



OFFICE OF THE UNDER SECRETARY OF DEFENSE
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OCT 29 2017

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

Dear Mr. Chairman:

The enclosed report covering Fiscal Year (FY) 2017, is submitted in response to Section 711 of the National Defense Authorization Act for FY 2010 (Public Law 111-84), which requires the Department of Defense (DoD) to develop and implement a comprehensive policy on pain management by the Military Health System (MHS) and provide an annual report to the Armed Services Committees. Key elements include a description of the policy, performance measures, adequacy, effectiveness of pain management services, ongoing pain research, provider training, and patient education.

For FY 2017, the MHS has continued the sustained improvement of pain management policy, clinical care, education, and Tri-Service coordination. Improved coordination and collaboration across the MHS have resulted in several advances in pain management policy, clinical care, research, and education/training products and clinical tools that serve our beneficiaries and provide an example for the nation. For example, as a result of the recently updated Department of Veterans Affairs/DoD Clinical Practice Guideline (CPG) for Management of Opioid Therapy for Chronic Pain, released in March 2017, the MHS is revising enterprise and Service policies to integrate CPG recommendations into clinical best practices, programs, and innovative electronic health record solutions.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to the Chairman of the Committee on Armed Services of the Senate.

A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
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OCT 29 2017

The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

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A. M. Kurta
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

Report to the Armed Services Committees of the Senate and the House of Representatives



The Implementation of a Comprehensive Policy on Pain Management by the Military Health Care System for Fiscal Year 2017

**Required by: Section 711 of the National Defense Authorization Act
for Fiscal Year 2010 (Public Law 111–84)**

Office of the Secretary of Defense

The estimated cost of this report or study for the Department of Defense is approximately \$17,000 for the 2017 Fiscal Year. This includes \$0 in expenses and \$25,200 in DoD labor.

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EXECUTIVE SUMMARY

This is the annual report required by section 711 of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2010 (Public Law 111–84). The NDAA requires the Secretary of Defense to submit an annual assessment of Military Health System (MHS) pain management to the Congressional Armed Services Committees. Key elements include a description of the current pain management policy and revisions; a description of the performance measures used to determine the effectiveness of policy; and an assessment of: adequacy and effectiveness of pain management services, research completed or underway; training delivered to Department of Defense (DoD) healthcare personnel; education provided to beneficiaries; and dissemination of information on pain management to our beneficiaries.

During FY 2017, MHS continued to mature the pain management capabilities and resources for our beneficiaries and healthcare workforce. Improved coordination and collaboration across the Services, Defense Health Agency (DHA), and Uniformed Services University of the Health Sciences (USU) has resulted in several advances in pain management policy, clinical care, and fielding of innovative education and training products and clinical tools.

The MHS pain strategy and initiatives are aligned with the 2016 National Pain Strategy and the national interests in addressing overuse of prescription pain medications, which include:

- Focusing the efforts for pain management improvements and initiatives on meeting the clinical and educational needs of primary care providers and patients as the MHS continues the roll-out of the Patient Centered Medical Home (PCMH) model;
- Service implementation of the Stepped Care Model of Pain Management (SCMPM) to ensure the appropriate level of pain care is available and delivered to patients throughout the continuum of acute and chronic pain;
- Continued implementation of pain-related Clinical Practice Guidelines (CPGs), as well as continued identification of requirements for new CPGs by using resources available through the Department of Veterans Affairs (VA)/DoD Health Executive Committee (HEC) Work Groups;
- Increasing Pain Telehealth integration in Primary Care in the National Capital Region (NCR) by both direct care visits as well as provider webinar case-based education;
- Continued Primary Care Pain Skills training offered yearly by the NCR Pain Care Initiative;
- Continued integration of specialty pain care services in primary care and increasing access to specialized pain care in the NCR Medical Directorate;
- Continued development and deployment of the Pain Assessment Screening Tool and Outcome Registry (PASTOR) to integrate the National Institutes of Health (NIH) Patient Reported Outcomes Measurement Information System (PROMIS) into a pain registry and clinical decision-making tool for providers;
- Ongoing assessment of patient satisfaction on pain management;
- Continued execution of the Joint Pain Education Project (JPEP) in disseminating a standardized DoD and VA pain management curriculum and supplemental pain videos for widespread use in education and training programs to improve the pain management competencies of the combined Federal clinical workforce; and

- Participation in research efforts offered by the DoD, VA, and NIH to examine non-pharmacological treatments to complex pain syndromes experienced by military populations.

As a result of the improved coordination and ongoing collaboration across MHS, DoD, and VA, the MHS is uniquely positioned to respond to the October 2015 Presidential Memorandum, “Addressing Prescription Drug Abuse and Heroin Use,” the National Pain Strategy, and the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain. The multiple MHS lines of effort in pain management research, clinical practice, education, and training of the MHS workforce will serve our beneficiaries and provide an example for the nation.

INTRODUCTION

Military Health System (MHS) has been addressing the national challenges of pain management and prescription medications since the August 2009 Pain Management Task Force (PMTF) and the ongoing implementation of a comprehensive pain management policy to improve pain management care and services within Department of Defense (DoD). The continued progress and improvement of the MHS pain strategy has been supported by the efforts of the MHS Pain Management Work Group (PMWG), with membership from the Services, Defense Health Agency (DHA), and Uniformed Services University of the Health Sciences (USU), in collaboration with VA/DoD Health Executive Committee (HEC) PMWG, which includes subject matter experts (SMEs) from VA and MHS. Cross-Department collaboration has been critical to many MHS accomplishments and advances in pain management. The VA/DoD HEC PMWG has also improved coordination across 16 additional VA/DoD Work Groups chartered by the HEC. MHS also continues to implement PMTF recommendations to:

- Synchronize a culture of pain awareness, education, and proactive intervention among patients, medical staff, and leaders;
- Provide tools and infrastructure that support and encourage clinical practice and research advancements in pain management; and,
- Build a full spectrum of best practices for the continuum of acute and chronic pain, based on a foundation of best available evidence.

2017 UPDATE

As presented in section 711 of the Fiscal Year (FY) 2010 National Defense Authorization Act (NDAA), this report is the FY 2017 update to the 2016 report on the implementation of DoD's comprehensive pain management policy. Per section 711 of NDAA FY 2010, each report shall include the following:

- A description of the policy implemented and any revisions made to the policy;
- A description of the performance measures used to determine the effectiveness of the policy in improving pain care for beneficiaries enrolled in MHS;
- An assessment of the adequacy of Department pain management services based on a current survey of patients managed in Department clinics;
- An assessment of the research projects of the Department relevant to the treatment of the types of acute and chronic pain suffered by members of the Armed Forces and their families;
- An assessment of the training provided to Department healthcare personnel with respect to the diagnosis, treatment, and management of acute and chronic pain;
- An assessment of the pain care education programs of the Department; and,
- An assessment of the dissemination of information on pain management to beneficiaries enrolled in MHS.

Policies and Revisions

The Policy for Comprehensive Pain Management (Health Affairs Policy 11-003) signed on March 30, 2011, continues to guide pain management activities across MHS, and did not require updating during this reporting period. This policy outlines the requirements for pain research and appropriate assessment, treatment, and management of pain at every medical encounter in patients seeking care at military medical treatment facilities (MTFs). The following is a description of the policy and actions implemented during the reporting period across the key policy components of (1) pain assessment, (2) pain treatment and management, and (3) pain research. The policy strives to reinforce that pain is not only a symptom of disease, but is often, in fact, a disease process in itself. As is the case for all large population-based disease processes, the approach taken towards treatment needs to be evidence-based and utilize best practices.

As a result of recommendations in the Centers for Disease Control and Prevention (CDC) Guideline for Prescribing Opioids for Chronic Pain and the VA/DoD CPG for the Management of Opioid Therapy for Chronic Pain, the MHS is developing a policy for Urine Drug Screening as part of opioid risk assessment for patients on long term opioid therapy.

DoD Instruction 6025.13, “Medical Quality Assurance (MQA) and Clinical Quality Management in the Military Health System,” addresses MTF accreditation, and the requirement that all MTFs be accredited by either The Joint Commission (TJC) or another accrediting body. By virtue of their accreditation, all MTFs have demonstrated successful adherence to TJC pain management standards. While meeting TJC pain management standards is a significant accomplishment, MHS has continued efforts to improve its pain assessment tools and capabilities to be the industry leader in pain management.

In FY 2017, the Army is revising several policies to advance pain management services, including an Operations Order and Concept of Operations for Comprehensive Pain Management Program (CPMP) and an Executive Order (EXORD) requiring a profile for every opioid prescription and allowing for the transfer of vital duty-related information from provider to Commander. The Army has also standardized two programs that support pain management by: (1) Establishing Standard Operating Procedures for Project Extension for Community Healthcare Outcomes (ECHO) to standardize the structure and daily operations of the program, and (2) Codifying the utilization of the Primary Care Pain Champion (PCPC) through the staffing and publication of the PCPC policy memo outlining the responsibilities and duties of the PCPC.

In FY 2017, the Air Force is revising Air Force Instruction 44-102 to include an update in Pain Management and Integrative Medicine. The Air Force will continue to utilize the ECHO program, in an effort to provide clinical support to its Primary Care Managers. In addition, the Air Force will launch the PCPC program at its MTFs which will be aligned with the MHS program that is under current development.

