

# Use of VA's Whole Health System of Care by Veterans on Long-term Opioid Therapy for Chronic Pain

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**The PRIME Center**



Pain Research, Informatics, Multimorbidities, and Education

Enhancing Pain Care for Veterans



# Disclosures

- No conflicts of interest
- The views expressed are those of the presenters and do not necessarily reflect the position or policy of the Dept. of Veterans Affairs or US government.
- Funding: HSR&D SDR 21-108 to Drs. Anne Black and William Becker (MPI); VA Connecticut Healthcare System

# Investigative Team

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## Veteran Engagement Panel

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William Westmoreland

## Operations Partners

Office of Patient Centered Care & Cultural Transformation

Pain Management, Opioid Safety, and Prescription Drug Monitoring Program

Pharmacy Benefits Management

# Outline

1. Long-term opioid therapy in chronic pain
2. Promising evidence relating Whole Health service use and opioid reduction in chronic pain
3. Remaining questions/current study
4. Use of Chiropractic/Complementary and Integrative Health services
5. Lived experience of advising Veteran
6. Next steps

# Long-term opioid therapy in chronic pain

- Limited effectiveness of LTOT for chronic pain
- Well-established, dose-related risks
  - Opioid use disorder
  - Opioid-related overdose
- Clinical guidelines recommend tapering or discontinuing opioid therapy when risks outweigh benefits
- Emphasis on multimodal approach to pain management including complementary and integrative health modalities

# Promising evidence relating Whole Health service use and opioid reduction in chronic pain

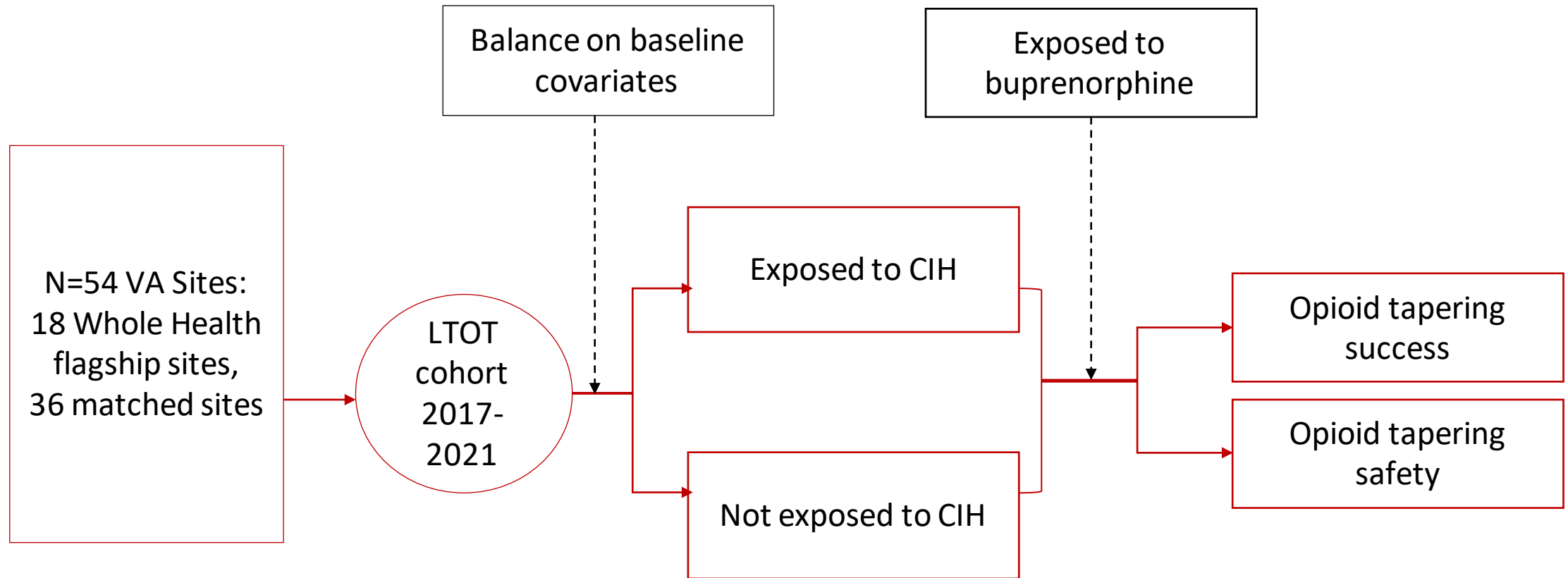
- Reduced use of opioids among Veterans with chronic pain who used WH services compared to those who did not<sup>1</sup>
- Reduced incidence of opioid initiation among Veterans with MSD exposed to CIH<sup>2</sup> compared to those not exposed
- Faster rate of opioid taper among Veterans with LTOT exposed to any CIH<sup>3</sup>
- Remaining questions
  - Causal association between WH exposure and opioid use

<sup>1</sup>**Bokhour BG, Hyde JK, Zeliadt S, Mohr DC.** Whole Health System of Care Evaluation- A Progress Report on Outcomes of the WHS Pilot at 18 Flagship Sites 2020. Veterans Health Administration, Center for Evaluating Patient-Centered Care in VA (EPCC-VA).

