Implementation of the National Pain Strategy and Safer Opioid Prescribing: A Military Perspective

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• The American Academy of Pain Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

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The contents of this activity may include discussion of off-label or investigative drug uses. The faculty is aware of and is committed to disclosing this information.
Target Audience

- The overarching goal of PCSS-O is to offer evidence-based trainings on the safe and effective prescribing of opioid medications in the treatment of pain and/or opioid addiction
- Our focus is to reach providers and/or providers-in-training from diverse healthcare professions including physicians, nurses, dentists, physician assistants, pharmacists, and program administrators

Educational Objectives

- At the conclusion of this activity participants should be able to:
  - Describe tools and strategies developed by the DVCIPM to improve and synchronize quality pain care across the healthcare systems of the DoD and VA
  - Assess how tool and strategies developed by the MHS and DVCIPM address recommendations by the National Pain Strategy to strengthen the evidence base for pain prevention strategies, assessment tools, and outcome measures
  - Evaluate how military strategies and tools for pain management may be applied to the general population to improve the effectiveness of pain management and patient outcomes

The Nation is facing an epidemic of prescription medication overuse, abuse, and diversion that has roots in sub-optimal pain care
- Under the auspices of the HEC PMWG, the DoD and VHA pain communities are developing products, strategies, and lines of effort to synchronize quality pain care across both healthcare systems

“We are more effective when working together”
- A coordinated DoD/VA response to the recent National Pain Strategy, CDC opioid guidelines, and Presidential Memorandum by the PMWG:
  - is the most effective/efficient action; and
  - provides critically needed tools and strategies for the Nation

DVCIPM=Defense and Veterans Center for Integrative Pain Management; DoD=Department of Defense; MHS=Military Health Service; VA=Veterans Administration

CDC=Centers for Disease Control and Prevention; HEC=Health Executive Committee; PMWG=Pain Management Work Group; VHA=Veterans Health Administration
**Federal/National Medicine Pain Management Initiatives**

- VA Pain Program Office
- DoD Pain Management Task Force
- Institute of Medicine: Strengthening Collaborations with DoD/VA
- NIH Interagency Pain Research Coordinating Committee
- National Center for Complementary & Integrative Health Council Working Group
- Military Health System
- HHS/CDC

**National-Level Pain Management Documents**

- These reports called for:
  - The medical community to acknowledge that: chronic pain is a national health problem and effective pain management should treat the whole patient through a holistic biopsychosocial model.
  - Medical professionals to receive training on: appropriate pain medication prescribing practices and risks associated with these medications.
  - Establishment of large, standardized pain patient data repositories to:
    - Provide system-wide actionable pain data based on patient-reported outcomes.
Defense and Veterans Center for Integrative Pain Management

Mission
To leverage the best available evidence, clinical expertise, and collaboration to develop and communicate consensus recommendations in support of Air Force, Army, Navy, and VHA pain management practice, education, and research.

Vision
The unifying force for military pain management excellence and standardization.

DVCIPM History
Established at Walter Reed Army Medical Center as a CSI Program under Congressman John Murtha
Designated by SMMAC as the Tri-Service coordinating organization for DoD pain management issues
Realigned under USUHS

2003
2011
2014
2016

• Aligned under US Army Medical Research and Material Command
• Evolved from an initial Army Acute Pain focus to a Tri-Service Comprehensive Pain Management organization

Designated by Assistant Secretary of Defense for Health Affairs as the seventh DoD Center of Excellence

CSI=Congressional Special Interest; SMMAC=Senior Military Medical Advisory Council; USUHS=Uniformed Services University of the Health Sciences
Collaborative Accomplishments, Projects, and Initiatives

✓ First military textbook on battlefield pain management
✓ 2nd textbook on battlefield pain management published in collaboration with British
  o Combat Anesthesia: The First 24 Hours
✓ First military pain infusion system
✓ First acute pain service on an American battlefield
✓ First use of epidurals and continuous peripheral nerve blocks on military aircraft
✓ First descriptive data on combat pain since WWII
✓ Battlefield Pain Equipment Chests
✓ First battlefield clinical pain database
  o JRAATS: Joint Regional Anesthesia and Analgesia Tracking System
✓ Battlefield Pain Clinical Practice Guidelines
✓ First large-scale study collaboration with the VA
  o RAMPOS: Regional Anesthesia Military Battlefield Pain Outcomes Study
✓ DVPRS: Defense & Veterans Pain Rating Scale
✓ PASTOR: Pain Assessment Screening Tool and Outcomes Registry
✓ JRAATS: Joint Regional Anesthesia and Analgesia Tracking System
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Collaborative Accomplishments, Projects, and Initiatives

