



# **New HSR&D RFA: Opioids Safety and Opioid Use Disorder**

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# Poll questions

What is your primary role in VA?

- A) Investigator
- B) Coordinator, Project Manager, Analyst
- D) ACOS, AO, or other research leadership
- E) operations leadership or staff
- G) Other

# Poll questions

Have you previously applied for HSR&D funding?

A) yes

B) no

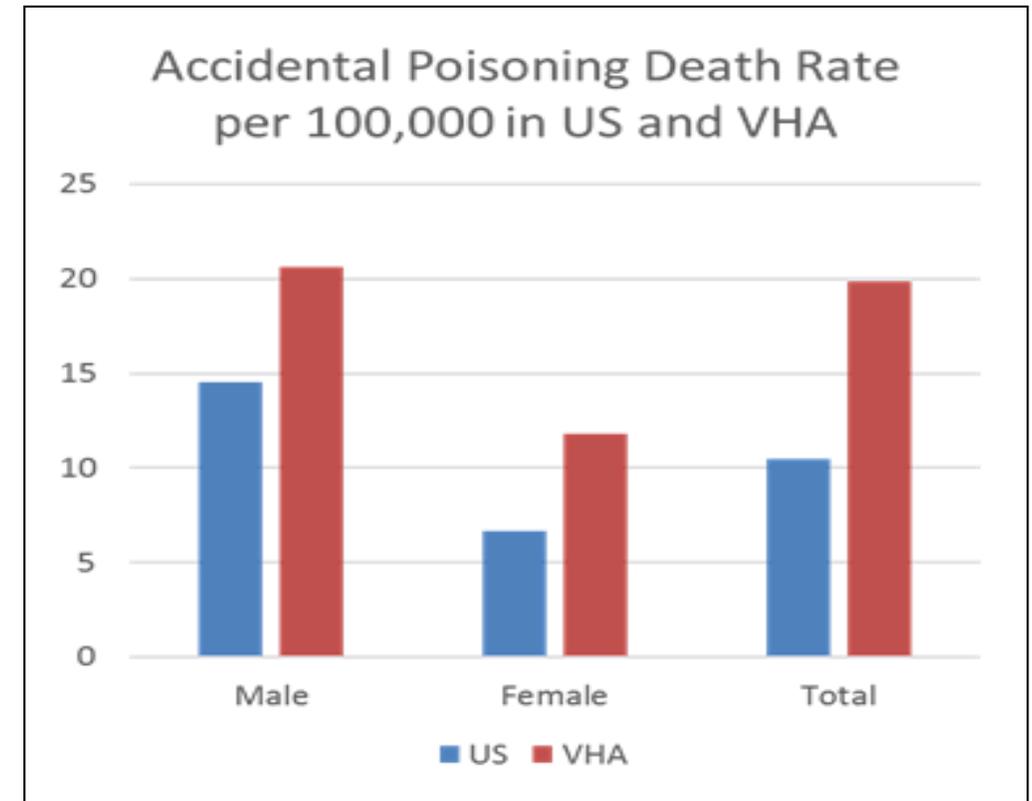
## Poll questions

Which best describes your area of research interest?

- A) Opioids safety and/or prescribing practices
- B) Treatment/Management of Opioid Use Disorder (OUD)
- C) Treatment/Management of Chronic Pain
- D) Treatment/Management of Co-occurring OUD and Chronic Pain
- E) Other

# Pain Management and Opioid Safety

- Pain severity and co-occurrence with mental health comorbidities result in high impact pain.
- Pain, medical and/or mental comorbidities are often related to military service and/or require Veteran-specific expertise.
- Veterans are at higher risk for harms from opioids/accidental poisoning than non-veterans.
- *“The most frequently identified risk factor among Veterans who died by suicide was pain” (2015, 2017).*
- **Integrated care: systematic coordination of medical, psychological and social aspects of health care.**



