

PACT ROADMAP FOR MANAGING PAIN





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ROADMAP OVERVIEW

The Office of Primary Care (PC), in collaboration with other pain care team members and stakeholders, has created this *PACT Roadmap for Managing Pain (Pain Roadmap)*, to assist PACTs in establishing the processes and relationships needed to provide safe and effective team-based, stepped pain care.

IN THIS DOCUMENT YOU WILL FIND:



Tailored Strategies for key stakeholders to implement the Pain Roadmap in their setting
Tips, Tricks and Advice to support implementation of the Roadmap
Tools & Resources offering additional pain management information

This Roadmap is intended for two key audiences:



Facility & Primary Care Leadership

PACT Members

How this Roadmap Benefits Users:

FACILITY & PRIMARY CARE LEADERS

This document will help Facility and Primary Care Leaders more clearly define a pain care vision and establish the support structures needed to successfully implement the Pain Roadmap.

[Pages 9-13:](#) Three key strategies and supporting information to use in building a foundation for good pain care

[Page 35-36:](#) Use the leadership portion of the gap analysis and implementation checklist to identify leadership pain care gaps and track implementation progress.

PACT MEMBERS

This document will provide PACT Members with specific strategies and tactics they can use in interactions with other pain care team members and Veterans to promote good pain care.

[Pages 14-34:](#) Eight strategies and supporting information to use in developing team-based, stepped pain care processes

[Page 37-42:](#) Use the PACT member portion of the gap analysis and implementation checklist to identify PACT pain care gaps and track roadmap implementation progress.



PROLOGUE



PACT Roadmap for Managing Pain: What it is and how to use it

Introduction

Are you tugged in so many directions that you're not able to recognize the full impact pain is having on your Veterans' quality of life? Do competing priorities make it difficult to address your Veterans' full range of bio-psycho-social-spiritual needs? Would you like to learn how to provide patient centered, team based, stepped pain care in a whole health approach? To coach and guide Veterans to achieve what matters most to them while managing their pain and living their life to the fullest? To maximize the participation of all team members in pain care? The PACT Roadmap for Managing Pain (also known as the Pain Roadmap) can help you accomplish these goals and more by providing a pathway for transforming pain care.

As you begin this Roadmap journey, please take 7 minutes out of your busy day and view the beginning of an interactive video at: <http://health.gov/hcq/trainings/pathways/index.html>. Ask yourself these questions: Do I sometimes let the daily pressures of a busy clinic dull my sensitivity to my Veterans? Am I aware of the non-verbal cues that my Veterans may use to communicate that all is not well? Do my pre-conceived thoughts and beliefs regarding how pain should be experienced leave Veterans feeling demoralized or that they are not heard? Then, 1) watch the rest of the video which simulates how four members of the health care team can truly work together to provide exemplary pain care, and 2) spend some time with this Roadmap, which draws on the wisdom of research, best practices and much experience/expertise from our national pain subject matter experts. Their strategies, tips, tools and resources will enable your PACT to work closely together to develop an organized approach to pain management that empowers and equips Veterans to take charge of their health and well-being and to live their life to the fullest.

Background

Pain is the most common reason individuals seek medical care. When severe, it is often associated with and worsened by significant impairment in physical, psychological, social and vocational functioning. Pain is more common in Veterans (particularly in younger Veterans and Veterans who served during recent conflicts) than in the non-veteran US population, more often severe, and in the context of comorbidities. A 2017 study (Nahin RL) showed that Veterans experience pain at rates exceeding those in the general population. An estimated 65.5% of United States Veterans reported pain the previous 3 months compared with 56.4% of non-Veterans. 9.1% of Veterans reported severe pain compared with 6.4% of non-Veterans. Pain severity and co-concurrence with mental health comorbidities result in high impact pain (i.e. associated with substantial restriction of participation in work, social, and



self-care activities). Pain conditions independently increase risk for suicidal ideation and suicide attempts and chronic pain is estimated to double the risk of death by suicide. According to the Behavioral Health Autopsy report (2015) *“The most frequently identified risk factor among Veterans who died by suicide was pain”*.

The United States is in the midst of an opioid overdose epidemic. The Centers for Disease Control and Prevention (CDC) reports that from 1999 to 2015, more than 183,000 people died in the U.S. from overdoses related to prescription opioids. Opioids killed more than 42,000 people in 2016, more than any year on record. 91 Americans die from an opioid overdose every day and 40% of all opioid overdose deaths involve a prescription opioid. Overdose is not the only risk related to prescription opioids. Misuse, abuse, and opioid use disorder (addiction) are also potential dangers. Anyone who takes prescription opioids can become addicted to them.

To address the prevalence and impact of pain, VHA employs a Stepped-Care Model of Pain Management (SCM-PM) as a strategy to provide a continuum of effective pain care for Veterans with both acute (pain that comes on quickly, can be severe, but lasts a relatively short time) and chronic pain (ongoing or recurrent pain, lasting beyond the usual course of acute illness or injury, and in some instances, the Veteran’s lifetime). The SCM-PM emphasizes an individualized approach to pain management in which interventions are stepped up with increasing complexity and need. **Step One** includes self-care/self-management and managing common pain conditions in Primary Care. Good acute pain care during injury/disease management promotes healing and disease modification with the goal of restoring and maintaining a Veteran’s level of functioning and quality of life. Well-managed acute pain care is important to prevent progression to chronic pain. When pain persists, changes (known as **“neuroplasticity”**) occur in the brain that can impact pain perception, cognition, sleep, anxiety, emotions, substance use, and other aspects of a person’s life. The degree of impact is determined by the interaction of a person’s somatic pain condition with their emotions and interpersonal and physical environments. **Step Two** of the SCM-PM brings in secondary/specialty services such as Pain Medicine, Physical Medicine and Rehabilitation, Polytrauma, and Pain Psychology for occasional short-term co-management. **Step Three** progresses to tertiary/advanced services such as Pain Medicine diagnostics and Pain Rehabilitation programs accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

A population-based, stepped approach to pain management focuses on primary, secondary and tertiary prevention and the partnership of an informed Veteran and a proactive health care system. Team-based care is emphasized and a **“Whole Health”** approach is incorporated to empower and equip Veterans to take charge of their health and well-being and to live their life to the fullest. The **“Whole Health”** approach includes conventional treatment, but also focuses on self-empowerment, self-care/self-management, and complementary and integrative health modalities. The **“Whole Health”** approach, through formal Personal Health Planning or informally asking the Veteran **“what do you want your health for?”** internally motivates further action whether it is primary, secondary or tertiary prevention.



Since most pain care is provided in the primary care setting it is essential for PACTs to develop effective Veteran-centered, team-based processes for providing and coordinating pain care. This Roadmap incorporates principles from several pain care documents¹ and provides actions, tips, tools and resources for PACTs to use in developing these processes using a “Whole Health” approach and the SCM-PM. It also builds upon concepts introduced in the [PACT Implementation Roadmap](#) and the [PACT Handbook](#) to prepare PACTs to engage and assist Veterans in actively managing their pain, to provide comprehensive pain care, to connect with secondary/specialty and tertiary/advanced pain services when needed, to evaluate the effectiveness of services provided, and to manage complex pain care scenarios.

Primary Objective of the Pain Roadmap

To assist PACTs in establishing the processes and relationships needed to provide team based care that results in improved pain care and quality of life for Veterans.

How should we use this Pain Roadmap?

1) Facility and Primary Care Leaders:

See the strategies outlined in the leadership section of the Roadmap. You can facilitate the use of the VHA SCM-PM and support the implementation of this Roadmap by establishing a pain care infrastructure that includes a shared vision for pain care, a forum for on-going education and Whole Health care planning for the entire pain team, and identifying at least one PACT Pain Champion to operationalize this Roadmap. Make sure you have a fully functional Comprehensive Addiction and Recovery Act (CARA) mandated Pain Management Team. Ensure that Complementary and Integrative Health modalities, Behavioral Pain Management, Physical Medicine and Rehabilitation modalities, Academic Detailing, and Substance Use Disorder expertise are readily accessible to Primary Care. Support Primary Care with timely access to pain management expertise through high functioning e-consultation services, Pain Specialty Clinics, Pain VA-ECHO, and Pain-Telehealth. Consider adding a Pain Team to your primary care clinics for consultation and short-term co-management of Veterans with complex pain needs. Opioid use disorder frequently occurs in Veterans exposed to long-term opioid therapy, thus it is vital to provide access to substance use disorder expertise and in selected Veterans, medication assisted treatment. How about an ongoing meeting where the care for the most complex Veterans at your facility can be discussed with all pain care team members to develop a shared strategy for managing their needs? This might be an excellent way to open communication channels between primary care and other programs to improve Veteran pain management and quality of life, as measured by increased Veteran satisfaction, improved pain scores, and less reliance on opioids and benzodiazepines. There is growing evidence that such a transformation of pain care will reduce emergency department visits and admissions, and result in actual long-term cost savings for the facility and improved well-being for Veterans.

