Pain Management Task Force
Downrange Pain Control

What has Changed?

Program Director
Defense and Veterans Center for Integrative Pain Management (DVCIPM)

Financial Relationships

I have no financial relationships with any product or company discussed in this presentation

Agenda

- Pain Management Task Force (PMTF)
- Pain Chronification
- Acute Pain Service (APS)
  - Joint Theater Practice Guideline on Pain, Anxiety, and Dilerium
  - Why?
  - Data to support
- Proposed Role 3 (APS) Staffing
- PMTF Major Lines of Effort
  - Defense & Veterans Pain Rating Scale (DVPRS)
  - Patient Assessment Screening Tool and Outcomes Registry (PASTOR)
  - Interdisciplinary Pain Management Clinics
  - ECHO – Extension for Community Healthcare Outcomes
- Suggested way forward

Mission

NDAA 2010, Section 711:

-Directed SECDEF to develop comprehensive pain management policy by March 2011

-Annual Report: update to Congress required 180 days after initiation of policy and annually each 1 October

MEDCOM Pain Management Task Force and Campaign Plan:

-Chartered by Army Surgeon General in August 2009 to make recommendations for improving clinical, administrative, and research processes involved with the provision of pain management care and services at MEDCOM facilities.

-Tri-Service and Veterans Administration Membership

-Task Force Report included over 100 recommendation for a holistic, multimodal, multidisciplinary pain strategy and 19 recommendations requiring establishment of a DoD-level pain management advisory/synchronization organization

-MEDCOM operationalizing TF recommendations in the Comprehensive Pain Management Campaign Plan

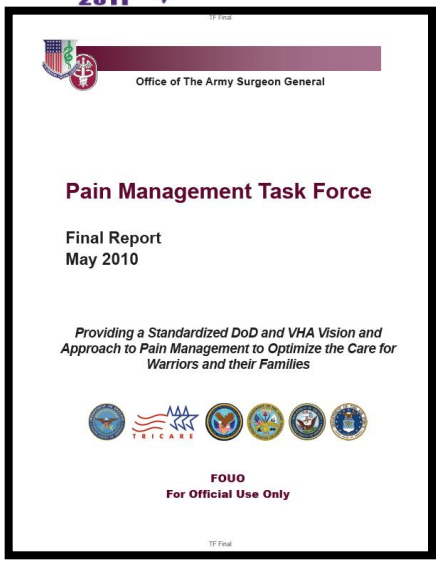
» Army surgeon general presents top 10 initiatives

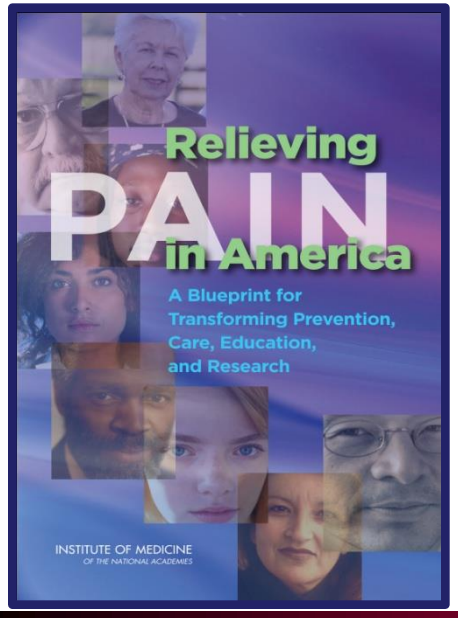
WASHINGTON (Army News Service, Feb. 1, 2011) -- Army Surgeon General Lt. Gen. Eric B. Schoomaker announced his Top 10 initiatives for Army medicine Jan. 27.

- Pain Management Task Force/Comprehensive Pain Management

http://www.armymedicine.army.mil/reports/reports.html

Pain Management Task Force





– Provide recommendations for a MEDCOM **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*

» ***June 2011***

John Ranby, a physician describing the care of battlefield injuries in 1776

"…to act in all respects as if your are entirely unaffected by their groans and complaints, but at the same time behave with such caution as not to proceed rashly or cruelly, and be particularly careful to avoid unnecessary pain."

“What an infinite blessing.”

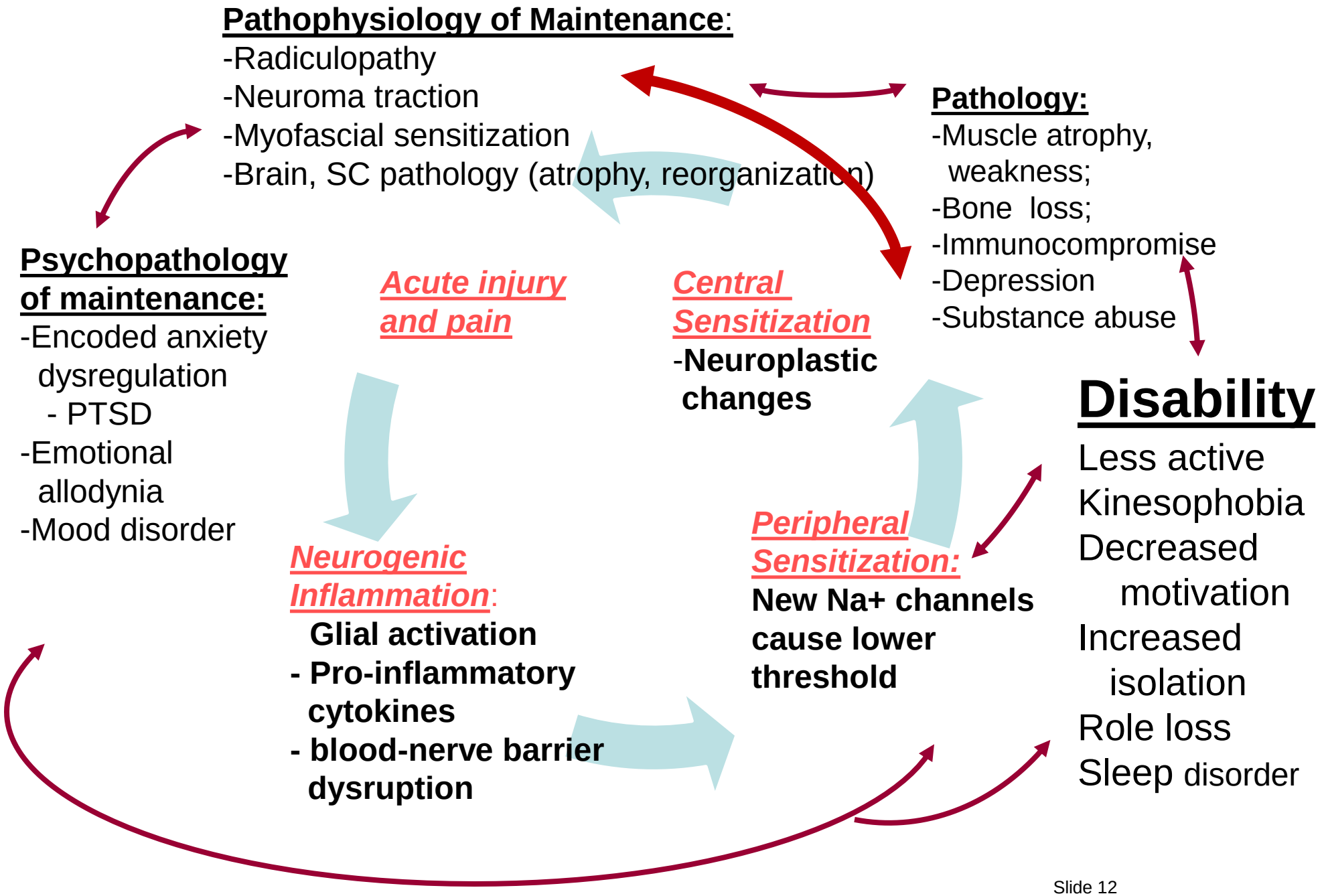
19th Century Battlefield Pain Control

In 1803, Serturner, a German pharmacist, identified and isolated the main ingredient of opium, Morphine. He called this alkaloid "Morphia" after Morpheus, the Greek God of Dreams. The name "Morphine" is now used instead of Morphia because of the standard that all alkaloids end in "-ine".

