UNDER SECRETARY OF DEFENSE
4000 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

The Honorable James M. Inhofe
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

NOV 2 4 2020

Dear Mr. Chairman:

The Department's response to section 711 of the National Defense Authorization Act for Fiscal Year (FY) 2010 (Public Law 111-84) is enclosed.

Thank you for your continued strong support for our Service members. I am sending an identical letter to the House Committee on Armed Services.

Sincerely,

//SIGNED//

Matthew P. Donovan

Enclosure:
As stated

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

NOV 2 4 2020

The Honorable Jack Reed
Ranking Member
Committee on Armed Services
United States Senate
Washington, DC 20510

Dear Senator Reed:

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NOV 24 2020

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

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WASHINGTON, D.C. 20301-4000

PERSONNEL AND
READINESS

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

NOV 2 4 2020

Dear Representative Thornberry:

The Department's response to section 711 of the National Defense Authorization Act for Fiscal Year (FY) 2010 (Public Law 111-84) is enclosed.

Thank you for your continued strong support for our Service members. I am sending an identical letter to the Senate Committee on Armed Services.

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Matthew P. Donovan

Enclosure:
As stated

Report to Congress

The Implementation of a Comprehensive Policy on Pain Management by the Military Health Care System for Fiscal Year 2020

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 $16,000.00 for the 2020 Fiscal Year. This includes $0.00 in expenses and $16,000.00 in DoD labor.
Generated on 2020 Sep 09 Ref ID: 2-4D9333F

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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). Section 711 requires the Secretary of Defense to submit an annual assessment of Military Health System (MHS) pain management to the Congressional Armed Services Committees through 2018 (see Appendix A). This requirement was extended to 2021 by section 1061 of NDAA for FY 2017 Public Law 114-328). 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) health care personnel, education provided to beneficiaries, and dissemination of information on pain management to our beneficiaries.

During FY 2020, the MHS continued to mature the pain management capabilities and resources for our beneficiaries and health care workforce. Improved coordination and collaboration across the Services, the Defense Health Agency (DHA), and the Uniformed Services University of the Health Sciences (USUHS) have resulted in several advances in pain management policy, clinical care, and fielding of innovative education, training products, and clinical tools.

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

- Focusing efforts for pain management improvements and initiatives on meeting clinical and educational needs of Primary Care providers and patients;
- MHS implementation of the Stepped Care Model of Pain Management 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 Department of Veterans Affairs (VA)/DoD Health Executive Committee (HEC) Work Groups and other work groups;
- Increasing pain telehealth integration in the MHS Primary Care by both Direct Care visits and provider webinar case-based education;
- Continued Primary Care pain skills training offered annually by the National Capital Region (NCR) Pain Care Initiative;
- Continued specialty care training offered annually by the NCR Pain Care Initiative;
- Continued integration of specialty care pain services in Primary Care and increasing access to specialized pain care in the NCR and the Military Departments;
- Expansion of pilot in-home telehealth visits to transitioning and rural Service Members and beneficiaries;
- 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 Program (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 pain management competencies of the combined Federal clinical workforce;
- Participation in research efforts offered by DoD, VA, and NIH to examine non-pharmacological treatments to complex pain syndromes experienced by military populations; and
- Participation in the U.S. Department of Health and Human Services (HHS) Pain Management Best Practices Inter-Agency Task Force.

Exemplary management of pain in the MHS continues to align with drivers such as the October 2017 "Presidential Memorandum for the Heads of Executive Departments and Agencies," the October 2015 Presidential Memorandum, "Addressing Prescription Drug Abuse and Heroin Use," the National Pain Strategy, and the U.S. 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 well and provide an example for the nation.

INTRODUCTION

The MHS has been addressing the national challenges of pain management and prescription medications since the August 2009 Pain Management Task Force and ongoing implementation of a comprehensive pain management policy to improve pain management care and services within DoD. The continued progress and improvement of the MHS pain strategy have been supported by efforts of the MHS Pain Management Clinical Support Service (PMCSS), with membership from the Military Departments, DHA, and USUHS, in collaboration with VA/DoD HEC Pain Management Working Group, which includes subject matter experts (SMEs) from VA and the MHS. Cross-Department collaboration has been critical to many MHS accomplishments and advances in pain management, to include:

- 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.

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 the MHS and did not require updating during this reporting period. This policy outlines requirements for appropriate assessment, treatment, and management of pain at every medical encounter in patients seeking care at military medical treatment facilities (MTFs), as well as pain research. 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. 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.

Defense Health Agency-Procedural Instruction (DHA-PI), "Pain Management and Opioid Safety in the MHS," published June 8, 2018, establishes DHA's procedures to:

- Establish the MHS Stepped Care Model as the comprehensive standardized pain management model for MHS to provide consistent, quality, and safe care for patients experiencing pain, with an emphasis on non-pharmacological treatments;
- Educate patients in effective self-management of pain and injury rehabilitation;
- Educate clinicians regarding effective pain management and optimal opioid safety consistent with VA/DoD and CDC CPGs;
- Provide tools, including those through MHS GENESIS® and legacy electronic health records, to assist clinicians in evidence-based and patient-centered pain management; and
- Conduct pain research to continuously improve the MHS approach to pain management.

In FY 2020, DHA published the DHA-PI 6025.33, "Acupuncture Practice in Military Medical Treatment Facilities" that:

- Provided guidance to standardize expansion and utilization of acupuncture as a non-pharmacologic therapy for acute and chronic pain;
- Established instructions for implementing tiered acupuncture training, privileging, and documentation; and was
- Developed and aligned with Veterans Health Administration subject matter experts and policies.

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 are accredited by either The Joint Commission (TJC) or another accrediting agency. By virtue of their accreditation, all MTFs have demonstrated successful adherence to the accrediting agency's pain management standards. While meeting TJC pain management standards is a significant accomplishment, the MHS has continued efforts to improve its pain assessment tools and capabilities to be the industry leader in pain management.

In FY 2019, the Army published Fragmentation Order 1 to Operational Order 19-09, "Army Comprehensive Pain Management Program," to advance pain management through alignment with DHA-PI 6025.04, "Pain Management and Opioid Safety in the MHS." Changes were made in training and tracking Primary Care Pain Champions; implementing standardized informed consent for opioid therapy; increased efficiencies in staffing; tailoring Medical Group Management Association encounter standards to improve assessment of productivity; expansion of opioid tools in CarePoint.

