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| **Meeting/Project Name:** |  ORD SPR Advisory Group Monthly Meeting |
| **Date of Meeting:**  | Tuesday,October 24th, 2023 | **Time:** | 3:00-4:00 PM ET |
| **Meeting Facilitator:** | J. Constans  | **Location:** | MS Teams |

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| MEETING OBJECTIVE |
| Provide the committee with updates and address next steps for future initiatives and projects |

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| ATTENDEES LIST *(check mark indicates attendance)* |
| **Committee Members:** | [x]  Bob O'Brien[x]  Joseph Constans | [ ] Miriam Smyth[ ]  Peter Hunt | [x] Sumitra Muralidhar[ ]  Vetisha McClair |
| **Advisory Group:** | [x]  Steven Dobscha[x]  Stephanie Gamble[x] Brian Marx | [x]  Stephen O’Connor[x]  Susan Strickland[ ]  Melissa Mehalick | [x] Wendy Tenhula[x]  Lisa Brenner[ ]  Matthew Miller[x]  Jodie Trafton |
| **Speakers:** | [ ]  Caroline Mwonge [x]  Maharsi Naidu[x]  Max Shpilband [x]  Carol Fowler | [ ]  Aman Mehmood[x] Kara Beck |  |
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| **Support Staff:** | [x]  Imani Braxton-Allen (Titan Alpha) |  |  |

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| MEETING NOTES |
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| **Agenda:**1. **Priority Setting- Dr. Kara Beck**
	1. **AMP Priority Setting for RFA**
		1. Phase I: Identify research gaps and unanswered questions (e.g., SPM review, evidence inventories or reviews, VA program office strategic plans)
		2. Phase II: Refine Priorities using concurrent processes: national surveys/live voting & focus groups with Consumer, Provider, Leader, Investigator groups
		3. Phase III: Delphi consensus panel with interested party representatives rank priorities on urgency, impact, feasibility, identify impact metrics
		4. General principles when priority setting:
			1. Priorities should reflect the research translation spectrum (e.g., T1-T4)
			2. In-depth feedback from focus groups to identify topics not previously listed
			3. Broad representation across interested parties via surveys, voting on top priorities
			4. Perspectives from the front line
	2. **Pain and Opioid- Priority Setting Process example**
		1. Phase I:
			1. Reviewed initial List of POU AMP and CORe Priorities
			2. Conducted brief Evidence Inventory to enhance initial list of priority topics, considering topic areas identified as gaps in existing priorities
			3. Identified opportunities using existing lists of VA providers, leaders, and Veterans for focus groups and surveys on priority topics, especially from the front line e.g.,
				1. Clinical leader, mid-level manager focus group (VISN, VAMC)
				2. Mid-level manager survey (VAMC), representing primary care, nursing, pain management, MH/SUD, neurology, pharmacy, rehabilitation, etc.
				3. Veterans engagement councils
		2. Phase II:
			1. General Approaches to Priority setting
				1. Background:

VHA Research is updating its funding priorities related to pain and opioid use disorder We are obtaining input from Veterans, providers, and cliniciansWe are especially interested in your input on emerging areas of research that can help support Veterans experiencing pain and/or opioid use disorders* + - * 1. Context:

We are looking for priorities across basic, clinical, health services, and policy researchNeuropathic and musculoskeletal painOpioids and emerging products and substancesFocus on improving and sustaining long-term outcomes* + - 1. Examples of Phase II Existing Groups for Input
				1. VA leaders/clinical managers

Chief Medical Officers, Chief Nursing Officers, Select VAMC Chiefs of StaffVHA Chiefs of Staff National Virtual MeetingVHA National Pain Management Strategy Coordinating Committee Virtual MeetingVISN Pain Consultants* + - * 1. Veterans

Pain/Opioid CORE Veteran Engagement CouncilVA Minneapolis COIN Veteran Engagement Panel MembersSubstance Addiction and Recovery Veteran Engagement Board meeting * + - * 1. Providers

PACT Pain ChampionsVHA National SUD Community of Practice CallProvider surveys * + - * 1. Investigators

