



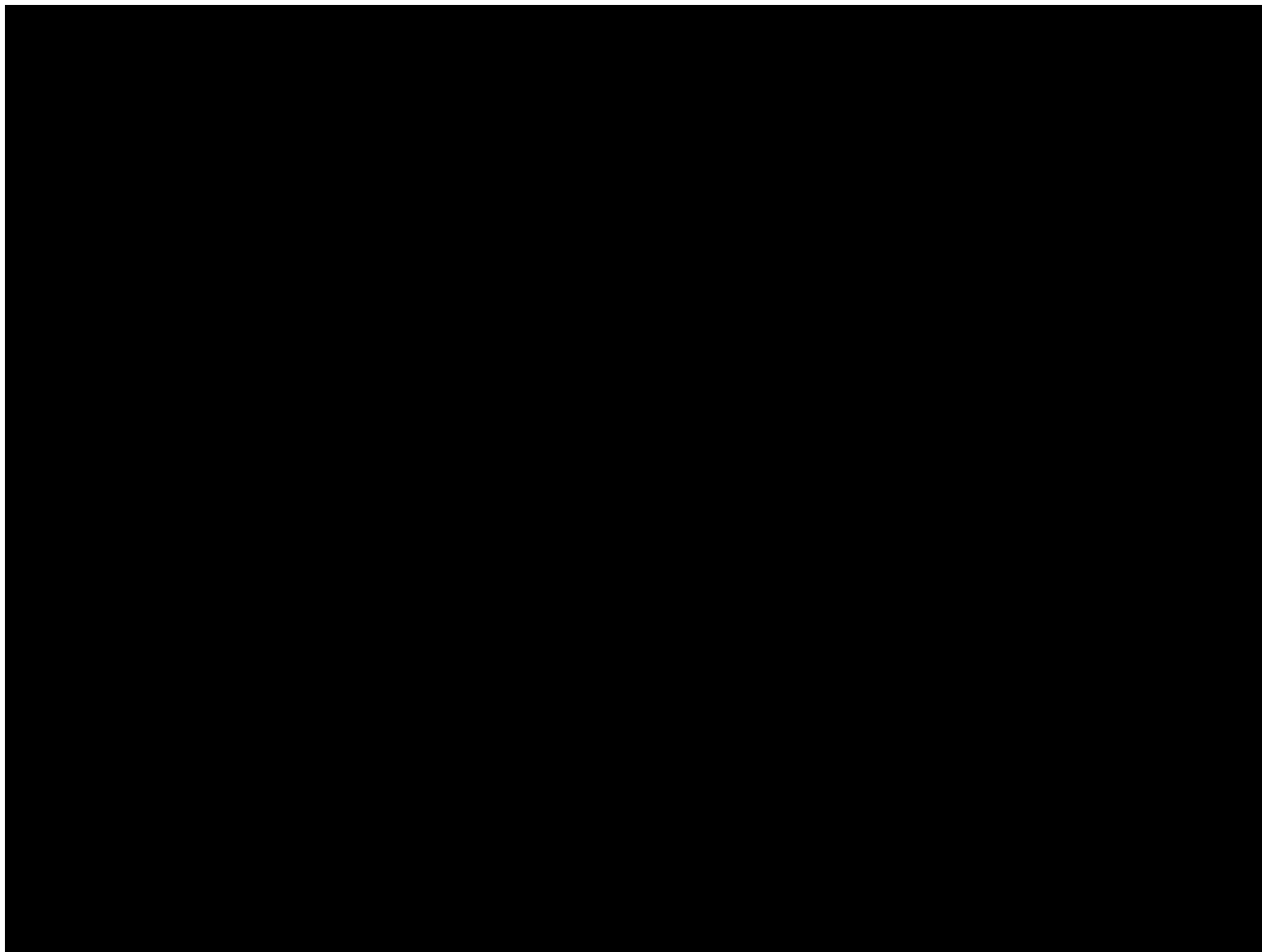
# Update on Major Federal Pain Projects

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# Culture Change



# Joint Pain Education Project (JPEP)



(LOE = Line of Effort)

