

Increasing Access to Therapies for Opioid Use Disorder in VISN 22: Using VA Data to Guide Implementation

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VIReC Partnered Research
Cyberseminar Series
July 21, 2020



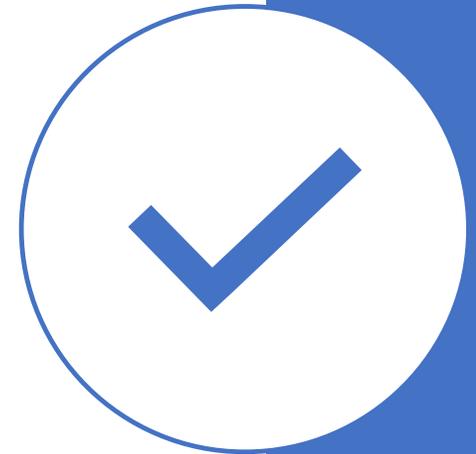
CSHIIP
Center for the Study of Healthcare
Innovation, Implementation & Policy

Objectives

- Describe the QUERI Partnered Implementation Initiative (PII) to implement access to Medications for Opioid Use Disorder (MOUD) and Complementary and Integrative Health (CIH) in partnership with VISN 22
- Describe the use of VA data to support implementation
- Describe implementation challenges to increasing access to MOUD and CIH and lessons learned

Outline

- Background
- Baseline Data
- Implementation and Tool Development
- Outcomes
- Next Steps



Poll #1: Your role as a data user

What is your role in research and/or quality improvement?

- Investigator, PI, Co-I
- Data manager, analyst, or programmer
- Project coordinator
- Other – please describe via the Q&A function



Poll #2: Your experience with VA data

How many years of experience do you have working with VA data?

- One year or less
- More than 1, less than 3 years
- At least 3, less than 7 years
- At least 7, less than 10 years
- 10 years or more



Problem Statement and Goal

- Opioid-related mortality can be reduced by treating addiction to opioids, or Opioid Use Disorder (OUD), and chronic pain using:
 - Medications for Opioid Use Disorder (MOUD), such as methadone, buprenorphine/naloxone, ER-naltrexone
 - Non-pharmacologic alternatives for pain management, such as complementary and integrative health (CIH) therapies
- Uptake of MOUD and CIH has been slow, particularly in primary care settings
- Goal: To increase awareness, access, and implementation of OUD treatment in primary care, where many patients are already seen for chronic disease management

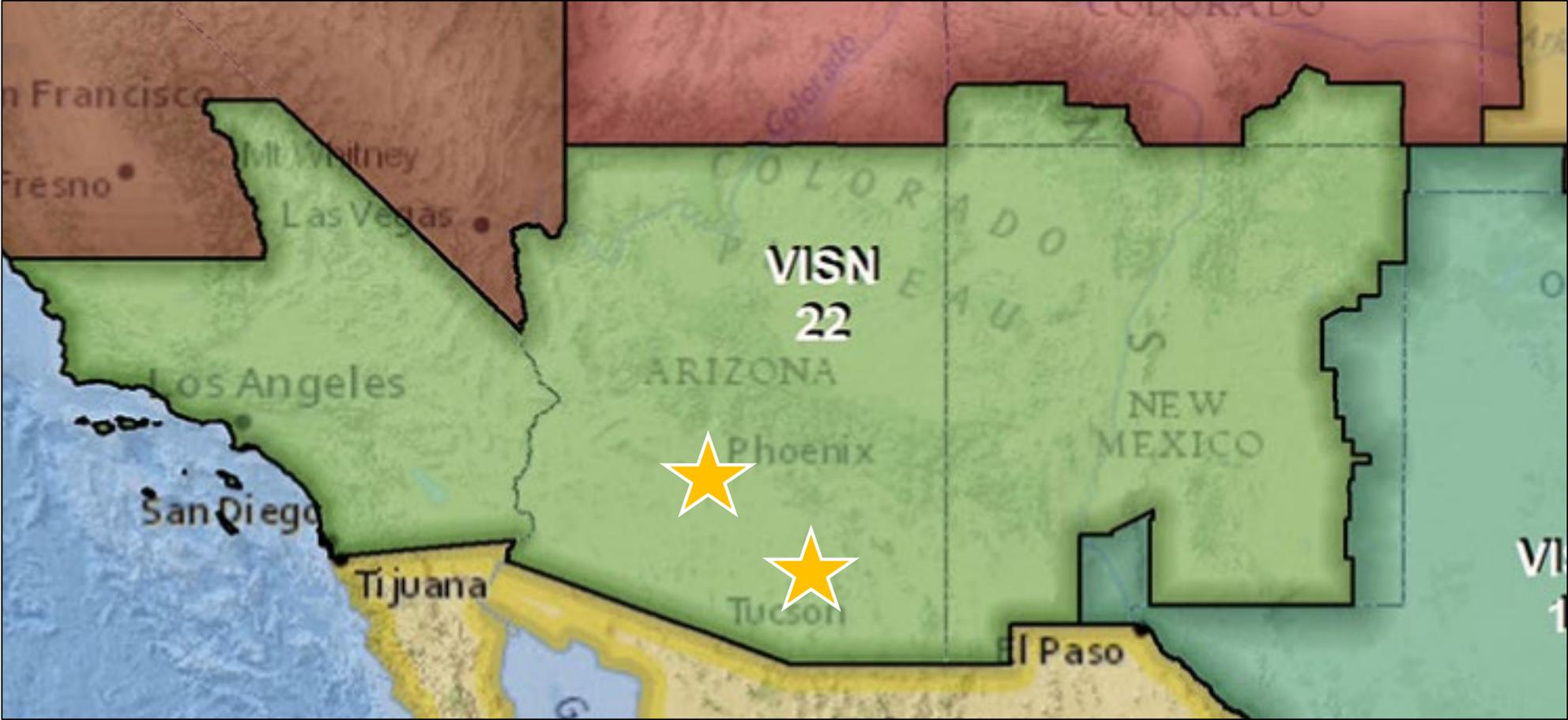
VISN Partnered Implementation Initiatives (PII)

- **QUERI-funded**
 - **Phase 1: 1-year pilot implementation**
 - **Phase 2: 3-year rolling implementation at >50 sites (CONDUIT)**
- **Goal:** Implementation of MOUD for OUD in a variety of clinical settings (e.g., primary care, specialty care, emergency department) using different models (e.g., telehealth)

QUERI VISN 22 Partnered Implementation Initiative

- VISN 22 partnered with researchers on an initiative to increase access to Medications for Opioid Use Disorder (MOUD) and complementary and integrative health (CIH, e.g., yoga, acupuncture, mindfulness) among patients with Opioid Use Disorder with the goal of decreasing opioid-related overdoses and deaths
- Implementation Strategy: Evidence-Based Quality Improvement (EBQI)
- Pilot Sites: Phoenix, Tucson
- Funding: Start-up funding from QUERI (4/1/18 – 9/30/19)

