.umn.edu/priorities

Strategies to Improve Opioid Safety

- **Management of opioid use disorder (OUD)**
  - Approaches to address clinician and health system barriers to implementation of medication treatment for OUD (MOUD)
  - Interventions to improve retention of patients in treatment and reduce inappropriate discontinuation of MOUD by providers
  - Effectiveness of various OUD treatment adherence monitoring strategies
  - Effectiveness of psychosocial treatments and community/peer/family support strategies in patients with OUD
  - Approaches to implementing chronic disease management model for MOUD
  - Approaches to link patients with nonfatal overdose to MOUD treatment

Becker WC, et al. J Gen Intern Med. 2020 Dec;35(Suppl 3):978-982
https://pain-opioid-research.umn.edu/priorities

Pain/Opioid CORE

Strategies to Improve Opioid Safety

- ## Long-term opioid therapy (LTOT) for pain
  - Benefits and harms of opioid dose reduction and discontinuation in LTOT
  - Effectiveness of approaches to support opioid tapering
  - Effectiveness of buprenorphine for opioid risk reduction and opioid dose reduction/discontinuation in LTOT for chronic pain
  - Clinical diagnostic and management strategies for patients with opioid dependence/LTOT who do not have OUD
  - Effectiveness of 1) continuing vs. discontinuing low-dose intermittent opioids among patients on established LTOT and 2) initiating low-dose intermittent opioid medications vs. non-opioid medications for older adults with chronic pain

Becker WC, et al. J Gen Intern Med. 2020 Dec;35(Suppl 3):978-982
https://pain-opioid-research.umn.edu/priorities

Strategies to Improve Opioid Safety

- Co-occurring pain and substance use disorders (SUD)
  - Approaches to integrating behavioral and exercise/movement therapies for patients with co-occurring pain and SUD
  - Approaches to enhance patient activation, engagement, and adherence to behavioral & movement therapies among patients with pain and SUD
  - Effectiveness of buprenorphine for chronic pain among patients with comorbid chronic pain and SUD
  - Effectiveness of approaches to manage perioperative pain among patients on MOUD

Becker WC, et al. J Gen Intern Med. 2020 Dec;35(Suppl 3):978-982
https://pain-opioid-research.umn.edu/priorities

Portfolio Review Purpose

- Portfolio review
  - Describe funding and identify funding gaps
  - Facilitate examining funding across ORD services
  - Disseminate as a product on CORE website

Methods – Data Acquisition

- A web-scraping tool was developed to scrape publicly available datasets of VA and non-VA funded projects
  - Datasets included awarded project information and **project abstracts**
  - Datasets had to be available in format conducive to web-scraping

- Datasets included:
  - VA HSR&D "Completed" Projects (1999 – 2021)
  - VA ORD Funded Projects (FY21, FY20, FY19, FY18, FY17)
  - ClinicalTrials.gov
  - NIH HEAL Awarded Projects
  - VA QUERI Projects from NIH RePORTER (by QUERI Study Section) FY17-22
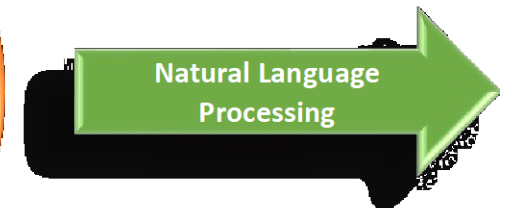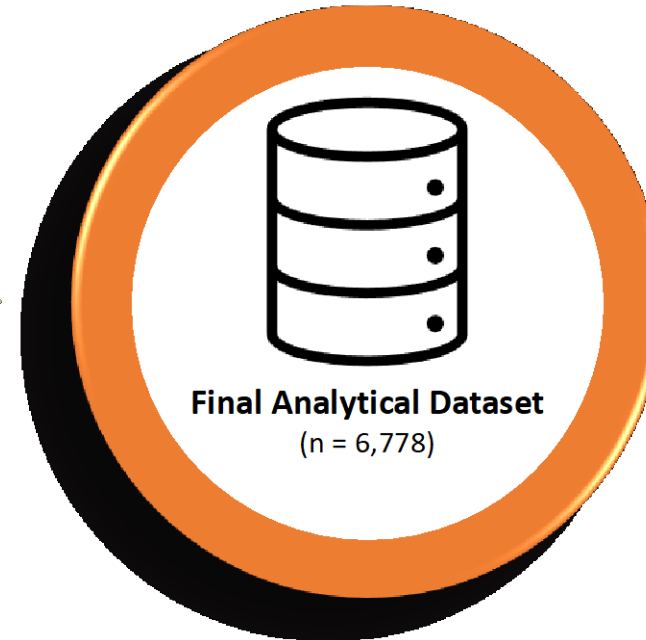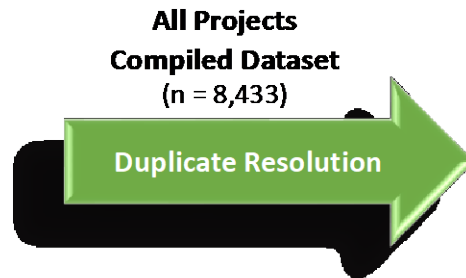 - Pain Management Collaboratory Pragmatic Trials