The Air Force continues to work in coordination with DHA, Army, Navy and VA on pain management policy and implementation through multiple working groups including clinical communities and DoD/VA. The Air Force Surgeon General Pain Management Consultant is a

comprehensively trained pain management clinician who supports senior leaders in policy review and clinical operations.

The following Air Force MTFs have pain clinics: Eglin, Wright-Patterson, Travis, Joint Base Elmendorf-Richardson (JBER), Lakenheath, Nellis, and Joint Base Andrews. Pain Clinics have a broader range of pain management trained personnel that provide more patient access to non-pharmacologic modalities, including acupuncture.

In determining the effectiveness of policies for improving pain care, the Air Force uses pain management assessment tools using a numerical pain scale, Defense and Veterans Pain Rating Scale, and PASTOR. The Functional Restoration Program exercise protocol at Eglin, several outcomes measures and scales are used, Informal patient surveys and feedback across Air Force pain clinics have been positive.

In 2018, the Air Force opened its first dedicated facility for traumatic brain injury, post-traumatic stress (PTS), and pain at Eglin Air Force Base. In 2020, this Invisible Wounds Center became fully operational with 37 medical and mental health providers within a multi-disciplinary care team. Their integrative and holistic care combines evidence-based practices in interventional pain care, acupuncture, Battlefield Acupuncture (BFA), yoga, art therapy, music therapy, occupational therapy/physical therapy/speech/vestibular therapies, neurology, mental health, and case management. As a new addition to the existing Intrepid Spirit Centers across the country, it is funded by the Intrepid Fallen Heroes Fund.

The Navy Comprehensive Pain Management Program (NCPMP) continued providing comprehensive Long-term Opioid Therapy (LOT) Patient Lists to all 27 Navy MTFs, as well as tracking LOT policy compliance through quarterly chart reviews. These chart reviews focused on measuring Command compliance with the VA/DoD 2017 CPGs for LOT Therapy and that were included in the Bureau of Medicine and Surgery (BUMED) Instruction 6320.101, "LOT Safety Program." Long-term Opioid Therapy Safety (LOTS) Committee Chairs from each Command participated in quarterly Town Halls and Steering Committees to establish and drive standardized and consistent interpretations of the CPGs and share strategies for compliance. To better align with the transition of beneficiary care from the Services to DHA, the NCPMP focused its efforts on only Active Duty Service Member (ADSM) LOT patients, requiring 100 percent of (ADSM LOT patient charts to be reviewed as of FY20 Q1. In summer 2020, Navy will transition the LOT work group to "Opioid Compliance Group" as it tailors the focus on pain management and prescribing in the operational settings.

Due to coronavirus disease 2019 (COVID-19) imposing limitations on hospitals and clinics, many providers were not be able to comply with LOTS policies for FY 2020 Quarter Two and beyond. Recognizing this, the NCPMP collaborated with pain providers across the Navy Enterprise to develop a formalized LOTS Contingency Guide. This guide provided comprehensive recommendations for how to maintain LOTS compliance via virtual encounters. LOTS compliance has been and will continue to be measured against these updated guidelines while COVID-19 restrictions remain in place.

Performance Measures Used to Determine Effectiveness

Pain Assessment Screening Tool and Outcomes Registry (PASTOR)

In FY 2020, the DHA Solutions Delivery Division, Program Management Office (PMO), in coordination with DHA, Defense and Veterans Center for Integrative Pain Management (DVCIPM) and Military Department Pain Offices transitioned PASTOR capabilities from the Army Analytics Group Wounded Ill and Injured Registry platform to the MHS Information Platform. The transition was successfully completed by May 31, 2020, with movement to the new AWS Gov Cloud environment on June 7, 2020. PMO is in the process of enabling PASTOR at MHS Pain Clinics with support from the functional communities.

A total of 10 initial sites were trained on using PASTOR with the new DHA Survey Tool. In a short period of time (< three months), almost 250 providers and over 1,100 patients used PASTOR on the new platform. Current efforts are targeting the scale-up implementation process, including facilitating new-user trainings, providing resource materials, and monitoring utilization. PASTOR is now in active use at 12 sites, with a total enrollment of over 17,000 patients.

Military Orthopedics Tracking Injuries and Outcomes Network (MOTION)

MOTION started in 2016 as a musculoskeletal research initiative to prospectively gain consent to use patient survey data and link detailed surgical reporting with patient outcomes. MOTION has evolved into an enterprise patient outcomes and data collection solution for all MHS musculoskeletal communities. While the musculoskeletal communities focus on the restoration of patient functional movement and return to active and productive lives, pain management is key component in the achievement of this goal.

The MOTION program's primary intent is to continuously improve the ability of the MHS to preserve the fighting force and restore patient function through: 1) risk factor screening and mitigation; 2) patient engagement through sharing of patient reported data to improve patient understanding of their condition and the impact of lifestyle choices, shared decision making and therapeutic alliance; 3) improved prognostication to inform potential of service members to return to duty in regulatory timeframe; 4) evidenced-based surgical and rehabilitation approaches; 5) the display of performance and effectiveness dashboards; and 6) the establishment of an enterprise musculoskeletal quality program that promulgates leading practices and provides support to individuals and organizations with less optimal outcomes in return to function and pain management.

MOTION and PASTOR clinics collect PROMIS (physical function and pain interference) and Defense and Veterans Pain Rating Scale outcomes to enable longitudinal assessment of patients as the move between primary, secondary to tertiary care (Appendix B). As of June 2020 patients have completed over 105,000 MOTION surveys.

High-Risk Opioid Patient Metrics

The MHS continuously monitors high-risk opioid prescribing therapy through the PMCSS

function. These high-risk categories include the number (frequency) of TRICARE beneficiaries prescribed an average morphine equivalent daily dose (MEDD) of greater than 50mg, the number of TRICARE beneficiaries co-prescribed an opioid and a benzodiazepine prescription, the number of TRICARE beneficiaries on LOT, and those patients in any high-risk group who had also been prescribed the emergency overdose reversal agent naloxone.