The Navy is on track to approve Navy Bureau of Medicine (BUMED) Instruction 6320.101, “Long-term Opioid Therapy (LOT) Safety,” to establish policy and training requirements in accordance with the 2017 VA/DoD guidance, including initial screening standards, continued

monitoring of patients on long-term opioid therapy, and required actions related to the safe prescription of opioids.

Performance Measures Used to Determine Effectiveness

Defense and Veterans Pain Rating Scale

As presented in previous updates, the PMTF Report (2010) identified the need to develop and integrate a revised pain assessment tool that would provide additional insight into the impact of pain, beyond information provided with the standard 11 point, 0-10 Visual Analog Scale. There has been a growing recognition that the current national epidemic of prescription pain medication overuse and overdoses is partially a product of the standard medical practice of assessing pain intensity alone. Jointly developed by the DoD and VA, the DVPRS integrates an assessment of pain impact on function, sleep, activity, mood, and stress into a single pain assessment tool, that can be administered almost as quickly the Visual Analog Scale. Provider use of the DVPRS has continued to expand in clinical care settings across the MHS, VA, and in civilian medicine.

The DVPRS continues to be cited and utilized in pain research for those interested in expanding the pain assessment beyond intensity. DVCIPM and the DiLorenzo TRICARE Health Clinic in the Pentagon are collaborating on a pilot of DVPRS utilization in a primary care setting. DVCIPM developed education products for patients and providers to support the pilot. Initial feedback from clinical staff and patients has been positive. Future efforts will involve integrating DVPRS in larger medical treatment facilities and integrating the tool into the electronic medical record.

Pain Assessment Screening Tool and Outcomes Registry

MHS development of the Pain Assessment Screening Tool and Outcomes Registry (PASTOR) was developed in response to several recommendations in the PMTF report related to the need for improved pain outcomes measures. DoD adapted the initial PASTOR concept to integrate the National Institutes of Health (NIH) Patient Reported Outcomes Measurement Information System (PROMIS), a 10-plus year initiative with a Federal government investment of over \$110 million, with DoD initiatives and programs. The MHS PASTOR Steering Committee, established in 2016, continues to provide guidance to MHS Solutions Delivery Division and PASTOR Program Office regarding development and rollout of this clinical system capability.

As detailed in previous reports, PASTOR exists in two forms within the MHS:

- 1) PASTOR REDCap (Research Electronic Data Capture) Research, an open source database for pain research, developed and maintained by a consortium of over 1,450 research institutions, with 229,000 end users, and a strong track record among academic research institutions. The PASTOR REDCap Research is the main research database for pain-related research protocol submissions, creating an unparalleled and unique level of standardization of validated research measurement tools. DVCIPM continues as the proponent for PASTOR REDcap.

- 2) PASTOR clinical decision-making tool designed to be integrated into the DoD electronic health record. The MHS clinical application of PASTOR was placed on hold in 2016 to clarify several questions related to project funding. The MHS sustained PASTOR at the two sites where it was already in use, Naval Medical Center San Diego (NMCS D), and Madigan Army Medical Center.

In FY 2017, the Army instituted the REDCap program that has allowed electronic capture of the participation and utility of the program. The REDCap program also provides pre- and post-test evaluation to assess effectiveness. Initial data is promising and complete analysis should be available by March 2018. The Army is also currently utilizing PASTOR as the primary tool to track outcomes and effectiveness of the CPMP at the Madigan Army Medical Center Interdisciplinary Pain Management Center (IPMC).

Navy Medicine is utilizing PASTOR to measure effectiveness of Functional Restoration Program at NMCS D, and to support Pain Medicine Center at NMCS D clinician management of chronic pain.

In FY 2017, the PASTOR Steering committee assessed current PASTOR clinical capabilities and the plans for expansion to other clinical sites. Due to the FY 2016 pause in development activities and current assessment of the PASTOR clinical application, the PASTOR Steering committee made the following recommendations to the MHS Capabilities Portfolio Management Board (CPMB):

- 1) Sustain PASTOR capability at current sites.
- 2) Provide Functional support to the PMO Decision Analysis and Resolution (DAR) Exercise to evaluate platforms for optimal delivery of PASTOR.
- 3) Hold on any plan to expand PASTOR to other MTFs pending further evaluation and completion of the DAR exercise.

The CPMB approved these recommendations in June 2017. In August 2017, the Services completed the DAR process and unanimously selected the Wounded Ill and Injured Registry as the DoD platform for the PASTOR program. The DHA Solution Delivery Division, which supports the DHA PASTOR Program Office, and PASTOR Steering committee are collaborating with MHS GENESIS elements to determine if PASTOR will interface or be replaced by the new MHS GENESIS capability or other modern enterprise reporting tool, as applicable.

Pain Management Services

Within the MHS, early identification and intervention occurs in primary care medical homes with a team of full-time integrated behavioral health consultants, who support patients and their primary care managers with many aspects of pain management and opioid medication use, particularly by providing patients with non-pharmacological approaches to pain control and symptom management to limit opioid prescriptions. Below is an overview of MHS programs, guidelines, and tools that support effective pain management in the MHS.

Comprehensive Pain Management Initiatives

In conjunction with MHS expansion of the Patient Centered Medical Home (PCMH) model, the Air Force, Army, and Navy pain programs, along with DVCIPM, continue to focus significant effort on providing the necessary clinical, education, and training support for pain management in primary care. PCMH designated a representative to participate in the DoD PMWG to facilitate synchronization across pain specialty and primary care lines of effort. DVCIPM also continues coordinating two projects that were initially funded from the VA/DoD Joint Incentive Fund (JIF), Acupuncture Training Across Clinical Settings (ATACS) and Joint Pain Education Project (JPEP). Updates on ATACS and JPEP are discussed later in this report.

Army

The Army CPMP coordinates with the Primary Care Service Line through weekly meetings and participation in the Army Medical Home (AMH) bi-weekly meetings. The CPMP presented the Presidential Memorandum requirements of opioid training and also developed media products for primary care providers and patients on the services provided by the CPMP. The Army CPMP also developed and is staffing a PCPC Army Medical Command (MEDCOM) Policy Memorandum in support of the AMH Operation Order. The policy provides specific instructions on the duties and requirements of the PCPC position along with required template changes. The primary duties of the PCPC in the AMH are to coordinate pain care, lead the ECHO program, and provide educational support to providers.

The Army CPMP established IPMCs that are strategically located to provide pain care to the Army's beneficiaries. These centers provide integrative and complementary therapies that include: interventional pain management, primary care provider support, nurse case managers, chiropractors, behavioral health providers, clinical pharmacist, occupational therapist, physical therapist, movement therapist, acupuncture, and medical massage. The Army provided 125,000 pain visits from January 2016 to December 2016. The IPMCs further serve as the hub for SME support to the primary care providers and AMH. The Army utilizes the "Stepped Care" approach to pain care beginning with self-care, moving through the AMH, Medical Neighborhood, and, for chronic pain patients, the IPMC.

The Army CPMP is in the process of staffing a PCPC Fragmentary Order (FRAGO) in support of the Army Medical Home Operation Order. This FRAGO was initiated to support the activities of the PCPC within the AMH. The PCPC FRAGO provides specific instructions on the duties and requirements of the PCPC position along with required template changes. Army is also currently staffing an EXORD that will require the writing of a profile when an opioid prescription is generated for a Soldier. The goal of this EXORD is to inform Commanders of Soldiers who are placed on opioids. Army also utilizes the VA/DoD Low Back Pain CPG released in 2007.

In response to the 2016 NDAA and requests from the Army Combatant Commanders, the CPMP, in conjunction with the Army Medical Virtual Health Team, has initiated a pilot pain virtual health program. The pilot will provide limited pain care to remote and medically underserved areas with troop concentrations areas such as Europe and Fort Polk.

Air Force

Within the Air Force, the CPMP is comprised of five Multidisciplinary Pain Management Clinics, of which three are IPMCs –Travis Air Force Base (AFB), Eglin AFB, and Joint Base (JB) Elmendorf-Richardson. IPMCs offer services to include an interventional provider, mental health staff, physical therapists, acupuncturists, and nursing support. The Air Force IPMC at JB Elmendorf-Richardson continues to expand its services, now offering a full complement of modalities to treat pain, including the expertise of a licensed acupuncturist. The IPMC located at Travis AFB offers beneficiaries a wide array of multimodal pain care, including advanced diagnostics, non-pharmacological therapies, complementary medicine, percutaneous and surgical interventions, and Medication Assisted Therapy (MAT) to include Suboxone (Buprenorphine) and Methadone treatments for opioid dependence. The Travis IPMC has initiated the first two intravenous Ketamine infusion treatments for Complex Regional Pain and Central Pain. Additionally, the Family Medicine Residency Program at Travis boasts the first Air Force Family Medicine elective rotation in Pain Medicine.

In February 2016, the Air Force developed the Invisible Wounds of War Initiative to improve support to Airmen and their families who suffer from Post-Traumatic Stress Disorder, Traumatic Brain Injury, and other invisible wounds. Established at Eglin AFB, the effort brings together 30 medical, administrative, and legal experts spanning the entire continuum of care, in an effort to address co-morbidities, including pain. Prior to construction of a permanent facility in 2018, a temporary structure adjacent to the 96th Medical Group is being erected, with the hope to open the doors for all patients during the summer of 2019. Wright Patterson AFB Pain Management Clinic is the newest facility with a robust advanced physical therapy service which is anticipated to have the addition of a multi-disciplinary team by the end of FY 2017.

