Defense and Veterans Center for Integrative Pain Management (DVCIPM)

Kevin Galloway
COL, US Army (Retired)
Deputy Director, Strategic Communications and Policy

Challenge vs Opportunity

DoD and VHA Healthcare

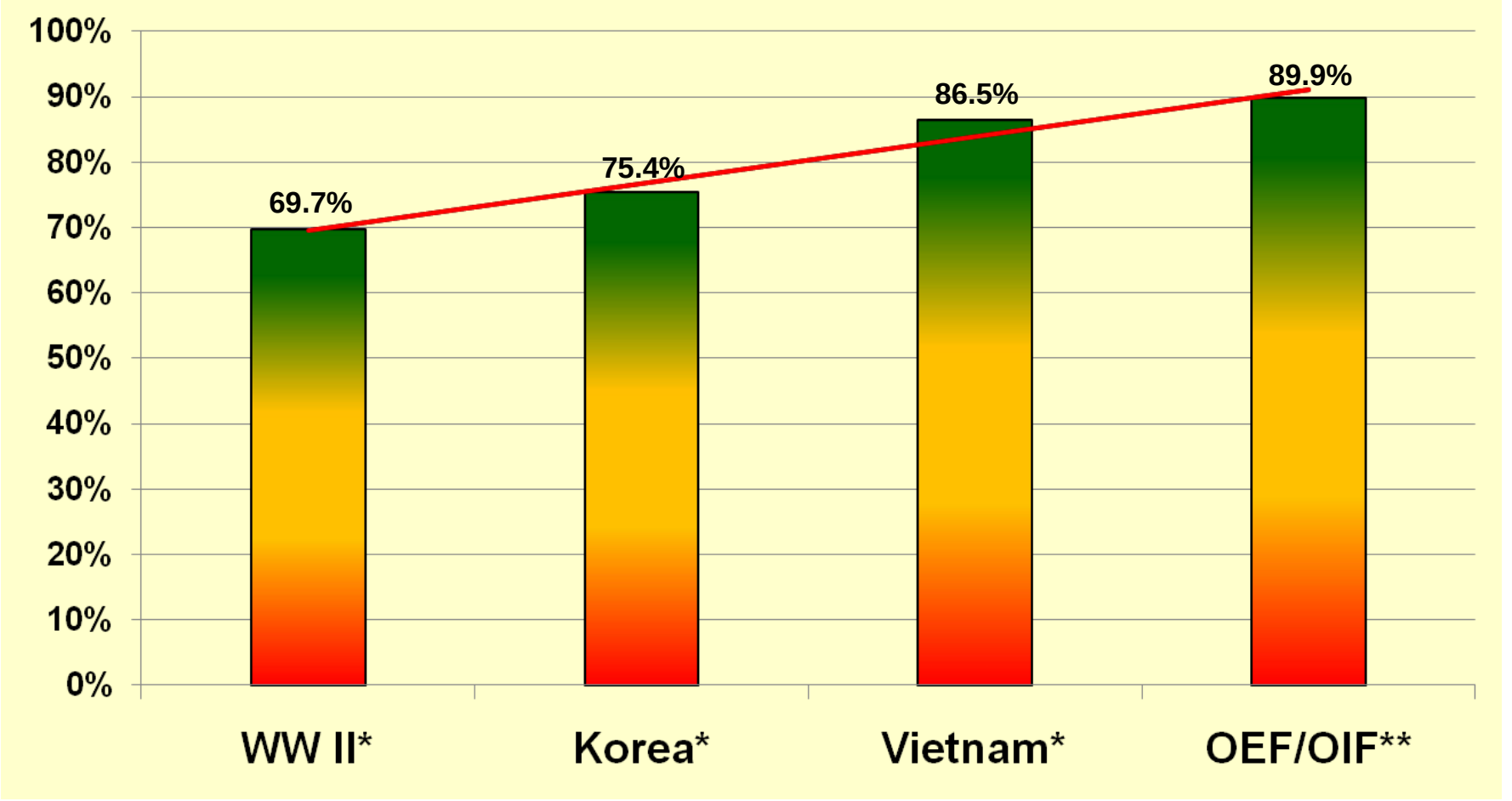
Military Health System:

- *9.6 million Active Duty Service Members, Retirees, Family Members*
- *Annual budget of $50 billion*
- *Worldwide network of 59 military hospitals, 360 health clinics, private-sector health business partners*
- *Includes the Uniformed Services University*

Veterans Health Administration:

- *Care for 8.9 million Veterans each year*
- *Annual budget of $68 billion*
- *168 VA Medical Centers*
- *1,053 outpatient sites of care*

