



THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

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HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)
DIRECTOR, JOINT STAFF

SUBJECT: Policy for Comprehensive Pain Management

References: (a) National Defense Authorization Act for Fiscal Year 2010, Section 711,
"Comprehensive Policy on Pain Management by the Military Healthcare System"
(b) Department of Defense 6025.13-R, "Military Health System Clinical Quality
Assurance Program Regulation"

HEALTH AFFAIRS POLICY FOR COMPREHENSIVE PAIN MANAGEMENT

Treating pain is one of medicine's oldest and most fundamental responsibilities. Yet modern medicine continues to be challenged in its efforts to understand acute and chronic pain mechanisms and to relieve pain and suffering. Pain is an enigmatic issue that places significant burdens on patients, families, medical providers, and employers. According to the Centers for Disease Control and Prevention and the American Academy of Pain Medicine, pain is the most frequent reason patients seek physician care in the United States. Pain affects more Americans than diabetes, heart disease and cancer combined. When including health care expenses, lost income, and lost productivity, the annual cost of chronic pain in the U. S. is estimated by the National Institutes of Health at \$100 billion.

The Army Surgeon General chartered a Pain Management Task Force in August 2009 to make recommendations for improving clinical, administrative and research processes involved with the provision of pain management care and services at U. S. Army Medical Command (MEDCOM) facilities. While the Task Force was predominantly composed of Army personnel, representatives from the Navy, Air Force, TRICARE Management Activity (TMA), and Veterans Health Administration (VHA) were also included. In addition to reviewing medical literature, policies and regulations of MEDCOM and the Department of Defense (DoD), the Task Force also conducted twenty-eight site visits at Army, Navy and Air Force military treatment facilities (MTFs), VHA hospitals, and civilian hospitals. The Task Force presented the Army Surgeon General with 109 recommendations. Subsequently, the recommendations were presented to the VA/DoD Joint Executive Council (JEC), who in turn chartered a work group to actively collaborate on a standardized VA/DoD approach to pain management that improves the quality and effectiveness of care to beneficiaries of the Veterans Health Administration and the Military Health System. The VA/DoD Pain Management Work Group (PMWG) will continue the work initiated by the Task Force and will make recommendations that specifically address the concerns of Congress expressed in the National Defense Authorization Act of 2010 as well as some of the key Task Force recommendations as outlined below.

HA-Policy 11-003

PAIN ASSESSMENT

In accordance with current DoD 6025.13-R which requires that all fixed hospitals and free-standing ambulatory clinics maintain accreditation, all MTFs are reviewed and accredited by either The Joint Commission or the Accreditation Association for Ambulatory Health Care. Both organizations require that patients be appropriately assessed for pain. This policy reinforces the requirement for the continued appropriate assessment for acute and chronic pain at every medical encounter in patients seeking care at MTFs.

The use of a common tool across the DoD for the assessment of pain is both appropriate and desirable. The VA/DoD Pain Management Work Group will evaluate all commonly used tools for the assessment of pain management, and whether there is a need to develop a new tool. A recommendation for the most appropriate pain assessment tool to be used by both Department of Defense and Veterans Health Administration facilities will be vetted through the appropriate leadership channels.

PAIN TREATMENT AND MANAGEMENT

The DoD has committed extensive effort to designing, implementing, and evaluating evidence-based clinical practice guidelines (CPGs) as a means of improving and standardizing the quality of care provided to its beneficiaries. Since 1998 the Veterans Health Administration (VHA) and DoD have worked together to both devise new guidelines and adapt nationally and internationally recognized CPGs to meet the requirements of the military and veterans health care systems. Over 20 guidelines have been developed including three specific to pain: Chronic Opioid Therapy, Low Back Pain, and Post-Operative Pain. The Services are directed to widely disseminate, educate on, and encourage use of these three guidelines which can be found on the Internet at <http://www.healthquality.va.gov/>. Where applicable, providers should follow accepted evidenced-based recommendations for pain care management and should consistently document the rationale for their pain management decisions in the patient's medical record. Additionally, the VA/DoD Evidence-based Working Group will be asked to examine the need for additional CPGs in the areas of non-surgical acute pain and other causes of chronic pain. These and all other active CPGs should be incorporated and integrated into future developments of DoD electronic health records as well.

To effectively manage patients with acute and chronic pain, health care providers must possess a core level of knowledge and experience commensurate with the type of care they provide. Providers must also be trained to recognize when the pain care needs of the patient exceed their capabilities, and when and how to refer the patient to external resources for additional care. By separate memorandum, the Surgeons General have been directed to provide the appropriate level of acute and chronic pain education and training to all of their health care providers.

MHS access standards will apply for all patients seeking care related to acute or chronic pain. Those beneficiaries who require a comprehensive, multidisciplinary evaluation for the management of their pain symptoms will have access to such care within four weeks from the

time they are referred. If such services are not available in the Direct Care System within access standards, these individuals will be referred to the purchased care sector to receive the requisite care.

The MHS has already dedicated itself to the implementation of Patient Centered Medical Homes (PCMHs) across our primary care venues. Part of a PCMH is care coordination and/or integration across the patient's community, which includes family. The Services are directed to include programs of patient education for members suffering from acute or chronic pain and their families in their PCMHs and any other clinics that treat patients for pain. In addition, the TRICARE Management Activity, in coordination with the Service Medical Departments, will make patient education materials available electronically to beneficiaries suffering from acute and chronic pain and will highlight this material through beneficiary communications.

PAIN RESEARCH

The Clinical and Rehabilitative Medicine Research Program (CRM RP) currently focuses on definitive and rehabilitative care innovations required to restore our wounded warriors, both in terms of duty performance and quality of life. More specifically the CRM RP provides policy and process oversight for all clinical and rehabilitative medicine congressional programs managed by the U.S. Army Medical Research and Materiel Command's Telemedicine and Advanced Technology Research Center (TATRC) and Congressionally Directed Medical Research Programs (CDMRP). A full listing of all DoD research studies on acute and chronic pain management will be maintained to facilitate referral of patients to appropriate care centers. This will include all DoD conducted or sponsored studies.

Updates to this policy will be published annually if required and will reflect the work of the DoD/VA Pain Management Workgroup, the Pharmacoeconomic Center, and advances from ongoing research in the field of acute and chronic pain management. Questions may be directed to the Deputy Chief Medical Officer, Office of the Chief Medical Officer, TRICARE Management Activity, Falls Church, Virginia, (703) 681-0064.

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cc:

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