Fall 2018

# CCDOR Connection

## Our Mission

*To develop and evaluate interventions and implementation strategies to improve health care delivery, Veteran engagement in health care, and Veterans' health and functioning in their communities*

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# CCDOR celebrates 20 years of high-impact health services research and an additional 5 years of funding!!

CCDOR has been a productive, interdisciplinary community of professionals since 1998, conducting innovative health services and implementation research to improve health outcomes for Veterans. After a successful recompete application, CCDOR, now known as the ***Center for Care Delivery and Outcomes Research***, will focus on two research priorities (Trauma Recovery and Chronic Pain & Opioid Harms Reduction), build emerging research areas and train the next generation of HSR investigators. The new logo is a culmination of CCDOR's new mission and vision: the caduceus/Staff of Hermes represents healthcare delivery, the star represents innovative research, the shield represents the men and women who defend our freedom and the colors remind us that all we do is in service to our Veterans and nation.

Photo: April Eilers— Minneapolis VA Public Affairs

## In this Issue



## Calendar

**Implementation Science Journal Club—4th Tuesday of every month**

**Medicine Journal Club (presenter: Siamak Noorbaloochi)—Nov 1**

**Veterans Day (observed)—Nov 12**

**Medicine Research Conference (presenter: Susan Diem)—Nov 15**

**Medicine Grand Rounds (presenter: Elizabeth Goldsmith)—Nov 16**

**Thanksgiving Day—Nov 22**

**Medicine Journal Club (presenter: Elisheva Danan)—Dec 6**

## ADaPT-OUD Study Receives National Attention

**Drs. Hildi Hagedorn** and Adam Gordon (VA Salt Lake City) have received recognition from VISN leadership to VA HSR&D for their HSR&D-funded project Testing a Novel Strategy to Improve Implementation of Medication-Assisted Treatment for Veterans with Opioid Use Disorders in Low Performing Facilities (ADaPT-OUD), a 4-year Investigator-Initiated Research (IIR) study. According to the CDC, about 115 people in America die from an opioid overdose each day. From 1999 to 2016, opioid overdose deaths increased five-fold. The VA is addressing this urgent issue by funding several initiatives involving the treatment of opioid use disorder (OUD) for Veterans. ADaPT-OUD aims to increase access to medication treatment for Veterans with OUD. Administrative data showed that the 35 VA facilities in the lowest quartile of prescribing rates for OUD were prescribing to <21% of patients with an OUD diagnosis at baseline. Eight of these low prescribing VA sites were recruited to receive intensive external facilitation from the

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## ADaPT-OUD Study Receives National Attention cont'd

ADaPT-OUD team. The remaining 27 low-performing sites continue to receive implementation as usual (e.g., VA Office of Mental Health and Suicide Prevention, and Academic Detailing interventions). Prescribing rates and costs of care among the study sites and usual care sites will be compared at the end of the study. The intervention includes a needs assessment, a site visit and one year of external facilitation from Drs. Hagedorn and Gordon, quarterly feedback reports of site– and national-level prescribing rates and other outcomes, and monthly collaborative calls of the participating sites to share experiences and troubleshoot challenges.

ADaPT-OUD was credited for getting one of its participating VAs to write it's very first buprenorphine prescription ever! The study was also highlighted in the September 2018 issue of the HSR&D *In Progress* newsletter on improving opioid safety. To read more, visit https://www.hsrd.research.va.gov/publications/inprogress/sep18/default.cfm?InProgressMenu=aug18-5&utm_source=InProgress&utm_medium=email&utm_campaign=InProgress0918. Dr. Hagedorn will present on ADaPT-OUD at the Addictions Health Services Research Conference in October and at the NIH Dissemination & Implementation Conference in December.

A related initiative, Stepped Care for Opioid Use Disorder Train the Trainer (SCOUTT), is a 2-year initiative led by Dr. Karen Drexler, National Mental Health Program Director for Substance Use Disorders. SCOUTT has tasked teams from 18 VISNs to make medication treatment for OUD available in their substance use disorder, general mental health, pain and primary care clinics. The VISN teams attended a conference in August where they were offered training and created a project charter. Teams returned to their facility to work with their leadership and colleagues in the target clinics to implement their plans. Dr. Gordon is leading efforts to help these teams achieve success which includes community of practice calls for ongoing education, peer learning, and ongoing feedback and evaluation as well as external facilitation to provide assistance in implementing their plans. Facilitators include Dr. Hagedorn, **Dr. Princess Ackland**, and **Marie Kenny** from CCDOR and Dr. Amanda Midboe from VA Palo Alto. Teams are expected to implement medication treatment for OUD in their facility in at least one of the target clinics outside of their substance use disorder clinic within the next 6-9 months. By the end of the first year, teams are expected to spread the practice to another clinic in the facility. By the end of the second year, they are expected to work with another facility in their VISN to implement the stepped care model, thus spreading best practice across the VA.

