



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

NOV 15 2010

The Honorable Carl Levin
Chairman, Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

This letter responds to House Report 110-652 to accompany House Report 5658, the National Defense Authorization Act of 2009, which requests the Secretary of Defense, in coordination with the Secretary of Veterans Affairs and the Secretary of Health and Human Services, develop a plan for a Pain Care Initiative in all health care facilities of the Uniformed Services. The enclosed report describes the Department's Pain Care Initiative Plan, which consists of (1) a review of each individual facility's assessment and treatment of pain through the accreditation process, (2) evidence-based standardization of care in the realm of pain, and (3) other specific initiatives to address unique areas of pain.

Thank you for your continued support of the Military Health System.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Peach Taylor, Jr.", written in a cursive style.

George Peach Taylor, Jr., M.D.
Deputy Assistant Secretary of Defense
(Force Health Protection and Readiness)
Performing the Duties of the
Assistant Secretary of Defense
(Health Affairs)

Enclosure:
As stated

cc:
The Honorable John McCain
Ranking Member



OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

NOV 15 2010

The Honorable James H. Webb
Chairman, Subcommittee on Personnel
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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cc:
The Honorable Lindsey O. Graham
Ranking Member



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NOV 15 2010

HEALTH AFFAIRS

The Honorable Ike Skelton
Chairman, Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

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cc:
The Honorable Howard P. "Buck" McKeon
Ranking Member



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WASHINGTON, DC 20301-1200

NOV 15 2010

HEALTH AFFAIRS

The Honorable Susan Davis
Chairwoman, Subcommittee on Military Personnel
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Madam Chairwoman:

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cc:
The Honorable Joe Wilson
Ranking Member



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HEALTH AFFAIRS

NOV 15 2010

The Honorable Daniel K. Inouye
Chairman, Committee on Appropriations
United States Senate
Washington, DC 20510

Dear Mr. Chairman:

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As stated

cc:
The Honorable Thad Cochran
Ranking Member



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United States Senate
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The Honorable Thad Cochran
Ranking Member



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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

NOV 15 2010

The Honorable Norm Dicks
Chairman, Subcommittee on Defense
Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

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cc:
The Honorable C. W. Bill Young
Ranking Member



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HEALTH AFFAIRS

NOV 15 2010

The Honorable David R. Obey
Chairman, Committee on Appropriations
U.S. House of Representatives
Washington, DC 20515

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The Honorable Jerry Lewis
Ranking Member



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The Honorable Joseph R. Biden, Jr.
President of the Senate
Washington, DC 20510

Dear Mr. President:

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WASHINGTON, DC 20301-1200

HEALTH AFFAIRS

NOV 15 2010

The Honorable Nancy Pelosi
Speaker of the House of Representatives
U.S. House of Representatives
Washington, DC 20515

Dear Madam Speaker:

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Department of Defense



A report to Congress
on pain care initiatives
provided by the
health care programs of the
Department of Defense



Report on DoD Pain Care Initiative

House Report 110-652 to accompany House Report 5658, the National Defense Authorization Act of 2009, requested a plan for pain care initiative in all health care facilities of the uniformed services.... and directed the Secretary of Defense to study the feasibility of including pain care standards into any contract entered into by the Department of Defense for the provision of health care.

The plan shall include elements to ensure that:

- (1) All active and retired members of the uniformed services and their dependents receiving treatment in health care facilities of the uniformed services are assessed for pain at the time of admission or initial treatment, and periodically thereafter, using a professionally recognized pain assessment tool or process; and
 - (2) They receive appropriate pain care consistent with recognized means for assessment, diagnosis, treatment, and management of acute and chronic pain, including, in appropriate cases, access to specialty pain management services.
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Pain Care Initiative Plan Overview

The Department of Defense (DoD) is cognizant of the pain needs of our patients and agrees that they should have comprehensive pain management. We welcome this opportunity to share all that we have ongoing in the arena of pain care. Through the mandated accreditation process, DoD currently reviews how individual facilities are doing in the assessment and treatment of pain. We have established evidence-based standards of care for the treatment of certain sectors of pain care. The Services have other specific initiatives to address unique areas of pain. The Army is in the midst of evaluating specialty pain care within its system and a select few of her sister services' military treatment facilities (MTFs). At the conclusion of this six month task force, we will look at the results and see what additional treatment modalities should be incorporated into a benefit for all beneficiaries.