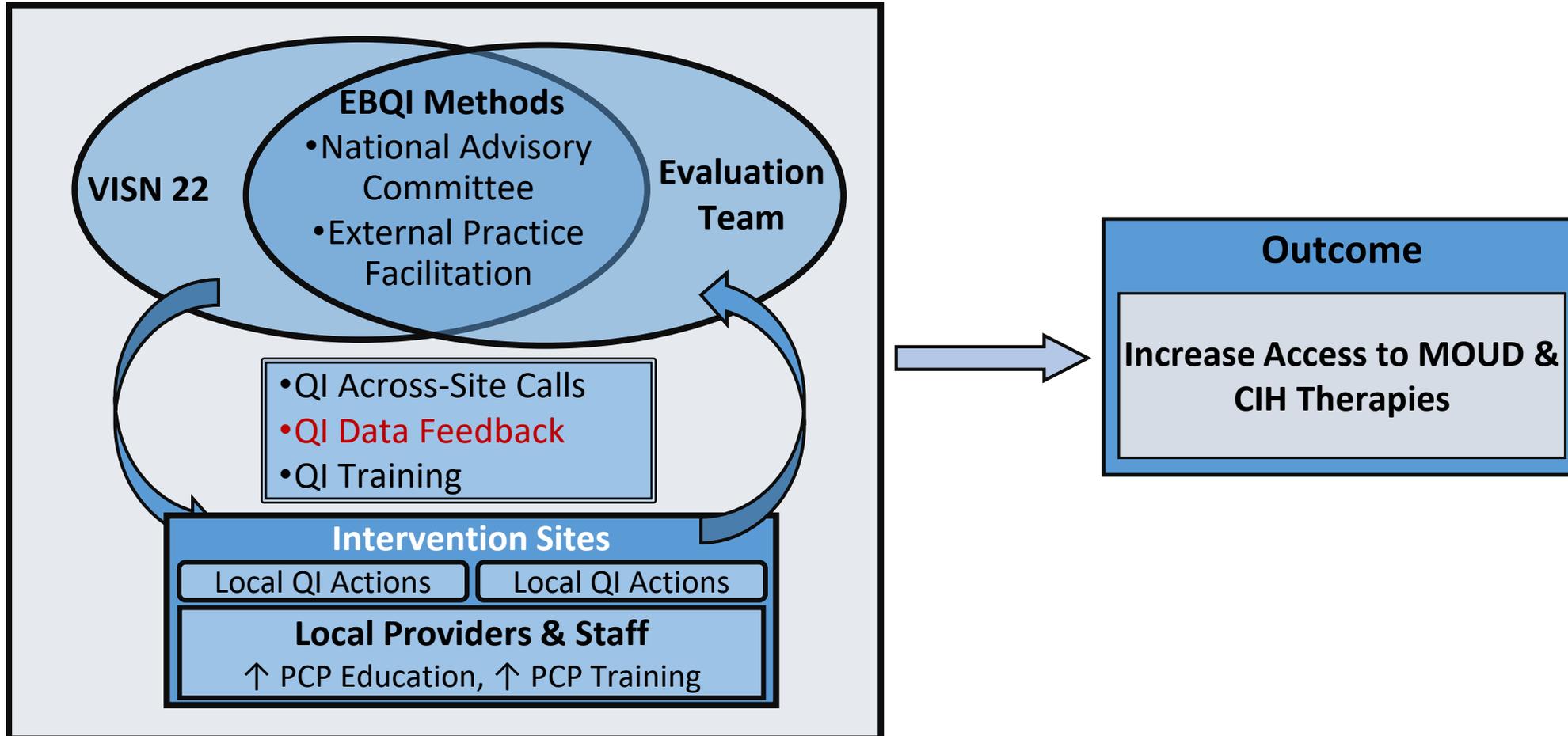
VISN 22 Pilot Implementation Sites



VISN 22 Vision

- “No wrong door”
- Offering MOUD in all settings of VA healthcare system (Primary Care, Psychiatry, ER, inpatient, Addictions) so that patients can access treatment anywhere
- Offering various CIH therapies as non-pharmacological pain management options

Evidence-Based Quality Improvement (EBQI)



Implementation Timeline



April 2018: Collected baseline data on process and outcome measures for the pilot sites



May 2018: Presented data to Advisory Committee



May 2018: Baseline stakeholder interviews among PCPs, Nurses, Addiction Psychiatrists, and patients from the two pilot sites



June 2018: Visited both pilot sites and held “kickoff” meeting



June 2018-Oct 2019: QI teams met together twice a month



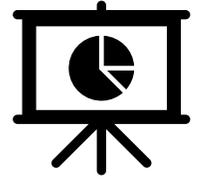
November 2018: Presented data to Advisory Committee



October 2019: Stakeholder exit interviews completed

Who are the patients with OUD[†]?

Data Source: CDW, PIT

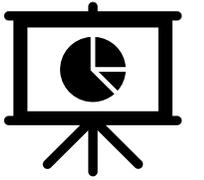


	Southern Arizona (TUC) (n= 741)	Phoenix (PHX) (n= 1,421)
Age (mean)	54.6	53.1
Male, %	89%	90%
% who have been prescribed an opioid (not MOUD) in past six months	35.2% (any site) 33.1% (TUC)	22.1% (any site) 18.4% (PHX)
% who presented to emergency room in VA or non-VA for heroin overdose in the past six months	Heroin: 0.66% Any opioid toxicity: 0.81%	Heroin: 0.35% Any opioid toxicity: 0.35%

[†] OUD based on three-year time frame diagnosis of opioid abuse/misuse. **Only patients with a station team assignment are included.**

1: MOUD: sublingual buprenorphine preparations (Suboxone and Subutex)

Where are the opportunities for treatment?



Patients diagnosed with OUD but not on MOUD within past three years

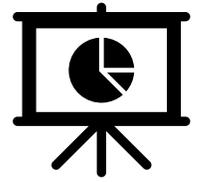
Data Source: CDW, PIT

	Southern Arizona (TUC) (n=584)	Phoenix (PHX) (n= 941)
% who had a VA encounter in Primary Care in the past six months	62.5%	64.7%
% who had a VA encounter in Mental Health in the past six months	49.3%	57.0%
% who had a VA encounter in Emergency Room in the past six months	34.6%	37.4%
% who had a VA encounter in Pain clinic in the past six months	17.1%	10.6%
% who have had any med/surg/psych [†] hospitalizations in past six months	22.9% (20.8% TUC)	18.7% (12.7% PHX)

[†] includes fee-basis hospitalizations; [‡] Includes MH, Psych and SUD IND and GRP
Outpatient encounter info VA only based on primary encounter stop code

Capacity to Provide MOUD

Data Source: Academic Detailing Report



	Southern Arizona	Phoenix
Methadone clinic or contractor?	Yes – 70 spots contracted out	No
Number of clinicians with X-waiver	21	32
Psychiatry	19 (90%)	25 (78%)
Pain clinic	2 (surgical service) (10%)	2 (MH and ambulatory care) (6%)
Primary care	0	2 (6%)
Number of X-waiver clinicians who have prescribed suboxone to:		
• 0 patients	2 (10%)	1 (3%)
• 1-30 patients	14 (67%)	22 (69%)
• 31-100 patients	4 (19%)	6 (19%)
• 101-275 patients	1 (5%)	3 (9%)

Data as of May 3, 2018. This excludes data from providers who are no longer at VA
Includes X-waivers presented to Credentialing and recorded in VISTA

X-waivered provider tables from Academic Detailing



X Waiver / Buprenorphine Prescriber Report

This report contains a list of all active providers that have an X waiver in the DEA database, X waiver active in Vista, or is a prescriber of buprenorphine in the past 6 months.

Update Status:	Completed
Last Update:	4/2/2020

Export	Feedback
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Number of Providers: 102

Bup Pt Counts now include both inpatient orders and outpatient Rx's

VISN	Station	Division	Rurality	Provider Name	Position Title	Possible Community Care Provider	X Waiver (Vista)	X Waiver (DEA)*	Bup Pt Capacity	Bup Pt Count (Current)	Bup Pt Count (past 6 months)
22	(691) Greater Los Angeles, CA	ANTELOPE VALLEY VA CLINIC	U	[REDACTED]	PHYSICIAN ASSISTANT	N	R	R	30	0	0
22	(691) Greater Los Angeles, CA	EAST LOS ANGELES CBOC	U	[REDACTED]	MD - CONTRACTOR	N		R	30	0	0
22	(691) Greater Los Angeles, CA	GARDENA CBOC	U	[REDACTED]	PSYCHIATRIST	N		R	30	0	0
22	(691) Greater Los Angeles, CA	LOS ANGELES CBOC	U	[REDACTED]	PHYSICIAN	N		R	30	0	0
22	(691) Greater Los Angeles, CA	LOS ANGELES CBOC	U	[REDACTED]	PSYCHIATRIST	N		R	100	1	1
22	(691) Greater Los Angeles, CA	LOS ANGELES CBOC	U	[REDACTED]	NURSE PRACTITIONER	N		R	30	0	0
22	(691) Greater Los Angeles, CA	LOS ANGELES CBOC	U	[REDACTED]	Attending Psychiatrist	N	R	R	100	9	12
22	(691) Greater Los Angeles, CA	OXNARD CBOC	U	[REDACTED]	MD - CONTRACTOR	N		R	30	0	0

https://spsites.cdw.va.gov/sites/PBM_AD/layouts/15/ReportServer/RSViewerPage.aspx?rv:RelativeReportUrl=/sites/PBM_AD/AnalyticsReports/OD/OD_XWaiver_BupPrescriberReport.rdl