Remarkable survival rates achieved in battlefield medicine …



* May 2008 DoD Data **3 June 2010 DoD Data

[Wounds Not Mortal / (Battle Deaths + Wounds Not Mortal)] * 100

kevin.galloway@dvcipm.org, (301)816-4728

…These resulted from improvements in battlefield care…

Improvements on the battlefield

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

Improvements in evacuation

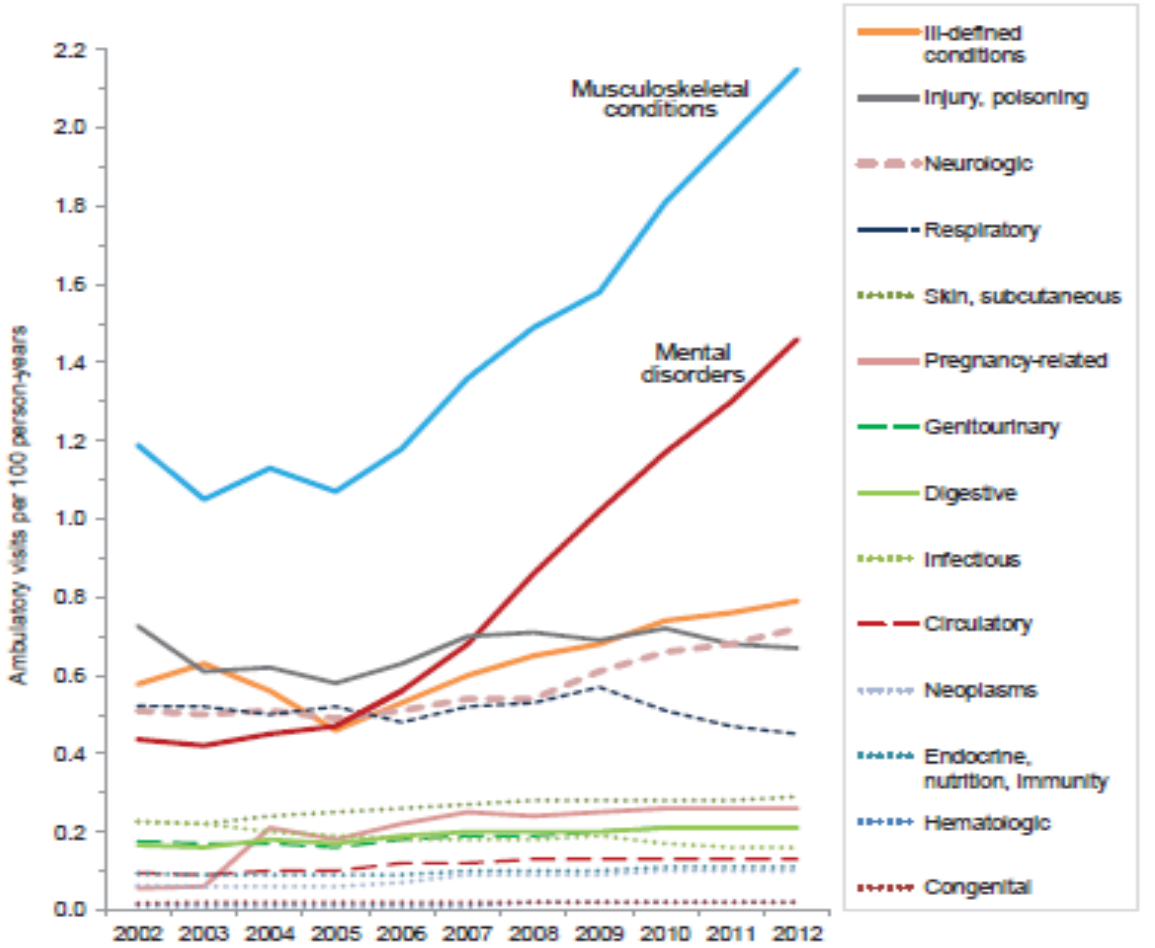
Improvements in recovery & rehabilitation

kevin.galloway@dvcipm.org, (301)816-4728


But ce...

Rising Musculoskeletal & Mental Health 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*)

