Moderator: Welcome to the VA HSR&D Investigator Insights Podcast series. In this episode, the Center for Information Dissemination and Education Resources staff member, Rob Auffrey, talks with Anne Black, an Investigator with the HSR&D Pain Research, Informatics, Multi-morbidities, and Education Center.

 Dr. Black's work focuses on disseminating and understanding the implementation of opioid use disorder treatment. The program's objective was to unite six interrelated projects to improve Veterans' access to medications for opioid use disorders.

Anne Black: Hi, Rob. Thanks for having me. My name is Anne Black. I am a health services researcher affiliated with the PRIME Center at VA Connecticut. By training I'm an educational psychologist, and my expertise is in quantitative methods. I'm an Assistant Professor in the Department of Internal Medicine at Yale.

Rob Auffrey: Anne, what are you presenting here at the meeting?

Anne Black: I'll be presenting an interesting study involving the collaboration of six individual projects in a consortium to promote access to medications for opioid use disorder using implementation facilitation techniques. This is, the project was called CONDUIT, Consortium to Disseminate and Understand Implementation of Opioid Use Disorder Treatments. It was funded by QUERI, and it ran from 2019 to 2022.

Rob Auffrey: Thank you. Can you just go into a little more detail on CONDUIT or?

Anne Black: Yes. The primary outcomes that we were looking at for this talk were Veterans' initiation of medications for opioid use disorder and retention on medications for opioid use disorder. And these individual projects targeted sites that were particularly low in their adoption of medications for opioid use disorder. And we found that prior to implementation facilitation rates, prevalence of use of, call it MOUD, were low. And after implementation, they increased significantly.

 And what was interesting is that each project used its own approach to facilitating implementation of MOUD. Some were done at the patient level where there was direct prescribing of medications for opioid use disorder. Others were done at the facility level, promoting the development of an opioid reassessment clinic, working with site level champions to reduce barriers to access to medications. And regardless of the nature of the intervention, they all had a significant effect on MOUD. This was despite the fact that it was implemented in the middle of COVID. COVID hit six months into the project. Things were adjusted. A lot of the in-person interventions obviously were shifted to remote intervention. Some of the regulations around prescribing medications for opioid use disorder changed. And these projects had to shift quickly. And despite that, we're effective in affecting that outcome.

Rob Auffrey: Were any of those methods more effective than others?

Anne Black: We intend to look at that. Right now, we just looked at, we aggregated all of the facilitation techniques into a single, "Yes, no, the site received facilitation," and looked at it, sort of, the main effect of implementation facilitation. We're going to break that out by type in a follow-up analysis.

Rob Auffrey: Have you always been interested in opioid use disorder or substance use disorder?

Anne Black: I would say yes, my research from the start with VA in 2008 focused on substance use disorder. It wasn't always opioid use disorder. I started at the VA as an analyst on a project. And we were looking at Veterans' use of compensation and pension services, and how that translated to substance use treatment.

 I've always been interested in mental health, and substance use, and chronic pain with the intersection of those things. I did not initially seek work with Veterans. It happened by chance that I was brought into a project involving Veterans, and analyzed the data for that. We were evaluating behavioral intervention related to substance use and mental health. The more I learned about Veterans' stories and narratives, the more I became interested in them.

 I then pursued a Career Development Award to use some unique methods. I've used ecological momentary assessment to understand how Veterans' PTSD symptoms vary within day. How rapidly those experiences change, and how those are related to substance use, and other risk-taking behavior.

 That was the first of my research studies with Veterans. Now, we have a four-year HSR&D funded merit that is looking at use of complementary and integrative health approaches for Veterans who are on long-term opioid therapy for chronic pain, and exploring whether use of CIH approaches has anything to do with the effectiveness, and safety of opioid tapering. And whether that simultaneously better manages chronic pain.

 That's a four-year study. We're partnering with OPCC&CT, and\_\_\_\_\_ [00:05:55] of the other offices in this partnered work.