## CCDOR Kicks Off FY19 with New Research

### MATCH

**Drs. Aasma Shaukat**, Minneapolis VA Chief of Gastroenterology and **Dimitri Drekonja**, Minneapolis VA Chief of Infectious Diseases are Co-Chairs for the "Microbiota or Placebo after Antimicrobial Therapy for Recurrent *C. difficile* at Home (MATCH)" study. This VA Cooperative Studies Program-funded study aims to assess whether fecal microbiota transplant (FMT), also known as 'stool transplant' is effective at preventing recurrent *Clostridium difficile* infection (CDI).

CDI is one of the most common hospital-acquired infections and is increasingly common in patients who have not been in the hospital. Although more than 90% of patients get better with a course of standard antimicrobial therapy, recurrence is common. Recurrence rates range from 15-30% (after the first CDI episode) to 40-50% (after the second and subsequent episodes). FMT has shown promise when given after standard antimicrobial therapy in smaller studies, substantially reducing CDI recurrence among FMT recipients. FMT can now be administered by swallowing special capsules, which provides an opportunity to deliver FMT in a convenient method without the need for a medical procedure like a colonoscopy. Because the VA, like most US hospitals, has a high burden of recurrent CDI, there has been considerable interest in FMT from both providers and patients. Currently, some VA facilities provide FMT, others refer patients to community-based providers, and others do

# CCDOR Kicks Off FY19 with New Research cont'd

not offer FMT. Because of the lack of large clinical trials showing that FMT is effective, there is regulatory uncertainty. The Food and Drug Administration currently requires an Investigational New Drug application (IND) for research involving FMT, and other restrictions for non-research use, including obtaining written informed consent.

MATCH opened for recruitment October 2018 and is currently enrolling eligible Veterans who are enrolled at a VA facility, age 18 and older, who have had one or more episodes of recurrent CDI; have had resolution or improvement of symptoms from the most recent CDI episode; enroll within 2 to 14 days after completion of antimicrobial therapy or 30 days after the onset of CDI (whichever is later); and are able to provide informed consent. Veterans living anywhere in the United States are eligible to participate. The Study Coordinators will enroll the patients at their home or place of residence. All follow-up is via telephone. Half the study participants will receive Fecal Microbiota Transplant (FMT) via oral capsule and the other half will receive a placebo (sugar pill). The assignment is random and blinded to the participant. All study participants will be followed via phone at days 2, 14, 28, 42, and 56 after capsule administration, and once a month thereafter until month 6.

## VERDICT

**Dr. Erin Krebs** is the Minneapolis VA Site PI for Veterans Response to Dosage in Chiropractic Therapy: A Pragmatic Randomized Trial Addressing Dose Effects for Chronic Low Back Pain (VERDICT; PIs: Drs. Christine Goertz at the Spine Institute for Quality and Cynthia Long at the Palmer College of Chiropractic). VERDICT explores two primary hypotheses in two phases: phase 1 will be comparing the effectiveness of a higher dose (8-12 visits) versus lower dose (1-5 visits) of chiropractic care on improving function and reducing pain intensity/interference in Veterans with chronic low back pain. After completing phase 1, participants will then be randomized to a second phase comparing Chiropractic Chronic Pain Management (CCPM, with one scheduled chiropractic visit/month over 10 months) versus no CCPM on improving function, and reducing pain intensity and interference. The study will also evaluate the impact of CCPM on health services outcomes such as utilization of prescription medications and visits to other providers, services, and hospitalizations and contains a qualitative component evaluating both patient and clinician perceptions of treatment factors and the effectiveness of the study interventions. VERDICT investigators aim to enroll 766 Veterans overall, with approximately 175-200 at the Minneapolis site. Recruitment will begin in mid-2019.

VERDICT was funded through a new and unique funding mechanism bringing together federal agencies to address the public health crises of chronic pain and the opioid epidemic. The Pain Management Collaboratory is a research initiative partnering the Department of Defense, National Institute of Health, and the Department of Veterans Affairs, with the three agencies together pledging $81 million in grants over 6 years.