Pain Care In The Contracting and Accreditation Processes

Military Treatment Facilities

DoD Directive 6025.13, paragraph 5.2.1 mandates that "All fixed MTFs... shall meet or exceed the standards of appropriate external accrediting bodies. This includes accreditation of all hospitals by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and participation, as directed by the Assistant Secretary of Defense for Health Affairs (ASD(HA)), in all JCAHO quality management programs." JCAHO has since changed its name to The Joint Commission (TJC) and shall be referred to as such hereafter. After an extensive evaluation process, in 2006 the Air Force determined that the Accreditation Association for Ambulatory Health Care (AAAHHC) was a more appropriate accrediting body than TJC for its ambulatory clinics. The conversion was subsequently made with the approval of the ASD(HA). The Air Force, however, does continue to maintain accreditation for its hospitals through TJC. As part of the accrediting process for both of these organizations, MTFs must meet strict requirements for the assessment, treatment, and referral of patients in need of pain management services.

Contracted Institutional and Non-Institutional Providers

The committee directed the Secretary of Defense to study the feasibility of including pain care standards into any contract entered into by the Department of Defense for the provision of health care. These standards shall:

- (1) Be consistent with recognized means for assessment, diagnosis, treatment, and management of acute and chronic pain;

- (2) Provide medical and other health services through physicians and other practitioners appropriately credentialed or experienced in pain management;
- (3) Provide for referral of patients with chronic pain to specialists, and, in appropriate cases, to a comprehensive multidisciplinary pain management program;
- (4) Continue treatment for as long as treatment is required to maximize the quality of life and functional capacity of the patient; and
- (5) Permit physicians and other practitioners appropriately credentialed or experienced in pain management to make clinical decisions with respect to the need for and the extent and duration of pain care services.

The Code of Federal Regulations, 32 Part 199.6, requires all hospitals (acute care, general and special) that provide inpatient and outpatient services (to include clinical and ambulatory surgical services) “to be accredited by The Joint Commission [TJC] or meet other such requirements as the Secretary of Health and Human Services, the Secretary of Transportation, or the Secretary of Defense finds necessary in the interest of the health and safety of patients who are admitted to and furnished services in the institution.” Therefore, all institutional providers contracted into the TRICARE network by one of the three Managed Care Support Contractors (MCSC) must be accredited by TJC. As with DoD’s MTFs, these facilities must meet the rigorous pain management standards set forth (and described below) by TJC.

Since the overwhelming majority of chronic pain management care is provided in an ambulatory setting, all of the MCSCs are required to establish provider referral networks that in addition to the institutional providers referenced above, include a robust network of non-institutional providers to accommodate all of the needs of the TRICARE population; these networks must be adequately sized to ensure that all TRICARE access standards are met. These comprehensive networks of pain management providers include physicians and other practitioners who are specialists in the area of pain management, and provide TRICARE beneficiaries with comprehensive, and when appropriate, multidisciplinary care for chronic pain. These specialty providers manage patients with chronic pain conditions utilizing the most current and highest standards of care, in coordination with the primary care manager and other providers as deemed appropriate, and continue treatment until the patient is clinically ready to be discharged to a lower level of care or no longer requires services. In addition, many TRICARE network providers have agreed to allow the MCSCs to submit their names directly to the Department of Veterans Affairs, which allows them to accept requests directly from the VA to provide care to veterans.

The Joint Commission

The Joint Commission evaluates and accredits more than 16,000 health care organizations and programs in the United States. An independent, not-for-profit organization, TJC is the nation's predominant standards-setting and accrediting body in health care. Since 1951, TJC has maintained state-of-the-art standards that focus on improving the quality and safety of care provided by health care organizations. The Joint Commission's comprehensive process evaluates an organization's compliance with these standards and other accreditation or certification requirements. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. These standards address the organization's level of performance in key functional areas, such as patient rights, patient treatment, and infection control. The standards focus not simply on an organization's ability to provide safe, high quality care, but on its actual performance as well. Standards set forth performance expectations for activities that affect the safety and quality of patient care. If an organization does the right things and does them well, there is a strong likelihood that its patients will experience good outcomes.

The Joint Commission develops its standards in consultation with health care experts, providers, measurement experts, purchasers, and consumers. The standards regarding the assessment and treatment of pain are RI.2.160, PC.6.10, PC.8.10, and PI.1.10. These standards focus on a patient's right to pain management, education of patients about pain and pain management, pain assessment in all patients, and a facility's collection of data on the effectiveness of pain management respectively (Appendix A). The Joint Commission requires that treatment facilities identify patients with pain in the initial assessment. When pain is identified, the patient can be treated within the organization or referred for treatment. The scope of treatment is based on the care setting and services provided. A more comprehensive assessment is performed when warranted by the patient's condition. This assessment and a measure of pain intensity and quality (e.g., pain character, frequency, location, and duration), appropriate to the patient's age, are recorded in a way that facilitates regular reassessment and follow-up according to criteria developed by the organization.