• Research collaborations:
  - WRNMMC, BAMC, MANC, WAMC & Balboa
  - VHAs
  - USU MEM, Anesthesia, Cardiology, Radiology, APG, LAM, CHAMP, CLIMB
  - Duke, NWU, JHU, Stanford, UPenn, Univ of New Mexico
  - Samueli, Yogamedics

• Education and training:
  - Joint Incentive Fund projects
    - Joint Pain Education Project (JPEP)
    - Acupuncture Training Across Clinical Settings (ATACS)
  - USU Bushmaster and Student Lectures

• MHS level coordination:
  - Co-chair HEC PMWG
  - Coordinator for DoD PMWG
  - MHS representative for national pain initiatives
    - e.g., IPRCC, FDA Science Committee

Joint Incentive Fund Projects

Acupuncture Training Across Clinical Settings (ATACS)

• Individuals trained
  - Providers trained in Battlefield Acupuncture (BFA): 2,437
  - BFA Faculty: 106
  - Medical Acupuncturist: 79

• Joint DoD/VHA consensus acupuncture document in development:
  - Minimize variance
  - Synchronize acupuncture use across settings
### Joint Incentive Fund Projects

**Joint Pain Education Project**

- **Objectives:**
  - Standardize DoD/VHA education curriculum content, supporting materials, and commonly accessible delivery systems
  - Enhance pain care transition between the DoD and VA
- **Consists of:**
  - 30 didactic, evidence-based modules covering essentials of quality pain management
  - Multiple adjunct pain education videos

Download at: [www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep](http://www.dvcipm.org/clinical-resources/joint-pain-education-project-jpep)

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### JPEP Pain Education Videos

- Understanding Pain
- Medication Take Back
- Pain Assessment/DVPRS
- Chronification of Pain
- Safe Opioid Prescribing and Tapering
- Essentials of Good Pain Care
- Pain Outcome Measurement
- Stepped Pain Care Model

**Coming Soon!**

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### Project ECHO (Extension for Community Healthcare Outcomes)

- ECHO Pain began formal collaboration with the US Army in 2012 and Navy in 2014
  - Consists of:
    - “Hubs” (Interdisciplinary Pain Management Centers)
    - “Spokes” (primary care sites)
- Hubs conduct weekly teleECHO clinics:
  - Use JPEP modules and case-based learning
  - Bridge the gap between primary and specialty services
- In 2015, the Defense Health Agency began formal collaboration with ECHO Pain in order to:
  - Align ECHO efforts across the DoD
  - Support Air Force Pain ECHO
Defense and Veterans Pain Rating Scale (DVPRS)

- **Validated:** Measures pain intensity AND biopsychosocial and functional impact of pain (sleep/stress/mood/activity)
- **Improved objective components** to evaluate treatment effectiveness; greater insight on progress and focus on improving function
- **Adaptable to clinical settings** and scenarios throughout the continuum of care and research (e.g., battlefield, transport, primary care, specialty services)
- **Adaptable for integration** into DoD/VHA EHR and registries; incorporated into Essentris, PASTOR, PCMH AIMS Forms
- **Consistent with current validated pain research tools** (NRS, VAS, FPS-R)

Pain Assessment Screening Tool and Outcomes Registry

- Developed by the Pain Management Task Force to address the following recommendations:
  - Adopt a clinical information system that provides pain assessment screening with an outcome registry to promote consistency in pain care delivery
  - Develop an electronic pain order set to assist providers in selecting evidence-based, individually tailored pain management plans
  - Describe a common language DoD and VHA pain assessment tool with visual cues and a common set of measurement questions

Two Foci of PASTOR

- **Enhance the clinical encounter**
  - Assist providers to:
    - Assess biopsychosocial aspects of patients’ pain experience
    - Select evidence-based, individually tailored pain management plans
  - Provides:
    - Longitudinal data
    - Clinical alerts

- **Collect data into an outcomes registry**
  - Evaluate success or failure of treatment protocols for a given pain condition
  - Perform population-based research
  - Inform investment in treatment technology and protocols
  - Resource for predictive modeling
  - As genomics matures, assess impact of patient genotype on phenotypic expression of pain
PASTOR Incorporates Several Tools

- Anatomical map for locating pain areas
- DVPRS
- PROMIS: an NIH-developed instrument to administer questions in a range of pain-related areas
  - Key biopsychosocial domains
  - Uses CAT to administer survey and obtain scores:
    - With the fewest possible questions
    - Without sacrificing precision
- Military-specific pain-related questions

CAT=Computer Adaptive Testing; PROMIS=Patient Reported Outcomes Measurement Information System

Patient completes the 20-30 minute survey on a computer, tablet, or smartphone prior to appointment.