Pain Management Task Force

21st Century Evacuation Realities

Chronification: The Chronic Pain Cycle

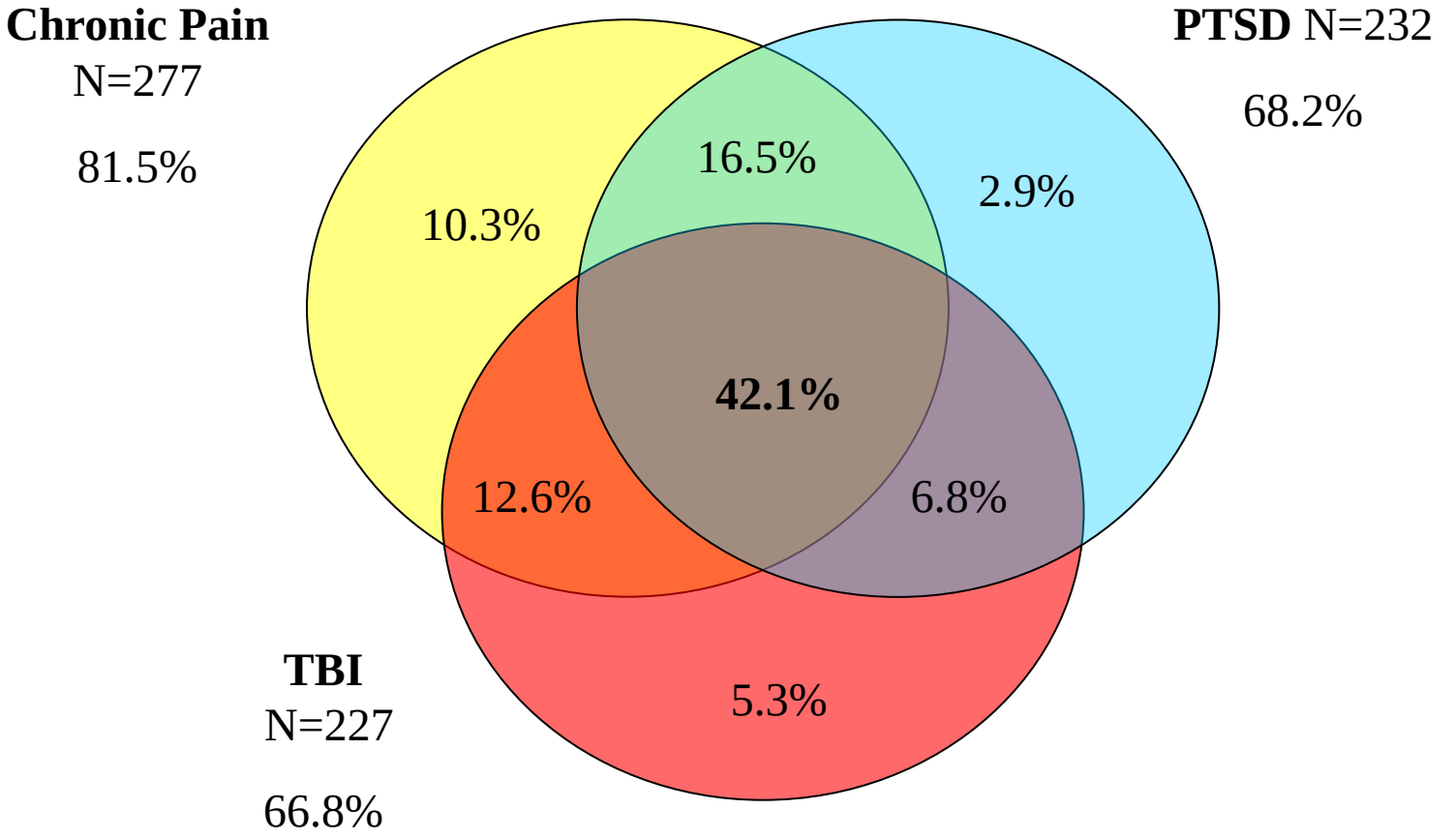


Consequences of unrelieved pain

Organ systems	Physiologic responses
Cardiovascular	Increased heart rate, peripheral vascular resistance, arterial blood pressure, and myocardial contractility resulting in increased cardiac work, myocardial ischemia and infarction
Pulmonary	Respiratory and abdominal muscle spasm (splinting), diaphragmatic dysfunction, decreased vital capacity, impaired ventilation and ability to cough, atelectasis, increased ventilation/perfusion mismatch, hypoventilation, hypoxemia, hypercarbia, increased postoperative pulmonary infection
Gastrointestinal	Increased gastrointestinal secretions and smooth muscle sphincter tone, reduced intestinal motility, ileus, nausea, and vomiting
Renal	Oliguria, increased urinary sphincter tone, urinary retention
Coagulation	Increased platelet aggregation, venostasis, increased deep vein thrombosis, thromboembolism
Immunologic	Impaired immune function, increased infection, tumor spread or recurrence
Muscular	Muscle weakness, limitation of movement, muscle atrophy, fatigue
Psychological	Anxiety, fear, anger, depression, reduced patient satisfaction
	Overall recovery delayed recovery, increased need for hospitalization, delayed return to normal daily living, increased healthcare resource utilization, increased healthcare costs

Joshi GP, Ogunnaike BO. Consequences of inadequate postoperative pain relief and chronic persistent postoperative pain. *Anesthesiology Clin N Am* 2005 23:21-36.

Prevalence of Chronic Pain, PTSD and TBI in a sample of 340 OEF/OIF veterans with polytrauma



Lew, Otis, Tun et al., (2009). Prevalence of Chronic Pain, Post-traumatic Stress Disorder and Post-concussive Symptoms in OEF/OIF Veterans: The Polytrauma Clinical Triad. *JRRD.*

Troops reportedly popping more painkillers

Posted 5h 8m ago | Comments 20 | Recommend 2

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

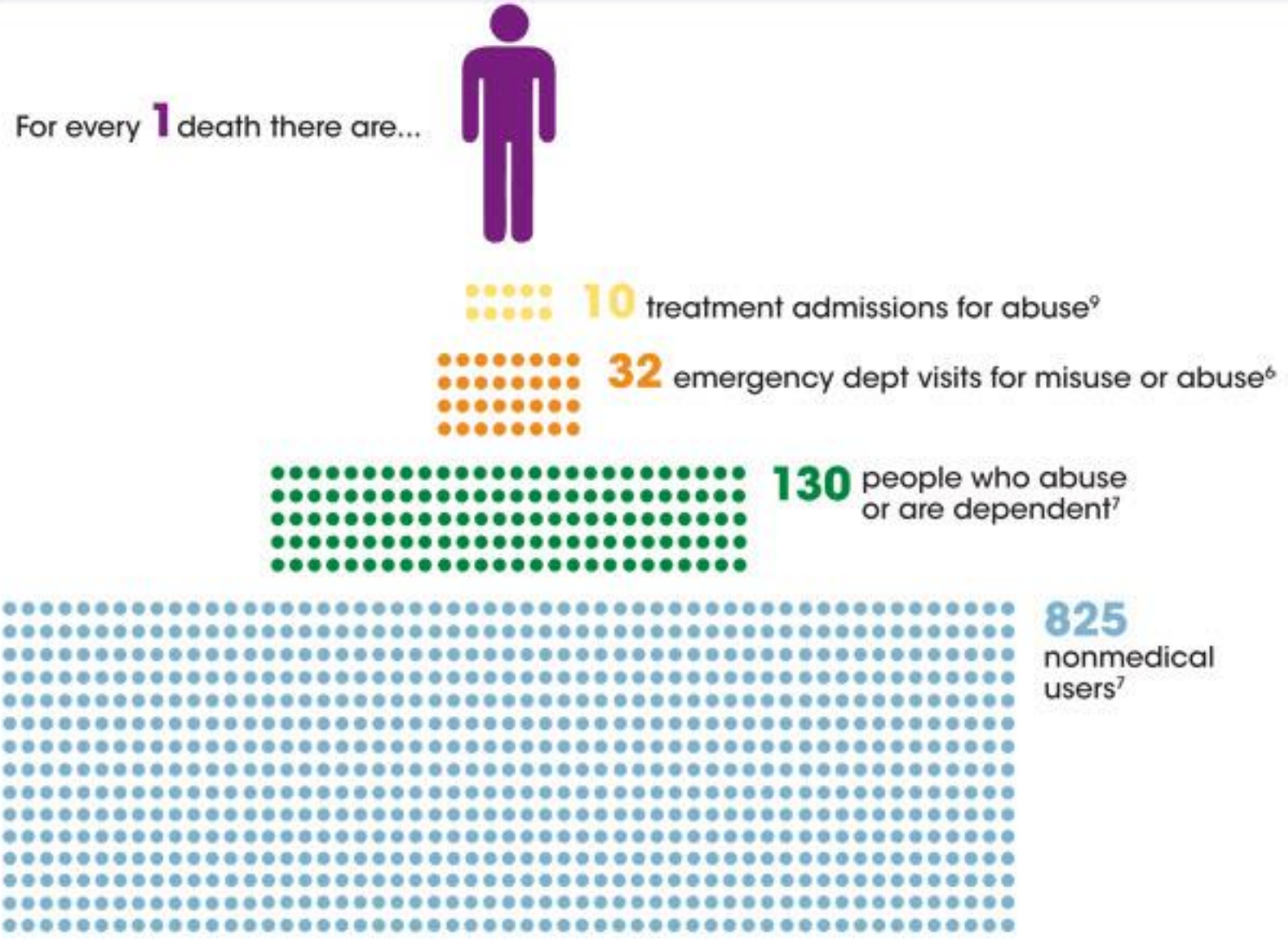
Among Army soldiers, 4% surveyed in 2005 admitted abusing prescription narcotics in the previous 30 days, with 10% doing so in the last 12 months. Researchers said the results may have been skewed by respondents mistakenly referring to legal use of pain medication. A 2008 survey has not been released.

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.

CDC Statistics

In 2008, there were 14,800 prescription painkiller deaths.[4]



Joint Theater Trauma System Clinical Practice Guideline

Management of Pain, Anxiety and Delirium in Injured Warfighters

Original Release/Approval		23 Nov 2010	Note: This CPG requires an annual review.	
Reviewed:	Oct 2010	Approved:	22 Nov 2010	
Supersedes:	This is a new CPG and must be reviewed in its entirety.			
☐ Minor Changes *(or)*		☐ ***Changes are substantial and require a thorough reading of this CPG***		***(or)***
☐ Significant Changes				

Goal: To provide state-of-art pain services to combat zone casualties in the theater Roll 3 hospitals prior to the air evacuation of casualties to their country of origin.

Guidelines: The acute pain service will be available to all patients that are admitted to the theater hospital.

Afghanistan Study Data summary

Total # Patients seen: 160 of 392 surgical trauma patients (April – July 2009).

