

United States Senate

COMMITTEE ON VETERANS' AFFAIRS
WASHINGTON, DC 20510

April 11, 2024

Duane Gill
Interim Executive Director
Montana VA Health Care System
3867 Veterans Drive
Fort Harrison, MT 59636

Dear Mr. Gill,

I write today to ensure the Montana Veterans Affairs Health Care System (Montana VA) is utilizing all resources to make certain veterans have adequate and appropriate pain management support, and is providing essential oversight of opioid prescribing practices in VA and the community.

When veterans come to my office for help, they relay the difficulty in learning about what nonpharmacological pain management options are available to them at VA and in the community and how to access these modalities. Pain, especially severe and chronic pain, has a significant impact on veterans' overall health and can directly and catastrophically impact their mental health if not addressed effectively and properly. Given the risk of opioid misuse or self-medication to mask pain among veterans, I would appreciate more information on nonpharmacological forms of pain management, including, but not limited to, behavioral therapy and complementary and integrative health programs and services, that are available to Montana veterans.

- What programs and services are available to veterans at each VA medical facility and in the community?
- Is there a centralized directory of nonpharmacological pain management options for veterans?
- What telehealth options does VA Montana support for pain management?
- Does VA Montana offer pain management resources directed specifically at women?
- At the Montana facilities that provide Physical Therapy, are those providers fully-staffed and equipped to provide pain management services and relief? What is the average wait-time for care at each location for Physical Therapy services?
- How does VA Montana's Whole Health approach to health care complement pain management intervention and control for veterans?
- How does VA Montana communicate with veterans regarding options for pain management?
- What is the nature of training required of providers regarding cultural sensitivities in pain management options?

VA's Opioid Safety Initiative includes VA and Department of Defense Clinical Practice Guidelines to provide thorough and clear recommendations for providers. It also includes valuable educational resources for providers and veterans.


- How does VA Montana ensure its providers are utilizing the Clinical Practice Guidelines for the Management of Opioid Therapy for Chronic Pain?
- How does VA Montana encourage its providers to utilize the Opioid Safety Clinical Toolkit to help providers have useful information on when it's appropriate to start, continue or taper opioid therapy?
- How does VA Montana ensure non-opioid options for pain management, including topical gels, anti-inflammatory and other oral medications, trigger point injections, steroid injections, and other interventional pain management options are explored, when appropriate, by providers before prescribing opioids?
- How does VA Montana work with VA Central Office to evaluate new non-opioid options for pain management?
- How does VA Montana work to educate patients on the safe and responsible use of opioids to manage pain?
- How is the Opioid Therapy Risk Report utilized by managers and pharmacists to identify potential concerns?

As you know, VA requires its in-house providers to check state prescription drug monitoring programs (PDMPs) to mitigate prescription drug abuse and overdose. To address the risk of overdose and misuse by veterans utilizing community care, VA extended this requirement to its community partners. Last year, I wrote to Secretary McDonough about my concern with VA's oversight of non-VA providers who prescribe opioids to veterans. I am particularly concerned with providers participating in the Veterans Community Care Network (CCN) not querying state PDMPs before prescribing opioids to veterans, creating life-threatening patient safety concerns. I have often said that VA can outsource the work but it cannot outsource the responsibility of the quality of care veterans receive in the community. It would be helpful to better understand how VA Montana ensures veterans being prescribed opioids in the community are safe.

- The VA Office of Inspector General recently recommended VA issue formal guidance to all VA pharmacy staff regarding best practices for conducting PDMP queries upon receipt of controlled substance prescriptions from CCN providers. Is that a practice VA Montana currently follows given community providers do not consistently query PDMPs themselves?
- How does VA Montana ensure its in-house providers query the PDMP before prescribing opioids?

I appreciate your attention to this request and all that you do on behalf of Montana veterans. I look forward to your response.

Sincerely,



Jon Tester
Chairman
Senate Committee on Veterans' Affairs