**STATEMENT OF**
**DR. LAURENCE MEYER, M.D.**
**CHIEF OFFICER FOR SPECIALTY CARE**
**VETERANS HEALTH ADMINISTRATION (VHA)**
**DEPARTMENT OF VETERANS AFFAIRS (VA)**
**BEFORE THE**
**SENATE COMMITTEE ON APPROPRIATIONS**
**SUBCOMMITTEE ON MILITARY CONSTRUCTION, VETERANS AFFAIRS, AND RELATED AGENCIES**

**NOVEMBER 15, 2017**

Good afternoon, Chairman Moran, Ranking Member Schatz, and Members of the Subcommittee. Thank you for the opportunity to testify about the use of opioids within the Veteran community. I am accompanied today by Dr. Friedhelm Sandbrink, VA's Acting National Program Director for Pain Management.

Our job at VA is not only to care for the Veterans who we serve, but also to keep them free from harm while receiving care at our facilities. Any adverse consequence that a Veteran might experience while in, or as a result of, our care is a tragedy. I want to express my sincere sympathy to any Veteran and their families for whom we have failed to uphold this standard. We will always have room for improvement in care, and we are taking immediate action upon any opportunity to do so.

The president recently declared a public health emergency regarding the opioid crisis in our country, and VA is innovating and implementing new strategies rapidly to combat this national issue as it affects Veterans.

## Chronic Pain Across the Nation

Chronic pain affects the Veteran population, with almost 60 percent of returning Veterans who served in the Middle East and more than 50 percent of older Veterans in the VA health care system living with some form of chronic pain. The treatment of Veterans' pain is often very complex. Many of our Veterans have survived severe battlefield injuries, some repeated, resulting in life-long moderate to severe pain related to damage to their musculoskeletal system and permanent nerve damage, which can impact their physical abilities, emotional health, and central nervous system. It is important to note as well that there are limited clinical trial data supporting the use of opioids for chronic pain[i]. VHA is committed to reducing overreliance on opioid medicines especially in light of the severe negative consequences risked by many patients on opioids.

## VA's Progress in Pain Management

Chronic pain management is challenging for Veterans and clinicians. VA continues to focus on identifying Veteran-centric approaches that can be tailored to individual needs using medication and other modalities. Opioids can be an effective treatment for some patients, but their use requires constant vigilance to minimize risks

and adverse effects. VA launched a system-wide Opioid Safety Initiative (OSI) in August 2013 and has seen significant improvement in the use of opioids. OSI has been designed to complement the Academic Detailing model. Academic Detailing is a proven method in changing clinicians' behavior when addressing a difficult medical problem in a population. Academic Detailing combines longitudinal monitoring of clinical practices, regular feedback to providers on performance, and education and training in safer and more effective pain management.

VA has actively developed and disseminated new practice guidelines to avoid starting new Veterans on inappropriate opioids for pain and low back pain and to address those who have substance use disorder. These guidelines were released in 2017 and 2015 respectively and are available at: https://www.healthquality.va.gov/guidelines/Pain/cot/, https://www.healthquality.va.gov/guidelines/pain/lbp/index.asp, and https://www.healthquality.va.gov/guidelines/MH/sud/.

In March 2015, we launched the Opioid Therapy Risk Report (OTRR) tool, which provides detailed information on key risk factors of Veterans taking opioids to assist VA primary care clinicians with pain management treatment plans. We additionally added the Stratification Tool for Opioid Risk Mitigation (STORM), which uses predictive analytics to estimate risk of overdose or suicide in all patients on or considering opioid therapy and provides individually tailored recommendations for risk mitigation interventions and non-opioid pain management options. These tools are a core component of our reinvigorated focus on patient safety and effectiveness.

VA's own data, as well as the peer-reviewed medical literature, suggest that VA is making progress relative to the rest of the Nation. In December 2014, an independent study by RTI International health services researcher, Mark Edlund, MD, PhD, and colleagues, supported by a grant from the National Institute on Drug Abuse, was published in the journal *PAIN*[1]. This study, using VHA pharmacy and administrative data, reviewed the duration of opioid therapy, the median daily dose of opioids, and the use of opioids in Veterans with substance use disorders and co-morbid chronic non-cancer pain. Dr. Edlund and his colleagues found that:

- About 50 percent of Veterans with chronic non-cancer pain in this cohort received an opioid as part of treatment;
- Half of all Veterans receiving opioids for chronic non-cancer pain, are receiving them short-term (i.e., for less than 90 days per year);
- The daily opioid dose in VA is generally modest, with a median of 20 Morphine Equivalent Daily Dose (MEDD); and
- The use of high-volume opioids (in terms of total annual dose) is not increased in VA patients with substance use disorders as has been found to be the case in non-VA patients.