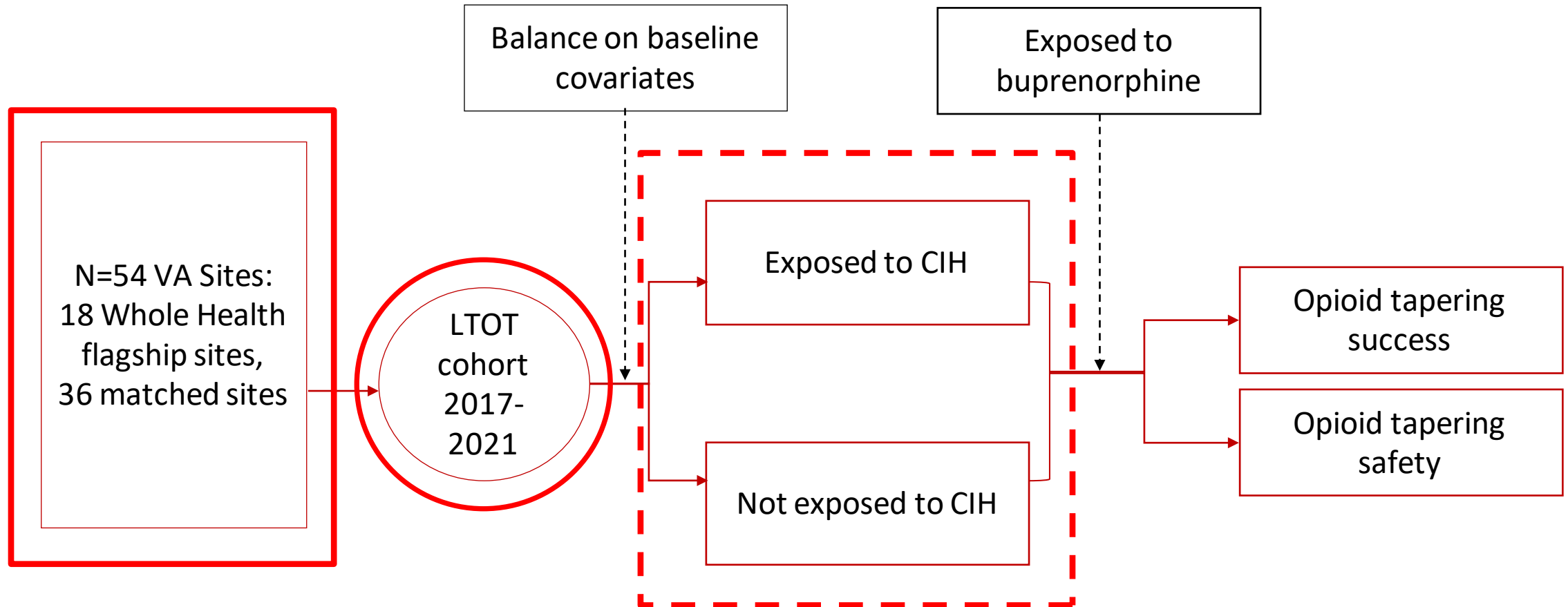
<sup>2</sup>**Goulet et al.** [https://www.hsrd.research.va.gov/for\\_researchers/cyber\\_seminars/archives/6304-notes.pdf](https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/6304-notes.pdf)

<sup>3</sup>**Black et al.** Association Between Exposure to Complementary and Integrative Therapies and Opioid Analgesic Daily Dose Among Patients on Long-term Opioid Therapy. The Clinical Journal of Pain 38(6):p 405-409, June 2022.