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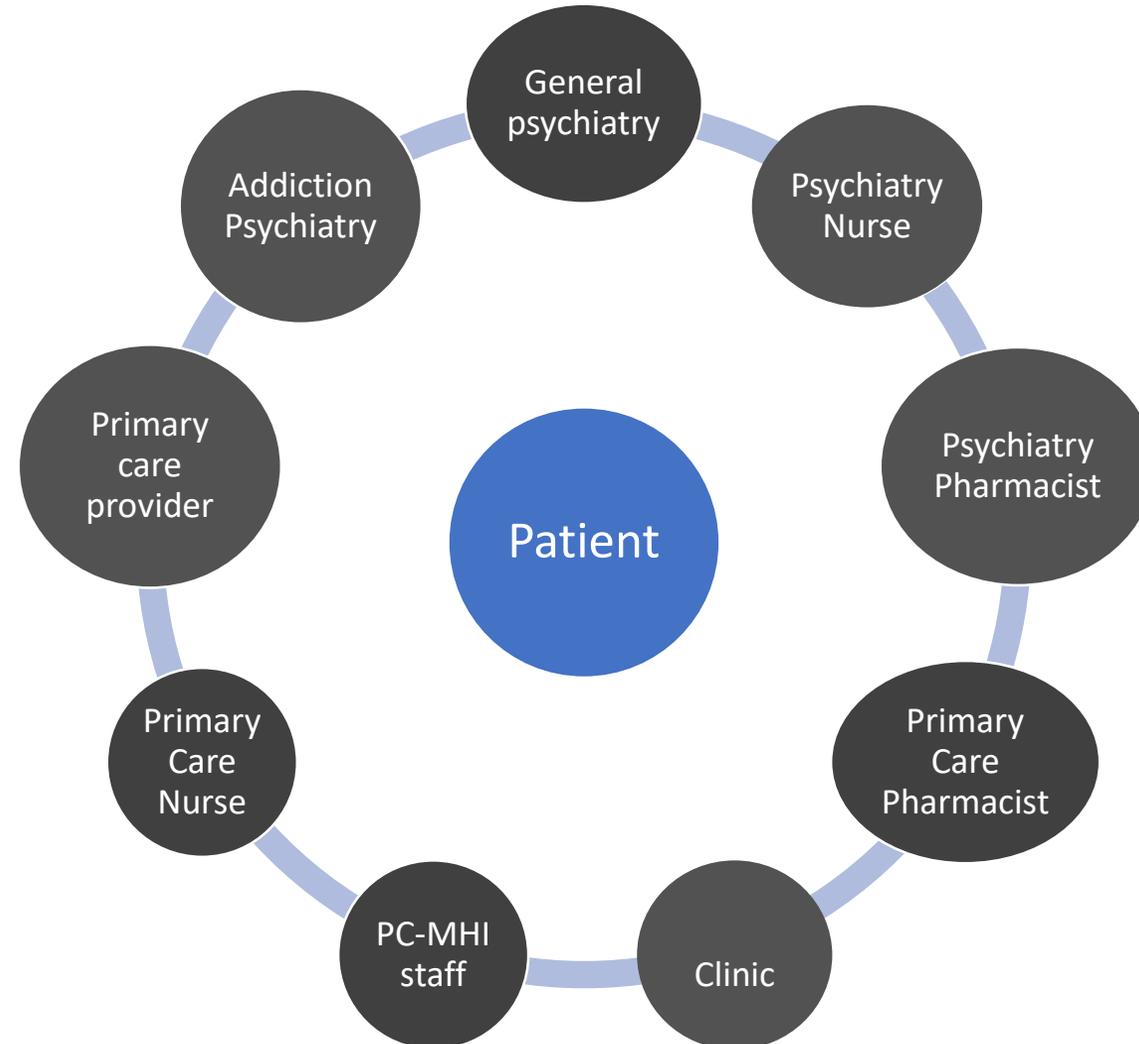


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Stakeholders at VISN 22 Pilot Sites (Phoenix, Tucson)



Stakeholder Interviews: Patients



- Expressed satisfaction with the buprenorphine program in the addiction treatment setting, but reported lack of education about buprenorphine as an option from primary care.

“I was actually going to go to a private clinic with a Suboxone program. And the clinic, the first thing they said was, ‘Why aren’t you going to the VA? The VA has this program.’ And I had no idea at all that the VA even offered the program... back in the day, primary care physicians were not saying anything about it. They weren’t saying, ‘Hey, we have a Suboxone program if you would like to get off pain meds.’ I was never told that.”

Stakeholder Interviews: Clinicians



- Barriers to prescribing MOUD:
 - Stigma
 - Lack of knowledge and training
 - Lengthy process for credentialing and privileging

Stakeholder Interviews: Clinicians



- Strong reluctance to prescribing MOUD in primary care due to insufficient support, PCP turnover and burnout, and nursing burnout.

“No PCPs want to do it. At our facility, PCPs don’t have enough support. Lots of non-clinical work falls on them- the nursing leadership does not want to help with the workload.... Because of this, there’s lots of turnover. PCPs burn out because they are constantly being asked to take on more. Honestly, my reaction to this idea is ‘no frickin’ way- you’re not going to put more on my docs or I will lose them. This always happens – a good idea comes down that gets dumped on Primary Care because no one else wants to do it.”

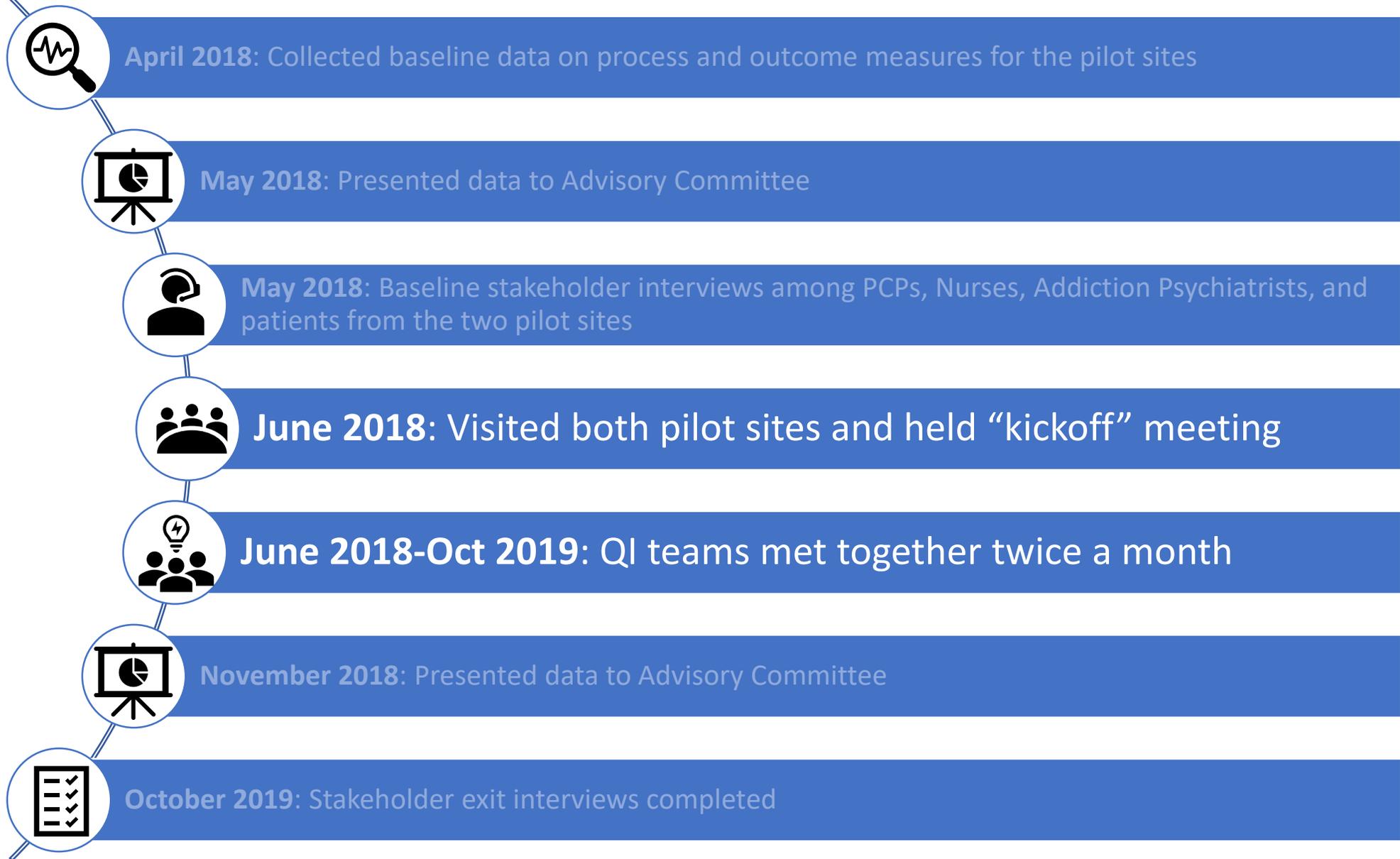
Stakeholder Interviews: Clinicians



- Awareness and utilization of CIH therapies by clinicians in primary care, addiction psychiatry, and pain clinics at both sites but
 - Frequency of classes limited
 - Some CIH modalities (acupuncture) are limited to patients not on opioids
 - Not available at CBOC
- Clinicians have successfully tapered patients down or off of opioids.