[1] Edlund MJ, Austen MA, Sullivan MD, Martin BC, Williams JS, Fortney JC, Hudson TJ. Patterns of opioid use for chronic noncancer pain in the Veterans Health Administration from 2009 to 2011. Pain. 2014 Nov;155(11):2337-43.

Although it is good to have this information, as confirmation of our efforts for several years, starting with the “high alert” opioid initiative in 2008 and including extensive educational and quality improvement initiatives, by no means is VA’s work finished. By virtue of VA’s central national role in medical student education and residency training of primary care physicians and providers, VA will be playing a major role in this transformation effort. We have already started with our robust education and training programs for primary care, such as Mini-Residency, Community of Practice calls, two Joint Incentive Fund training programs with the Department of Defense (DoD), and dissemination of the OSI Toolkit. The OSI Toolkit Task Force has published and promoted 16 evidenced-based documents and presentations to support the Academic Detailing model of the OSI. More information on the OSI Toolkit can be found here: https://www.va.gov/PAINMANAGEMENT/Opioid_Safety_Initiative_OSI.asp.

**Alternatives to Opioids**

VHA leadership has identified as its number one strategic goal “to provide Veterans personalized, proactive, patient-driven health care.” Integrated Health Care (IH), which includes Complementary and Integrative Medicine approaches, provides a framework that aligns with personalized, proactive, and patient-driven care. There is growing evidence for effectiveness of non-pharmacological approaches such as acupuncture, massage, and spinal manipulation as part of a comprehensive care plan for chronic pain, and psychological approaches such as Cognitive Behavioral Therapy for chronic pain are highly evidence-based. These are all being made available to Veterans.

VA is undertaking efforts across the system to increase use of non-opioid pain management strategies. These include:

- Lowering dependency on opioid prescribing by incorporating a team approach. VA has mandated that every facility set up an interdisciplinary pain team, including clinicians with expertise in addiction medicine, to help design and offer effective treatment plans for complex patients.
- Making use of a diverse array of non-opioid pain management options for Veterans, helping to minimize need for opioid prescriptions. For example, among patients receiving opioid therapy in the last four quarters, 36 percent also received physical therapy and 21 percent also received occupational therapy in that year. Forty-seven percent of patients prescribed opioids received psychosocial treatments in the last year and 73 percent also received other non-opioid pain pharmacotherapies. As VA implements a comprehensive approach to pain management, fewer Veterans are prescribed opioid therapy, and those that are receive a wide array of treatments, tailored to their needs and preferences, with a strong focus on rehabilitative and psychosocial interventions.
- Implementing both universal and targeted risk mitigation strategies for Veterans receiving opioid medication for pain to allow prescribing in the safest way possible. Veterans on chronic opioid therapy receive education on and discuss expected risks and benefits with their providers, provide written acknowledgement of their decision to receive chronic opioid therapy, are

regularly monitored with urine drug screening, and VA checks their Prescription Drug Monitoring Program data. Those at risk of overdose or suicide also receive overdose education and naloxone prescriptions and develop personal safety plans with their provider to ensure that they are prepared in the case of crisis. VA's nationally available decision support tools, OTRR and STORM help clinicians target, apply, and monitor these risk mitigation interventions to ensure that patients regularly receive these safety interventions.

- Educating Veterans and providing tools to better and more safely manage their pain. VA has created a Patient/Family Management toolkit in the Veterans' Health Library and updated resources for pain management in My HealtheVet, the Veteran portal to their health record. A pain management app called Pain Coach is scheduled to be launched by the end of the year for use by patients receiving pain management treatments.

The VHA Office of Health Services Research and Development held a state-of-the-art (SOTA) conference titled "Non-pharmacological Approaches to Chronic Musculoskeletal Pain Management" in November 2016. Workgroups reached consensus recommendations on clinical and research priorities for the following treatment strategies: psychological/behavioral therapies; exercise/movement therapies; manual therapies; and models for delivering multi-modal pain care. Participants in the SOTA conference identified non-pharmacological therapies with sufficient evidence to be implemented across the VHA system as part of pain care. These recommended psychological/behavioral therapies include cognitive behavioral therapy, acceptance and commitment therapy, and mindfulness based stress reduction. Exercise and movement therapies include Yoga and Tai Chi, and manual therapies include manipulation, acupuncture, and massage. The Integrative Health Coordinating Center within the Office of Patient Centered Care and Cultural Transformation leads the expansion of complementary and integrative health modalities.