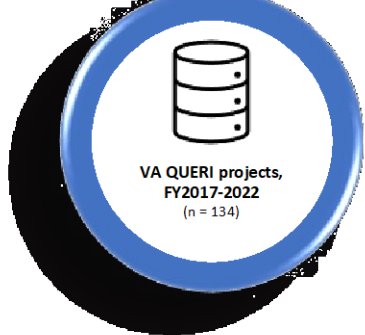Light Blue = All Projects
Dark Blue = Selected Pain/Opioid Projects

Project #, PI, Title, Start/End dates, Location, Sponsor, Abstract Scraped from individual project URLs, NIH RePORT page or API

VA HSR&D "Completed Projects" (n = 1,845)

VA ORD Funded Projects FY2017-2021 (n = 2,507)

ClinicalTrials.gov VA-related projects (n = 3,372)

NIH HEAL Funded Projects (n = 564)

VA QUERI projects, FY2017-2022 (n = 134)

Pain Management Collaboratory projects (n = 11)

All Projects Compiled Dataset (n = 8,433)

Duplicate Resolution

Final Analytical Dataset (n = 6,778)

Natural Language Processing
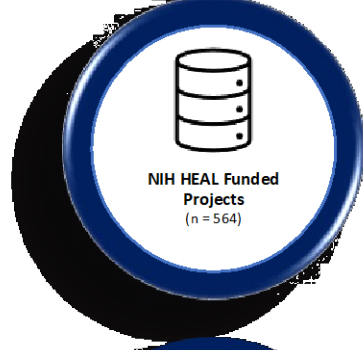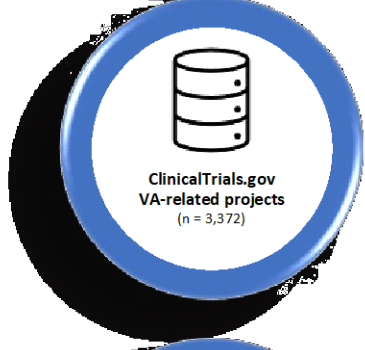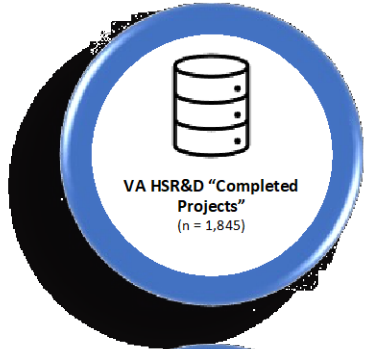
- If a project was not included in the identified source tables for the dataset, it was not available to be scraped
- Funding amount not reported in all datasets
- VA Biomedical Laboratory R&D projects were dropped from the VA ORD dataset

Methods - NLP

- "Tag" projects related to topics by abstract/title text using pre-processing and rule-based NLP approach
  - Term matching to topic vocabularies
  - Proximity score generation for intersection of two topics in vocabulary
    - At least one token from each topic across $\leq$ 7 token span (by sentence)

Phase 1* Topics			
Pain	Implementation Science	Psychological Therapies	Medical Comorbidities of Pain
Opioid Use/Use Disorder	Medication for OUD	Exercise/Movement Therapies	Mental Health Comorbidities of Pain
Opioid Prescribing	Women's Health	Manual Therapies	CIH Disciplines/Approaches
	Social Determinants of Health	Equity in Pain Care	

Pain & Opioid Projects
(CY 2016 - 2021 Projects Only)

"Pain & Opioid" VA and Veteran-Related Funded Projects, by Funder (CY 2016 – 2021)
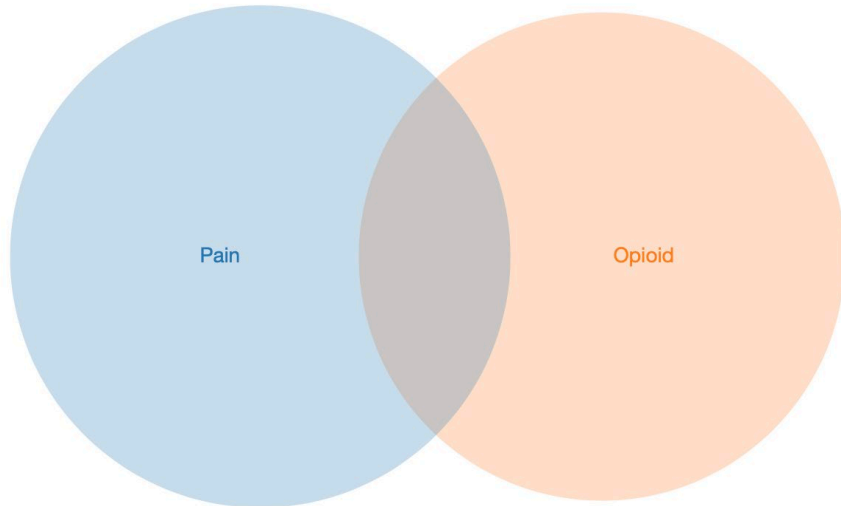
$N_{Pain} = 523$ $N_{Pain\ \&\ Opioid} = 99$ $N_{Opioid} = 494$