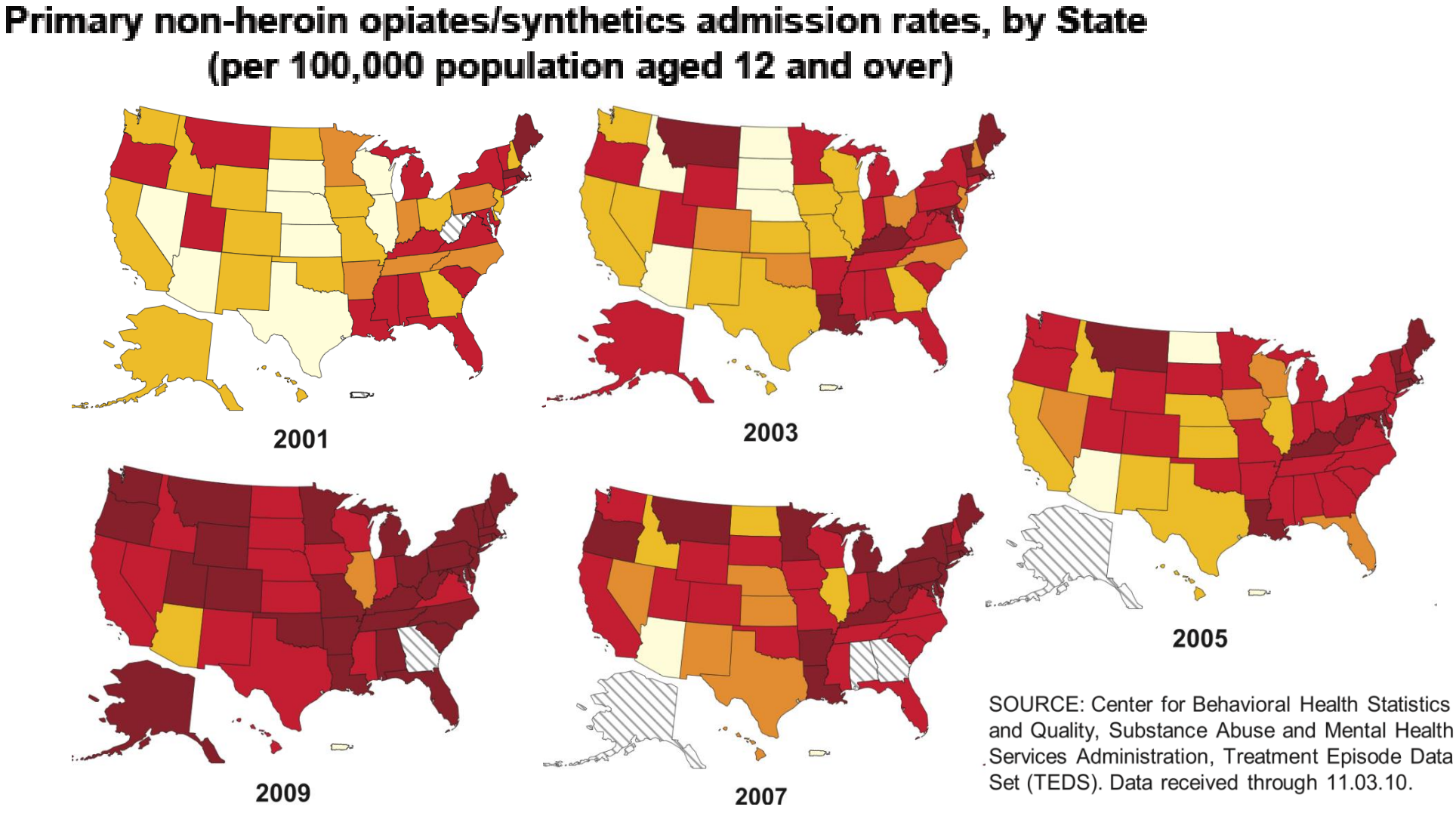


Complexity/Severity of Wounds/Injuries

Service Member Goals and Objectives

.....Other Goals and Objectives

An Epidemic of Opioid Problems in the US



kevin.galloway@dvcipm.org, (301)816-4728

Up to 35% of wounded soldiers addicted to drugs

Updated 1/26/2011 6:36 PM | Comments 46 | Recommend 3 E-mail | Save | Print

By Gregg Zoroya, USA TODAY

Medical officials estimate that 25% to 35% of about 10,000 ailing soldiers assigned to special wounded-care companies or battalions are or dependent on drugs — particularly prescription narcotic pain relievers, according to an Army inspector general's report made public Tue

The report also found that these formations known as Warrior Transition Units — created after reports detailed poorly managed care at W Army Hospital— have become costly way stations where ill, injured or wounded soldiers can wait more than a year for a medical discharg

Some soldiers have become so irate about the delays in leaving the Army that doctors, nurses and other medical staff say they have been in their offices and threatened, or had their private cars damaged or tires flattened, the report says.

"I'm very concerned about folks and their personal safety," says Army Col. Darryl Williams, commander of Warrior Transition Units, of those allegations. "I'm going after that really, really hard."

Williams, however, called into question findings about high rates of drug addiction and dependency, saying these percentages were base estimates made by case managers and nurses working with troops, and are not statistically valid.

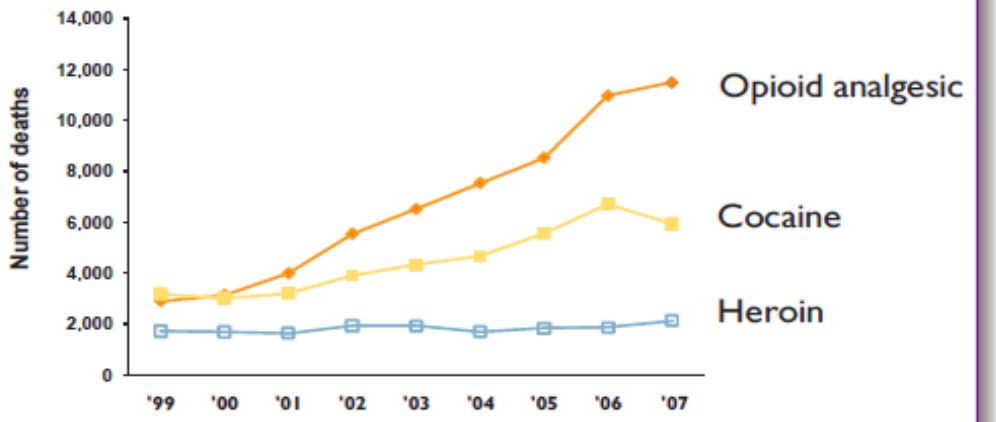
Most case managers and nurses interviewed by investigators said 25% to 35% of soldiers in warrior units "are over-medicated, abuse pre and have access to illegal drugs."

They said most soldiers arrive in the units with narcotics provided by battlefield doctors or military hospitals. They also said a few soldiers narcotics out of pocket and may be mixing legal and illegal drugs.

About three out of four soldiers in the warrior units either leave the Army or active duty, the report says.

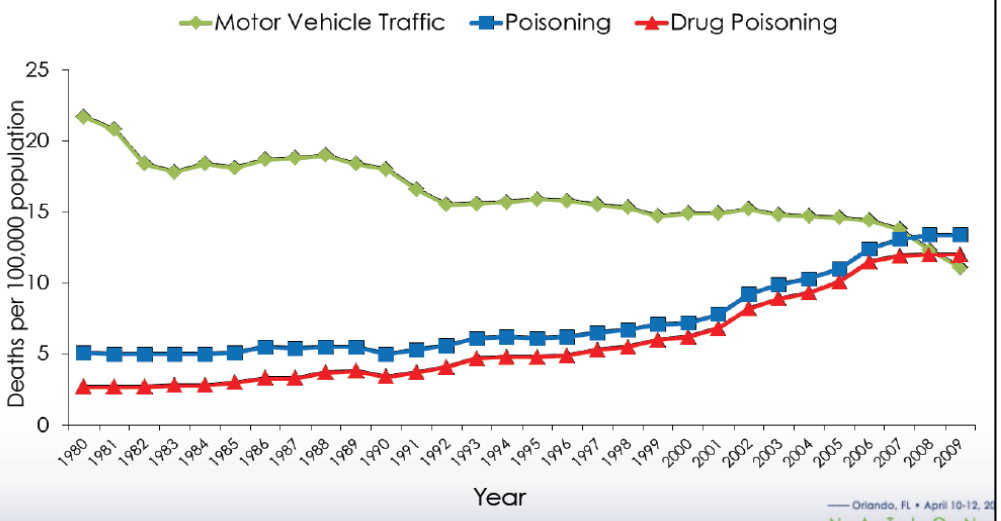
In 2007, the number of deaths involving opioid analgesics was 1.93 times the number involving cocaine and 5.38 times the number involving heroin.

Figure 2: Unintentional drug overdose deaths by major type of drug, United States, 1999-2007



Source: National Vital Statistics System

Motor Vehicle Traffic, Poisoning, and Drug Overdose Death Rates: United States, 1980-2009



Troops reportedly popping more painkillers

Posted 5h 8m ago | Comments 20 | Recommend 2 E-mail | Save | Print | Reprints & Permissions | RSS

By Gregg Zoroya, USA TODAY

WASHINGTON — Narcotic pain-relief prescriptions for injured U.S. troops have jumped from 30,000 a month to 50,000 since the Iraq war began, raising concerns about the drugs' potential abuse and addiction, says a leading Army pain expert.

