Updates in Specialty Care

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The VHA's National Pain Management Strategy: Implementing the Stepped Care Model

Pain is one of the symptoms most frequently reported by veterans receiving care in VHA facilities. Studies have revealed that as many as 50% of male veterans and 75% of female veterans report pain in a primary care setting.[1,2] Research that has examined the experience of veterans who have chronic pain has reported this condition to be associated with a number of negative outcomes, including emotional distress; increased use of health care services; and more frequent engagement in risky health behaviors, such as substance use.[1-3]

Pain is one of the most costly conditions to treat in the VHA, with treatment of low back pain alone estimated to cost $2.2 billion annually.[4] The prevalence of chronic pain and its associated personal and economic costs underscores the need for effective pain management within the VHA.

In response to these prevalence rates and the psychosocial, medical, and economic burden associated with pain, the VHA National Pain Management Strategy was initiated in 1998, establishing pain management as a national priority.[5] The objective of the strategy is to develop a comprehensive, multicultural, integrated, system-wide approach to pain management that reduces pain for veterans experiencing acute and chronic pain associated with a wide range of illnesses, including pain at the end of life. Enacting the strategy has been the focus of a comprehensive approach that encompasses 3 main areas. These include developing an efficient and effective infrastructure to support the strategy; specifying specific standards of pain care to be implemented and sustained across all VHA facilities; and developing, disseminating, and incorporating tools and resources to support system-wide improvements in pain care.

Several specific objectives of the VHA National Pain Management Strategy have been articulated, including ensuring that clinicians develop competency in pain management through education and training; that pain assessment is performed in a consistent manner; and that pain treatment is prompt and appropriate. It also encourages interdisciplinary, multimodal approaches to pain management. Consistent with the overall mission of the VHA, the strategy specifically emphasizes the importance of pain-relevant research; provider and patient/family education initiatives; innovation in models of service delivery; and a coordinated performance improvement approach in support of its key objectives. As the strategy has matured since its inception 12 years ago, the best practice models have been identified and transported across VHA facilities. As a result, the VHA is widely recognized within the U.S. and around the world as a leader in advancing optimal pain care in an integrated health care organization.

THE STEPPED CARE MODEL

In October 2009, the VHA published its second policy statement related to the strategy.[6] In this document, the VHA established a population- and evidence-based Stepped Care Model for Pain Management (SCM-PM) as the standard of pain care nationwide. A comprehensive and clinically viable approach, a stepped care model gives

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The VHA's Specialty Care Services includes medical services with a wide range of subspecialties; emergent and urgent care and patient support services, such as nutrition; spiritual care and other specific-purpose programs, such as cancer registry and Centers of Excellence for multiple sclerosis, epilepsy, and Parkinson disease. The Office of Specialty Care Services brings you "Updates in Specialty Care," sharing the latest evidence-based approaches, each column featuring a different topic and providing updates on existing programs, and introducing new programs. Special thanks to Margaret (Maggi) Cary, MD, MBA, MPH, director of the VA's Physician Leadership Development Program, who coordinates and edits the column. Please send suggestions for future columns to margaret.cary@va.gov.

clinicians the ability to assess and treat pain within a primary care setting, while maintaining the capacity to escalate treatment options to include specialized care and multidisciplinary approaches.

The SCM-PM stresses the importance of equitable access to health care; the triage of treatment based on patient needs; and the effective use of resources to prevent the occurrence of pain for people who use the VHA health care system. It represents a framework that has been successfully adapted in the care of patients who have a number of chronic conditions, including pain and depression.

The SCM-PM also represents a systematic, evidence-based approach to ensuring that patients receive appropriate treatment in a timely, cost-effective manner that is consistent with their level of need. This is achieved by implementing sequenced interventions that provide increasingly more specialized care in circumstances where treatment outcomes are suboptimal.

This framework addresses several core elements in the care of chronic health conditions. These include the implementation of routine first-line care with a gateway provider, most often a primary care provider (PCP); the ability to identify individuals who have responded suboptimally; and the availability of more specialized care modalities that can assist in treatment.

Empirically, stepped care models have been used most frequently to treat chronic, high-prevalence conditions, including pain and depression.[7-10]

Katon and colleagues instituted a stepped care framework for treating patients with significant depressive symptoms at the conclusion of a 6- to 8-week medication trial.[8] These patients were referred for psychiatric management in collaboration with a PCP. They reported significant improvements in adherence to antidepressants, satisfaction with care, and depressive outcomes compared with usual care. Similarly, Von Korff and colleagues sought to address the challenges of providing care to patients reporting back pain to PCPs.[10] The progressive steps described within this model sought to address fears and maladaptive attitudes regarding back pain. This first-line treatment then escalated to progressively more intensive and structured interventions to promote optimal function and treatment response.