Rob Auffrey: It sounds interesting. Can you compare working for VA, working in the VA to other positions that you've had?

Anne Black: My work in the VA is really special, I think, even just coming here to the conference. You feel the community. I think that's unique about the VA, that there is a community, and regardless of the fact that we're nationwide. I'm seeing colleagues from California, and Oregon, and Florida, and it's just a wonderfully collaborative community who really is brought together by this common interest in helping Veterans.

Rob Auffrey: Given that, well, first of all, let me ask you this. Have you had an opportunity to work directly with Veterans?

Anne Black: I don't have a clinical background, so I haven't worked with them clinically. But I have met with them for research studies. For example, in my Career Development Award, we engaged Veterans in a study. It was a 28-day study.

 We asked them to take their own cell phones and to answer questions three times a day. We sent them a text message and said, "Answer these questions now." And we asked them to tell us about their PTSD symptoms in the moment and whether they had used any alcohol or any substances? How they were feeling, what was their mood? Who had they been in contact with; kind of, what their activity level was?

 And we didn't really even know to what extent they would participate, how well that would go. And we were amazed, honestly, at the level of involvement that Veterans took in that study. The real commitment they had to being participants in the study, and the feedback we got about just feeling good about being asked how they were feeling. Even though it was through an app, they felt attended to.

 They felt that somebody was listening to what they had to say. It was a really enlightening study, a really wonderful experience. My studies now are more retrospective using electronic health records. But in that study, we've engaged a Veteran engagement panel who is advising us. These are four Veterans who have used complementary and integrative health modalities.

 And they're guiding us with regard to the types of questions we should be asking, and helping us to interpret the things that we're seeing about differences in Veterans' use of CIH, and not using CIH. One of our members is a yoga instructor. And she's got just really special insight into the Veteran experience, and her own path from chronic pain, and use of long-term opioid therapy into using yoga, and other CIH, teaching yoga, and kind of spreading the word about CIH.

 In that regard, I can't say enough words of gratitude, for one, just for their service and their dedication to the research that we're doing. I have learned so much about the sacrifice involved in military service. Being a part of the VA gave me insight into my own father's experience as a Marine. I feel so thankful for Veterans' sacrifices and contributions to our country, for one.

 And then just in terms of their contribution to our work, as I mentioned, we're using a Veteran engagement panel. And I think that's becoming a more…. And I think we've finally realized that that's something that needs to happen more. Having Veterans advise us on how to design studies, the types of questions we should be asking, giving us insights into the data that we don't have as researchers, just is incredibly invaluable. Absolutely, a huge gratitude to the Veterans that we're working with.

Rob Auffrey: Is there anything else that you want to talk about that I haven't brought up?

Anne Black: I was imagining that I would acknowledge some mentors that I've worked with.

Rob Auffrey: Sure.

Anne Black: Yeah, I think, I mean, so I've had the opportunity to work with some really incredible mentors throughout my time at VA. I started working with Mark Rosen. He was the first person I worked with when I began doing VA Veteran-focused research. I had an opportunity to analyze data and really develop my own research skills within the VA.

 Bob Kerns, who's a pain expert, facilitated my first pilot funding to do a pilot study related to Veterans' substance use and risk behavior. Lori Bastian, who heads the PRIME Center at VA, has just been incredibly supportive of my career, and guided me in the direction of my research, and connected me with key people.

 And then currently, I'm working really closely with Bill Becker, who is an internist, and his work in opioid reassessment, and long-term opioid therapy, and medications for opioid use disorder has really been a model for my current work. Just really, I need to acknowledge their roles in my career, and to thank them.

Moderator: The views and opinions expressed in the preceding podcast are concerned with the scope of recently concluded or ongoing VA HSR&D funded research, and do not necessarily reflect current or to be implemented VA policy. To learn more about this research visit the VA HSR&D website at www dot hsrd dot research dot VA dot gov.

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