The sharp rise in outpatient prescriptions paid for by the government suggests doctors rely too heavily on narcotics, says Army Col. Chester "Trip" Buckenmaier III, of Walter Reed Army Medical Center in Washington.

By 2005, two years into the war, narcotic painkillers were the most abused drug in the military, according to a survey that year of 16,146 servicemembers.

MORE: Prescription drug abuse hits Mo. Army unit hard

Among Army soldiers, 4% surveyed in 2005 admitted abusing prescription narcotics in the previous 30 days, with 10% doing so in the last 12 months. Researchers said the results may have been skewed by respondents mistakenly referring to legal use of pain medication. A 2008 survey has not been released.

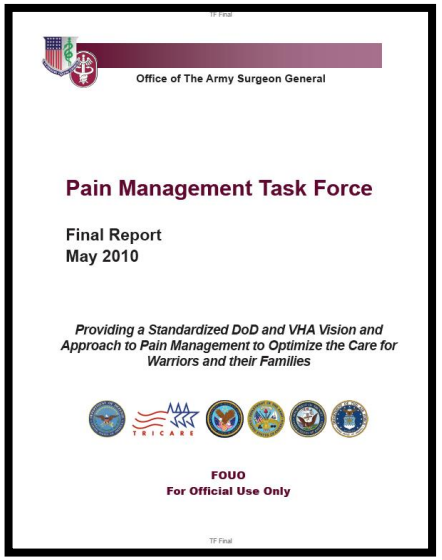
FIND MORE STORIES IN: Washington | Virginia | Iraq | Pentagon | Missouri | Marine Corps | Walter Reed Army Medical Center | Department of Veterans Affairs | Fort Leonard Wood | Afghanistan-era | Warrior Transition Units

"You don't have to throw narcotics at people to start managing pain," says Buckenmaier, who pioneered technology that eases the pain of wounded soldiers.

Another familiar epidemic: Cholera

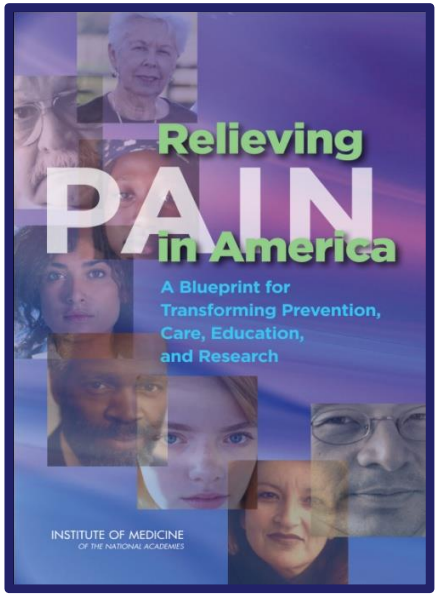
Follow the illness to the source: John Snow

DoD Pain Management Task Force



– Provide recommendations for a **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.

➢ ***2010 Pain Management Task Force Report***

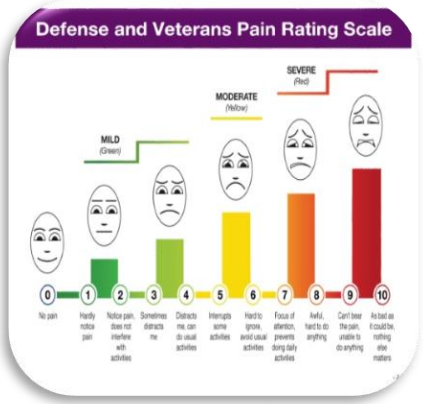


IOM Report: Relieving Pain in America

-- Validated PMTF Analysis, Findings, and Recommendations

➢ ***2011: Institutes of Medicine***

VA and DoD Pain Collaboration:



DVPRS: New Pain Rating Scale

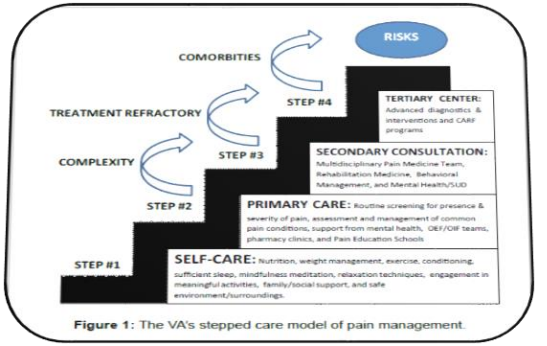
JPEP: Joint Pain Curriculum

Joint Acupuncture Training Project

THE UNIVERSITY of NEW MEXICO
Project ECHO

Video Tele-Mentoring

Pain and Opioid Prescribing Safety Videos



Stepped Care Model

kevin.galloway@dvcipm.org, (301)816-4728

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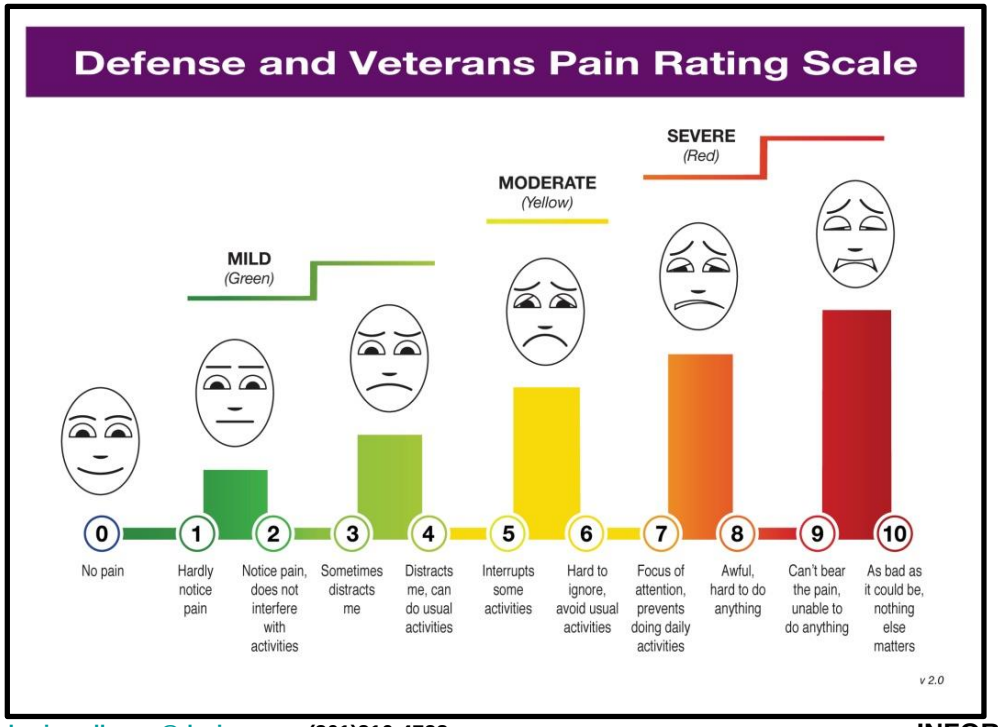
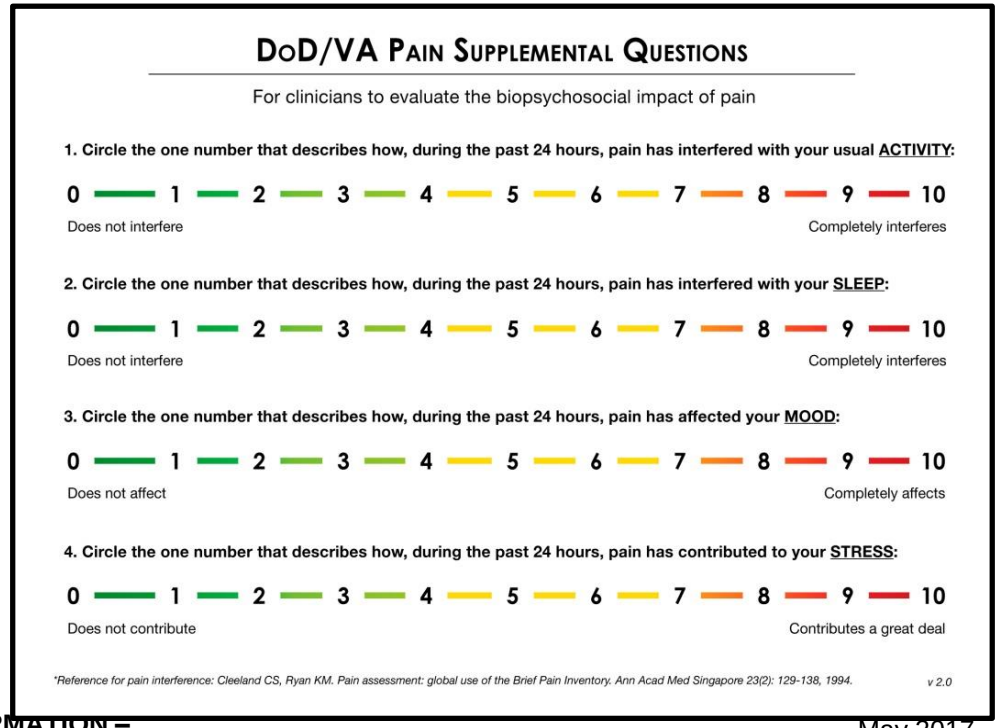
May 2017

Defense and Veterans Pain Rating Scale (DVPRS)

- Goal: **Recalibrate Standardized Pain Assessment**

  Move from a single focus on pain intensity to an assessment (and discussion) on function and bio-psychosocial impact of pain





1: Understanding Pain Introduction

2-1: Pain and Societal Impacts of Pain and Understanding Pain

2-2: Pain Terminology, Taxonomy, and Physiology

2-3: DoD/VA Pain Care Delivery Systems,

3-1: Assessment of Pain

3-2: Assessment Tools

4-1: Acetaminophen, NSAIDS and Opioid Basics

4-2: Anti-epileptics,

5-1: Chronic Opioid Therapy (COT) Risk Evaluation and Mitigation

5-2: Chronic Opioid Therapy Dose Reduction and Discontinuation

6-1: Behavioral Management of Chronic Pain – Treatment

7-1: Physical Based Therapeutic Approaches to Pain MGT

8-1: Integrative Pain Medicine

9-1: Pain Medicine Specialty Care

10-1: Neck Pain

10-3: Transitional and Chronic Low Back Pain

11-1: Shoulder Pain

11-2: Hip Pain

11-3: Knee Pain

12-1: Myofascial, Connective Tissue, and Fibromyalgia Pain

13-1: Central Neuropathic Pain

13-2: Peripheral Neuropathic Pain

14-1: Headache Pain

15-1: Visceral Pain

16:-1: Psychological and Psychiatric Conditions Related to Pain

16-2: Sleep and Pain

16-3: Substance Use Disorder

17-1: Geriatric Pain

17-2: Palliative and Oncologic Pain

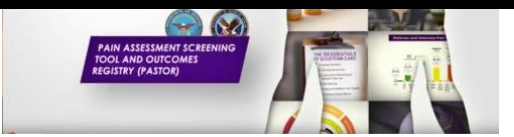
18-1: Women Pain Related Issues

18-2: Opioids and Preganancy

18-3: Pelvic Pain and Women

Pain Education Videos

Safe Opioid Prescribing and Tapering

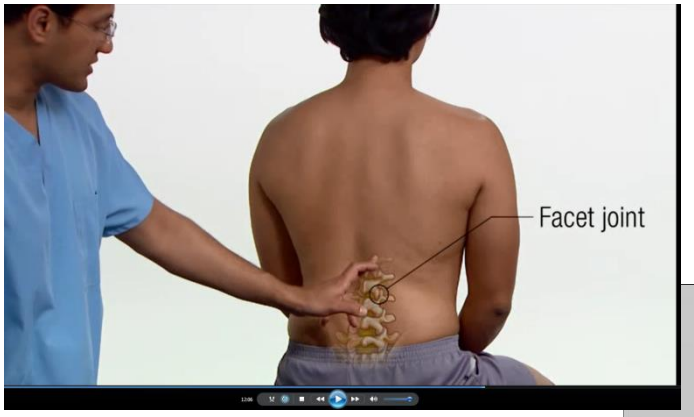


Pain Outcomes (PASTOR)

