




# Changing the Culture of Pain Management

## Pain: DOD and VA Efforts

15 SEP 2017



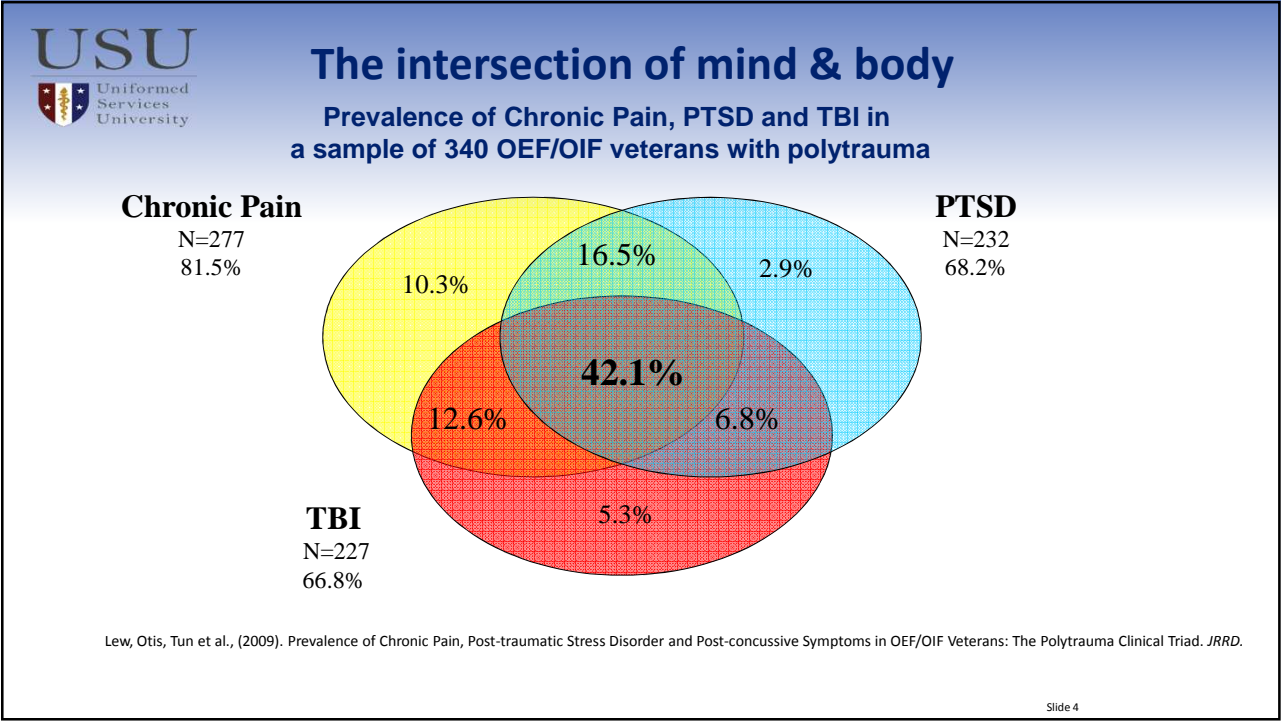
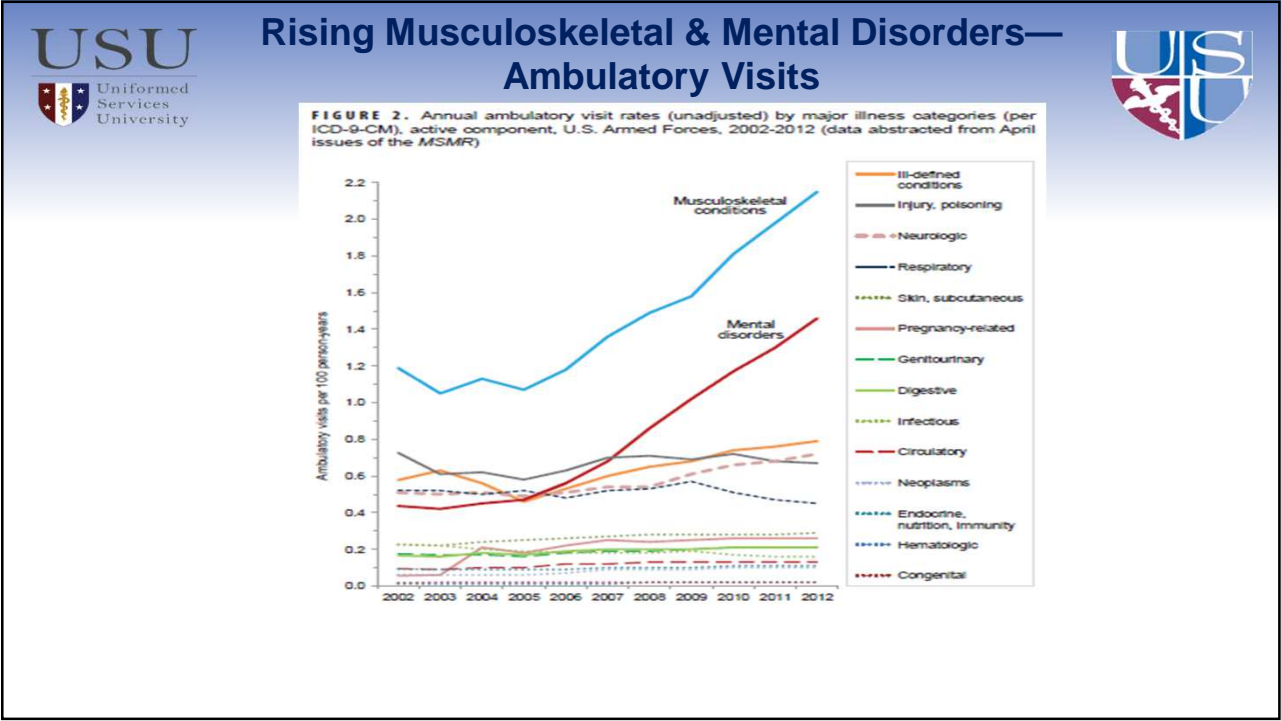
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# Disclosures