Trends in all of the high-risk groups have been decreasing since 2017. The number of patients who have been prescribed dosages greater than 50mg MEDD has declined 37.6 percent from 145,847 patients in April 2017 to 91,000 patients in June 2020. [Figure 1] Also, the number of patients co-prescribed benzodiazepines and opioids have declined 45.6 percent from 79,164 patients in 2017 to 42,988 patients in 2020. Finally, the number of patients meeting LOT criteria decreased 10.7 percent from 193,404 patients in 2017 to 172,731 patients in 2020. The use of the overdose reversal agent has subsequently climbed from 1.5 percent of high-risk patients in 2017 to 9.6 percent in 2020.

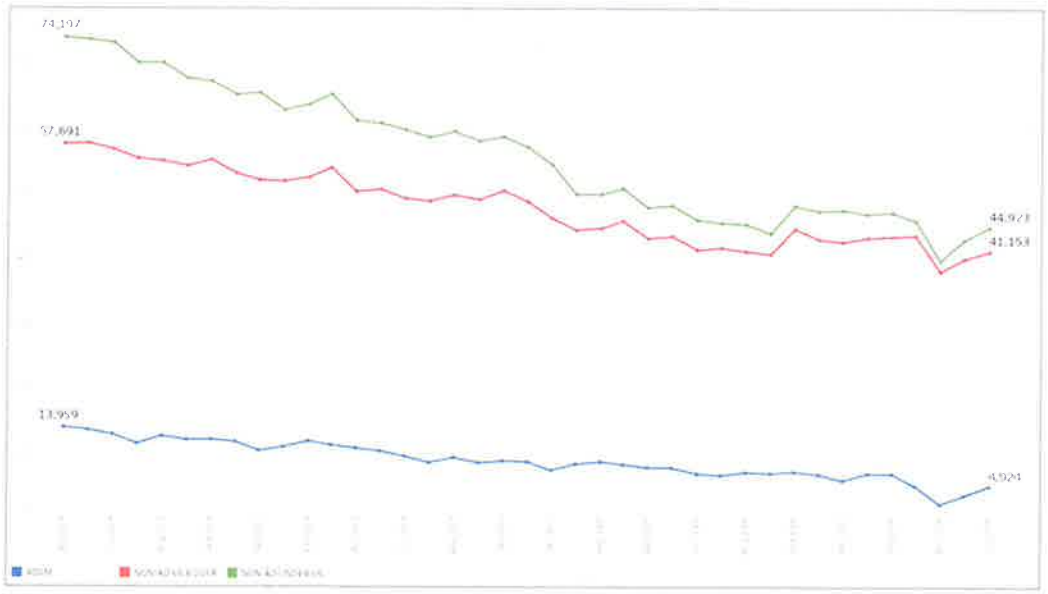

Figure 1. Frequency of Population Prescribed ≥ 50mg Morphine Equivalent Daily Dosage

Pain Management Services

Within the MHS, early identification and intervention occurs in Patient-Centered Medical Homes (PCMHs) with a team of full-time integrated behavioral health consultants and Primary Care Pain Champions (PCPCs). These consultants 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 the programs, guidelines, and tools that support effective pain management in the MHS.

Comprehensive Pain Management Programs

In conjunction with MHS expansion of the PCMH model, the Army, Navy, Air Force, and NCR pain programs, along with DVCIPM, continue to focus significant effort on providing necessary clinical, education, and training support for pain management in Primary Care. PCMH and specialty care designated representatives participate in the PMCSS to facilitate synchronization across pain specialty and Primary Care lines of effort.

Department of the Army

The Army CPMP maintains its strategically located Interdisciplinary Pain Management Center (IPMC) facilitating improved pain care throughout the care continuum and providing tertiary pain care to Army's beneficiaries at the MTFs. The IPMCs serve as SMEs to Primary Care providers in the Army Medical Homes. These centers provide Complementary and Integrative Medicine (CIM) therapies, such as behavioral health treatments, physical therapy, yoga, medical massage, in addition to pharmacological management by clinical pharmacists. Chiropractic care and acupuncture are limited to ADSM, but at some locations, CIM treatment modalities are available to non-Active Duty beneficiaries on a space-available basis. During FY 2019, the IPMCs provided over 224,500 pain encounters.

The Army CPMP continues to address requirements in response to AFAP Issue #697 and #698, "Active Duty Soldier TRICARE Alternative Medical Services" in regards to a rule change to provide TRICARE benefit for Acupuncture and Chiropractor services not available at a given MTF. Currently, the Small Business Association and DHA have requested further cost analysis before publishing the proposed rule change in the Register for public comment.

Several opioid safety tools have been developed and refined across the MHS for use by providers, pharmacists, MTF and market leads; these include Metric Dashboards, an Opioid Prescriber Trend Report, the Prescription Drug Monitoring Program (PDMP), the Opioid Registry and the Patient Look-Up Tool. The Opioid Education and Naloxone Distribution program provides education to providers and pharmacists to ensure that the MHS is dispensing naloxone to beneficiaries identified to be at high-risk for opioid related complications.

The Army CPMP continues supporting implementation of Executive Order 224.17, "Opioid Profiling Standardization," which directs medical providers to use e-profile when prescribing opioids to communicate with commanders. This allows for transfer of vital duty-related information enhancing overall focus on improved medical care and readiness.

Department of the Air Force

The Air Force has six Interventional Pain Medicine Clinics (IPMCs) at JBER, Travis, Nellis, Wright Patterson, Eglin, and Lakenheath with additional Air Force pain staff at San Antonio Military Medical Center. Additionally, the Acupuncture and Integrative Medicine (AIM) Center at Joint Base Andrews is dedicated to non-pharmacologic pain management clinical care, training and research. Air Force IPMC Pain Clinics have between one and three board certified pain medicine physicians, primarily ADSM, with some civilians. In addition, pain management physician(s) at

JBER work in joint partnership and at Nellis in coordination with the VA. The IPMCs offer interdisciplinary pain medicine using a combination of interventional procedures, behavioral health, physical therapy, movement, and acupuncture with a de-emphasis on opioid medications. At the other 70 Air Force clinics, mostly non-hospital facilities, capabilities are dependent on the training of available staff at the individual clinics and local hospital policies.

