

**VA**



U.S. Department  
of Veterans Affairs

**The PRIME Center**



**Pain Research, Informatics, Multimorbidities, and Education**

Enhancing Pain Care for Veterans

# Pain Services Evaluation Program

Evaluating pain management  
teams and funding initiatives  
across VA

# Disclosures & Acknowledgements

- The contents do not represent the views of the U.S. Department of Veterans Affairs or the United States Government.
- We have no conflicts of interest to report.
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# Pain Services Evaluation Program Staff

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**Funder and Consultants:** Pain Management, Opioid Safety and Prescription Drug Monitoring Program (PMOP)

# PRIME/PMOP Partnership

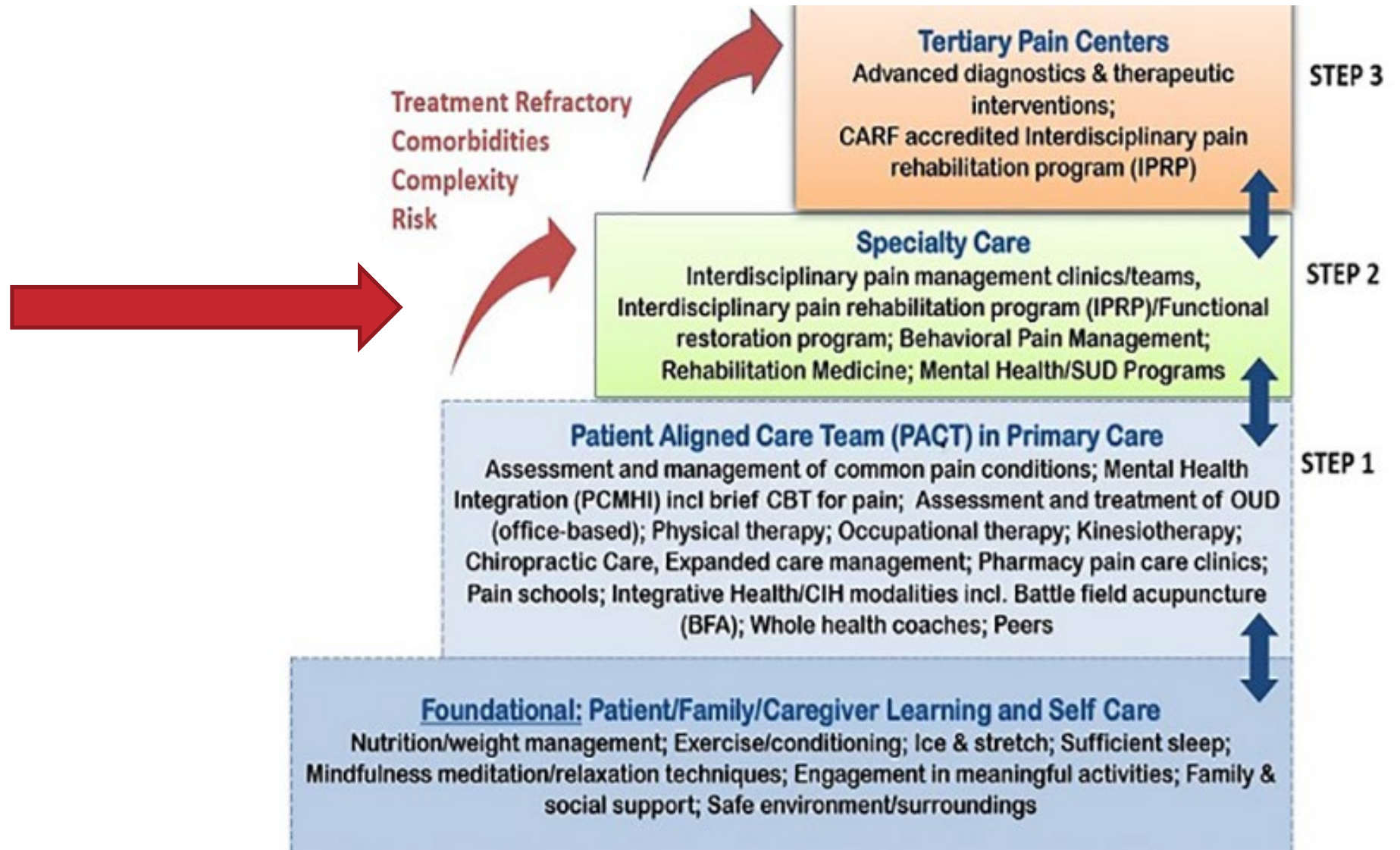
**Mission statement:** The mission of the Pain Services Evaluation Program (PSEP) is to support PMOP in the development of best practices for evaluating, implementing, and sustaining high-quality pain care throughout VHA, and to assist PMOP in evaluating the impact of PMOP initiatives towards improved pain management.

