



**THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON**

June 26, 2023

The Honorable Jon Tester
Chairman
Committee on Veterans' Affairs
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

In accordance with section 131 of the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018, enclosed is the report on how the Department of Veterans Affairs ensures community providers are engaging in safe opioid prescribing practices.

VA remains committed to honoring the Nation's Veterans by ensuring a safe environment to deliver exceptional health care. As this relates to opioid prescriptions, VA accomplishes this by sharing a Veteran's relevant medical history and providing a list of all medications prescribed as known by VA with community providers and reporting the number of community providers that have reviewed the evidence-based guidelines for prescribing opioids as set forth in VA's Opioid Safety Initiative.

In addition, as required by 38 U.S.C. § 116, an estimate of the cost to prepare the report is included. This report has been sent to the leaders of the House and Senate Committees on Veterans' Affairs.

Sincerely,

A handwritten signature in black ink, appearing to read "A. McDonough", written over the printed name.

Denis McDonough

Enclosures

DEPARTMENT OF VETERANS AFFAIRS



Congressionally Mandated Report: Establishment of Processes to Ensure Safe Opioid Prescribing Practices by Non-VA Health Care Providers

June 2023

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Background

On June 6, 2018, the President signed into law P.L. 115-182, the John S. McCain III, Daniel K. Akaka, and Samuel R. Johnson VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018. The VA MISSION Act strengthens the Department of Veterans Affairs' (VA) ability to deliver quality health care and timely services that Veterans have earned whether in VA facilities or through a community provider.

Section 131 of the VA MISSION Act requires VA to establish processes that would ensure community providers engage in safe opioid prescribing practices. The processes consist of the Secretary carrying out the activities listed below:

- Ensure that all community providers are provided a copy of VA's Opioid Safety Initiative (OSI) and certify that they have reviewed the evidence-based guidelines for prescribing opioids as set forth in the initiative.
- Implement a process to share a Veteran's relevant medical history and list of prescriptions with community providers. Community providers must submit medical records, including records of any opioid prescriptions, to VA in the timeframe and format specified by VA.
- Record prescriptions in Veterans' electronic health records (EHR) and enable other monitoring of the prescriptions as outlined in the OSI.
- Ensure OSI is included in network contracts with Third Party Administrators (TPA) that provide community care. The contracts must contain, among other things, language authorizing contractors to take appropriate actions, up to and including the removal of community health care providers.

This report outlines the ongoing steps VA has taken to implement the requirements of § 131.

VA Community Provider Review of Evidence-Based Opioid Guidelines

Drugs and other substances that are considered controlled substances under the Controlled Substances Act are divided into five schedules. Schedule II/III substances have a high abuse potential with severe psychological or physical dependence liability. Schedule II controlled substances consist of certain narcotic, stimulant and depressant drugs. Examples of Schedule II narcotic substances include morphine, codeine, hydromorphone, methadone, meperidine and hydrocodone.

VA's network of 1,325,582 community providers requires significant oversight and management. To be efficient and to ensure the ability to take adequate action, the Veterans Health Administration (VHA) has specifically elected to focus on prescribers with Drug Enforcement Agency (DEA) licenses. These community providers can prescribe controlled substances, including opioids to Veterans and are directly impacted by OSI guidelines. Prescribers without DEA licenses have no ability to prescribe opioids or be involved in tracking the use of opioids. As of February 28, 2023, there are a total of 609,025 Community Care Network (CCN) and Veterans Care Agreement (VCA) providers that hold DEA registrations. In 2022, 19,668 of

those providers wrote prescriptions for opioids filled at both VA and retail pharmacies.

Paragraph (a) of section 131 of the VA MISSION Act requires that all covered health care providers be provided a copy of and certify that they have reviewed the evidence-based guidelines for prescribing opioids set forth by VA OSI. OSI guidelines and other training courses are available through VHA's Training Finder Real-time Affiliate-Integrated Network, which is an online external learning management system accessible to all community providers. Additionally, 39 state licensing boards require training in opioid safety, ranging from 1 to 12 continuing medical education (CME) credits, as part of their annual licensing requirement ([Source](#)). CME topics range from pain management, opioid use, addiction and prescribing of controlled substances.

Providers that provide health care to Veterans under VCAs are also required to complete the review of OSI guidelines, using the online training, within 180 days of signing a VCA contract. As of February 8, 2023 there are 1,230 providers contracted under VCAs who are registered with DEA. Many of these providers will be transitioning from VCAs to the CCN contract, and OSI training will be evaluated as part of their CCN training requirements. VA will contact any providers continuing under VCA contracts and communicate the expectation for prompt completion of OSI training.