<u>Demographics:</u>
Males seen: 155
Females seen: 5
Mean Age of Patients: 25.8 years old→Min: 5 years old; Max: 85 years old
Repeat Patients: 19
OEF/OIF's: 99 ISAF
#Non-OEF/OIF's: 61 Afghans

<u>VAS Score:</u>
Average Pre-pain score: 5.266
Average Post-Pain score: 0.734

<u># Times Ultrasound and/or Stimulation used:</u>
U/S (+): 99
Stim (+): 37

<u>Block Info:</u>
Total # Catheters Placed: 91
Total # Single blocks performed: 129
Total # Bolus: 10
Patients with Multiple blocks: 53
Procedures done with General Anesthesia (Sleep): 50

40.8%

Pain Medicine

Pain Medicine 2012; 13: 919–926
Wiley Periodicals, Inc.

ACUTE PAIN SECTION

Original Research Articles

Impact of an Acute Pain Service on Pain Outcomes with Combat-Injured Soldiers at Camp Bastion, Afghanistan

Chester "Trip" Buckenmaier III, MD,*†‡
Peter F. Mahoney, OBE TD MSc FRCA L/RAMC,**
Todd Anton, MD, CPT,‡ Nancy Kwon, CRNP, MSN,*
and Rosemary C. Polomano, PhD, RN§¶

Pain Medicine

Pain Medicine 2012; 13: 927–936
Wiley Periodicals, Inc.

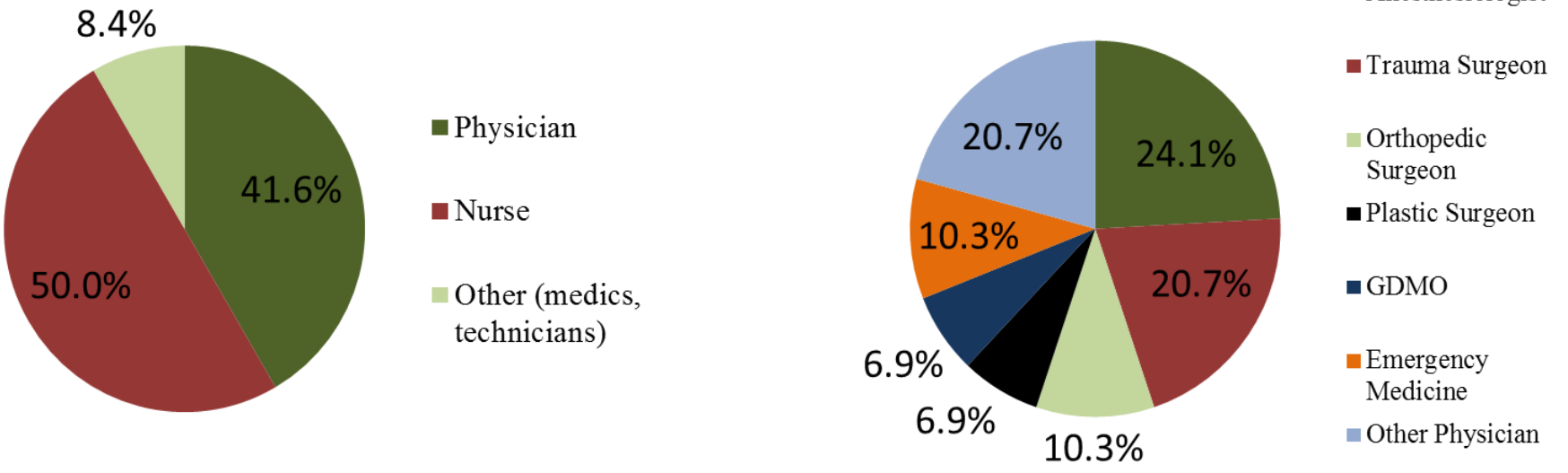
A Survey of Military Health Professionals' Perceptions of an Acute Pain Service at Camp Bastion, Afghanistan

Rosemary C. Polomano, PhD, RN,*† Ellie Chisholm, RN,** Todd M. Anton, MD, CPT, MC, USA,§ Nancy Kwon, CRNP, MSN,‡ Peter F. Mahoney, OBE, TD, MSc, FRCA, L/RAMC,†† and Chester "Trip" Buckenmaier III, MD, COL, MC, USA‡¶

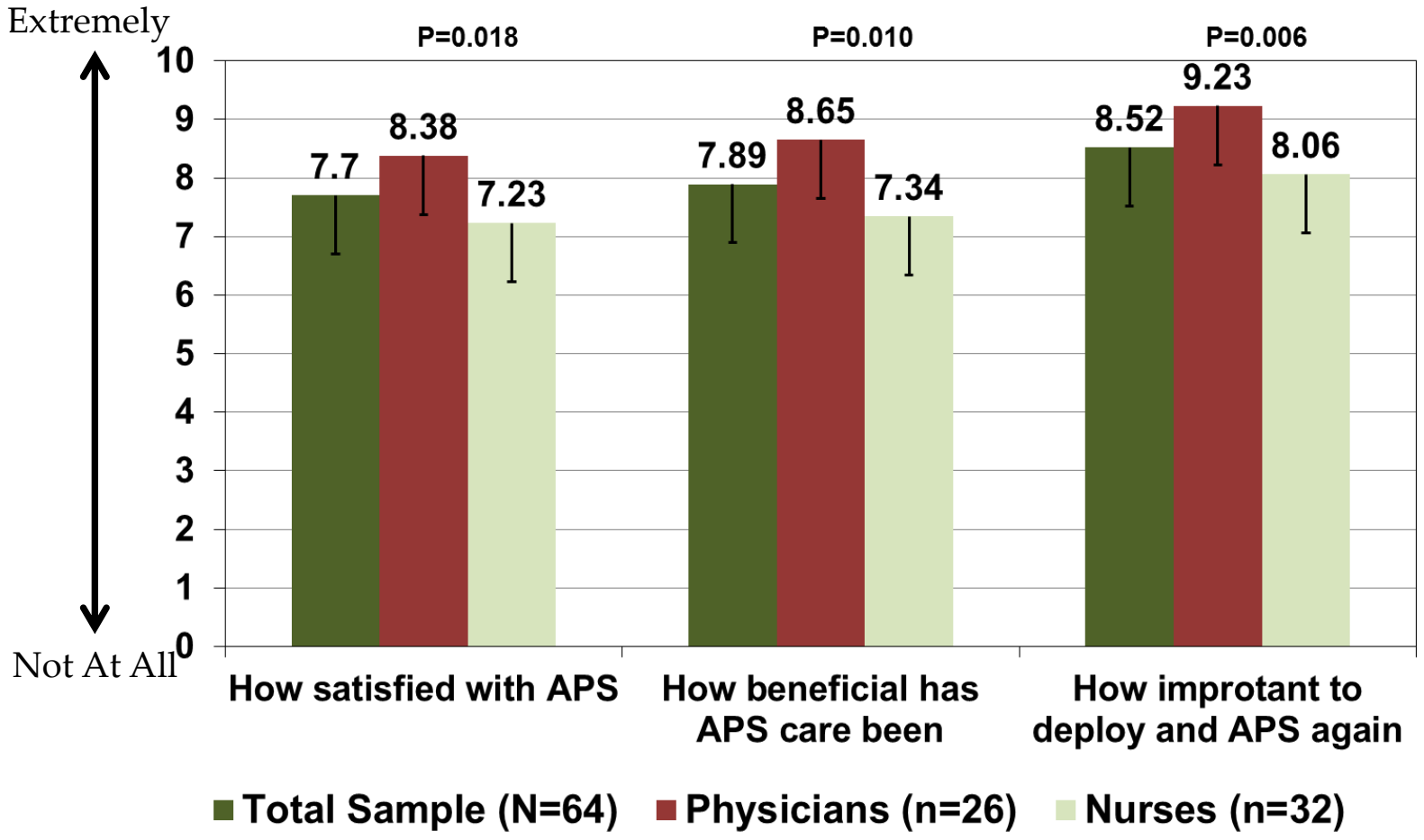
Health Profession

Physician Specialties

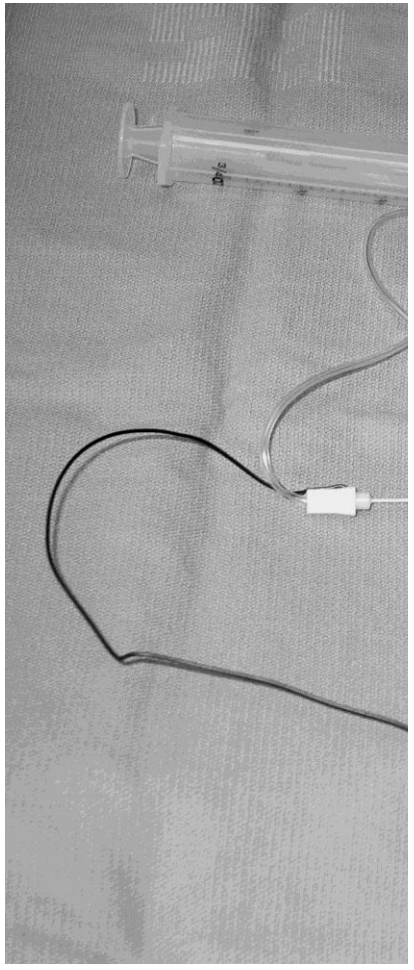
Sample Characteristics (N=70)