PASTOR Clinical Report: Page 1

- Pain mapped graphically
- Clinical alerts:
  - Warnings about key concerns
- Graphs show patient progress over time
  - DVPRS scores
  - 3 patient-defined goals
    - How they are limited by pain
Trending graphs for PROMIS measures
- Arrows indicate improving or deteriorating health
- Compared to a sample matched to US 2000 Census on age, race/ethnicity, and sex
- Treatment history
  - Self-reported treatment history and effectiveness
  - Opioid utilization screener

VA Stepped Pain Care
- Routine screening: presence & intensity of pain
- Assessment & management of common pain conditions
- Support from PC-MH Integration, OEF/OIF, & post-deployment teams
- Nutrition/weight management, exercise/conditioning, & sufficient sleep
- Mindfulness meditation/relaxation techniques
- Engagement in meaningful activities
- Family & social support
- Safe environment/surroundings

PRIMARY CARE:
- Multidisciplinary pain specialty teams
- Rehabilitation medicine
- Behavioral pain management
- Nutrition/weight management
- Exercise/conditioning
- Mindfulness meditation

SECONDARY CONSULTATION:
- Advanced pain medicine diagnostics & interventions
- Substance use disorder programs
- Mental health programs
- Support from PC-MH Integration, OEF/OIF, & post-deployment teams
- Expanded care management
- Pharmacy pain care clinics
- Pain schools

TERTIARY, INTERDISCIPLINARY PAIN CENTERS:
- CARF accredited pain rehabilitation
- Complexities
- Comorbidities
- Treatment refractory
- Risk

RESPONSE
In the past 7 days:
- How much did pain interfere with your ability to concentrate?
- How much did pain interfere with your enjoyment of social activities?
- How much did pain interfere with your enjoyment of physical activities?
- How much did pain interfere with the things you usually enjoy doing?
- How much did pain interfere with your ability to sleep?

RESPONSE
In the past 7 days:
- How much did you limit your activities because of pain?
- How much did you limit your social activities because of pain?
- How much did you limit your physical activities because of pain?
- How much did you limit your enjoyment of social activities because of pain?
- How much did you limit your enjoyment of physical activities because of pain?
- How much did you limit your ability to sleep because of pain?

RESPONSE
In the past 7 days:
- How much did you limit your ability to work or carry on your usual activities?
- How much did you limit your ability to carry on your usual activities because of pain?
- How much did you limit your ability to work or carry on your usual activities because of pain?
- How much did you limit your ability to carry on your usual activities because of pain?
- How much did you limit your ability to work or carry on your usual activities because of pain?
- How much did you limit your ability to carry on your usual activities because of pain?
Conclusions

- Historically, war has been a catalyst for positive medical change for society at large
  - The present conflicts have continued this tradition
    - What has been learnt on the battlefield influences discussion at civilian anesthetic and pain meetings
- Applying military pain management strategies to the US population may improve long-term outcomes
  - Some challenges facing service members/veterans are unique
  - Challenges related to pain management and misuse of analgesics are shared by society at large

_Millions of Americans with pain could benefit from the growing body of knowledge from the MHS_

DoD PMTF and IOM reports charged the medical community to acknowledge:
- Chronic pain is a national health problem
- Effective pain management requires therapies that treat the whole patient through a holistic biopsychosocial model
- Presidential Memorandum called for medical professionals to be trained on:
  - Pain medication prescribing practices
  - Risks associated with pain medications
- Multiple national-level documents call for large, standardized pain patient data repositories

References

References


PCSS-O Colleague Support Program and Listserv

- PCSS-O Colleague Support Program is designed to offer general information to health professionals seeking guidance in their clinical practice in prescribing opioid medications.
- PCSS-O Mentors comprise a national network of trained providers with expertise in addiction medicine/psychiatry and pain management.
- Our mentoring approach allows every mentor/mentee relationship to be unique and catered to the specific needs of both parties.
- The mentoring program is available at no cost to providers.

For more information on requesting or becoming a mentor visit:

www.pcss-o.org/colleague-support

- Listserv: A resource that provides an “Expert of the Month” who will answer questions about educational content that has been presented through PCSS-O project. To join email: pcss-o@aaap.org

PCSS-O is a collaborative effort led by American Academy of Addiction Psychiatry (AAAP) in partnership with: Addiction Technology Transfer Center (ATTC), American Academy of Neurology (AAN), American Academy of Pain Medicine (AAPM), American Academy of Pediatrics (AAP), American College of Physicians (ACP), American Dental Association (ADA), American Medical Association (AMA), American Osteopathic Academy of Addiction Medicine (AOAAM), American Psychiatric Association (APA), American Society for Pain Management Nursing (ASPMN), International Nurses Society on Addictions (INNSA), and Southeast Consortium for Substance Abuse Training (SECSAT).

For more information visit: www.pcss-o.org
For questions email: pcss-o@aaap.org
Twitter: @PCSSProjects

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