

THE Value Initiative

Members in Action: Improve Quality and Patient Outcomes

Birmingham VA Medical Center – Birmingham, Ala.

A Whole Health Approach to Opioid Safety Produces Positive Results

The AHA's Members in Action series highlights how hospitals and health systems are implementing new value-based strategies to improve health care affordability. This includes work to redesign the delivery system, manage risk and new payment models, improve quality and outcomes and implement operational solutions.

Overview

Veterans are at increased risk for addiction because of the co-morbid diagnoses, such as injury-related pain, post-traumatic stress disorder and depression, that many of them face. In fact, by 2012, opioid misuse was reaching a crisis point among veterans. The U.S. Department of Veterans Affairs (VA) notes that from 2004 to 2012, the number of VA outpatients receiving opioids increased by nearly 77 percent. By 2012, 33 percent of veterans seeking medical treatment from the VA received opioids for pain management.

To promote safer opioid prescribing, the Veterans Health Administration implemented its Opioid Safety Initiative (OSI) in October 2013. A 2017 study in the journal *Pain* examined the impact of OSI by looking at changes after the initiative's implementation.

Researchers found that, over a two-year period, high-dose opioid prescribing declined by 16 percent and very high-dose opioid prescribing dropped by 24 percent. The number of patients receiving the potentially lethal combination of both opioids and sedatives dropped by 21 percent. And, in early 2018, the VA announced that, since 2012, the overall rate of opioid prescribing had decreased across the system by 41 percent.

Although this news is encouraging, on the local level, VA hospitals such as the Birmingham VA Medical Center continue to tailor opioid-safety education to the needs of their patients. Michael J. Moates, M.D., a primary care physician at the Birmingham VA Medical Center, found that traditional medical models were not working for his 150 veteran patients who were taking opioids. So Moates, along with his colleague Sherry L. Cox, R.N.-B.C., M.A., formed an interdisciplinary team composed of Lisa Ambrose, PharmD; Bridget Roop, PharmD; Victoria Moore, R.N.; Traci Carlisle, L.P.N.; Kim Chism, dietician; and Gail Carter, clerk. Together, they forged a new treatment approach based on the VA's "Whole Health Model," which puts the patient at the center of decision-making. Launched in 2016, "The Whole Health Approach to Opioid Safety" revolves around weekly, 90-minute shared medical



"The Whole Health Approach to Opioid Safety" revolves around weekly, 90-minute shared medical appointments that address opioid reliance among the Birmingham VA Medical Center's veteran population. Pictured above are team members who lead these appointments: Sherry L. Cox, R.N.-B.C., M.A.; Gail Carter; Traci Carlisle, L.P.N.; Victoria Moore, R.N.; and Michael J. Moates, M.D.

appointments (SMAs) that address opioid reliance among the Birmingham VA Medical Center's veteran population.

Shared Medical Appointments

Consisting of 15 to 25 patients, the SMAs are run by Moates and Cox, with an additional registered nurse and licensed practical nurse also present. Other specialists, such as dietitians, physical therapists, social workers, and even chaplains, also attend, depending on the week's discussion topic. Initial skepticism from patients who were anxious about withdrawal or pain disappeared as they developed trust with Moates, Cox and their interdisciplinary team.

What makes this program different is that it includes whole health as the conceptual framework while being directed toward improving opioid safety awareness – not at taking patients' opioids away from them.

At the outset of the nine-week program, patients are asked to formulate goals that are specific, measurable, actionable, realistic and timely (SMART), within the context of why they want to regain their health. The team is able to change the conversation around opioid use by asking participants "what matters to you?" rather than "what's the matter with you?" This framework gives patients control of their decision-making regarding their health – and, ultimately, their opioid use.

Medication Alternatives

Through education and working toward their goals, many patients come to realize that medication is not always necessary to control their pain. For example, some patients may decide that weight loss and improved nutrition are their program goals. As they begin losing weight and feeling better, patients may realize that their knees do not hurt as much and they have more energy. With this in mind, patients are willing to engage in a discussion about tapering their opioids – even though their initial goal was to lose weight and to make healthy food choices.