Legend: VA HSR&D | VA RR&D | VA CSR&D | VA QUERI | VA Cooperative Studies | NIH | DOD | Other
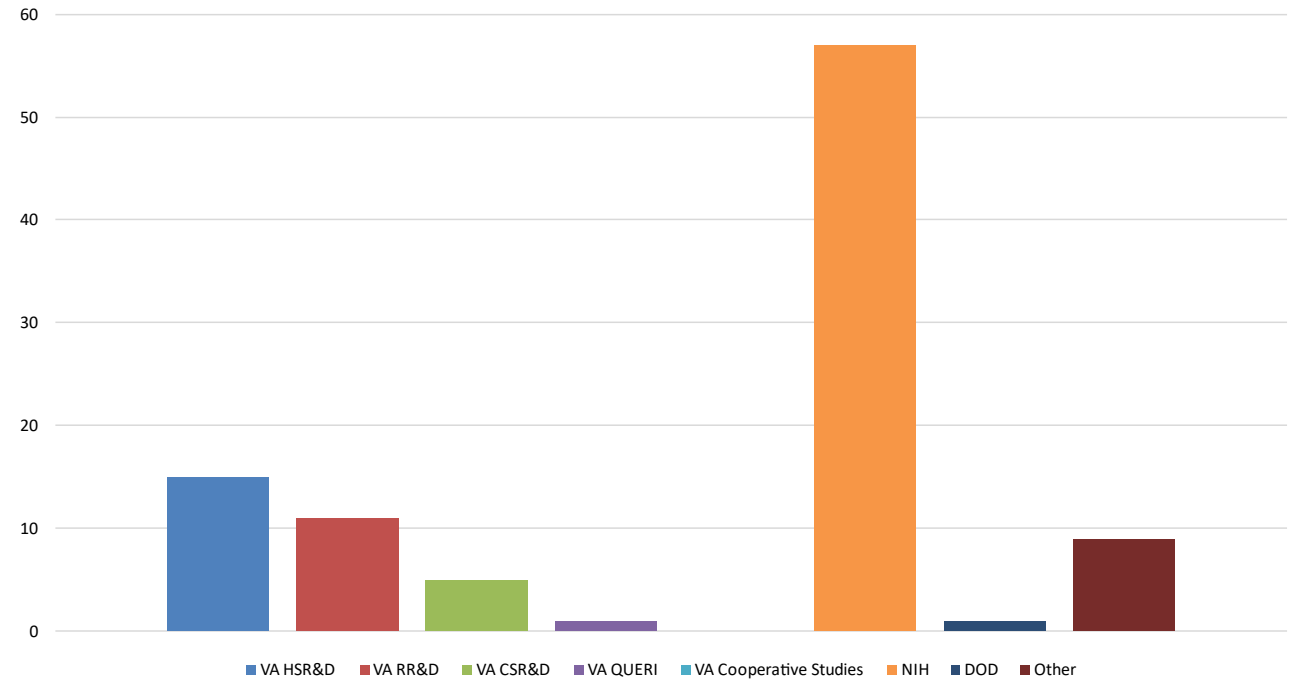
Pain & Mental Health Projects

(CY 2016 - 2021 Projects Only)

