“Integrative Health & Medicine in Comprehensive Pain Management: A Personal Perspective on the Military and Federal Healthcare Experience”

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Disclosers

• 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 and mindfulness teacher.

• 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 USUHS.
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 after more than a decade and a half of armed conflict.
I told a story once... of Pema Chodron... of being...

...big and small at the same time
I began BIG... and told the story of war... and the genesis of chronic pain...
It began with... “...the long war”

GEN John Abizaid

"Americans should not expect one battle, but a lengthy campaign, unlike any other we have ever seen."

President George W. Bush
Address to a Joint Session of Congress
September 20, 2001
It described the remarkable survivals we achieved in battlefield medicine…

% Survivability Over Time

<table>
<thead>
<tr>
<th></th>
<th>WW II*</th>
<th>Korea*</th>
<th>Vietnam*</th>
<th>OEF/OIF**</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Survivability</td>
<td>69.7%</td>
<td>75.4%</td>
<td>86.5%</td>
<td>89.9%</td>
</tr>
</tbody>
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* May 2008 DoD Data
** 3 June 2010 DoD Data

Formula: \( \frac{\text{Wounds Not Mortal}}{\text{Battle Deaths} + \text{Wounds Not Mortal}} \times 100 \)
These resulted from improvements in battlefield care...

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

- Improvements in evacuation
- Improvements in recovery & rehabilitation
It came at a price...
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)
Rising Musculoskeletal & Mental Disorders—Ambulatory Visits
Long, frequent deployments without “dwell time” extracted a heavy price in mental health problems...
With rising hospitalizations for mental health issues...
We added mild TBI/concussions…

Overall TBI cases have more than doubled.
“To stay a Soldier...”
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%


Slide 16
Trauma Spectrum Response

- Depression
- Somatic dysfunction (sleep, appetite, sex, energy)
- Anxiety
- Pain
- TBI
- PTSD
- Substance dependence, abuse and tolerance

TRAUMA SPECTRUM DISORDER
Then I became small... and personal...
But the problems became big again...
An Epidemic in Opioid Problems in the US

Primary non-heroine opiates/synthetics admission rates, by State (per 100,000 population aged 12 and over)

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.
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.


- 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
Defense and Veterans Pain Rating Scale (DVPRS)

• **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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**DoD/VA Pain Supplemental Questions**
For clinicians to evaluate the biopsychosocial impact of pain

1. Circle the one number that describes how, during the past 24 hours, pain has interfered with your usual **ACTIVITY**:
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - Does not interfere
   - Completely interferes

2. Circle the one number that describes how, during the past 24 hours, pain has interfered with your **SLEEP**:
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - Does not interfere
   - Completely interferes

3. Circle the one number that describes how, during the past 24 hours, pain has affected your **MOOD**:
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - Does not affect
   - Completely affects

4. Circle the one number that describes how, during the past 24 hours, pain has contributed to your **STRESS**:
   - 0
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - 10
   - Does not contribute
   - Contributes a great deal
DVCIPM: Federal Medicine Pain Management Drivers

Organizations/Groups

- VHA Pain Program Office
- DoD Pain Mgt Task Force
- NIH Interagency Pain Research Coordinating Committee
- Institutes of Medicine as directed by Affordable Care Act
- NCCIH Council Working Group
- Military Health System

Years

- 2009/2010
- 2011/2012
- 2013
- 2014
- 2015

Products/Deliverables

- VHA Pain Mgt Directive 2009-053
- "Pain in America" Report
- MHS Review
- National Pain Strategy
- NCCIH: Strengthening Collaborations w/ DoD and VA: Effectiveness Research on Mind/Body Interventions
- Pain Management Task Force Report
DVCIPM: Federal Medicine Pain Management Drivers

NIH Interagency Pain Research Coordinating Committee

Institutes of Medicine as directed by Affordable Care Act

NCCIH Council Working Group

Military Health System

2009/2010
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- CARA Legislation
- IOM “Pain in America” Report
- MHS Review

2013
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2014
- CDC Opioid Guidelines

2015
- Presidential Memorandum

Organizations/Groups

Products/Deliverables
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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**ARMY**

**Pain Management ECHO Network**

**WESTERN Region**
- Ft Gordon
- Ft Hood
- Ft Bliss
- Ft Lewis
- Ft Sam Houston
- Landstuhl
- Tripler
- Ft Bragg

**SOUTHERN Region**
- Ft Benning
- Ft Campbell
- Ft Carson
- Ft Drum
- Ft Eustis
- Ft Huachuca
- Ft Irwin
- Ft Lee
- Ft Knox
- Ft Leonard Wood
- Ft Meade

**NORTHERN Region**
- Ft Polk
- Ft Riley
- Ft Richardson
- Ft Sill
- Ft Stewart
- Ft Wainwright
- Ft Leavenworth
- West Point

**EUROPEAN Region**
- Schofield Barracks
- Grafenwoehr
- Katterbach
- Vicenza
- Vilceck
- Wiesbaden

**PACIFIC Region**
- Ft Gordon
- Ft Bragg
- TAMC
- LRMC
- WRMC
Auricular Acupuncture or “Battlefield Acupuncture”
Teaching Our Own
Take Away Messages

• CIM&H modalities are powerful experiences but we must move beyond anecdotal reports...much progress 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.

• 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.
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Thank you!
Questions?