Survey distributed to investigators identified by PoP AMP SPMs* + 1. Key insights by group
			1. VA national leaders
				1. time-sensitive needs: Impact of telemedicine policies on long term treatment of pain and opioid use disorder
				2. Health and health care disparities in pain treatment
				3. Interdisciplinary therapies that address cross-diagnostic conditions
			2. Veterans
				1. VA has an important role in researching non-Rx treatments
				2. Provider turnover (workforce)
				3. VA benefits and policy reform (more flexibility in using educational benefits), drug courts, co-occurring conditions (SUD)
				4. Understanding the effects of medication on the body
		2. Overall Summary
			1. Priorities ranked highly by all categories of groups:
				1. Studies identifying new therapeutic targets for pain, tolerance, and/or opioid use disorder
				2. Clinical treatments for long-term recovery from pain, especially non-opioid treatments
			2. Priorities ranked highly by three groups:
				1. Leaders, providers and Veterans:

Environmental, social, and policy changes addressing social determinants to prevent opioid misuse (including policies related to telehealth/virtual care, Veterans benefits, jail diversion programs, etc.)* + - * 1. Providers, Veterans, and investigators:

Implementation of treatments and approaches to enhance pain treatment services, especially for underserved groupsResearch on the risk factors, treatment, and prevention of opioid use disorders* + 1. Next steps
			1. Updated multi-level research priorities based on the QUERI process presented to POU-AMP SOTA meeting July 19-20, 2023 which included national researchers and VHA clinical leaders
			2. ISRM recommends future application of QUERI process to other AMPs and broad portfolios to identify long-term as well as short-term priorities
		2. Status of Pain/Opioid RFAs
			1. Priorities ranked highly by all categories of groups:
				1. Studies identifying new therapeutic targets for pain, tolerance, and/or opioid use disorder – this is an original area of interest for the Broad RFA. Added special emphasis on development of xylazine reversal medication(s).
				2. Clinical treatments for long-term recovery from pain, especially non-opioid treatments – this will be a focused RFA especially for pain management/OUD in underserved groups, including LTOT/OUD.
			2. Priorities ranked highly by three groups:
				1. Leaders, providers and Veterans: Environmental, social, and policy changes addressing social determinants to prevent opioid misuse (including policies related to telehealth/virtual care, Veterans benefits, jail diversion programs, etc.) - added as a special emphasis area to Broad RFA under Harms Reduction.
				2. Providers, Veterans, and investigators:

Implementation of treatments and approaches to enhance pain treatment services, especially for underserved groups – Focused RFA for this under pain management teams.Research on the risk factors, treatment, and prevention of opioid use disorders – Focus area for biomarkers/pharmacogenomics to guide clinical treatment.* 1. **What Priority Setting would look like for Suicide Prevention**
		1. Phase I:
			1. Are there existing priority lists that can inform the process (e.g. SPRINT research priorities)?
			2. Identify gaps in priority list and conduct Evidence Inventory
			3. Identify opportunities for surveys and focus groups using existing lists of providers, veterans, leaders,
	2. **Phase II:**
		1. Veteran Engagement Councils
			1. Prior to focus groups, developed briefing slides and focus group script and updated priorities using plain language
			2. Focus group methods:
				1. Introductions, background, initial voting and further input on priorities
				2. Two breakout sessions to further discuss research priorities

Any topics missed on the initial listFocus on VA benefits research* + - * 1. Final voting on top 2 priorities
		1. Synthesize and Feedback Input
			1. Make updates to priorities iteratively
			2. Meaningfully group key insights
			3. Identify agreement of priorities across groups
			4. Utilize input on priorities to develop consensus panel or SOTA
	1. **Phase III:** Consensus Panel/SOTA
		1. Present feedback on priorities s to experts and interested parties
		2. Obtain input and high-level summary of key priorities to move forward on:
			1. Identify both short and long term priorities
		3. Utilize input to develop and/or update RFAs
	2. **Action Items:**
		1. Identify initial list of priorities
		2. Conduct brief evidence review
		3. Refine initial list into list of candidate priorities
		4. Identify groups for input
		5. Develop survey/focus group of candidate priorities
		6. Outreach for survey distribution/focus group scheduling
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| **ACTION ITEMS** |  |
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