

Congress of the United States

Washington, DC 20510

May 21, 2015

The Honorable Gene L. Dodaro
Comptroller General
U.S. Government Accountability Office
441 G Street, N.W.
Washington, DC 20548

Dear Comptroller General Dodaro,

Chronic pain is a highly prevalent and serious condition among active duty U.S. servicemembers and veterans, who are suffering from a wide variety of ailments, including traumatic injuries and post-traumatic stress. Approximately 44% of veterans report having chronic pain after combat deployment as compared to 26% in the general public.¹ One of the most common medical treatments used to treat chronic pain are prescription opioid pain killers, which are known to be highly addictive, are frequently abused, and are driving the dramatic increase in prescription drug overdose deaths throughout the country. According to the U.S. Department of Veterans Affairs (VA), the number of opioid medications dispensed within the Veterans Health Administration (VHA) has more than doubled in the last decade, with nearly 25% of VHA patients receiving an opioid prescription.² With the increased reliance on opioid painkillers, concerns have been raised about the appropriate treatment of chronic pain, the impacts of opioid overuse, overdose, and other adverse events among the VA population.

Prescription opioid misuse among veterans has been linked to post-traumatic stress disorder (PTSD), heavy alcohol use, drug dependence, overdose deaths, and suicide.² Nearly 1 million veterans are estimated to take prescription opioids, and more than half use these medications chronically beyond 90 days.³ The death rate from opiate overdoses among VA patients is almost double the national average.⁴ Furthermore, studies indicate that between 30% and 40% of long-term users of opioids experience problems with dependency and addiction.⁵

¹ Toblin, R.L., Quartana, P.J., Riviere, L.A., Walper, K.C., & Hoge, C.W. (2014). Chronic Pain and Opioid Use in US Soldiers after Deployment, *JAMA Internal Medicine*, 174(8):1400-1401.

² Bray, R.M., Olmsted, K.R., & Williams, J. (2012). Misuse of prescription pain medications in US active duty service members. In Wiederhold, B.K. (Ed.), *Pain Syndromes—From Recruitment to Returning*. Amsterdam (pp.3-16). Amsterdam, The Netherlands: IOS Pres.

³ Sullivan, M. et al. (2014). National Analysis of Opioid Use Among Veterans. Presented at the American Academy of Pain Medicine Annual Conference. Phoenix, Arizona.

⁴ <http://www.drugfree.org/join-together/va-opiate-overdose-rate-almost-double-the-national-average-report/>

⁵ Boscarino, J.A. et al. (2010). Risk factors for drug dependence among out-patients on opioid therapy in a large US health-care system, 105(10), *Addiction*, 1776-82.

As the federal government has acted to address the national epidemic of opioid abuse by curtailing availability and over-prescription of opioid painkillers, there have been reports that some veterans struggling to cope with chronic pain are having difficulty getting needed prescription medications while simultaneously having trouble accessing alternative treatments for chronic pain management.⁶ Furthermore, as VA has implemented changes that allow for veterans who are facing long wait lists or who cannot easily access medical care at VA facilities to use non-VA care providers, questions remain about how medications will be seamlessly managed as well as how care for chronic pain will be coordinated among multiple providers and locations.

In light of the high rates of chronic pain as well as opioid overdose rates and misuse among veterans, prescription practices for opioid pain medications and availability of alternative non-opioid treatment programs for pain management should be examined to ensure veterans are receiving the care needed while VHA addresses the risks associated with overuse of opioids. Specifically, we request GAO investigate the following questions:

1. What types of conditions are being treated with opioid medications at VHA, and to what degree are they being prescribed across VA medical centers?
 - a. What diagnoses or co-morbidities do patients being treated with opioid pain medications at VHA have?
 - b. How frequently are these drugs prescribed and in what quantities?
 - c. What specialists are prescribing these medications?
 - d. How much variation in prescribing opioid pain medications is there across the system on a facility-by-facility basis?
2. What non-pharmacological or non-opioid based pain management interventions are available to veterans for pain management?
 - a. How accessible are these alternative interventions for veterans who need them?
 - b. What is the average wait period to see a provider with pain management training? What would be an appropriate number of providers with pain management training within VHA to address the needs of veterans with chronic pain?
 - c. How many existing providers offer alternative non-opioid interventions for the treatment of pain? What would be an appropriate number of providers who offer these alternative interventions within the VHA?
 - d. How do VHA's efforts around offering alternative interventions compare to those offered in other care settings?
3. What efforts are underway within VHA to monitor prescribing patterns of opioids among VA medical centers and to ensure that appropriate opioid pain management is consistent with clinical practice guidelines and other established benchmarks for opioid use?
 - a. What oversight mechanisms or protocols exist at the medical center, network, and central office levels to monitor opioid prescribing

⁶ http://www.washingtonpost.com/politics/veterans-struggle-to-renew-their-prescriptions-amid-new-opioid-rules/2015/02/18/4d42d63a-acb3-11e4-9c91-e9d2f9fde644_story.html

- b. Does VHA have reliable data available on opioid prescribing among clinicians at its medical centers to use as a basis for effective oversight in this area?
- c. What are the major barriers, if any, to veterans accessing prescription opioid painkillers for chronic pain therapy?
- d. What actions have been taken at various VA levels to curb potential overuse of opioids?
- e. What is VHA's capability to monitor opioid use for veterans who obtain care from a non-VA provider or from other sources outside of VHA?
- f. What practices does VHA have in place, if any, to periodically screen patients who are receiving opioid pain medications for signs of addiction?
 - i. If a patient within VHA is identified as having an opioid use disorder, what addiction treatment services are provided?
 - ii. Are these services readily available within VHA?
 - iii. What barriers, if any, exist for veterans to access addiction treatment services?
- g. How does VHA's oversight of prescribing and use of opioids by its patients compare to oversight done in other care settings?

Should you have any questions about this request, please contact Avenel Joseph in Senator Markey's office at 202-224-2742.

Sincerely,



Edward J. Markey
United States Senator



Richard Blumenthal
Ranking Member,
Senate Committee on Veterans' Affairs



Seth Moulton
United States Representative



Corrine Brown
Ranking Member,
House Committee on Veterans' Affairs