The Air Force offers beneficiaries a wide array of multimodal pain care ranging from invasive therapies at IMPCs and overall an emphasis on non-opioid/non-pharmacologic modalities. The combination of these services maximizes patient beneficial outcomes with coordination of care with: 1) interventional therapies with epidural injections, radiofrequency ablation for treatment of spine-related and joint-related pain, spinal cord neuromodulation, vertebral augmentation, platelet rich plasma injections, trigger point injections, sympathetic ganglion nerve blocks and advanced diagnostic procedures, as well as intravenous ketamine infusion for treatment of complex regional pain, central pain, depression, post-traumatic stress disorder (PTSD) and opioid-related disorders; and 2) integrative healthcare non-pharmacological services including full-body acupuncture, (BFA), osteopathic manipulation, bio-physics devices, dry needling, and behavioral health therapy. At some MTFs, pain management care in the IMPC is restricted to ADSM personnel due to staffing limitations.

JBER recently integrated VA providers and support staff into its IPMC, thereby creating the first Air Force joint-venture IPMC in partnership with the VA. This includes coordination to expand integrative healthcare services. Joint Base Andrews Acupuncture and Integrative Medicine (AIM) Center is a flagship asset leading acupuncture training, research and clinical care. BFA is a rapid pain relief ear-only acupuncture technique. There is a 2020 initiative to train Air Force nurses and medical technicians to use BFA for readiness and expeditionary medicine. BFA training to privileged providers has been provided over the past 18 years including treatment and training in deployed environments. Past case studies in deployed settings have shown acupuncture and BFA reduce opioid and quicken return to duty (Iraq and Kuwait). The Travis Pain Program is a mandatory pain medicine rotation for all physician interns and family medicine residents. Nellis Family Medicine residency embeds a 300-hour acupuncture "Think Acupuncture First" training in its final year due to funding.

Department of the Navy

The NCPMP was initiated in 2011 to improve the capability and capacity of the Navy's pain management resources as well as foster healing in those suffering from complex acute, high-risk acute, and chronic pain in a multimodal and coordinated fashion. The NCPMP seeks to achieve full force readiness by translating strategic insights into solutions that enable providers and Service Members to prevent and manage pain and ensures the readiness, health, and performance of Sailors and Marines through the elimination of deployment-limiting pain conditions. The program was designed to align with Section 711 of the NDAA for FY 2010, the 2011 Assistant Secretary of Defense for Health Affairs (ASD(HA)) memorandum directive, and Navy Medicine's strategic goals and objectives. A key component of the NCPMP's work is the engagement of SMEs on a variety of key topics, such as LOTS prevention in order to prevent acute pain from becoming chronic, which supports DHA-PI 6025.04 (Pain Management and Opioid Safety in the MHS), and CIM. The NCPMP continues standardizing pain management through engagement and collaboration with the VA, DHA, Army, and Air Force. NCPMP addresses emerging, timely

issues, and promotes awareness and understanding through on-going communications and leveraging of subject matter experts.

- An updated version of the BUMED Instruction will be formally released once the requested revisions and additions are reviewed and included.

National Capital Region

The NCR continues to integrate pain services with telehealth modalities in primary care with personnel in Warrior Clinics at Walter Reed National Military Medical Center, Fort Belvoir Community Hospital, Kimbrough Ambulatory Care Center, Naval Health Clinic Quantico, DiLorenzo TRICARE® Health Clinic, Naval Health Clinic Annapolis, Naval Health Clinic Patuxent River, Naval Hospital Pensacola, and Malcolm Grow Medical Center. By embedding pain assets, TRICARE® beneficiaries have the advantage of receiving specialty care in PCMH, and Primary Care teams can co-manage and learn from pain specialists. The innovative programs of the NCR Pain Care Initiative continue to serve as a model for pain care to improve quality, efficiency, and access to pain care services with telehealth capabilities.

Furthermore, the NCR pain telehealth program continues to expand pain services, sites, and number of encounters in MHS with a team including one pain physician, two pain Physician Assistants, two pain psychologists, one tele-pain Registered Nurse, one licensed social worker, one integrative medicine physician, as well as an integrative medicine nurse and support staff to the pain telehealth team. The NCR continues to expand an in-home tele-pain service to assist with transitioning Service Members.

Stepped Care Model for Pain

DHA-PI 6025.04, Pain Management and Opioid Safety in the MHS outlines the requirement for implementation of the MHS Stepped Care Model for pain (SCM-P). Over the course of 2019-2021, PCMHs will implement a SCM-P clinical pathway that aims to standardize workflow processes and incorporate evidence-based pain management strategies. Specific clinical pathway objectives include:

- Begin the assessment of pain using the Defense and Veterans Pain Rating Scale.
- Complete a biopsychosocial assessment to identify factors contributing to the pain experience and understand patient values and circumstances.
- Provide pain education and collaboratively establish treatment goals.
- Create an evidence-based, comprehensive treatment plan to effectively treat acute and chronic pain; promote non-pharmacologic treatment; and prevent acute pain from becoming chronic.
- Support patient's self-management and behavior changes.
- Minimize use of opioids; assess and minimize risk when used.

A specific example of how this SCM-P pathway implementation supports the objectives above is that all behavioral health consultants in primary care clinics have been trained to provide brief cognitive behavioral therapy for acute and chronic pain, ensuring that evidence-based non-pharmacologic treatments for pain and support for patient's self-management and behavior changes are available in DoD PCMH.

Complementary and Integrative Medicine

DoD participates in NIH's National Center for Complementary and Integrative Health (NCCIH) National Advisory Council. In December 2016, NCCIH announced the NIH-DoD-VA Pain Management Collaboratory Program (AT17-001 and AT17-2) that will coordinate support for a portfolio of multi-year, multi-site complementary and integrative health research projects in DoD and VA to:

- 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;
- Work collaboratively with and provide technical, design, and other support to demonstration project teams, to develop and implement a pragmatic trial protocol; and
- Disseminate widely collaboratory-endorsed policies, best practices, and lessons learned in the demonstration projects for implementing research within health care settings.