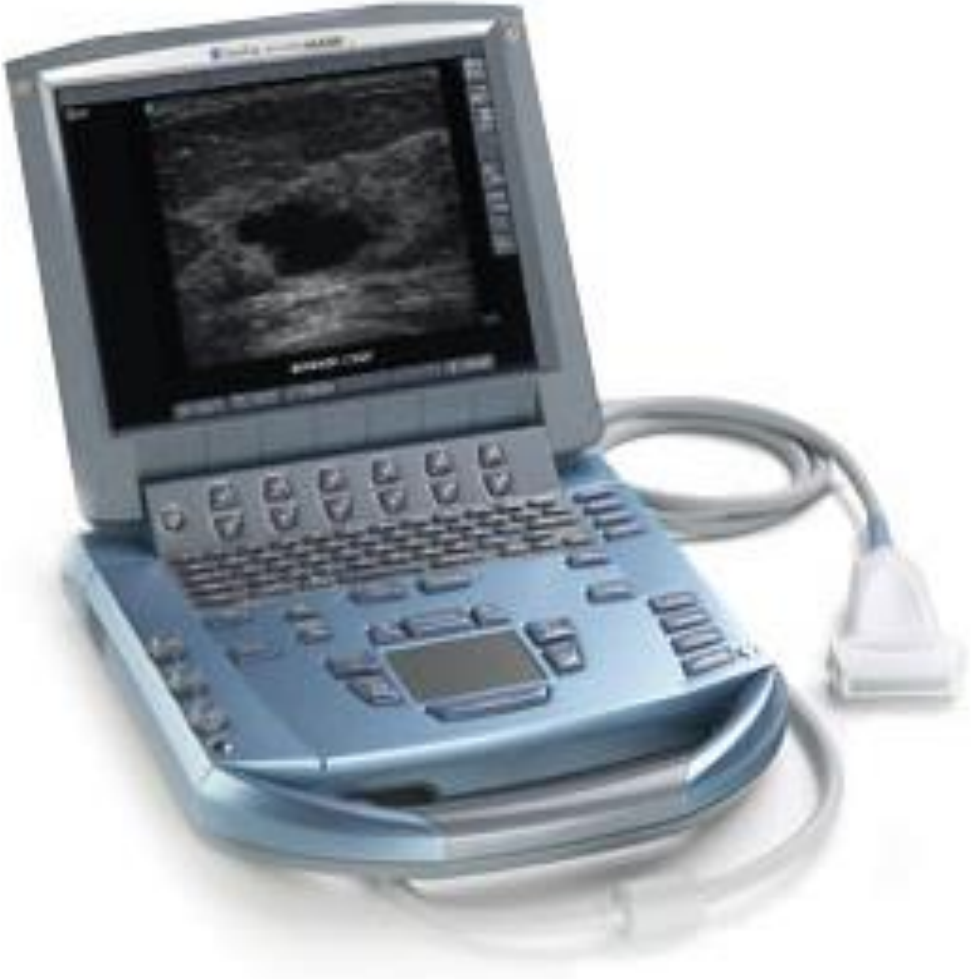


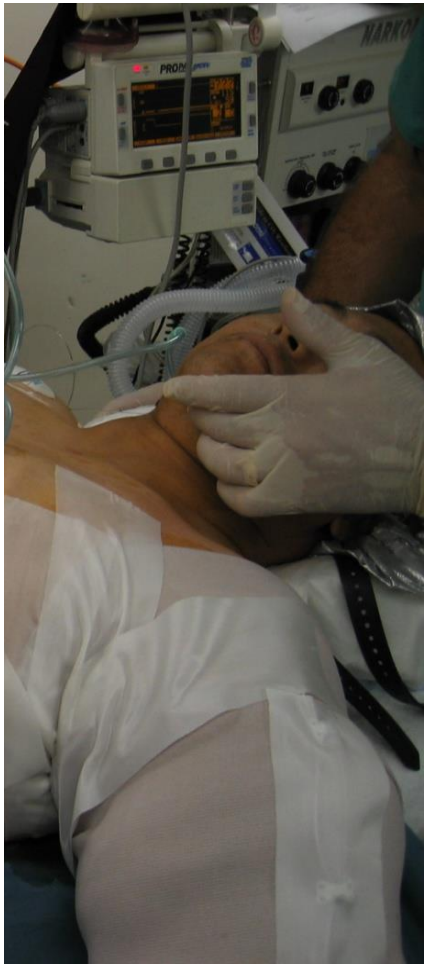
Perceptions of an APS



The New Face of Regional Anesthesia



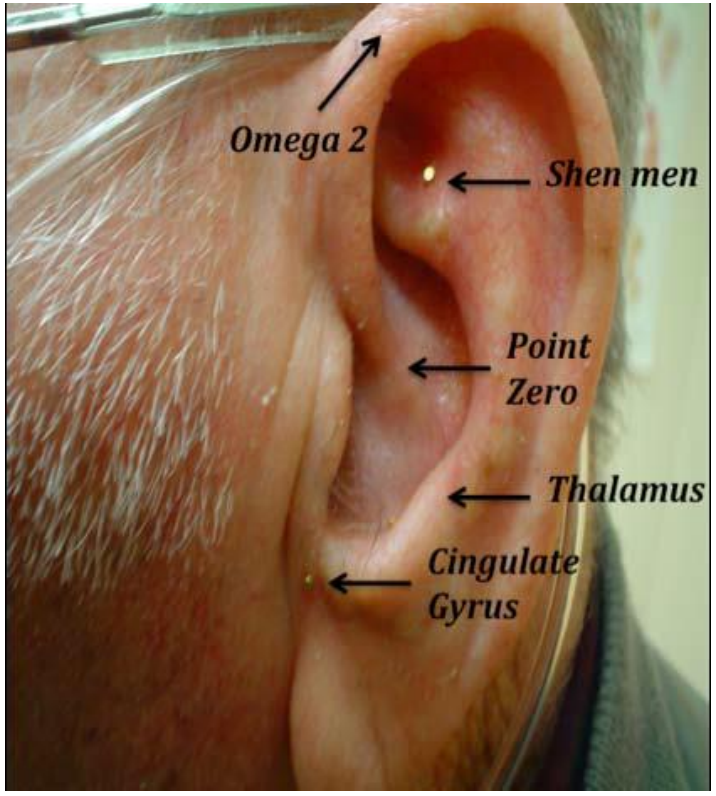




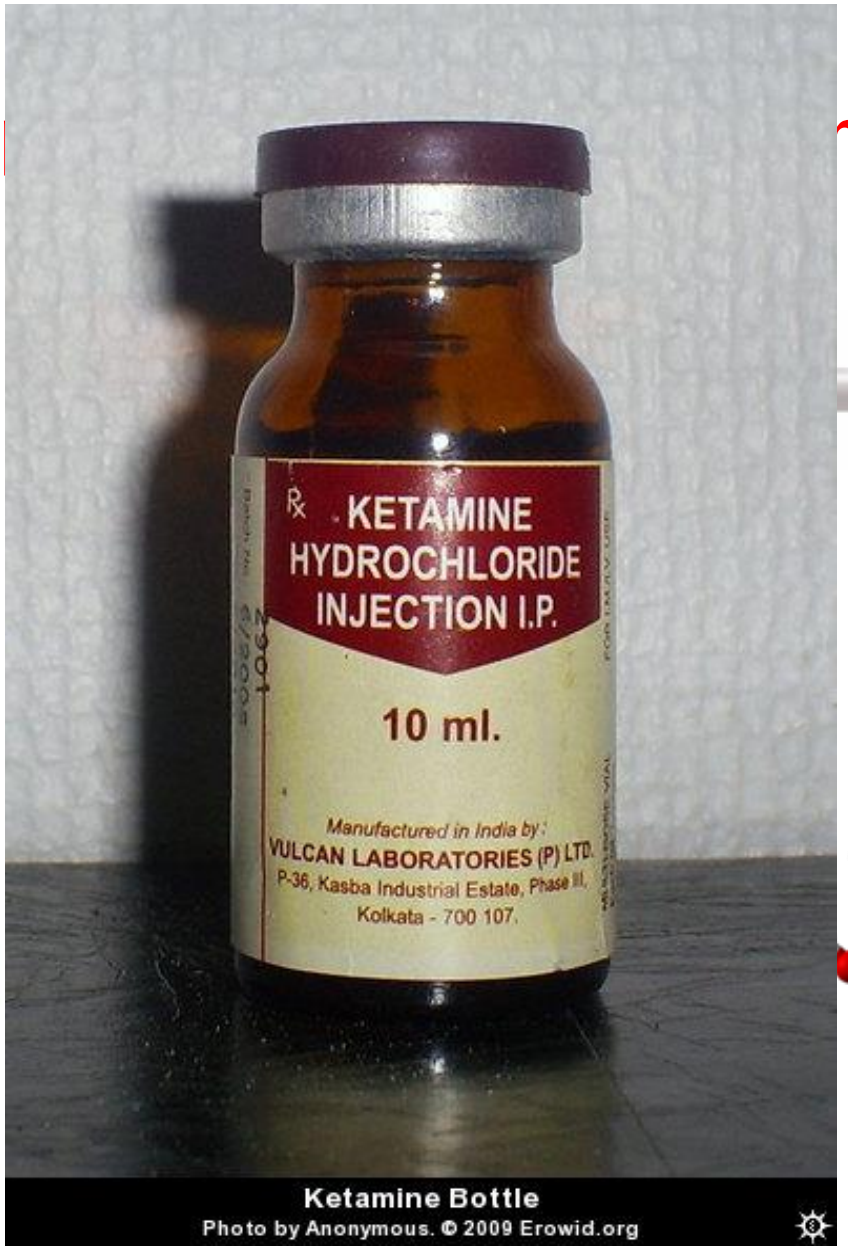
Compartment Syndrome

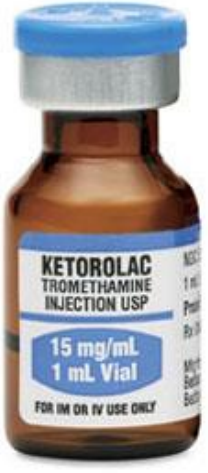
- High risk patients can be identified
- Communication is the key!
- Options available
  - No block for injury of concern
  - Multimodal therapy
  - Place block 24 hours after surgery if
    ↑ Pain
  - Place catheter – don't use until after postoperative exam
  - Electing to not treat pain is no longer an option in the 21st century.

