



Opioid Risk Mitigation in the Veterans Health Administration

Austin Frakt, PhD

January 31, 2017

PEPReC

Partnered Evidence-based Policy
Resource Center

Background: Opioid Epidemic and CARA

PEPReC

Partnered Evidence-based Policy
Resource Center

- Opioid-related adverse events are an American epidemic
- VHA patients are not immune
- Over 1.1M VHA patients receive an opioid prescription, a doubling since 2001
- Congress has taken action: the Comprehensive Addiction and Recovery Act of 2016 (CARA)

Background: STORM

PEPReC

Partnered Evidence-based Policy
Resource Center

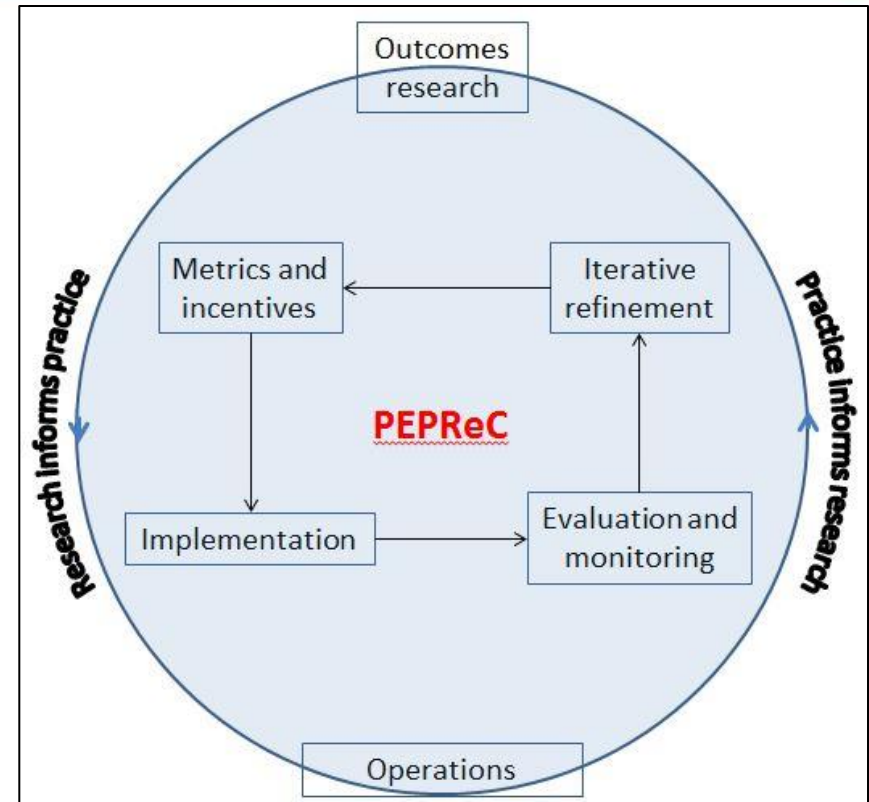
- One response to CARA: The Stratification Tool for Opioid Risk Management (STORM)
 - Developed by VHA's Office of Mental Health Operations
 - Real-time, patient-level risk assessment
 - Displays/tracks risk-mitigation strategies
 - Daily data collection for tracking and analysis
 - Available at all VHA facilities; no VHA policy requiring use
 - Pilot tested, but not yet fully evaluated

Background: PEPReC and Randomized Evaluation of STORM

PEPReC

Partnered Evidence-based Policy
Resource Center

- PEPReC is coordinating a randomized, 3-year evaluation of STORM
- Funding for PEPReC and STORM evaluation:
 - VHA's Quality Enhancement Research Initiative
 - VHA's Health Services Research & Development Service



- STORM evaluation has two phases, both with randomized components
 1. Evaluation of STORM policy
 2. Evaluation of STORM tool
- Focus on phase 1
 - Does adding consequences to the policy affect STORM use and patient outcomes?
 - Outcomes include: overdose, suicide-related events, accidents, and case review completion rates

Why Focus on Policy?