## Mission:

**Develop** standardized content for patient, primary care and subspecialty pain management education and training for DoD/VHA providers,

## Synchronize

DoD/VHA education curriculum content, supporting materials, and a variety of commonly accessible delivery systems, and

**Enhance** pain care transition between DoD and VHA.

*Learning and Training together:*

*“Our Patients, Our Teams, Our agencies, Our shared model of Quality Pain Care”*

**LOE 1 : (Disseminate) Ensure newly developed pain content is disseminated across DoD and VHA programs in variety of platforms.**

|                         |                      |                   |                        |
|-------------------------|----------------------|-------------------|------------------------|
| DoD & VHA ECHO Programs | E-Learning Platforms | Training Programs | Face-to Face Trainings |
|-------------------------|----------------------|-------------------|------------------------|

**LOE 2 : (Evaluate) Conduct formal evaluation of curriculum to verify that the JPEP curriculum materials and instruction achieves the desired impact for providers and patients.**

|                  |                  |                  |                 |
|------------------|------------------|------------------|-----------------|
| Reaction Level 1 | Learning Level 2 | Behavior Level 3 | Results Level 4 |
|------------------|------------------|------------------|-----------------|

**LOE 3: (Augment) Develop additional provider and patient content to augment core primary care curriculum.**

|             |                     |                  |                             |
|-------------|---------------------|------------------|-----------------------------|
| Pain School | Transitions of Care | Patient Handouts | Patient and Provider Videos |
|-------------|---------------------|------------------|-----------------------------|

**LOE 4: (Sustain) Develop /Implement plan to maintain validated, valued, and ongoing DoD/VHA pain management education and training**

|  |                                      |                                 |
|--|--------------------------------------|---------------------------------|
| HEC PMWG and HEC Clin Care & Operations Bus Line | DHA Education & Training Directorate | VHA Employee Education Services |
|--|--------------------------------------|---------------------------------|

## End State:

DoD and VHA Health Care Systems share common understanding of optimum pain management practice, respective roles of Patients, Providers, and Leaders in our shared DoD/VHA pain management strategy, resulting in improved transitions and better care of patients between DoD and VHA Health Care Systems.

# DoD/VHA CIPM\* Acupuncture

\*Complementary Integrative Pain Management



|  |  |   |  |
|--|--|---|--|
| <b>MHS Review Objective</b>            | <b>Joint Strategic Plan</b>                    | <b>National Pain Strategy</b>                           | <b>Presidential Memorandum</b>                 |
| Develop Common Standards and Processes | Translate findings into practical applications | Promote Comprehensive Strategies and Tools for Pain Mgt | Implement Model Pain Mgt Strategies (Oct 2015) |

**LOE 1 : (STANDARDIZE) Develop full spectrum of Complementary Integrative Pain Management (CIPM) Acupuncture Best Practices and Standards, Based on Foundation of Best Available Evidence and Patient Safety**

*Policy/DODI*

|                                      |                               |                  |                             |
|--------------------------------------|-------------------------------|------------------|-----------------------------|
| Defined Tiered levels of Acupuncture | Credentialing and Privileging | Coding Standards | Clinical Practice Standards |
|--------------------------------------|-------------------------------|------------------|-----------------------------|

**LOE 2 : (TEACH/TRAIN/SUSTAIN) Provide Education and Training Plan for MHS-wide Tiered Acupuncture Model**

|                       |                               |                                       |   |
|-----------------------|-------------------------------|---------------------------------------|---|
| Self-Care Acupressure | Battlefield Acupuncture (BFA) | Condition-based Acupuncture Protocols | Medical Acupuncture Course Requirements |
|-----------------------|-------------------------------|---------------------------------------|---|

**LOE 3: (SUPPORT) Maintain Focus on the Readiness**

|   |                                       |                              |
|---|---------------------------------------|------------------------------|
| Special Readiness Populations: Aviation, PRP, SOCOM | Wounded, ill, injured Service Members | Deployed and Evacuation Care |
|---|---------------------------------------|------------------------------|

