



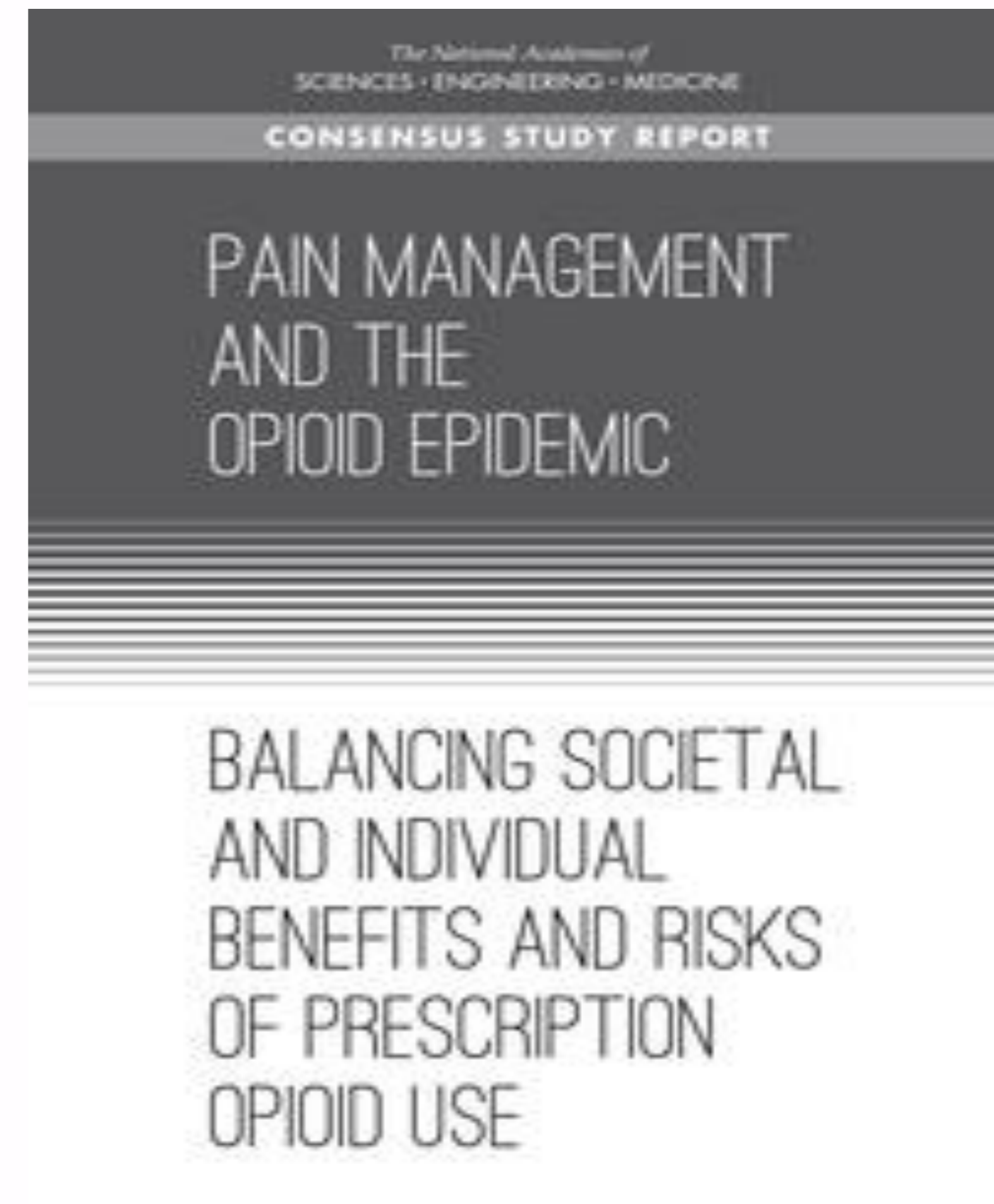