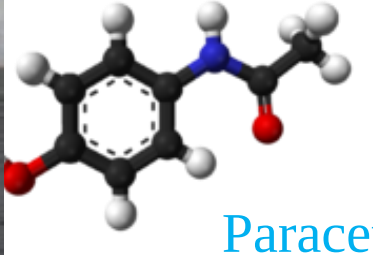
Integrative Medicine



Novel nd equipment







Paracetamol

Proposed APS Staffing*

APS Medical Officer – Identified physician with medical expertise in acute pain medicine. This will usually be a military trained anesthesiologist.

APS Chief Nurse – Chief nurse responsible for unit pain policy adherence and ward safety.

Ward Pain Nurse Champions – Nurse from each Role 3 ward to serve as the ward pain nurse.

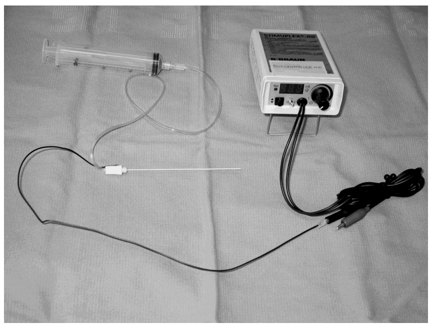
*These personnel can be identified and tasked from existing Role 3 force structures.

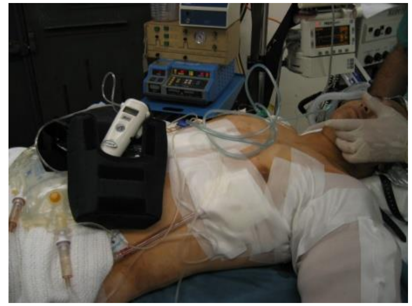
Pain Equipment Chests

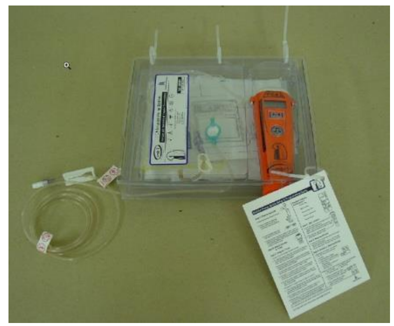
B-5 Standardized Medical Equipment and Personnel in Deployed Setting

Medical Equipment Template

FSC	NSN	NOMEN_LONG	UI	AAC	PAIN	Allowance	COMMENTS	CBS EXCESS	ITEM	UI	QTY	ESTIMATED PRICE
6510	001283372	ADHESIVE LIQUID SURGICAL AEROSOL SPRAY 6 OZ 4S	PG	L	1	1		CBS	3158007738	BX	1	$ 63.00
6510	010070223	ADHESIVE TAPE SURGICAL 360X INCH COLORLESS PLASTIC CL	PG	L	1	1		CBS	4505015271	BX	1	$ 7.12
6510	012214495	ADHESIVE TAPE SURGICAL SILK OVERALL 360X50INCHES WHITE	PG	L	1	1		CBS	4509015100	BX	1	$ 8.20
6515	015626762	ADMINISTRATION SET IV FLUIDS VENTED/NONVENTED 115" 20 DR	PG	L	1	1		CBS	3414425101E	CS	1	$ 600.40
6515	015623926	ANESTHESIA SET EPIDURAL CONTIPLEX CONTINOUS NERVE BL	PG	L	1	1		CBS	3584331691	CS	1	$ 472.95
6515	015621212	ANESTHESIA SET EPIDURAL TUOHY CONT NERVE BLOCK SET 10	PG	L	1	1		N/A	3594337603	CS	1	$ 287.72
6515	015620921	ANESTHESIA SET EPIDURAL TUOHY CONTINUOUS NERVE BLK 1	PG	L	1	1		CBS	3594331694	CS	1	$ 441.86
6515	015621726	ANESTHESIA SET REGIONAL NERVE BLOCK SUPPORT TRAY 10	PG	L	1	1		CBS	3594332105	CS	1	$ 264.34
6515	015110545	ANESTHESIA SET SPINAL TRAY 7 COMPONENTS 10S	PG	Y	1	1	no longer avail, need sub/maj griffith emailed 3-18					$ 238.13
6515	015620695	ANESTHESIA SET, REGIONAL NERVE BLOCK CONTINOUS 12S	PG	L	1	1						$ 184.75
6515	015620740	ANESTHESIA SET, REGIONAL NERVE BLOCK CONTINOUS TUOHY	PG	L	1	1						$ 412.57
6510	015623579	BANDAGE GAUZE SELF-ADHERENT 4"X2YDS NON WOVEN COVE	PG	L	1	1						$ 49.88
6510	015623639	BANDAGE GAUZE SELF-ADHERENT POLYESTER COVER ROLL 6	PG	L	1	1						$ 64.12
6530	011940126	BASIN EMESIS PLAS KIDNEY SHAPED 9IN LG/500 CC CAP AUTOC	PG	Y	1	1	avail thru DM	CBS	4352YNDS8320	CS	1	$ 5.94
6545	015338202	CASE, MEDICAL INSTRUMENT & SUPPLY SET NO OLIVE DRAB 30	EA	L	1	1		501	6545015338202	EA	1	$ 41.00
6515	015621328	CASSETTE INTRAVENOUS SPIKE USE W/6515015340823 20S	PG	L	1	1						$ 228.22
6515	012823736	CATHETER & NDL UNIT DISV 16GAX1.25" 18GA NDL PLASIC RS YEL	PG	L	1	1		CBS	0722307447	BX	1	$ 189.36
6515	011133616	CATHETER AND NEEDLE UNIT INTRAVENOUS 18GAGE 200S	PG	L	1	1		CBS	0722331444	BX	1	$ 189.62
6515	011804971	CATHETER INTRAVENOUS DIS 14 GA PLAST POLYROZ" STRNGE	PG	L	1	1		CBS	2504252694402	CS	1	$ 450.06
6510	011808807	DRESSING OCCLUSIVE ADHESIVE PLASTIC COATED 5.5X3.87INT	PG	L	1	1						$ 315.52
6505	015620786	DULOXETINE HYDROCHL CAPULES DELAYED RELEASE 30MG 3	BT	L	1	1		CBS	F00002-3240-30	BT	1	$ 85.06
6515	015620639	EXTENSION SET, INTRAVENOUS ADM EXTENSION SET IV 23INL L	PG	L	1	1						$ 88.94
6505	015620122	GADODIAMIDE INJECTION USP 287MG/ML 10ML VIAL 10 PER PAC	PG	L	1	1						$ 1,842.04
6515	010780222	GLOVES SURGEONS' NATURAL BEADED CUFF SZ 8 200 PR PERF	PG	L	1	1		CBS	0158030400	BX	4	$ 246.64
6505	012659312	IOPAMIDOL INJECTION 30ML SINGLE DOSE VIAL 10 VIALS PER PA	PG	L	1	1		N/A	F00270-1411-25	PG	1	$ 263.05
6515	012117072	MASK ORONASAL ADULT MALE 500ML REBREATHING BAG	PG	L	1	1		N/A	3280007187	CS	1	$ 63.57
6515	011405334	NEEDLE HYPO DISP SHT BEVEL 16GA 1 1/2 IN 100S	BX	L	1	1						$ 594.05
6515	015620077	NEEDLE HYPODERMIC ANESTHESIA 2.5"L 21GA SINGLE SHOT NE	PG	L	1	1						$ 652.05
6515	015620893	NEEDLE HYPODERMIC ANESTHESIA 6"L 21GA SINGLE SHOT NEF	PG	L	1	1						$ 652.05
6515	015615964	NEEDLE HYPODERMIC ANESTHESIA/EPIDURAL WEISS 20GAX3.5	PG	L	1	1						$ 91.51
6515	010223083	NEEDLE HYPODERMIC C28 SPINAL 22 GAX5" LUERLOCK HUB ST	PG	L	1	1		CBS	0723405140	BX	1	$ 49.54
6515	015620858	NEEDLE HYPODERMIC EPIDURAL TUOHY 6" LONG 20GA STERILE	PG	L	1	1						$ 184.33
6515	015615896	NEEDLE HYPODERMIC EPIDURAL WEISS TUOHY POINT 18GAX3.5	PG	L	1	1						$ 91.51
6515	011889676	NEEDLE HYPODERMIC SPINAL 5IN CANNULA 22GAGE DISOSABL	PG	L	1	1		N/A	0723405140	CS	1	$ 225.23
6515	015620759	NEEDLE, HYPODERMIC 27GA 1.5IN STERPRECISIONGLIDE 100S	PG	L	1	1						$ 57.81
6515	015620733	NEEDLE, HYPODERMIC EPIDURAL ANES 18GA 6IN EXLGTH 10S	PG	L	1	1						$ 102.15
6515	015623227	NEEDLE, HYPODERMIC PERIPHERAL ANESTHESIA SINGLE SHOT	PG	L	1	1						$ 652.05
6515	015623233	NEEDLE, HYPODERMIC PERIPHERAL ANESTHESIA SINGLE SHOT	PG	L	1	1						$ 652.05
6505	009264773	NORTRIPTYLINE HYDROCHLORIDE CAPSULES USP 25MG 100 CA	BT	L	1	1		CBS	F00093-0811-01	BT	1	$ 3.24
6505	015623656	PREGABALIN CAPSULES 75MG 90 CAPSULES PER BOTTLE	BT	L	1	1		CBS	F00071-1014-68	BT	1	$ 163.16
6515	015343627	PUMP SYSTEM INTRAVENOUS 10S	PG	Z	1	1		CBS	6515015343627	PG		$ 3,762.50
6515	012711394	SENSOR OXYGEN MONITORING NONINVAS ARTERIAL F/ADULT	PG	L	1	1		CBS	4130000025	CS	1	$ 308.44
6515	015621320	SYRINGE AND NEEDLE HYPODERMIC SAFETY 1ML 27GA 5/8" ND	PG	L	1	1						$ 32.60
6515	015579332	SYRINGE HYPO SP DS 6ML/5ML CAP CONCENTRIC LUERLOCK W	PG	L	1	1		CBS	0723309600	BX	4	$ 30.82
6515	015621238	TRAY EPIDURAL SPINAL W/ESPOCAN & THREAD ASSIST GUIDE	PG	L	1	1						$ 586.85
6515	012305612	TRAY EPIDURAL STERILE COMPLETE C/O 18GAX3.5" EPIDURAL	PG	L	1	1						$ 382.38
6515	015621249	TRAY EPIDURAL W/18GA NEEDLE PERIFIX 10-KITS	PG	L	1	1						$ 347.76
6515	010149023	TUBE DRAINAGE SURG PENROSE 12"LG 0.625" DIA 0.011" THK	PG	L	1	1		CBS	0620091040	CS	1	$ 70.22
6515	015793314	STIMULATOR NERVE 15	EA		1	1		DAM		EA		$ 1,500.02
	L05322	SONOSITE M-TURBO L2	EA		1	1						$ 22,486.29
	P06545	GENERAL anesthesiology package, M-Turbo	EA			1						$ 6,000.00
	P07682-HFL38x	MHz Transducer Biopsy Compatible	EA			1						$ 8,625.00
	P07680-C60x	5-2 MHz Transducer BIOPSY COMPATIBLE	EA			1						$ 6,375.00
	P07698-SLAx	13-6 MHz TRANSDUCER	EA			1						$ 8,625.00
	P06792	POWER SUPPLY	EA			1						$ 187.50
	P09222	BATTERY-MICROMAXX/M-TURBO	EA			1						$ 256.25
Estimated Component Cost								$71,573.78				
Estimated Reimbursable Packing C	$500.00											
Estimated Reimbursable Labor Cost												
VGS (ASSEMBLY) 56 lines @ 25 minutes	$976.67											
CS (FULL) 56 lines @ 7.5 minutes	$245.00											
DSTI (Procurement) 56 lines	$28.23											
QA (Inspect) 56 lines	$32.67											
MED MAINT Inspect @50.00	$1,400.00											
Total Estimated Reimbursable Labor/Packing Cost				$3,214.57								
Total Estimated Production Cost								$74,788.35				

