Improving Multidisciplinary Addiction and Pain Treatment through Partnered Implementation and Evaluation

Implementation of evidence-based Pain Interdisciplinary Reassessment Clinics to improve health outcomes of Veterans living with opioid use disorder and/or chronic pain.

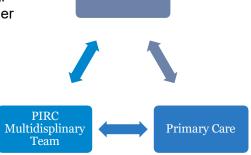
This QUERI-funded Partnered Evaluation Initiative with the Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) office aims to improve access to safe and effective care for Veterans living with chronic pain and substance use disorder, particularly opioid use disorder (OUD). As a continuation of our project from a QUERI-funded Partnered Implementation Initiative (CONDUIT) in partnership with leadership from Veterans Integrated Services Network (VISN), this work expands our reach by working closely with the national PMOP office to coordinate implementation and evaluation efforts on a national scale.

Gaps to be Addressed

- Drug overdose deaths are the number one cause of accidental death in the U.S., surpassing 100,000 annually in late 2021 fueled in part by the COVID-19 pandemic
- Opioid-related overdoses account for the majority of these deaths
- Veterans are a particularly vulnerable group, experiencing opioid overdoses at nearly twice the rate of non-Veterans
- Ready access to evidence-based, patient-centered treatment for Veterans living with OUD and/or chronic pain is critically needed

The Evidence-Based PIRC Treatment Model to be Implemented

- Pain Interdisciplinary Reassessment Clinic (PIRC), formerly known as the Opioid Reassessment Clinic (ORC), consists of an integrated, interdisciplinary pain team in primary care that provides longitudinal co-management of complex chronic pain and substance use disorder
- Through PIRCs, Veterans are (re-)connected with psychologists, physical therapists, and other medical professionals to help them manage both their physical and mental health
- The multi-disciplinary PIRC team works closely with primary care and pain specialists with the goal of transitioning the Veterans back to primary care after stabilization



Veterans

U.S. Department of Veterans Affairs Veterans Health Administration



Implementation & Evaluation Plan

The PIRC model will be implemented across high-prioirty VHA sites nationwide with *CFIR**-guided tailoring of *Implementaion Facilitation*** activities

A mixed methods approach will be used to assess *RE-AIM* (Reach, Effectiveness, Adoption, Implementation, Mainatinence) outcomes

Budget impact
analysis will estimate
the cost of implementing
PIRC and the cost of the
PIRC treatment model

*CFIR refers to the Consolidated Framework of Implementation Research that aids in identifying the barriers and facilitators of the implementation.

Potential Impact

- The PIRC (formerly known as ORC) model was implemented successfully at three VA healthcare systems in VISNs 1, 7, and 20 during the VISN-partnership phase
 - Over 702 Veterans have received evidence-based care using the PIRC model
 - Over 127 providers have been trained
- Veterans living with chronic pain and substance use disorder will be able to receive safe and effective care at an estimated 15 sites, which reduces their risk for morbidity and mortality



Alignment with VHA Priorities

- This work directly aligns with our operational partner, PMOP's strategic priorities, which are also
 guided by the Comprehensive Addiction Recovery Act (CARA) mandate that each Veterans
 Health Administration facility have an interdisciplinary pain management team or clinic that can
 provide comprehensive care to Veterans living with chronic pain and OUD.
- This work also aligns with a key QUERI priority of optimizing integration of care for primary, mental health, and specialty care services
- This work would not be possible without the support of our operational partner and funder

^{**}Implementation Facilitation is an evidence-based bundle of implementation strategies such as audit and feedback, academic detailing, and provider education.