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Dobscha and colleagues conducted a cluster, randomized trial across 5 primary care sites within the VHA to assess outcomes associated with a collaborative intervention for patients with chronic pain.[7] This intervention included specialized training for clinicians regarding pain management, followed by collaborative assessment and consultation with a pain team to assist in managing patients and facilitating care involvement and referrals to specialized care. This intervention resulted in significant improvements across a number of outcome domains.

SCM-PM: Step 1

The VHA's SCM-PM comprises 3 primary components to optimize treatment outcomes in a manner that is cost-effective and can be implemented on a national level. Step 1 employs a population-based approach in the form of a patient-aligned clinical team, or PACT, that uses a skilled primary care workforce to manage most common pain conditions. PCPs identify and discuss the patient's pain concerns and promote patient self-management of the pain. Both patient and family education regarding the basics of pain treatment and management, such as medication adverse effects, the importance of sleep, adequate nutrition, and physical activity, may be an important component.

Successful pain management within the primary care setting requires adequate system supports. Within the VHA, this includes collaboration with integrative mental health-primary care teams, polytrauma programs and teams, and postdeployment programs (Figure).

SCM-PM: Step 2

Patients who exhibit a greater degree of medical and/or psychiatric complexity, including those patients with a greater number of medical comorbidities and who may be at greater risk, may require additional pain management services beyond what primary care can provide. Within the context of the stepped care model, Step 2 employs specialty consultation services that should be considered if

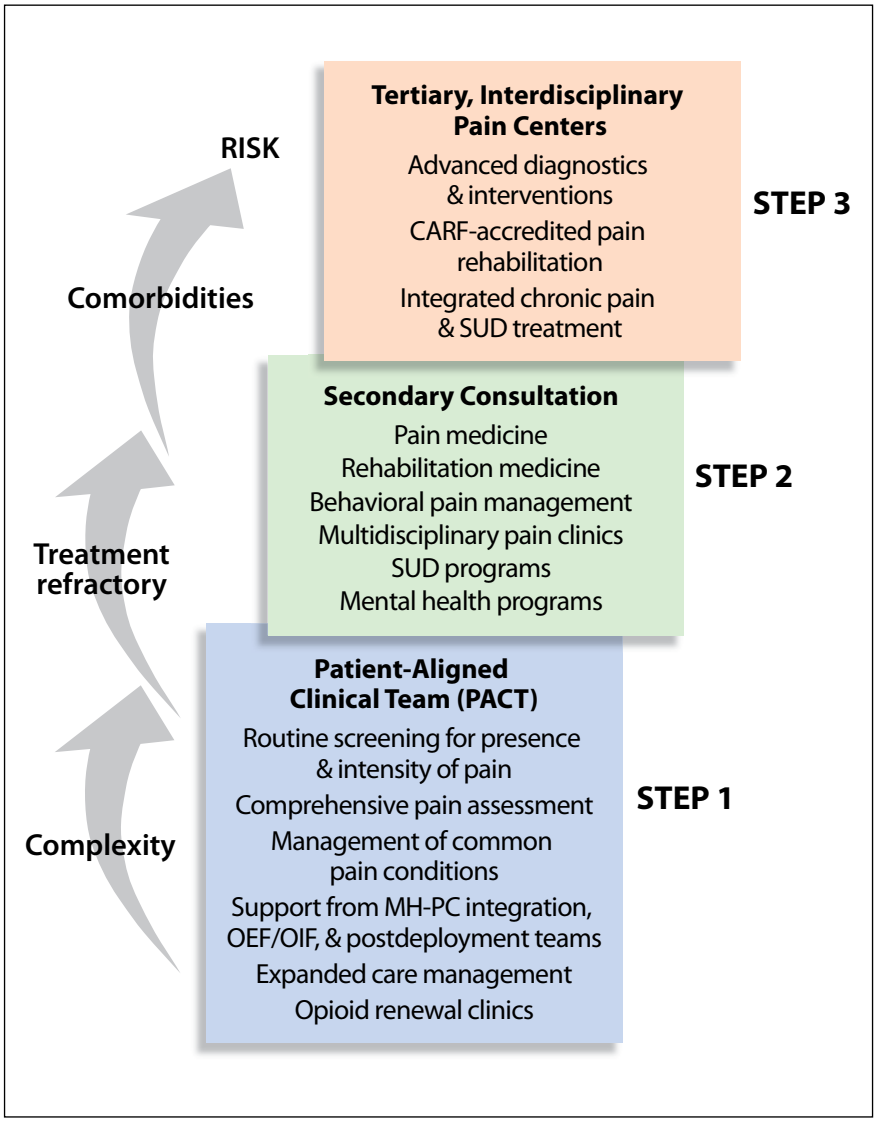

Figure. The VHA Stepped Care Model for Pain Management. CARF = Commission for the Accreditation of Rehabilitation Facilities; MH-PC = mental health-primary care; OEF/OIF = Operation Enduring Freedom/Operation Iraqi Freedom; SUD = substance use disorder.