During every SMA, the team continually acknowledges that each patient's pain is real, regardless of its origin. Feeling understood often builds trust and, in turn, can help veterans consider complementary, integrative health practices that they may have otherwise never

Impact

As of August 2018, Birmingham VA Medical Center has had 87 patients complete the SMA program. Of those patients, nearly 50 percent have reduced their Morphine Equivalent Daily Dose (MEDD) by 10 percent or more, five patients have completely given up their opioids, and 20 patients decreased their dose by 20 to 50 percent. After the most recent session of SMAs, the team used the PROMIS29® (Patient-Reported Outcomes Measurement Information System) tool to assess the effectiveness of the program. PROMIS29 uses person-centered measures to evaluate and monitor physical, mental and social health, with the goal of enhancing communication between clinicians and patients. Results from the PROMIS29 assessment showed that there were significant improvements among participants regarding social roles and pain interference, anxiety and sleep, pain intensity and pain control.

Access to care also has been impacted by the program. Through traditional, individual appointments at the clinic, Moates is able to treat only three patients within 90 minutes. But through the SMAs, roughly 25 patients receive care in 90 minutes.

At the beginning of each session, participants complete a request card. By the end of the session, those requests are already being addressed. This often negates the need for walk-in appointments or calls to the clinic. Because so much is accomplished during the SMAs, clinicians' time is freed, and access for other veterans is increased.

considered. Moates believes that this is a critical component of the new model.

Team members present alternatives for managing chronic pain so that they can change the mindset that an opioid is an automatic remedy. If someone in the group says that Tai Chi has helped their back pain, it will mean much more coming from a peer than from a physician. Veterans tend to be very communal, so the setting of these shared appointments is powerful for them.

In addition, as part of the program, every participant is provided Naloxone. The new model is a great platform for Naloxone education. Beyond explaining how to use Naloxone for life-saving purposes, the approach opens veterans' eyes to the importance of safe opioid usage, which is critical because even a normal dose of opioids can result in a dangerous situation.

Lessons Learned

Moates believes that the importance of transparency has been critical to the program's success.

"If I tell patients to stop taking a blood pressure medication because it will kill them, they will gladly stop taking it," he says. "But when I say the same thing about an opioid, patients look at me with a great deal of suspicion."

The SMA team was committed to being as transparent as possible about the risks of opioids by emphasizing that their goal was to keep the veterans safe – not to prevent them from taking their pain medications.

The SMA team also learned that compressing the entire program into a shorter timeframe enhanced patient engagement. The SMA initially met monthly over a nine-month period, but subsequent SMAs were changed to a weekly session completed over nine weeks. The team saw the same benefits with regard to opioid-use reduction over a shorter period of time, and attendance improved. Although the compressed timeframe does not always allow the complementary modalities such as physical therapy to achieve their full potential, by the end of the program, participants are offered monthly refresher courses where the SMA team reviews opioid safety and patients' progress toward their goals.

Future Goals

To test the validity and replicability of the program, the SMA team developed a training program called "Whole Health Approach to Opioid Safety Mini-Residency."

After receiving an initial grant from the VA's Office of Patient Centered Care to develop and launch the curriculum, the SMA team designed three days of rigorous training, which includes practical education, a simulated SMA session and an action plan for trainees to share with their organizations' leadership.

Of the eight teams that Birmingham VA Medical Center's SMA team has trained, four have fully replicated a Shared Medical Appointment on Opioid Safety. Birmingham VA Medical Center has requested three full-time health coaches to spread the Whole Health Program. The team also hopes to simplify its follow-up process in the near future, as well as improve its ability to track ongoing patient progress on a more frequent basis.

Although the program's success can be measured by its impact on its patients, the SMA team also has noticed a change within the staff.

"As patients begin making positive choices and the impact of those choices unfold before our eyes, the team is reminded of why we each choose a career in health care," says Cox. "This program has had such a positive influence on staff morale and engagement. It's an approach to opioid safety that has benefited not only our patients, but the VA as well."

It is important to note that these accomplishments were made possible by the support of the local executive VA leadership.

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