To earn and maintain TJC's Gold Seal of Approval™, an organization must undergo an on-site survey by a Joint Commission survey team at least every three years. The cornerstone of TJC's survey, the tracer methodology, uses actual clients, patients or residents as the framework for assessing standards compliance. Individual tracers follow the experience of care for individuals through the entire health care process. System tracers evaluate the integration of related processes and the coordination and communication among disciplines and departments in

those processes. The system tracers are specific time slots devoted to in-depth discussion and education regarding the use of data in performance improvement (as in core measure performance and the analysis of staffing), medication management, infection control, and other current topics of interest to the organization.

During the visits, the surveyors review medical records of current patients and cite violations to its various standards. Violations are classified as partially compliant or non-compliant. Non-compliant violations require the facility to submit Evidence of Standard Compliance to TJC. This Evidence of Standard Compliance includes not only an explanation of how the facility has corrected the issue, but also documentation of follow-up self-audits that show subsequent compliance. The DoD has 63 military hospitals and more than 400 outpatient facilities. During the past three years, only 10 MTFs surveyed by TJC were found to be non-compliant with any one of these four standards regarding pain.

Accreditation Association for Ambulatory Healthcare (AAAHC)

The AAAHC is a private, non-profit organization formed in 1979. It is the preeminent leader in developing standards to advance and promote patient safety, quality and value for ambulatory health care through peer-based accreditation processes, education and research. Accreditation is ultimately awarded to organizations that are found to be in compliance with their standards. The AAAHC currently accredits over 4,000 organizations in a wide variety of ambulatory health care settings, including ambulatory and office based surgery centers, managed care organizations, as well as Indian and student health centers, among others.

The AAAHC standards pertaining to pain care are found in chapters 4, 9, 10, and 12 of the *Accreditation Handbook for Ambulatory Health Care* (Appendix B). While the standards in chapter four broadly pertain to diagnosis and treatment of all conditions and diseases, those in the latter three chapters focus on the fact that the organization has policy with regard to assessment and management of patient's pain. The on-site survey includes a comprehensive assessment of compliance of the entire organization with AAAHC Standards, including any separate entities that have a close interrelationship with the organization seeking accreditation.

The AAAHC visits facilities approximately once every three years. During the past three years, of the 59 Air Force ambulatory military treatment facilities surveyed, only 4 were found to be only partially compliant with the standards pertaining to pain. During this same time, 7 facilities had a "positive note" on their report surrounding these standards, indicating that the surveyors felt the facilities not only met the standards but were excelling in them.

Shared Practice with Veterans Affairs & Health and Human Services

The DoD and the Department of Veterans Affairs are currently establishing a Pain Management Work Group (PMWG) that will actively collaborate to develop a model system of integrated, timely, continuous, and expert pain management for active duty service members, veterans, and other eligible beneficiaries. In addition, just as Military Treatment Facilities and contracted institutional providers must do, all Veterans Affairs hospitals are also required to undergo the survey process and obtain accreditation by TJC. As discussed above, this survey process includes an evaluation of how the facilities assess, treat, and refer patients for pain care. Facilities must meet or exceed the requirements established by TJC for pain management as part of this accreditation process.

According to the Office of Clinical and Preventive Services for Indian Health Service Headquarters, the accreditation process is one of the means they utilize for the routine evaluation of assessment and treatment of pain in their facilities. In FY 2008, four IHS hospitals were evaluated by either TJC or the Center for Medicare and Medicaid Services. All maintained accreditation or certification. IHS also achieved its goal of 100 percent accreditation of ambulatory facilities.

Evidence-Based Standards

DoD has partnered with the Department of Veterans Affairs (VA) in evidence-based standardization of care to achieve more consistency and improved quality of care and cost-effectiveness in the delivery of health care for our beneficiaries. Through a collaborative relationship, both DoD and the VA work together to develop and maintain clinical practice guidelines (CPGs). Three of the current twenty-five CPGs are centered on pain: Low Back Pain, Opioid Therapy for Chronic Pain, and Post-Operative Pain. These guidelines (found at <https://www.qmo.amedd.army.mil/pguide.htm>) are available for use throughout the DoD and VA. All of the DoD/VA CPGs are also readily available for use by the MCSC network providers if desired. In addition to the VA/DoD CPGs mentioned above, the Air Force encourages its providers to utilize the American Society of the Interventional Pain Physicians' CPG, the Agency for Healthcare Research and Quality Opioid CPG and the American College of Physicians Pain CPG.