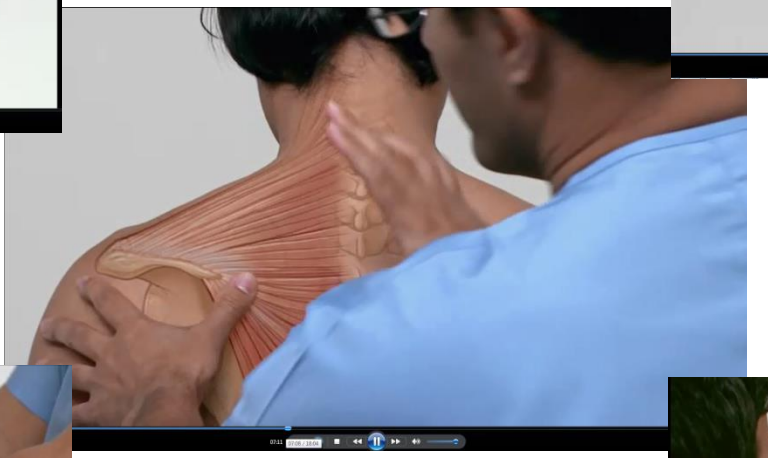
Stepped Pain Care Model

kevin.galloway@dvcipm.org, (301)816-4728

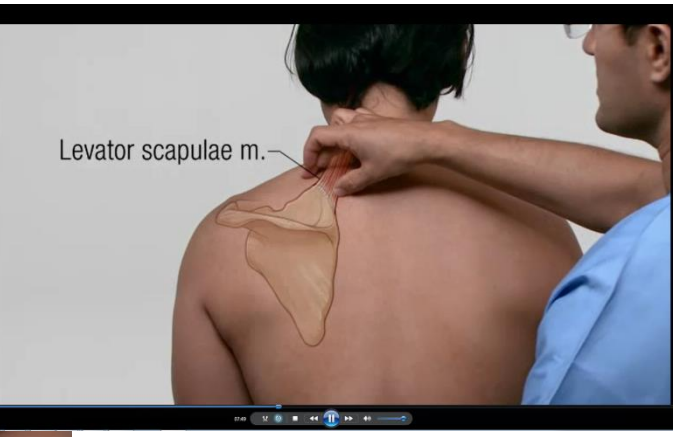
Pain Exam Videos
-included in JPEP curriculum download



Exam: Back Pain



Exam: Neck Pain

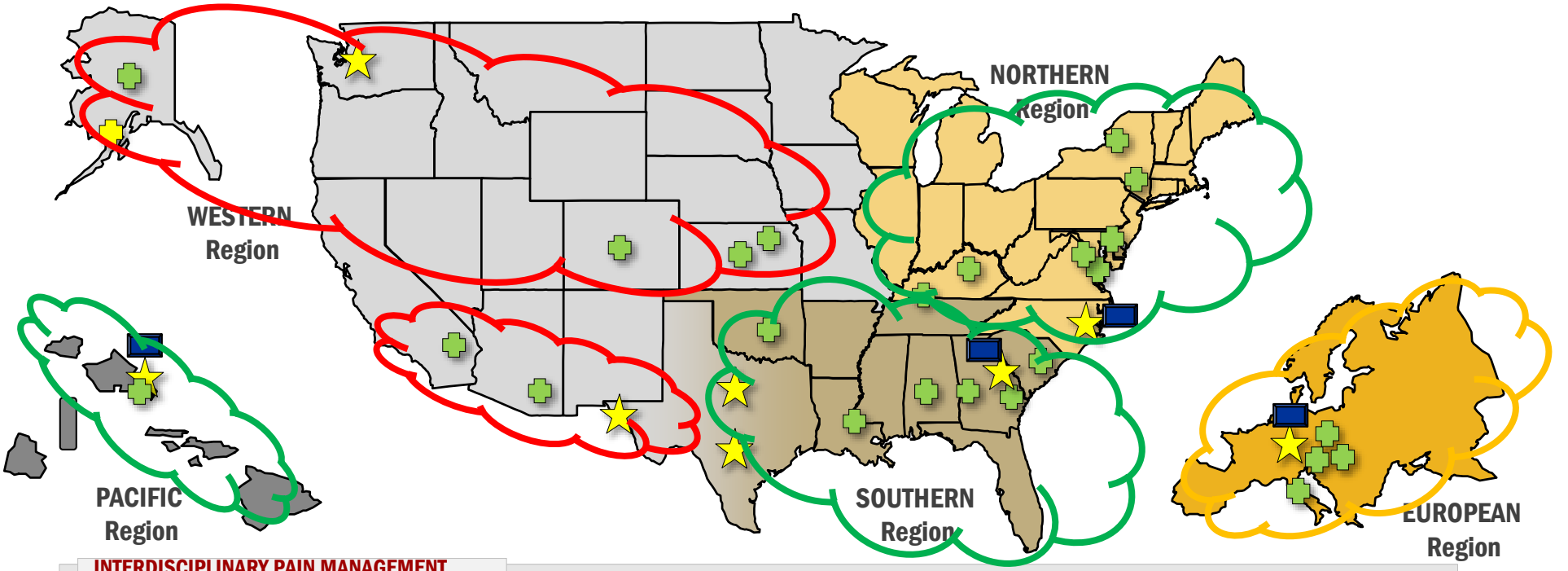


Exam: Shoulder Pain

Exam: Knee Pain

Exam: Hip Pain

ARMY | Pain Management ECHO Network



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.

