Workgroup

Long-term Opioid Therapy and Tapering
Workgroup Members—Thank You!

**Work Group Facilitators**
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**Work Group Recorders**
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**Work Group Members**
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Workgroup #2: Long-Term Opioid Therapy & Opioid Tapering

- Multidisciplinary group with expertise in Psychiatry, Psychology, Pharmacy, Neurology, Addiction Medicine, Pain Medicine, Internal Medicine

- Current state of VHA pain care:
  - Fear & mistrust are common
  - Disconnect between policy & practice
  - Multiple ongoing initiatives, some with unintended consequences
  - Multiple meanings of ‘opioid tapering’
Workgroup #2: Long-Term Opioid Therapy & Opioid Tapering

• Focus on distinct audiences for SOTA recommendations:
  • Veterans
  • Clinicians
  • Researchers
  • Operational partners
  • Funders
SOTA Goal #1: Evidence Sufficient for Implementation

- Focus on actionable gaps between evidence, policy and current practice in VA
  - No need to emphasize all evidence-based chronic pain treatments
  - These treatments lack strong evidence related to tapering
1. Avoid initiation of long-term, high-dose opioid therapy for chronic pain
2. Recommend individualized assessment of risks & benefits and individualized implementation of opioid dose reduction
   • Recommend *against* tapering without assessment of or discussion with patient
   • Recommend *against* abrupt opioid tapering
3. Recommend ongoing assessment of OUD and referral/treatment in patients with OUD
SOTA Goal #1: Evidence Sufficient for Implementation

4. Recommend system-wide access to team-based support for opioid tapering, including engagement with Patient Aligned Care Team resources
   • Team-based care may not be needed for all patients

5. Support programs that provide intensive, multidisciplinary treatment to support opioid dose reduction
SOTA Goal #1: Dissemination strategies

- A single, consistent, clear message from National Pain Management Program to all stakeholders
  - Veterans & families
  - Clinicians
  - Leadership

- Communication:
  - VA National Pain Management website
  - Letters to Veterans
  - Emails to clinicians
SOTA Goal #2: Research Agenda

- Brainstorming to identify full range of research questions/issues
- Focused discussion to prioritize top 5 (or 8) questions
- Expansion of individual questions
- Discussion of methodologic issues (i.e., study design, data quality)
What are the benefits and harms of opioid dose reduction and discontinuation?

• Benefits:
  – Pain severity
  – Pain-related function
  – Quality of life
  – Patient satisfaction

• Harms:
  – Overdose
  – Mortality
  – Depression, anxiety
  – Suicidality
  – Substance use
  – Protracted withdrawal symptoms

• Other:
  – Healthcare utilization
  – Retention in primarycare
What are the benefits and harms of opioid dose reduction and discontinuation?

• Other issues:
  – Likely require observational designs and recruitment to tapering studies is increasingly challenging
  – Patient-reported outcome data is critical
  – Include long-term follow up after tapering and incorporate non-VA data
  – Include patient, system and other contextual factors
What are strategies for safe, effective opioid tapering?

- Multiple potential strategies that require further study
  - Evidence-based for chronic pain care
  - Evidence-based for other chronic disease management
What are strategies for safe, effective opioid tapering?

• Team-based care
• Mental Health integration
• Telehealth
• Peer support
• Non-pharmacologic care
• Longer PCP visits
• Medication management
  – Formulation
  – Rate, schedule
• Medication rotation
  – Buprenorphine
  – Naltrexone
• Clinician/stakeholder education
• Technology
• Family engagement
• Policy change
What are strategies for safe, effective opioid tapering?

- Other issues:
  - Multiple large studies relevant to opioid tapering are ongoing
  - Limited VA system capacity to host (and fund) large pragmatic trials
  - Unique interventions for special populations such as rural Veterans
  - Important to assess patient, system and other contextual factors
  - Important to assess cost-effectiveness
Is there any role for opioids for chronic pain?

- Among Veterans age 65 or older, what are the benefits & harms of low-dose, intermittent opioid medications compared to non-opioid medications?
  - Including buprenorphine for chronic pain
- What are the characteristics of patients for whom the benefits of low-dose, intermittent opioids medications outweigh risks?
Other research needs

- A taxonomy of tapering
- Complex persistent opioid dependence
- Importance of patient & provider perspectives
A taxonomy of tapering

• ‘Tapering’ not monolithic
  – Any dose reduction
  – Percent dose reduction
  – Pre-specified thresholds (90mg MED, 50mg MED)
  – Change in medication or formulation
  – Elimination of benzodiazepine co-prescribing

• What is a successful taper?
Patient & provider perspectives

• Patients:
  – What is your understanding of current VA policy? What are barriers to patient-centered opioid tapering?

• Providers:
  – What is your understanding of current VA policy? What are barriers to patient-centered opioid tapering?

• Challenges:
  – Rapidly changing policy environment
Defining complex persistent opioid dependence

- Limitations of DSM-5 criteria in context of long-term opioid therapy
- Opportunity for Delphi process to determine criteria for evaluation in future studies
Other considerations: Feasibility

• VA system capacity is limited for multi-site pragmatic trials

• Opportunity for HSR&D to support rapid evaluation of clinical innovations
Other considerations: Data quality & opportunities

• VHA data offers unique opportunity to assess long-term outcomes

• But, patient-reported outcomes important and will require investment in data collection infrastructure

• Novel data collection strategies include:
  • Friend- & family-reported outcomes
  • Technology-based data
SOTA Goal #2: Dissemination strategies

- Propose research agenda in JGIM Supplement
- Support development of HSR&D funding opportunity
SOTA Goal #3: Emerging Issues

- National data collaboration
  - National PDMP for research
  - Consider non-VA stakeholders
- MISSION Act & Community Care
- Application to de-prescribing of other medications/substances
  - Cannabis
  - Stimulants
  - Benzodiazepines
- Importance of culture change in pain management
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