¹ The Institute of Medicine’s report [Relieving Pain in America](#), the [National Pain Strategy](#), the [Comprehensive Addictions and Recovery Act of 2016 \(CARA\)](#), the [VA/DOD Management of Opioid Therapy for Chronic Pain VA/DOD Clinical Practice Guideline](#), the [VA Academic Detailing Opioid Use Disorder Campaign](#), and [VHA Directive 2009-053 Pain Management](#).

2) **PACTs:**




Review this Roadmap with your teamlet and discipline-specific team members to gather their feedback and input. Solicit their ideas and together develop a plan to operationalize the Roadmap. Perhaps begin by training your team on the basics of good pain care and make sure each team member understands their role in providing primary pain care. A great and engaging way to introduce your PACT to the team approach required for excellent pain care is to view together the video **“Pathways to Safer Opioid Use”** (<http://health.gov/hcq/trainings/pathways/index.html>). This interactive program allows you to experience pain care from four different perspectives: the patient, provider, clinical pharmacist, and registered nurse. Dramatically illustrated is how taking the time to develop strong relationships with the patient and other team members enhances both the safety and effectiveness of pain management.

Also, make sure your team members are trained and have regular updates in TEACH for Success and motivational interviewing. Identify and connect with your PACT Pain Champion, facility CARA mandated Pain Management Team, and Pain Specialty providers to identify VA and non-VA pain care resources. Although most pain care needs can be met in primary care, it’s important to know how to access secondary and tertiary pain services when needed. The PACT Pain Champion can play a lead role in identifying and establishing relationships and coordinating care with pain care team members from secondary and tertiary services such as Pain Clinics, Pain Medicine, Complementary and Integrative Health, Physical Medicine and Rehabilitation, Pain VA- ECHO, Substance Use Disorder (SUD) specialists, Palliative Care, Mental/Behavioral providers, Case Management, Emergency Department, Inpatient Services, and others. Identify forums for bringing the entire pain care team together to discuss Veteran care and develop processes for communication and care coordination. Discuss this Roadmap with your primary care leaders and PACT Pain Champion and seek their input on the most effective ways to implement it. In particular, seek their help aligning facility wide programs and resources for pain care and ask for their thoughts and help to network with relevant virtual and community programs.

[PACT Members: Pages 14-34](#)

Roadmap Format & Layout

This roadmap is designed to be user friendly and easy to understand.

Icon	Description
	The <i>Action Section</i> is designated by the checkboxes. These actions are simple, “checklist-able,” and actionable.
	The <i>Tips Sections</i> is designated by the lightbulb icon. These are tips, tricks, or advice on how to complete and action or implement the strategy.
	The <i>Tools & Resources Section</i> is designated by the tools icon. These are tools and resources to provide additional information or examples to help teams implement the strategy.

The steps outlined in this Roadmap can be implemented incrementally and customized to meet the individual needs of Veterans. Although the recommendations are based upon broad experience and expertise in the care of Veterans with pain, this document is intended to evolve and mature over time, with input and feedback from the VHA community. Questions or feedback related to this document can be directed to [VHA 10NC3 Staff@va.gov](mailto:VHA_10NC3_Staff@va.gov).

Need a definition for some of the terms used in the PACT Roadmap for Managing Pain? See the PACT Roadmap for Managing Pain [Glossary of Terms](#)

Want more information on managing pain? Check out the PACT Roadmap for Managing Pain [Frequently Asked Questions \(FAQs\)](#).

Need an alphabetized listing of all the tools and resources included in this Roadmap? See the PACT Roadmap for Managing Pain [Compendium of Tools and Resources](#).

FACILITY & PRIMARY CARE LEADERSHIP

Successful implementation of the Pain Roadmap starts with leadership and the cultivation of the right policies, practices and environment where PACTs are given the tools, resources (to include staff), and support to be successful. This section is designed to assist leaders in more clearly defining the vision and support structures needed to successfully implement the Pain Roadmap.

FACILITY & PRIMARY CARE LEADERSHIP

How to Use this Document



USE the leadership portion of the [Gap Analysis and Implementation Checklist](#) on **Pages 35-36** to identify pain care gaps.



READ the entire section and the [three key strategies](#) outlined on **Pages 10-13**.



PRIORITIZE strategies based on the results of your gap analysis and the recommended timelines noted within each strategy.



TRACK your implementation progress with the leadership portion of the [Gap Analysis and Implementation Checklist](#) on **Pages 35-36**.



FACILITY AND PRIMARY CARE LEADERSHIP RESPONSIBILITIES

STRATEGY A Establish a Shared Vision and Infrastructure

Strategy A: Establish a Shared Vision and Infrastructure

Facility and Primary Care leaders are encouraged to complete the following action items to develop a common vision for pain care and support efficient and effective resource and program utilization:

TO BEGIN THE PROCESS IN THE FIRST MONTH COMPLETE:

Task 1 (all four action items can be completed concurrently)

- Use the Gap Analysis and Implementation Checklist in [Appendix A](#) to identify your facility's pain care gaps and track your progress in implementing this Roadmap.
- Develop and communicate a shared vision of effective strategies and processes to identify and manage Veterans with pain and co-occurring conditions.
- Identify and provide timely access to resources for complementary and integrative health modalities, exercise and movement therapies, behavioral pain management, physical medicine and rehabilitation modalities, substance use expertise, and for Veterans with opioid use disorder, medication assisted treatments.
- Know and work with your facility CARA mandated Pain Management Team. (See Tools and Resources section below for more information CARA mandated Pain Management Teams).

IN MONTHS 2 AND 3 COMPLETE:

Task 2 (use a variety of training options prioritizing interdisciplinary team based trainings)

- Ensure PACT and other pain care team members have time for education and training to enhance knowledge and skills in caring for Veterans with pain and to address negative attitudes, skepticism, stereotyping, and bias.

IN MONTHS 4-12 COMPLETE:

Task 3 (you may have some of these modalities in place; it may take some time to implement others)

- Support Primary Care with timely access to pain management expertise through high functioning e-consultation services, Pain Specialty Clinics, Pain VA-ECHO, and Pain-Telehealth (especially important for CBOCs).



TIPS, TRICKS, ADVICE

- ✓ Consider an initial face-to-face meeting with critical stakeholders to get their input and support. Your PACT Pain champion, VISN Pain POC, Facility Pain POC, and your facility Pain Committee may be particularly helpful in analyzing gaps and bringing together ideas for improved pain care at your facility. Involve Pain Medicine, Mental Health, Pharmacy, Physical Medicine and Rehabilitation, Substance Use, Integrative Health, VISN and community pain resources, and others as appropriate for your facility and CBOCs.
- ✓ Be sure to address the pain resource needs of your CBOCs.
- ✓ Provide periodic implementation progress updates to all stakeholders.



TOOLS AND RESOURCES

[Suggestions for creating a shared vision for pain care](#) | Offers suggestions for gathering stakeholders to develop a shared vision for pain care.

[Pain Management Team](#) | Offers information on CARA mandated Pain Management Teams.

B

STRATEGY B Establish Pain Care Forums

Strategy B: Establish Pain Care Forums

The facility's clinical governing body (typically known as the Clinical Executive Board or Medical Executive Committee) and Primary Care leaders should:

THIS ACTION ITEM IS DONE CONCURRENTLY WITH TASK 1 OF SECTION A:

Task 1

- Ensure there is a fully functioning facility multidisciplinary Pain Management Committee (as mandated in VHA Directive 2009-053 Pain Management).

THESE ACTION ITEMS SHOULD BE COMPLETED WITHIN 2-3 MONTHS:


Task 2

- Ensure an interdisciplinary pain management case review forum is available for PACT teamlets and subject matter experts (such as Pain Specialty, Mental Health, Substance Use, etc.) to discuss the plan of care for individual Veterans with complex pain needs. Such a forum will also encourage strong partnerships between services and departments.
- Ensure the facility CARA mandated Pain Management Team is fully functional (see the Tools and Resources section below for more information on CARA Pain Management Teams).



