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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.
Brief Overview of Roles & Missions of DoD Medicine: Military Health System (MHS)

• Executes a vertically integrated health promotion & healthcare delivery system for 9.5 M beneficiaries: prevention; health promotion; acute care thru rehabilitation—garrison and deployed

• Funds and conducts requirements-based research

• Directs care through policy development and implementation

• Part of a continuum of healthcare delivery with the Veterans Health Administration (VHA) and other elements of Federal Medicine
Research Initiatives and Priorities in DoD Pain Management

- Translational/implementation science—evidence-based, effective care into practice
- Focus on pain management while tackling opioid overuse, abuse and use disorder
- Alignment with other Federal Medicine partners, esp. VA
- Enhancing a “whole of Government” approach to pain management
Unprecedented Battlefield Survival

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

- Improvements in evacuation

- Improvements in recovery & rehabilitation
The Pain Challenge in VHA: DoD is the Gateway

In Veterans, chronic pain is common.

- Veterans: more than 50% of older Veterans experience chronic pain
  - 60% of Veterans from Middle East conflicts;
  - Up to 75% of female Veterans
- More than 2 Mil Veterans with chronic pain diagnosis (In 2012, 1/3 on opioids)

National Health Interview Survey (NHIS) (2016)

- 66% of Veterans vs. 56% of non-veterans with pain in prior 3 month
- Most common pain conditions in Veterans (as % of all Veterans):
  - Joint pain (43.6%)
  - Back pain (32.8% - axial 20.5%, sciatica 12.2%)
  - Neck pain (15.9%)
  - Migraine (10.0%)
  - Jaw pain (3.6%)

Musculoskeletal pain conditions

NHIS: interview of 67,696 US adults in 2010-14

Nahin RL, J. Pain 2016
Rising Musculoskeletal & Mental Disorders—Ambulatory Visits

**Figure 2.** Annual ambulatory visit rates (unadjusted) by major illness categories (per ICD-9-CM), active component, U.S. Armed Forces, 2002-2012 (data abstracted from April issues of the MSMR)
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%

PTSD
N=232
68.2%

TBI
N=227
66.8%

Managing An Epidemic

London, 1854:
Cholera, John Snow and the Broad Street Pump

Another epidemic: Cholera
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
Comprehensive Pain Management

- 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

Since PMTF Report have added:
- Music therapy
- Mindfulness Meditation
- Medical Massage
- Chiropractic
- Tai Chi/Qi Gung
Working Together
Advancing Evidence-Based Complementary & Integrative Practices and Consensus Guidelines

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

Low back pain is one of the most common reasons for which people visit a doctor in the United States. Back pain is a common problem and is one of the most frequently reported symptoms. The costs of low back pain are significant, and the condition affects a large number of people. In the United States, it is estimated that over 20 million people suffer from low back pain at any given time. Low back pain can be acute, subacute, or chronic, and can be caused by a variety of factors, including muscle strain, nerve compression, or bone problems. The guideline provides recommendations for the management of low back pain, including noninvasive treatments such as physical therapy, exercise, and lifestyle modifications. The guideline is evidence-based and is intended to help healthcare providers and patients make informed decisions about the treatment of low back pain.
Defense and Veterans Pain Rating Scale (DVPRS):
Changing the Culture of Pain Care


- **Improved objective components** to evaluate treatment effectiveness
  - Provides greater insight on treatment progress and improvements in function and quality of life

- **Adaptable** to multiple clinical settings and scenarios throughout the continuum of care and research
  - (e.g. battlefield, transport, Primary Care, specialty services)

- Since its initial validation in 2012, the DVPRS has been integrated into clinical practice in a variety of clinical settings across the MHS and in growing number of clinicians/organizations in civilian practice.

- Formerly designated as the MHS pain scale for adolescents and adults per the DHA PI for Pain Management and Opioid Safety (April 2018)

Download DVPRS at: http://www.dvcipm.org/clinical-resources/pain-rating-scale
• Web application served from MAMC
  – Clinical Assessment
    • Using validated computer adaptive testing (CAT) PROMIS instruments
  – Clinical Report/Decision Tool
    • Longitudinal pt pain/function/alert data in concise format
  – Patients Enter Information Prior to Appointments
    • Using the web capable device of their choice
Thank you!

Questions?
Lessons from the Samueli Chronic Pain Breakthrough Collaborative

From “Chronic Pain Care Model”, 2013-2016; Samueli Institute Chronic Pain Breakthrough Collaborative, Alexandria, VA
Military Health System Stepped Care Model (Based on VA Model)

The goal of the Stepped Care Model is to return patients to function and restore health.
Joint Pain Education Project (JPEP)

* Our teams, Our Centers, Our Departments, Our Shared Model of Quality Pain Care

- **JPEP GOALS AND OBJECTIVES:**
  - Develop a basic curriculum to promote a synchronized approach to pain management across DoD & VA
  - Improve pain care transitions between DoD and VA healthcare systems
  - Streamline process for integrating new and emerging pain management medical evidence and prescribing guidelines into clinical practice education and training

- **DIDACTIC MODULES**
  - 31 Modules
  - Each module structured to be delivered or viewed in 20-30 mins
  - How to Examine
  - Red Flags
  - How to Treat
  - When to Refer
  - *Version 2.0 coming soon

- **VIDEO ADJUNCTS**
  - Understanding Pain
  - New Pain Paradigm
  - Chronification of Pain
  - Safe Opioid Prescribing
  - Initiating Collaborative Opioid Tapering
  - Pain Assessment
  - Stepped Care Pain Model
  - 6 Essentials of Good Pain Management
  - Most Common Musculoskeletal Pain Exams
    - (Back, Neck, Hip, Shoulder, Knee)

- **9.6 million Healthcare Beneficiaries**
- **Annual budget of approx. $50 billion**
- **Worldwide network of 59 military hospitals, and 360 health clinics,**
- **Cares for 8.9 million Veterans each year**
- **Annual budget of approx. $68 billion**
- **168 VA Medical Centers**
- **1,053 outpatient sites of care**
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Auricular Acupuncture or “Battlefield Acupuncture” (BFA)