**VHA: Pain Management and Opioid Safety was included in the list of “Foundational Services”**

# Opioid Overdoses in Veterans

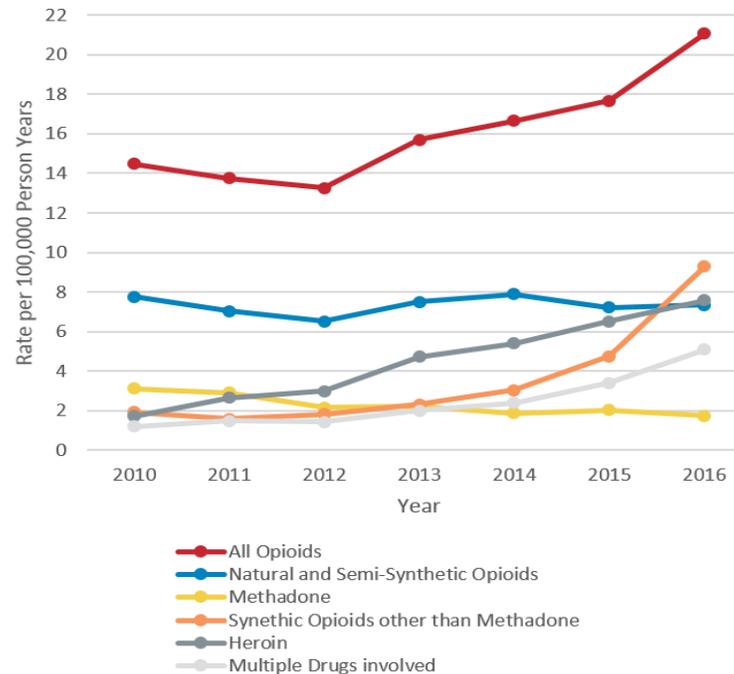
**Opioid deaths 2016  
Rate (per 100,000)**

Comparison: US population rate 13.3/100,000 (in 2016, CDC)

## VHA Veterans

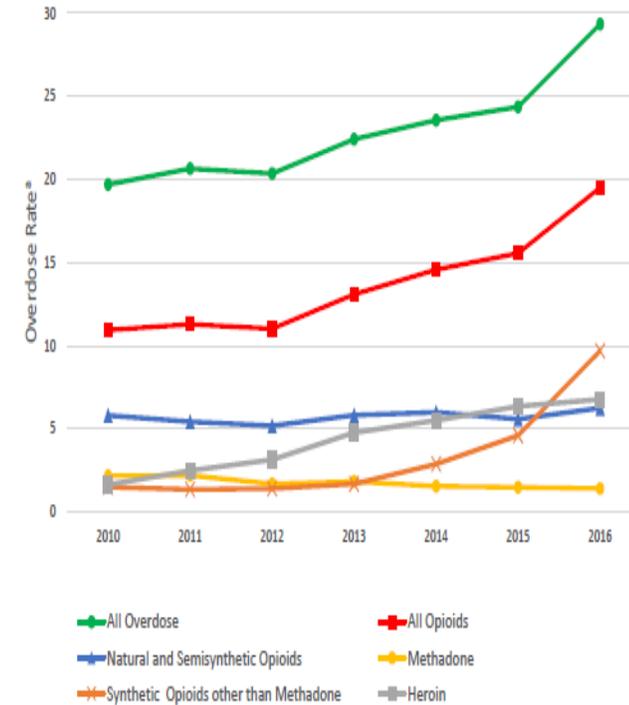
1,271 deaths; **3.5/day**  
21.1

Overdose Mortality Rate (per 100,000 person years) among Recent Veteran VHA users by Opioid subtype, 2010 -2016