TIPS, TRICKS, ADVICE

- ✓ Multidisciplinary Pain Management Committee:
 - a. Is a formal committee with interdisciplinary membership.
 - b. Identifies implementation barriers and works with facility leadership to develop solutions.
- ✓ Interdisciplinary Case Review Forum:
 - a. Offers opportunities for interdisciplinary input into the plan of care for individual Veterans.
 - b. May be co-led by PC and Specialty Pain leaders, to include Mental Health.
 - c. Can be set up as a consultative model (F2F or virtual) involving case management.
- ✓ CARA mandated Pain Management Team:
 - a. At a minimum consists of: Medical provider with pain expertise, Addiction Medicine expertise, Behavioral Medicine, and Rehabilitation Medicine.
 - b. Provides evaluation and follow-up, as needed, for Veterans with complex pain conditions.
 - c. Provides pain consultation for medication management and actual prescribing of pain medication, as needed.
 - d. Reviews the plan of care for Veterans with high risk opioid prescriptions and



FACILITY AND PRIMARY CARE LEADERSHIP RESPONSIBILITIES

B

STRATEGY B Establish Pain Care Forums

makes recommendations to clinical providers in concordance with previously published [VHA Opioid Safety Initiative](#) requirements for OSI teams.



TOOLS AND RESOURCES

[VHA DIRECTIVE 2009-053 Pain Management](#) | This directive provides policy and implementation procedures for the improvement of pain management consistent with the VHA National Pain Management Strategy and compliance with generally accepted pain management standards of care.

[Suggestions for an Interdisciplinary Case Review Forum](#) | This document offers suggestions for developing a forum for interdisciplinary pain management case review.

[Pain Management Team](#) | This presentation offers information on CARA mandated Pain Management Teams.

STRATEGY C

Identify Key Players to Help Implement the Roadmap

Strategy C: Identify Key Players to Help Implement the Roadmap

THIS ACTION ITEM SHOULD BE COMPLETED IN THE FIRST MONTH:

- Identify and designate at least one local PACT Pain Champion who is respected and knowledgeable about pain care. An enthusiastic PACT Pain Champion can help PACTs learn about pain care, operationalize this Roadmap, and ensure alignment with other pain care team members. VHA memo requires this to be a minimum of 0.25 FTEE. (See memo in Tools and Resources section below).
- Ensure the PACT Pain Champion and the CARA mandated Pain Management Team are integrated. (See the Tools and Resources section below for more information on CARA mandated Pain Management Teams).



TIPS, TRICKS, ADVICE

- ✓ The local PACT Pain Champion should have adequate time to:
 - a. Serve as the Pain Roadmap navigator and guide for PACTs.
 - b. Advise PACTs (to include PACTs at your CBOCs) on how to use all available resources to provide safe and effective pain care.
 - c. Serve as liaison to other pain care resources/team members.



TOOLS AND RESOURCES

[PACT Pain Champions](#) | Describes potential activities for a pain champion.

[USH Memo on Academic Detailing and Primary Care Pain Champions](#) | Paragraph 6 of this memo directs VISNs to ensure VA medical centers fund 0.25-0.5 FTEE for a Primary Care Pain Champion.

[Pain Management Team](#) | This presentation offers information on CARA mandated Pain Management Teams.

PACT MEMBERS

PACT Members are on the frontline providing pain care every day. As individual care providers and members of PACT you need to have access to the structures, resources, and best practices to deliver good pain care. This section offers PACT Members useful strategies and tactics to build relationships across the pain care continuum and to develop the structures and processes needed to provide safe and effective pain care.



How to Use this Document



USE the PACT Member portion of the [Gap Analysis and Implementation Checklist](#) on **Pages 37-42** to identify pain care gaps.



READ the entire section and the [eight key strategies](#) outlined on **Pages 15-34**.



PRIORTIZE strategies based on the results of your gap analysis and the recommended timelines noted within each strategy.



TRACK your implementation progress with the PACT Member portion of the [Gap Analysis and Implementation Checklist](#) on **Pages 37-42**.



STRATEGY A

Identify Gaps, Resources and Build Relationships

Strategy A: Identify Gaps, Resources and Build Relationships

TASKS SHOULD BE DONE CONCURRENTLY AND COMPLETED IN THE FIRST MONTH:

- Identify and connect with your PACT Pain Champion(s) and facility CARA mandated Pain Management Team. (See the Tools and Resources section below for information on PACT Pain Champions and CARA mandated Pain Management Teams).
- Work with your PACT Pain Champion, facility CARA mandated Pain Management Team, and Pain Specialty providers to identify VA and non-VA pain care resources.
- Begin forming relationships with programs and services (such as Mental Health, Substance Use, CIH/Whole Health, Physical Medicine and Rehabilitation, etc.) that can help manage Veterans with pain.
- Use the Gap Analysis and Implementation Checklist in [Appendix A](#) to identify your PACT's pain care gaps and track your progress in implementing this Roadmap.



TIPS, TRICKS, ADVICE

- ✓ Your PACT Pain Champion, CARA Pain Management Team, VISN CIH for Pain POC, and Specialty Pain Care staff can assist in identifying pain care resources.
- ✓ Each VISN and facility has a Pain Point of Contact (POC) who can provide information on local, VISN, and national pain resources.
- ✓ Use the Pain Resources Tool in the Tools and Resources section below to develop an inventory of and contact information for onsite, virtual, VISN, and community pain care resources.
- ✓ See the Tools and Resources section below for a one page view of the strategies included in the PACT Roadmap for Managing Pain.



TOOLS AND RESOURCES

[Sample Pain Resources Tool](#) | This is a sample template to use in developing an inventory of and contact information for onsite, virtual, VISN, and community pain care resources.

[Navigating the PACT Roadmap for Managing Pain](#) | A one page flow map of the strategies included in the PACT Roadmap for Managing Pain.

[Pain Management Team](#) | This presentation offers information on CARA mandated Pain Management Teams.

[PACT Pain Champions](#) | Describes potential activities for a pain champion.

[USH Memo on Academic Detailing and Primary Care Pain Champions](#) | Paragraph 6 of this memo directs VISNs to ensure VA medical centers fund 0.25-0.5 FTEE for a Primary Care Pain Champion.



STRATEGY B
Educate Team Members

Strategy B: Educate Team Members

Now that you have identified your gaps, are knowledgeable of your resources, and have connected with your PACT Pain Champion and CARA mandated Pain Management Team begin to implement the ***Six Essential Elements of Good Pain Care***.

Implement Element One of the Six Essential Elements of Good Pain Care: Educate/train all team members to their discipline specific competencies, including team based care in your huddle, in your team meetings and through your established educational processes.

- Assess training needs of each team member, both initial and ongoing, based on their role in the pain care and treatment planning process.
- Educate team members on their role in using a bio-psycho-social-spiritual whole health model to provide primary pain services that include:
 - a. routinely screening for the presence and intensity of pain and pain’s effects on sleep, mood, stress, and function;
 - b. conducting a comprehensive pain assessment when pain is identified;
 - c. developing and deploying a whole health Veteran-centered, integrated, evidence-based plan of care; and
 - d. reassessing the effectiveness of the plan and adjusting as needed.
- Educate team members on the SCM-PM and ensure they know when to access secondary and tertiary services.
- Evaluate opportunities to expand current team member roles to ensure team members are utilized to their highest capacity and level of training, and consider cross-training them in simple CIH approaches.



TIPS, TRICKS, ADVICE

- ✓ Ensure all team members receive bio-psycho-social-spiritual model trainings such as Whole Health Training for Pain and other Whole Health trainings, TEACH and MI training and repeat the trainings as appropriate to maintain competency.
- ✓ Include PACT MH/PCMHI staff, Social Workers, Clinical Pharmacy Specialists (CPS), Pain Psychologists, Substance Use providers, Physical Medicine and Rehabilitation, and others.
- ✓ Use the VA/DoD Joint Pain Education (JPEP) Curriculum in Tools and Resources section below to provide standardized education and training to ensure all team members achieve standard competencies.
- ✓ Reach out to your Academic Detailing Clinical Pharmacy Specialists (CPS) to assist with meeting your team’s training needs.
- ✓ Consider giving each team member an hour weekly to attend Pain VA-ECHO consultation, a Pain PACT Community of Practice Call, and/or other pain education activities.
- ✓ Consider team member participation in Pain Mini-Residencies as appropriate.
- ✓ Learn skills such as auricular acupuncture/battle field acupuncture (BFA), trigger point injections,



STRATEGY B
Educate Team Members

meditation, guided imagery, biofeedback, and other simple approaches for pain management suitable for primary care. Multiple team members may receive this training and can incorporate this treatment into the pain care plan.

- ✓ Ensure team members understand what pain management modalities exist within the facility and how to appropriately triage Veterans to these programs. Some care may also be available in the community as well. Know your resources and ensure all team members are aware of them.
- ✓ Develop a plan for ongoing orientation of new team members and trainees.
- ✓ Look for opportunities to optimize and expand current team member roles. Be sure to map out processes to look for potential and actual “roadblocks” in the process that reduce the ability of the Veteran to flow through the care process.
- ✓ Consider sending team members to WHOLE Health pain training to learn about the Personal Health Inventory and integrative approaches to pain management.