## SCORE PTSD

**Dr. Nina Sayer** is the PI for the Shared Contributions to Outcomes and Retention in EBPs for PTSD (SCORE PTSD) project, a 3.5-year VA HSR&D-funded study that began in August 2018. The study operates in close collaboration with the National Center for PTSD and is supported by the Office of Mental Health and Suicide Prevention. The primary goal of the study is to understand the extent and reasons for variation in outcomes from CPT and PE among VHA patients. Why do some patients benefit more than others from CPT and PE? Why do some patients drop out while others complete the full course of treatment? What aspects of treatment account for these differences? We need this information to optimize patient retention and outcomes for these treatments . We plan to use what we learn through this research to tailor our CPT and PE dissemination programs further and to see if other interventions are needed to better support CPT and PE therapists.

SCORE PTSD employs an explanatory sequential mixed method design that focuses on treatment delivered in routine VHA settings across the country. The study, which will enroll 250 therapists nationally who deliver CPT or PE to 2,000 to 3,000 patients with PTSD, will use multilevel modeling of therapist and patient data from chart notes and administrative datasets supplemented with data from therapist surveys to characterize therapists and their work context. Retention in treatment and improvement in PTSD are our primary outcomes. To contextualize, explain, and illustrate quantitative findings, qualitative interviews will be conducted with a purposive subsample of 32 therapists after quantitative data collection and analysis.

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# Select CCDOR Publications

**Burgess DJ**, Beach MC, Saha S. Mindfulness practice: A promising approach to reducing the effects of clinician implicit bias on patients. Patient education and counseling. 2017 Feb 1;100(2):372-6.

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Albott CS, Lim KO, Forbes MK, **Erbes C**, Tye SJ, Grabowski JG, Thuras P, Batres-y-Carr TM, Wels J, Shiroma PR. Efficacy, Safety, and Durability of Repeated Ketamine Infusions for Comorbid Posttraumatic Stress Disorder and Treatment-Resistant Depression. The Journal of clinical psychiatry. 2018 May;79(3).

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**Wilt TJ**, Kansagara D, Qaseem A. Hypertension limbo: balancing benefits, harms, and patient preferences before we lower the bar on blood pressure. Annals of internal medicine. 2018 Mar 6.

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Matthias MS, **Donaldson MT**, **Jensen AC**, **Krebs EE**. "I was a little surprised": Qualitative Insights from Patients Enrolled in a 12-Month Trial Comparing Opioids to Non-Opioid Medications for Chronic Musculoskeletal Pain. The Journal of Pain. 2018 Apr 30.

**Diem SJ**, Guthrie KA, Mitchell CM, Reed SD, Larson JC, **Ensrud KE**, LaCroix AZ. Effects of vaginal estradiol tablets and moisturizer on menopause-specific quality of life and mood in healthy postmenopausal women with vaginal symptoms: a randomized clinical trial. Menopause. 2018 Oct 1;25(10):1086-93.

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**CCDOR** was founded in 1998 and is currently comprised of 26 Core Investigators (includes clinically-active physicians, biostatisticians, epidemiologists, behavioral scientists, and clinical psychologists) and over 50 Research and Administrative Support Staff. It supports over 70 funded studies and several research training programs for post-doctoral level Investigators.

***Center of Innovation***

In 2013, CCDOR became a VA Center of Innovation (COIN) and was refunded in 2018. The COIN program rewards research innovations and partnerships to ensure that research has the greatest possible impact on VHA policies, healthcare practices, and health outcomes for Veterans. COINs emphasize detailed strategic planning and collaboration in one or more focused areas of research, partnerships with VA clinical and/or operations leaders, and accelerated movement toward implementation and impact.

**CCDOR's Research Priorities**

- Trauma Recovery
- Chronic Pain and Opioid Harms Reduction

**CCDOR's Cores**

- Administrative Core
- Evidence Synthesis Core
- Implementation Core
- Mentoring and Training Core
- Statistics and Data Management Core
- Veteran Engagement Core

**Operational Partners**

- National Center for Health Promotion and Disease Prevention (NCP)
- National Center for PTSD
- Office of Mental Health and Suicide Prevention
- VA Midwest Health Care Network, VISN 23
- VA Primary Care Program Office
- VHA Pain Management (Program Office)

**For more information**

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VA

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Veterans Health Administration