The NCPMP has continued its efforts to support the integration of auricular acupuncture - a highly effective, safe and low-risk alternative to opioids - into the Navy's approach to pain medicine. Major accomplishments in the further development and expansion of this program include:

- Integrating the Navy's Relias Health Auricular Acupuncture Course into the Cadre of Speakers Training program.
- Leveraging the CIM Working Group to develop course guides and materials which promote the standardization and improvement of the course.
- Uploading course materials to SharePoint, resulting in a more accessible and centralized repository for course facilitators and students to share best practices and lessons learned.

The NCPMP is also working with the CIM Working Group to identify more efficient and accurate tracking mechanisms to provide a clearer depiction of the number of Navy providers that are trained and credentialed in Auricular Acupuncture.

Prescription Drug Monitoring Program

The MHS Prescription Drug Monitoring Program (MHS PDMP) is a web-based search tool that allows MTF controlled substance prescription information to be shared with other state/territory PDMPs. The Pharmacy Benefit Manager functions as the administrator, to include but not limited to, data collection/submission/storage, data integrity, data analysis and user registration.

Background: The FY 2019 NDAA, Section 715 established the MHS PDMP, designed to be comparable to state PDMPs. On December 20, 2018, the first batch of MTF controlled substance claims were made available within the MHS PDMP. On January 11, 2019, a Memorandum of Understanding was executed with the National Association of Boards of Pharmacy to utilize their Prescription Monitoring Program Interconnect system, allowing MHS PDMP data to be shared with other participating states and territories. As of July 15, 2020, the MHS PDMP is bi-

directionally sharing information with 38 states/territories. Of the remaining PDMPs, two states are receiving MHS PDMP data, and 13 states are not receiving MHS PDMP data nor sharing their own, for various reasons. As of July 31, 2020 the MHS PDMP has 631 unique users.

Military Health System Opioid Registry

The CarePoint MHS Opioid Registry is a collaborative, multi-disciplinary intervention developed by DHA Enterprise Intelligence and Data Solutions, DHA Pharmacy Operations Division, and NCR, to support providers, staff, and decision-makers in improving safety and quality of care of patients on prescribed opioids. The MHS opioid registry provides clinicians with the capability 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 DoD to VA. Collaboration with subject matter experts have resulted in the development of additional decision support tools and enhancements within the MHS Opioid Registry:

- Risk Scores – Automatic calculation and incorporation of the Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) to estimate a patient's risk of overdosing in the following 6 months.
- Patient Lookup Tool – Enhances clinical pharmacy professionals, physicians, and other authorized providers the ability to proactively monitor and manage patients at point of care. Upon scanning of a patient's military ID card, a subset of the opioid registry (e.g. MEDD over time, RIOSORD score, probability of opioid induce respiratory depression, and whether the patient should be prescribed Naloxone based on known comorbidities and factors) is displayed.
- The Opioid Prescriber Trend Report – Provides insights regarding opioid prescriptions that can be aggregated at the Market, MTF, Clinic, and Provider level to facilitate early identification of outliers and trends through comparison to an average MTF clinic.
- DoD/VA collaboration is ongoing in expanding the use of interagency clinical decision support tools to impact transition of care activities for pain, social work, and pharmacy communities.

Opioid Use Disorder in Active Duty Service Members

The prevalence of opioid use disorder in Service members less than 0.10 percent, compared to the general population of 9-12 percent. (SAMHA, 2016) Thirty-eight ADSMs who died in 2019, had opioids present during the time of death. DoD's opioid safety strategy acknowledges the critical role that quality pain management plays in addressing one of the major root causes of the national opioid epidemic. To combat opioid overuse, misuse, and diversion DoD is addressing the problem at all touch points through implementation of improved pain management strategies.

Patients' Perception of Adequacy of Pain Management Services

Congress has requested that an assessment of the adequacy of DoD 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 continues to track patient satisfaction utilizing the Joint Outpatient Experience Survey (JOES) program. JOES is a single survey for all MTFs across the DoD that combines and standardizes long-standing methods used by Army, Navy, Air Force, and NCR to learn about beneficiary healthcare. As of May 2020, results include:

- Access to Pain Care:
  - 93.3 percent of 443,118 respondents stated that their care was received in-person.
  - 94.7 percent of 396,829 respondents stated that their needs were addressed within 30 minutes of their appointment.
- Facility:
  - 90.2 percent of 445,432 respondents stated they were satisfied with their healthcare facility.
  - 85.5 percent of 444,054 respondents stated they were likely to recommend the facility.
- Patient:
  - 87.0 percent of 437,548 respondents felt that they make healthy choices.
  - 87.0 percent of 437,043 respondents state that they feel they have influence over their own health.
- Provider:
  - 90.5 percent of 436,616 respondents stated they were satisfied with their provider.
  - 93.7 percent of 438,118 respondents stated their provider was courteous and respectful.

The Centers for Medicare & Medicaid Services (CMS) announced that it will remove the three recently revised Communication about Pain questions from the Hospital Consumer Assessment of Healthcare Providers and Systems patient experience survey starting with October 2019 discharges (FY 2021 payment determination).

CMS announced a proposal to remove the questions this past August, in response to recommendations from the President's Commission on Combating Drug Addiction and the Opioid Crisis. At that time, CMS planned to eliminate the questions starting with Jan. 1, 2022 discharges (FY 2024 payment determination).

Pain Management Research

In FY 2020, DVCIPM had 34 ongoing research protocols and performance improvement projects, and over a dozen manuscripts. The areas of research broadly encompassed cellular mechanisms of pain chronification to big-data analyses of pain management pathways in the MHS. An overview of select studies is provided below:

- Two studies, in collaboration with Brandeis University, are examining pain therapy, opioid, and polypharmacy treatment pathways of Service members after deployment.
- Two big-data studies, in collaboration with DHA partners and Johns Hopkins University Applied Physics Laboratory, examine analgesia perioperative and chronic pain treatment pathways, the latter of which is being examined through a health equity

framework.