# Retrospective Cohort Study Design

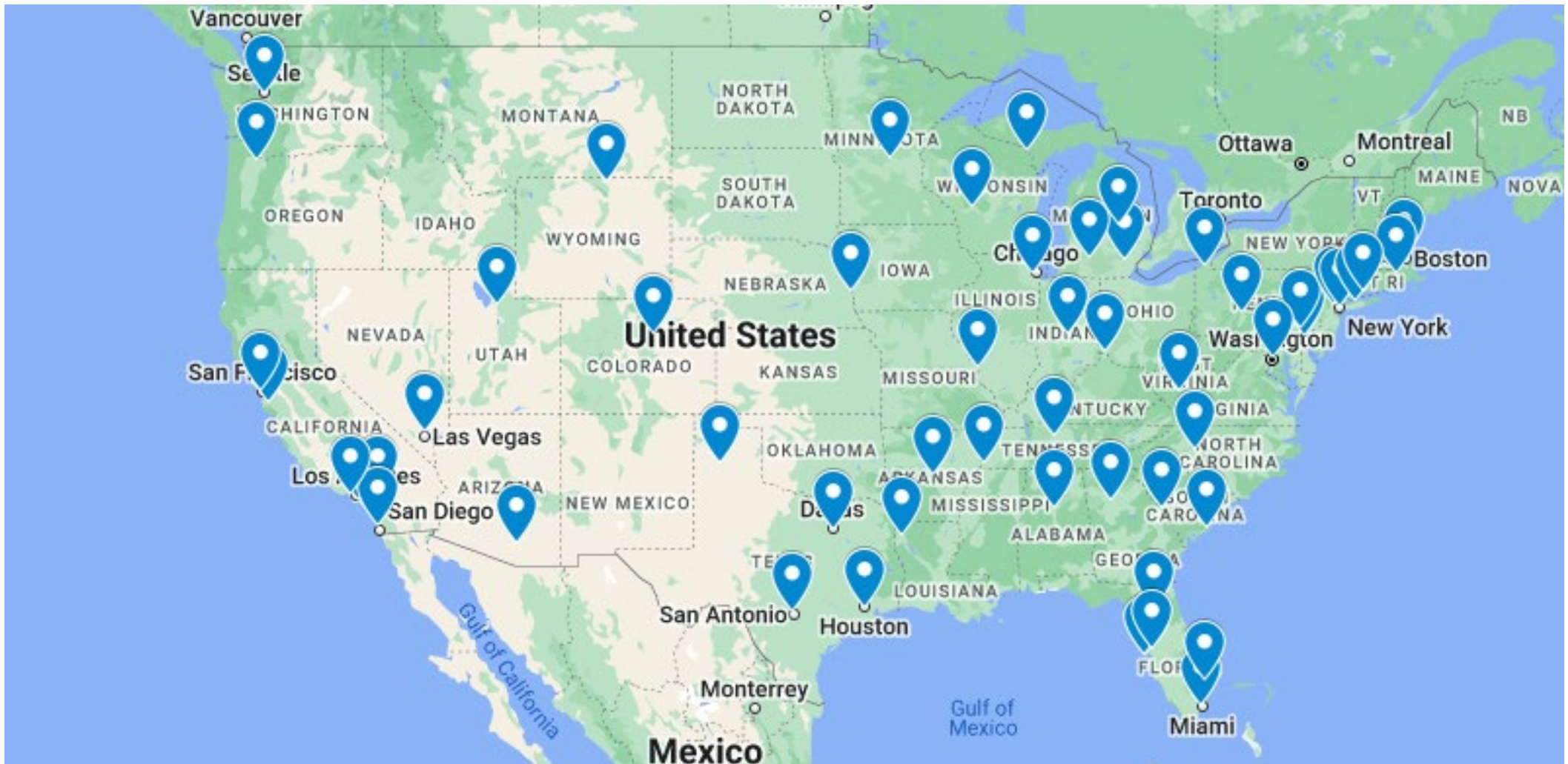


# Retrospective Cohort Study Design





# 18 Flagship sites, 36 matched VA sites



# Baseline characteristics

**N=315,382**

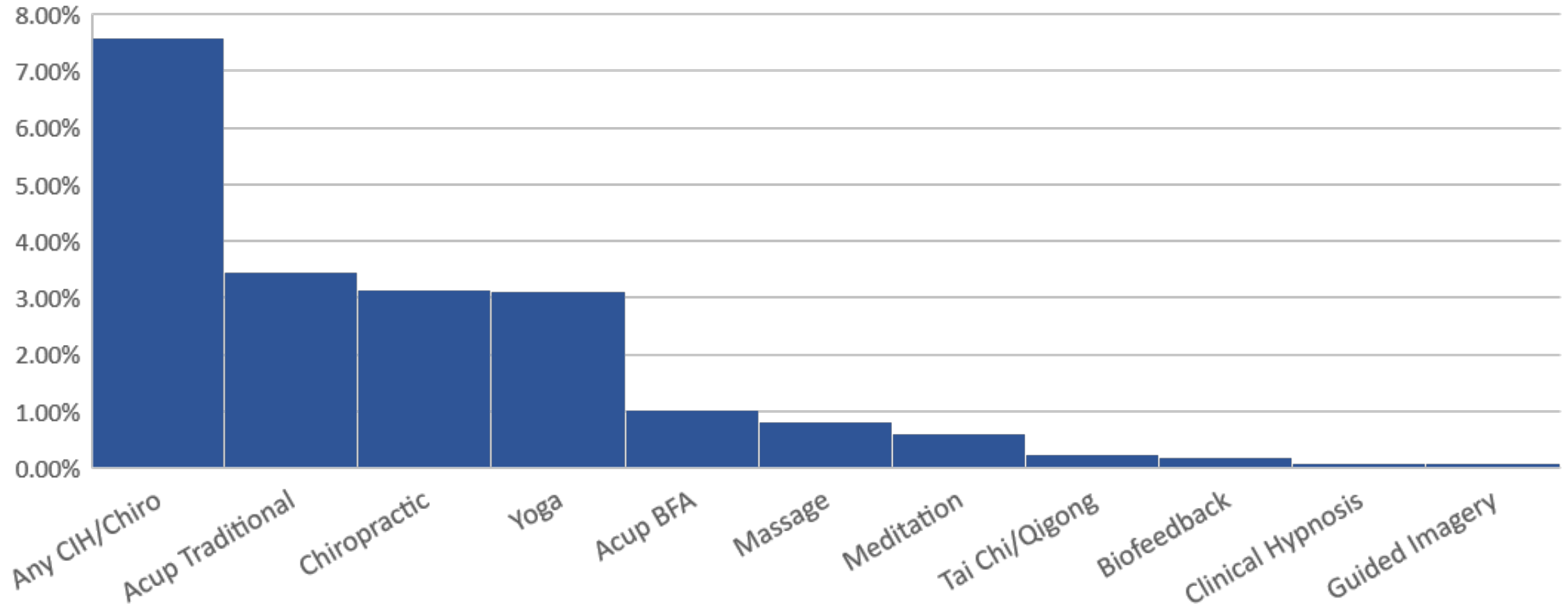
|                               |             |
|-------------------------------|-------------|
| Male                          | 92.13%      |
| Age (Mean, SD)                | 63.9 (12.2) |
| Race                          |             |
| White                         | 73%         |
| Black/African American        | 15%         |
| Other race/more than one race | 3%          |
| Unknown race                  | 8%          |
| Hispanic ethnicity            | 4%          |
| Married                       | 53%         |
| Rural/highly rural residence  | 42%         |