The Pain Management Clinic at Lakenheath Air Base has incorporated the use of new modalities to treat chronic pain, including cooled radiofrequency ablation of hip and knee joint nerves and platelet rich plasma to treat chronic tendon strains and sprains as effective alternatives to opioid medications. Additionally, Lakenheath Air Base has expanded its staff, adding a physician assistant who provides procedural techniques.

The JB Andrews Acupuncture and Integrative Medicine Clinic has expanded its staff in the FY 2018 Program Objective Memorandum to include 10 additional civilian staff to fully develop the Alternate Input Method (AIM) Clinic.

Air Force Pharmacy has launched an effort to streamline prescribing practices by embedding clinical pharmacists in Primary Care Clinics across 26 MTFs. As a member of the Air Force Medical Home, pharmacists collaborate with providers, advising on appropriate prescribing as well as identifying patients at high risk for opioid abuse. One such effort is the Sole Provider Program, allowing controlled substances to be prescribed by a single provider who is responsible for the care of that patient.

Navy

In FY 2017, the Navy CPMP funded an additional 25 pain care professional services, bringing the total number of pain providers to 104 across 15 MTFs. As of June 2017, Navy CPMP hired 68 clinical resources, including acupuncturists, addiction specialists, clinical pharmacists, physical therapists, clinical psychologists, and other modalities across 15 Commands to increase Navy Medicine's capacity to offer multidisciplinary modalities as an alternative to solely pharmacologic approaches, including opioid therapy.

Navy CPMP has continued to support improved management of pain care pharmacotherapy through the inclusion of 23 clinical pharmacists within the program FY 2017 professional services budget. As of June 2017, 19 of these professionals had already been hired and were providing pharmacotherapy management at 14 MTFs, as well as participating in a monthly training and mentorship Polypharmacy Pain Initiative Community of Practice teleconference.

The Navy CPMP began providing Commands with a comprehensive LOT Safety identification tool that identifies patients on long-term opioid therapy along with corresponding risk flags. The program continues to provide updates to the tool on a quarterly basis. The tool aids local pain champions, pain committees, and the Navy CPMP's 19 hired clinical pharmacists in identifying at-risk patients to facilitate interventions including medication review and reconciliation. Formal requirements for the management of patients on LOT as previously mentioned will be released in the forthcoming BUMED LOT Safety Instruction.

National Capital Region (NCR)

The NCR Medical Directorate has been successful in integrating pain services in primary care both with personnel in the Warrior Clinics at Walter Reed National Military Medical Center and Fort Belvoir Community Hospital, Kimbrough Ambulatory Care Center, and Naval Health Clinic Quantico as well as via telehealth at DiLorenzo TRICARE Health Clinic, Fort Belvoir Community Hospital, Naval Health Clinic Quantico, and Malcolm Grow Medical Center. By embedding pain assets, TRICARE beneficiaries have the advantage of receiving specialty care in PCMH and the primary care teams have the ability to co-manage and learn from the pain specialists.

The innovative programs and initiatives of the NCR Pain Care Initiative continue to serve as a model for pain care in Federal healthcare systems. One of the primary initiatives involves embedding pain assets in both the primary care medical home as well as specialty clinics to improve the quality, efficiency, and access to pain care services with telehealth capabilities. Furthermore, the NCR pain telehealth program continued to expand services, sites, and number of encounters in the NCR by adding a pain psychologist, integrative medicine physician as well as integrative medicine nurse and support staff to the pain telehealth team (Figure 1). The team serves as the MHS pain expert to deployed providers via the Army e-consult program. The service now averages 70 patient encounters per month.

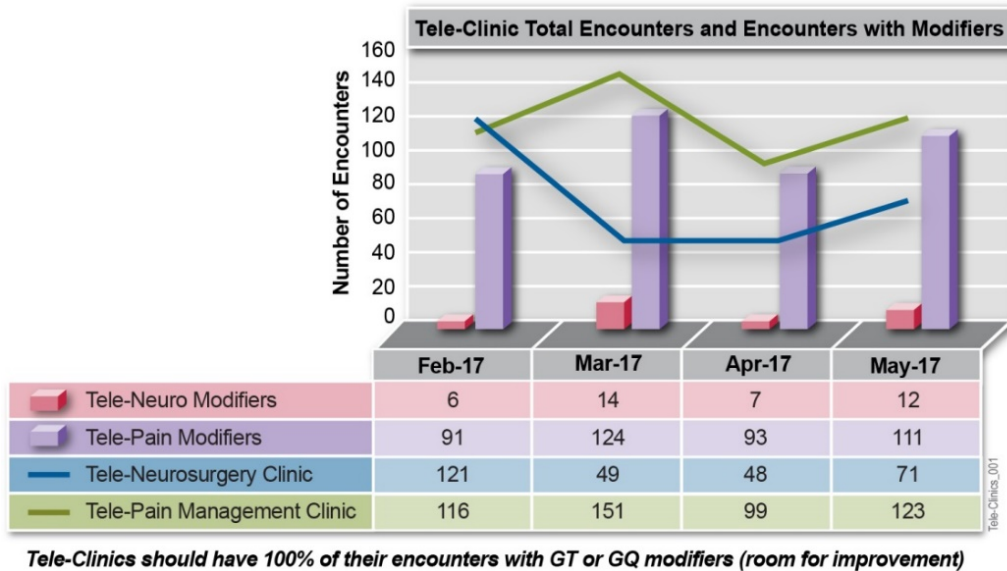


Figure 1. NCR Tele-Clinic Encounters

Stepped Care Model of Pain Management

The MHS Pain strategy incorporates the Stepped Care Model of Pain Management (SCMPM) developed by VA. The SCMPM is instituted as a strategy to provide a continuum of effective treatment to patients with acute and chronic pain. In October 2015, the Navy CPMP initiated a formal briefing between BUMED, NAVMED East, and NAVMED West leadership focused on socializing the rollout of program-supported professional services and implementation of the SCMPM. Specialty care referral was identified as a challenge by Region leadership, and the recommendation was made that the program build closer connections with basic-level stakeholders to better understand local barriers. In response, in January 2016, the Navy CPMP successfully recruited specialty and primary care Pain Champions at the seven sites currently receiving program-funded specialty pain care service providers. The Pain Champions have since been instrumental in helping the program identify opportunities to improve pain care at the local and enterprise levels. Additionally, the Services have utilized collaboration forums, such as the MHS Pain Working Group, to discuss and socialize the SCMPM with liaisons from the Primary Care community, soliciting feedback to update and improve the clarity of the referral guidelines.

Clinical Practice Guidelines (CPGs)

As indicated in the National Pain Strategy, the requirement for updated and additional evidence-based guidelines for pain management is a national priority. The MHS is committed to the practice of evidence-based medicine and supports ongoing development and updates to CPGs through the VA/DoD HEC Evidence-Based Practice Work Group (EBPWG). The VA/DoD CPGs and the supporting tool kits developed by the EBPWG provide clinicians with a standard to guide their clinical decisions as well as a tool for use in the peer review process. The Services use CPGs to update their Service-level policies.

An updated VA/DoD CPG for the Management of Opioid Therapy for Chronic Pain was published in February 2017. The related CPG tool kits have integrated recent advances in medical evidence regarding quality pain care and the effective use of prescription medications, as well as compliance with the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain. The HEC PMWG and EBPWG discussed the need for additional pain-related CPG(s), but determined it was advisable to focus their efforts on supporting implementation of the updated Opioid CPG and its tool kits. Both of these HEC WGs will evaluate implementation of Opioid CPG and need for additional pain-related CPGs in FY 2018.

The MHS PMWG and EBPWG also continue to collaborate to determine the need for other CPG updates or new CPGs. In addition, the LOT Safety WG, which includes representatives from family medicine, pharmacy, anesthesiology, and other relevant specialties, stood up a CPG compliance monitoring initiative, refined a Chronic Opioid Therapy Safety (COTS) form for the Tri-Service Work Flow (TSWF), and developed a variety of education materials including modules for primary care providers in the JPEP curriculum on the safe prescription of opioids and management of patients on LOT.

The LOT Safety WG was also tasked with reviewing the Management of Opioid Therapy for Chronic Pain CPG to identify and assess best practices for the safe prescription and use of opioid therapy for pain management. The outcome of this assessment was the selection of four key recommendations that focused on: Screening for past psychiatric history and substance use history for patients on LOT; Screening for concurrent use of benzodiazepines; Recommending the use and annual renewal of opioid care agreements; and, recommending the administration of annual urine drug screening for every patient on LOT.

Following the update of Management of Opioid Therapy for Chronic Pain CPG in 2017, the Navy CPMP reviewed the new guidelines and confirmed that the 2017 BUMED LOT Safety Instruction remains in alignment with the CPG. The BUMED LOT Safety Instruction includes a version of VA's Consent for LOT adapted for use by Navy Medicine (NAVMED) as an informed consent opioid care agreement. The document standardizes the administration of informed consent and care agreements into a single form for use across the NAVMED enterprise. Likewise, the requirements of the Instruction will apply to all prescribers in the NAVMED enterprise in order to standardize key patient safety tenets and best practices across Navy.

