

The Situation

- Chronic pain is the leading cause of disability among U.S. veterans, affecting up to 70% of the population. Severe pain was 40% greater in veterans than non-veterans, especially among those who served in recent conflicts.
- The Department of Veterans Affairs (VA) issued almost 3.2 million opioid prescriptions to approximately 577,000 veterans in fiscal year (FY) 2021, which included about 146,000 opioid prescriptions issued by non-VA health care providers through VA's community care program to approximately 48,100 veterans.
- The MISSION Act of 2018 requires the VA Secretary to ensure that all covered health care providers are provided a copy of and certify that they have reviewed the evidence-based guidelines in the VA/DoD Clinical Practice Guideline for Opioid Therapy for Chronic Pain for prescribing opioids (also known as the Opioid Safety Initiative [OSI] guidelines).
- VA has contracts with two third-party administrators—Optum Public Sector Solutions and TriWest Healthcare Alliance—to manage non-VA providers in VA's Community Care Network.
- VA's Office of Integrated Veteran Care (IVC) is the program office responsible for overseeing the implementation of the MISSION Act's OSI guideline requirements.
- Compared to the general population, veterans have a higher risk of opioid overdose due to many contributing factors, along with a higher incidence of medical conditions that increase the risk for opioid use disorder.
- In 2017, VA and DoD developed a clinical practice guideline to manage the use of controlled substances, including opioids and VA prescriptions of opioids. Since that time, use of opioids has dropped at all VA facilities.
- The VA/DoD clinical practice guideline calls for clinicians to reduce use of opioids and taper most of those veterans who have long-term use of these substances off of their use. It further recommends that other therapies, including physical therapy, cognitive behavioral therapy and complementary and integrative therapies, in addition to lifestyle changes in diet and exercise, be used to address pain-related issues.
- VA has told veterans using the Manila VA Outpatient Clinic in the Philippines that key indicators monitored by VA's Prescription Drug Monitoring Program warrant discontinuation of prescriptions for all controlled substances including opioids at that facility.

The Challenge

- Many veterans who experience chronic pain claim that the Opioid Safety Initiative (OSI) has compelled VA providers to curtail their successful long-term use of prescribed opioid medication, which has limited their overall productivity and quality of life.
- The IVC contracts makes third-party administrators responsible for ensuring all their prescribing providers complete VA's OSI training. However, the contracts do not specifically state that providers are required to complete VA's OSI training. Consequently, neither VA nor the third-party administrators monitor training completion.
- Health outcomes for tapering patients with long-term opioid use are unclear, as is whether VA is following its guidelines to successfully taper veterans off long-term opioid use and use other means to manage pain after VA discontinues prescribed opioid medication.
- Anecdotal evidence suggests the psychological distress associated with discontinuation of long-term opioid use may lead some veterans to seek prescribed opioids from a different source, self-medicate (including using illicit drugs), and even resort to suicidal behavior.
- While veterans living in the continental United States may have other avenues available to obtain FDA-approved controlled substances they believe are necessary to manage pain, veterans using VA for care of service-connected conditions but living abroad and accessing care from the Manila VA Outpatient Clinic may not.

The Solution

- VA should clarify roles and responsibilities of the Office of Integrated Veteran Care and third-party administrators with respect to ensuring non-VA providers receive and certify they have reviewed the Opioid Safety Initiative guidelines, complete the VA Opioid Safety Initiative Training Module, as well as the required prescription drug monitoring program queries. VA should also collaborate with the contracting office to modify the contracts as appropriate.
- VA should employ a stepped approach for managing pain using intermittently-prescribed opioids as a last resort for patients with acute and chronic pain who have never been prescribed opioids.
- VA's Office of Inspector General should periodically audit patient treatment files to determine if these plans to taper veterans off opioids are completed. Each veteran whose long-term opioid use is affected should have an individualized care plan to aid in the reduction of their use.
- VA research should determine functional and quality of life outcomes for patients whose prescribed use of opioid medications has been eliminated.
- Clinicians should be able to make clinical decisions to allow veterans who do not appear to have any adverse outcomes from long-term use of opioid medication, to maintain their use of them without repercussions for themselves or their facilities. This should also apply to veterans using VA care for service-connected conditions in Manila, Philippines.