IPMC

- Ft Gordon
- Ft Hood
- Ft Bliss
- Ft Lewis
- Ft Sam Houston
- Landstuhl
- Tripler
- Ft Bragg

PCPC in PCMH

- Ft Benning
- Ft Campbell
- Ft Carson
- Ft Drum
- Ft Eustis
- Ft Huachuca
- Ft Irwin
- Ft Jackson
- Ft Lee
- Ft Knox
- Ft Leonard Wood
- Ft Meade
- Ft Polk
- Ft Riley
- Ft Richardson
- Ft Sill
- Ft Stewart
- Ft Wainwright
- Ft Leavenworth
- West Point
- Schofield Barracks
- Grafenwoehr
- Katterbach
- Vicenza
- Vilceck
- Wiesbaden

ECHO

- Ft Gordon
- Ft Bragg
- TAMC
- LRMC
- WRMC

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May 2017

Stepped Care Model of Pain Management

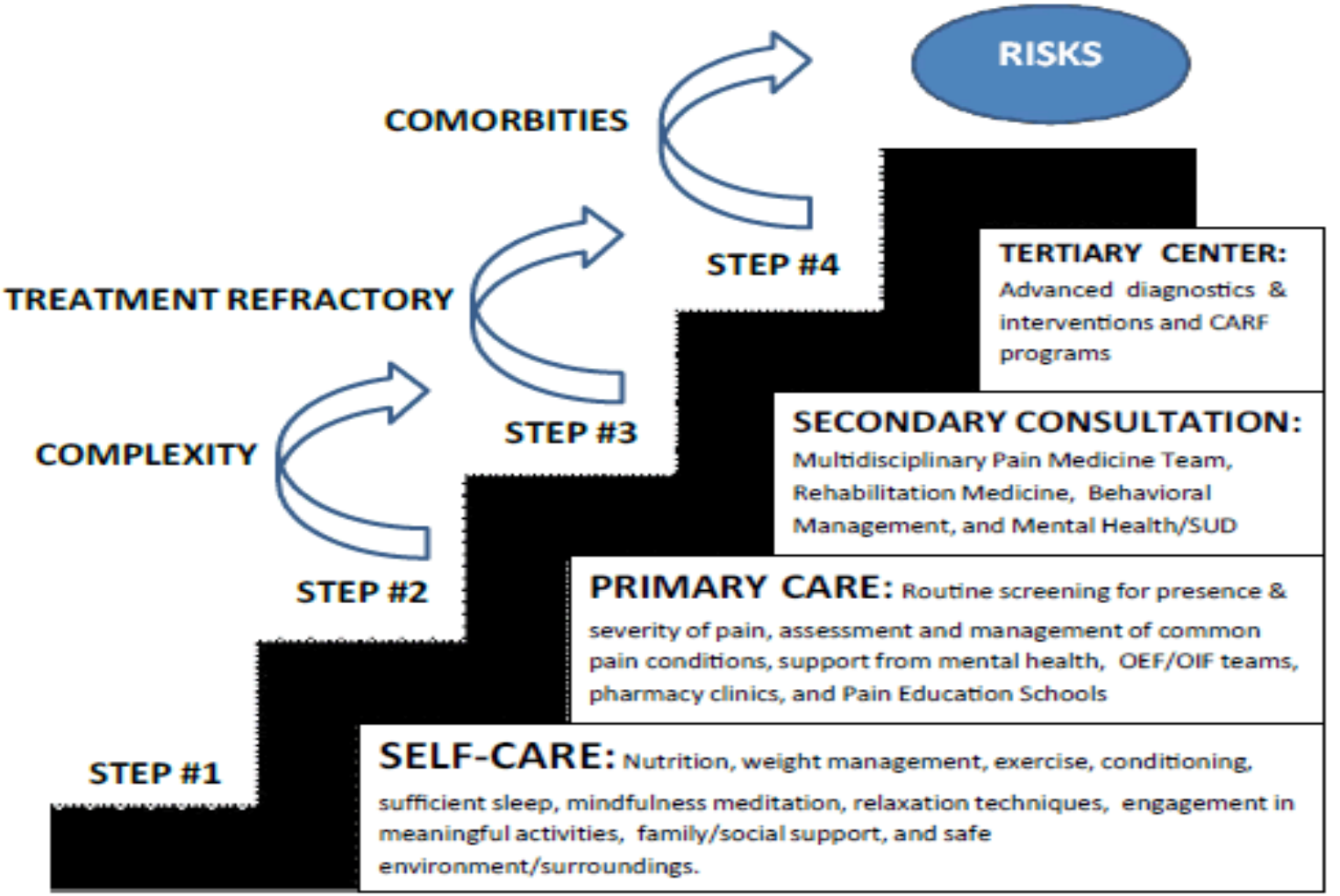


Figure 1: The VA's stepped care model of pain management.