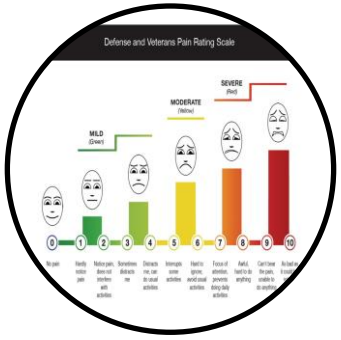






Pain Management Task Force

Main Lines of Effort



Defense & Veterans Pain Rating Scale (DVPRS)

- An innovative new scale for rating pain across the DoD

Extension for Community Healthcare Outcomes (ECHO)

- Expanding DoD providers knowledge of pain through Video Teleconference

Pain Assessment Screening Tool and Outcomes Registry (PASTOR)

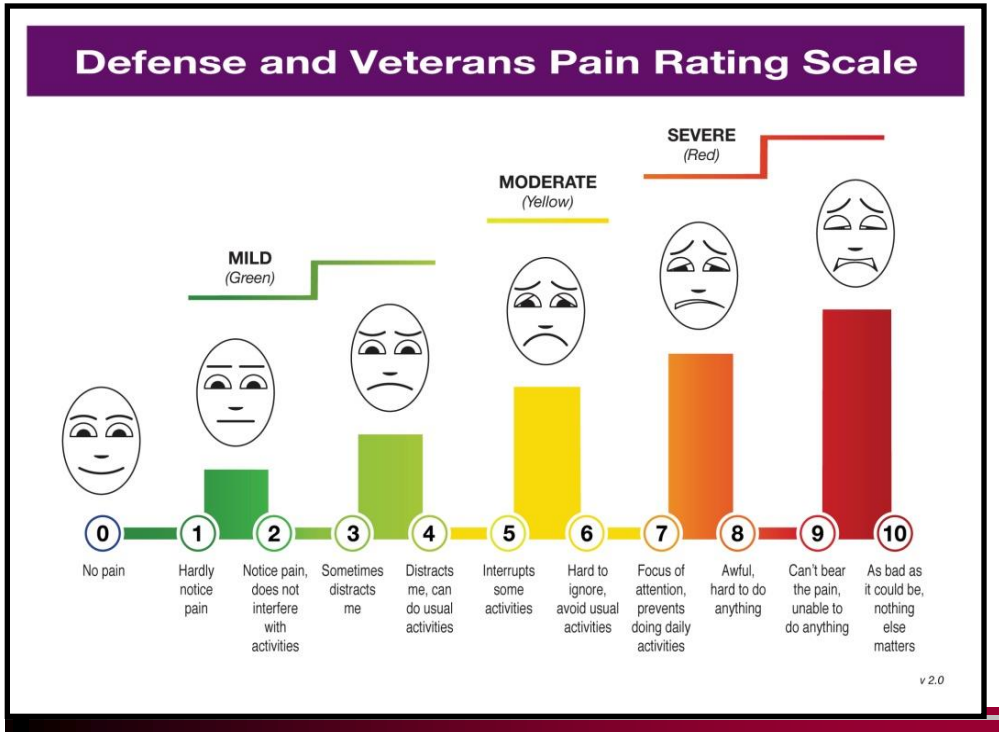
- A screening tool and reporting system to examine a soldiers individual pain over time

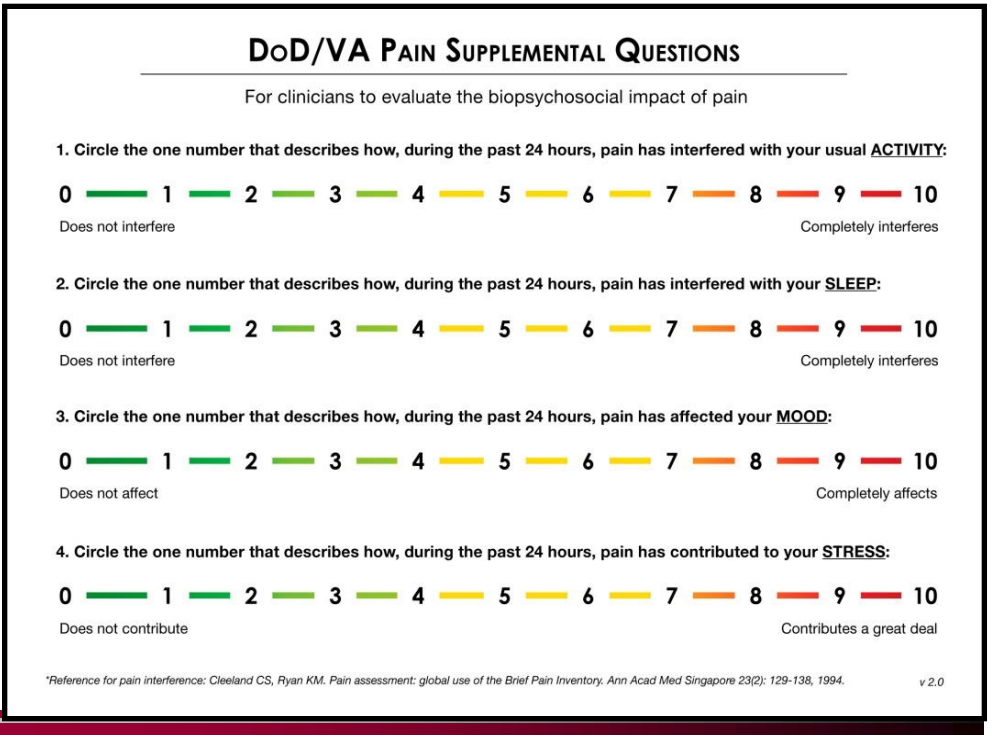
Interdisciplinary Pain Management Centers (IPMC)

- Incorporating integrative and traditional medicine to treat pain

Defense and Veterans Pain Rating Scale (DVPRS)

- **4.1.2 Standardized Pain Assessment Tool**
- **Objective: Describe a common language DoD and VHA pain assessment tool with visual cues and a common set of measurement questions.**





PASTOR/PROMIS

RESEARCH * OUTCOMES REGISTRY * CLINICAL DECISION TOOL

- Center for Disease Control and Prevention: (Health People 2020 will include PROMIS Global Measure)