“It’s pretty integrated, we are using it as a way to reduce opiates”

Implementation Timeline



Training Tools for Clinicians



- Grand Rounds aimed at PCPs about how to recognize Opioid Use Disorder (OUD) in the primary care population
 - Phoenix: 2 Grand Rounds attended by >100 providers
 - Tucson: 1 Grand Rounds attended by 22 providers
- X-Waiver trainings
 - Phoenix: 4 trainings attended by a total of 19 PCPs, 26 pharmacists, 20 nurses, 18 specialty providers
 - Tucson: 2 trainings, attended by 9 PCPs and 5 specialty providers

Clinical Preceptorship for Newly X-Waivered Providers



Sample Buprenorphine Provider Training

Adapted from Anita Karnik, MD
Phoenix VA

- Training can be either a full day or half day, depending on the PCP's preference (full day is ideal).
- Try to schedule training for the busiest clinic days, to maximize shadowing opportunities.
- Review of material below is fit in around clinic flow.
- Ideally, providers will be able to:
 - Observe an initial evaluation, including assessment of Opioid Use Disorder (1-6 below).
 - Observe an induction appt with provider
 - Observe induction with nursing staff
 - Observe follow-up appts with patients at different stages (Induction, Titration, Maintenance, Weaning)

Buprenorphine Training Components

1. Review Opioid Use Disorder (OUD) diagnosis and concepts (*Many PCPs have not seen what opioid withdrawal looks like and can't describe it well*)
2. Review Complex Persistent Opioid Dependence
3. Indications to start Buprenorphine
4. Buprenorphine evaluation appointment
 - a. Liver Function Tests (LFTs)
 - b. Labs: HIV, HCV, STDs
5. 24 hours off all opioids; not magic number, just easier
6. Clinical Opiate Withdrawal Scale (COWS) and teaching nursing to complete
7. Day of induction
 - a. Assessment
 - i. Date/Time of last use and COWS
 - ii. Assess Mood
 - iii. Assess for Suicidal Ideation (SI)/update Suicide Risk Assessment (SRA) if needed (*might do after induction*)
 - iv. Cravings (*usually best to do when come in for induction*)
 - b. Informed consent completed by provider (*this is can be very confusing especially for the "grey zone" pts but they really need to understand it*)
 - i. Buprenorphine prescribed for OUD/complex dependence not pain
 - ii. Can't take opioids
 - iii. Can't use alcohol
 - iv. Benzodiazepines are relative contraindication
 - v. Notify me if planning surgery
 - vi. Responsible for safe keeping
 - vii. Will be performing random urine drug testing
 - viii. We perform random pill counts
 - ix. We don't give early refills (assess on case by case basis)
 - x. We don't mail prescriptions
 - c. Nursing
 - i. Education on addiction and active/ non-pharmacologic treatments for pain
 - ii. Nursing note
 - iii. Clinical warning note

- d. Clinic vs Home induction
8. Indications for referrals back to Addiction or Pain
 9. Language related to stigma, OUD, complex dependence, buprenorphine (*Stigma has been a major issue with pts not wanting to accept MAT- try to help PCPs destigmatize*)
 10. Should consider mental health optimization- opportunity to do screening for depression/anxiety, substance abuse counseling, active care for chronic pain/pain rehabilitation programing (e.g. Cognitive Behavioral Therapy-Chronic Pain, or pain program)
 11. Opioid Overdose Education and Naloxone including how to order
 12. Discussion about "grey zone" issues, how to have the conversation about MAT, patient concerns, site-specific logistical issues
 13. Review articles and documents:
 - The conundrum of opioid tapering in long-term opioid therapy for chronic pain: A commentary. [Manhagra, A. et al. \(2017\)](#)
 - The next stage of buprenorphine Care for Opioid Use Disorder: Martin, SA et al. (2018)
 - Printed copy of buprenorphine education for patients found in IMED consent patient education section
 - Printed copy of the buprenorphine [imed](#) consent that the patient would be signing
 - Any site-specific VA guidelines for buprenorphine
 - For those that are not familiar at all with Opioid Use Disorder, VA academic detailing brochure, Opioid Use Disorder: A VA Clinician's Guide to Identification and Management of Opioid Use Disorder (2016)

Tools for Patients Outreach



Letter mailed to Veterans



Dear Veteran,

This informational letter is being sent out as part of a national initiative to Veterans who have experienced long-term pain and may be interested in learning about treatment options for those whose bodies have become dependent on medications like opioids, as well as alternative non-medication treatment options (yoga, tai-chi, acupuncture, mindfulness, medication) that can help with stress and pain.

Opioids are one type of pain medicine and are also known as narcotics. Examples of opioids are: hydrocodone, oxycodone, methadone, fentanyl, hydromorphone, and morphine. Over the past decade due to overprescribing opioid medications in the United States, many patients ended up on prescription opioid medications for years and years, and even overdosing on them. When more evidence came out showing the risks with these medications and how they can change your brain, providers began moving away from opioid medications and started using alternative treatment options. Because of the way these medications work, people can develop an opioid use disorder even if they are taking these medications for pain.



Ask your provider about opioid use disorder or if alternative treatments might be right for you.

Sincerely,

Dr. Francisco Rivera-Pabon, Chief of Primary Care
Southern Arizona VA Health Care System

Veteran Perspectives



"I came to the VA in 2003 with a neck injury and from the first five milligram Percocet that I got, it blew up to a massive addiction. And that's something that I'd never had an issue with- I'd never been addicted, never even tried any hard drugs! With a spinal injury, it just didn't get better. It progressively got worse. So over time, we had to increase the dosage for it to continue to work.

Once I finally had my spinal surgery I was thinking that I could just stop taking the medication- but as soon as I tried it, I realized real quick, I need help. At first I wasn't sure about Suboxone- 'another version of an opiate?' I don't want to get on another opiate'- but I did my research and I saw the success stories. As soon as I found out the VA had a program, I jumped in head first. I was done. I wanted to get off pain medication.

Across the board, everybody that I've spoken to that is going through this program says the same thing - without it they would probably be either dead or homeless. For me, literally, it's changed my life. I have a phenomenal job. I have a trajectory of massive success ahead of me. I was definitely spiraling down very fast. And now, my future looks amazing."

Flyer

Could Your Pain Medications Be Harming you?

If you are a Veteran who has experienced long-term pain, you may be interested in learning about treatment options that can help with stress and pain. These can include treatments for those whose bodies



have become dependent on medications like opioids, as well as alternative non-medication treatment options (yoga, tai-chi, acupuncture, mindfulness, meditation).



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U.S. Department of Veterans Affairs
Veterans Health Administration
Phoenix VA Health Care System

VA Dashboard Manual

Data Source: Academic Detailing reports, Online operations reports



User's Guide: Best Practices in using VA Dashboards for OUD/MAT

Introduction

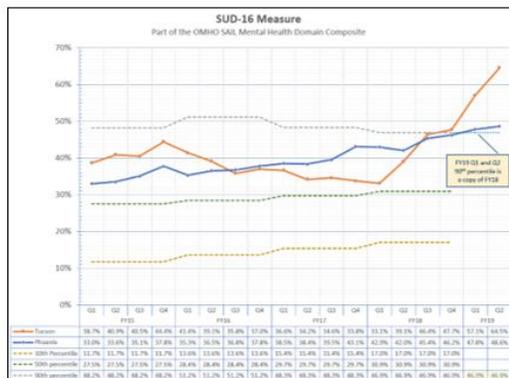
1. Background

This user guide was developed to help spread best practices for use of the various opioid dashboards available to VA providers. It was developed based on guidance from a provider who used these practices to singlehandedly improve their facility's SUD16 metrics to > 90th percentile in 6 months. This can be used to understand:

- [Which patients might benefit from Medication-Assisted Treatment \(MAT\) for opioid use disorder \(OUD\)?](#)
- [Which patients might benefit from additional OUD risk mitigation strategies \(e.g., drug screen, informed consent, naloxone\)?](#)
- [Which patients might have been inappropriately diagnosed with OUD based on encounter coding?](#)
- [Which patients on buprenorphine have been lost to follow-up?](#)

2. Target User

- Facility: a facility may have designated staff to monitor their SUD16 metrics via the dashboards
 - Preferably a provider with X-waiver training
 - Ideally, one person should be consistently reviewing these dashboards to make it easier to spot new patients/trends.
- Provider or Care Team: a provider or care team may monitor dashboards to identify patients that may benefit from intervention or need re-engagement in MAT
 - Preferably a provider who regularly sees OUD patients.