Veterans with chronic pain conditions, especially if severe and associated with medical and mental comorbidities, greatly benefit from a comprehensive approach that is founded on a biopsychosocial assessment and treatment, and thus addresses the needs of the whole person. Case management and coaching are effective tools within our pain treatment armamentarium to address the critical needs of Veterans with complex pain conditions. VHA offers Whole Health Coaching across VA and offers training to providers. The program is being rolled out system-wide. Whole Health Coaching addresses the psychological and social aspects of chronic pain by exploring the Veteran's reasons and motivation for pain management with an increased focus on functionality and doing "what matters most" to the Veteran. Whole Health providers partner with the Veteran to set personal goals for pain management that are individualized and motivational and then accompany the Veteran through the process of addressing and treating this pain.

In 2011, VA's Healthcare Analysis and Information Group published a report on Complementary and Integrative Medicine in VA. At that time, 89 percent of VHA facilities offered some form of Complementary and Integrative Medicine, however, there

was extensive variability regarding the degree, level, and spectrum of services being offered in VHA. The top reasons for offering Complementary and Integrative Medicine included promotion of wellness, patient preferences, and adjunct to chronic disease management. The conditions most commonly treated with Complementary and Integrative Medicine include: stress management, anxiety disorders, post-traumatic stress disorder (PTSD), depression, and back pain.

VA recognizes the importance and benefits of recreational therapy in the rehabilitation of Veterans with disabilities. Currently, over 30 VA medical centers across the country participate in therapeutic riding programs. These programs use equine assisted therapeutic activities to promote healing and rehabilitation of Veterans with a variety of disabilities and medical conditions (e.g., traumatic brain injury, polytrauma). VA facilities participating in such programs utilize their local allocation of appropriated funds to contract for these services. Facilities are also able to use money in the General Post Fund, a trust fund administered by the Department, earmarked by the donor for this purpose to pay for these services.

A monthly IH community of practice conference call provides VHA facilities national updates, strong practices, and new developments in the field and research findings related to IH.

**The Opioid Safety Initiative (OSI)**

OSI was chartered by the Under Secretary for Health in August 2012. OSI was piloted in several Veterans Integrated Service Networks (VISN). Based on the results of these pilot programs, OSI was implemented nationwide in August 2013. OSI's objective is to make the totality of opioid use visible at all levels in the organization. It includes key clinical indicators such as the number of unique pharmacy patients dispensed an opioid, unique patients on long-term opioids who receive a urine drug screen, the number of patients receiving an opioid and a benzodiazepine (which puts them at a higher risk of adverse events), and the average MEDD of opioids. Results of key clinical metrics measured by the OSI from Quarter 4, fiscal year (FY) 2012 (beginning in July 2012) to Quarter 4, FY 2017 (ending in September 2017) are:

- 260,481 fewer patients receiving opioids (679,376 patients to 418,895 patients, a 38-percent reduction).
- 82,285 fewer patients receiving opioids and benzodiazepines together (122,633 patients to 40,348 patients, a 67-percent reduction).
- 192,742 fewer patients on long-term opioid therapy (438,329 to 245,587, a 44-percent reduction).
- The overall dosage of opioids is decreasing in the VA system as 33,565 fewer patients (59,499 patients to 25,934 patients, a 56-percent reduction) are receiving greater than or equal to 100 Morphine Equivalent Daily Dose.
- The percentage of patients on long-term opioid therapy with a Urine Drug Screen (UDS) completed in the last year to help guide treatment decision has increased from 37 percent to 88 percent (51-percent increase). Notably, a longitudinal analysis of VA data suggests that for every additional 1 percent of opioid-prescribed patients at a facility that receive monitoring using urine drug

screening, patient level risk of suicide- or overdose-related health care events among those receiving opioid therapy decreased by 1 percent.

- The desired results of the Opioid Safety Initiative have been achieved during a time that VA has seen an overall growth of 157,923 patients (3,959,852 patients to 4,117,775 patients, a 4-percent increase) that have utilized VA outpatient pharmacy services.

The changes in prescribing and consumption are occurring at a modest pace, and the OSI dashboard metrics indicate the overall trends are moving in the desired direction. In accordance with the VA/DoD Clinical Practice Guideline of Opioid Therapy for Chronic Pain that was issued in February 2017, initiation of long term opioid therapy for chronic non-cancer pain is not recommended, and instead non-opioid therapies are being utilized as first line therapies in a multimodal fashion. The challenge, however, is the patients already on long-term opioid therapy, with many on opioids for years, and often transferring care to VHA on opioid therapy. Based on the VA/DoD Opioid Practice guideline, opioid dosage adjustments in these patients should be individualized and sudden opioid discontinuation should be generally avoided. This patient-centered process will give Veterans time to adjust to new treatment options and to mitigate any patient dissatisfaction that may accompany these changes.