PEPReC

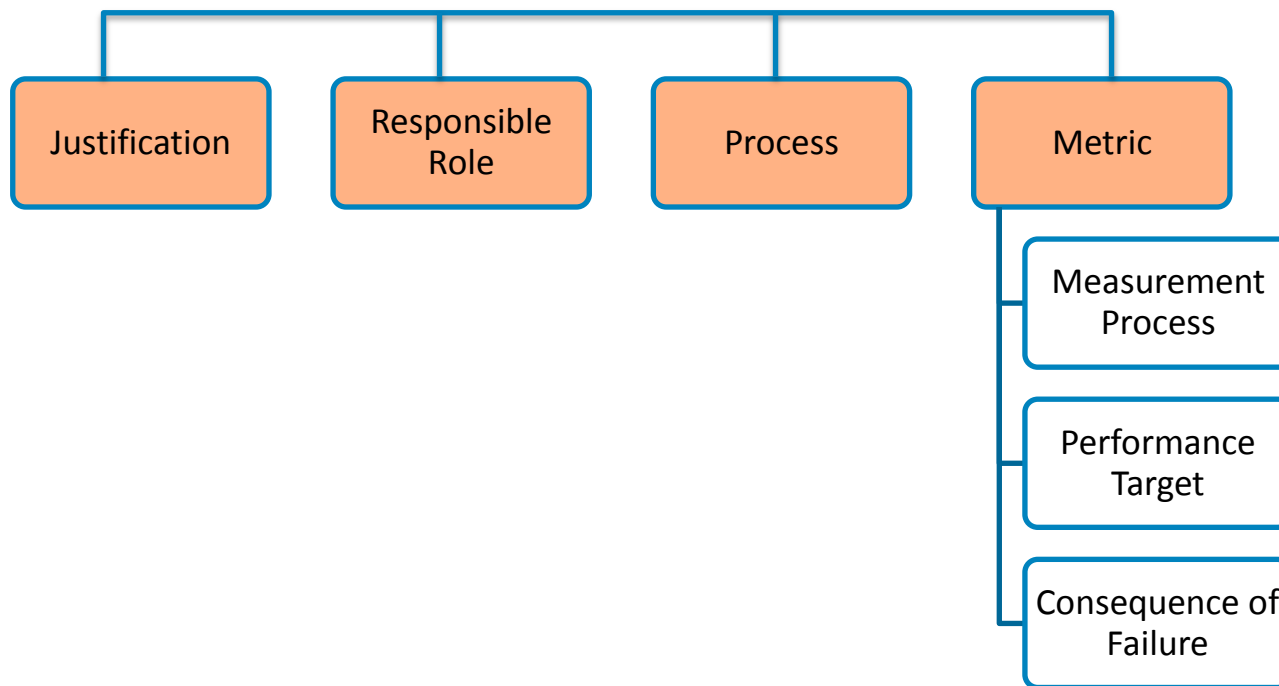
Partnered Evidence-based Policy
Resource Center

- GAO high risk list includes ambiguous VHA policies
 - Inconsistencies in care processes across facilities
 - Weak accountability
- The VHA's Veterans Engineering Resource Center developed a framework to address these issues
 - Policies should be consistent, complete, feasible, verifiable, validated, unambiguous, and concise
- Focus on completeness: justification for requirement, identify responsible party, describe implementation process, specify how it will be verified