# Baseline characteristics

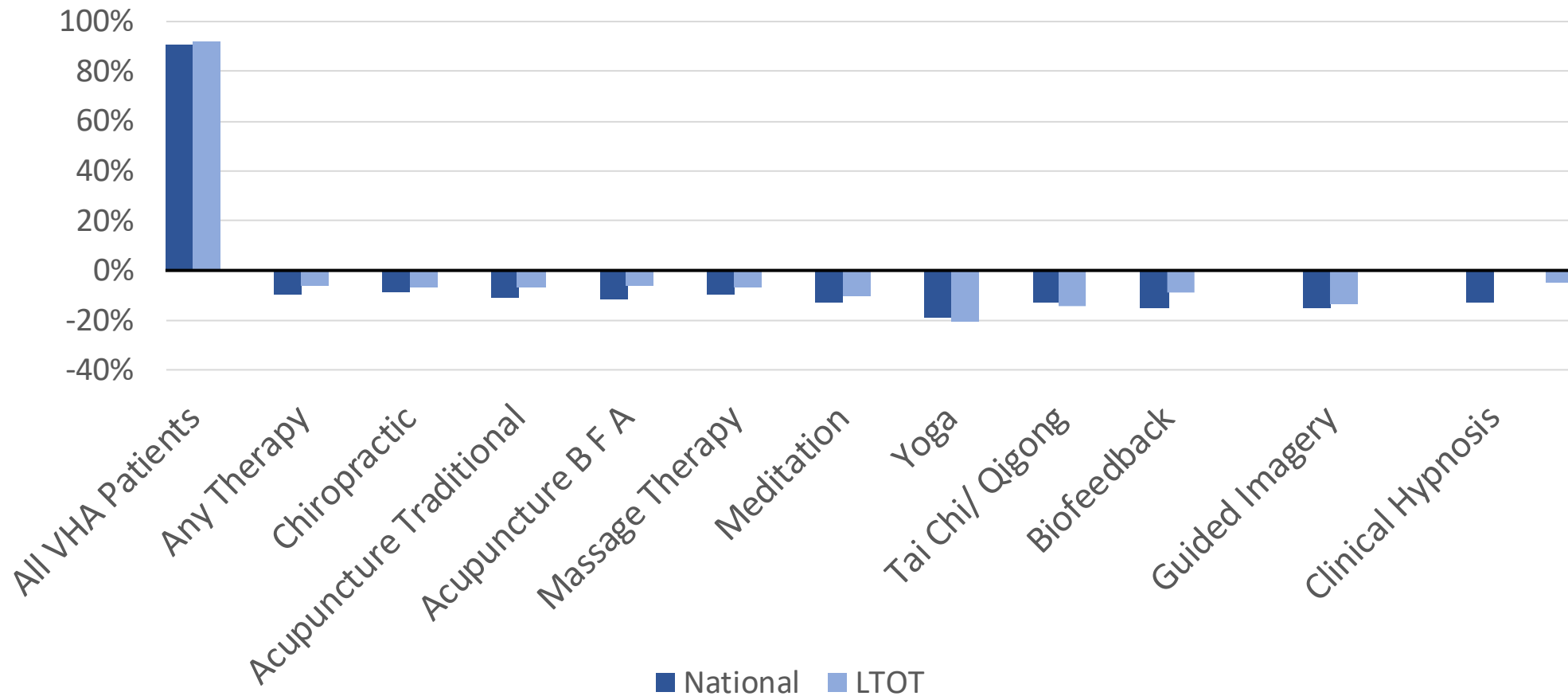
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|  |                   |
|--|-------------------|
| LTOT morphine mg equivalents (Median, IQR) | 23mg (15mg, 40mg) |
| Numeric Rating Scale for Pain, (Mean, SD)  | 4.3 (3.2)         |
| Opioid Use Disorder (N, %)                 | 18,765 (6%)       |
| Alcohol Use Disorder (N, %)                | 40,055 (13%)      |
| Mental Health Disorder                     | 165,422 (52%)     |

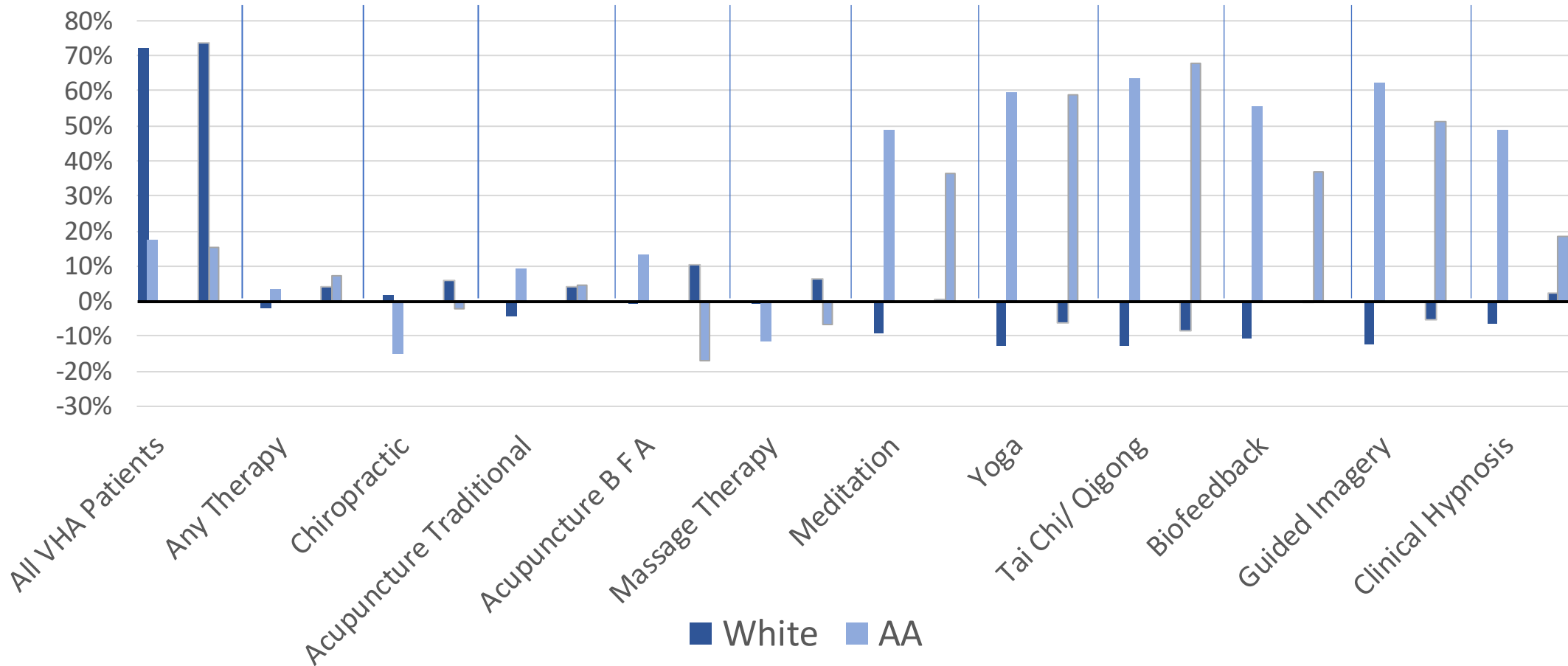
# CIH/Chiropractic Use among Veterans on LTOT