TOOLS AND RESOURCES

[National VHA Pain Management Website](#) | Provides comprehensive pain care information for all team members, including Veterans.

[Whole Health System Intranet Site](#) and [Whole Health System SharePoint Site](#) | See these sites for information on the VA’s Whole Health System model.

[Whole Health Training Resources for Pain](#) | Offers interactive training in a multimodal, team-based approach to promote whole health strategies for treating Veterans with chronic pain.

- [Whole Health Library](#)
- [Whole Health for Pain and Suffering Course](#)
- [Whole Health for Pain and Suffering Materials](#)

[Empower Veterans Program \(EVP\)](#) | The Empower Veterans Program (EVP) is effective Whole Health coaching - intensive and integrated self-care for high impact chronic pain. For more information visit the EVP Pulse page.

[Battlefield Acupuncture Information and Training](#) | See this VA Pulse page for the latest information related to battlefield acupuncture (BFA) and to find out about upcoming trainings. If you have additional questions about BFA, or to request training, please contact vhabfasupport@va.gov.

[Pathways to Safer Opioid Use](#) | Offers interactive training in a multimodal, team-based approach to promote the appropriate, safe, and effective use of opioids. It allows team members to interactively explore various roles in pain care. **HIGHLY RECOMMENDED, time requirement variable from 15 to 60 minutes depending upon scenarios chosen.**

B

STRATEGY B

Educate Team Members

[NCP TEACH and Motivational Interviewing](#) | See this site for documents and resources regarding TEACH and MI.

[PACT Pain Roles and Responsibilities Tool](#) | Use to identify roles and responsibilities for various team members.

[Pain Management Directive](#) | Provides information on the biopsychosocial model and primary, secondary, and tertiary services that are part of the stepped care model of pain care.

[“What is a Comprehensive Pain Assessment?”](#) | Provides a description of and tools to use in a comprehensive pain assessment.

[Defense and Veterans Pain Rating Scale \(DVPRS\)](#) | A tool that may be used to assess a Veteran’s pain.

[PACT Pain Care Checklist](#) | This checklist offers a structure for providing safe and effective pain care.

[Pain Resource Nurse Program](#) | Click review products in Pain Management for information on the Pain Resource Nurse Program, which prepares nurses to serve as pain resources at their clinic or facility.

[Back Exam](#), [Knee Exam](#), [Shoulder Exam](#), [Neck Exam](#), and [Hip Exam](#) | These less than 20 minute VA-ECHO videos located on TMS provide guidance on how to conduct five pain diagnostic examinations. Enter F60989 in the search box on the TMS home page to access the videos.

[Complex Chronic Pain: Collaborative Care](#) and [Veteran-Centered Integrated Pain Care](#) | These TMS courses offer information on complex chronic pain and integrated pain care that is relevant to the entire team.

[Cognitive Behavioral Therapy for Chronic Pain Brochure](#), [Manual](#) and [Webinar](#) | These TMS courses offer an overview of Cognitive Behavioral therapy for Chronic Pain that is relevant to the entire team.

[Overview of Pain VA- ECHO](#) | This document describes Pain VA-ECHO, which offers virtual education and consultation with pain experts.

[Audioconference Library Pain VA- ECHO](#) | This SharePoint provides links to Pain VA- ECHO programming including past virtual teleconference presentations and recordings. These are useful resources to provide training opportunities to new and existing staff members.

[PBM Clinical Pharmacy Practice SharePoint](#) / [Clinical Pharmacy Pain Management Resource Page](#) | These sites have a wealth of resources designed to facilitate and train clinical pharmacy specialists (CPS) to serve as pain providers within PACT and serve as pain resources for their clinic or facility. PBM has developed a [PBM Fact Sheet-Role of the CPS in Pain Management](#) that provides an overview of roles, activities, strong practices, and resources for facilities in successfully integrating their CPS into their pain stepped care model.

[Role of the Clinical Pharmacy Specialist \(CPS\) in the Stepped Care Model](#) | This document describes

B

STRATEGY B

Educate Team Members

the role of the CPS in the Stepped Care Model and trainings that are available to support the CPS in the setting.

[JPEP Curriculum](#) | This is a link to the JPEP Curriculum which can be used to provide standardized training and education to all team members.

[VA Academic Detailing Service SharePoint](#) | This resource site provides links to current academic detailing campaigns, tools, resources, continuing education and contact information. Under each campaign there are materials available for downloading and ordering for providers and Veterans as well as facility performance data. Current campaigns include Pain and OSI, OUD, Benzodiazepines, PTSD, AUD, OEND, and several others.

[Non-Medication Protocols in PACT](#) | This resource site provides guidance to facilities implementing non-medication protocols for nursing staff. Many resources available on the Office of Nursing Service SharePoint may be useful in redefining the role of the RNCM and clinical associate as a part of the care team. In addition, processes outlined in [VHA Handbook 1108.05, Outpatient Pharmacy Services](#), provide an opportunity for the facility to outline policy to allow non-prescribers to order non-medication items.

[2017 VA/DoD CPG Diagnosis and Treatment of Low Back Pain](#) | Website includes the Full Guideline, Provider Summary, Pocket Card, and other Patient-Provider Tools.

[Joint Commission Standards Revision Related to Pain Assessment and Management](#) | June 2017 pain assessment and management standards for the hospital accreditation program.

See additional educational resources for specific pain care elements in each section of this Roadmap.

STRATEGY C

Implement Team Based, Stepped Pain Care

Strategy C: Implement Team Based, Stepped Pain Care

Implement Element Two of the Six Essential Elements of Good Pain Care: Implement approaches for bringing the Veteran’s whole team together to plan care, monitor progress, and communicate ongoing needs.

WITHIN THE FIRST MONTH:

- Plan care processes with the team, consistent with the collaborative care resources below. Assign roles and responsibilities for pain management tasks to appropriate members of the team. (See Roles and Responsibilities Tool in the Tools and Resources section below). Consider surrogates/back-up strategies in case someone is on leave or otherwise absent.
- Review care processes with your teamlet and discipline-specific team members to gather their feedback and input. Include discussion of barriers and opportunities that exist to improve care processes.

IN MONTHS 2 and 3:

- Implement the planned care processes, with particular attention to follow-up, adjusting treatment plans as needed, and care coordination with nonpharmacological treatment resources and specialists.
- Identify modalities (F2F, VA-ECHO, e-consults, tele consults, pain committee, pain care forums, etc.) for team interaction to review and discuss implementation, to review cases, and to develop additional processes for coordinating care.
- Define information sources, to include dashboards and reports used to identify Veterans and elements that inform care for individual Veterans and elements that represent actionable metrics for the team’s objectives (see Strategy G below).

IN MONTHS 4-12:

- Convene team meetings regularly, to not only discuss complex pain cases, but to continually evaluate progress on the team’s metrics. Troubleshoot and evolve care processes in response to challenges.
- Track your progress over time and provide feedback to PACT teams that will be used to re-define your planned care process.



TIPS, TRICKS, ADVICE

- ✓ Be sure to include off site team members and discuss how pain care processes may be different or similar at each site.
- ✓ Considerable role overlap is appropriate (see Roles and Responsibilities Tool). However, assign clear ownership to each task and strive to engage each team member to the upper limits of their license/scope of practice/job description.
- ✓ Identify Veterans in need of pain care in morning huddles and proactively involve appropriate team members in the Veterans’ care.
- ✓ Put PACT on the same page with secondary and tertiary pain services! Revise and revitalize service

STRATEGY C

Implement Team Based, Stepped Pain Care

agreements/written processes, between PACT and other stakeholders. Review processes for referral to Complementary and Integrative Health, Physical Medicine and Rehabilitation, along with other Specialty Care services. Focus on reducing barriers that exist to ensure Veterans and team members have access to all care modalities available. This also builds better relationships. HINT: Update regularly; PC leadership may benefit by taking the lead!

- ✓ Consider setting up virtual modalities (such as Pain VA-ECHO, e-consults, Specialty Pain telehealth consultation) to support CBOCs or other sites that do not have on-site access to a pain team.
- ✓ Use telehealth modalities such as virtual video care (VVC) to stay connected with Veterans whose barrier to care may be distance.
- ✓ See the tool “Secrets” for tips now revealed for the first time!!!



TOOLS AND RESOURCES

[Pathways to Safer Opioid Use](#) | Offers interactive training in a multimodal, team-based approach to promote the appropriate, safe, and effective use of opioids. It allows team members to interactively explore various roles in pain care. **HIGHLY RECOMMENDED, time requirement variable from 15 to 60 minutes depending upon scenarios chosen.**

[PACT Pain Roles and Responsibilities Tool](#) | Use this document as a guide in assigning team member roles and responsibilities in managing pain.