The opioid prescribing and risk mitigation parameters are all moving in the right direction, and VA expects this trend to continue as it renews its efforts to promote safe and effective pharmacologic and non-pharmacologic pain management therapies. Very effective programs yielding significant results have been identified and are being studied as strong practice leaders. VA has trained all VHA prescribers about safe opioid prescribing and the heroin crisis, in response to the Presidential Memorandum Addressing Prescription Drug Abuse and Heroin Use[ii] and the Comprehensive Addiction and Recovery Act of 2016 (CARA).

**<u>State Prescription Drug Monitoring Programs</u>**

Another risk management approach to support Veterans' and the public's safety is VHA participation in state Prescription Drug Monitoring Programs (PDMP). VA has implemented a regulatory change to enable VA prescribers to access information contained in these databases. These programs, with appropriate health privacy protections, allow for the interaction between VA and state databases so that providers can identify potentially vulnerable at-risk individuals. VA providers who register with the state PDMP can now access the state PDMP for information on prescribing and dispensing of controlled substances to Veterans outside the VA health care system. When all states are fully deployed, non-VA providers will also be able to identify their patients who may be receiving controlled substances from VA. Currently, VA transmits prescription data to all participating states. As of September 2017, 48 states and the District of Columbia are fully activated for PDMP data transmission, with two states that are not receiving transmissions from VA, Nebraska and Missouri. VA continues to work with Nebraska to establish transmissions, which were impacted by changes to the state's system, while Missouri does not have a statewide PDMP. In October 2016, VA released VHA Directive 1306, which requires PDMP use by controlled substance

prescribers. Participation in PDMPs enables providers to identify patients who have received non-VA prescriptions for controlled substances, which in turn offers greater opportunity to discuss the effectiveness of these non-VA prescriptions in treating their pain or symptoms. More importantly, information available through these programs will help both VA and non-VA providers to prevent harm to patients that could occur if the provider was unaware that a controlled substance medication had been prescribed elsewhere already.

**VA's Opioid Education and Naloxone Distribution Program**

In certain situations, opioids may be the best choice for pain, even for patients with risk factors for overdose or suicide. In such cases, it is crucial that patients and those around them know how to prevent, recognize and respond to an overdose. Naloxone is an antidote to opioid-induced respiratory depression, which can cause death. With opioid use, risks are involved, and VA is taking precautionary steps to mitigate these risks. In May 2014, a VHA team developed and implemented VA's Overdose Education and Naloxone Distribution (OEND) program. This program facilitates system processes and trains clinicians in opioid overdose education and prescription of naloxone for use in the case of overdose. VA clinicians have adopted this practice at a rapid pace. As of October 30, 2017, over 11,150 unique VA prescribers stationed across all VHA health care systems have prescribed over 112,183 naloxone kits to Veteran patients. Using advanced analytics, VA has been able to target OEND to Veteran patients at highest risk of overdose or suicide, prioritizing getting this potentially life-saving intervention to those with greatest need. As a result of the Comprehensive Addiction and Recovery Act of 2016, co-pays do not apply to naloxone kits or overdose education training, ensuring that at-risk Veterans do not decline this important training and rescue intervention out of concerns over cost.

**Psychotropic Drug Safety Initiative**

The Psychotropic Drug Safety Initiative (PDSI) is a VHA nationwide psychopharmacology quality improvement (QI) program that improves the quality of mental health care for Veterans across VHA by improving the access to and quality of psychopharmacologic treatments for Veterans' mental health needs. The PDSI program supports VISN and facility psychopharmacology QI initiatives through development and monitoring of performance metrics, clinical decision support tools, and virtual learning collaborative and educational resources. Since it was chartered by the Under Secretary for Health in December 2013, the PDSI program has worked closely in partnership with other VA initiatives to address the opioid crisis and needs of Veterans for addiction treatment.