3. High-Yield Dashboards (in priority order)

- Psychotropic Drug Safety Initiative (PDSI)
- Stratification Tool for Opioid Risk Mitigation (STORM)
- Overdose Education and Naloxone Distribution (OEND)
- OUD Patient Report
- Buprenorphine Dashboard can be reserved for buprenorphine review

4. Case Examples:

There are 2 things to consider: a) is this a patient who may be in need of an intervention, or b) is this a provider who may need training to code appropriately?

a. Case 1: Offering MAT to Patients

By using a combination of dashboards and chart review, an addiction specialist identified patients on long-term opioids who might benefit from medication review and adjustment of treatment plans, including

VA Dashboards for OUD/MAT

Table 1. Dashboard Summary

	PDSI Dashboard (Psychotropic Drug Safety Initiative)	STORM Dashboard (Stratification Tool for Opioid Risk Mitigation)	OEND Dashboard (Overdose Education and Naloxone Distribution)	OUD Patient Report	Buprenorphine Dashboard
URL Link:	Ctrl+Click to Open	Ctrl+Click to Open	Ctrl+Click to Open	Ctrl+Click to Open	Ctrl+Click to Open
Assessment:	SUD16 Score	STORM Risk Score	RIOSORD Risk Score	OUD diagnosis or risk based on long term opioid therapy	Buprenorphine prescription history
Organized by:	Facility; Provider; Patient	Facility; Provider; Care Team; Patient	National; VISN; Facility; Provider	National, VISN, Facility, Provider, Patient level	Provider; Patient
Use for:					
Identify patients that may benefit from MAT.	1	2	3	4	
Identify patients that were coded inappropriately.	1	2	3		
Identify patients that may benefit from OUD risk mitigation strategies (i.e., MAT, Naloxone, etc.).		1	2	3	
Identify patients with expired Buprenorphine coverage that may benefit from reengagement.					1

*Numbers listed in order of priority

Psychotropic Drug Safety Initiative (PDSI) Dashboard:

Can be used to identify patients that may benefit from MOUD and to identify patients that were coded inappropriately.

The screenshot displays the 'PDSI Patient Detail Dashboard' for the Psychotropic Drug Safety Initiative. It includes a navigation menu, a search bar, and a table of patient data. A red box highlights the filter 'Filter out OUD Patients in Remission' and another red box highlights the 'Past' tab in the appointments section.

VA PDSI Patient Detail Dashboard
Psychotropic Drug Safety Initiative

New Feature! Diagnosis in Clinical Details are now hyperlinked to display the ICD code and source.

Data displayed has a 1-2 day lag from CPRS entry. This report is to be used along with the electronic medical record and direct discussion with the patient to help facilitate decision-making.

Home Definitions User Guide FAQs Contact Us Quick View Report Export this View Share/Save Current View Export Mailing List

Total Patients: 470 Measure(s): SUD16

Filter out OUD Patients in Remission

Patient Information	Measures Not Met	Clinical Details	Medication Information (Click + for Details)				Appointments		Providers
			Drug(s)	Adherence	Months of Tx	Prescriber	Upcoming	Past	
<p>Last Four: [REDACTED] Age: 61 Location: 691GE (PCP) LAOPC CBOC Click to confirm patient review No Review Performed</p>	SUD16	MH Diagnoses OUD	Docusate Gabapentin	43% 62%	0.000 0.000	Carlyle, Kemia S PCP Carlyle, Kemia S PCP	Primary Care: 2/27/2019 10:00 AM Primary Care/Medicine Mental Health: None Other: None	Primary Care: 2/5/2019 Mental Health: 11/16/2018 Mh Intgrtd Care Ind Other: 12/21/2018 Telephone Primary Care	BHIP: Unassigned PACT: Unassigned PCP: Carlyle, Kemia S MH Tx Coordinator: Unassigned
<p>Last Four: [REDACTED] Age: 55 Location: PCP Unknown Click to confirm patient review</p>	SUD16	MH Diagnoses OUD	Zolpidem	23%	0.000	Park, Aric K	Primary Care: None Mental Health: None	Primary Care: None Mental Health: None	BHIP: Unassigned PACT: Unassigned PCP:

https://spsites.cdw.va.gov/sites/OMHO_PsychPharm/layouts/15/ReportServer/RSViewerPage.aspx?rv%3aRelativeReportUrl=/sites/OMHO_PsychPharm/AnalyticsReports/PDSI/PDSI_SummaryReport.rdl

Stratification Tool for Opioid Risk Mitigation (STORM)

Can be used to identify patients that may benefit from MOUD, to identify patients that were coded inappropriately, and to identify patients that may benefit from OUD risk mitigation strategies (i.e., MOUD, Naloxone, etc.).

OMHSP Clinical Support Portal Home > Customized Reports > STORM

Actions | Refresh | Navigation | 1 of 2? | Find Next | 100%

VA STORM Patient Detail Report

Stratification Tool for Opioid Risk Mitigation

Data displayed has a 1-2 day lag from CPRS entry. This report is to be used along with the electronic medical record and direct discussion with the patient to help facilitate decision making. STORM predicts risk of overdose or suicide-related health care events or death. STORM should not be used for research, only for operational and quality improvement purposes. Warning: Discontinuing opioids does not necessarily reduce your patients' risk and may actually increase their risk. Always discontinue opioids with caution and clinical support.

Home | About | Definitions | User Guide | Contact Us | Quick View Report | SSN Look-Up | Save/Share Current View

Total Patients: 350

Patient Information	What factors contribute to my patient's risk?		How to better manage my patient's risk		How can I follow-up with this patient?		
	Relevant Diagnoses	Relevant Medications	Risk Mitigation Strategies	Non-pharmacological Pain Tx	Care Providers	Recent Appts	Upcoming Appts
<p>Last Four: [REDACTED]</p> <p>Age: 63</p> <p>Gender: M</p> <hr/> <p>Risk: Suicide or Overdose (1 yr)*</p> <p>OUX Dx (Elevated Risk)</p> <p>81% extrapolated risk*</p> <p>PRF - High Risk for Suicide: No</p> <p>RIOSORD: Score: 40 Risk Class: 4</p> <hr/> <p>Active Station(s)</p> <ul style="list-style-type: none"> (678) Southern Arizona HCS (Tucson AZ) <p>Chart Review Note</p>	<p>Substance Use Disorder</p> <ul style="list-style-type: none"> Alcohol Cannabis/Hallucinogen Cocaine/Amphetamine Nicotine Opioid Other SUD Sedative <p>Mental Health</p> <ul style="list-style-type: none"> Bipolar Major Depressive Disorder Other MH Disorder Suicide Attempt or Ideation <p>Medical</p> <ul style="list-style-type: none"> Chronic Pulmonary Dis Congestive Heart Failure Diabetes, Complicated Diabetes, Uncomplicated Fluid Electrolyte Disorders Hypertension Neurological disorders - Other Peripheral Vascular Disease <p>Adverse Event</p> <ul style="list-style-type: none"> Related to falls Related to sedatives 	<p>Pain Medications (Sedating)</p> <ul style="list-style-type: none"> PREGABALIN Shareef, Faryal Opioid Prescription History 	<ul style="list-style-type: none"> Active SUD Tx <input checked="" type="checkbox"/> 6/29/2019 Data-based Opioid Risk Review <input type="checkbox"/> Medication Assisted Therapy <input type="checkbox"/> Naloxone Kit <input checked="" type="checkbox"/> 1/31/2019 Psychosocial Assessment <input checked="" type="checkbox"/> 6/25/2019 Psychosocial Tx <input checked="" type="checkbox"/> 6/28/2019 Suicide Safety Plan <input checked="" type="checkbox"/> 2/8/2019 Timely UDS (90 Days) <input checked="" type="checkbox"/> 6/24/2019 	<ul style="list-style-type: none"> Active Therapies <input checked="" type="checkbox"/> 6/28/19 CIH Therapies <input checked="" type="checkbox"/> 11/8/18 Chiropractic Care <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Pain Clinic <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Specialty Therapy <input type="checkbox"/> Other Therapy <input type="checkbox"/> 	<p>BHIP TEAM:</p> <ul style="list-style-type: none"> Mhct Bhip 3 <p>MH Tx Coordinator:</p> <ul style="list-style-type: none"> Shinnick, Daniel A <p>PACT Team:</p> <ul style="list-style-type: none"> Agave One*Smi* <p>Primary Care Provider:</p> <ul style="list-style-type: none"> Bradley, Mark W 	<p>Primary Care Appointment</p> <ul style="list-style-type: none"> 11/8/2018 Primary Care/Medicine Specialty Pain None OtherRecent 6/28/2019 Clinical Pharmacy MH Appointment 6/29/2019 Mental Health Clinic - Ind 	<p>Primary Care Appointment</p> <ul style="list-style-type: none"> 7/2/2019 Primary Care/Medicine Specialty Pain None OtherRecent 7/10/2019 Optometry MH Appointment None

https://spsites.cdw.va.gov/sites/OMHO_PsychPharm/layouts/15/ReportServer/RSViewer/RSViewerPage.aspx?rv%3aRelativeReportUrl=/sites/OMHO_PsychPharm/AnalyticsReports/STORM/ORM_SummaryReport.rdl