**Objectives:** The overarching objectives of the Pain Services Evaluation Program are to

- (1) develop and refine measurement approaches for tracking indicators of high-quality pain care,
- (2) to evaluate the impact of PMOP initiatives and policies on pain care throughout VHA, and
- (3) to support PMOP in the development and implementation of best practices

# Stepped Care Model of Pain Management

Pain Management Teams



# 2016 Comprehensive Addiction and Recovery Act

Mandates that each VHA facility designate an interdisciplinary pain management team (PMT). A fully staffed PMT must include, at a minimum, members fulfilling the following roles:

1. Medical Provider with Pain Expertise
2. Addiction Medicine expertise to provide evaluation for Opioid Use Disorder (OUD) and access to Medication-Assisted Treatment (MAT)
3. Behavioral Medicine with availability of at least one evidence-based behavioral therapy
4. Rehabilitation Medicine Discipline

# 2021 PMOP Funding Initiatives

Provides funding for dedicated staffing at VISNs and facilities to assure oversight, reporting and coordination of pain care and opioid stewardship programs and initiatives.

Provided funding for:

1. Facility PMOP Coordinators
2. Pain Point of Contacts (POCs)
3. Primary Care/Patient Aligned Care Team (PACT) Pain Champions
4. Additional temporary funds for various programs

