Emerging Challenges in Complex Care

Naval Hospital Camp Lejeune (NHCL)
Dr. Thomas Johnson, Medical Director, Intrepid Spirit
Dr. David Barrows, Director, Surgical Services
Background

Challenges

• Home to over 50,000 service members, their families, retirees
• Rural area - closest medical center ~ 2 hour drive away
• In past, deployed Marines who sustained TBI, PTSD, orthopedic injuries, returned and were treated by clinical silos of excellence
• Marines spiraled downward, developed chronic pain, polypharmacy problems, substance abuse issues

Solutions

• Interdisciplinary TBI recovery program developed in 2011
• Intrepid Spirit Concussion Recovery Center opened 2013
• Interdisciplinary pain service
• Interdisciplinary Behavioral Health/Substance Abuse ward
Intrepid Spirit

• Holistic, interdisciplinary, integrated, service member and family focused treatment program
• 40-60 referrals a month
• 12-18 new service members in program per week
• 1,258 service members enrolled from inception to present
• 89.5% return to full duty rate
• Capacity to treat 1,000 new service members a year
Critical Mission Capability

- Unique expertise in care for service members with TBI/PTSD/pain/substance abuse issues
- Research on TBI due to blast, unlikely to be replicated in civilian sector
- Strong Complementary and Alternative Medicine (CAM) program, ideal for high performance warfighters whose function is impaired by medication side effects
- Unique potential capability to follow long term effects of combat.
Sustainability

Transition from wartime to garrison footing

- Decrease in combat related TBIs, but 80% of TBIs occur in garrison.
- Service members who receive specialized care in Intrepid Spirit have difficulty accessing this care after discharge from program.
- Retirees in area who sustain concussions have difficulty accessing state of the art care from local health care network.

Once a Marine always a Marine

- Expand catchment area for individuals with TBI.
- Expand care to include retirees with TBI.
Pain Clinic

Since inception of the pain clinic, there has been a paradigm shift in the approach to pain

- Transition from primarily interventional model to interdisciplinary model

**Although the interdisciplinary model is being used at NHCL, quality of pain mgmt provider in community is highly variable.**

- Many community providers rely on opiates/controlled substances for treatment

**Polypharmacy and substance abuse from prescribed medications are significant problems at NHCL**

- **Polypharmacy definition**
  
  - More than 5 controlled substances in a 60 day period
  
  - Process monitored via the Controlled Substance Monitoring/Utilization Committee
  
  - Data evaluated from Pharmacoeconomic Center in San Antonio (CHCS) and state databases
  
  - Current Numbers (April 2014) of patients with poly pharmacy issues:
    
    - Active Duty: 165
    
    - Dependent: 958
Background

Pain Clinic established 2008 due to increased demand from war related injuries with chronic pain

• Pain Clinic has two functions
  - Interdisciplinary management of chronic pain
  - Oversight of controlled substance monitoring and utilization

• Currently see approximately 20% of active duty referrals

• Remainder of active duty seen in community
  - Dearth of pain providers in community (rural eastern NC) presents access challenges
Solutions

Pain Clinic Service Expansion and Transformation

• Via Wounded, Ill and Injured Funding
• Increase in pain physicians and ancillary staff that will enable realization of true interdisciplinary model combined with stepped care model for continuum of pain management from primary to tertiary care
• This will:
  - Dramatically increase capability of recapturing care from network
  - Promote consistency of pain care not available in community

Expansion of Controlled Substance Monitoring/Utilization Process

• Revision of instruction: 1) controlled substance monitoring; 2) sole provider program

Collaboration with II MEF via the Medically Complex Marine and Sailor Management Program (MCMSMP) Advisory Committee
PTSD/Substance Abuse

• Partnership with local mental health providers, Brynn Marr, to support 12 bed residential ward for dual diagnosis treatment program

• Off base facility staffed in part by active duty personnel provides dual diagnosis treatment

• Phoenix Program a 4 week dual diagnosis intensive outpatient program
Partnerships

- **NHCL**: Pain, TBI, Behavioral Health, SARP
- **Jacksonville**: Brynn Marr
- **East Carolina University**: Recreational therapy
- **University of Pennsylvania**: Imaging research
- **Georgetown University**: Biomarker research
- **Wayne State University**: Computer modeling
- **DARPA**: Blast gauges
- **NICoE**: Monthly VTCs
- **DVBIC**: Staff support
- **PHS**: Staff Support
Summary

- Interdisciplinary partnerships provide care that is:
  - Holistic
  - Interdisciplinary
  - Integrative
  - Service member and family centered