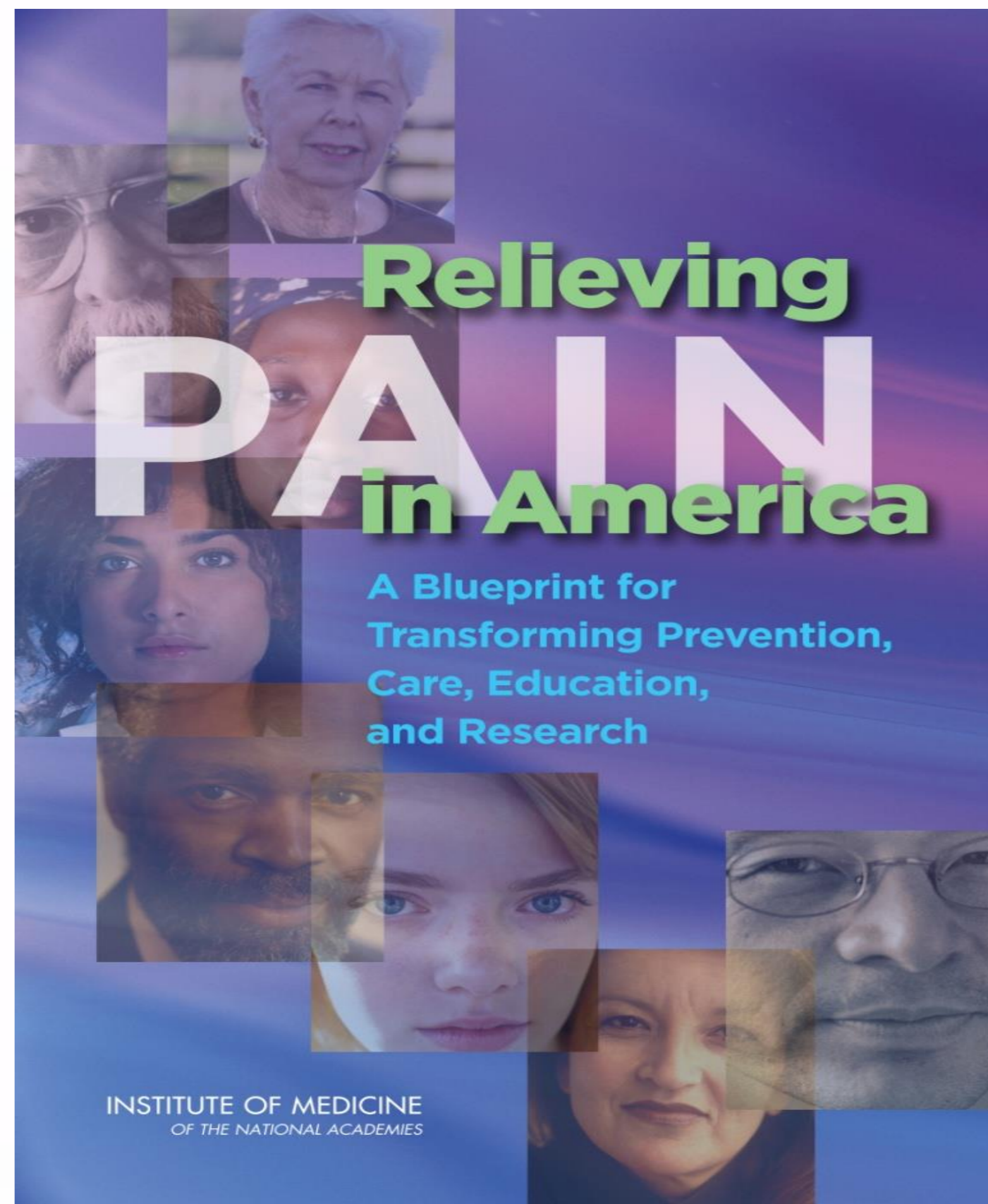
# NIH-DoD-VA Pain Management Collaboratory