"Pain & Mental Health" VA and Veteran-Related Funded Projects, by Funder (CY 2016 – 2021)
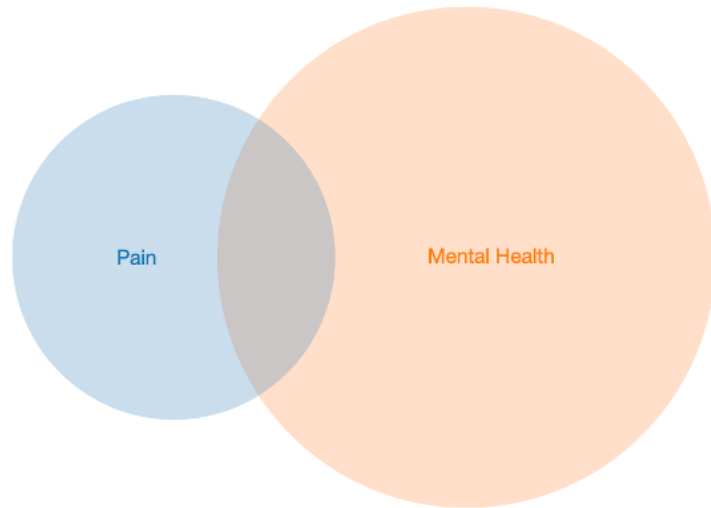
N_{Pain} = 523 $N_{Pain\ \&\ MH}$ = 144 N_{MH} = 1,245
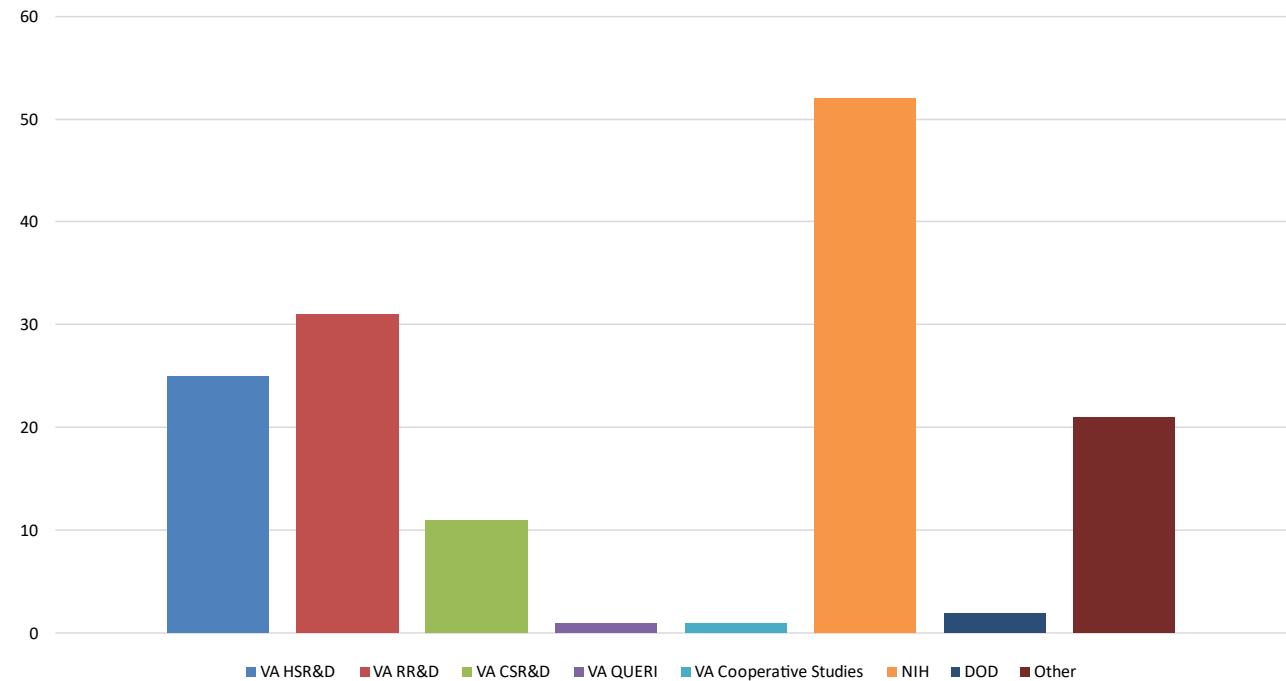
VA and Veteran-Related Funded Projects Across Topics, By Funder (CY 2016 - 2021)

Legend: ■ VA HSR&D ■ VA RR&D ■ VA CSR&D ■ VA QUERI ■ VA Cooperative Studies ■ NIH ■ DOD ■ Other

Categories: Pain & Opioids, Pain & Mental Health, Pain & Equity, Pain & Implementation Science, Pain & Exercise
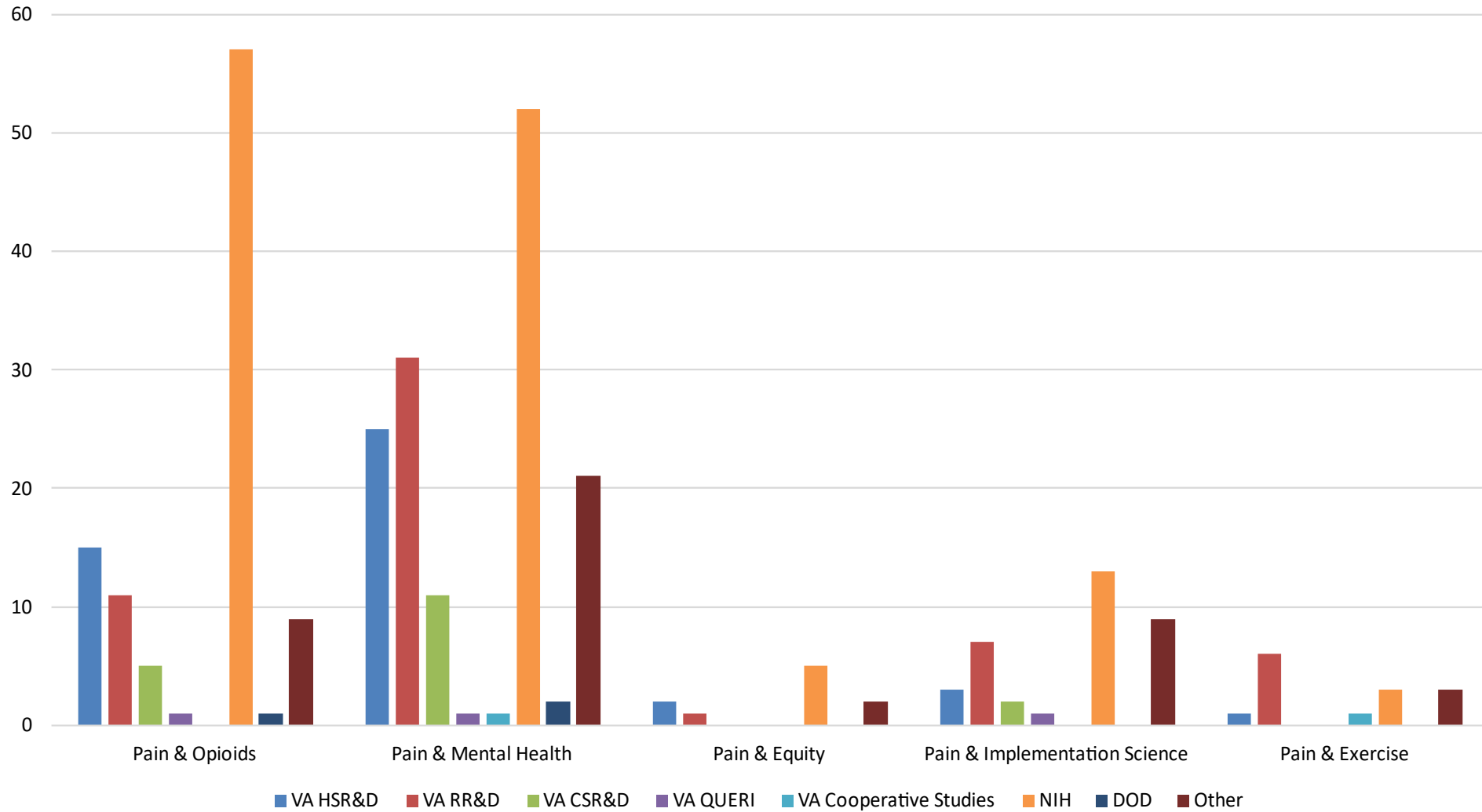
Limitations