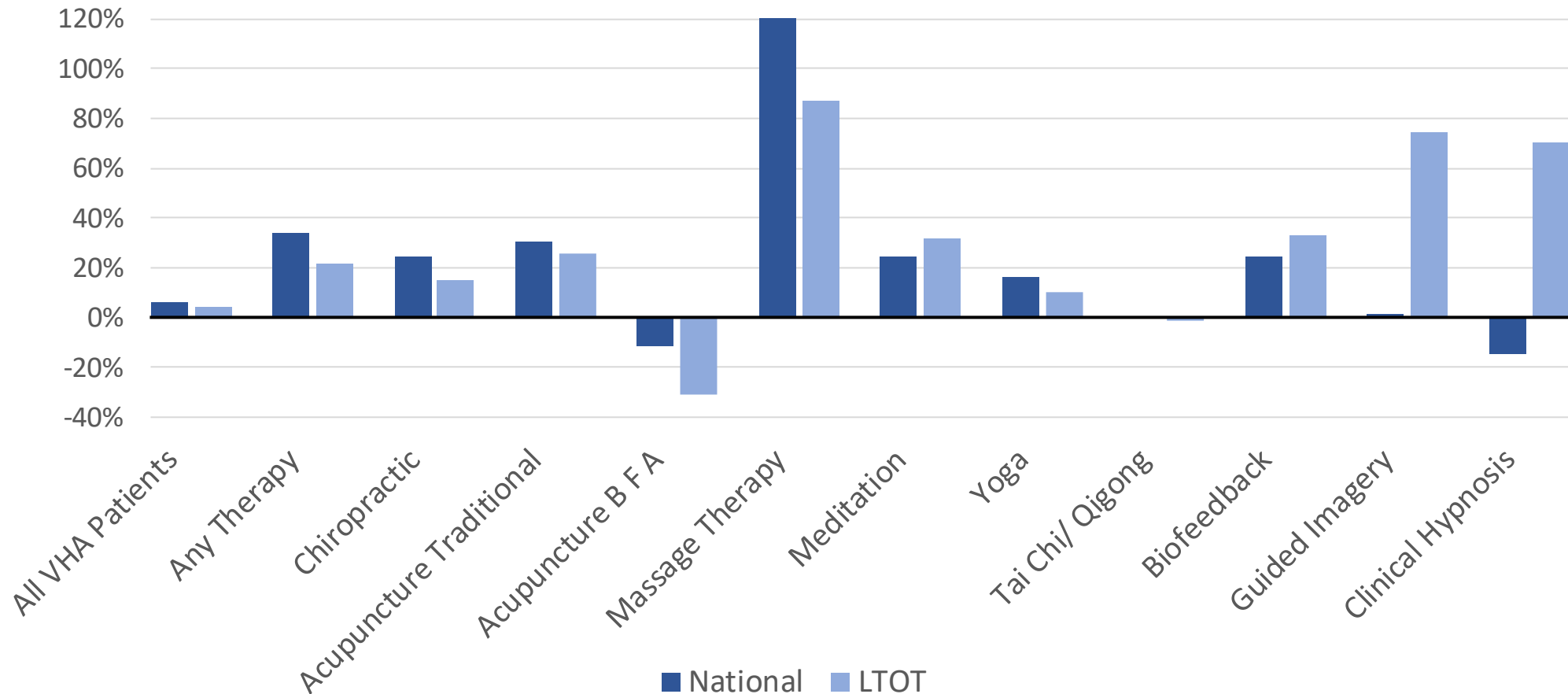
# CIH/Chiropractic Use among Male Veterans National vs. LTOT Cohort