Overdose Education and Naloxone Distribution (OEND)

Can be used to identify patients that may benefit from MOUD, to identify patients that were coded inappropriately, and to identify patients that may benefit from OUD risk mitigation strategies (i.e., MOUD, Naloxone, etc.).

https://spsites.cdw.va.gov/sites/PBM_AD/layouts/15/ReportServer/RSViewerPage.aspx?rv%3aRelativeReportUrl=/sites/PBM_AD/AnalyticsReports/OEND/OENDDashboard.rdl

VA Academic Detailing Data Tools > Customized Reports > OEND

Actions | Refresh | Previous | 1 of 1 | Next | Back | Find Next | 100%

OEND Dashboard | Definitions | Update Status: **Completed** | Export | Feedback | Last Updates: 7/2/2019

Location/Prescriber	# Naloxone Fills	% Nasal Fills (90d)	% Auto-Inj. Fills (90d)	% IM Fills (90d)	# Naloxone Patients	# Naloxone Prescribers	# Naloxone Uses
VISN 22	14,032	98.0%	2.0%	0.0%	9,836	1,405	36
(691) Greater Los Angeles, CA	2,095	100.0%	0.0%	0.0%	1,414	338	7

Naloxone Rx Released to Patient (1 year) / Total Patient Cohort					
Location / Prescriber	Potential Risk Factor	Patient Cohort	Score	National Score	# Patients w/ No Fill
Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)					
RIOSORD Cohort Inclusive of All Opioid, OUD, and OAT Risk Group Patients					
VISN 22	RIOSORD Risk Class (View Publication)	All Patients	30.7%	41.9%	22,183
		<input type="checkbox"/> Risk Class ≥ 8	50.4%	56.1%	228
		<input type="checkbox"/> Risk Class 5-7	42.2%	45.5%	768
		<input type="checkbox"/> Risk Class ≤ 4	18.0%	25.6%	21,187
(691) Greater Los Angeles, CA	RIOSORD Risk Class (View Publication)	All Patients	32.5%	41.9%	2,932
		<input type="checkbox"/> Risk Class ≥ 8	42.2%	56.1%	48
		<input type="checkbox"/> Risk Class 5-7	40.1%	45.5%	118
		<input type="checkbox"/> Risk Class ≤ 4	18.3%	25.6%	2,766

Opioid Pharmacotherapy					
VISN 22	Opioid + Benzodiazepine	All Patients	32.0%	35.2%	837
	MEDD ≥ 50 (Last 30 days)	All Patients	37.0%	40.6%	2,258
	MEDD ≥ 90 in Past Year w/ No Fill in the Past 90 Days	All Patients	21.2%	20.5%	401
	Methadone (Outpatient Rx or Active Non-VA Medication)	All Patients	36.2%	32.2%	692
(691) Greater Los Angeles, CA	Opioid + Benzodiazepine	All Patients	28.2%	35.2%	51
	MEDD ≥ 50 (Last 30 days)	All Patients	41.3%	40.6%	149
	MEDD ≥ 90 in Past Year w/ No Fill in the Past 90 Days	All Patients	27.8%	20.5%	26
	Methadone (Outpatient Rx or Active Non-VA Medication)	All Patients	44.6%	32.2%	163

OUD & OAT Pharmacotherapy					
VISN 22	OUD Diagnosis	All Patients	19.4%	23.0%	6,551
	Possible Overdose (3 Years)	All Patients	32.5%	38.0%	437
	Buprenorphine SL (Outpatient Rx or Active Non-VA Medication)	All Patients	45.5%	44.7%	630
	Naltrexone (Outpatient Rx, Active Non-VA, or Recent Clinic Order)	OUD Patients	30.5%	37.4%	162
	OUD-Related Fee Basis	All Patients	33.1%	33.1%	117

OUD Patient Report

Can be used to identify patients that may benefit from MOUD and to identify patients that may benefit from OUD risk mitigation strategies (i.e., MOUD, Naloxone, etc.).

VA Academic Detailing Data Tools > Customized Reports > OUD

Actions | Refresh | Previous | 1 of 12 | Next | Find Next | 100%

Diagnosis Methodology						
ADS	One inpatient discharge diagnosis in the last year; two outpatient visit diagnoses in the past 2 years; or active problem on the problem list					
SAIL	One inpatient discharge diagnosis in the last year or one outpatient visit diagnosis in the past year					

[Diagnosis Methodology FAQ](#)

Number of Patients: 1136

Patient Name	Opioid Dose Range	Outpt Methadone Tab Rx	Benzo + Opioid	Homeless	OU - ADS Methods	OU - SAIL Methods
[REDACTED]	High Dose (>120 MEDD)	🚩			🚩	🚩
[REDACTED]	Med Dose (37-120 MEDD)				🚩	🚩
[REDACTED]	High Dose (>120 MEDD)		🚩		🚩	🚩

https://spsites.cdw.va.gov/sites/PBM_AD/layouts/15/ReportServer/RSViewerPage.aspx?rv:RelativeReportUrl=/sites/PBM_AD/AnalyticsReports/OUD/OUD_PtReport_OUDdx.rdl

Buprenorphine Dashboard

Can be used to identify patients with expired Buprenorphine coverage that may benefit from reengagement.

VA Academic Detailing Data Tools > Customized Reports > OUD

Actions | Refresh | Previous | 1 of 1 | Next | Home | Find Next | 75%

Buprenorphine Patient Report
This report identifies patients with an active rx for buprenorphine, or has current or recent buprenorphine coverage based on recent fill history