As of February 7, 2023, an additional 555 community providers certified that they completed a review of the OSI guidelines, for a total of 19,575 providers since 2020. Training completion rates continue to rise, and VA has provided updated information to the TPAs on methods to access education and training.

VA continues efforts to review and enforce requirements for provider certification that they have reviewed OSI guidelines. Included in those efforts is a potential CCN contract modification to address OSI certification requirements. Additionally, VA staff and Third Party Administrators (TPAs) have the ability to curtail non-compliant community providers to prohibit new authorizations from VA during the provider review process. VA continues to build stronger relationships with TPAs to improve accountability for contractual obligations and develop a stronger review process as outlined in the VA Review of Community Providers Opioid Prescribing Practices section on page 4.

Medical Records and Medication History

P.L. 115-182 § 131(c) mandates the Secretary to require covered health care providers to submit medical documentation and prescriptions associated with care provided to Veterans.

TPAs and community providers under VCAs are contractually obligated to submit all medical documentation, including documentation of products dispensed and prescriptions associated with an episode of care with a claim, within specified timeframes. The collected documentation is added to the Veteran's EHR and is available for review by a Veteran's VA provider. In cases where the contractors or

providers do not submit clinical documents within the specified timeframe, local VA staff contact the provider to request the documentation. The expected timeframes are outlined in Table 1 below on submitted clinical documentation.

Table 1 - Timeframes to submit clinical documentation from community care providers

Community Care Program	Status	Clinical Documentation Return Timeframes
VCAs	Inpatient	30 days after discharge
	Outpatient	30 days after the initial appointment
CCN	Inpatient	30 days after discharge
	Outpatient	30 days after initial appointment

Section 131(b) of the VA MISSION Act requires VA to ensure that documents authorizing care include the available and relevant medical history of the Veteran and a list of all medications prescribed to the Veteran as known by the Department. VA uses two main tools to share all relevant medical information with community providers when authorizing care. These tools are:

- **Health Share Referral Manager (HSRM):** HSRM enables VA and community providers to upload and share essential clinical documents, including images, notes and tests. HSRM is a product that allows for standardized referrals with medical documentation and bidirectional communication. HSRM is also used to create offline referrals, ensuring that providers who are still adopting HSRM can continue to send and receive important medical information. When an HSRM offline referral is used, a documentation package, including a referral, is attached and sent through secure fax or secure email.
- **Referral Documentation (REFDOC) Tool:** Since deploying in 2017, REFDOC, a Veterans Health Information System Technology Architecture (Vista)-based tool, has provided medication history in approximately 11 million referrals, with over 9,800 users. REFDOC automates a process for reviewing a Veteran's relevant medical history. In REFDOC, VA can provide important demographic information; lab and progress notes and other important records, as necessary. This includes information on outpatient medications dispensed by VA within the last 12 months; current medications prescribed by non-VA sources; and notes on provider consent to long-term opioid prescriptions for pain management.

Additionally, VA has a provider letter within Cerner. Like the Vista-based REFDOC tool, when using the provider letter VA can provide important demographic information; lab and progress notes; and other important records, as necessary. This includes information on outpatient medications dispensed by VA within the last 12 months, current medications prescribed by non-VA sources and notes on provider consent to long-term opioid prescriptions for pain management.

VA Review of Community Providers Opioid Prescribing Practices

Veterans Integrated Service Network (VISN) Pain Management, Opioid Safety and Prescription Drug Monitoring Program (PMOP) have been reviewing and reporting on VA and community provider prescribing practices since 2019. When concerns regarding prescription patterns of a community provider are identified, VA coordinates peer-review of the non-VA provider, including collaboration with TPAs, as necessary, to ensure that providers prescribe opioids in a manner consistent with the OSI.

From March 1, 2022, through February 28, 2023, 9 of the 18 VISNs completed at least one multidisciplinary committee review on the prescribing practices of opioid prescribing community providers. About 776 community providers were initially reviewed about their opioid prescribing practice. Of those community providers reviewed, approximately 20% of them underwent further review by VA quality and patient safety staff. After full clinical and administrative review, seven providers were deactivated for the reporting period.

Over the last 3 years, VA has received feedback from field personnel about the provider review process. The field indicated that there was a lack of full-time employee equivalents to complete the multidisciplinary committee reviews and completing the reviews was cumbersome.