Reduction in inappropriate use of benzodiazepines has been a key focus of PDSI. This is important given the growth in use of benzodiazepines over the past decade that parallels the growth in use of opioids. When prescribed together, the risk of overdose death from benzodiazepines and opioids is greatly increased. Efforts through PDSI have had the following impact in reducing benzodiazepine use across VA:

- During Phase I PDSI efforts (FY 2013-FY 2015):
  - 42,000 fewer Veterans with PTSD received benzodiazepines;
  - 2000 fewer Veterans with dementia received benzodiazepines; and

    - 20,000 fewer elderly Veterans received benzodiazepines.
- During PDSI II efforts specifically focused on older Veterans in FY 2015-FY 2017:
    - Over 20,000 fewer older Veterans received outpatient prescriptions for benzodiazepines or sedative hypnotics; and
    - Over 5,700 fewer Veterans with dementia received a prescription for benzodiazepines.

PDSI has also directly addressed the need for Veterans with opioid use disorder to receive evidence-based medication-assisted treatment (MAT). Early PDSI efforts (FY 2013-FY 2015) saw a 12-percent increase in the proportion of patients with opioid use disorder treated with an opioid agonist therapy (national score increase from 27.9 percent to 31.2 percent). Starting in July 2017, PDSI focused on improving access to MAT for Veterans with opioid use disorder and alcohol use disorder. Every facility in the country has identified one of those two areas of prescribing as a priority for their local psychopharmacology QI work and efforts are underway now to improve addiction treatment for Veterans across the system.

**CARA Implementation and STOP PAIN**

CARA was signed into law in July 2016 and is a comprehensive effort to address the opioid addiction epidemic. In accordance with this law, VHA is reducing reliance on opioid medication for chronic pain management, providing safer prescribing and monitoring practices, and moving towards a Veteran-centric, biopsychosocial care plan. CARA expands the comprehensive approach to Veteran care with enhanced patient and community interactions by improving access to the state prescription drug monitoring programs, conducting community meetings, and expanding the VA Patient Advocacy Program. The Office of Patient Advocacy was established on July 11, 2017, as directed by CARA Section 924. The new office reports directly to the Under Secretary for Health. The Office of Patient Advocacy is a national program office that promotes the delivery of exceptional advocacy services to advance and influence patient driven health care, ensures appropriate training, accurate reporting and trending, and carries out the responsibilities detailed in the legislation. VHA is expanding its efforts in complementary and integrative health treatments through the development and execution of a strategic plan to expand complementary health, the execution of pilot programs in each VISN, and supporting a commission to provide additional recommendations.

We are eagerly awaiting the final appointment of the Creating Options for Veterans' Expedited Recovery (COVER) Commission members, which will allow that Commission to begin its important work of exploring complementary and integrative treatment options. VHA has conducted reviews of the credentialing process during on-boarding and off-boarding of clinicians. These reviews explore potential risk areas related to any license violations, which may impact their fitness for duty. CARA implementation continues to gain momentum through internal and external communications, pain management team implementations, program expansions, and education focusing on the health and safety of Veterans under our care.

We recently announced the STOP PAIN effort in direct response to New Jersey Governor Chris Christie's call as Chairman of the President's Commission on Combating Drug Addiction and the Opioid Crisis. This effort brings together a comprehensive tool kit of best practices from CARA, Pain Management, Opioid Safety Initiatives, Academic Detailing, Opioid Use Disorder, and MAT.

**Conclusion**

While VA continues to prescribe opioid for pain treatment, we are actively researching alternatives and ways to reduce the number of opioids prescribed and distributed. While we know we still have work to do to improve in this area, VA has been at the forefront of this effort, and we will continue to do so to better serve the needs of Veterans.

Thank you to Senator Capito and Senator Baldwin for requesting this hearing, and to the Chairman for holding it, so that we can bring this important issue to light. My colleague and I are prepared to respond to any questions you or the Subcommittee may have.

---

[i] Chou R, Deyo R, Devine B, Hansen R, Sullivan S, Jarvik JG, Blazina I, Dana T, Bougatsos C, Turner J. The Effectiveness and Risks of Long-Term Opioid Treatment of Chronic Pain. Evidence Report/Technology Assessment No. 218. (Prepared by the Pacific Northwest Evidence-based Practice Center under Contract No. 290-2012-00014-I.) AHRQ Publication No. 14-E005-EF. Rockville, MD: Agency for Healthcare Research and Quality; September 2014. Available at https://www.effectivehealthcare.ahrq.gov/ehc/products/557/1988/chronic-pain-opioid-treatment-executive-141022.pdf downloaded 2-24-2016

[ii] The White House Office of the Press Secretary. October 21, 2015. Presidential Memorandum Addressing Prescription Drug Abuse and Heroin Use-Available at https://www.whitehouse.gov/the-press-office/2015/10/21/presidential-memorandum-addressing-prescription-drug-abuse-and-heroin downloaded 2-24-2016