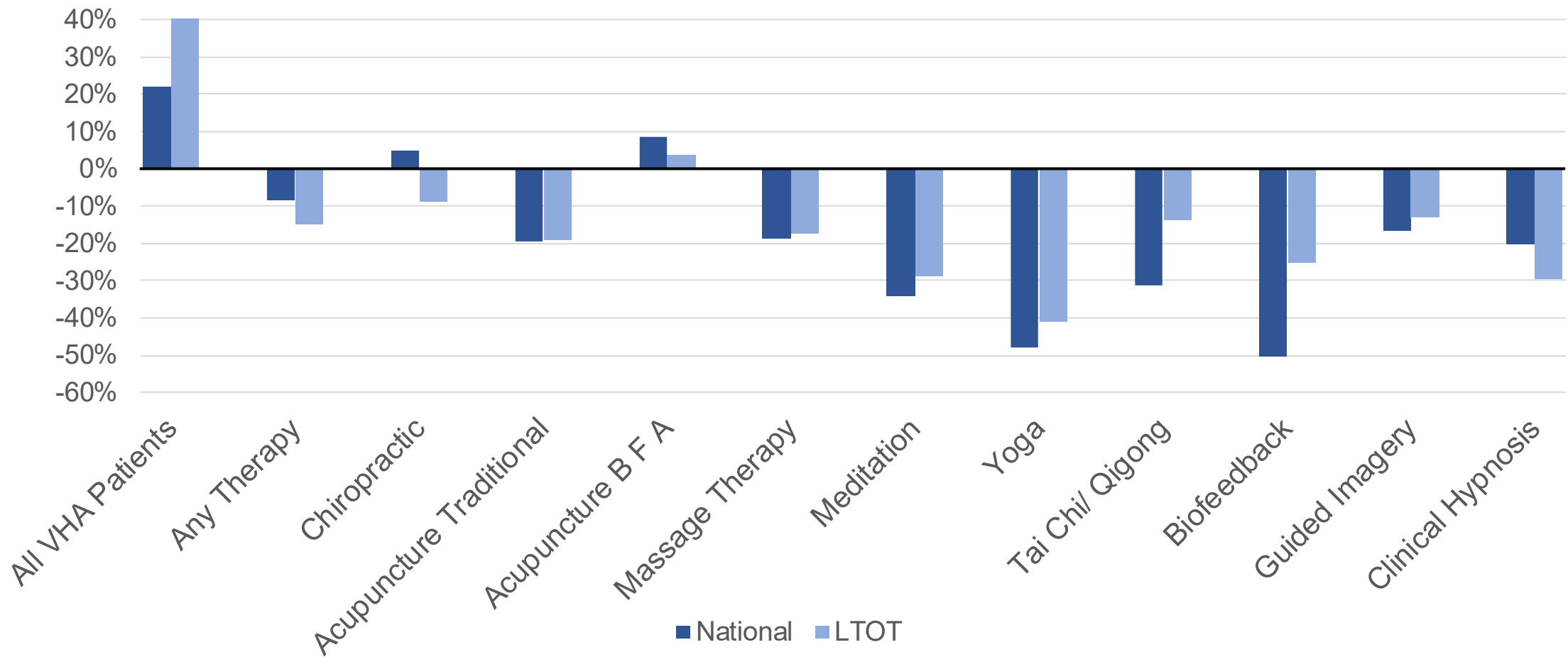
# CIH/Chiropractic Use by Race National vs. LTOT Cohort