- 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.



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Office of The Army Surgeon General

Pain Management Task Force

Final Report  
May 2010

Providing a Standardized DoD and VHA Vision and  
Approach to Pain Management to Optimize the Care for  
Warriors and their Families

FOUO  
For Official Use Only

Relieving  
PAIN  
in America

A Blueprint for  
Transforming Prevention,  
Care, Education,  
and Research

INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

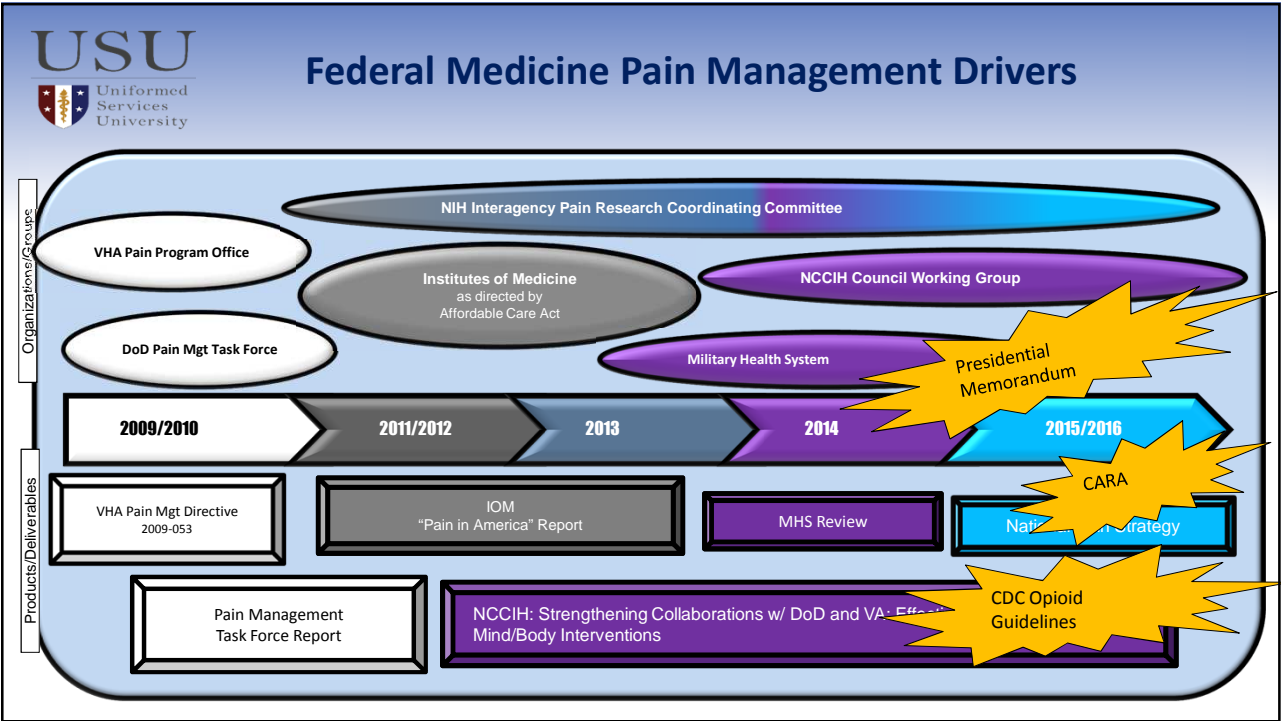
Pain Management Task Force

– 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*







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## 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.



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## Unprecedented battlefield survival

### Improvements on the battlefield

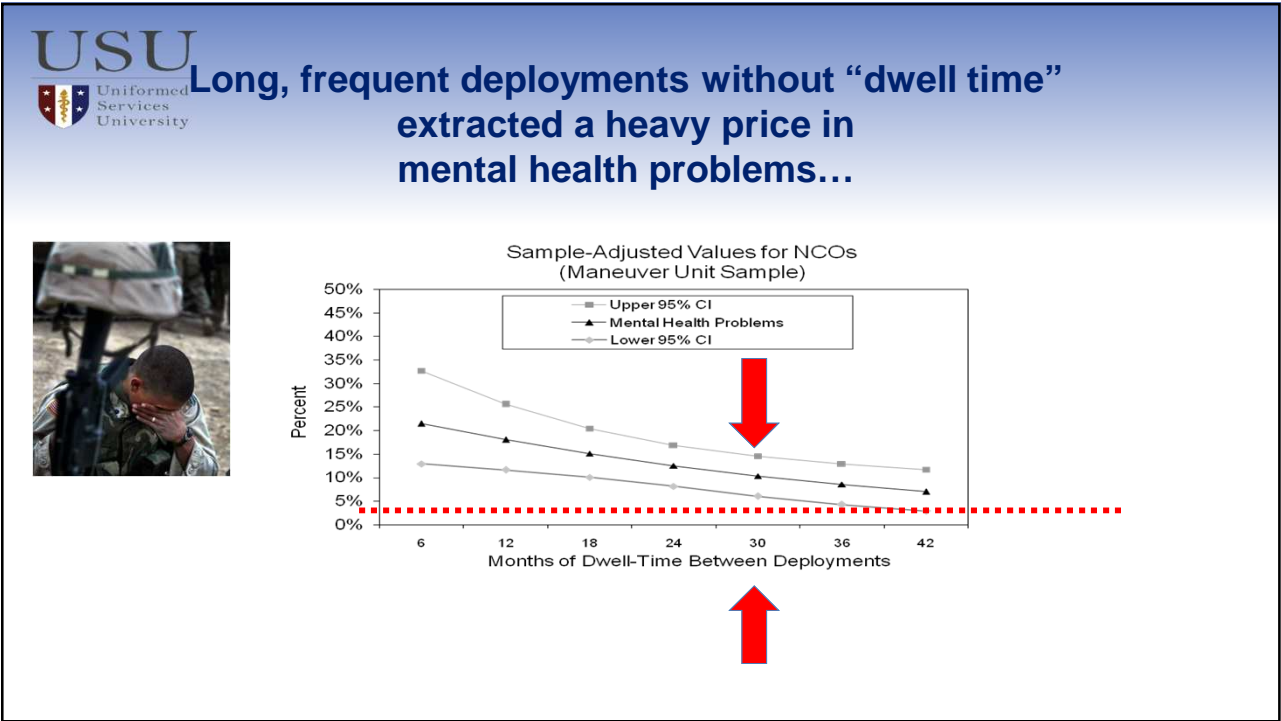
- Better trained medics
- Improved equipment
- Far forward emergency & surgical care