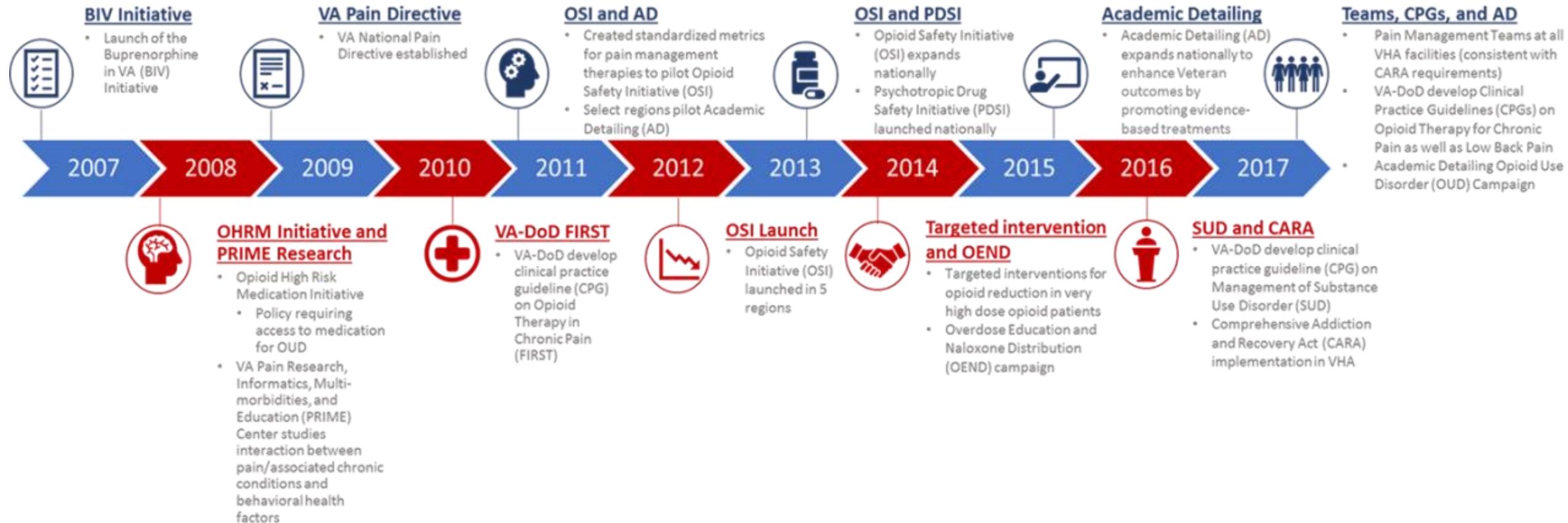


## US Veterans

2,775 deaths ; **7.6/day**  
19.5



# Opioid Safety Initiative



# Opioid Safety – Veterans Opioid Dispensing Over Time

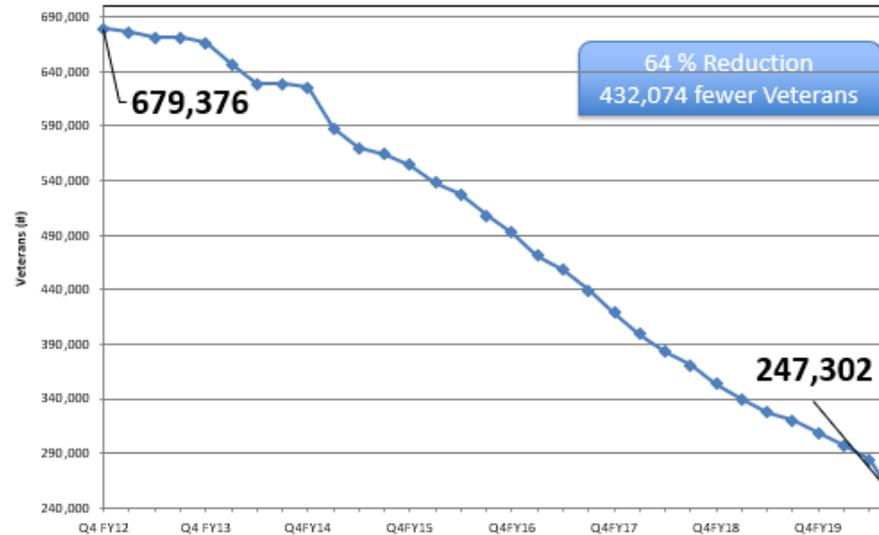
Veterans with Opioid prescription: 64% ↓  
(excludes tramadol).

Veterans with opioid dispensed in reporting quarter as percentage of all Veterans with pharmacy activity

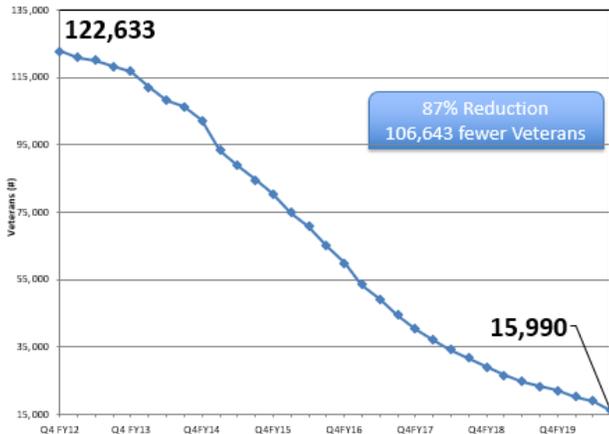
Source: Pharmacy Benefits Management (PBM) Services