# Evaluation of Pain Management Teams

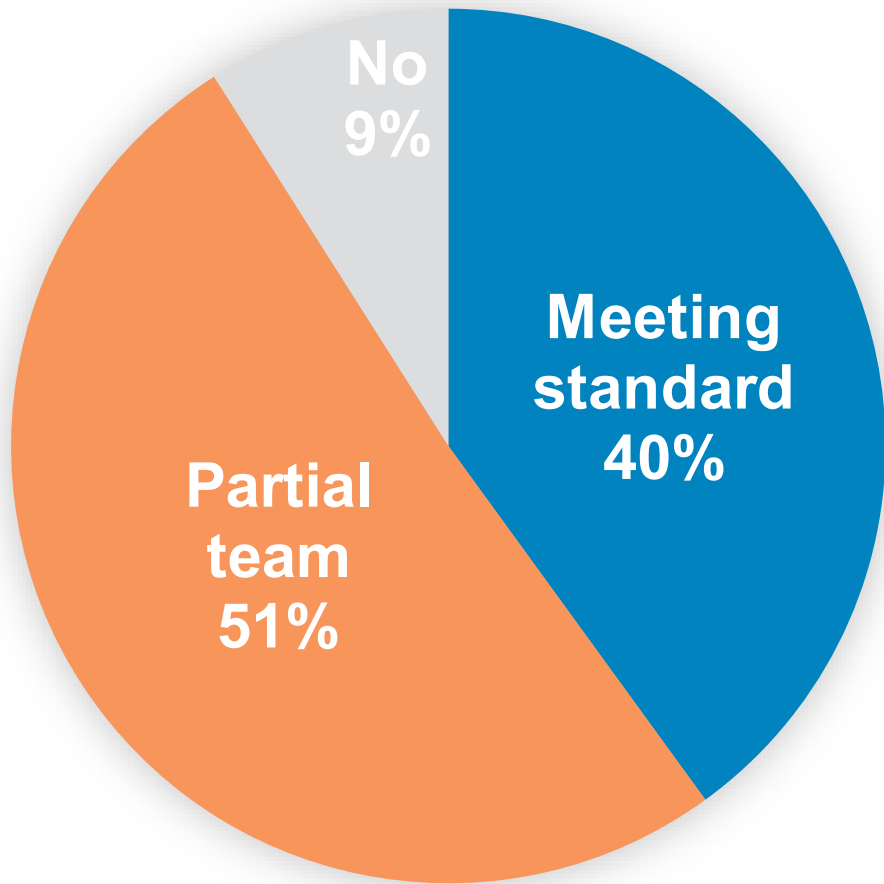


# Understanding PMT Staffing: Surveys

- Conducted PMT staffing surveys in FY 22 and 23
- Number of PMT staff and patients increased between 2019 and 2023
- Facility PMTs vary in size and structure
- Role most often missing was a provider with addiction expertise

PMT Clinical Staff	Overall	
	n	%
Medical provider with pain expertise	121	90.3
Addiction medicine provider	89	67.4
Behavioral medicine provider	110	82.7
Rehabilitation medicine provider	109	82.6
Other team members	65	50.0

# Previous survey work



	Complexity					
	High		Medium		Low	
	n	%	n	%	n	%
Meeting standard	41	45%	10	48%	5	19%
Partial team	48	52%	7	33%	16	62%
No team	3	3%	4	19%	5	19%

# Limitations of Staffing Surveys

- Surveys can provide a snapshot of staffing, and allow for examination over time, but do not provide current staffing
- Burden on staff responsible for entering data
- Possibility of response bias
- Missing data

# Understanding Variation in PMT Staffing: Next Steps

- Currently piloting a new tool that will enable more efficient and timely collection of PMT staffing data
- This tool will:
  - Quickly generate current reports on current staffing
  - Enable PMOP and VISN leadership to understand current PMT staffing and gaps and monitor changes
  - Allow facility coordinators to update information to report changes rather than re-enter data

# Understanding PMT Functioning: Qualitative Interviews



Goal: understand how PMTs function at a range of VHA facilities



Explored team functioning, patient flow, leadership support, and barriers



Interviewed 26 clinicians across 14 facilities and 4 VISNs



13 pharmacists, 6 medical providers, 5 behavioral health, 2 rehabilitation medicine