Alternate Input Method Forms

The TSWF section of the DHA Solutions Delivery Division has developed an AIM documentation tool, referred to as the COTS AIM form, which is based on the VA/DoD CPG for Management of Opioid Therapy for Chronic Pain. The COTS AIM form works in conjunction with the Armed Forces Health Longitudinal Technology Application and provides clinicians a standardized format to document items critical to understanding and managing these patients appropriately. In addition, links to screeners, reference materials, and patient handouts are provided on the COTS AIM form.

By utilizing this standard form to treat patients on LOT, the Services are able to identify this population. The COTS AIM form facilitates peer review and other inquiries by local MTFs and oversight committees. This form also provides embedded and well delineated treatment algorithms for specialty care referrals for the initiation, follow up, and discontinuation of chronic opioid therapy. Specifically, the Navy's Pain Champions facilitated the onboarding of new professional resources in pain clinics and in the primary care setting, led the stand-up of local delivery of pain trainings in primary care clinics using the JPEP curriculum, and collaborated with the Navy CPMP to outline a more detailed guide to Stepped Care implementation.

Since updating this CPG in March of 2017, the COTS AIM form required updates to be accomplished in collaboration with the DoD PMWG. To support the expansion of awareness and utilization of the COTS AIM form, the TSWF section of the DHA Solution Delivery Division participated in the pain management track at the December 2016 annual AMSUS meeting.

Military Health System Opioid Registry

The MHS Opioid Registry is a collaborative, multi-disciplinary effort to support providers, staff, and decision-makers in improving the safety and quality of care of patients on opioid prescriptions. It was developed and tested in 2016 with a phased rollout planned in 2017. The registry offers stakeholders access to near-real time demographic, clinical, and pharmaceutical data related to opioids such as morphine equivalent daily dosages. High risk opioids and other medications such as antidepressants, benzodiazepines, and sleep medications concurrently prescribed with opioids can be flagged to alert staff of potential fatal overdoses. Unlike other prescription drug monitoring programs - where insight is limited to medication data only - a more comprehensive view can be provided by offering information related to patients' mental health co-morbidities, current and past urine drug testing, healthcare utilization practices, and other patient-associated behaviors enabling providers the ability to prioritize and stratify populations according to risk category.

This effort reuses existing technology such as the CarePoint MHS Population Health Portal and leverages previously funded JIF innovations such as the DoD and VA Infrastructure for Clinical Intelligence (DaVINCI) project, which provides a common framework to combine, share, and analyze DoD and VA data, resulting in significant savings (i.e., development and hardware costs). This effort also fosters collaboration within and across DoD and VA, and encourages a team-oriented approach in tackling a complex, multi-factorial epidemic. Partnerships continue to be made by DoD/VA experts representing the pharmacy, mental health, substance use, and pain communities. Potential standardization of common opioid management activities include implementation of clinical practice guidelines, morphine equivalence conversions, risk stratification and scoring, and adoption of opioid safety aggregate measures for reporting.

The development of a comprehensive opioid registry brings multiple communities together in a common information platform to monitor opioid activity across the entire continuum from as early as a patient's first dispensing event; detect potential harm or misuse of opioid medications in non-cancer patients via flagging and validated risk scores; evaluate effectiveness of opioid safety programs using opioid measures and reports; and share relevant data such as medication

history and opioid risk profiles for those patients transitioning from the DoD to the VA. This effort has the full support of the DHA leadership as one of the main core programs within the overall “Pain Campaign” as well as support from VA leaders already actively involved in opioid safety and risk mitigation programs.

Effectiveness of Pain Management Programs

DVCIPM, DHA, and Service Pain Program leads continue to collaborate with the Services to synchronize metric development and analysis. Unfortunately, delays in PASTOR development and deployment are adversely impacting the availability of planned effectiveness measures. The following are the performance measures used by each Service to determine the effectiveness of DoD’s pain management policy in improving pain care for MHS beneficiaries.

Army uses the standard Health Effectiveness Data and Information Set measures to assess compliance with the VA/DoD CPG for the Management of Opioid Therapy for Chronic Pain and to identify potential areas of improvement. Army also identifies compliance with the CPGs through the Poly-Pharmacy, CarePoint, and Chronic Pain/High Utilizer/Poly-Pharmacy (CHUP) reports. The CHUP metric shows summary and detailed information at the Regional Medical Command and MTF level for beneficiaries who meet the established criteria (Figure 2). By identifying at risk individuals, the Army can direct appropriate clinical care. The data is also a metric to evaluate the effectiveness of the entire spectrum of the CPMP from AMH to IPMC. The overview and analysis of CHUP reductions across all regions of the MEDCOM shows a steady downward trend spanning from April - November 2016.

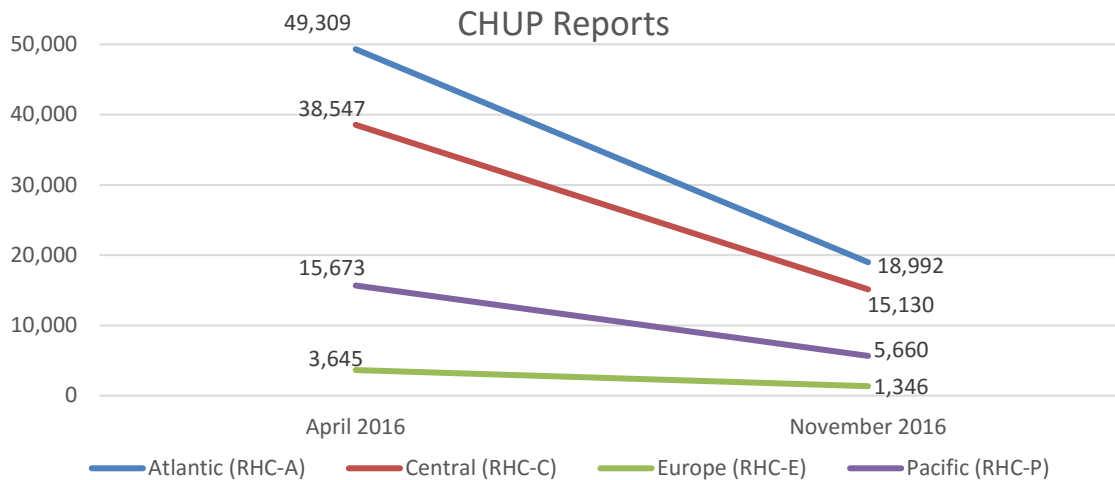


Figure 2. Army CHUP Metric Across Regional Health Commands: Number of Beneficiaries from April 2016 to November 2016

In an effort to ameliorate medication abuse, the Air Force Pharmacy screens all controlled substance prescriptions, requests for unusually large quantities dispensed, and prescriptions from multiple providers to an individual patient. The entire controlled substance inventory is tracked with 100 percent accountability, both in-garrison and at deployed locations. This exceeds the

civilian standard, which currently requires 100 percent accountability for only Schedule II drugs. The Air Force continues to coordinate with state prescription drug monitoring programs. Four MTF pharmacies participated in a DHA gap analysis which revealed that the lack of access to state prescription drug monitoring programs posed minimal gaps in opioid monitoring strategies.

The Navy CPMP continues its work with the Navy Marine Corps Public Health Center (NMCPHC) to use five identification criteria, referred to as the Chronic Pain Five (CP5), for identifying and monitoring changes in chronic pain patient populations across the NAVMED enterprise. Figure 3 provides an overview of the five criteria that make up the CP5 methodology.

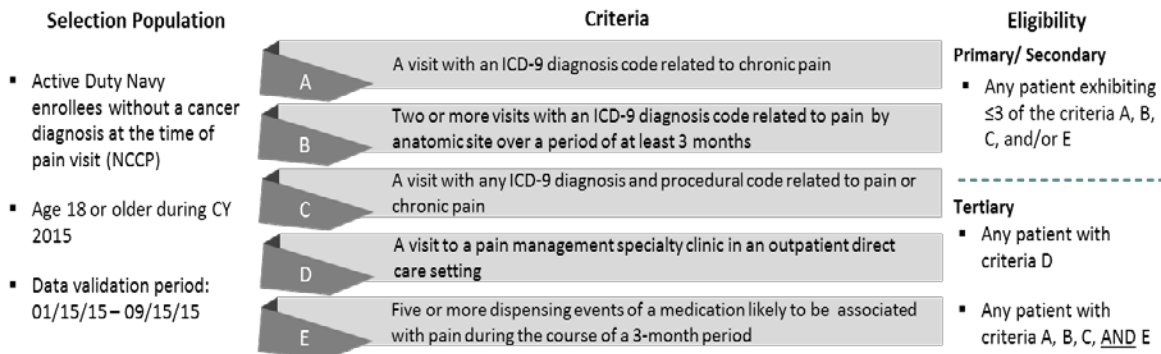


Figure 3: The Chronic Pain Five criteria for chronic pain patient identification.

The implementation of the CP5 occurred in October 2015 and the first analysis found 104,952 patients suffering from primary, secondary, or tertiary pain conditions. After identifying the pain population, nine metrics to assess pain care processes within the NAVMED enterprise were purposed and developed. The metrics have been visualized in a Performance Management tool designed to support evidence-based decision-making by BUMED and Command-level leadership. These nine metrics include Inpatient Visits, Inpatient Dollars Spent, Emergency Room Visits, Emergency Room Dollars Spent, Primary Care Visits, Primary Care Dollars Spent, Specialty Care Visits, Specialty Care Dollars Spent, and Total Dollars Spent.

