

December 1, 2021

## CONDUCT OF DATA-BASED REVIEWS OF OPIOID-EXPOSED OR OVERDOSE PATIENTS WITH RISK FACTORS

1. VHA is committed to enhancing the safe and effective care of patients who are exposed to opioid drugs and patients who have experienced an overdose event. Some opioid-exposed patients at elevated risk of experiencing an adverse event or who have experienced an overdose event have not consistently received risk mitigation or modified treatment plans which can reduce the likelihood of these events and improve patient outcomes. A well-controlled evaluation in VHA of outcomes associated with the mandate that “very high” risk patients receive an interdisciplinary risk review found that being mandated for review was associated with a significant reduction in all-cause mortality risk over the next 4 months.

2. This VHA notice maintains and expands policy (first published as VHA Notice 2018-08 and extended in Notice 2019-15) on implementation of Opioid Safety Initiative (OSI) case reviews, and Title IX, Subtitle A, Section 911(a)(2) of the Comprehensive Addiction and Recovery Act of 2016 (CARA) (P.L. 114-198). The reviews required by paragraphs 3.a, 3.b, and 3.c must be documented in the patient’s electronic health record (EHR), either in the Computerized Patient Record System (CPRS) using a note title or a health factor that includes the terms “Data-based” and “Risk Review” or in the Cerner Millennium EHR using a “Clinical Risk Assessment Powerform” as specified in guidance at:

<https://dvagov.sharepoint.com/:w:/r/sites/VHAPERC/STORM/Resource%20Library/Completing%20a%20Cerner%20Clinical%20Risk%20Assessment%20Powerform%20DRAFT.docx?d=w53500e60955243fba03516c7d7d0b3c0&csf=1&web=1&e=LsY111>. **NOTE:**

*This is an internal VA document that is not available to the public.*

3. Completion and documentation of risk reviews is required for the following three groups of patients:

a. Patients identified as being in the “Very High – Opioid Prescription” or “Very High – Recently Discontinued” risk category for an overdose or suicide-related event by the Stratification Tool for Opioid Risk Mitigation (STORM) and who are not up to date on standard risk mitigation criteria must be reviewed by an interdisciplinary team focused on controlled substance risk review, the VA medical facility “OSI/controlled substance review team” or equivalent existing review team.

b. Patients being considered for new opioid prescriptions must have a data-based risk review before initiating opioid therapy by the VA health care provider or team who would initiate the prescription at the point of care.

c. Patients with an overdose that is documented in a Suicide Behavior and Overdose Report (SBOR) either in a stand-alone SBOR or Comprehensive Suicide Risk

Evaluation (CSRE) with embedded SBOR elements, must have a data-based risk review by the OSI/controlled substance review team or equivalent interdisciplinary team (e.g., an overdose review team).

4. Detailed background, definitions of standard risk mitigation criteria, implementation instructions, and monitoring plans regarding this notice are available at: <https://dvagov.sharepoint.com/sites/VHAPERC/STORM/Resource%20Library/STORM%20Notice%20Detailed%20Guidance%20Final.pdf> **NOTE:** *This is an internal VA document that is not available to the public.*

5. Resources, including user guides, that provide an overview of the STORM reports and requirements of this notice are available at: <https://dvagov.sharepoint.com/sites/VHAPERC/STORM/SitePages/STORM%20ed%20materials.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

a. An ongoing monthly call accredited for continuing education addresses various aspects of opioid safety and risk mitigation, including overdose prevention and use of STORM. Calls are recorded and available at <https://dvagov.sharepoint.com/sites/VHAPERC/STORM/SitePages/STORM%20Monthly%20Call.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

b. A listserv, [VHASTORM@va.gov](mailto:VHASTORM@va.gov), supports information sharing about implementation.

c. The STORM implementation team is available at [V21PALSTORMteam@va.gov](mailto:V21PALSTORMteam@va.gov) for technical assistance with the STORM reports, to add people to the listserv, or to assist with developing strategies and processes for risk reviews.

6. VA medical facility Directors and other appropriate VA medical facility leadership must facilitate implementation of risk reviews by:

a. Ensuring that the STORM implementation team has a designated contact person or team at each VA medical facility. As described in VHA Memorandum 2021-04-18, "Fiscal Year 2021 Pain Management, Opioid Safety, and the Prescription Drug Monitoring Programs (PMOP- 11SPEC20) Field Funding," issued April 8, 2021, the PMOP Coordinator is the preferred contact person. The contact person(s) will receive information about updates and trainings on STORM and opioid risk mitigation as well as overdose reviews. The full memorandum is available at: [https://vaww.va.gov/vhapublications/ViewPublication.asp?pub\\_ID=9386](https://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=9386) . **NOTE:** *This is an internal VA website that is not available to the public.*

b. Ensuring that the VA medical facility OSI/controlled substance review team has interdisciplinary representation. Specifically, these teams must include the contact person (i.e., the PMOP coordinator) or team (see section 6a) and representation from the facility's substance use disorder program or a mental health provider who can facilitate rapid engagement in care if appropriate. Additional subject matter experts may be asked to participate in the risk review process when indicated by patient care needs.

These providers might be from, for example: pain management, pharmacy, primary care, suicide prevention or patient advocacy.

c. Ensuring local training of VA health care providers and point of care staff on the requirements to conduct data-based reviews of risk factors before initiating opioid therapy, as required by paragraph 3.b, expectations for follow-up after an overdose, as required by paragraph 3.c, and adequate time dedicated to conduct the reviews and follow-up required by paragraphs 3.a and 3.c. Staff training may be developed locally, use national training materials, or a combination. Links to relevant national trainings are located here:

<https://dvagov.sharepoint.com/sites/VHAPEREC/STORM/SitePages/Supporting%20Materials.aspx>. **NOTE:** *This is an internal VA website that is not available to the public.*

d. Requiring that a Clinical Application Coordinator (CAC) at the VA medical facility:

(1) Edit and maintain note titles or health factors that include “Data-based” and “Risk Review” in the title.

(2) Enable CPRS alerts to be sent to the contact person or team and the OSI/controlled substance review team upon completion of the SBOR or CSRE for an overdose. The SBOR and CSRE templates enable alerts for overdoses to be sent via email as indicated in the SBOR installation guide located here:

<https://dvagov.sharepoint.com/:b:/r/sites/VACOMentalHealth/Safety%20Planning%20%20SBR/Suicide%20Behavior%20and%20Overdose%20Reporting/SBOR%20Install%20Guide.pdf>. **NOTE:** *This is an internal VA document that is not available to the public.*

7. Questions regarding this VHA notice should be directed to the STORM implementation team at [V21PALSTORMteam@va.gov](mailto:V21PALSTORMteam@va.gov), Dr. Friedhelm Sandbrink, National Program Director for Pain Management, Opioid Safety, and Prescription Drug Monitoring Program (PMOP) Office (11SPEC20), VHA, at [Friedhelm.Sandbrink@va.gov](mailto:Friedhelm.Sandbrink@va.gov), or Dr. David Carroll, Executive Director, Office of Mental Health and Suicide Prevention (11MHSP), VHA, at [David.Carroll@va.gov](mailto:David.Carroll@va.gov).

8. VHA Notice 2019-15, Conduct of Data-Based Case Reviews of Opioid-Exposed Patients with Risk Factors, dated August 8, 2019, expired on August 31, 2020.

9. This VHA notice will be archived as of December 30, 2022.

**BY DIRECTION OF THE OFFICE OF  
THE UNDER SECRETARY FOR HEALTH:**

/s/ Kameron Matthews, MD JD  
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