- Several studies are examining co-morbid pain conditions (e.g., chronic female pelvic pain, systemic pain conditions, gastrointestinal conditions, etc.), their treatment pathways, and health outcomes.
- Some studies are comparing treatments, such as tramadol versus opioids.
- Two studies target implementation and evaluation of patient and provider pain education results from the patient-focused study indicate pain education can be successfully delivered in Primary Care and Pain Clinic waiting rooms using a smartphone or tablet which, in turn, increases patient interest in non-pharmacological pain management strategies. The results of the provider education study, a multi-site study in the NCR, will be ready in FY 2021.
- Two studies, one funded via a National Heart, Lung and Blood Institute/DoD grant and the other through congressionally directed medical research programs, are examining biomarkers of pain and sleep dysregulation, as well as biomarkers of chronic pain resolution.
- Three studies target naloxone prescribing. In two quality improvement projects, DVCIPM worked with J9's Knowledge Translation Team to develop and implement Phase 1 (Madigan Army Medical Center (MAMC)) and Phase 2 (Navy and Army Pain and Polypharmacy Extension for Community Healthcare Outcomes (ECHO®s)) the Opioid Overdose Education and Naloxone Distribution (OEND) Program. The development of this program, rooted in implementation science and based on the VA's successful OEND program, was well received by Phase 1 and 2 sites. A third study is examining longitudinal trends in naloxone prescribing across the MHS. This information has also been used to support leadership across the MTFs and at DHA.
- Two studies, which have resulted in several manuscripts, examine longitudinal biopsychosocial trajectories after common surgeries. These manuscripts illustrate the utility of PASTOR, as well as the unique, dynamic, and variegated experiences of patients through their rehabilitation process. The results of these studies provide credence to chronic pain prevention efforts in the postsurgical period.
- Lastly, one DoD-funded study examined the workforce readiness of anesthesiologists to perform combat-relevant pain management techniques (e.g., regional anesthesia).

MAMC completed one and is actively engaged in three other Institutional Review Board (IRB) approved collaborative research protocols through a Cooperative Research and Development Agreement with the University of Washington (UW) and data sharing agreements with DHA Solution Delivery Division (SDD) and Army OTSG.

- Madigan partnered with UW on an NIH-funded study to determine the value of the ECHO® model on patient reported PASTOR outcomes, provider knowledge, and opioid prescribing trends. Providers who actively participated in ECHO® were significantly more likely to discontinue prescribing long-term opioids for their patients when compared with a control group of providers. In addition, active ECHO® participants were observed to have a significantly greater reduction in opioid doses prescribed for their patients who remained on long-term opioids, compared to providers with lower levels of ECHO® participation. Study results were accepted for poster presentation at the 2019 Military Health System Research Symposium (MHSRS), and published in the February 2020 issue of Pain Medicine.
- Madigan was one of the original three PASTOR beta test sites. PASTOR has been in

continuous use at Madigan since 2014, and PASTOR assessment has been completed by more than 4,000 Madigan patients. To support secondary analysis of this large data set, data sharing agreements were established by MAMC and UW researchers with Army OTSG and the DHA SDD. PASTOR data will be merged with data on clinical encounters, pharmacy and military medical readiness to identify correlates between PASTOR outcomes and various pain therapies, demographic factors, and functional duty limitations that may lead to military retirement. The goal of this analysis is to identify pain therapies that are associated with improved patient outcomes and military retention. Preliminary data analysis was accepted for presentation at the 2019 MHSRS, and data analysis is expected to be completed by the end of 2020.

- The "Integrative Modalities Plus Psychological, Physical, and Occupational Therapies" clinical trial, a $1 million four-year clinical trial funded in 2015 by Defense Medical Research and Development Program (DMRDP) was designed to determine if an interdisciplinary program of complementary and integrative pain therapies improves outcomes when added to a functional restoration program. The study design was described in the 2019 volume 19 of Contemporary Clinical Trials Communications. A poster presentation of preliminary results was presented at the 2019 MHSRS, and final data analysis is projected by the end of 2020.
- The "Complementary, Integrative and Standard Rehabilitative Pain Therapies" study will begin recruitment upon IRB approval of the study protocol and is funded with a $2.5 million four-year DMRDP grant with the objective of determining the optimal treatment duration and sequence of standard and complementary and integrative pain therapies. In addition, the study will include analysis of selected biologic specimens in an effort to identify biological markers associated with positive response to various pain therapies. The study design was described in the 2018 volume 73 of Contemporary Clinical Trials. The study is projected for completion in 2023.

Training and Education of Health Care Personnel

Primary Care Pain Champion Training

The Primary Care Pain Champion (PCPC) is a clinician selected by their MTF to receive 15 hours of specialized training on the Stepped Care Model for Pain clinical pathway implementation. The training prepares the PCPC to lead implementation of SCM-P in their clinics, and provide training to their PCMH team members. 270 of 291 PCPCs (92.7 percent) completed training between March 2019 and March 2020. PCPC training is scheduled to resume in August 2020.

Project Extension for Community Healthcare Outcomes (ECHO®)

DoD continued 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. Project ECHO® uses secure, audio-visual networks to connect pain medicine specialists (hubs) with remote Primary Care providers (spokes) to increase providers' pain management competencies.

The Army began utilizing Project ECHO® telementoring to address pain management in 2013 and currently hosts Project ECHO® pain clinics with five regional hubs and 72 spokes to deliver the

JPEP curriculum. The Army Project ECHO® hubs are located at Brooke, Madigan, Tripler and Womack Army Medical Centers and Landstuhl Regional Medical Center, and provide weekly didactic and clinical education to PCPCs and treatment teams. During FY 2019, over 621 medical personnel participated in Project ECHO® from 72 different MTFs, which includes civilian and VA partners as spokes.

The NCPMP completed the Cadre of Speaker's program expansion in 2019, bringing the total number of Navy providers trained to over 900. The training, which traveled to seven CONUS command and one OCONUS, covered important pain management topics, including: Pain and Bio-Psycho-Social, Urine Drug Screening, and Long-term Opioid Therapy. Additionally, three of the eight sites participated in a piloted auricular acupuncture training, as well as in a Project ECHO case presentation. Due to COVID-19, the NCPMP transitioned some Cadre of Speakers topics into a webinar format in order to continue provision of training on pain management topics to Navy clinicians. These topics will be delivered every second month in webinar format during COVID-19 restrictions and social distancing limits.