Following the original cohort of patients monitored beginning in October 2015, the NMCPHC refreshed the cohort and found that between October 2015 and September 2016, a total of 123,301 patients qualified as suffering from primary, secondary, or tertiary pain conditions. Figure 4 displays the effectiveness of Navy pain management services in recapturing out-of-network costs and utilization for the nine metrics above with regard to the Active Duty segment of this CP5 cohort. The nine metrics displayed below continue to be used to monitor this new cohort of patients in order to inform leadership decision-making.

Direct Care and Purchased Care Cost/Utilization Changes within Active Duty Population after NCPMP Intervention

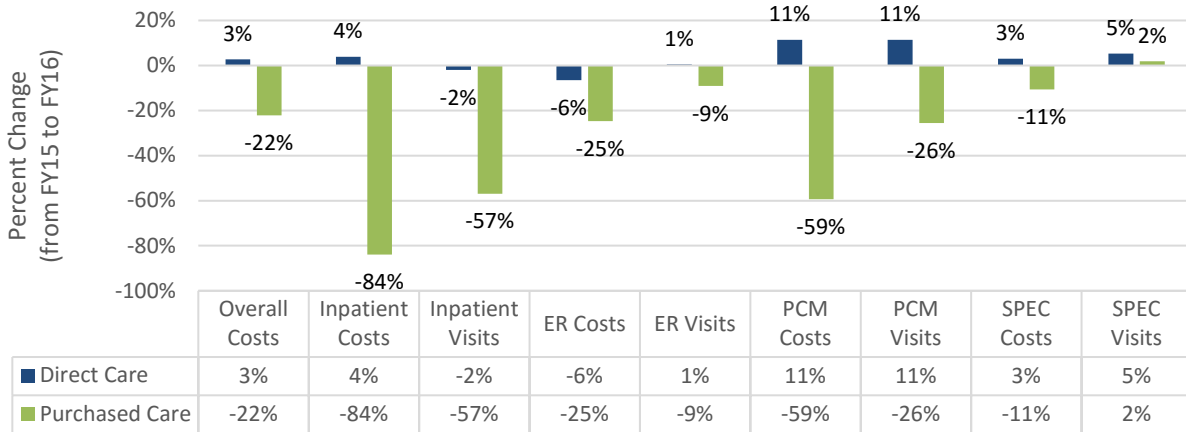


Figure 4: Direct Care and Purchased Care Cost/Utilization Changes within Navy CP5 Active Duty Population

Patients Perception of Adequacy of Pain Management Services

Congress has requested that an assessment of the adequacy of DoD’s pain management services be included in this annual report. While there is no standardized tool for surveying patient satisfaction with pain management services in DoD outpatient settings, the Services measure patient satisfaction with pain management in primary care and several specialty care clinics.

DoD is also assessing beneficiary satisfaction with inpatient pain management as part of its annual Hospital Consumer Assessment of Healthcare Provider and Systems survey. Overall patient satisfaction with pain management is based upon patient self-report on two pain-related questions:

- “During this hospital stay, how often was your pain well controlled?” (*Pain Controlled Question*); and,
- “During this hospital stay, how often did the hospital staff do everything they could to help you with your pain?” (*Help Controlling Pain Question*).

Using a composite of these two questions, the chart below depicts inpatient satisfaction from Quarter 1, FY 2014 to Quarter 1, FY 2017. Overall pain management performance has remained above the national benchmark of 71 percent. The results for the *Pain Controlled* question have remained over 65 percent, while the responses for the *Help Controlling Pain* question have remained over 80 percent.

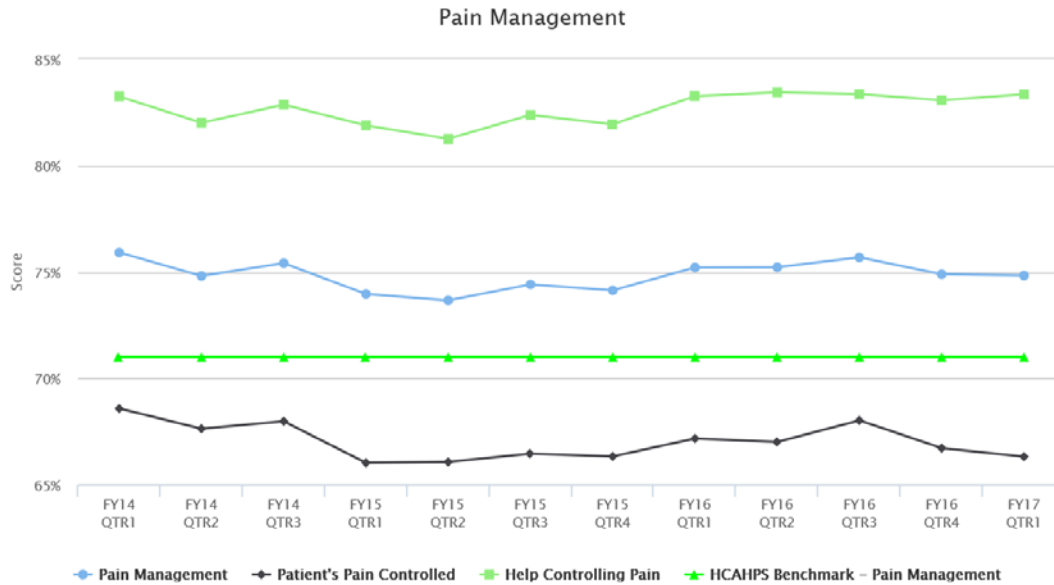


Figure 5: Pain Management Satisfaction – Direct Care

The Army continues to track patient satisfaction utilizing the Joint Outpatient Experience Survey program. Joint Outpatient Experience Survey is a single survey for all MTFs across all Services that combines and standardizes long-standing methods used by the Army, Navy, Air Force, and NCR to learn about beneficiary healthcare. Surveying began for the Army and the NCR in June 2016. Although the amount of data during the start-up phase of the survey is smaller than expected, there is sufficient data to analyze for most MTFs. Initial results include:

- **Access to Pain Care:** Care received in-person scored 98.4 percent out of 1,069 respondents; Needs addressed within 30 minutes of appointment scored 95.6 percent out of 42,995 respondents.
- **Facility:** Overall satisfaction scored 81.3 percent out of 56,326 respondents and those likely to recommend the facility scored 76.8 percent out of 55,818 respondents.
- **Patient Healthy Choices:** Scored 78.9 percent out of 54,980 respondents. Influence own health scored 78.8 percent out of 54,901 respondents.
- **Provider:** Overall satisfaction with the visit scored 84.1 percent out of 55,043 respondents. Courtesy and respect of the provider scored 90.2 percent out of 54,698 respondents.

Pain Management Research

The Pain Management Portfolio is comprised of DoD research efforts for improved pain management from point of injury to chronic pain, spanning basic research through clinical development. DoD continued to make advances in pain research across the Enterprise in FY 2017. The DoD Pain Management Portfolio has 84 ongoing projects in 10 major focus areas with a total funding of \$137.8 million (Figure 6). DoD personnel have published multiple articles on acute and chronic pain management in peer reviewed journals and, despite constraints on DoD attendance at conferences, numerous MHS clinicians and researchers have presented pain management projects at multiple military, national, and international medical conferences. In addition, DVCIPM continues to represent DoD on the NIH-Interagency Pain Research Coordinating Committee.

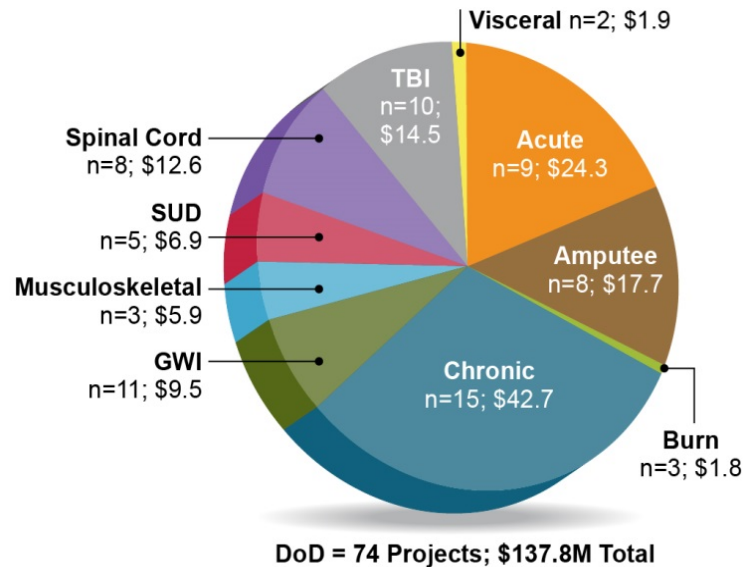


Figure 6: DoD Pain Management Portfolio (\$ in millions)

In December 2016, NIH's National Center for Complementary and Integrative Health (NCCIH) announced an initiative addressing recommendations in the 2014 report "Strengthening Collaborations with the U.S. Department of Defense and U.S. Department of Veteran Affairs: Effective Research on Mind and Body Interventions." This NIH-DoD-VA Pain Management Collaboratory Program aims to develop the capacity for implementing cost-effective, large-scale clinical research on non-pharmacological approaches to pain management and other co-morbid conditions.