Definitions | Export | Feedback

Update Status: Completed
Last Update: 7/2/2019

Provider: BALALI, SHABNAM
Active Bup Rx Patients: 32

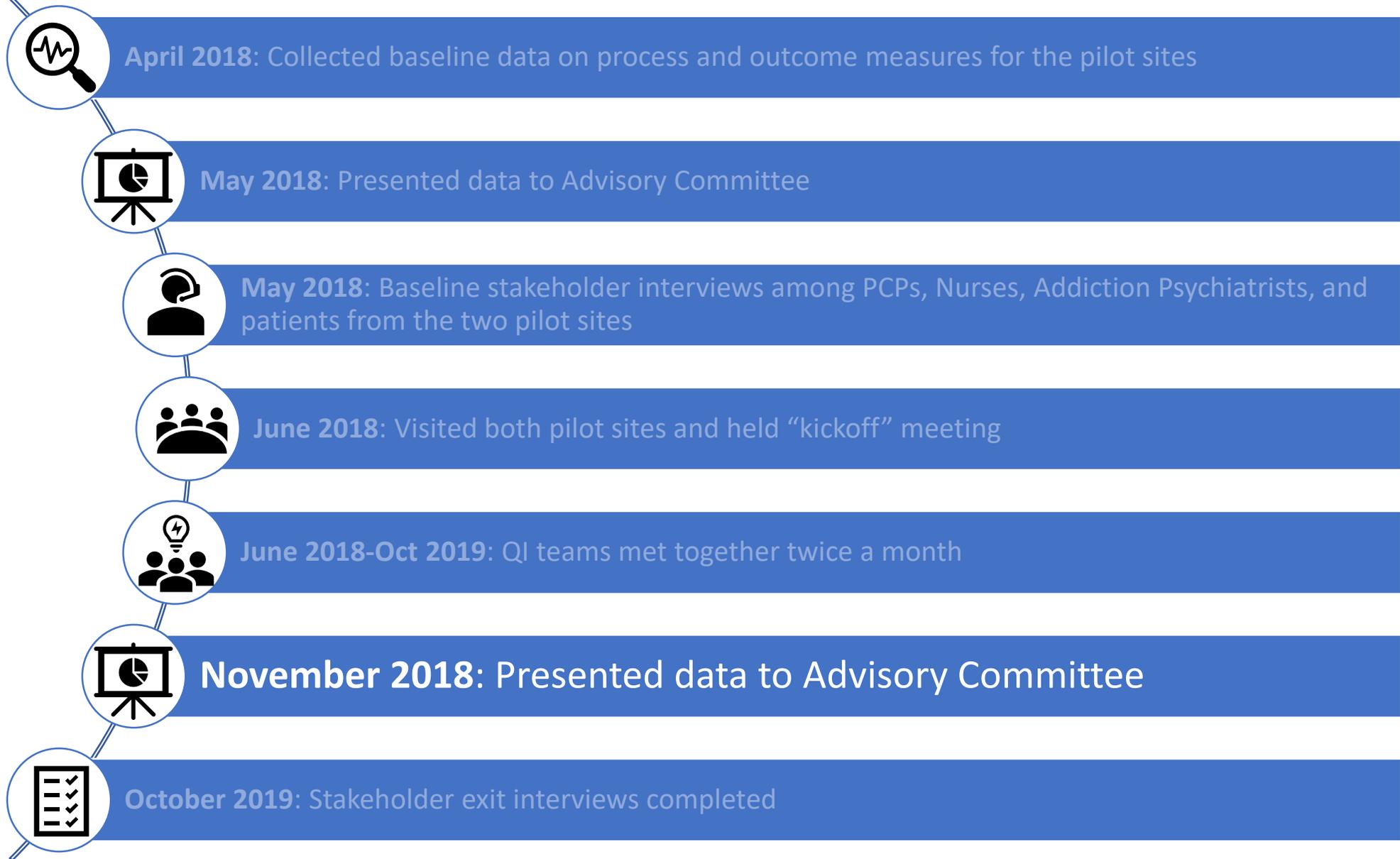
Patient Name	Last 4	Age	UDS		Bup Fill Summary						Medication Co-prescribing		PDMP		Naloxone		Last HBV Test
			Most Recent Date	Days Since Last UDS	Last Bup Fill	Bup Covg End Date	Medication Possession Ratio (1Y)	Days Supply Excess (1Y)	Early Fills (1Y)	Late Fills (1Y)	Concomitant Controlled Substances (n)	Concomitant Controlled Substances	Most Recent Date	Days Since Last PDMP	Last Naloxone Fill	Naloxone Fills (1Y)	
		57	9/13/2018	292	5/24/2019	6/23/2019	87%	0	0	1	0		6/12/2019	19	10/4/2017	0	
		29	7/13/2018	354	4/15/2019	4/30/2019	43%	0	1	2	0			N/A	1/23/2018	0	
		47	5/16/2019	47	5/31/2019	6/30/2019	107%	45	12	8	0		8/16/2018	319	8/22/2018	1	
		40	4/23/2019	70	5/31/2019	6/30/2019	102%	8	2	1	1	MODAFINIL	3/13/2019	110	12/11/2017	0	
		44	2/28/2019	124	5/14/2019	6/13/2019	99%	0	3	3	1	TESTOSTERONE	5/14/2019	48		0	

Provider: CELEDON, MANUEL
Active Bup Rx Patients: 1

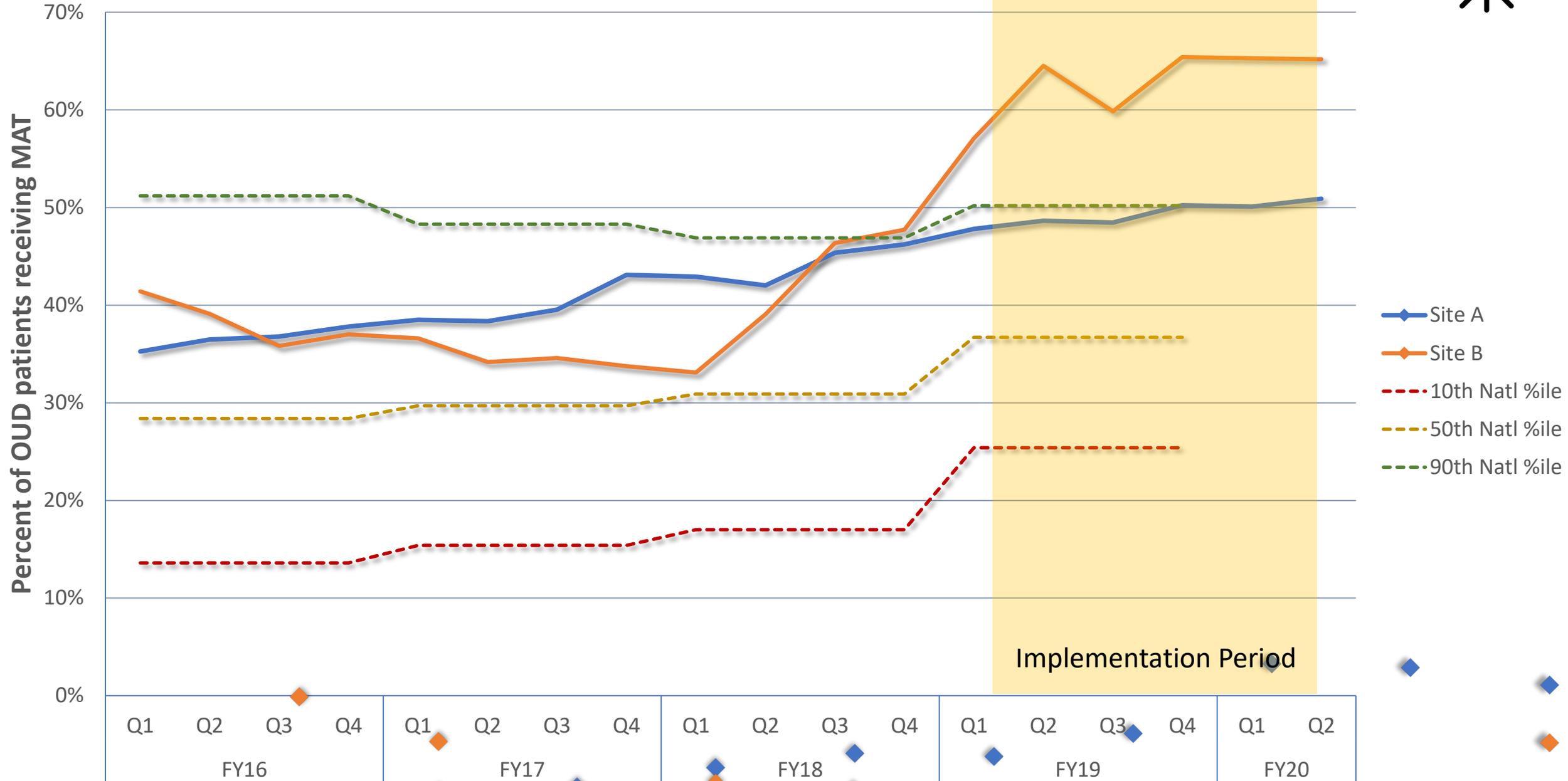
Patient Name	Last 4	Age	UDS		Bup Fill Summary						Medication Co-prescribing		PDMP		Naloxone		Last HBV Test
			Most Recent Date	Days Since Last UDS	Last Bup Fill	Bup Covg End Date	Medication Possession Ratio (1Y)	Days Supply Excess (1Y)	Early Fills (1Y)	Late Fills (1Y)	Concomitant Controlled Substances (n)	Concomitant Controlled Substances	Most Recent Date	Days Since Last PDMP	Last Naloxone Fill	Naloxone Fills (1Y)	
		63	5/29/2019	34	6/8/2019	6/15/2019	64%	0	0	1	0		6/24/2019	7	6/8/2019	2	3/28/2019

https://spsites.cdw.va.gov/sites/PBM_AD/layouts/15/ReportServer/RSViewerPage.aspx?rv:RelativeReportUrl=/sites/PBM_AD/AnalyticsReports/OUD/OUD_BuprenorphinePtReport.rdl

Implementation Timeline



SAIL SUD-16 Measure



QUERI Pilot sites ranked among the highest in VHA for MOUD treatment for OUD



For All #140 VA Stations

V22 Location

Score FY19Q4

Q3 to Q4 ?