- Noisy dataset
- Potentially relevant projects not in the publicly available datasets
- NLP Limitations

Next Steps

- Continue to fine tune process
- Generate additional Phase 2 topics based on Delphi process
- Identify funding gaps after Delphi topics identified
- Effective representation/visualization of data for wider dissemination

Pain/Opioid CORE

Project Portfolio Search

Search pain/opioid projects identified by the Pain/Opioid CORE portfolio review based on keywords, titles, investigators, or other information. Use the buttons below to select certain data fields for viewing or exporting the results. Additional data fields, including project summaries, are available by opening the "More Information" column.
Updated: September 23, 2022

Quick Search Buttons

To select a subset of projects based on identified "tags", select a button below. To return to the original data view, click "Reset".

| Pain | Opioid Use | Mental Health | Medical Comorbidities | Implementation Science | Medication Treatment for OUD | Opioid Prescribing | Womens Health | Health Disparities/Equity | Social Determinants of Health | Nonpharmacologic Approaches |

| Psychological Therapies | Exercise Therapies | Manual Therapies | Career Development Awards | Reset |

| Copy | Excel | CSV | PDF | Column visibility |

Search: _____

Project Name	PI(s)	Project Number(s)	Project Start	Project End	Funder	Source	More Information
1-Year Sustained Release Naltrexone Implant for the prevention of relapse to opioid dependence	Martin, Francis	1UG3DA050306-01	2019-7	2025-12	NIH	NIH_HEAL	-Open-
A comparative effectiveness trial of extended release naltrexone versus extended-release buprenorphine with individuals leaving jail	Gordon, Michael Scott Mitchell, Shannon Gwin	1UG1DA050077-01	2019-7	2025-12	NIH	NIH_HEAL	-Open-
A Foundation to Examine Reasons for Discontinuation for Buprenorphine Care in the	Bart, Gavin	3UG1DA040316-05S5					

PROJECT SUMMARY

The overarching goal of this Pain Management Collaboratory Demonstration project is to implement a new Whole Health paradigm for chronic pain care, emphasizing non-pharmacologic pain self-management that reduces pain symptoms and improves overall functioning and quality of life in veterans. The objective of this UG3/UH3 proposal is to develop and pilot components that will be used to support a pragmatic implementation-effectiveness trial of two pain care delivery approaches that differ in structure, comprehensiveness, and intensity. During the trial phase, over 600 veterans across 4 geographically diverse VA health care facilities with moderate to severe chronic pain (irrespective of chronic opioid therapy) will be randomized to receive an intensive Whole Health Team (WHT) versus a less intensive usual care Primary Care Group Education (PC-GE) approach. All enrolled veterans will be followed for 12 months. In preparation for the trial, specific aims of the 2-year UG3 phase include: UG3 Aim 1: to use an evidence-based implementation framework to conduct a formative evaluation that engages trial stakeholders at the 4 VA enrolling sites, solicits feedback on specific trial components, and identifies barriers to and facilitators of trial implementation, and UG3 Aim 2: to use stakeholder input to adapt, pilot and refine key components for the successful implementation of the pragmatic trial including: non-pharmacologic multi-modal pain self- management education for patients and providers, point-of-care data collection applications, patient reported measures sensitive to whole health interventions, wrist-worn activity monitors, and web/mobile applications to support in vivo monitoring of activity and pain and to provide tools for pain self-management. Assuming transition to the 4-year trial UH3 phase, we will implement these components refined in the UG3 phase. In UH3 Aim 1 we will conduct a 12-month pragmatic effectiveness trial to test whether veterans with moderate to severe chronic pain randomized to receive the Whole Health Team (WHT) intervention are more likely than those receiving Primary Care Group Education (PC-GE) to: H1: Experience improved pain severity and interference, functioning and quality of life (primary outcome); H2: Decrease use of higher risk pain medications, including opioids, or high risk combinations (secondary); H3: Engage in a greater number of non- pharmacological pain management activities (secondary); H4: Experience improved comorbid mental health symptoms, including sleep problems and suicidality. UH3 Aim 2 is to conduct a process evaluation and budget impact analysis of the implementation of the two interventions to support the development of an implementation toolkit for scaling and dissemination. Results of this UG3/UH3 Pain Management Collaboratory Demonstration project will contribute to the overall mission of the NIH/VA/DoD initiative to build national-level infrastructure that supports non-pharmacologic pain management in veterans and military service personnel.