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# Acknowledgements and Disclosures

- Research support
  - Kerns – NIH/NCCIH, VA and PCORI
- Other disclosures
  - Kerns – Honoraria (AAPM, ACP, ACMA)
- 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      U.S. military after combat deployment

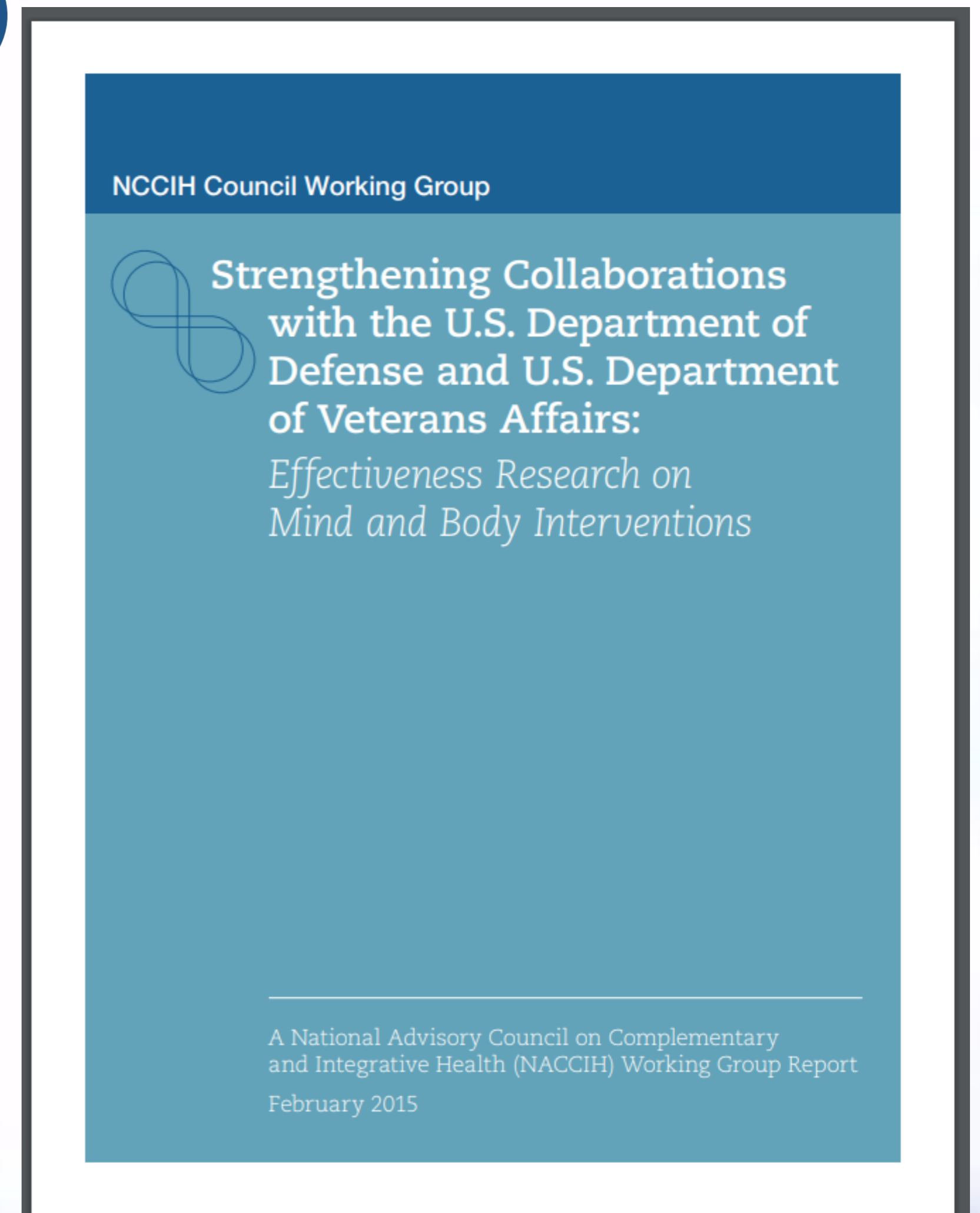
## Opioid use (in the past month)



general public estimates      U.S. military after combat deployment

# 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
- 2015 - National Center for Complementary and Integrative Health (NCCIH) Council Working Group Report on "Strengthening collaborations with the DoD and VA" published