- Bravewell Collaborative Integrative Medicine Outcomes Study

- DVCIPM Research
  - Pain Management
  - Rx Med Abuse
  - Interdisciplinary Care

PASTOR
PAIN ASSESSMENT SCREENING TOOL AND OUTCOMES REGISTRY

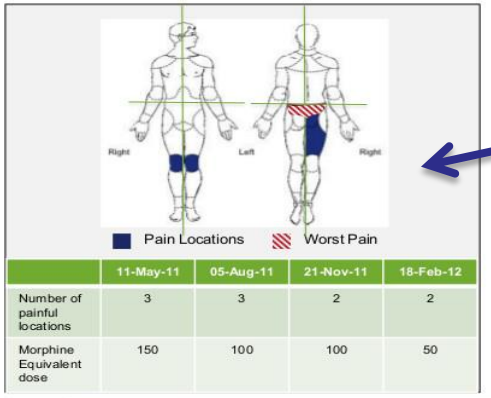
RESEARCH ● OUTCOMES REGISTRY ● CLINICAL DECISION TOOL

- 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

PASTOR Clinical Report

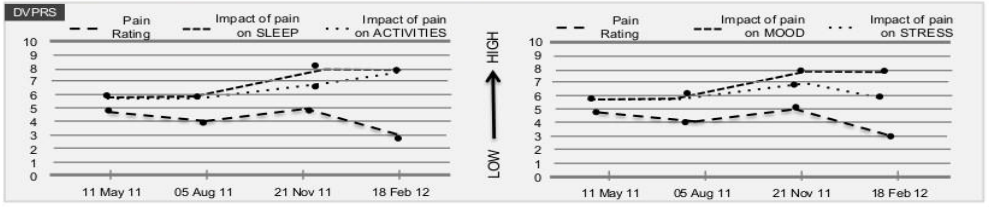
Date: 17-04 -13
Name: Smith, Snuffy Q.
Family Preference Code/SSN: 20/1111
DOB: 16-04-44
AGE: 72
RANK: CPT

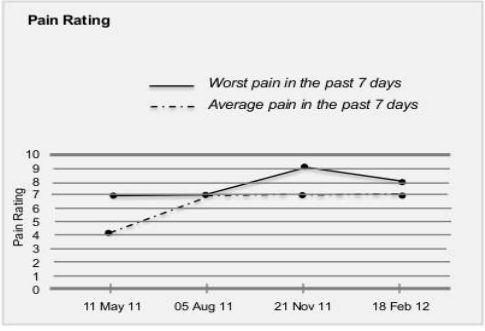
Home Phone Number: 555-555-5555
Primary Care Manager: Dr. XYZ
Gender: M
Home Address: 123 Sesame Street, Beverly Hills, CA 90210
Case Managed: Yes

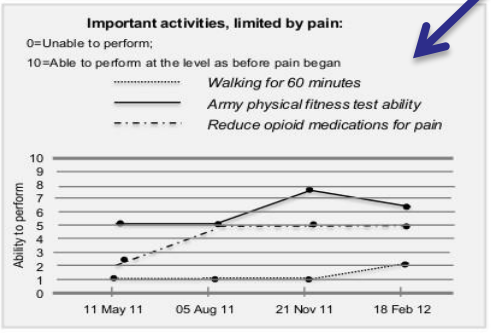


	11-May-11	05-Aug-11	21-Nov-11	18-Feb-12
Number of painful locations	3	3	2	2
Morphine Equivalent dose	150	100	100	50

!	**Suicide Ideation**	"In the past 2 weeks, how often have you been bothered by thoughts that you would be better off dead?" **ANSWER: "Nearly every day."**
	Opioid Misuse/ Abuse	Negative Scre[illegible], Score did not indicate problem.
	PTSD	Negative Screen; 0 items were endorsed.
!	**Alcohol Misuse/ Abuse**	Today's score: 4 Previous score: 3
	Depression	Negative Screen.
	Anxiety	Negative Screen.







Page 1 of 3

- Pain Mapped by Region
- Clinical Alerts
- Patient Defined Goals

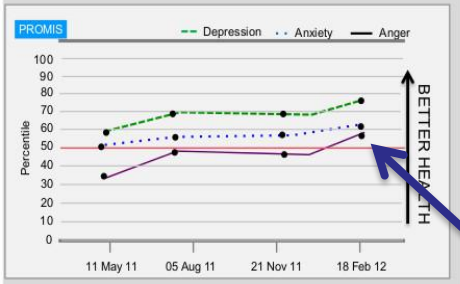
Pain Management Task Force

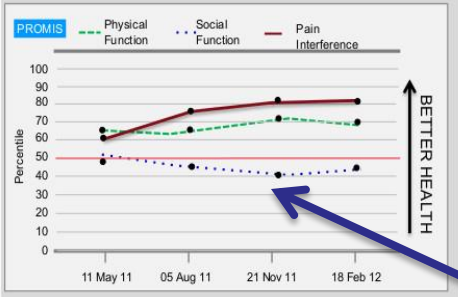
Date: 17-04 -13
Name: Smith, Snuffy Q.
Family Preference Code/SSN: 20/1111
DOB: 16-04-44
AGE: 72
RANK: CPT

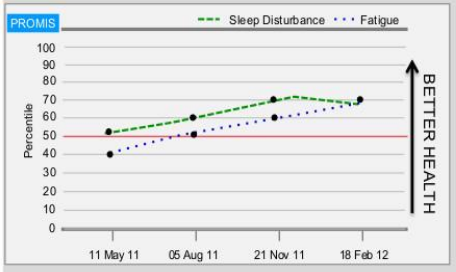
Home Phone Number: 555-555-5555
Primary Care Manager: Dr. XYZ
Gender: M
Home Address: 123 Sesame Street, Beverly Hills, CA 90210
Case Managed: Yes

PROMIS Scores

Scores are reported in PERCENTILES and compared to a sample matched to the US 2000 Census on age, race/ethnicity, and sex. Higher scores indicate BETTER HEALTH.







Treatment History

Healthcare providers seen in the past 6 months:	
General Practice	1
Medical Specialists	4
Psychologists, Psychiatrists, other mental health professionals	2
Allied health professionals	1
Complementary and alternative healthcare professionals	0

Treatment modalities and effectiveness, in the past 6 months	
Exercise, physical therapy or occupational therapy.	Yes
Effective?	*Moderately*
Physical modalities such as heat, massage, or TENS	No
Behavioral treatment (CBT, relaxation, distraction, etc.)	Yes
Effective?	*Not at all*
Non-opioid, non-steroidal anti-inflammatory medications	Yes
Effective?	*Very*
Non-opioid, non-steroidal, neuropathic pain medications	Yes
Effective?	*Moderately*
Alternative therapies such as acupuncture, hypnosis, yoga or meditation	No

Opioid Utilization Screener	
Currently taking opiates/opioids/narcotics?	Yes
How long:	*≥6 months*
Pain relief:	*Good*
"Bad days" in past month:	*3-5*

Date: 17-04 -13
Name: Smith, Snuffy Q.
Family Preference Code/SSN: 20/1111
DOB: 16-04-44
AGE: 72
RANK: CPT

Home Phone Number: 555-555-5555
Primary Care Manager: Dr. XYZ
Gender: M
Home Address: 123 Sesame Street, Beverly Hills, CA 90210
Case Managed: Yes

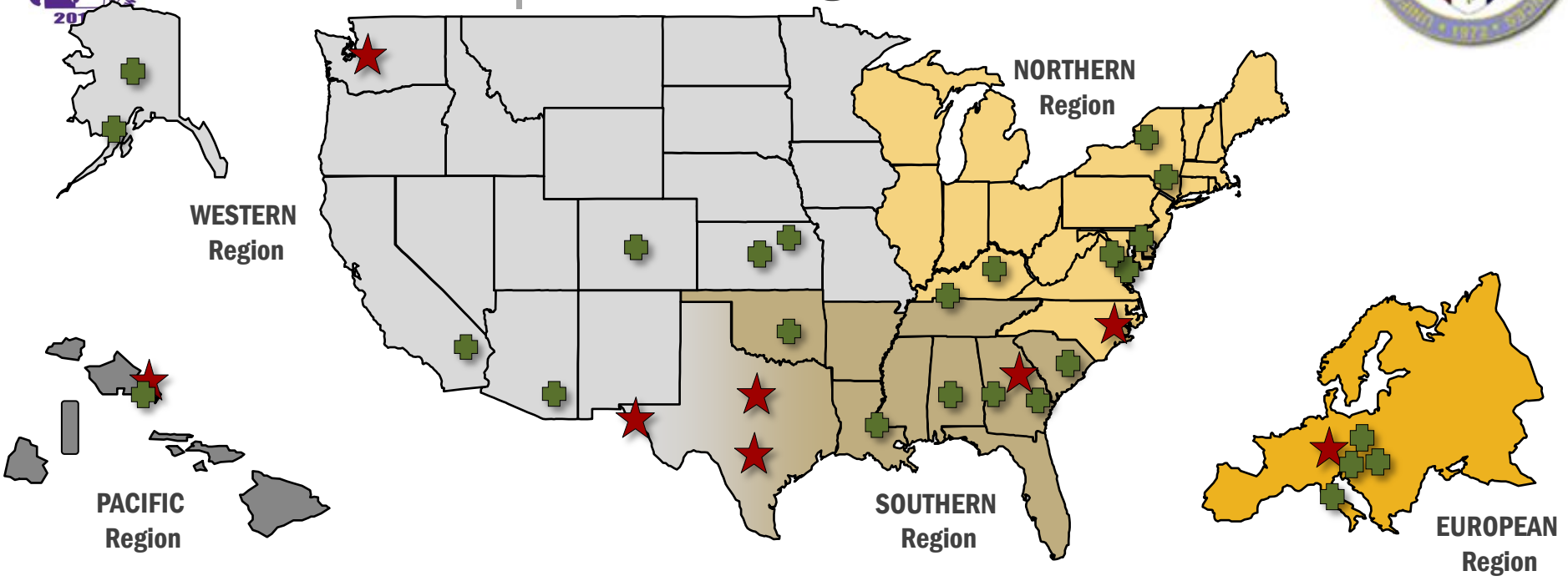
Depression (Percentile:55)		Sleep (Percentile: 72)	
In the past 7 days:	**Response**	**In the past 7 days:**	**Response**
I felt sad.	Very Much	I tried to sleep whenever I could	Rarely
I felt that I was not needed.	A little bit	I had problems during the day because of poor sleep.	A little bit
I felt lonely.	Somewhat	I felt irritable because of poor sleep.	Often
I felt that nothing was interesting.	Somewhat	I still felt sleepy when I woke up.	Often