KEYWORDS
NLP Keyword outputs from NLP Code (TBD)

PROJECT TAGS
Pain, Mental Health, (Pain + Mental Health)

Evidence review approach

- Scoping or mapping review of systematic reviews
  - Aims to assess size and scope of existing literature
  - No formal quality assessment
  - Synthesis is tabular with narrative commentary

Grant MJ, Booth A. A typology of reviews. Health Info Libr J. 2009 Jun;26(2):91-108

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Evidence review approach

- Goal of evidence landscape review: Inform prioritization process by providing an overview of where the action has been (and where gaps may be)

- Initial steps

  – Discussed scope with the CORE Internal Leadership Committee

  – Agreed upon broad categories of conditions and therapies

Grant MJ, Booth A. A typology of reviews. Health Info Libr J. 2009 Jun;26(2):91-108

Broad categories of clinical conditions

Include

- Chronic, persistent, recurring, episodic primary and secondary pain conditions
- Peri-procedural, post-operative, in-hospital pain
- Opioid use disorder

Exclude

- Acute/short-term pain
- Pain at the end of life
- Pain in cancer treatment
- Opioid misuse

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Broad categories of treatment strategies

Include

- Social support
- Self-management support
- Educational interventions
- Medications/prescribing
- Behavioral therapies
- Physical therapies
- Mind-body
- Manual therapies
- Non-surgical interventional

Exclude

- Screening
- Diagnosis
- Surgical treatment

- Specified search terms, informed by SOTA experience, ICD-11 chronic pain classification, ILC discussion, and portfolio review findings
- VA medical librarian searched PubMed & Cochrane Library for systematic reviews focused on 16 broad condition categories
  - Systematic review, English, human, published within 15 years
- 3100 abstracts reviewed for inclusion criteria
  - Relevant to selected conditions and interventions
  - Relevant research type: efficacy, effectiveness, harm, implementation, health care delivery, processes of care
- 1100 abstracts included and sorted by intervention strategy

1. **Migraine**
2. **Tension headache**
3. **Post-traumatic brain injury headache**/post-concussive syndrome
4. **Temporomandibular joint dysfunction/pain**
5. **Facial pain syndromes, Headache (other)** (including trigeminal neuralgia, chronic orofacial pain)
6. **Chronic abdominal pain, irritable bowel syndrome** (including chronic pancreatitis; *excluding Celiac disease, inflammatory bowel disease, diverticulitis, constipation, ulcerative colitis*)
7. **Chronic genital pain, chronic pelvic pain** (including chronic prostatitis, bladder pain syndrome, interstitial cystitis, vulvodynia)
8. **Chronic back pain, low back pain**
9. **Chronic neck pain** (including whiplash-associated disorder (WAD))
10. **Osteoarthritis pain**
11. **Chronic pain** (including central pain sensitization syndromes, neuropathic chronic pain)
12. **Fibromyalgia**
13. **Myofascial pain**
14. **Peripheral neuropathic pain/painful polyneuropathy** (including: postherpetic neuralgia, diabetic neuralgia; *excluding carpal tunnel syndrome, central poststroke pain, multiple sclerosis, Morton's interdigital neuroma, complex regional pain syndrome*)
15. **Peri-procedural/post-operative pain** (including interventions that may have broad applicability in peri-operative/post-operative pain management; short term and longer term outcomes (including prevention of chronic post op pain); *excluding surgical and anesthesia techniques; interventions specific to a particular surgical procedure or anatomical location*)
16. **Opioid use disorder/opioid dependence**

Pain/Opioid CORE

Treatments/management strategies

1. **Social support** (e.g., caregiver interventions, support groups, peer coaching)
2. Self-management support
3. Educational interventions
4. Medications, pharmacotherapy
5. Opioid, opiate (including tapering, discontinuation, dose reduction)
6. Methadone, naltrexone, buprenorphine, MAT, etc.
7. Cannabis, marijuana, ketamine
8. **Psychotherapies**: CBT, ACT, psychotherapy, hypnosis
9. Physical therapies, exercise therapies
10. **Mind-body approaches**: yoga, tai chi, mindfulness based stress reduction, Qigong, biofeedback
11. **Manual therapies**: manipulation, massage, trigger point release/injection, dry needling, cupping, kinesio taping
12. **Acupuncture**, acupressure, auricular acupuncture
13. **Non-invasive neuromodulation**: transcranial stimulation, transcutaneous electrical nerve stimulation
14. **Invasive, non-surgical interventions**: injections, implantable devices
15. **Creative expression therapies**: music, art, writing, dance
16. **Dietary interventions, herbal medicine** (e.g., diets, supplements, herbs)
17. **Miscellaneous non-invasive, non-drug interventions** (e.g., low-level laser therapy, extracorporeal shock wave therapy, hydrotherapy, pulsed electromagnetic fields, oxygen-ozone therapy
18. **Care Models** (e.g., stepped care, collaborative care, multidisciplinary pain rehabilitation)
19. **Interventions to improve treatment adherence** (not otherwise categorized as self-management or educational interventions)

