NIH-DoD-VA Pain Management Collaboratory

Robert D. Kerns, Ph.D.
Yale University
Acknowledgements and Disclosures

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- This presentation does not necessarily reflect official policy or positions of the Departments of Health and Human Services, Defense or Veterans Affairs.
- No discussion of unlabeled uses
Public Health Perspective
Chronic Pain and Opioid use among Service Members after Combat Deployment

**Chronic pain** (more than 3 months)
- General public estimates: 26%
- U.S. military after combat deployment: 44%

**Opioid use** (in the past month)
- General public estimates: 4%
- U.S. military after combat deployment: 15%
Pain Management is a high priority for the Departments of Health and Human Services (HHS), Defense (DoD) and Veterans Affairs (VA)

- 1998 - VA launched its National Pain Management Strategy
- 2010 - Army Surgeon General’s Pain Management Task Force Report published
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$81 Million investment over six years

Sponsors:

- **NIH**: National Center for Complementary and Integrative Health, National Institute for Neurological Disorders and Stroke, National Institute of Drug Abuse, National Institute of Alcohol Abuse and Alcoholism, National Institute of Child Health and Human Development, National Institute of Nursing Research, Office of Behavioral and Social Sciences Research, Office of Research on Women’s Health

- **DoD**: Clinical Rehabilitative Medicine Research Program, Military Operational Medicine Research Program

- **VA**: Health Services Research & Development Service, Office of Research and Development
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Key objectives:

- Support investigators to do the necessary planning and pilot testing to demonstrate that they can effectively implement the proposed pragmatic clinical trials
- Conduct pragmatic clinical trials to evaluate whether nonpharmacological approaches to pain management are effective when delivered in the Veteran Health Administration (VHA) and/or the Defense Health Agency (DHA)
- Why pragmatic studies?
  - Emphasize generalizability of results and protect rigor
  - Answer questions that inform VHA and DHA about what services to make available to patients with pain throughout their systems
  - Results may inform other health care systems about nonpharmacological treatments for pain management
Evidence-based nonpharmacological approaches

VA and DoD Model of Integrated Pain Care

**VA-DoD Stepped Pain Care**

- **Comorbidities**
- **Treatment Refractory**
- **Complexity**

**RISK**

**Tertiary, Interdisciplinary Pain Centers**
- Advanced pain medicine diagnostics & interventions;
- CARF accredited pain rehabilitation

**Secondary Consultation**
- Multidisciplinary Pain Medicine Specialty Teams;
- Rehabilitation Medicine;
- Behavioral Pain Management; Mental Health/SUD Programs

**Patient Aligned Care Team (PACT) in Primary Care**
- Routine screening for presence & severity of pain; Assessment and management of common pain conditions; Support from MH-PC Integration; OEF/OIF, & Post-Deployment Teams; Expanded care management;
- Pharmacy Pain Care Clinics; Pain Schools; CAM integration

**Patient/Family Education and Self Care**
- Understand BPS model; Nutrition/weight mgmt, exercise/conditioning, & sufficient sleep; mindfulness meditation/relaxation techniques; engagement in meaningful activities; family & social support; safe environment/surroundings
Pragmatic Clinical Trials (PCTs)

- Phased cooperative agreement research applications to conduct large-scale, pragmatic clinical trials
  - 2 year planning phase
  - 2 to 4 year implementation phase
  - Transition to the implementation phase dependent upon completing milestones in the planning phase
  - During the implementation phase the PCT teams will work with their respective funding agency and the PMC Coordinating Center to coordinate resource needs and monitor progress
Executive Committee
VA, DoD, NIH Centers, Offices & Institutes

Funding Agency Project Officers and/or Scientists

Steering Committee

Working Groups

Coordinating Center

Demonstration Projects
PMC Demonstration Projects - NIH

Julie Fritz, Dan Rhon - University of Utah
SMART Stepped Care Management for Low Back Pain in the Military Health System

Steven George, Susan Hastings - Duke University
Improving Veteran Access to Integrated Management of Chronic Back Pain

Cynthia Long, Christine Goertz - Palmer College of Chiropractic
Chiropractic Care for Veterans: A Pragmatic Randomized Trial Addressing Dose Effects for cLBP

Alicia Heapy - Yale University
Cooperative Pain Education and Self-management: Expanding Treatment for Real-world Access (COPES ExTRA)

Marc Rosen, Steve Martino - Yale University
Engaging Veterans Seeking Service-Connection Payments in Pain Treatment

Karen Seal, William Becker - Northern California Institute
Implementation of a Pragmatic Trial of Whole Health Team vs. Primary Care Group Education to Promote Non-Pharmacological Strategies to Improve Pain, Functioning, and Quality of Life in Veterans
PMC Demonstration Projects - VA, DoD

**VA Funded Pragmatic Trial:**
**Stephanie Taylor** - VA HSR&D CSHI
Complementary and Integrative Health for Pain in the VA: A National Demonstration Project

**DoD Funded Pragmatic Trials:**
**Diana Burgess** - DoD-MOMRP
Testing two scalable, Veteran-centric Mindfulness-based Interventions for Chronic Musculoskeletal Pain: A Pragmatic, Multisite Trial

**Shawn Farrokhi, Christopher Dearth** - DoD-CRMRP
Resolving the Burden of Low Back Pain in Military Service Member and Veterans: A Multi-site Pragmatic Clinical Trial

**Brian Ilfeld** - DoD-CRMRP
Ultrasound-Guided Percutaneous Peripheral Nerve Stimulation: A Non-Pharmacologic Alternative for the Treatment of Postoperative Pain

**Donald McGeary, Jeffrey Goodie** - DoD-CRMRP
Targeting Chronic Pain in primary Care Settings Using Internal Behavioral Health Consultants
Pain Management Collaboratory Coordinating Center (PMC³)

Robert Kerns, Cynthia Brandt, and Peter Peduzzi Yale University and VA Connecticut

- Works with PCT teams to develop, initiate and implement a research protocol;
- Coordinates and convenes Steering Committee of all PIs and federal partner representatives;
- Supports PCTs via PMC³ Work Groups;
- Disseminates best research practices and within military and Veteran health care systems
PMC Progress

Project Milestones
- Individual PCT planning phase milestones have been reviewed and approved by their respective funding agencies

Harmonization
- All projects have agreed to include the PEG3 as an outcome measure
- Inclusion criteria and phenotyping harmonization, as appropriate to individual trials
- Development of reliable standardized approach to measuring use of nonpharmacological/complementary and integrative health approaches

Site Overlap
- Projects that plan to recruit or perform interventions at the same locations have made plans to address and minimize competition for subjects and possible contamination

Website Development
- Check it out: www.painmanagementcollaboratory.org
Thanks

Robert.kerns@yale.edu
www.painmanagementcollaboratory.org
Twitter: @Drbob52