[Steps to Implement Team Care for Veterans with Chronic Pain](#) | Provides information on tasks the team needs to accomplish in providing good pain care.

[Models of Multimodal Chronic Pain Care](#) | This evidence brief summarizes effective collaborative care models, incorporating stepped care and ongoing treatment monitoring, which are highly appropriate for team based pain care.

[Overview of Pain VA- ECHO](#) | This document describes Pain VA-ECHO, which offers virtual education and consultation with pain experts.

[Strong Practice Recommendations for Integration of the Clinical Pharmacy Specialist \(CPS\) in Pain](#) | This document describes strong practices related to the CPS in the Stepped Care Model which may serve as a guide on how the practice was developed and successfully implemented at another VA facility and how it may be applied to the CPS role at their own site.

[Team Based Pain Care Case Studies](#) | These case studies highlight the roles of various team members in providing pain care. (If the slides auto play use the controls at the bottom of the page to stop them, then individually select each slide on the right side of the page to view).

[PACT Roadmap for High Risk Veterans](#) | Provides strategies, tips, tools, and resources for developing team-based structures of care for Veterans with complex needs.



STRATEGY C

Implement Team Based, Stepped Pain Care

[Secrets](#) | Offers suggestions to bring out the best in your PACT.



STRATEGY D

Educate Veterans & Families

Strategy D: Educate Veterans, Families, & Caregivers

Implement Element Three of the Six Essential Elements of Good Pain Care: Educate Veterans/families/caregivers to promote self-efficacy and shared decision making; provide access to all relevant resources.

THESE ACTION ITEMS SHOULD BE INCORPORATED INTO THE CARE OF ALL VETERANS EXPERIENCING CHRONIC PAIN FROM THE BEGINNING:

- Provide education about pain to all Veterans with the focus on whole health, non-pharmacological, and self-management modalities for pain management and on meaningful functional goals such as sleep, activity, nutrition, weight management, smoking cessation, and stress management. (See Section E).
- Identify facility, VISN, national, virtual, and community education resources and determine the best method to engage and utilize these resources.
- Engage Veterans, families, and caregivers in shared decision-making regarding pain treatments and resources.
- Promote and support self-care/self-management. **This is the cornerstone for management of any chronic health condition.**
- Set realistic SMART goals with Veterans.



TIPS, TRICKS, ADVICE

- ✓ “Understanding Pain” (see link in Tools and Resources section below) is a highly recommended 6-minute educational video for building self-efficacy and understanding how pain affects the brain. This video is a good starting point for Veteran, family, and caregiver education. Many people find it helpful to view the video several times with Veterans and answer questions as they arise.
- ✓ Employ functional SMART goals in care planning. These goals are designed to focus on behaviors and well-being rather than diagnosis. See SMART goals document in Tools and Resources section below for more tips.
- ✓ Consider coaching and peer support to promote and support self-care/self-management.
- ✓ Leverage whole health training and offerings to engage Veterans, families, and caregivers in shared decision-making to identify and understand what brings meaning to their lives.

D

STRATEGY D

Educate Veterans & Families



TOOLS AND RESOURCES

***NOTE:** Prior to use with Veterans, family members or caregivers, knowledge of and familiarity with resources is strongly recommended

[Understanding Pain](#) | This 6 minute video provides individuals, family members, and clinicians with general strategies for managing acute and chronic pain.

[Tips, Tools, and Resources for Setting SMART Goals with Veterans](#) | This collection of materials helps teams set SMART goals with Veterans.

[Veteran Education Tools and Resources](#) | These resources are for Veteran education efforts.

[Apps to Support Self-Care/Self-Management](#) | These apps support self-care/self-management.

[Whole Health Toolkit](#) | See module 5, pages 88-97 for activities and tools to use in engaging Veterans, families, and caregivers in personal health planning and goal setting.

[Whole Health Virtual Library](#) | The Whole Health library contains a variety of materials including educational modules that correspond to the “Circle of Health” and Veteran handouts.

[About Whole Health](#) | VA internet page with information on Whole Health and what it is.

[STOP PAIN Education Materials](#) | This resource contains educational material on the STOP PAIN initiative and includes a variety of provider and Veteran education resources.

[VISN 20 Veteran Pain Education Module](#) | This interactive, web-based program provides customized content based on the Veteran’s beliefs about chronic pain and its treatment. A customized report can be printed for discussion during a clinic visit.

E STRATEGY E

Integrate Non-pharmacological Pain Care Modalities

Strategy E: Integrate Non-pharmacological Pain Care Modalities

Implement Element Four of the Six Essential Elements of Good Pain Care: Develop and integrate non-pharmacological modalities into care plans, including behavioral health and complementary and integrative health (CIH) approaches in a whole health system of care. **For any and all pain, non-pharmacological approaches should be used first as they are the foundation for care, including effective self-care.**

FROM DAY ONE, THESE ACTIONS WILL BE KEY TO SHIFTING FROM OPIOID BASED CHRONIC PAIN CARE TO INTEGRATIVE MODALITIES:

- Identify non-pharmacological approaches of care (see Sample Pain Resources Tool in the Tools and Resources section below). Non-pharmacological care for pain includes evidence-based approaches which can be taught for self-care (such as yoga and meditation) and others which are “Bridging” which are time-limited therapies (such as acupuncture) to treat the Veteran’s pain as they develop self-management strategies.
- Identify processes for sites (such as CBOCs) without current on-site access to these approaches to access them.
- Build capacity for provision of training in self-care and of Bridging therapies at all CBOCs.



TIPS, TRICKS, ADVICE

- ✓ Prioritize using CIH and other non-pharmacologic approaches such as exercise/movement prior to trials of pharmacological modalities. (See links to CIH Resources and Evidence Base documents in the Tools and Resources section below).
- ✓ For many conditions there are evidence informed CIH approaches with at least as much effect as common pharmacological approaches and without the side-effects. Examples include: Mindfulness, massage, Tai Chi or Yoga, and acupuncture or chiropractic care.
- ✓ Explore with Veterans their values and whether being physically active and/or learning mindfulness is aligned with what brings meaning and purpose to their lives. If so, provide access to/encourage participation in exercise programs (examples include MOVE! in VHA and the special access to Veterans granted by some YMCA/YWCA programs).
- ✓ Develop an inventory of, and contact information for, non-pharmacological approaches for pain care in the facility and the community.
- ✓ Work with your VISN CIH for Pain POC to help identify other non-pharmacologic approaches to pain management initiatives going on in the VISN and nationally. If you are not sure how to identify who your VISN CIH for Pain POC email vhaopcctintegrativehealth@va.gov to inquire.
- ✓ If approaches are not available on-site, work with your leadership to determine how to best provide them (e.g. develop on-site, use of volunteers, access virtually or in the community, self-care, etc.)

STRATEGY E

Integrate Non-pharmacological Pain Care Modalities



TOOLS AND RESOURCES

[Whole Health System Intranet Site](#) and [Whole Health System SharePoint Site](#) These sites offer information and materials on the Whole Health System model of care.

[Integrative Health Coordinating Center \(IHCC\) SharePoint](#) and [VHA Directive 1137 Provision of Complementary and Integrative Health \(CIH\)](#) | These are resources for CIH implementation.

[Clinical Guidelines for CIH Approaches](#) | Includes frequency and duration guidance for acupuncture, massage, and chiropractic care.

vhaopcctintegrativehealth@va.gov | Direct CIH National Program and Policy questions to this email address.

VHAOPCCCTCIHSpecialtyTeam@va.gov | Contact the CIH Implementation Specialty Team via this email with questions related to CIH implementation.

[ACP Guidelines for Back Pain](#) | See this resource for low back pain treatment recommendations.

[Examples of Non-pharmacological Modalities for Pain Care](#) | This is a list of non-pharmacological modalities for pain care.

[CIH Resources](#) | Use the links in this document to connect with information to learn more about CIH modalities.

[CIH Evidence Base](#) | This document provides an overview of the evidence for various CIH modalities.

[Sample Pain Resources Tool](#) | Use this tool to develop an inventory of and contact information for onsite, virtual, VISN, and community non-pharmacological pain care resources.

[Apps to Support Self-Care/Self-Management](#) | These apps offer Veterans non-pharmacological ways to manage their pain.


 STRATEGY F

Use Pain Medications & Procedures Rationally

Strategy F: Use Pain Medications & Procedures Rationally

Implement Element Five of the Six Essential Elements of Good Pain Care: Institute rational medication prescribing, safe opioid use (universal precautions), and use of pain procedures.