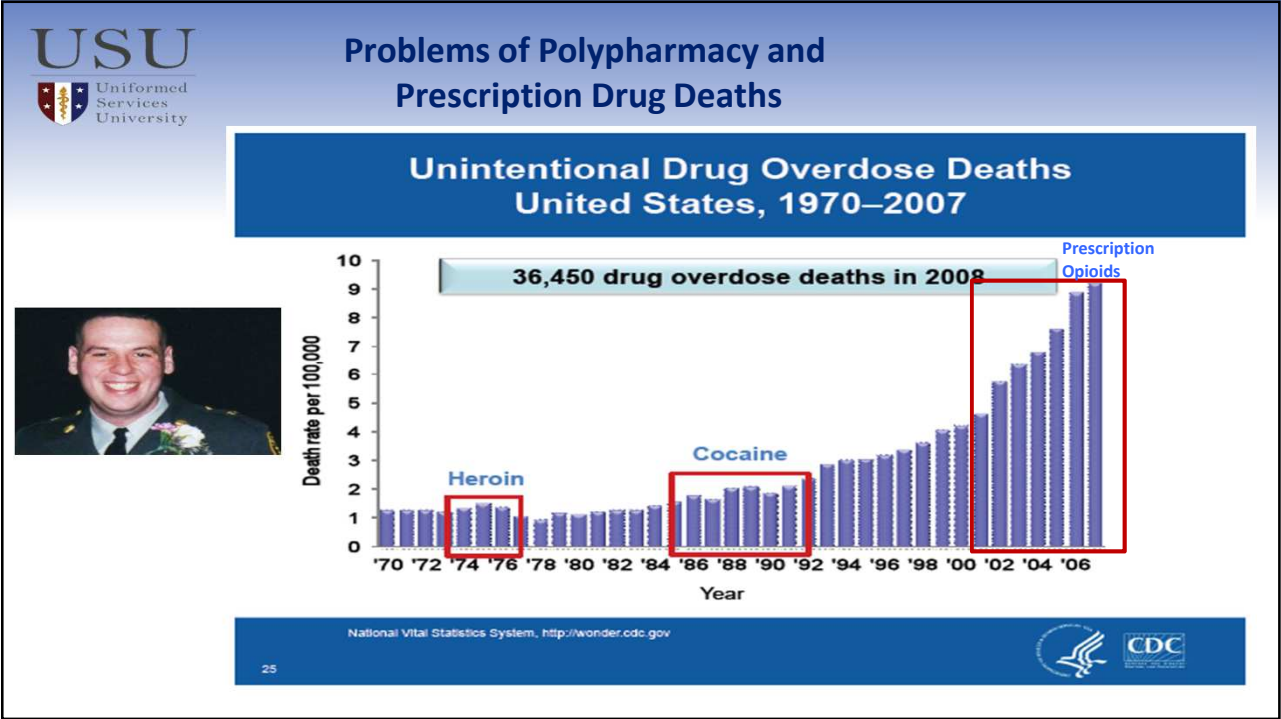
### Improvements in evacuation

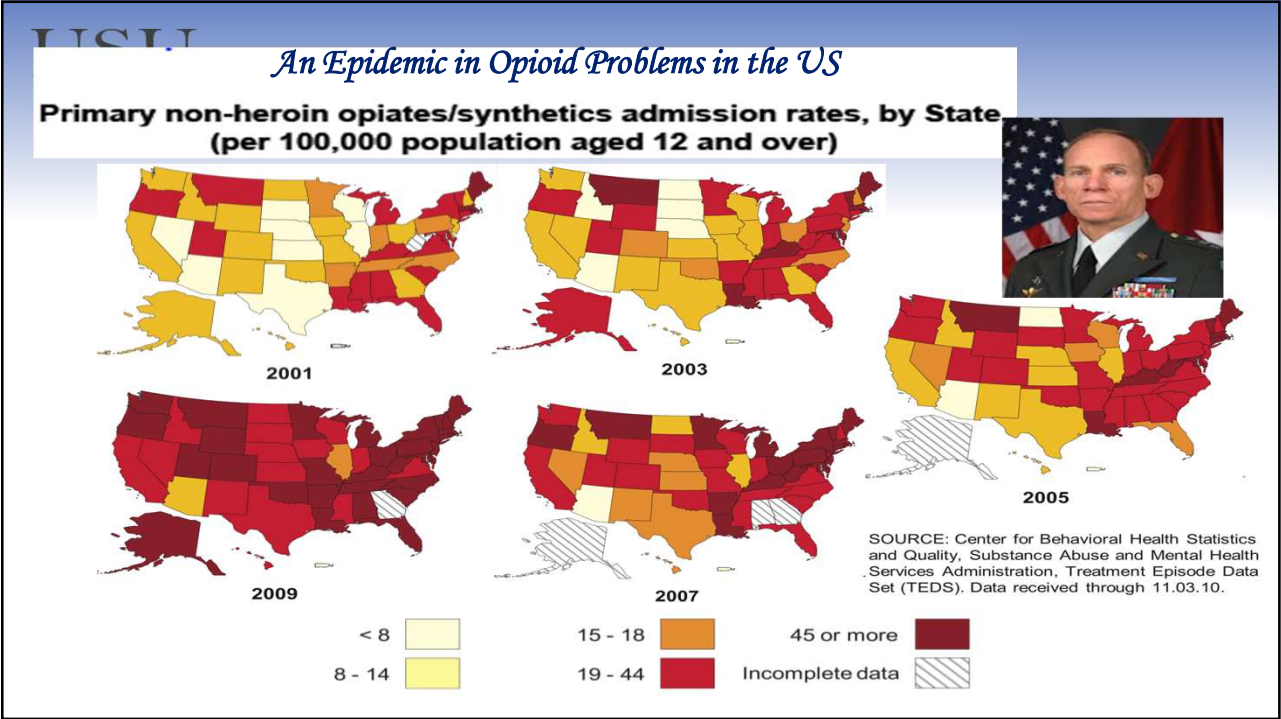
### Improvements in recovery & rehabilitation