# CIH/Chiropractic Use among Hispanic Veterans National vs. LTOT Cohort

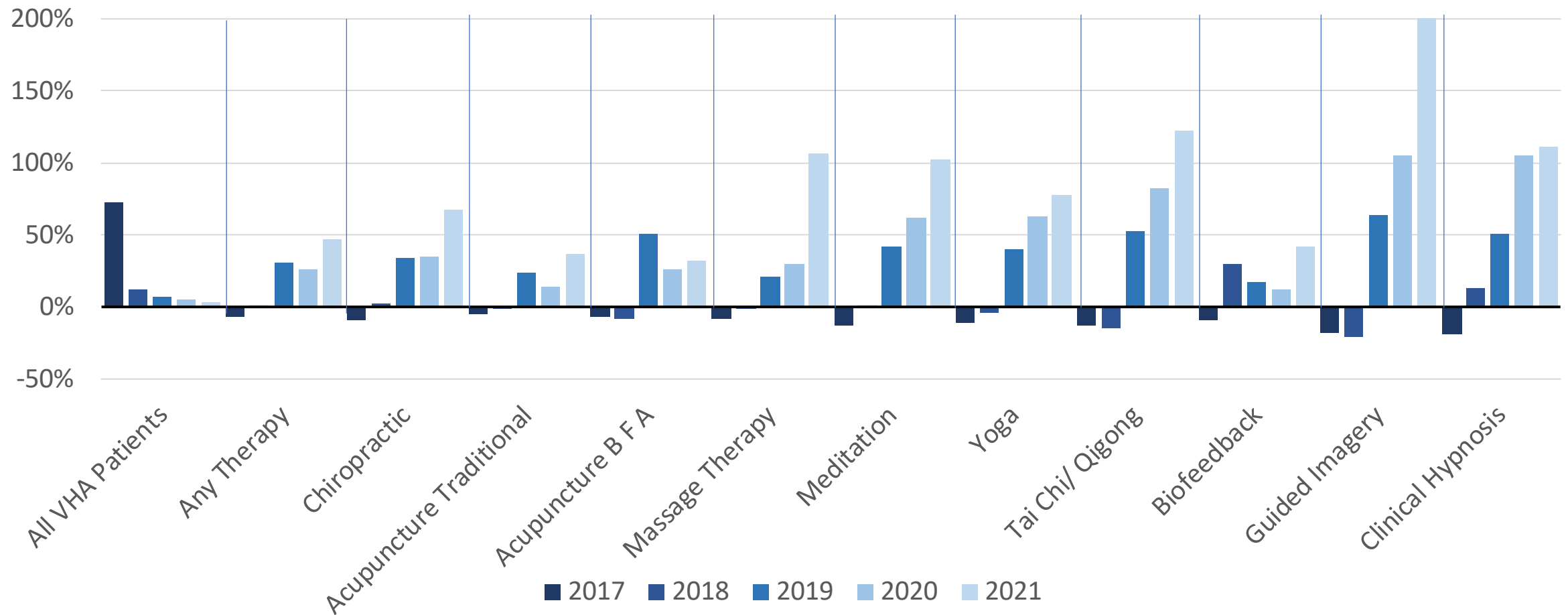


# CIH/Chiropractic Use by Rural Residence National vs. LTOT Cohort

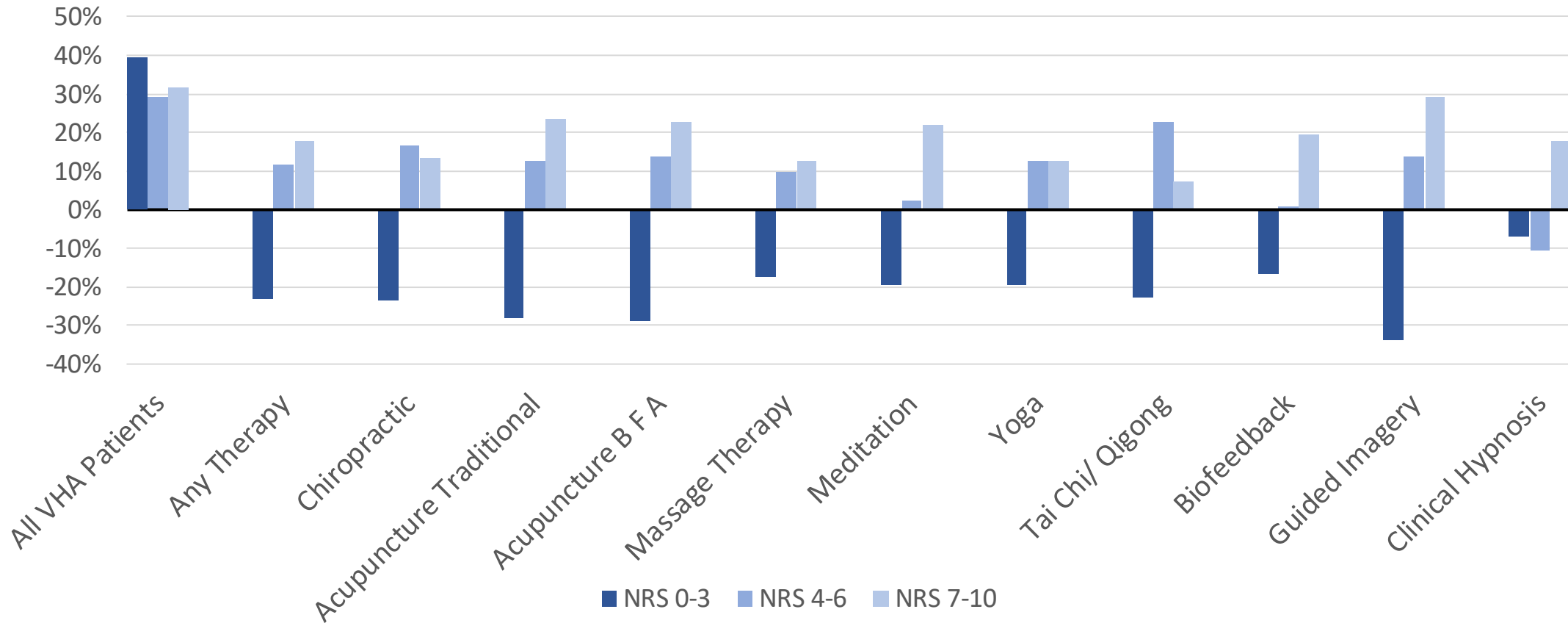




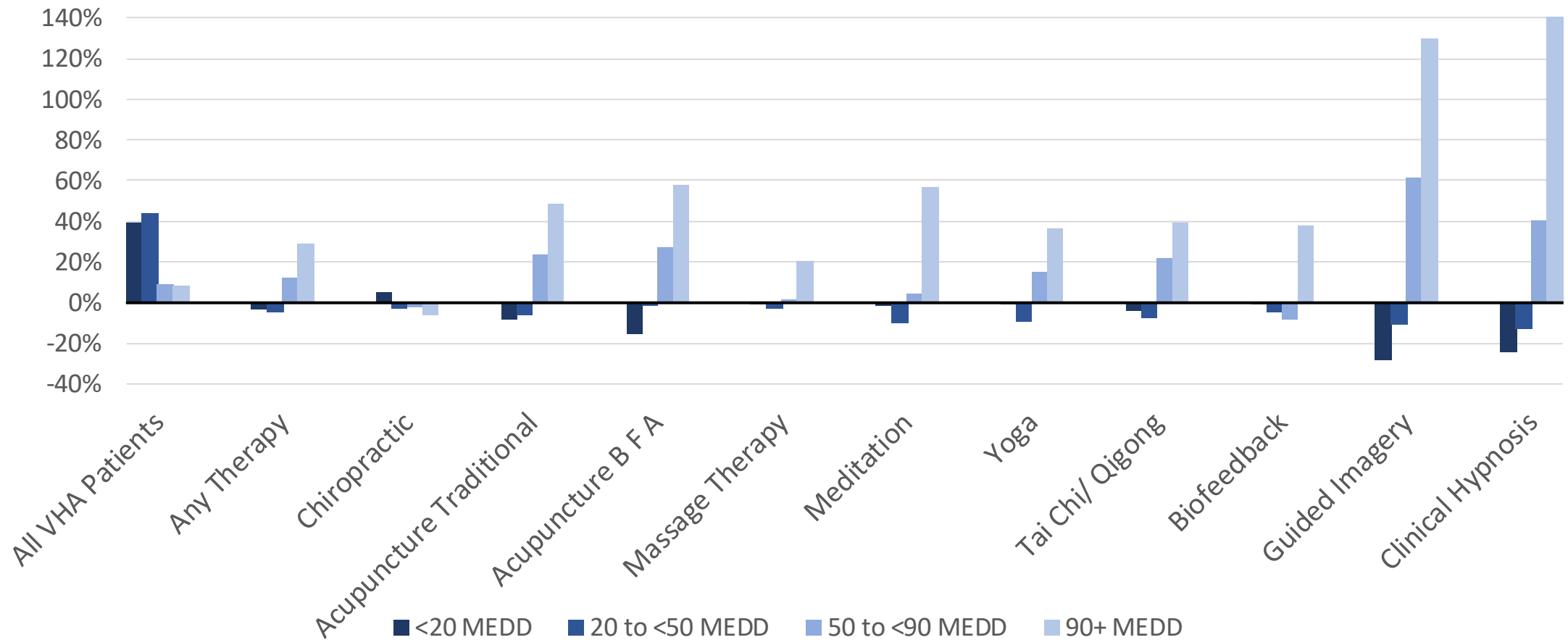
# CIH/Chiropractic Use by Year of Cohort Entry