The following Air Force training and education is provided to improve patient outcomes, reduce opioid use, utilize non-pharma methodologies and improve patient satisfaction. Air Force physicians have the opportunity to apply for a scholarship to attend a 300-hour certification course in medical acupuncture. For the past several years, Air Force has provided 16-23 medical acupuncture scholarships per year to active duty physicians. Annually, 40 percent of the approximately 30 Family Medicine residents at Nellis completed the medical acupuncture course to become certified medical acupuncturists by graduation. The Air Force Family Medicine Residency programs at Travis, Offutt, Eglin, Nellis, and Scott have all incorporated BFA into their course curricula ensuring the majority of the residents graduate with this important skill, which can be used at their next duty station and while deployed.

The Air Force also participates in Pain Skills both for Interventional Pain Physicians and Primary Care provided by the National Capital Region Pain Initiative at Walter Reed; Tele-education Project Extension for Community Healthcare Outcomes (ECHO®) led by Army as there is no similar program in the Air Force; DHA pain management training for Primary Care Pain Champions; Air Force acupuncture training for BFA, medical acupuncture for physicians, and an advanced acupuncture course provided by the AIM Center.

At Eglin, IRB processes for research are underway for Functional Restoration Program, Endoscopic Spine Procedures, and Stellate Ganglion Blocks. AIM Center IRBs are moving forward with rapid acupuncture for PTSD, and macular eye acupuncture to benefit pilots and crew members on Air Force missions, the Space Force program and with interest from National Aeronautics and Space Administration .

At Nellis, a research project for acute and chronic pain using non-opioid pain management protocols is completing its first year. Using a FDA-cleared device, microcurrent technology uses frequency pairs at micro-ampere levels to focus on specific pathology (e.g., inflammation) in a specific tissue (e.g., spinal cord). Dramatic decreases in patient pain and increased functionality have been achieved with microcurrent training to clinicians.

The NCR continues to host the Annual Pain Skills Training which provided a three day hands on

training event in August 2019 where over 200 members of Primary Care and specialty teams joined to learn and gain skills in non-opioid pain management. The NCR hosted the Annual substance Use Disorder Symposium in September 2019 that provided a one day update on the diagnosis and treatment of substance use disorders in the military health system. In addition, the NCR holds six monthly case based webinars focusing on pain treatment, as well as a quarterly Distinguished Professor Lecture Series that invites top pain researches. Finally, the NCR sponsors an annual Interventional Pain training in May 2019 which brings together all military pain physicians to learn about the newest best practices in pain care.

Patient Education and Dissemination of Information

DoD engages in several efforts to educate patients about pain management.

In the Spring of 2019, the NCPMP's launched the "Patient Education Exploration Initiative", a qualitative research method which seeks to evaluate and improve current patient education processes and resources across all Commands using a human-centered design approach. The effort kicked off with in-depth discussions with 25 ADSM pain patients and providers to better understand the experiences, behaviors, attitudes, and perceptions of ADSM pain patients. Key findings, including pain patient personas and a pain journey map, were analyzed and summarized in a formal report in February 2020. NCPMP will continue prioritizing and implementing patient education initiatives to address identified gaps and opportunities for improvement. One recent example was an educational resource developed to support pain patient well-being during COVID-19. Future areas for new initiatives to continue aligning patient education efforts with the needs and expectations of those who NCPMP serve include:

- More comprehensive and standardized preventative, acute, and chronic pain education.
- Pain-related preparation for field, deployment, and ship settings.
- Improved guidelines and education related to the Limited Duty Profile process De-stigmatizing culture around pain and mental health.

The Army CPMP continues to participate in the Annual Pain Awareness Campaign during Pain Awareness Month in September. Partnering with MEDCOM Public Affairs Office, Army publishes tri-folds, postcards, a video, and social media graphics, which highlight the MHS pain strategies. Materials are shipped to the 12 Interdisciplinary Pain Management Centers, and 16 additional Army Community Hospitals and Health Clinics to support local pain awareness month activities. Each Wednesday in September, the CPMP co-hosts a pain awareness information table at Defense Health Headquarters.

The Air Force continues to focus on education for patients through the IPMCs and other MTFs. Pain management education programs focus on medical and lifestyle information to encourage self-care strategies. The holistically-oriented course ranges from 4-10 sessions delivered one-on-one and in group sessions. The classes inform patients on the biology, behavioral, and social aspects of pain management. Topics include strategies for mindfulness, sleep, mental health and social withdrawal, physical activity including yoga, and the impact of pain on quality of life. Some IPMCs offer patients one-on-one behavioral health coaching, and group behavioral health pain classes. BFA is provided to participants during weekly classes at some IPMCs and other MTFs. The overall goal is to proactively introduce participants to the range of non-pharmacologic holistic

modalities at the MTF, thereby educating patients in self-care strategies for chronic pain and how to manage their pain and reduce opioid use is the intended outcome. Patient education for these programs utilize surveys to improve course development and pain management outcomes.

Primary Care Pain Champions at every Air Force MTF work in coordination with DHA J-9 to implement the DHA Stepped Care Model, pain management and opioid safety and acupuncture procedural instruction mandates. Significant work remains to be done in order to properly implement these DHA pain management policies. DHA funding, leadership and policy support as MTF markets transition to full DHA operation is critical to IPMCs' ability to integrate all mandated components. Potential for growth and ultimate success of IPMCs is contingent upon comprehensive coordination.