AS YOU CONTINUE TO IMPLEMENT THE OPIOID SAFETY INITIATIVE (OSI) REMIND ALL TEAM MEMBERS THAT:

1. Non-opioid pharmacologic therapy and non-pharmacological therapy are generally preferred for pain management (see Pain/OSI Quick Reference Guide in Tools and Resources section below). Consider use of rational non-opioid pharmacologic therapy as appropriate for musculoskeletal pain (i.e. non-steroidal anti-inflammatory drugs (NSAIDs), acetaminophen, topical, antidepressants, etc.) and for neuropathic pain (i.e. anticonvulsants, antidepressants, topical, etc.).
 2. When opioids are used for acute pain that may not be treated adequately with non-opioid pharmacological and non-pharmacological approaches alone, providers should prescribe the lowest effective dose of immediate-release opioids for the expected time of duration of acute injury (three or fewer days is usually sufficient).
 3. For chronic pain, the initiation of long-term opioid therapy is not recommended. If prescribing opioid therapy for Veterans with chronic pain, limit use to the lowest dose for a short duration as indicated by Veteran-specific risks and benefits. Generally intermittent or as needed use should not exceed 90 days with the goal of improving function when other modalities have failed or are contraindicated. For most Veterans with chronic pain, the risks will likely outweigh the benefits, thus long term opioid therapy is usually not recommended.
- If opioids are used, the team should assure that the following safety precautions are implemented:
- a. Become familiar with the OSI Toolkit, in particular the OSI Quick Reference Guide in the Tools and Resources section below.
 - b. Define processes for obtaining informed consent for long-term opioid therapy that are in alignment with VHA Directive 1005- Informed Consent for Long-Term Opioid Therapy for Pain.
 - c. Register with your state Prescription Drug Monitoring Program (PDMP) database and check Veterans prior to initiating opioid therapy or other controlled medications for chronic pain and on an ongoing basis (at least annually, but more frequently as indicated and as required by prescribers state of licensing).
 - d. Define processes for obtaining routine Urine Drug Testing (UDT).
 - e. Use the Opioid Therapy Risk Report (OTRR) to track Veteran progress throughout the course of treatment and monitor for safety.
 - f. Learn to use the Stratification Tool for Opioid Risk Monitoring (STORM) for the Veteran's individualized risk assessment (for overdose or suicide), to identify candidates for a naloxone kit, to allow a better informed conversation with the Veteran when discussing pain care options, and to track and coordinate care.
 - g. Know the indications for consultation and referral during opioid therapy and for non-opioid medication options. (See Resources and Tools for Opioid Therapy in the Tools and Resources section).
 - h. Ongoing reassessment should include monitoring for adverse events including opioid use disorder (OUD) and overdose.

STRATEGY F

Use Pain Medications & Procedures Rationally

- i. Provide naloxone kits to Veterans at risk for opioid overdose and educate Veterans/families/care givers on its use and storage.
- Develop processes for Pain Medicine consults & procedures.
 - a. Consider the use of office based pain procedures within PACT: Acupuncture including auricular or Battlefield Acupuncture (BFA), musculoskeletal trigger and joint injections, etc. If these procedures are not available within PACT, discuss with local leadership and pain team members how to incorporate into PACT or develop process for referral to Specialty Care or non-VA care when appropriate.
 - b. Determine referral process for invasive interventional pain procedures. On occasion, Veterans may require interventional procedures to find adequate pain relief. These treatments are meant to be part of a multidisciplinary (interdisciplinary) plan of care and used to allow participation in therapy. A number of treatments are available and include epidural steroid injections, medial branch blocks, sacroiliac joint blocks and radiofrequency ablation.



TIPS, TRICKS, ADVICE

- ✓ Refer to the 2017 VA/DoD Clinical Practice Guideline (CPG) Management of Opioid Therapy (OT) for Chronic Pain for recommendations relating to evaluation, treatment, and management of Veterans with chronic pain who are on or being considered for long-term opioid therapy.
- ✓ See the 2016 CDC Opioid Prescribing Guidelines for recommendations to primary care providers about the appropriate prescribing of opioids to improve pain management and Veteran safety. (See link in Tools and Resources section below).
- ✓ Consider opioid safety, IMED consent, CPRS templates, and OEND group visits.
- ✓ Use a team based opioid refill process.
- ✓ Use OTRR for panel management of chronic pain Veterans on opioids (and benzos) and adherence to universal precautions of regular UDT, PDMP checks, and IMED consent completion.
- ✓ PC-MHI/MH/SA providers can be especially helpful in medication management and cognitive behavioral approaches to pain management.
- ✓ Leverage PACT Clinical Pharmacy Specialists to be actively involved in PACT Pain Care (as educators, identifying high risk Veterans, recommending and assisting with tapering plans, prescribing/prescribing recommendations, and disease state management).
- ✓ Frequency of PDMP inquiry and UDT depends on risk for chronic opioid therapy as outlined in the Opioid Safety Initiative (OSI) and state laws, but should be at least yearly.
- ✓ The 2016 CDC Opioid Prescribing Guidelines recommend clinicians review PDMP when starting opioid therapy for chronic pain and periodically during therapy for chronic pain, ranging from every prescription to every 3 months.
- ✓ Develop a team-based approach to promote the appropriate, safe, and effective use of opioids. (See link to Pathways interactive training tool in Tools and Resources section below).
- ✓ Use STORM (see Tools and Resources section below) to identify high risk Veterans who are



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STRATEGY F

Use Pain Medications & Procedures Rationally

potential candidates for OEND. Develop risk mitigation strategies for these high risk Veterans including but not limited to OEND and possible opioid dose reduction.

- ✓ Offer OEND to Veterans on long-term opioid therapy, especially to those who are at elevated risk of accidental opioid overdose (e.g. high dose opioid therapy, concurrent use of benzodiazepines, concurrent use of alcohol, and/or history of substance use disorder).
- ✓ RYAN HAIGHT ACT: See the Tools and Resources section below for guidance on prescribing controlled substances in compliance with the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Ryan Haight Act) when performing Clinical Video Telehealth (CVT).
- ✓ Discuss and establish service agreements for indicated Pain Medicine Specialty consults and procedures.



TOOLS AND RESOURCES

[Pathways to Safer Opioid Use](#) | Offers interactive training in a multimodal, team-based approach to promote the appropriate, safe, and effective use of opioids. It allows team members to interactively explore various roles in pain care. **HIGHLY RECOMMENDED, time requirement variable from 15 to 60 minutes depending upon scenarios chosen.**

[2017 VA/DoD CPG Management of Opioid Therapy \(OT\) for Chronic Pain](#) | Website includes the Full Guideline, Provider Summary, Pocket Card, and other Patient-Provider Tools.

[2016 CDC Opioid Prescribing Guidelines](#) | Website which includes information on the guidelines, and tools such as a checklist, to assist in implementing them.

[OSI Toolkit](#) | This Toolkit offers information to improve care and safety when prescribing opioids.

[Chronic Pain Clinician's Guide](#) | See page 5 for a stepwise approach to managing chronic pain.

[Acute Pain Clinician's Guide](#) | See page 3 for a stepwise approach to managing acute pain.

[OSI Quick Reference Guide](#) | See page 9-12 for information on non-opioid agents for acute and chronic pain. See page 20 for information on the frequency to check the PDMP. See pages 20-33 for information on UDT.

[Academic Detailing SharePoint site](#) | Includes educational material for providers and patients and data resources for various national Campaigns including Pain Management and OUD.

[Strong Practice Recommendations for Integration of the Clinical Pharmacy Specialist \(CPS\) in Pain](#) | This document describes strong practices related to roles for CPS in pain management, which include comprehensive medication therapy management services.

[Opioid Therapy Risk Report \(OTRR\)](#) and [Overview of the OTRR](#) | The OTRR is a dashboard report accessible through the Primary Care Almanac that helps identify high risk Veterans receiving long term

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Use Pain Medications & Procedures Rationally

opioid therapy. The PC Almanac is available via the tools tab in CPRS.

[Stratification Tool for Opioid Risk Mitigation \(STORM\)](#) | Is a tool to identify Veterans with active opioid prescriptions who are at high risk for overdose or suicide. It can be used to identify Veterans who are potential candidates for naloxone. STORM can be accessed via the tools tab in CPRS.

[Informed Consent for Long-Term Opioid Therapy for Pain](#) | The VHA Directive establishes policy regarding Veteran education and informed consent for long term opioid therapy and opioid pain care agreements.

[Querying State Prescription Drug Monitoring Programs \(PDMP\)](#) | The VHA Directive establishes policy requiring VHA health care provider participation in State Prescription Drug Monitoring Programs.

[Interpreting Urine Drug Screens](#) | This presentation offers information on UDT. (If the slides auto play use the controls at the bottom of the page to stop them, then individually select each slide on the right side of the page to view).