# Qualitative Interviews



Theme 1: Impact of New Funding



**Theme 2: Pain Team Functioning**



Theme 3: PMT Impact on Existing Veteran Care

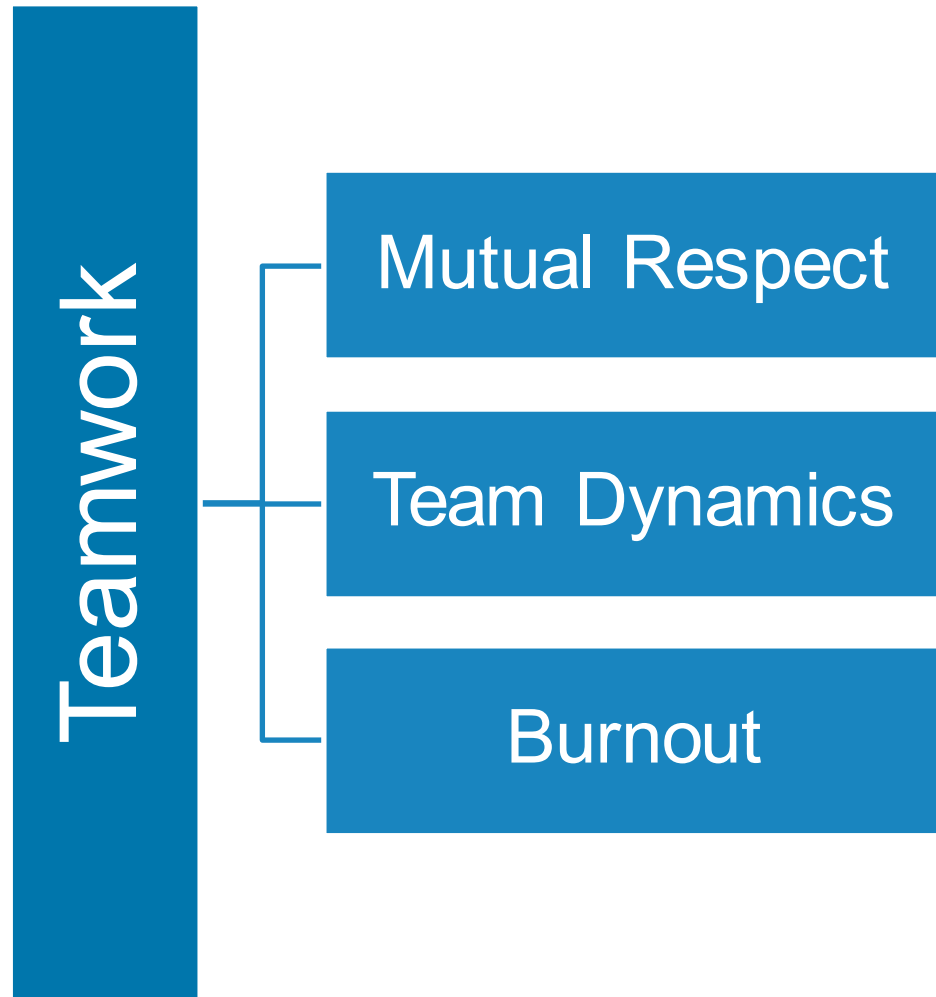


Theme 4: Leadership Support for PMT



Theme 5: Metrics to Measure PMT Success

# Pain Team Functioning



“*[We have] been working together as a team for so long, so that... really helped the way we build relationships... I think takes so much time... I think all of us have really good relationships with mental health leadership and primary care leadership.*”

“*Communication and the expectation for like bi-directional feedback... keeping each other honest in a respectful way.*”

# Understanding PMT functioning: Next Steps – Delphi Study

**Goal:** to build consensus on the definition and indicators of “high functioning pain management teams”

## Delphi Study

- Methodology developed by RAND
- Exploration and generation of consensus
- Convening subject matter experts
- Anonymous input, iterative rounds
- Sharing of input, voting, molding consensus

## Status

- Round 1 data collection complete, analysis in progress



# Evaluation of Recent PMOP Funded Initiatives

# 2022 PMOP Funding Initiatives

Provides funding for additional staffing, primarily focused on increasing staffing on pain management teams

Specific PMOP Funded Initiatives in 2022:

1. Active Management of Pain (AMP)
2. Whole Health Coaches on Pain Management Teams (WHCPMT)
3. Medication Management on Pain Management Teams (MMPMT)

# PFI Programs

## Pain Management, Opioid Safety and PDMP (PMOP) Hiring Initiatives

### Temporary Initiatives

- Expand access to clinical pain care services, including Pain Management Teams at all facilities
- FY21 & FY22 hires supported through FY24
- Primarily for permanent facility staff supporting clinics utilizing stop code 420

### Active Management of Pain (AMP)

- Multimodal Chronic Pain Management
- **FY22 through FY26**
- 1 FTE Clinical Psychologist + 1 FTE Physical Therapist

### Medication Management in Pain Management Teams (MMPMT)

- Expand access to safe and effective pharmacological management for pain.
- **FY22 through FY26**
- 1 FTE CPP + 1 FTE NP/PA

### Sustained Initiatives

- Support Dedicated Staffing
- **FY21 to continue indefinitely**
- *PMOP Coordinator, Pain Consultant/POC and PACT Pain Champion*