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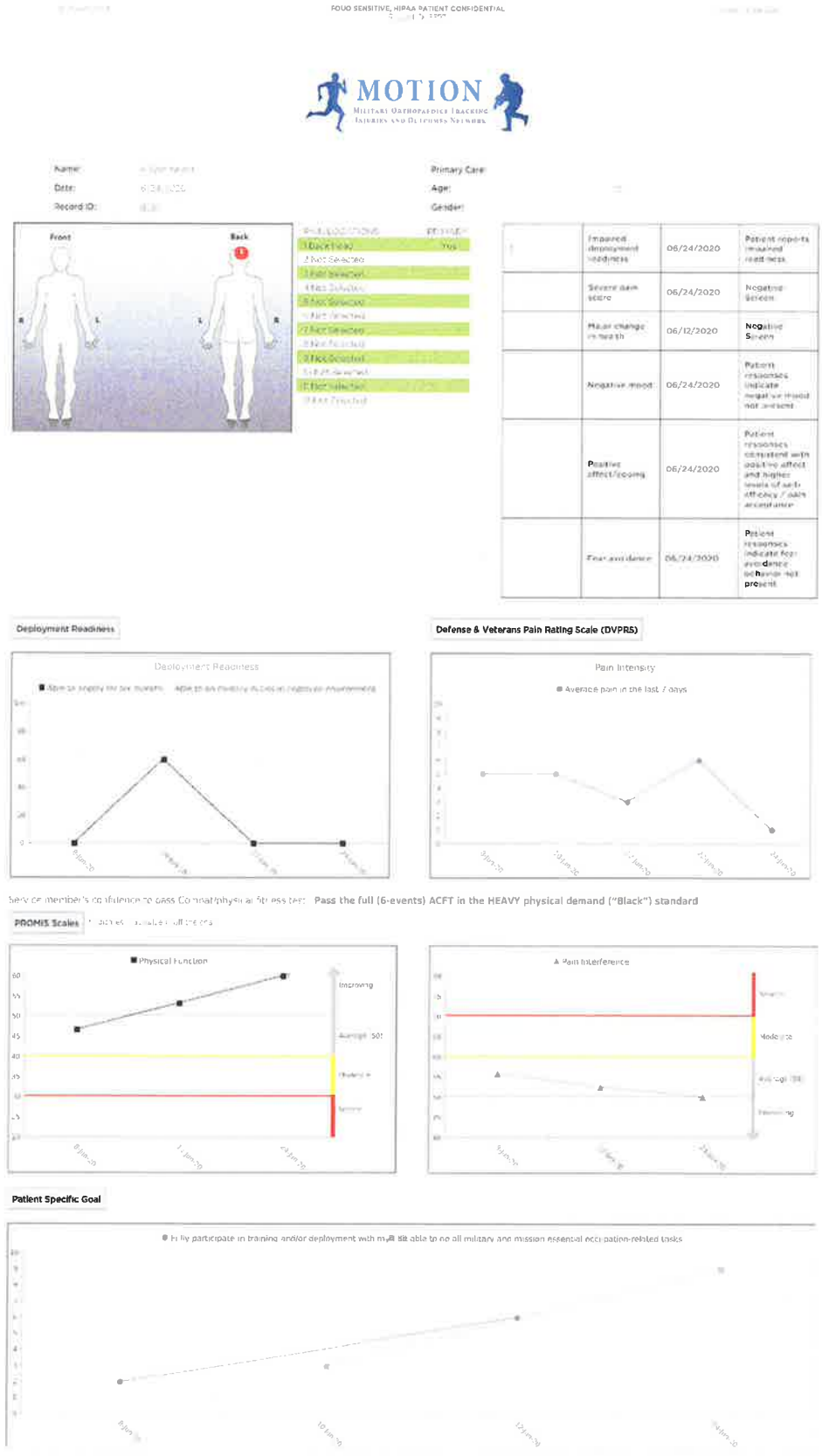
APPENDICES

Appendix A: Section 711 of NDAA FY2010 requirements

As presented in section 711 of the NDAA for FY 2010, this report is the FY 2020 update to the FY 2018 report on implementation of DoD comprehensive pain management policy. Per section 711 of the NDAA for FY 2010, each report shall include the following:

- Description of the policy implemented and any revisions made to the policy;
- Description of the performance measures used to determine the effectiveness of the policy in improving pain care for beneficiaries enrolled in MHS;
- Assessment of the adequacy of Department pain management services based on a current survey of patients managed in Department clinics;
- 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;
- Assessment of the training provided to Department health care personnel with respect to the diagnosis, treatment, and management of acute and chronic pain;
- Assessment of the pain care education programs of the Department; and
- Assessment of the dissemination of information on pain management to beneficiaries enrolled in MHS.

Appendix B: MOTION Survey Sample



Appendix C: List of Acronyms

ADSM	Active Duty Service Member
AIM	Acupuncture and Integrative Medicine
AMH	Army Medical Home
BFA	Battlefield Acupuncture
BUMED	Bureau of Medicine and Surgery
CDC	Centers for Disease Control and Prevention
CIM	Complementary and Integrative Medicine
CPG	Clinical Practice Guideline
CPMP	Comprehensive Pain Management Program
DHA	Defense Health Agency
DHA-PI	Defense Health Agency – Procedural Instruction
DoD	Department of Defense
DVCIPM	Defense and Veterans Center for Integrative Pain Management
ECHO®	Extension for Community Healthcare Outcomes
FY	Fiscal Year
HEC	Health Executive Committee
HHS	U.S. Department of Health and Human Services
IPMC	Interdisciplinary Pain Management Center
IRB	Institutional Review Board
JBER	Joint Base Elmendorf-Richardson
JOES	Joint Outpatient Experience Survey
JPEP	Joint Pain Education Program
LOT	Long-term Opioid Therapy
LOTS	Long-term Opioid Therapy Safety
MAMC	Madigan Army Medical Center
MEDD	Morphine Equivalent Daily Dose
MHS	Military Health System
MOTION	Military Orthopedics Tracking Injuries and Outcomes Network
MTF	Military Medical Treatment Facility
NCCIH	National Center for Complementary and Integrative Health
NCPMP	Navy Comprehensive Pain Management Program
NCR	National Capital Region
NDAA	National Defense Authorization Act
NIH	National Institutes of Health
PASTOR	Pain Assessment Screening Tool and Outcome Registry
PCMH	Patient-Centered Medical Home
PCPC	Primary Care Pain Champion
PDMP	Prescription Drug Monitoring Program
PMCSS	Pain Management Clinical Support Service
PMO	Program Management Office
PROMIS	Patient Reported Outcome Measurement Information System
PTSD	Posttraumatic Stress Disorder
SDD	Solutions Delivery Division
SME	Subject Matter Expert

TJC	The Joint Commission
USUHS	Uniformed Services University of the Health Sciences
VA	Department of Veterans Affairs