Condition	Total # of Articles	Social support	Self-management support	Education Intervention	Non-opioid medications, pharmacotherapy	Opioids and opioid prescribing (including tapering, discont., dose reduction)	Meds for OUD, buprenorphine, methadone	Cannabis, marijuana, ketamine	Behavioral therapies, CBTs, psychotherapies	Physical therapies, exercise therapies	Mind-body approaches (e.g., Yoga, tai chi, meditation, biofeedback)	Manual therapies (including trigger point procedures, cupping, kinesiotaping)	Acupuncture, acupressure, auricular acupuncture	Non-invasive neuromodulation (transcranial/transcutaneous stimulation)	Invasive, non-surgical interventions (e.g., injections, implants, ablation)	Creative expression therapies (e.g., writing, dance)	Diet, supplements, herbal medicine	Miscellaneous non-invasive, non-drug interventions (e.g., music art)	Models of care (e.g., collaborative care, multidisciplinary pain programs)	Interventions to improve treatment adherence	Notes
Totals -	1,119	5	24	45	335	57	50	29	107	163	69	98	91	46	151	11	96	78	32	3	
1 Migraine	106	0	0	1	59	0	0	0	4	1	0	6	8	5	12	0	11	1	0	0	
2 Tension headache	35	0	0	1	11	0	0	0	4	4	3	9	8	0	3	0	0	1	1	0	
3 Post-TBI headache/post-concussive syndrome	3	0	0	0	1	0	0	0	1	0	1	0	0	1	0	0	0	0	0	0	
4 Temporomandibular joint dysfunction/pain	60	1	4	2	10	1	0	0	7	9	2	13	5	0	25	0	2	6	0	0	
5 Facial pain syndromes (Headache, other)	16	0	1	2	9	1	0	0	1	0	0	0	2	1	8	0	0	0	0	0	
6 Chronic abdominal pain, irritable bowel syndr.	90	0	2	1	26	1	0	1	16	1	5	4	4	1	0	0	41	4	3	0	
7 Chronic pelvic pain, chronic genital pain	31	0	0	0	13	1	0	0	5	7	1	2	4	4	9	0	4	6	0	0	
8 Chronic low back pain, back pain	214	1	7	16	23	6	1	0	14	68	17	36	20	7	43	0	3	18	14	0	
9 Chronic neck pain	19	0	0	1	3	0	0	0	3	8	2	3	2	1	4	0	1	0	0	0	
10 Osteoarthritis pain	90	0	2	4	16	2	0	1	3	19	3	4	7	3	20	0	11	18	1	0	
11 Chronic Pain	113	2	4	9	10	12	6	12	22	13	17	5	7	10	8	3	5	5	5	2	
12 Fibromyalgia	100	0	3	4	33	1	0	4	13	26	15	7	4	4	0	3	6	7	0	1	
13 Myofascial pain	13	0	0	1	3	0	0	0	0	2	0	6	4	1	8	0	1	2	0	0	
14 Peripheral neuropathic pain/ polyneuropathy	77	0	0	0	44	16	7	8	3	2	1	2	10	6	5	0	8	3	0	0	
15 Peri-procedural/ post-operative pain	104	0	1	3	73	16	1	3	5	3	2	1	5	1	6	5	3	7	2	0	
16 OUD/opioid dependence	48	1	0	0	1	0	35	0	6	0	0	0	1	1	0	0	0	0	6	0	

Sheet tabs: READ ME | SUMMARY TABLE | 1-Migraine | 2-Tension head. | 3-Post-TBI head. | 4-TMJ | 5-Facial px syndr. | 6-Abdomen. px | 7-Pelvic px | 8-LBP | 9-Neck px | 10-Osteoarthritis | 11-Chronic ...

Pain/Opioid CORE

2022 Scoping Review - CHRONIC GENITAL / PELVIC PAIN	Total articles = 31 (4 Cochrane reviews)	Social support	Self-management support	Education intervention	Non-opioid medications, pharmacotherapy	Opioids and opioid prescribing (including tapering, discont., dose reduction)	Meds for OUD, buprenorphine, methadone	Cannabis, marijuana, ketamine	Behavioral therapies, CBTs, psychotherapies	Physical therapies, exercise therapies	Mind-body approaches (e.g., yoga, tai chi, meditation, biofeedback)	Manual therapies (including trigger point procedures, cupping, kinesiotaping)	Acupuncture, acupressure, auricular acupuncture	Non-invasive neuromodulation (transcranial/transcutaneous stimulation)	Invasive, non-surgical interventions (e.g., injections, implants, ablation)	Creative expression therapies (e.g., writing, dance)	Diet, supplements, herbal medicine	Miscellaneous non-invasive, non-drug interventions	Models of care (e.g., collaborative multidisciplinary pain prog...	Interventions to i...	Not...
Totals		0	0	0	13	1	0	0	4	7	1	2	4	3	10	0	4	6	0	0	