Pain Interference (Percentile: 63)		Physical Function (Percentile: 76)	
In the past 7 days:	**Response**		**Response**
How much did pain interfere with your ability to concentrate?	Somewhat	Does your health now limit you in doing vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	Somewhat
How much did pain interfere with your day to day activities?	Very much	Does your health now limit you in lifting or carrying groceries?	Very much
How much did pain interfere with your enjoyment of recreational activities?	Not at all	How much do physical health problems now limit your usual physical activities (such as walking or climbing stairs)?	Quite a bit
How much did pain interfere with the things you usually do for fun?	A little bit	Are you able to move a chair from one room to another?	Very much

- **Gen population percentile indicator**
- **Color Coding on each graph**

Pain Management Task Force

ARMY | Pain Management 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.

PAIN AUGMENTATION TEAM: Serves as the MTF lead element for pain management education, training, and practice standards; linked to a designated IPMC for support.

Pain Champion; Clinical Pharmacist; Nurse Care Coordinator

IPMC (8)

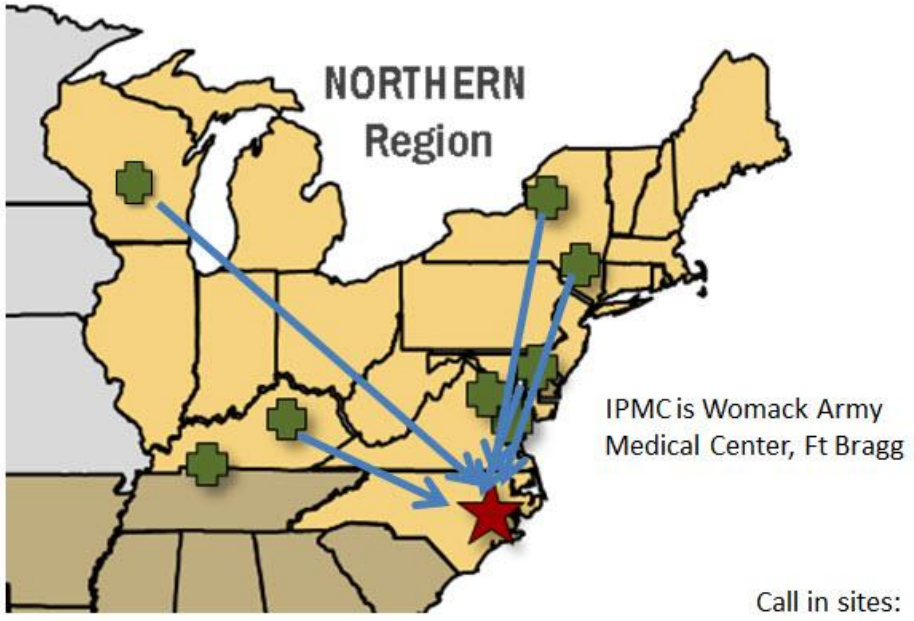
- Ft Gordon
- Ft Hood
- Ft Bliss
- Ft Lewis
- Ft Sam Houston
- Landstuhl
- Tripler
- Ft Bragg

Pain Augmentation Teams (25)

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

Extension for Community Healthcare Outcomes

30 April 2013



IPMC is Womack Army Medical Center, Ft Bragg

Call in sites:
Ft Drum
Ft Meade
Ft Knox
Westpoint
Ft McCoy

Additional Call in sites
University of New Mexico
SRMC IPMC

IPMC
PMAT

MHS Leadership Support

Synchronize a culture of pain awareness, education and proactive intervention

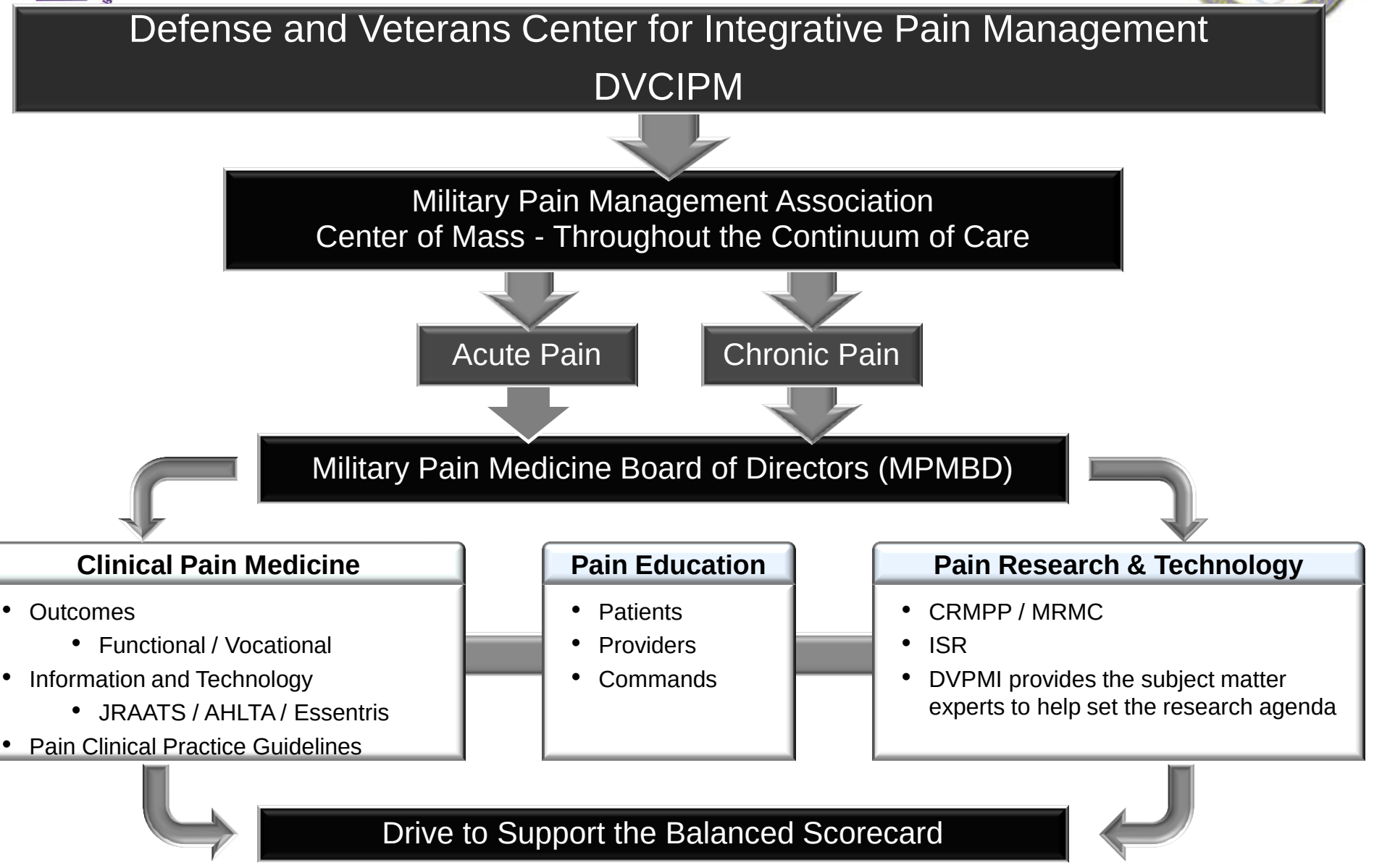
- This is no less than a cultural change and reorientation of attitudes about pain and its consequences within the military.

- Medical leaders at all Roles of care must recognize that pain management will be a new criteria used to measure the success and quality of healthcare within their facility.

Way Ahead

- Encourage Role 3 leaders to follow the pain CPG and integrate APS structure into their CSH.
- Utilize the MARAA handbook as a guide for APS function in the field.
- Ensure pain management equipment inventories are adequate and monitored.
- Adjust pre-deployment training of all personnel to re-orient providers on the importance of acute pain medicine and consequences of allowing pain chronification.
- Make the DVPRS standard for collecting pain management outcomes and include this data in the JTTR.
- Embrace PASTOR as a model for obtaining patient reported outcomes data to drive MHS resource decisions.
- Maintain and expand the IPMC concept with ECHO for improved pain care.
- Use pain medicine as a ‘gateway drug’ for integrative medicine to enter our system.
- Support pain research and the DVCIPM.

Pain Management Task Force




Family Knot


924

Questions?

Pain: A disease, not a symptom

Not my Job

Questions?

Defense & Veterans Center for Integrative Pain Management

DVCIPM

www.dvcipm.org