**LOE 4: (ORIENT) Develop organizational culture where Patients & Families, Providers, and Leaders support the appropriate utilization of complementary integrative pain management (CIPM) therapies**

|  |               |
|--|---------------|
| Integration into JPEP and other Educ/Training Programs | STRATCOM Plan |
|--|---------------|

**LOE 5: (COLLABORATE) Integrate with other Key MHS and VHA initiatives**

|                 |              |                              |               |                         |
|-----------------|--------------|------------------------------|---------------|-------------------------|
| Army Perf Triad | Navy: CAM WG | Air Force Acupuncture Center | PCMH and PACT | VA Integrative Medicine |
|-----------------|--------------|------------------------------|---------------|-------------------------|

## Mission:

Establish and implement common standard for integration of acupuncture for pain management by leveraging the JIF Acupuncture Across Clinical Settings (ATACS) project, Air Force Acupuncture Clinic (AFAC), USUHS, VHA Integrative Health Coordinating Center and other DoD/VHA/Civilian subject matter experts.

## End State:

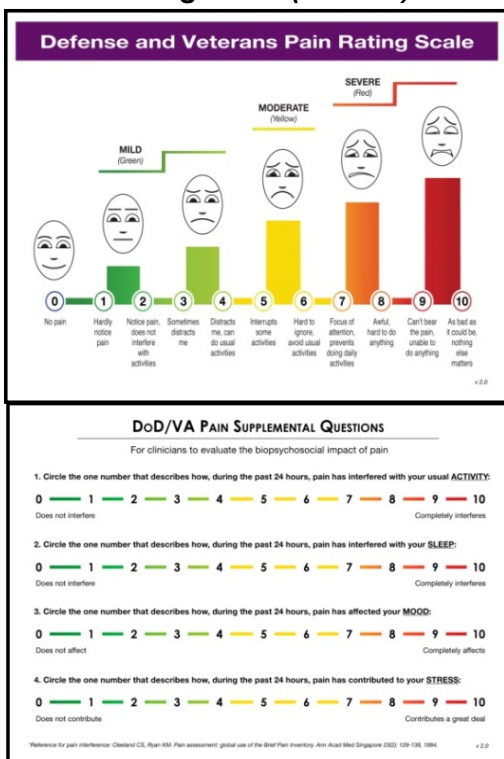
DoD and VHA facilities have capacity to provide Acupuncture for pain management, in a manner that meets or exceeds national standards, and that access to this modality is not interrupted by transition of care between MTFs/Services



# Defense and Veterans Pain Rating Scale (DVPRS)

1. **Validated:** Measures pain intensity AND biopsychosocial and functional impact of pain (*sleep/stress/mood/activity*)  
*Pain Medicine. 2012;14;110-123*

## Defense and Veterans Pain Rating Scale (DVPRS)



2. **Improved objective components** to evaluate treatment effectiveness

- *Provides greater insight on treatment progress and focus on function improvement*

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

4. **Adaptable for integration** into DoD /VHA EHR and registries

- Incorporated into Essentris, PASTOR, PCMH AIMS Forms

5. **Consistent with current validated pain research tools** (*NRS, VAS, FPS-R*)

Download DVPRS at: <http://www.dvcipm.org/clinical-resources/pain-rating-scale>



**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



# Opioid Informed Consent



## Presidential Memorandum --Addressing Prescription Drug Abuse and Heroin Use (21Oct15)

- Ensure that medical professionals receive adequate training on appropriate pain medication prescribing practices, and the risks associated with these medications
  - Training **efforts must be accelerated given the urgency** of the problem
  - The training of Federal health care personnel **should be a model** for similar initiatives developed across the country
  
- Federal Prescriber Training Must Address:
  1. Best practices for appropriate and effective prescribing of pain medications
  2. Principles of pain management
  3. The misuse potential of controlled substances, identification of potential substance use disorders and referral to further evaluation and treatment
  4. Proper methods for disposing of controlled substances