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**

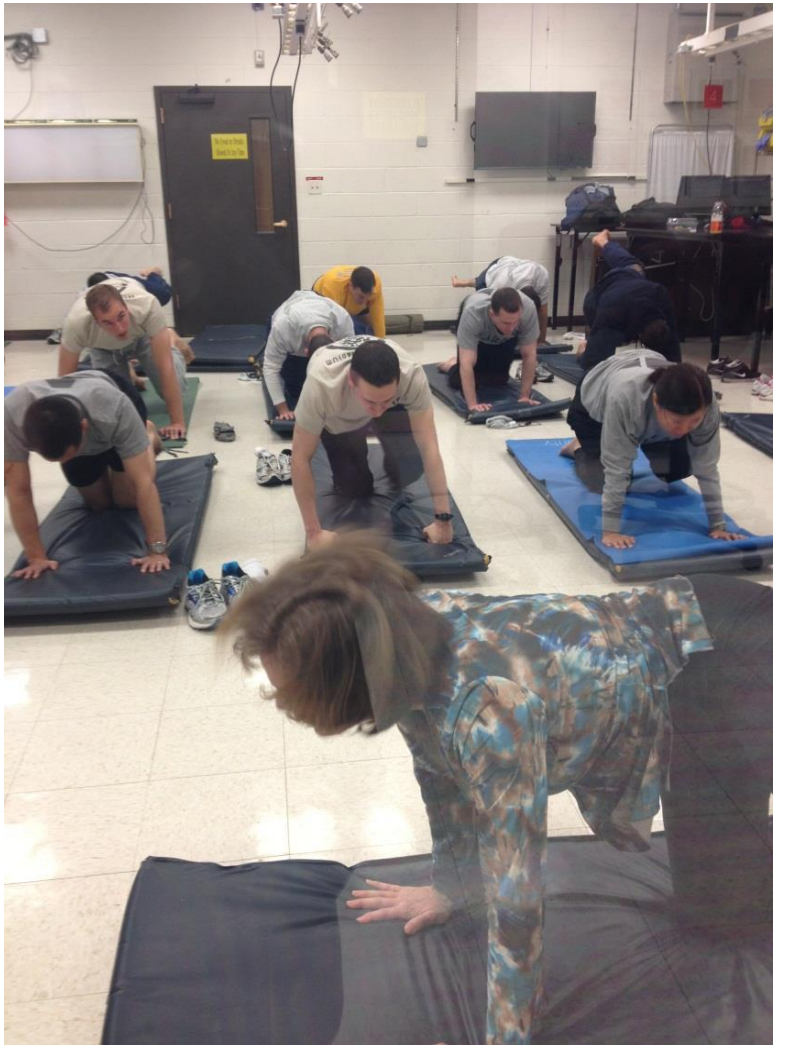
Interdisciplinary

Holistic

Multimodal

kevin.galloway@dvcipm.org, (301)816-4728

Teaching Our Own



Advancing Evidence-Based Complementary & Integrative Practices and Consensus Guidelines

kevin.galloway@dvcipm.org, (301)816-4728

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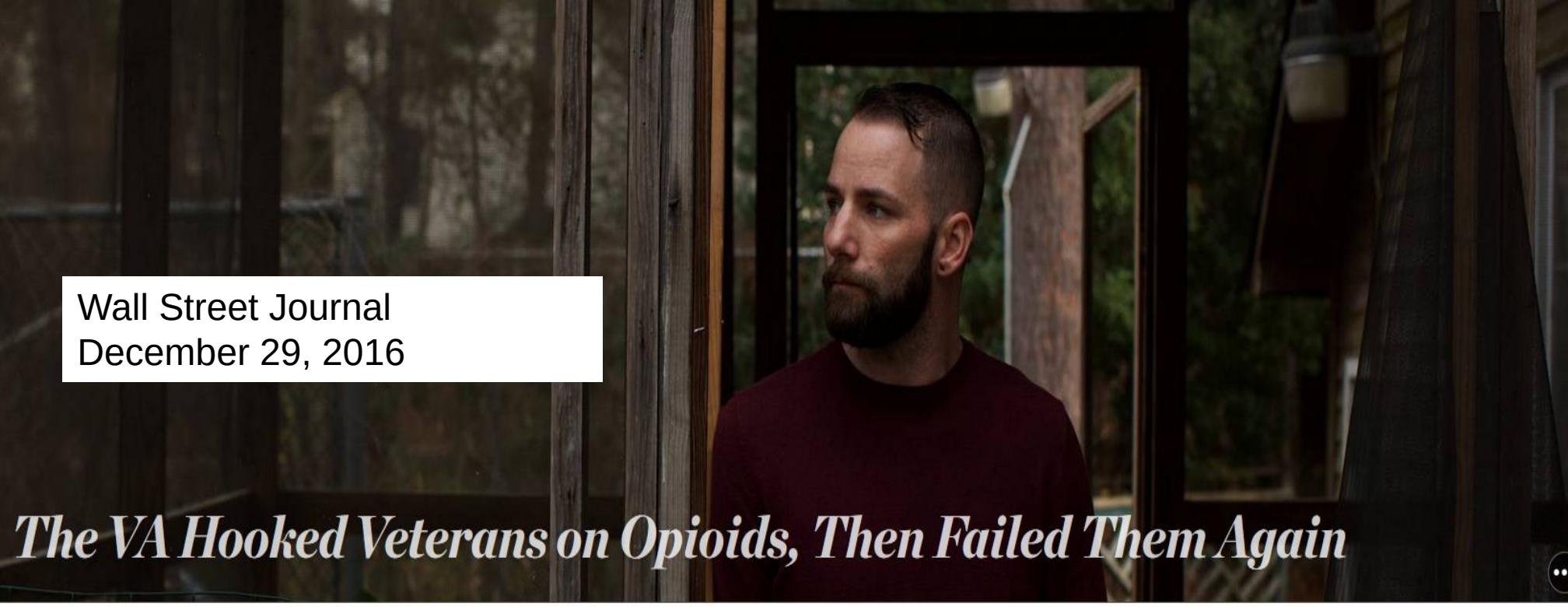

Wall Street Journal
December 29, 2016

The VA Hooked Veterans on Opioids, Then Failed Them Again

The agency overprescribed painkillers to returning soldiers, fueling addiction; now rehab facilities are overwhelmed

By Valerie Bauerlein and Arian Campo-Flores | Photographs by Travis Dove for The Wall Street Journal

FAYETTEVILLE, N.C.—Robert Deatherage, a 30-year-old Army veteran who has battled addiction to pain pills and heroin since suffering severe injuries in Afghanistan, says he reached rock bottom a year ago when he holed up in an empty church and tried to kill himself. Twice.

"I was just so sick of being as sick as I was," he says. He put a gun in his mouth and pulled the trigger, but it didn't fire. He says he then used two syringes to shoot all the drugs he had, but didn't overdose.

Mr. Deatherage took the failure as a spiritual sign and walked to the

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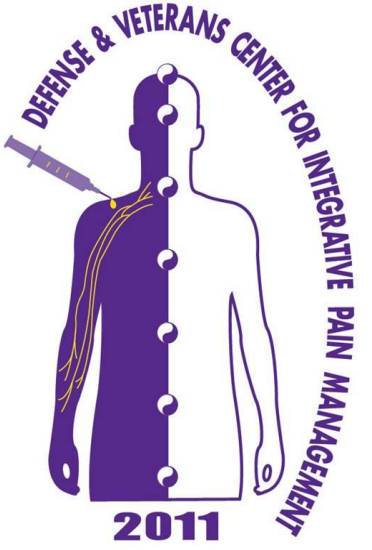

Kevin Galloway

COL, US Army (Retired)

Deputy Director, Strategic Communications and Policy

Defense & Veterans Center for Integrative Pain Management

11300 Rockville Pike, Suite 709

Rockville, MD 20852

Office: (301)816-4728

kgalloway@DVCIPM.org