VA continues to establish a standardized provider review process that entails a reasonable workload and meets the needs of VA. The guidance for this standardized process was developed using a multidisciplinary approach that included the viewpoints of subject matter experts from VA National Pharmacy Benefits Management, PMOP, Office of Integrated Veteran Care program offices, VISN Community Care, Integrated Veteran Care Management, Integrated Field Operations and web tool experts.

In this revised process, each step allows for facilities to have clearly defined roles and responsibilities, while providing VA medical centers (VAMC) and VISNs the flexibility to make decisions that make the most sense for their facilities. VA creates a list of providers whose opioid prescriptions are likely to lead to dependence (e.g., Veterans who are prescribed an opioid and benzodiazepine, morphine equivalent daily dose $\geq 90\text{mg}$ and started new long-term opioid therapy). VA identified these focus areas (triggers) as the best approach to flag and initiate provider reviews and has data collected on these areas across VA. In the new process, VA derives from three specific OSI metrics to form a list of providers to conduct in-depth reviews, to include ensuring that providers have obtained consent from the Veteran; conduct periodic urine drug screens to assess for prescribed medications and other controlled prescription and illicit drugs; and search prescription drug monitoring programs in their state to ensure that Veterans are not prescribed opioids by another provider.

In support of this revised guidance, VA built new resources to support and automate the newly updated processes. The first of these new resources is a Microsoft Power App which is to be used to report VISN reviews of opioid prescribing community

providers. The Power App is automated, allowing for VHA to provide quarterly reports to VISN leadership for increased oversight. A redesigned SharePoint site containing resource documents with further background and instructions on review guidelines provides further communications to the field. Moreover, VA built out the Opioid Community Prescriber Review Q&A Dashboard. This dashboard is a centralized location for users to search frequently asked questions and submit questions about the community opioid provider process.

These updates will produce additional data points which can be used in the future to make high quality insights on the review process. Equally important, VA has now standardized the opioid prescriber review process and automated the reporting for transparent documentation from the VAMCs to the VISN Directors.

Additionally, VA developed procedures at the pharmacy and provider level to ensure that safe prescribing practices are followed in community care regarding opioids. CCN contracts limit retail pharmacies to fill urgent/emergent opioid medications for a maximum of 7-day supply (or less if state limits are more restrictive) without refills. All opioid prescriptions over a 7-day supply are processed by a VA pharmacy, allowing for VA oversight of long-term opioid prescriptions. Both community care and VA pharmacists perform multiple system checks to identify prescribing behaviors of providers, drug-drug interactions, prescriptions that may be refilled too soon and real-time point-of-sales review. CCN contractually requires TPAs to independently identify, evaluate, track, find trends and report interventions to resolve any potential quality and or patient safety issues and process to completion within established Quality Assurance Surveillance Plan measures.

Actions against Community Providers who do not Follow Safe Opioid Prescribing Practices

Section 131(d) of the VA MISSION Act requires VA to take appropriate actions to exclude or limit community providers when their opioid prescribing practices conflict with the standards of appropriate and safe care; violate the requirements of a medical license; or may place Veterans at risk. Where a significant concern arises for a specific provider, an extensive quality review is performed by the appropriate TPA. TPA uses a peer review process to evaluate and investigate reported potential quality of care and patient safety concerns that includes instituting a corrective action plan for the provider or termination of the provider when appropriate. VCA providers are reviewed according to local review policy procedures. In the event a community provider is found to have prescribing practices that jeopardize safe Veteran care, VA will place a provider hold on the provider's Provider Profile Management System profile and the provider will not receive further referrals or authorizations (Reference: [Provide Exclusionary Management Standard Operating Procedure](#)). Any active authorizations are reviewed for alternate care coordination needs based on clinical determination. Additionally, VA established a credentialing process for onboarding VCA and CCN providers. VA credentials VCA providers and has credentialing requirements in CCN contracts for TPAs. There is also an established process to report community care provider concerns for quality of care and/or patient safety issues, which is outlined in the [VHA Community Care Patient Safety Guidebook](#).

Conclusion

VA will continue to promote safe opioid prescribing practices through multiple approaches for community providers who care for Veterans and will continue to refine the process to review opioid provider prescription practices.

VA completed the accomplishments below:

- Developed a process providing standardization to the review of opioid prescribing practices of community providers;
- Leveraged several systems to facilitate the sharing of medical documentation between VA and community providers;
- Coordinated with pharmacists to monitor opioid prescriptions longer than 7 days; and
- Required TPAs to independently identify, evaluate, track, find trends and report interventions to resolve any potential quality and or patient safety issues.

Department of Veterans Affairs
June 2023