### CRH TelePain Program

- TelePain in VISN Clinical Resource Hubs
- 11 VISNs funded in FY22

### Mental Health Integration into Pain and Oncology Clinics

- Integrate Mental Health into pain management care.
- **FY22 through FY26**
- Up to 2 FTE MH LIPs

### Whole Health Coaches in Pain Management Teams (WHCPMT)

- Integrate Whole Health into pain management care.
- **FY22 through FY26**
- Whole Health Coach

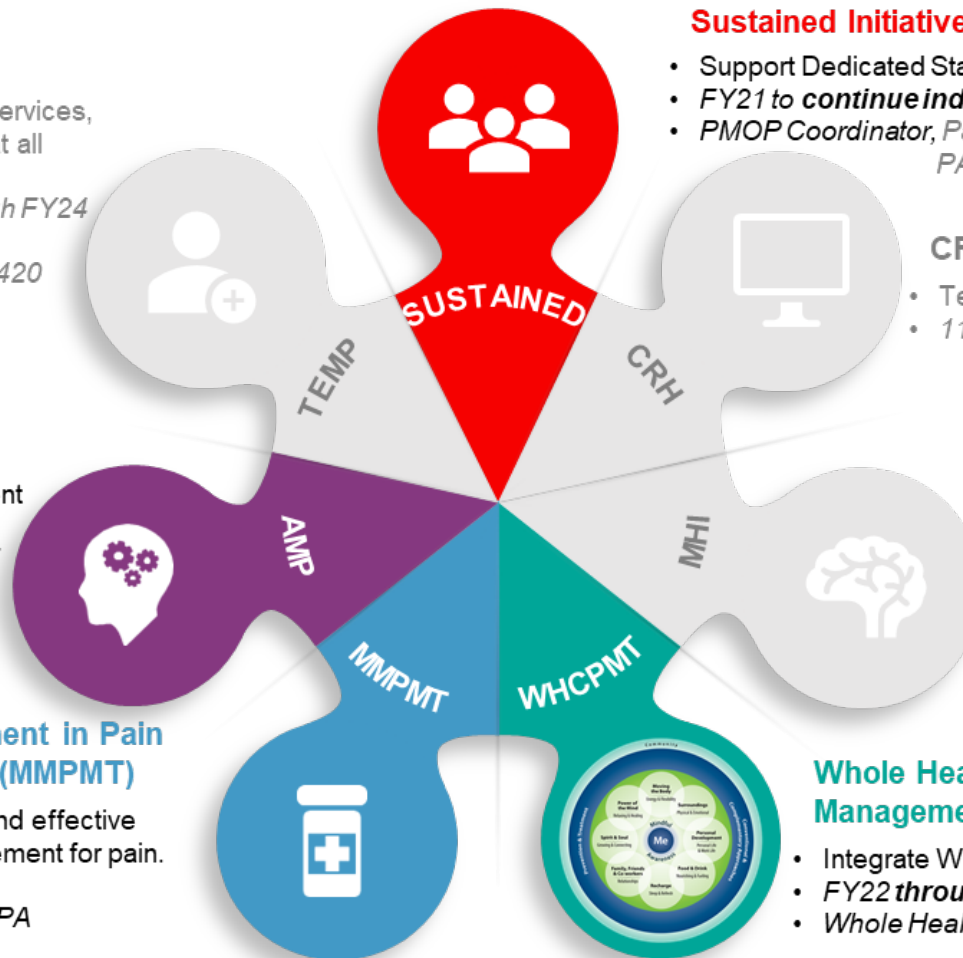


Figure 1. PMOP Hiring Initiatives with initiatives to be evaluated in color, figure provided by PMOP