the patient continues to experience significant impairment and disability. These resources can include pain medicine, rehabilitation, and behavioral pain medicine clinics, as well as substance abuse and mental health programs. In line with these recommendations, sustained expansion of specialty pain medicine services over the past 5 years has been documented by the VHA.

SCM-PM: Step 3

Step 3 employs tertiary, interdisciplinary care. This step targets the chronic pain patient who continues to report disability and distress, and requires more significant involvement from other members of a pain management team. Centers will provide services such as comprehensive medical/psychologic evaluations of veterans with complex conditions; evidence-based pharmacologic, rehabilitation, and psychologic interventions; coordinated interdisciplinary rehabilitation/recovery programs; focus on family or caregiver involvement when appropriate; and case management.

These centers are expected to have 3 specific components. First, they must have an interdisciplinary team who offers advanced pain medicine diagnostics and interventions, including implantable spinal cord stimulators and intrathecal medication delivery systems.

Second, they must provide chronic pain rehabilitation programs that are approved by the Commission for the Accreditation of Rehabilitation Facilities (CARF). To date, the VHA has 1 CARF-accredited pain rehabilitation program with residential capacity and 3 with outpatient capacity.

Last, these centers are expected to have the capacity to assess and treat veterans with comorbid chronic pain and substance use disorders, particularly prescription opioid abuse and addiction. The VHA has established a goal of having at least 1 center in each VISN by September 2014.

IMPLEMENTING THE MODEL

Several key initiatives have supported implementation of the SCM-PM. Funding was released in 2009 to provide incentives for enhanced staffing, equipment, and education and training resources. An existing externship training program at the James Haley Veterans Hospital in Tampa, Florida, was given additional funding to provide consultation to VHA facility teams seeking to establish high-functioning, interdisciplinary, CARF-accredited pain rehabilitation programs. Additional resources made possible by funding include an informational national pain management Web site (http://www.va.gov/painmanagement); an active pain management listserv; monthly national teleconfer-

ences; VHA-DoD Clinical Practice Guidelines; and Learning Management System, or LMS, educational courses for management of complex chronic pain, pain and polytrauma, and opioid therapy.

Several funded VHA transformational initiatives have provided further support for implementing the SCM-PM. These include a Primary Care Rural Health Initiative and several innovation projects designed to promote expansion of veteran-centered pain care, including increased access to complementary and alternative medicine services. A National Pain Management Leadership Conference was held recently that targeted 400 VISN and facility leaders, including primary care pain champions, in the implementation process.

Patient education materials that promote knowledge and pain self-management efforts are being developed for posting on VHA's patient Web portal, MyHealth*e*Vet. Health services investigators in the VHA have published reports on novel approaches to collaborative pain management in the primary care setting.

In partnership with the VHA Office of Mental Health Services, an existing evidence-based psychotherapy program will be expanded soon to enhance the VHA's capacity for providing psychologic treatment for veterans who have chronic pain. Two important work groups have been chartered that focus on "Pain and Primary Care" and "Tertiary, Interdisciplinary Pain Centers." These groups will continue to develop standards and guidelines for the implementation efforts.

SOME INEVITABLE BARRIERS

As described above, the VHA has provided generous support at the national level for implementing the SCM-PM. Barriers to successful implementation, however, challenge local sites. These include lack of provider training; lack of provider knowledge about available resources at Steps 2 and 3 of the model; lack of communication among providers at all steps of the model; lack of resources within local sites; lack of provider engagement or "buy in"; and provider skepticism about current pain management treatment. Successful implementation of the model across the VHA will require the sustained commitment and support of local SCM-PM champions and administrative leadership.

A BRIGHT FUTURE AHEAD

Since announcing its National Pain Management Strategy in 1998, the VHA's commitment to improving pain management for veterans has continued to show considerable system enhancements and improved outcomes. Full implementation of the SCM-PM promises to provide an empirically informed and feasible framework for expanding the scope of the strategy to ensure that the VHA continues to be a leader in meeting the needs of those receiving care in its facilities. ●

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