DoD entities engaged in pain management research include DVCIPM, U.S. Army Medical Research and Materiel Command, Clinical and Rehabilitative Medicine Research Program (CRM RP), Institute for Surgical Research, USU, and MTFs. The CRM RP portfolio in particular spans basic research through clinical development projects that address pain management from the point of injury to chronic pain management. CRM RP provides products and information solutions for the diagnosis and alleviation of battlefield, acute, chronic pain, and sequelae.

DoD is investigating safer, more effective alternatives for pain management in theatre. Combat medics' current morphine sulfate auto-injector is the primary treatment option for pain management on the battlefield and in other austere environments. Morphine cannot completely reduce pain, and it poses significant risks to the wounded Service member, including respiratory

depression, hypotension, nausea, vomiting, and potential psychological and physical dependence with continued use.

CRM RP objectives for FY 2017 through 2021 include the following:

- Successful completion of Phase III Clinical Trial for Sufentanil Nanotab in FY 2017.
- Field Sufentanil Nanotab in FY 2018.
- Start Phase III clinical trial for NerveSpace therapy, a novel type of non-narcotic pain relief therapy to improve functional outcomes of combat-injured warfighters by relieving post-amputation pain.
- Investigate precision medicine and personalized pain management treatment strategies.
- Investigate treatment approaches for chronic pain in complex patients.
- Validate non-pharmacological approaches to pain management.

Sufentanil Nanotab is a rapid acting product designed to relieve acute pain with minimal side-effects usually associated with the use of common analgesics currently in use. This product is developed primarily for use in the Tactical Field Care and Tactical Evacuation Care phases of Tactical Combat Casualty Care and at Required Operational Capability Level 1 installations and activities. DoD successfully completed a Phase III clinical trial using Sufentanil Nanotab with patients following bunionectomy surgery. There was statistically significant ($p=0.003$) difference in pain for 30g sufentanil-treated patients and for placebo-treated patients. The product is scheduled to be fielded in FY 2018.

DoD is also conducting a randomized controlled trial of a novel integrative approach to pain management: combining conventional opioid treatment with Mindfulness-Oriented Recovery Enhancement, a training program designed to target the biobehavioral mechanisms of the feedback loop among pain, psychological distress, and opioid misuse.

Current initiatives at the JB Andrews Acupuncture and Integrative Medicine Clinic include a doctrine, organization, training, materiel, leadership, education, personnel, and facilities analysis to develop a Concept of Operations for a fully integrative medicine program and a research project assessing gaps in research and evaluating the latest integrative medicine technologies.

The Army's Comprehensive Pain Management Team is also actively exploring opportunities for improvements and advancements in pain treatment modalities through various research projects including:

- “Integrative Modalities Plus Psychological Physical Occupational Restoration Therapies Trial” at Madigan Army Medical Center.
- “An Observational Safety and Efficacy Study Comparing a Non-Equipment Based Exercise Protocol to an Equipment Based Exercise Protocol for the Treatment of Chronic Low Back Pain.”
- “Rehabilitation of Neuro-musculoskeletal Injuries within an Intensive Outpatient mTBI and Pain Rehabilitation Program: Outcome Success for Special Operators” at Landstuhl Regional Medical Center.

Finally, the Services continue to develop and validate innovative practice models for pain management. For example, in FY 2016 and into FY 2017, NMCS D conducted outcome studies of Functional Restoration Pain Program (FRPP), a program outlined above in section 2 to promote Service members' ability to return to full military duty. FRPP has currently been piloted at NMCS D and efforts are beginning to codify the program's best practices and explore its expansion to other Commands. As of March 2017, a total of thirteen cohorts have completed the FRPP course. Eighty five percent of patients achieved fit for full duty status upon successful graduation from the FRPP program.

Training and Education of Healthcare Personnel

Project ECHO

DoD is also increasing the reach of pain specialists beyond their clinics and expanding capacity for pain management services in primary care through use of the internationally recognized Project ECHO telementoring model. ECHO uses secure, audio-visual networks to connect pain medicine specialists (hubs) with remote primary care providers (spokes) to increase provider pain management competencies.

Army began utilizing ECHO telementoring clinics to address pain management in 2013 and currently hosts four Pain ECHO clinics with six regional hubs and 48 spokes to support JPEP education and clinical reviews. Navy utilizes Pain ECHO clinics with two hubs and 27 spokes, which expands the access to pain management specialists for the Navy's primary care providers. Air Force does not fund any ECHO clinics, and provides pain management and other education and webinars staffed through a combination of telehealth and Air Force Medical Operations Agency personnel and funding.

Appendix C includes a list of Army and Navy Hubs. From beginning of FY 2016 through May 31, 2017, Navy awarded 2,536.05 continuing education credits and Army awarded 2,502 credits to providers participating in MHS Pain ECHO clinics.

An analysis of ECHO clinics' effect on opioid prescribing habits in the Navy indicates substantial reductions in opioid prescription prevalence for patients presented in the clinics. Analyzing patients' opioid prescriptions received six months before and six months after presentation of their case at ECHO reveals the average day-supply of prescriptions fell by 10 percent after being presented and total prescriptions written to patients following their ECHO fell by 30 percent. Taken together, these observations suggest a more judicious use of opioid pharmacotherapy and more engaged management of patients receiving opioid prescriptions following use of the ECHO telementoring platform.

The Army has initiated individual studies at local facilities to record the impact of Project ECHO on participating providers versus non-participating providers opioid prescribing habits.

Army and Navy have incorporated the standardized VA/DoD JPEP curriculum to improve clinical care and decrease variation in care. Specifically, Navy delivers JPEP modules during ECHO clinics and through delivery by Pain Champions during set training times in Family Medicine and Internal Medicine clinics. Air Force participates in a weekly telementoring clinic at the San Antonio Military Medical Center in an effort to reduce the use of opioids among DoD beneficiaries. In addition, over 20 remote medical facilities and 50 primary care providers who lack access to an on-site pain clinic are able to take advantage of this outstanding educational opportunity.

Annual Pain Skills Training

As part of efforts to expand access to subspecialty pain management trainings, Navy CPMP provided budgetary support to the 6th annual Pain Care Skills Training at NMCS D from 12-15 September 2016. This annual Pain Skills Training is the premier training activity in the Federal system and continues to attract between 250-300 members of the healthcare teams for four days of interactive workshops designed to give attendees practical hands on experience. Tri-Service clinical SMEs serve as instructors and lead discussions during the training's plenary sessions as well as hosting full and half-day pain skills workshops.

Additionally, the Navy CPMP has extended budgetary support to the 2017 Pain Care Skills Training to be held in Germany from 29-31 August 2017 for all European OCONUS Commands to attend. The target audience for this training includes primary care team members, such as physicians, nurses, corpsmen, pharmacists, psychologists, and social workers, and will include a focus on integrative and interventional modalities, such as mind body techniques, battlefield acupuncture, and osteopathic/chiropractic manipulation.

NCR Pain Care Initiative Monthly Case Based Webinars

The NCR Pain Care Initiative provides case-based education to primary care teams throughout the MHS with three monthly webinars on pain, addiction, and acupuncture. These programs are attended by up to 200 participants monthly. In addition, the Initiative also offers buprenorphine waiver training quarterly in a webinar platform which allows prescribers in any location to attend. The NCR Pain Care Initiative continues to train up to 40 providers quarterly in battlefield auricular acupuncture as well as sponsors a yearly Military Acupuncture Update for up to 50 acupuncturists. In addition, the NCR Pain Care Initiative sponsors 15 physicians yearly to attend a 300 hour physician acupuncture course.

Management of Opioid Therapy for Chronic Pain CPG Webinar

In June 2017, 267 providers and support staff attended a Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) webinar on the Management of Opioid Therapy for Chronic Pain CPG that offered continuing education credits for providers to learn how to:

- Discern expectations of patients and practitioners regarding opioid therapy, and the risks and benefits of the treatment options for chronic pain.
- Evaluate the use of patient-centered care including self-management to improve function and quality of life.
- Choose an appropriate chronic pain therapy in conjunction with the patient.
- Minimize adverse outcomes of pain therapy, particularly opioid therapy, and effectively treat them if they do occur.

DCoE led the development of support tools to help providers comply with the VA/DoD CPG for the Management of Opioid Therapy for Chronic Pain. These tools (examples listed below) bring

together important resources for health care providers and patients on the safe and effective use of opioid therapy in treating chronic pain.

- "Indications for Consultation and Referral during Opioid Therapy"
- "Managing Side Effects and Complications of Opioid Therapy for Chronic Pain"
- "Opioid Therapy and Methadone Use in Primary Care for Chronic Non-cancer Pain"
- "Tapering and Discontinuing Opioids"
- "Opioid Therapy for Chronic Pain Pocket Guide"
- "Taking Opioids Responsibly for Your Safety and the Safety of Others: Patient Information Guide on Long-term Opioid Therapy for Chronic Pain"

Prescription Drug Abuse Awareness and Training

Following the FY 2015-2016 completion of the JIF JPEP standardized DoD and VA pain management curriculum (Appendix B) for use in the education and training programs of the combined Federal clinical workforce, the FY 2017 JPEP activities shifted to a deliberate review of JPEP content based on feedback from users and updates required to address emerging guidelines and medical evidence. The release of the VA/DoD CPG for the Management of Opioid Therapy for Chronic Pain and CDC Guidelines on Opioid Prescribing necessitated updates to multiple modules to keep the content current. Additional video products were developed to supplement the didactic modules. All of the instructor-led didactic modules will be reformatted to a web accessible self-paced platform so providers can access the materials online where a virtual instructor will lead the modules.

