VA OIG Podcast Transcript
Healthcare Inspection - Opioid Prescribing to High-Risk Veterans Receiving VA Purchased Care
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[Mike] Hello and welcome to this episode of the VA OIG podcast.

I'm Mike Nacincik, VA OIG's public affairs officer, and your host for this episode.

Today, our guest is Deputy Assistant Inspector General for Healthcare Inspections, Dr. Julie Kroviak.

Julie joins us to today to talk about the OIG's recent Healthcare Inspection - Opioid Prescribing to High-Risk Veterans Receiving VA Purchased Care.

Hi Julie, welcome to the podcast and thank you for joining us today.

[Julie] Thank you so much for inviting me.

[Mike] Julie, the OIG recently published this inspection, why is this inspection important?

[Julie] So sadly, you can't even turn on the television or open a newspaper without seeing evidence of the tragedies related to the opioid epidemic. This report highlights how veterans, because of their unique experiences, are perhaps even more vulnerable to dangers of opioid addiction- you have to remember, over half of the veterans enrolled for VA care have a diagnosis of some form of chronic pain.

[Mike] This report focuses on veterans receiving care through VA Purchased care programs. Can you explain to our listeners what that is, and why you found it important to talk about this group and opioids?

[Julie] Yes. So much attention in the past few years has been focused on veterans not having enough access to VA medical care. VA has a long history of relying on community providers filling in the "gaps"meaning facilities would reach out to local community hospitals and clinicians to provide care to those veterans who could not receive needed care at their local VA. Recall in 2014 with the high profile Phoenix VA scandal, attention focused on how so many veterans were waiting for care. This brought about the Veterans Access, Choice and Accountability Act, which greatly expanded VA's ability to contract with

community providers. This expansion of purchased care programs however, may be putting some veterans at risk, particularly those veterans with chronic pain and mental health issues.

Mike, the VA has done so much in recent years to reduce the amount and the dosage of opioids prescribed to veterans with pain. It has put evidence-based guidelines in place so that VA providers are aware of alternative, meaning non-opioid, therapies available to patients with chronic pain. Patient education, increased monitoring of patients taking opioids, and the tracking of all the opioids prescribed by VA providers, thanks to data entered into the VA electronic medical record (EMR), have helped VA focus on efforts to reduce risk to its patients with chronic pain. The reality is however, once these veterans are referred to community providers this "oversight" can be lost.

[Mike] So, community providers do not monitor opioid prescriptions like the VA?

[Julie] Not necessarily, and let me be clear, this report is not suggesting veterans cannot get quality, evidence-base pain management in the community. VA has partnered for years with local healthcare providers and this partnership is critical to meeting the healthcare needs of veterans nationwide. What we are trying to highlight is that with the VA purchasing more and more care in the community, there are some gaps that are becoming more evident, in this case with complex patients, those with chronic pain and mental health illness. The two patients described in this report are actual veterans and I think both clearly illustrate our concerns.

[Mike] Julie, purchased care covers a range of VA programs. Was this report focused primarily on the Veterans Choice program or did it also look at other VA community care programs?

[Julie] So in general, we are talking about situations that can occur within any of VA's purchased care programs. The data we present to provide context to the magnitude of opioids prescribed by Non-VA providers for veterans is specific to CHOICE, but again that is only to give the reader an idea of how many veterans may be impacted so if anything, our numbers underestimate the volume.

[Mike] Okay, so with one of the patients in the report, you find fault with the lack of information sharing between the VA and the community provider. You couldn't determine whether the non-VA doctor and the VA doctor knew the actual medications the patients was actually taking. It seems obvious to most people that a doctor should know all the medications a patient is using before prescribing a new medicine.

Why or how did this occur? Do patients have a responsibility to disclose to their doctors all the medications they are taking?

[Julie] Great point. Yes, we are talking about adult patients who we would expect, in most cases, can give an accurate list of their medications and doses to their provider. There are some obvious exceptions- patients with memory loss, patients with language barriers, patients who forget to include over the counter medications like vitamins/supplements.

In general, the electronic medical record can resolve most of these concerns. However, if all the providers managing a patient are working with different EMR's, they in fact are not communicating or sharing all this information in real time. We then go back to paper records and waiting for records to be faxed, and scanned into another EMR. This means delays in information sharing or no sharing at all.

[Mike] Now that this disconnect is identified, how can VA address this issue to mitigate its effects on veterans receiving community care?

[Julie] I would point to the four recommendations we present in the report. The VA has committed to adopting a more modern EMR, one that will hopefully offer interoperability with other major brands of EMR's used widely in the private sector. Until that time, they need to ensure that each referral to a community provider includes ALL relevant information on that patient, specifically a current medication list, problem list, and certainly other relevant labs/imaging that would be important depending on the case.

Another recommendation is that with a few exceptions when a community provider prescribes opioids to a veteran- that prescription should be submitted to a VA Pharmacy for dispensing- that makes sure the prescription is visible in the VA EMR.

We also thought it was important that all community providers participating in a VA-Purchased care program be required to review VA's opioid prescribing guidelines outlined in their Opioid Safety Initiative.

The last recommendation looks at making sure that veterans are receiving quality care no matter who is delivering that care- VA doctor or private doctor. If VA becomes aware that a provider is prescribing opioids to patients and the prescribing practice is out of line with the guidelines, they need to take action.

[Mike] Julie, do you have any final comments?

[Julie] Again call it a crisis, call it an epidemic, we know veterans are vulnerable to opioid addiction and we need to be aggressive to ensure their safety.

[Mike] Julie, thank you for being guest on our podcast today. I hope you'll come back for future episodes.

[Julie] I would love that. Thank you.

[Mike] Thanks for listening and stay tuned for our next podcast. The OIG's podcast is produced by VA OIG staff and is available on the VA OIG's website.

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