# Active Management of Pain (AMP)

- A coordinated, collaborative treatment approach between **behavioral health (e.g., psychology)** and **physical therapy** that teaches core nonpharmacological strategies for chronic pain management to help patients improve their overall functioning, well-being, and quality of life
- Leverages the knowledge and skills of behavioral health clinicians and physical therapists who have experience and/or interest in chronic pain (e.g., Cognitive Behavioral Therapy for Chronic Pain, pain neuroscience education)
- Funding (through FY 2026) supports one full-time (1.0 FTE) behavioral health clinician and one full-time (1.0 FTE) physical therapist (PT) who will work in support of pain specialty care in the PMT setting
- As of February 2023, funding approved for 52 psychologists/social workers and 52 physical therapists across 59 sites

# Whole Health Coaching for PMTs (WHCPMT)

- **Whole Health Coaches** working within the PMT structure to conduct interventions that build upon a multimodal, integrated, system-wide approach to pain management and opioid safety to reduce pain and improve quality of life
- Positions are dedicated to support facilities with an expanded PMT structure and allow for health coaching for Veterans to reduce or eliminate high-risk behaviors while increasing healthy behaviors
- Funding (through FY 2026) supports one full-time (1.0 FTE) Whole Health Coach who will work in support of pain specialty care in the PMT setting
- As of February 2023, funding approved for Whole Health Coaches across 28 sites

# Medication Management for PMTs (MMPMT)

- Leverages the knowledge and skills of the **Clinical Pharmacist Practitioner (CPP)** in collaboration with a **Nurse Practitioner (NP)** or **Physician's Assistant (PA)** with expertise in pain management and opioid use disorder (OUD)
- Positions are dedicated to delivering collaborative and coordinated comprehensive pain care focused on medication management services to include opioid and non-opioid management, risk mitigation and harm reduction and medication management for OUD within and in support of pain specialty care clinics
- Funding (through FY 2026) supports one full-time (1.0 FTE) CPP and one full-time (1.0 FTE) NP or PA who will work in support of pain specialty clinic in the PMT setting.
- As of February 2023, funding approved for 68 pharmacists and 65 NP/PA/APRNs across 74 sites

# PMOP Coordinators

- Support CARA mandated full implementation of the SCM-PM including PMTs by ensuring oversight, reporting and coordination of pain care and opioid stewardship programs and initiatives
- Responsibilities including monitoring and reporting on PMOP-related initiatives, evaluating current processes, supporting and consulting on PMOP-related projects, and developing processes and procedures to support the facility in implementation, evaluating, and monitoring of PMOP initiatives
- Position is 80% administrative and 20% clinical
- Position can be filled by multiple disciplines, but most commonly is a pharmacist
- New sustained position as of 2021, funding provided to approximately 139 facilities