Navy CPMP established a strategic priority in FY 2016 to expand pain management education and training with a particular focus on patients and providers in primary care. Subsequently, Navy CPMP leadership selected the JPEP curriculum as the main vehicle for pursuing this priority. In July 2016, the Navy CPMP trained 18 providers as JPEP instructors at seven Commands as part of the implementation of local delivery of JPEP modules to primary care providers on a monthly basis. In November 2016, BUMED released a training memo to those seven Commands requiring the delivery of 16 select JPEP modules in the Commands' primary care clinics. In February 2017, the Navy CPMP began site visits to gather best practices and feedback on the progress of training delivery at these seven sites. As of February 2017, 115 providers and clinical staff have attended the locally-delivered JPEP modules. The Navy CPMP also designed a JPEP evaluation instrument that will be rolled out in FY 2017 to measure the value and impact of JPEP trainings on primary care providers and their management of patients with complex pain.

The DoD leveraged the content from the JPEP and the updated "Do No Harm" video to respond to the October 2015 Presidential Memorandum, "Addressing Prescription Drug Abuse and Heroin Use." Section 2 of the Presidential Memorandum directs all executive departments and agencies to "provide training on the appropriate and effective prescribing of opioid medications to all employees who are health care professionals and who prescribe controlled substances as part of their Federal responsibilities and duties." It also states that "training adopted by agencies should be consistent with consensus guidelines on pain medication prescribing developed by the CDC." These guidelines were published in March 2016.

Using the content from JPEP and “Do No Harm,” DHA, DVCIPM, and DCoE collaborated to develop a computer-based training for DoD opioid prescribers. The Acting Assistant Secretary of Defense for Health Affairs released a Memorandum instructing Services to establish guidance to ensure all required providers receive this training. The training was published on 24 November 2016 and consists of two modules that are each approximately 1-hour long and covers guidelines for safe opioid prescribing, including guidelines for prescribing opioids for chronic pain. As of the end of June 2017, 12,968 controlled substance prescribers, out of a total of 19,022, have completed the training.

In addition to the October 2015 Presidential Memorandum, a 2014 Executive Action requires that DoD ensures that opiate overdose reversal kits and training are available to every first responder on military bases or other areas under DoD’s control. Approximately 54,000 DoD and affiliated Emergency Medical Services, fire, and law enforcement first responders were trained for and equipped with opiate overdose reversal kits through Q1 FY 2017.

The DoD also sponsors an enterprise-wide MHS Drug Take-Back program that provides beneficiaries with a way to properly and safely remove unused and expired medications from circulation to mitigate suicide attempts, prescription misuse, diversion, or accidental poisoning. The Services have participated in all Drug Enforcement Agency-hosted Prescription Drug Take-Back Days since 2010, and a DoD Instruction on drug take-back was published in April 2016. These events help reduce the risk of prescription drug diversion and abuse, while also increasing awareness of this critical public safety and public health issue.

Below is the total weight of unwanted prescriptions collected from 2014 through Q1 FY 2017 by Service.

Table 1. Total of weight of unwanted prescriptions collected across MHS

	Drug Enforcement Administration-sponsored drug takeback days	Ongoing collection at MTFs
Air Force	15,884 pounds	42,691 pounds
Army	12,749 pounds	45,104 pounds
Navy	3,826 pounds	1,296 pounds
NCR (joint)	N/A	6,227 pounds

Accredited Board Certification in Pain Management

The DoD continues to support two Accreditation Council for Graduate Medical Education accredited Pain Medicine Fellowships – one in San Antonio, Texas and the other in Bethesda, Maryland as part of the National Capital Consortium at USU. These fellowships provide sub-specialty board certification to specialists in Physical Medicine & Rehabilitation, Anesthesiology, and Neurology, who upon graduation are assigned throughout the MHS to lead Tri-service specialty pain clinics.

Air Force has recently allocated a fellowship position in Pain Management to the first Family Medicine physician. This exciting opportunity will pave the way for effective utilization of pain management at the lowest tier of medical care – the Air Force Medical Home.

Complementary and Integrative Medicine

DoD participates in the NIH's NCCIH National Advisory Council. In December of 2016, NCCIH announced the NIH-DoD-VA Pain Management Collaboratory Program (AT17-001 and AT17-002) that will coordinate support for a portfolio of multi-year, multi-site CIH research projects in DoD and VA to: (1) develop, adapt, and adopt technical and policy guidelines and best practices for the effective conduct of research in partnership with health care systems focused on military personnel, veterans, and their families; (2) work collaboratively with and provide technical, design, and other support to Demonstration Project teams, to develop and implement a pragmatic trial protocol; and (3) disseminate widely Collaboratory-endorsed policies and best practices and lessons learned in the Demonstration Projects for implementing research within health care settings.

The DoD Physical Medicine & Rehabilitation community in collaboration with the Primary Care Sports Medicine Fellowship at USU continues to host annual tri-Service training within the NCR on using ultrasound and injection techniques for treating conditions such as musculoskeletal pain and post-traumatic headaches.

Specialists in Physical Medicine & Rehabilitation, Primary Care Sports Medicine, Anesthesia, and Primary Care are also engaged in ongoing education and certification in alternative treatments to pain, including acupuncture, contributing to local, national, and international pain education conferences and workshops.

Air Force physicians have the opportunity to apply for a scholarship to attend a 300-hour certification course in medical acupuncture. The number of openings available for FY 2017 has increased from 8 to 16. Training opportunities have also been expanded to include a second 300-hour Medical Acupuncture program. The Air Force Family Medicine Residency Programs at Travis AFB, Offutt AFB, Eglin AFB, Nellis AFB, and Scott AFB have all incorporated Battlefield Acupuncture into their course curricula and 100 percent of residents graduating with this important skill, which can be used at their next duty station and while deployed. The Nellis AFB Family Medicine Residency Program has created a unique opportunity for its residents to complete a 300-hour Medical Acupuncture course. Approximately 40 percent of the Family Medicine residents who begin the program become certified Medical Acupuncturists by graduation. Since the onset of this partnership in 2015, 64 physicians have completed the program and an additional 12 are scheduled to complete the course prior to graduation in the summer of 2017.

Navy CPMP is working to increase access to evidence-based complementary and integrative medicine modalities, including acupuncture. Acupuncture has been shown to have particular benefit in the treatment of chronic pain, and Navy CPMP is seeking to update the 2013 BUMED Instruction 6320.100, "Medical, Chiropractic, and Licensed Acupuncture," to allow providers trained in acupuncture to apply the modality within their scope of practice. Additionally, the

changes seek to re-privilege licensed acupuncturists from “physician extenders” to Licensed Independent Practitioners in order to remove redundant oversight and to allow for greater access to acupuncture as a complementary modality for the treatment of chronic pain. Navy CPMP has also supported the development of an innovative approach to provide auricular acupuncture training to NAVMED Clinicians and Allied Health providers through the online Swank HealthCare training platform.

Patient Education and Dissemination of Information

DoD engages in several efforts to educate patients about pain management. Since 2012, the NCR-initiated Interactive Pain Management Series has educated patients on their pain diagnoses and self-management of pain-related issues. This program addresses key topics such as understanding pain, treatments, and safe medication use. DoD offers similar pain management education programs targeting specific types of acute and chronic pain (e.g., low back pain) throughout its enterprise. DoD’s patient information websites also facilitate effective pain management, as well as improve levels of functioning and readiness through the provision of resources.

In 2017, the JPEP augmented the didactic pain management curriculum with additional series of educational videos. These videos were developed in order to provide standardized and consistent explanations for some of the important and complex concepts introduced in the JPEP curriculum and in recently released pain management guidelines. A video was developed to provide patients with a greater understanding of the paradigm shift in pain management related to the national epidemic of prescription medication overdoses. A second video was developed to provide guidance and strategies for providers who are faced with the challenge of convincing a patient that they need to taper or discontinue their opioid medication.

The JPEP videos are available on the DVCIPM website (DVCIPM.org) and the VA’s Pain Management website (<http://www.va.gov/painmanagement>). Initial JPEP video topics include:

- 1) Pain Assessment
- 2) Opioid Prescribing/Tapering Overview
- 3) Stepped Care Model of Pain Management
- 4) Chronification of Pain
- 5) Essentials of Quality Pain Care
- 6) Safe Disposal/Opioid Take Back Program
- 7) Pain Assessment Screening Tool and Outcome Registry

In 2016, the Army CPMP provided media and educational material to the IPMCs to inform beneficiaries of the integrative and complementary services provided by the IPMCs. The material was broadcast on local media and provided patient educational materials. IPMCs provided personnel to answer questions in common areas of the hospital. The event is an ongoing public awareness program.