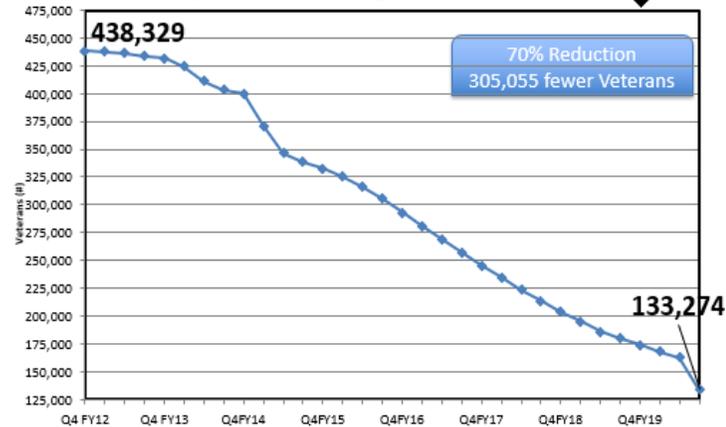
Source: Pharmacy Benefits Management (PBM) Services



Opioid + Benzo: 87% ↓



Opioid Long-term: 70% ↓



Opioid High Dose: 80% ↓



# VA Has Important Assets to Study and Combat the Opioid Epidemic

- VA has significant internal capacity to change and is already doing so through:
  - Opioid Safety Initiative efforts
  - Implementation of Medications for Opioid Use Disorder
  - Stepped Care for Opioid Use Disorder Train-the-Trainer (SCOUTT)
  - Opioid Overdose Education and Naloxone Distribution (OEND)
- No other health care system has as well-developed an evaluation and research infrastructure as VA

# Solicitation Background

- Priorities outlined in this solicitation reflect the research agenda developed by the 2019 State of the Art Conference
- COVID-19 priorities



Effective Management of Pain and Addiction:  
Strategies to Improve Opioid Safety

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A VA Health Services Research & Development Service  
State of the Art Conference

**Overarching goal:** Produce evidence that will prove useful to development and evaluation of new and existing EBPs for various Veteran populations

# Overarching Themes for this Solicitation

- Study of opioids safety and Opioid Use Disorder (OUD) management for **older Veterans**
- Development and deployment of more effective strategies for **reducing racial and ethnic disparities** in the treatment and management of pain and OUD
- Examination and development of interventions and models of care that can be **scaled within the VA**
- Effects of the **COVID-19 pandemic** on pain and OUD care

# High Priority Areas

- Improve **implementation of evidence-based medication for opioid use disorder (MOUD)** by examining barriers and facilitators of MOUD in the VA setting
- Understanding how to address **stigma**
- Identification and development of appropriate and successful strategies for **opioid tapering**
- Examination of the **potential role of buprenorphine/naloxone** in managing pain in patients with a history of OUD

# High Priority Areas

- Examinations of the safety and effectiveness of **more liberal MOUD prescribing policies** instituted in response to the COVID-19 pandemic
- Examination of the impact of the COVID-19 public health emergency on the effective treatment of chronic pain
- Examination of **racial and ethnic health disparities** in the treatment of chronic pain, and in the management of OUDs, with the goal of developing strategies to reduce them

# Additional Priority Areas

- Studies of **behavioral health and exercise/movement** interventions for chronic pain, and for patients with substance use disorders
- Development of more effective approaches to **monitor patient outcomes** for guiding treatment
- Assessment and development of **behavioral health treatments** for patients with OUD

# Additional Priority Areas

- Sustain **patient engagement** in treatment through implementation of chronic disease management models for OUD
- Study of the **management of acute pain** among patients on MOUD

# Criteria Overview

- **Significance:** potential to mitigate unmet social needs of Veterans
- **Research Methods:** preference will be given to studies with hybrid effectiveness-implementation design if the evidence base is substantial
- **Implementation:** consider how partnerships with community organizations will be sustained beyond the funding period
- **Innovation:** potential to identify new data sources and targets for intervention, and to test new approaches in VA

# Criteria Overview

- **Feasibility**
- **Investigator Qualifications**
- **Multiple PD/PI Leadership Plan** (if applicable)
- **Facilities and Resources**
- **Protection of Human Subjects**
- **Inclusion of Women and Minorities:** beware of unintended consequences – think about how you can ensure that interventions don't leave behind those who most need them or are hardest to reach and how you can evaluate whether novel interventions exacerbate health disparities