# PFI Evaluation Goals

1

Monitor PFI implementation

2

Evaluate how each PFI impacts PMTs and pain care

3

Develop an overarching guide to support continued implementation



Choose **VA**

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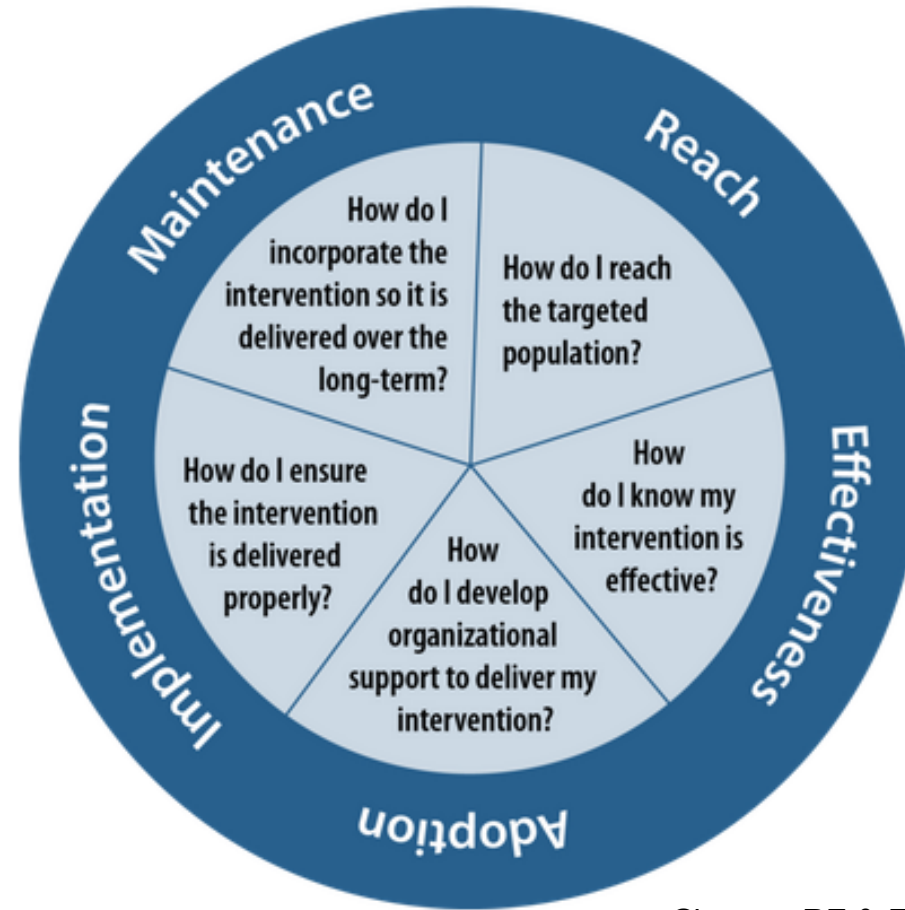


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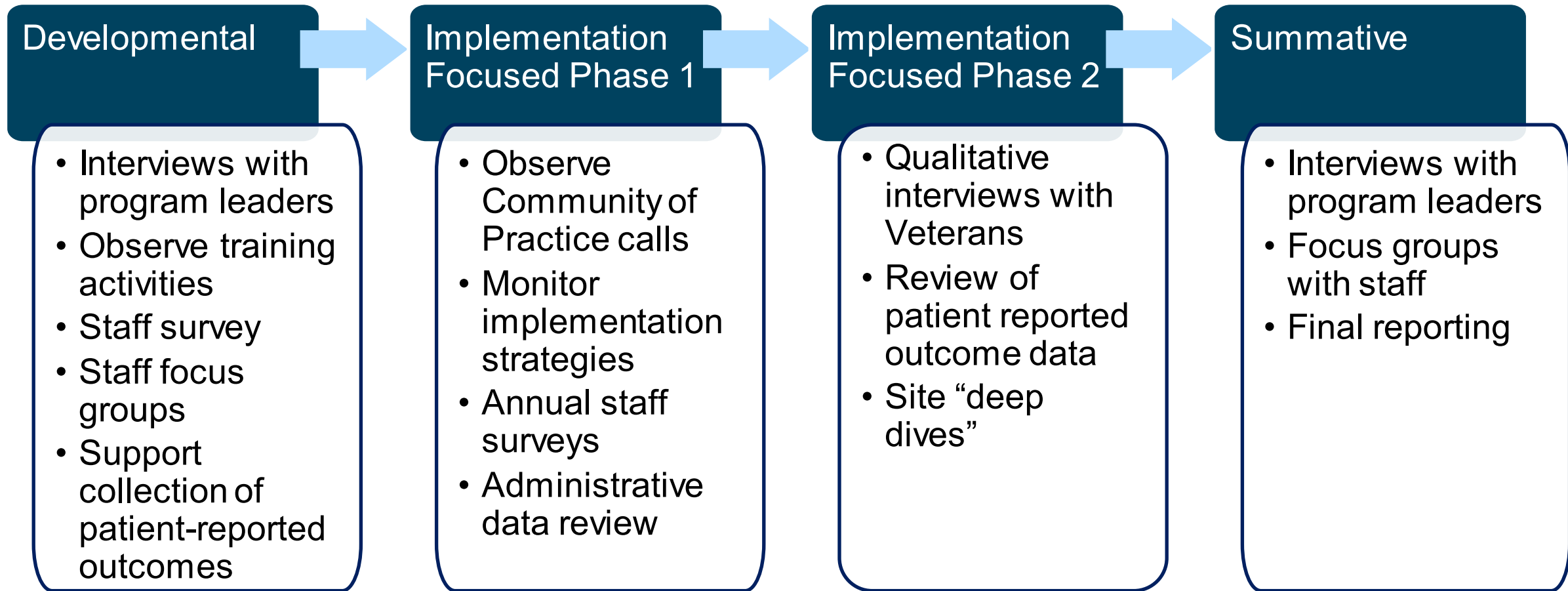
# RE-AIM Framework