The Army successfully launched a Pain Awareness Campaign during Pain Awareness Month in September 2016. Pamphlets, posters, and electronic media were developed and distributed to promote awareness and education. The Army CPMP produced and distributed pain management tri-folds for PCMs during the 2016 Uniformed Services Academy of Family Physicians symposium.

Within the Navy, larger Commands such as NMCP and NMCSO have formalized patient pain education programs with curriculums, materials, and schedules. The Navy CPMP is working to consolidate these patient education materials in a central location to better facilitate dissemination across the Enterprise. The Navy is also exploring how to leverage these resources to create materials in preparation for Pain Awareness Month in September 2017.

Summary

DoD pain management policies and initiatives focus on providing a patient centered, holistic, multi-modal, and inter-disciplinary pain care model that supports the balanced use of medications, primary care, specialty care, and self-care approaches for pain management. Improved coordination and collaboration across the MHS has resulted in several advances in pain management policy, clinical care, research, and education and training products and clinical tools that serve our beneficiaries and provide an example for the nation.

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APPENDICES

Appendix A: List of Acronyms

AFB	Air Force Base
AMH	Army Medical Home
AIM	Alternate Input Method
AMC	Army Medical Center
ATACS	Acupuncture Training Across Clinical Settings
BUMED	Navy Bureau of Medicine
CDC	Centers for Disease Control and Prevention
CHUP	Chronic Pain/High Utilizer/Poly-Pharmacy
COTS	Chronic Opioid Therapy Safety
CP5	Chronic Pain Five
CPG	Clinical Practice Guideline
CPMP	Comprehensive Pain Management Program
CRM RP	Clinical and Rehabilitative Medicine Research Program
DaVINCI	DoD And VA Infrastructure for Clinical Intelligence
DCoE	Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury
DoD	Department of Defense
DHA	Defense Health Agency
DVCIPM	Defense and Veterans Center for Integrative Pain Management
DVPRS	Defense and Veterans Pain Rating Scale
EBPWG	Evidence-Based Practice Work Group
ECHO	Extension for Community Healthcare Outcomes
EXORD	Execution Order
FRAGO	Fragmentary Order
FRPP	Functional Restoration Pain Program
FY	Fiscal Year
HEC	Health Executive Committee
IPMC	Interdisciplinary Pain Management Center
JB	Joint Base
JIF	VA/DoD Joint Incentive Fund
JPEP	Joint Pain Education Program
LOT	Long-term Opioid Therapy
MEDCOM	Army Medical Command
MHS	Military Health System
MTF	Medical Treatment Facility
NAVMED	Navy Medicine
NCR	National Capital Region
NCCIH	National Center for Complementary and Integrative Health
NDAA	National Defense Authorization Act
NMCPHC	Navy Marine Corps Public Health Center
NMCSD	Naval Medical Center San Diego
OCONUS	Outside the Continental United States

PASTOR	Pain Assessment Screening Tool and Outcome Registry
PCMH	Patient Centered Medical Home
PCPC	Primary Care Pain Champion
PMTF	Pain Management Task Force
PMWG	Pain Management Work Group
PROMIS	NIH Patient Reported Outcome measurement Information System
REDCap	Research Electronic Data Capture
SME	Subject Matter Expert
SCMPM	Stepped Care Model of Pain Management
TJC	The Joint Commission
TSWF	Tri-Service Work Flow
USU	Uniformed Services University of the Health Sciences
VA	Department of Veterans Affairs

Appendix B: Joint Pain Education Project Curriculum

- 1.1 Understanding Pain Video
- 2.1 Modern Understanding of Pain
- 2.2 Pain Taxonomy and Physiology
- 2.3 DoD/VHA Stepped Care Model for Pain Care Recovery
- 3.1 Assessment of Pain
- 3.2 Assessment Tools
- 4.1 Acetaminophen, NSAIDs and Opioids
- 4.2 Adjuvant Medications
- 5.1 Chronic Opioid Therapy Risk Evaluation and Mitigation
- 6.1 Behavioral Management of Chronic Pain
- 6.2 Provider Communication in Chronic Pain
- 7.1 Physical Based Therapeutic approaches to pain management
- 8.1 Integrative Pain Medicine
- 9.1 Pain Medicine Specialty Care
- 10.1 Neck Pain
- 10.2 Acute Low Back Pain
- 10.3 Chronic Low Back Pain
- 11.1 Shoulder Pain
- 11.2 Hip Pain
- 11.3 Knee Pain
- 12.1 Myofascial, Connective Tissue and Fibromyalgia Pain
- 13.1 Central Neuropathic Pain
- 13.2 Peripheral Neuropathic Pain
- 14.1 Headache Pain
- 15.1 Visceral Pain
- 16.1 Psychiatric Comorbidities and Pain
- 17.1 Geriatric Pain
- 17.2 Palliative and Oncologic Pain Care
- 18.1 Women's Pain Related Issues
- 18.2 Opioids and Pregnancy
- 18.3 Female Pelvic Pain

Appendix C: Project ECHO Hubs and Spokes

Army

Region	Location	
Regional Health Command-Europe (RHC-E)	Baumholder (Germany)	
	Brussels (Belgium)	
	Grafenwoehr (Germany)	
	Hohenfels (Germany)	
	Katterbach (Germany)	
	Hub: Landstuhl (Germany)	Livorno (Italy)
		Landstuhl Regional Medical Center (LRMC)/Family Health Center (Germany)
		LRMC/Information Management Center (Germany)
		Supreme Headquarters Allied Powers Europe (SHAPE) (Belgium)
		Stuttgart (Germany)
Wiesbaden (Germany)		
Vicenza (Italy)		
Vilseck (Germany)		
Regional Health Command-Central (RHC-C)	Fort Polk (Vernon Parish, LA)	
	Fort Sill (Lawton, OK)	
	Fort Bliss (El Paso, TX)	
	Fort Carson (Colorado Springs, CO)	
	Fort Hood (Killeen, TX)	
	Hub: Joint Base (JB) San Antonio- Brooke Army Medical Center- TX	Fort Huachuca (Sierra Vista, AZ)
		Fort Leonard Wood (Ford Leonard Wood, MO)
		Fort Irwin (San Bernardino County, CA)
		Fort Leavenworth (Leavenworth, KS)
		Fort Riley (Fort Riley, KS)
White Sands Missile Range, (NM)		
Regional Health Command-Pacific (RHC-P)	Schofield Barracks Family Medicine and Troop Medical Clinic (Wahiawa, HI)	
	Adult Medicine Patient Centered Medical Home (PCMH) Tripler (Honolulu, HI)	
	Family Medicine PCMH Tripler (Honolulu, HI)	
	Warrior Ohana PCMH (Kapolei, HI)	
	Hub: Tripler Army Medical Center (HI) and Madigan	Camp Zama (Zama, Japan)
		Camp Casey (Dongducheon, South Korea)
		Camp Humphreys (South Korea)
		Camp Carroll (Waeegwan, South Korea)
		Camp Walker (Daegu, South Korea)
	Brian Allgood Army Community Hospital/ 121st Combat Support Hospital (Seoul, South Korea)	
VA Pain Clinic (Honolulu, HI)		
Madigan Army Medical Center (Lakewood, WA)		
Regional Health Command-Atlantic (RHC-A)	Fort Drum (Jefferson County, NY)	
	Fort Knox (Ft. Knox, KY)	
	Fort Meade (Ft. Meade, MD)	
	West Point (West Point, NY)	
	Fort Gordon (Fort Gordon, GA)	
	Hub: Ft. Bragg (NC) and Ft. Gordon (GA)	Fort Benning (Ft. Benning, GA)
		Fort Campbell (Ft. Campbell, KY)
		Fort Jackson (Ft. Jackson, SC)
		Fort Stewart (Ft. Stewart, GA)
		Redstone Arsenal (Madison County, AL)
Joint Base Langley- Eustis (JB Langley-Eustis, VA)		
Fort Lee (Ft. Lee, VA)		

Navy

Region	Location
Navy Medicine East (NME)	Naval Medical Center (NMC) Portsmouth (NMC Portsmouth, VA) Behavioral Health Clinic (BHC) Boone (Columbia, MO)
Hub: Naval Medical Center (NMC) Portsmouth	BHC Norfolk (Norfolk, VA) BHC Northwest (Spokane, WA) BHC Oceana (Portsmouth, VA) TriCare Prime Clinic (TPC) Chesapeake (Chesapeake, VA) TPC Virginia Beach (Virginia Beach, VA) 633rd Medical Group-Langley (Langley, VA) Naval Hospital (NH) Jacksonville (Jacksonville, FL) Naval Air Station Jacksonville (Jacksonville, FL) Naval Health Clinic Pax River (Patuxent River, MD) BHC Naval Health Clinic New England (NHCNE) (Portsmouth, NH) NH Camp LeJeune* (Jacksonville, NC)
Navy Medicine West (NMW)	NH Yuma (Yuma, AZ) Naval Medical Center San Diego Naval Training Center (San Diego, CA)
Hub: NMC San Diego	NH Lemoore (Lemoore, CA) NH Twenty-nine Palms NH Camp Pendleton (Camp Pendleton, CA) NH Bremerton (Kitsap County, WA) Naval Air Facility El Centro (El Centro, CA) Naval Air Station North Island; Navy Health Clinic Coronado (San Diego, CA)