[Resources and Tools for Opioid Therapy](#) | Includes information on managing side effects, tapering opioids, naloxone, when to consult with other team members during opioid therapy, and other topics.

[Defense & Veterans Center for Integrative Pain Management - BFA Frequently Asked Questions](#) | This is a link to questions and answers on BFA.

[BFA Instructor Certification Requirements](#) | Provides information on pathway for BFA instructor certification.

[BFA Note Template](#) | Includes the national BFA note template for local facilities to use when tracking BFA services.

vhabfasupport@va.gov | BFA Support Team available via email group for questions on BFA or BFA trainings.

[For the Primary Care Provider: When to Refer to a Pain Specialist](#) | Provides recommendations from the American Academy of Pain Medicine for when to refer Veterans to a pain specialist.

[The Ryan Haight Act and Prescribing Controlled Substance via Telehealth](#) - This memo from the VA National Telehealth Office provides guidance for prescribers of controlled substances to determine their compliance with the Ryan Haight Online Pharmacy Consumer Protection Act of 2008 (Ryan Haight Act) when performing Clinical Video Telehealth (CVT).



STRATEGY G

Implement a Performance Improvement Program

Strategy G: Implement a Performance Improvement Program

Implement Element Six of the Six Essential Elements of Good Pain Care: Establish metrics to monitor pain care for performance improvement.

ONGOING CYCLE OF PERFORMANCE IMPROVEMENT WITH ESTABLISHED TIMELINE OF PROGRAMMING

In the first 3 months work with your facility and PC leadership to complete the following actions concurrently:

Facility and Primary Care Leadership

- Identify metrics for monitoring performance.
 - a. [OSI Dashboard](#)
- Develop Performance Improvement/Quality Improvement and Communication Plans which direct clinical teams on the priority areas for improvement.
- Primary Care leaders provide feedback to providers and teams at least quarterly.
- Share best practices with VISN Pain Committees to spread lessons learned.

Patient Care Team – Provider or other Team Champion

- Review individual provider metrics for monitoring performance.
 - a. [Academic Detailing Provider Level Dashboards](#)
- Determine individual practice areas for improvement.
 - a. Consider working with your local quality improvement management teams and Academic Detailing Services for developing a plan for practice improvement with the care team.
- Track progress over time, looking for appropriate trends.
- Identify and follow a model for improvement (such as Lean, Six Sigma, etc.).



TIPS, TRICKS, ADVICE

- ✓ To improve opioid safety: Use the [Opioid Therapy Risk Report \(OTRR\)](#) to monitor Veterans receiving opioids. This is a great Primary Care Tool for population management!
 - a. % of Veterans on opioid therapy receiving: Urine Drug Testing, IMED consents, PMDP queries
 - b. % of Veterans with pain receiving opioids; Veterans on high dose opioid therapy
 - c. % of Veterans with pain receiving opioids and benzodiazepines
- ✓ Risk Mitigation Strategies for Veterans are available through [STORM](#)
 - ✓ Estimates of individual risk of opioid drug overdose or suicide
 - ✓ Calculated Risk Score
 - ✓ Assessment of co-morbidities and other risk factors for use before placing Veteran on opioid therapy
 - ✓ STORM generated note template is available that can be helpful for inclusion in CPRS record

STRATEGY G

Implement a Performance Improvement Program



TOOLS AND RESOURCES

[Quality Improvement](#) | This HRSA educational document highlights QI concepts and key topics, to include models for improvement.

[Opioid Therapy Guidelines Adherence Reports](#) | A dashboard report used to monitor adherence to opioid therapy guidelines.

[Opioid Safety Initiative \(OSI\) Dashboard](#) | A dashboard report used to monitor OSI metrics. See access form and training slides on this site.

[Opioid Therapy Risk Report \(OTRR\)](#) and [Overview of the OTRR](#) | The OTRR is a dashboard report accessible through the Primary Care Almanac that helps identify high risk Veterans receiving long term opioid therapy.

[Stratification Tool for Opioid Risk Mitigation \(STORM\)](#) | Is a tool to identify Veterans with active opioid prescriptions who are at high risk for overdose or suicide. It can be used to identify Veterans who are potential candidates for naloxone.

STRATEGY H

Develop Processes for Managing Complex Pain Scenarios

Strategy H: Develop Processes for Managing Complex Pain Scenarios

Develop processes promoting teamwork to identify and manage Veterans with complex pain care needs.

- Use the Opioid Therapy Risk Report (OTRR) and/or STORM to monitor Veterans on opioid therapy and to identify those who are at high risk for adverse outcomes.
- Compile a list of high risk Veterans and develop a plan for them that allows for more frequent visits, more time per visit, and greater utilization of all facility resources and programs, including case management as appropriate.
- Develop strategies for complex pain management assigning roles and responsibilities to appropriate members of the team. Consider surrogates/back-up strategies in case someone is on leave or otherwise absent for any reason.
- Develop a process for utilizing the CARA mandated Pain Management Team to create a treatment plan for complex Veterans.



TIPS, TRICKS, ADVICE

- ✓ High risks Veterans include those with chronic pain and mental health concerns and/or SUD and/or complex medical problems.
- ✓ For Veterans on opioid therapy, use the STORM or OTRR to monitor safety and to assist in identifying high risk Veterans. These reports are **MUST-USE** for pain management!
- ✓ Share the Care, create new efficiencies and reduce work! Each PACT is encouraged to identify high risk Veterans that require special attention from the entire PACT. This would be a work redesign for a cohort of Veterans who are probably already receiving a lot of attention from the team. Providing an organized approach to improve care coordination, communication and collaboration will allow a shift in duties to transition from reactive to proactive care.
- ✓ Review the case studies in the Tools and Resources section below to learn more about how the role of various team members in managing specific high risk scenarios.
- ✓ Use the PACT Roadmap for High Risk Veterans (see link in Tools and Resources section) to develop team-based processes for caring for Veterans with complex needs.



TOOLS AND RESOURCES

- [Case Study: Chronic Pain and Suicide](#) | Highlights what can be done in the primary care setting to decrease a Veteran’s opioid overdose and suicide risks.
- [Case Study: Opioid Withdrawal](#) | Provides guidance on how to identify and manage opioid withdrawal.
- [Case study: Opioid Use Disorder](#) | Explores options for addressing opioid use disorder.
- [Case study: Opioids and Benzodiazepines](#) | Offers an example of how to address this high risk medication combination.
- [Dr. Robby Riddle’s OTRR VeHU talk](#) | This training provides guidance on how to use the OTRR to monitor Veterans on opioid therapy and to identify those who are at high risk for adverse outcomes. Enter “opioid” in the search box and select the PC Almanac Opioid Therapy Tool presentation.

STRATEGY H

Develop Processes for Managing Complex Pain Scenarios

[PACT Roadmap for High Risk Veterans](#) | Provides strategies, tips, tools, and resources for developing team-based structures of care for Veterans with complex needs.

[Stratification Tool for Opioid Risk Mitigation \(STORM\)](#) | Is a tool to identify Veterans with active opioid prescriptions who are at high risk for overdose or suicide. It can be used to identify Veterans who are potential candidates for naloxone.

[2017 VA/DoD CPG Management of Opioid Therapy \(OT\) for Chronic Pain](#) | Website includes the Full Guideline, Provider Summary, Pocket Card, and other Patient-Provider Tools.

[Pain Management Team](#) | This presentation offers information on CARA mandated Pain Management Teams.

[Academic Detailing Opioid Use Disorder \(OUD\) materials](#) | This is a link to provider and patient OUD educational materials.

[Academic Detailing Pain Management materials](#) | This is a link to provider and patient pain management educational materials.



A

APPENDIX A PACT Roadmap for Managing Pain Gap Analysis and Implementation Checklist

APPENDIX A: GAP ANALYSIS AND IMPLEMENTATION CHECKLIST

Use this tool to identify your pain care gaps and track your implementation progress. Click on the hyperlinks to go to the section of the Pain Roadmap with more information on that topic.

Facility and Primary Care Leadership Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
1. Have you and other facility and CBOC leaders met to develop a shared vision for pain care?				
2. Do you promote educational opportunities for PACT staff?				
3. Have you provided resources for complementary and integrative health modalities that are readily accessible from Primary Care?				
4. Have you provided resources for behavioral pain management that are readily accessible from Primary Care?				
5. Have you provided resources for physical therapy and rehabilitation modalities that are readily accessible from Primary Care?				
6. Have you provided resources for addiction expertise and, for selected Veterans, medication assisted treatments that are readily accessible from Primary Care?				
7. Have you provided resources for a Pain Specialty Clinic to allow timely access for Veterans with complex pain and/or at high risk?				
8. Do you support Primary Care with pain-telehealth to CBOCs,				



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APPENDIX A PACT Roadmap for Managing Pain Gap Analysis and Implementation Checklist

with medical and behavioral providers dedicated to telehealth clinics?				
9. Do you support Primary Care with timely access to high functioning e-consultation services?				
10. Have you established a Pain Care Committee				
11. Have you established an interdisciplinary pain management case review forum?				
12. Have you established a CARA mandated Pain Management Team?				
13. Does your facility have one or more PACT Pain Champions?				
14. Are your PACT Pain Champion(s) and the CARA mandated Pain Management Team integrated?				



