Disclosures

• Financial relationships with commercial interests:
  Eric B. Schoomaker, MD, PhD has documented that he has nothing personal to disclose. His spouse is a yoga therapist, mindfulness teacher and co-owner of Myndwell, a mindfulness training program.

• This presentation does not contain off-label or investigational use of drugs or products

• The opinions expressed represent solely the views of the presenter and do not reflect official policy of the DoD or USU.
Rising Musculoskeletal & Mental Disorders—Ambulatory Visits

The intersection of mind & body
Prevalence of Chronic Pain, PTSD and TBI in a sample of 340 OEF/OIF veterans with polytrauma

Chronic Pain
N=277
81.5%

10.3%
16.5%

2.9%

12.6%

42.1%

6.8%

5.3%

PTSD
N=232
68.2%

TBI
N=227
66.8%

Chronic Pain & Opioid Addiction: The Role of Integrated Care

Pain Management Task Force

– Provide recommendations for a DoD **comprehensive pain management strategy** that is holistic, multidisciplinary, and multimodal in its approach, utilizes state of the art/science modalities and technologies, and provides optimal quality of life for Soldiers and other patients with acute and chronic pain.

  ➢ **Army Pain Management Task Force Charter; signed 21 Aug 2009**

– **Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research**

  ➢ **Institute of Medicine; June 2011**

Federal Medicine Pain Management Drivers

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Chronic Pain & Opioid Addiction:
The Role of Integrated Care
Defense and Veterans Pain Rating Scale (DVPRS):
Changing the Culture of Pain Care

- **Goal:** Standardized Pain Assessment Tool
- A common language DoD and VHA pain assessment tool with visual cues and a common set of measurement questions—linked to function.

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**Thank you!**

Questions?
Learning Objectives

• Attendees should appreciate the complex interconnectedness of chronic pain and the spectrum of co-morbid service-connected health and well-being issues.

• Attendees should gain an understanding of the close coordination among the Federal health and healthcare agencies—military, VA and other Federal agencies—in opening the aperture of pain management approaches to an integration of evidence-based complementary and conventional practices.

• Attendees should have an appreciation of the unique features of service- and combat-related wounds, injuries and illnesses and comorbidities that have led to chronic pain problems—including chronic opioid problems—after more than a decade and a half of armed conflict.

Unprecedented battlefield survival

Improvements on the battlefield
   Better trained medics
   Improved equipment
   Far forward emergency & surgical care

Improvements in evacuation

Improvements in recovery & rehabilitation
But it came at a price...

Long, frequent deployments without “dwell time” extracted a heavy price in mental health problems...
Problems of Polypharmacy and Prescription Drug Deaths

Unintentional Drug Overdose Deaths
United States, 1970–2007

36,450 drug overdose deaths in 2008

Prescription Opioids

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Prescription Opioids
An Epidemic in Opioid Problems in the US
Primary non-heroin opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

- 2001
- 2003
- 2005

SOURCE: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Data received through 11/03/10.

Chronic Pain & Opioid Addiction: The Role of Integrated Care

Evidence-Based Complementary and Alternative Therapeutic Modes

- Acupuncture
- Biofeedback
- Yoga
- Meditation

Standardizes Pain Management Services at echelons of care across our Medical Treatment Facilities:
Team-Based

Provides optimal quality of life for Soldiers and patients with acute and chronic pain

Comprehensive Pain Management

Interdisciplinary

Holistic

Multimodal
Chronic Pain & Opioid Addiction: The Role of Integrated Care

Auricular Acupuncture or “Battlefield Acupuncture” (BFA)
Teaching Our Own

Lessons from the Samueli Chronic Pain Breakthrough Collaborative

From “Chronic Pain Care Model”, 2013-2016; Samueli Institute Chronic Pain Breakthrough Collaborative, Alexandria, VA
Take Away Messages

- **CIM&H modalities** are powerful experiences but we must move beyond anecdotal reports...much progress has been made in **evidence for use**.

- Management of chronic pain is a **complex, individual experience** often with **comorbid elements** for which **care must be patient-centered, tailored, individualized, multi-disciplinary and team-based**: Federal Medicine is moving ahead.

- We **MUST move beyond the use of opioids for acute & chronic pain**—they have their place but much less often than used now.

- **Well-designed studies** that evaluate the effectiveness, safety and focus on clinical outcome are **vital** for CIM&H modalities to be **trusted and adopted**.

- As with so much of the history of human health and healthcare, progress rests upon the work of generations of pioneers and courageous leaders...**marked by patience, collaboration and wisdom**.

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INTERDISCIPLINARY PAIN MANAGEMENT CENTER (IPMC): Serves as hub for pain management synchronization for designated MTFs within RMC. Provides pain management specialty referral, consultation services, patient and provider education, and coordination of research initiatives.

Primary Care Pain Champion: Designated member of PCMH team responsible to provide enhanced pain management in the medical home. Pain management education, training, and practice standards; linked to a designated IPMC for support.

ECHO TELEMENTORING: Weekly CME awarding educational activity hosted by IPMCs for PCPC and WTC primary care providers.

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