Completeness

PEPReC

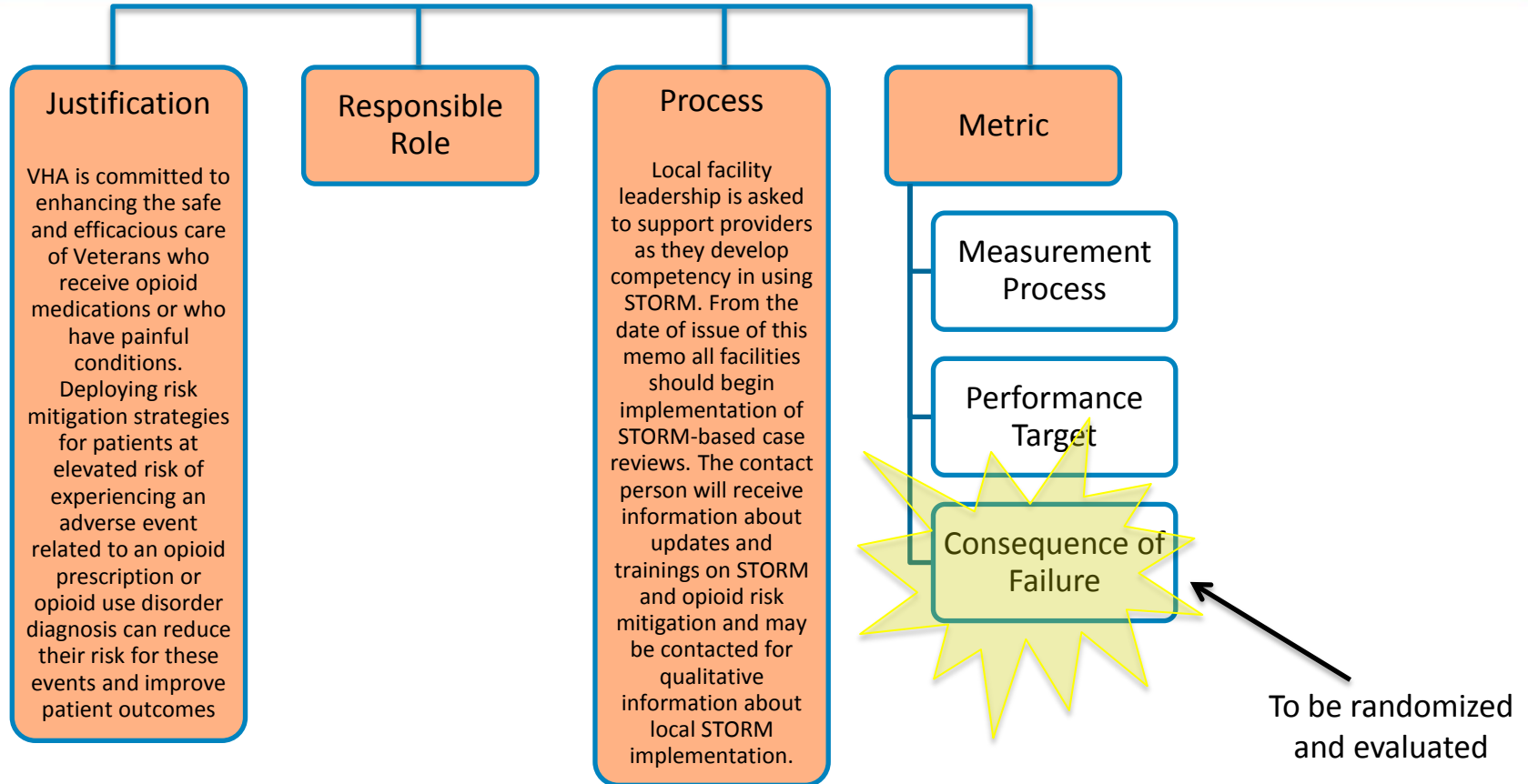
Partnered Evidence-based Policy
Resource Center



Adapted from: Tom Rust, Systems Engineer, New England VERC

VETERANS HEALTH ADMINISTRATION

Completeness: First Draft



Adapted from: Tom Rust, Systems Engineer, New England VERC

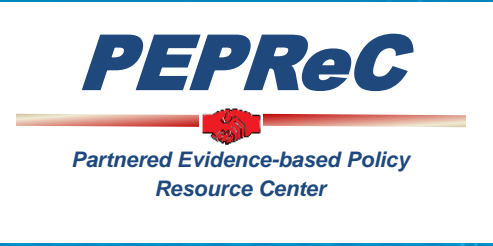
Conclusion

PEPReC

Partnered Evidence-based Policy
Resource Center

- The STORM tool is responsive to Congress' priority to mitigate risks to VHA patients from opioid prescribing (CARA)
- Neither STORM, nor its guiding policy have been evaluated
- PEPReC is overseeing a randomized program evaluation of STORM that also tests the VHA's response to GAO's concern about policy ambiguity

Key Collaborators



- PEPReC:
 - Julia Prentice, Director/co-PI
 - Steven Pizer, Chief Economist
 - Taeko Minegishi, Programmer/Analyst
- Pittsburgh VA
 - Walid Gellad & Leslie Hausmann, Co-PIs
- VHA Office of Mental Health Operations
 - Jodie Trafton, Director, VA Program Evaluation and Resource Center