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## Comprehensive Pain Management

## Interdisciplinary

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

Holistic

Multimodal



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Advancing Evidence-Based Complementary & Integrative Practices and Consensus Guidelines

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Pain Medicine

Volume 15, Number 1, February 2017

Are Active Self-Care Complementary and for Management of Chronic Pain? A Review of the Literature and Recommendations

The Official Journal of the American Academy of Pain Medicine

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Are Active Self-Care Complementary and for Management of Chronic Pain? A Review of the Literature and Recommendations

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ACP

American College of Physicians

Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians

Amir Qaseem, MD, PhD, MPH; Timothy J. Wilt, MD, MPH; Robert M. McLean, MD; and Mary Ann Forciea, MD, for the Clinical Guidelines Committee of the American College of Physicians\*

**Description:** The American College of Physicians (ACP) developed this guideline to present the evidence and provide clinical recommendations on noninvasive treatment of low back pain.

**Methods:** Using the ACP grading system, the committee based recommendations on a systematic review of randomized, controlled trials and systematic reviews published through April 2015 on noninvasive pharmacologic and nonpharmacologic treatments for low back pain. Updated searches were performed through November 2016. Clinical outcomes evaluated included reduction or absence of low back pain, improvement in quality of life, reduction in work disability and return to work, global improvement, number of back pain episodes or time lost between episodes, patient satisfaction, and adverse effects.

**Target Audience and Patient Population:** The target audience for this guideline includes all clinicians, and the target patient population includes adults with acute, subacute, or chronic low back pain.

**Recommendation 1:** Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatments (physical therapy, cognitive behavioral therapy, acupuncture, or spinal manipulation) (moderate-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonopioid analgesics (moderate-quality evidence).

**Recommendation 2:** For patients with chronic low back pain who have had an inadequate response to nonpharmacologic therapies, clinicians and patients should consider pharmacologic therapies with nonopioid analgesics as a second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of recommended, moderate-quality evidence).

**Recommendation 3:** In patients with chronic low back pain who have had an inadequate response to nonpharmacologic therapies, clinicians and patients should consider pharmacologic therapies with nonopioid analgesics as a second-line therapy. Clinicians should only consider opioids as an option in patients who have failed the aforementioned treatments and only if the potential benefits outweigh the risks for individual patients and after a discussion of recommended, moderate-quality evidence).

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Auricular Acupuncture or “Battlefield Acupuncture”(BFA)

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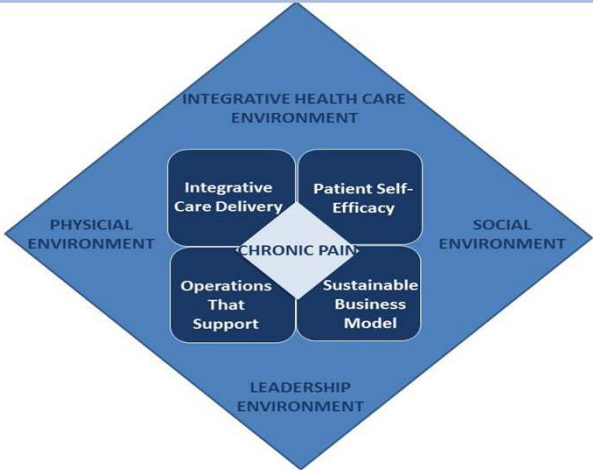
Teaching Our Own



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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**.



## Acknowledgements & Thanks

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