# CIH/Chiropractic Use by Pain Numeric Rating Scale Score



# CIH/Chiropractic Use by Baseline LTOT dose



# Summary

Exposure to Whole Health services is associated with reduced use of opioid therapy for pain

A causal association between Whole Health service use and opioid tapering use has not been demonstrated

Understanding factors associated Veterans' use of Whole Health is critical to understanding its role in opioid tapering

A small minority of Veterans on LTOT used CIH or chiropractic care

Among Veterans on LTOT:

- Use of CIH/chiropractic care increased between 2017-2021
- Male, rural-residing Veterans underrepresented
- Veterans on higher LTOT baseline dose, those with greater baseline pain overrepresented in CIH or chiropractic care
- Black/African-American, Hispanic Veterans overrepresented in many modalities

Lived experience of  
advising Veteran

Blair Curtis, MEd

# 2019

- Medically Separated after appealing the IDES decision in D.C.
- Several VA appointments in various specialty clinics each week
- 4 pill handfuls each day to manage pain
- unemployed



# 2020

- lost 100lbs with help from MOVE clinic (pain persisted)
- unemployed
- bedridden



# 2021

- started practicing TM, yoga, and AlphaStim device
- weaned off medications with Dr supervision
- started working part time as a substitute teacher





# 2022

- Completed Master's of Education Degree in Instructional Leadership
- Hired as full-time Special Education Teacher
- Certified 200-hour Mindful Resilience Yoga Teacher at Veterans Yoga Project



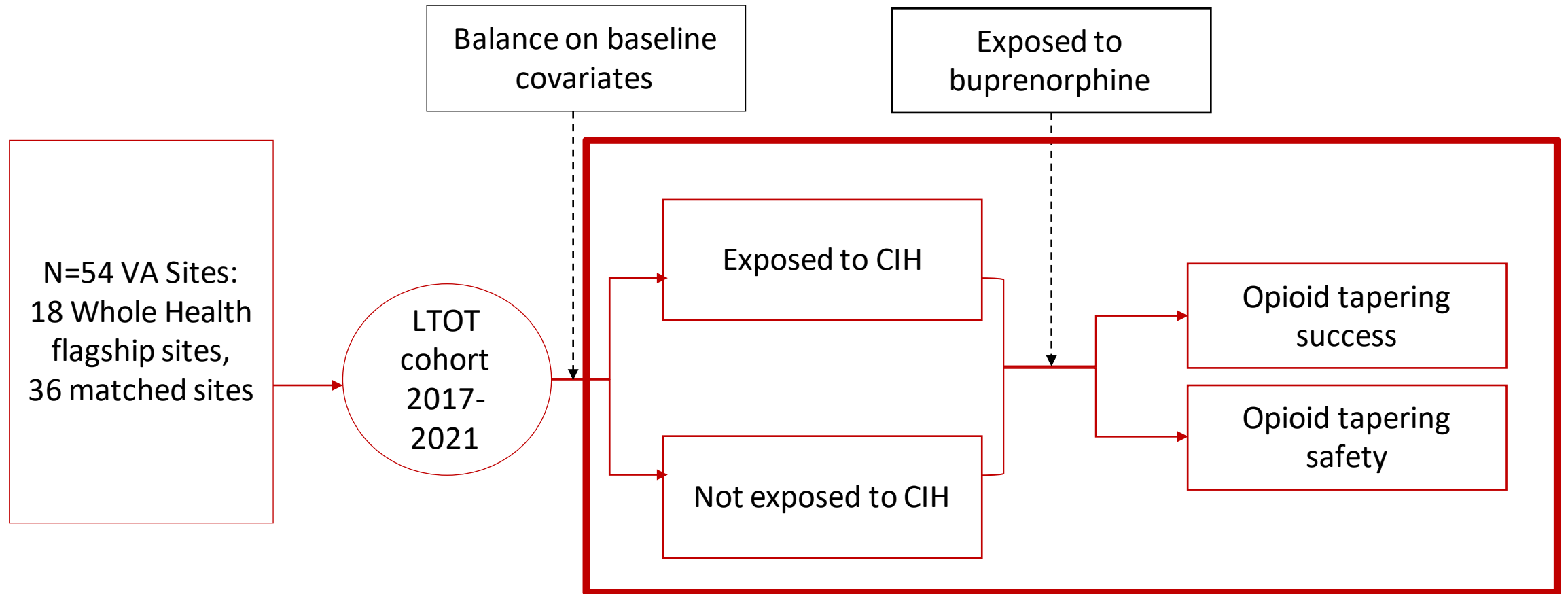
# 2023

- completed pre-natal yoga teacher training
- published book about journey
- teaching yoga to veterans and their families at no cost





# Next steps



# Thank you!

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