Q4 Rank

Q4 Percentile

Tucson, AZ HCS

65.4%

9%

1

1.00

Phoenix, AZ HCS

50.2%

4%

15

0.90

New Mexico HCS

46.9%

2%

31

0.78

Greater Los Angeles, CA HCS

44.1%

3%

43

0.69

Northern Arizona HCS

41.3%

3%

52

0.63

Loma Linda, CA HCS

33.3%

1%

85

0.39

Long Beach, CA HCS

29.2%

4%

107

0.22

San Diego, CA HCS

28.8%

9%

112

0.19

Implementation Timeline



Stakeholder Exit Interviews: MOUD



- Stakeholders reported shifts in attitudes and processes around MOUD, particularly acceptability within primary care:

“... I have definitely noticed an organizational shift. This is something that went from something very super-specialty care, like, it really just needs a buprenorphine consult ... to something that people see ... as possibly being able to be managed. If it’s mild to moderate opiate use disorder, people can view it as something that can be managed within a primary care setting or primary psychiatry setting as well, and then ... triaging more complicated cases to specialty care.”

Stakeholder Exit Interviews: CIH



- PCPs reported integrating CIH therapies into treatment for patients with OUD to address chronic pain issues and as a replacement for medication therapies:

“Sometimes you hear, ‘Well, it’s working in the case of the cravings, but —my shoulder, which is why I got addicted in the first place, is still bothering me,’ I can offer them then some of those [CIH] therapies in addition to just prescribing their Suboxone.”

“One of the first issues I’ll address, just to explain how dangerous these medicines are and so forth, and we really need to get on a wean-down, wean-off program. But at the same time, we’re going to replace those opioids with much safer treatments and medicines and modalities like physical therapy and chiropractic and yoga and tai chi... and relaxation techniques... We’re definitely integrating with our patients.”

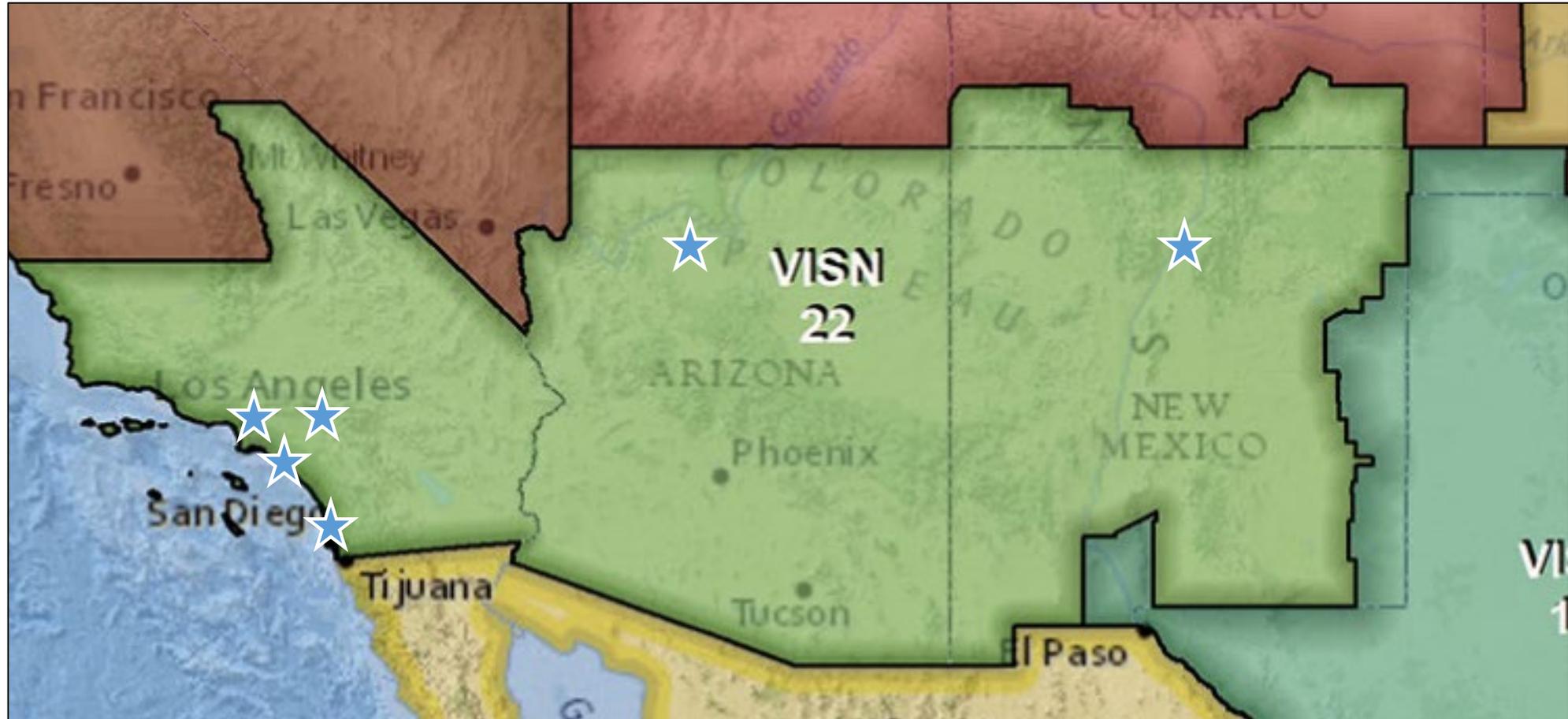
Key elements

- Providing data to front-line staff, facility leadership, VISN leadership, and advisory committee helped with understanding the problem and potential solutions
 - Primary Care and Mental Health are potential OUD treatment locations
 - Very little capacity in Primary Care to prescribe buprenorphine
- Research-clinical partnership enabled front-line staff creativity and problem-solving
 - Tool development for education, mass media, audit and feedback
- Provider review of dashboards with feedback was a very powerful tool

Next Steps

- We have received funding to disseminate tools developed by pilot sites to the rest of the VAMCs within VISN22
- During FY20-22, we are partnering with medical centers across VISN22 to increase access to MOUD and CIH in primary care.
- The VISN22 effort is part of a Phase 2 VISN-Partnered Implementation Initiative (PII)- a nationally integrated initiative that spans six VISNs and 57 sites called “Consortium to Disseminate and Understand Implementation of Opioid Use Disorder Treatment (CONDUIT).”

VISN 22 CONDUIT Implementation Sites



Acknowledgments

Project Team Members

VISN members

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Questions?



Additional Resources

VIReC Options for Specific Questions

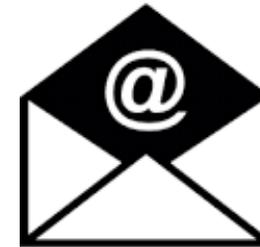
HSRData Listserv

- Community knowledge sharing
- ~1,400 VA data users
- Researchers, operations, data stewards, managers
- Subscribe by visiting <http://vaww.virec.research.va.gov/Support/HSRData-L.htm> (VA Intranet)



HelpDesk

- Individualized support



virec@va.gov

(708) 202-2413

Quick links for VA data resources

Quick Guide: Resources for Using VA Data:

<http://vaww.virec.research.va.gov/Toolkit/QG-Resources-for-Using-VA-Data.pdf> (VA Intranet)

VIReC: <http://vaww.virec.research.va.gov/Index.htm> (VA Intranet)

Archived cyberseminar: *Meet VIReC: The Researcher's Guide to VA Data*

https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3696&Seriesid=22

VIReC Cyberseminars (overview of series and link to archive): <http://www.virec.research.va.gov/Resources/Cyberseminars.asp>

VHA Data Portal (data source and access information): <http://vaww.vhadatportal.med.va.gov/Home.aspx> (VA Intranet)

Quality Enhancement Research Initiative (QUERI): <https://www.queri.research.va.gov>

QUERI Implementation Network Archived Cyberseminars:

<https://www.hsrd.research.va.gov/cyberseminars/catalog-archive.cfm?SeriesSortParam=y&SeriesIDz=83>

Implementation Research Group (IRG) Archived Cyberseminars:

<https://www.gotostage.com/channel/implementresearchgrpchristinekowalski>

Center for Evaluation and Implementation Resources (CEIR): <https://www.queri.research.va.gov/ceir/default.cfm>



Using Data & Information Systems in Partnered Research Cyberseminar Series

Next session:

No session in August

September 15th at 12 pm Eastern

Opioid Prescribing Patterns and Informatics Tools

Adam Gordon, MD, MPH

Register at

<https://www.hsrdr.research.va.gov/cyberseminars/catalog-upcoming-session.cfm?UID=3806>