- 31 total reviews
  - 13 nonopioid medications, 1 opioids
  - 10 invasive interventions
  - 7 physical therapy/exercise therapies
  - 4 behavioral therapies
  - 4 Cochrane reviews

Pain/Opioid CORE

Discussion: Chronic pelvic/genital pain

- Specialty focused literature (most gynecology or urology)
- Many reviews focused on male or female (often without specifying in title), treatments varied by sex
  - Male: extracorporeal shockwave therapy, antibiotics
  - Female: hormones, psychological therapy

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Interventions not previously considered

- Non-invasive neuromodulation
- Invasive interventions (injections, ablation, implants, invasive neuromodulation)
- Medications
  - Nonopioid
  - Cannabis
  - Ketamine
- Diets, supplements, herbal medications
- Music, art, writing

Delphi Overview

- Developed by RAND

- Exploration and generation of consensus

- Convening subject matter experts

- Discussion/anonymous voting, iterative rounds

- Molding of consensus when possible

- Ground rules encourage equitable participation:
  - Avoid side conversations
  - Wait to be recognized before commenting
  - Avoid speaking on behalf of others
  - Constrain each speaking turn to at most 2 topics

Pain/Opioid
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- Convene the Panel and orient them to the parameters and content
- Get all the topics on the board in a free-flowing discussion [*TOPIC NOMINATION*].
- Group discussion on which topics are unique and which should be merged [*TOPIC SORTING/BUCKETING*].
- Open discussion – why certain topics are particularly compelling [*TOPIC ADVOCATING*].
- <u>Consensus agreement on the final exhaustive/mutually exclusive list of topics</u>
- First round of voting – anonymous – 9 point Likert scale: **How important is it to include this topic as a priority research topic?**
- Add'l rounds presenting voters mean score vs. their score

Working List of Ballot Topics

1. Multiple co-occurring pain conditions
2. Pain and smoking
3. Emerging non-pharm treatments (eg, music, arts therapy, balneotherapy, animal assisted interventions, etc.)
4. Evidence-based (or novel psych/behavioral therapies (eg, MBSR, CBT,) across chronic px conditions
5. Novel or existing psych/behavioral therapies (eg, EA) across chronic px conditions (and cross-section with other comorbidities)
6. Combinations of non-pharm treatments
7. Overdose prevention/harm reduction in OUD
8. Exercise therapy for pain/addiction
9. Interventions to support Pain self-management
10. Technology-supported interventions (eg, Telehealth in context of pain, and OUD) – cross-cutting/models of care
11. Interventions to promote physical activity for pain/addiction
12. Care transitions – esp. DOD to VA (re: pain and OUD); VA to non-VA
13. Interventions to improve communication (eg, provider-patient)
14. Engagement and retention (relapse prevention) patients/providers with interventions
15. Patients with complex multimorbidity– interventions may work differently for them, incl. models of care, e.g., Intensive-longer term care/case management; care initiation
16. Learning how to assess quality of pain assessment and the effectiveness of pain treatment
17. Novel (to-Pain) Models of Care (incl. social support) that take into account SDOH; including rec therapists, nursing interventions, social workers, chaplains)
18. Non-drug therapies for headache
19. Neuropathic pain
20. Pelvic pain
21. Novel pharm (cannabis, psychedelics, etc.) for pain and SUD

Delphi Results: Rank Order

#	Topic	HRP*
1	Multiple co-occurring pain conditions	89%
2	Opioid overdose prevention/harm reduction among individuals who use drugs	72%
3	Interventions to support pain self-management/self-care/self-directed treatments (including web-based/technological resources)	72%
4	Interventions to promote physical activity for pain/OUD	67%
5	Optimal management of patients with complex and high intensity needs	67%
6	Novel pharmacotherapy (cannabis, psychedelics, etc.) for pain and/or SUD	60%
7	Care transitions in pain/OUD – especially DOD to VA; VA to non-VA; communication among clinicians	44%
8	Interventions to improve individual patient and Veteran population communication about pain	44%
9	Management of neuropathic pain	44%
10	Management of headache	39%
11	Efficacy of emerging nonpharm treatments (e.g., music, arts therapy, balneotherapy, animal assisted interventions, etc.)	33%
12	Exercise therapy for addiction – preventing opioid misuse, OUD, adjunct to SUD treatment)	28%
13	Management of pelvic pain	28%
14	Pain and smoking	11%

*HRP = High rating (7, 8 or 9) proportion

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Final topics and next steps

#	Topic
1	Multiple co-occurring pain conditions
2	Opioid overdose prevention/harm reduction among individuals who use drugs
3	Interventions to support pain and OUD self-management/self-care/self-directed treatments/esp. promoting physical activity (including web-based/technological resources)

- Consensus conference planning committee to nominate and invite consensus conference participants and workgroup leaders (2 per priority topic area)
- Workgroups meet for ~6 months to define scope of topic area, identify key readings and prepare summaries on the state of the science & practice

Consensus Conference

- September 2023
- Objective: Select priority funding areas
- 60-80 attendees
- Includes operations partners and investigators and representatives from HSR&D and other ORD services