Specific Initiatives

Air Force

As a result of trends noted in patient safety investigations and alerts, the Air Force Surgeon General made recommendations to improve care related to chronic pain management and opioid prescribing. MTFs were directed to review their use of Fentanyl Transdermal Patches to ensure adherence to FDA guidance and to ensure that providers were appropriately trained in pain management. MTFs were to develop a policy for ongoing multidisciplinary team review of non-cancer patients with chronic daily opioid (schedule II) usage and to track this in the Pharmacy and Therapeutics committee. The Clinical Quality page of the AFMS Knowledge Exchange has a collection of several resources and links to assist in chronic pain management, to include sample MTF operating instructions, pain management clinical practice guidelines and tools such as pain contracts to use with patients.

The Air Force works jointly with the Navy, Army and Veterans Health Administration on pain management initiatives across the continuum of care from injury through rehabilitation through the Defense & Veterans Pain Management Initiative (DVPMI).

In 2009 the Air Force Surgeon General offered a pilot program to train a cadre of active duty physicians in the emerging discipline of medical acupuncture to incorporate acupuncture into the practice of military medicine in the clinic and battlefield environments. The curriculum has been specifically designed for use in a military environment. It is the first course of this kind to be offered in the Department of Defense. The techniques taught are time tested and can be used to treat neuromusculoskeletal pain as well as common functional and organic problems. The initial course was quite successful and will be sustained and promoted among Air Force physicians.

Army

Army Medical Command (MEDCOM) current pain-related policies focus on the Warriors in Transition (WT) patient population. Examples of these policies are the Sole Provider Policy and Medication Reconciliation Policy contained in the Army Medical Action Plan (Appendix C).

In October 2008, the Army Office of the Surgeon General (OTSG) Proponency Office for Rehabilitation and Reintegration (PR&R) organized a MEDCOM Pain Management Work Group to assess and address the multifactorial issues/problems related to pain management in the MEDCOM and to develop a comprehensive MEDCOM pain management strategy. The Pain Management Work Group

identified a handful of quick wins, but ultimately identified the need for a larger commitment of resources and personnel to evaluate this complex issue

In August 2009, the Army Surgeon General chartered a six-month Army Pain Management Task Force to assess and make recommendations in the following areas:

- (1) Existing pain management policies, procedures, and resources.
- (2) Best practices for pain management.
- (3) Ongoing pain management research efforts with emphasis on optimizing delivery of effective pain management, minimizing complications, and maximizing function.
- (4) Resources required for the early identification, assessment, treatment, and rehabilitation for pain.
- (5) Safe and effective complementary alternative approaches to pain management.
- (6) Education training plan for patients, providers, family members and leaders to support patients with pain management issues.
- (7) Variables unique to Warriors in Transition.
- (8) Integration of pain management strategy to Comprehensive Soldier Fitness Program, Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention, Army Family Covenant, Army Family Action Plan and other DoD, Army and MEDCOM initiatives.

Task force membership included representatives from the Navy, Air Force, Veterans Affairs and TRICARE Management Activity. The task force has completed their initial work, and a final report is pending.

Navy

The Navy's Bureau of Medicine and Surgery (BUMED) funded a one-year demonstration project for the Wounded Warrior Comprehensive Pain Care Initiative at National Naval Medical Center, Bethesda. This demonstration project will examine a different way of providing pain management services to the Wounded Warrior population, which includes a significant number of patients with co-existing traumatic brain injury and post-traumatic stress disorder. This group is at a higher than average risk of experiencing problems related to polypharmacy. A dedicated pain team comprised of pain physicians (anesthesiologists), integrative medicine physicians, behavioral healthcare pain specialists, and pain nurses will work in the Medical Home and other primary care clinics to address the pain needs of our Wounded Warriors. Outcomes will be measured to help determine whether the demonstration project leads to significant quality improvement in the areas of pain management, risk reduction, decreased

emergency department visits related to pain, patient satisfaction, family satisfaction, and staff education.

Pain Management Clinics

The Military Health System Scientific Advisory Panel has commissioned a study to evaluate the effectiveness of treatment rendered in MTF pain clinics as well as the non-pharmaceutical modalities used. Specific research questions include (1) what types of patients are typically seen in pain clinics; (2) what proportion of patients treated in pain clinics show improvement in selected pain measures; and (3) what proportion of patients receive non-pharmaceutical modalities. Once these results become available they will be included in the DoD's Annual Report to Congress on Clinical Quality covering that time period.