## Elements of the RE-AIM Framework



Glasgow RE & Estabrooks, P. *Preventing Chronic Disease*, 2018; 15: E02

# Formative Evaluation Approach



# Evaluation Framework

RE-AIM Domain	Questions	Data Source
<b>Reach</b>	<b>What patients are reached by the PFI?</b>	Administrative data
<b>Effectiveness</b>	<b>Is the PFI effective?</b>	
	At improving access to care?	Administrative data
	At improving patient outcomes?	Administrative data, PRO's
<b>Adoption</b>	<b>At improving overall pain team functioning?</b>	Surveys, qualitative interviews*
	<b>How is the PFI adopted across the enterprise?</b>	
	Hiring and retention tracking	PMOP tracking
	Training of new hires	PMOP tracking, implementation tracking
<b>Implementation</b>	Barriers/facilitator to adoption	Staff surveys/qualitative interviews*
	<b>Is the PFI implemented as intended?</b>	
	Fidelity to program, drift in program implementation	Administrative data, staff surveys
	Team cohesion and role clarification	Staff interviews*
<b>Maintenance</b>	Ongoing support (e.g., community of practice)	Implementation tracking
	<b>What happens to the PFI over time?</b>	
	Change in position description/responsibilities	Implementation tracking
	Position Turnover	PMOP tracking
	Positions ending after funding period	PMOP tracking

\*At a subset of facilities

# Focus Groups

- Conducting focus groups with newly hired PFI staff for each initiative
  - Guided by Consolidated Framework for Implementation Research (CFIR)
  - Aim to include staff from facilities of varying size, complexity, and geographic region

## Topics

Overall perceptions (e.g., PFI initiative, referrals, PFI fit in PMT)

Innovation (e.g., how does this initiative fill gaps or improve on programs)

Outer setting (e.g., local policies or characteristics that affect implementation)

Inner setting (e.g., fit with existing structures and practices, resources available)

Individuals (e.g., what stakeholders need to be engaged, who leads implementation)

Implementation process (e.g., how is it tailored to the site)

# PFI Survey

- Yearly PFI staff surveys, tailored to each program

## Topics

Perceptions of support

Burnout

Job satisfaction

Self-efficacy (Overall and for PFI-specific)

Barriers and facilitators to program implementation

Program specific questions

- Currently collecting Year 1 survey data

# Future Directions

- Short term:
  - Delphi study
  - Year 1 PFI evaluation activities
  - PMT staff tracking
- Long term:
  - Refine methods for monitoring PMTs
  - Supporting PMOP in use of patient reported outcomes on PMTs
  - Continued PFI evaluation
  - Identify best practices of implementing PFIs

# Summary/Conclusions

- Through several PMOP funding initiatives, pain care and PMT staffing is expanding
- This expansion of care necessitates building infrastructure to monitor and evaluate these activities
- Monitoring tools need to be user-friendly and meet the needs of diverse stakeholders (PMOP, VISN triads, facility triads, evaluators)
- RE-AIM And CFIR are useful frameworks for evaluating and understanding the implementation of these initiatives
- Best practices of PMT functioning and implementation of PFIs may look different depending on the complexity, resources, and location of facilities