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APPENDIX A PACT Roadmap for Managing Pain Gap Analysis and Implementation Checklist

PACT Members Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
1. Has your team identified and connected with your PACT Pain Champion and facility CARA mandated Pain Management Team ?				
2. Have you compiled contact information on important pain resources ?				
3. Has your team developed relationships with programs that can help manage Veterans with pain?				
4. Have you assessed the pain care training needs for each of your team members?				
5. Does your team know the role they play in using a bio-psycho-social-spiritual model to provide primary pain services?				
6. Does your team understand the stepped care model of pain care and know when to access secondary and tertiary services?				
7. Are your team members working to their highest capacity and level of training ?				
8. Have you identified modalities for team interaction to review and discuss implementation of this Roadmap, review cases, and develop				



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APPENDIX A PACT Roadmap for Managing Pain Gap Analysis and Implementation Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
processes for coordinating care?				
9. Have you identified roles and responsibilities for pain management to appropriate members of the team?				
10. Have you reviewed care processes with your teamlet and discipline-specific team members to gather their feedback and input?				
11. Have you implemented planned care processes ?				
12. Have you defined information sources to inform pain care?				
13. Have you convened regular team meetings to discuss pain care?				
14. Do you track your progress over time and provide feedback to PACTs?				
15. Have you identified facility, VISN, national, and community education resources and determined the best method to engage and utilize these resources?				
16. Do you provide pain education to all Veterans with a focus on non-pharmacological modalities for managing pain?				
17. Do you engage Veterans/families/caregive				



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APPENDIX A PACT Roadmap for Managing Pain Gap Analysis and Implementation Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
rs in shared decision making ?				
18. Do you promote and support self-care/self-management ?				
19. Do you assist Veterans in setting SMART goals ?				
20. Have you identified on site, virtual, and community based non-pharmacological pain management modalities and defined processes for accessing them?				
21. Have you identified processes for sites (such as CBOCs) without on-site access to non-pharmacological pain management modalities to access them (ex. virtually from another VHA site, the Veterans Choice program, etc.)?				
22. Does your team use the OSI Toolkit , in particular the OSI Quick Reference Guide?				
23. Have you defined processes for obtaining informed consent in alignment with VHA Directive 1005 Informed Consent for Long-Term Opioid Therapy for Pain?				
24. Have you developed processes for registering with and checking the state Prescription Drug				



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APPENDIX A PACT Roadmap for Managing Pain Gap Analysis and Implementation Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
Monitoring Program (PDMP) database when available and appropriate?				
25. Have you defined processes for obtaining Urine Drug Testing (UDT) at appropriate intervals?				
26. Does your team use the Opioid Therapy Risk Report (OTRR) to track Veteran progress and monitoring for safety throughout the course of treatment?				
27. Do you know the indications for consultation and referral with secondary and tertiary pain care services during opioid therapy and for non-opioid medication options?				
28. Do team members regularly use STORM to identify Veterans on opioids who are at high risk for overdose or suicide?				
29. Have you streamlined your approach to ensure Naloxone kits are readily available for Veterans at high risk for opioid overdose and to educate Veterans/families/care givers on the storage and use of Naloxone?				
30. Do you have processes in place for managing Pain Medicine consults and procedures ?				



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APPENDIX A PACT Roadmap for Managing Pain Gap Analysis and Implementation Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
31. Have you established metrics to monitor the effectiveness of the pain care your team provides?				
32. Have you developed a PI/QI and communications plans ?				
33. Do you provide PI feedback to your team (or teams) at least quarterly?				
34. Do you share best practices with your VISN Pain Committee?				
35. Do you review individual provider metrics ?				
36. Do you determine individual practice areas for improvement ?				
37. Do you track PI progress over time and look for trends ?				
38. Have you identified and do you follow a model for PI ?				
39. Do you use the OTRR and/or STORM to identify and monitor Veterans at high risk for adverse outcomes?				
40. Have you compiled a list of Veterans at high risk for adverse outcomes and developed a plan of care for them?				
41. Have you developed strategies for complex pain management ?				
42. Have you developed processes for utilizing your CARA mandated Pain				



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APPENDIX A
PACT Roadmap for Managing Pain
Gap Analysis and Implementation Checklist

Action Item	Yes	No	Implementation Plan (Who, what, when, where)	Date Completed
Management Team in caring for Veterans with complex pain needs?				

APPENDIX B
**PACT Roadmap for Managing Pain
Construction Crew****B****APPENDIX B: CONSTRUCTION CREW**

This Roadmap was constructed by:

Lucile Burgo, MD, FACP, ABIHM

National Co-director Post Deployment Integrated Care Initiative (PDICI)
Primary Care VA Connecticut and VACO

Melissa L.D. Christopher, PharmD

National Director, VA PBM Academic Detailing Service
VACO Pharmacy Benefits Management (10P4P)

Angela L. Denietolis, M.D.

Executive Director
Office of Primary Care

Timothy Dresselhaus, MD, MPH

Acting Chief Consultant, Primary Care

Karen Drexler, M.D.

National Mental Health Program Director- Substance Use Disorders (SUD)
Mental Health and Suicide Prevention (10NC5), VACO
Associate Professor of Psychiatry and Behavioral Sciences, Emory University School of Medicine

Patricia Dumas, RN, MPH

Clinical Program Manager, Primary Care-Mental Health Integration
Office of Primary Care, VA Central Office

Stephen Eraker, MD, MPH, FACP

VA Puget Sound
VACO Primary Care

APPENDIX B
**PACT Roadmap for Managing Pain
Construction Crew****B****Julie Groppi, PharmD, FASHP**

National PBM Program Manager, Clinical Pharmacy Practice Policy and Standards
Pharmacy Benefits Management (PBM), Clinical Pharmacy Practice Office (CPPO)

Julie Himstreet Pharm.D., BCPS

National Program Manager, VA PBM Academic Detailing Service
VACO Pharmacy Benefits Management (10P4P)

Stephen Hunt, MD, MPH, ABIHM

VA Puget Sound
National Director, Post-Deployment Integrated Care Initiative (PDICI)

Terri Jorgenson, RPH, BCPS

National Program Manager, Clinical Practice Integration and Model Advancement
Pharmacy Benefits Management (PBM), Clinical Pharmacy Practice Office (CPPO)

Joseph O. Krebs MD

Acting Assistant Chief Patient Safety & Outpatient Care
Section Chief Alpha Team Hidden River
Primary Care Annex, Tampa VA

Michelle A. Lucartorto DNP, FNP-C

Clinical Program Manager Specialty Care Nursing
Office of Nursing Services

Jeremiah McKelvey, PharmD

PBM CPPO Pain SME Workgroup, Co-Chair
Academic Detailer/Clinical Pharmacy Specialist
VA Northern California Health Care System

Lisa Perla, MSN, FNP, CNRN, CRRN

National Polytrauma Coordinator

Ellen M. Pitts, RN

President, NAGE R1-187
Boston Healthcare System

APPENDIX B
**PACT Roadmap for Managing Pain
Construction Crew****B****Edward P. Post, MD, PhD, FACP**

National Medical Director, Primary Care-Mental Health Integration
Ann Arbor VA and Office of Primary Care, VA Central Office

Ilene Robeck, MD

Co-Chair National Primary Care Pain Champions Initiative
Director of Virtual Pain Care, Richmond VA Medical Center

Michael Saenger, MD, FACP, ADAAPM

Director, Empower Veterans Program (EVP), Anesthesia Service Line, Atlanta VA Health Care System
Pain Consultant, VISN 7

Friedhelm Sandbrink MD

Pain Management, Washington DC VA Medical Center
Acting National Program Director for Pain Management, Specialty Care Services

Joel Scholten MD

Director, Physical Medicine and Rehabilitation, VHA

Susan Shelton, LCSW, ACSW, DCSW, BCD

National Office of Social Work, Project Lead

Stacey L. Swanson, MHA

Program Specialist
Office of Primary Care (10NC3)
VA Central Office

Andy Tracy PhD, CRNA

Chair/Nurse Advisor-Pain Management FAC, VA-ONS

Alison Whitehead, MPH, RYT-500, PMP

National Program Manager, Integrative Health Coordinating Center
Office of Patient Centered Care & Cultural Transformation