

Pain/Opioid CORE: Works in Progress

ALICIA HEAPY, PHD; WILLIAM BECKER, MD; ERIN KREBS, MD, MPH

Pain/Opioid CORE Investigators and Partners

Principal Investigators

- **Alicia Heapy, PhD**; Pain Research, Informatics, Multimorbidities, and Education (PRIME) Center of Innovation, VA Connecticut
- **William Becker, MD**; Pain Research, Informatics, Multimorbidities, and Education (PRIME) Center of Innovation, VA Connecticut
- **Erin Krebs, MD, MPH**; Center for Care Delivery and Outcomes Research (CCDOR), VA Minneapolis

Partners

- **Dr. Friedhelm Sandbrink**, National Director, Pain Management, Opioid Safety, Prescription Drug Monitoring
- **Dr. Benjamin Kligler**, National Director, Integrative Health Coordinating Center
- **Dr. Joseph Liberto**, National Mental Health Program Director, Substance Use Disorders
- **Dr. Francesca Cunningham**, Director of VAMedSAFE, Pharmacy Benefits Management
- **Dr. Robert Kerns**, Partner Group Chair, Yale University

Rapid Start 2021

- We are interested in:
 - Applications that support HSR&D career development applications or other submissions that focus on Veteran populations
 - Applications that promote collaborations with clinical and/or operational partners on topics that are a high priority for them
 - Secondary analysis of previously collected data
- Principal investigators must have a minimum 5/8ths VA appointment
- If the applicant is a fellow, there must be a mentor with a 5/8ths VA appointment
- Project budgets range from \$10,000-\$30,000
- Projects should be completed within 1 year
- FY2021 Rapid Start: Submission deadline March 15, 2021
- RFA to be released February 3, 2021

For more information or to receive the RFA, contact Brian Coleman, DC at brian.coleman2@va.gov

Round 2 Results

Most highly endorsed criteria included:

- Benefits of LTOT no longer outweigh harms
- Difficulty tapering: when a taper is attempted, patient exhibits psychological or physical symptoms (e.g., withdrawal, pain flare, depression)
- Does not meet criteria for OUD per DSM-5, i.e., does not have at least 2 DSM-5 criteria not including tolerance and withdrawal caused by opioid use
- Exhibits opioid tolerance (e.g., may ask for a higher dose, with motivation seeming to be a desire for pain control, or dose was escalated over time by a provider and then maintained at a high dose)

Round 2 Results

Participants were split 50/50 on the question: “Do you believe Condition X and OUD can co-occur?”

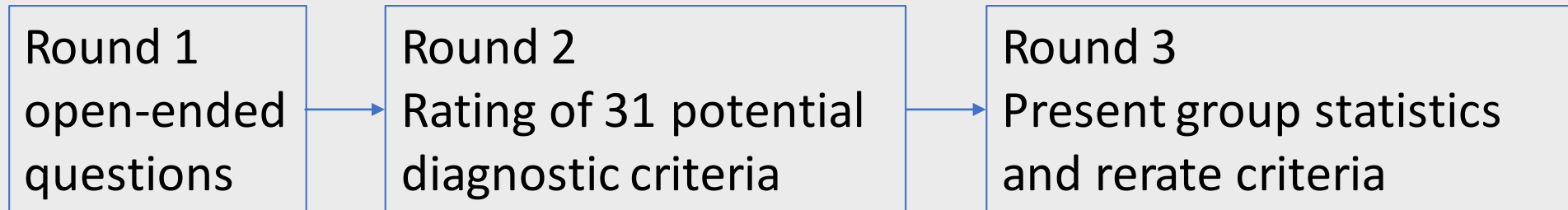
Well-liked names included:

- Iatrogenic Opioid Dependence
- Prescription Opioid Dependence
- Complex Persistent Opioid Dependence

...but participants had feedback on the pros and cons to many name choices.

Round 3 Methods

- Added 3 items based on qualitative feedback in Round 2
- Presented group statistics (Mean, SD, Median, IQR) along with individual response from Round 2
- Asked participants to re-rate responses
- *Analysis still in progress!*



Planned products/next steps

- Delphi protocol paper
- Pro/Con paired essays re: round 1 screening question
- Qualitative analysis of Why/Why Not free text answers to Round 1 screening question
- Main Delphi results (Rounds 1, 2, and 3)

- Smaller workgroup to enumerate research priorities and clinical recommendations regarding “Condition X,” including stakeholders such as patients

Questions/Comments?