# Levels of Funding

## **Opioids Merit Applications**

- Up to 4 years
- Budget may not exceed \$1.2 million

## **Opioids Pilot Applications**

- Up to 18 months
- Budget may not exceed \$200,000

### **Goal:**

1. Generate data to establish feasibility of an IIR
2. Establish a new partnership with an outside organization
3. Answer a question of high value to a clinical or operations partner

# Timeline

**Oct 21-Nov 4, 2020**

ITS window

**Nov 15, 2020**

Grants.gov opens

**Dec 8, 2020**

Down to the wire deadline

**Dec 10, 2020**

Last submission deadline

**Dec 15, 2020**

Verification deadline

**March 2021**

Scientific merit review

**July 1, 2021**

Earliest project start date

# Eligibility

- MD, PhD, or equivalent doctoral degree
- VA paid appointment of at least 25 hours/week (5/8ths).
- VA medical centers with active research programs
- A VA medical center must be registered as an applicant organization on Grants.gov and eRA Commons before any proposal can be submitted

# Resubmissions

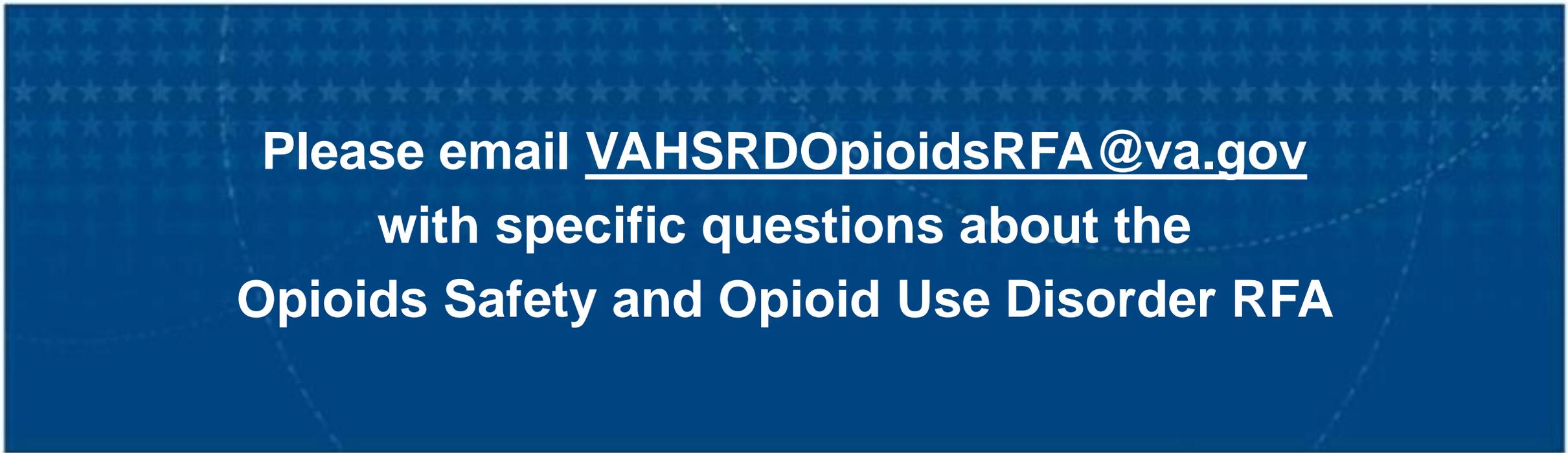
- Applications previously submitted through the Parent IIR or Pilot mechanism may be submitted in response to this RFA if address the priorities, but they will be a NEW submission. (No response to review are allowed)
- We anticipate that this mechanism will exist for at least two cycles, so applications that do not receive fundable scores will be eligible for resubmission

# Review Process

- Applications will be reviewed during the March 2021 Scientific Merit Review Board meeting
- Applications will be reviewed in a special emphasis panel
- Funding decisions will be made independent of other Scientific Merit Review Board funding decisions
- We do not have a set budget allocated for this mechanism



**Questions?**



**Please email [VAHSRDOpioidsRFA@va.gov](mailto:VAHSRDOpioidsRFA@va.gov)  
with specific questions about the  
Opioids Safety and Opioid Use Disorder RFA**