# NIH-DoD-VA Pain Management Collaboratory



\$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

# NIH-DoD-VA Pain Management Collaboratory



## 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

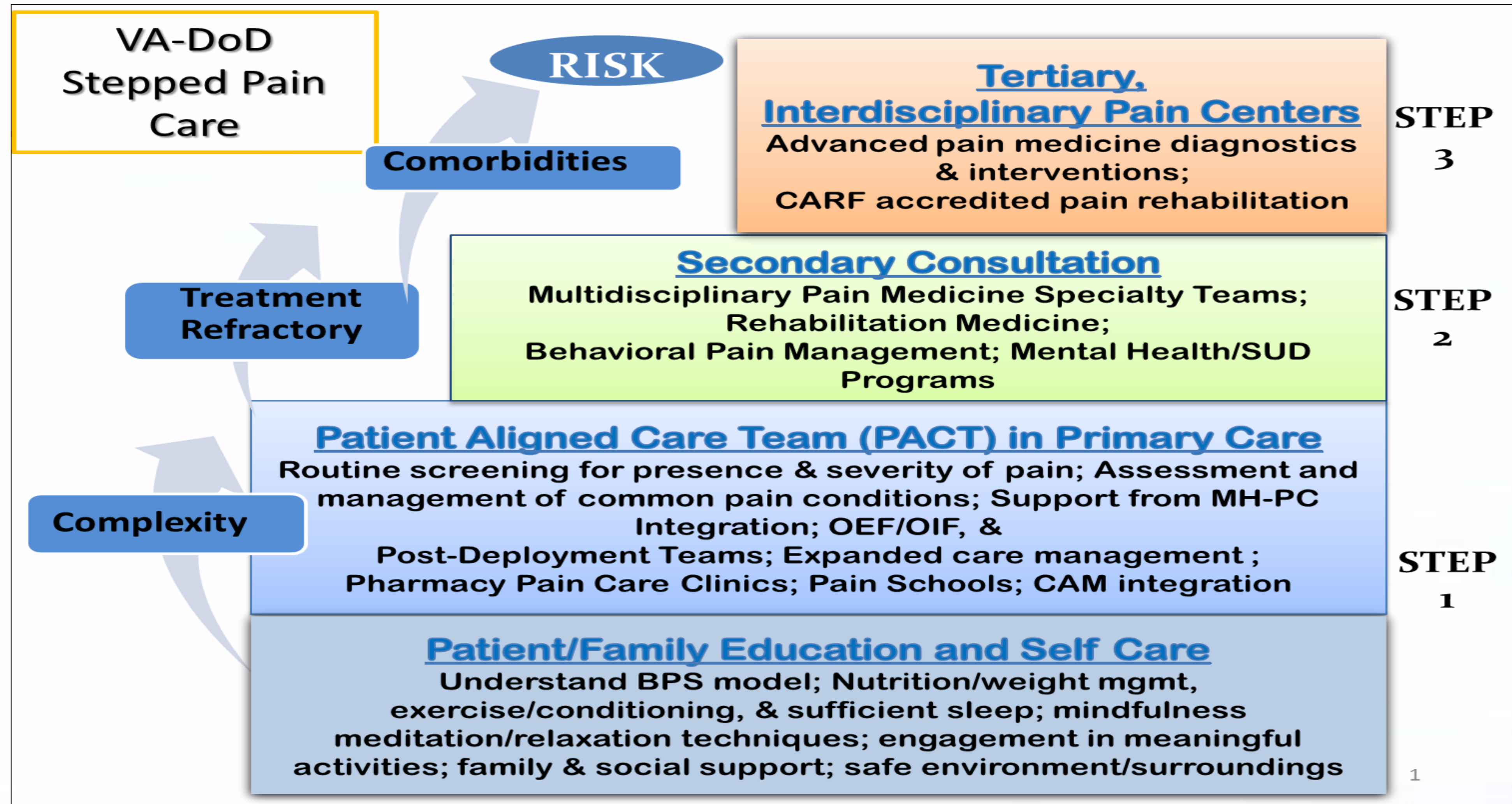
Kligler, B. et al. (2018). Clinical policy recommendations from the VHA State-Of-The-Art Conference on Non-pharmacological Approaches to Chronic Musculoskeletal Pain. *JGIM*, 33 (Supplement), 16-23.



STATE OF THE ART CONFERENCE  
Non-pharmacological Approaches  
to Chronic Musculoskeletal  
Pain Management  
VA HSR&D



# VA and DoD Model of Integrated Pain Care

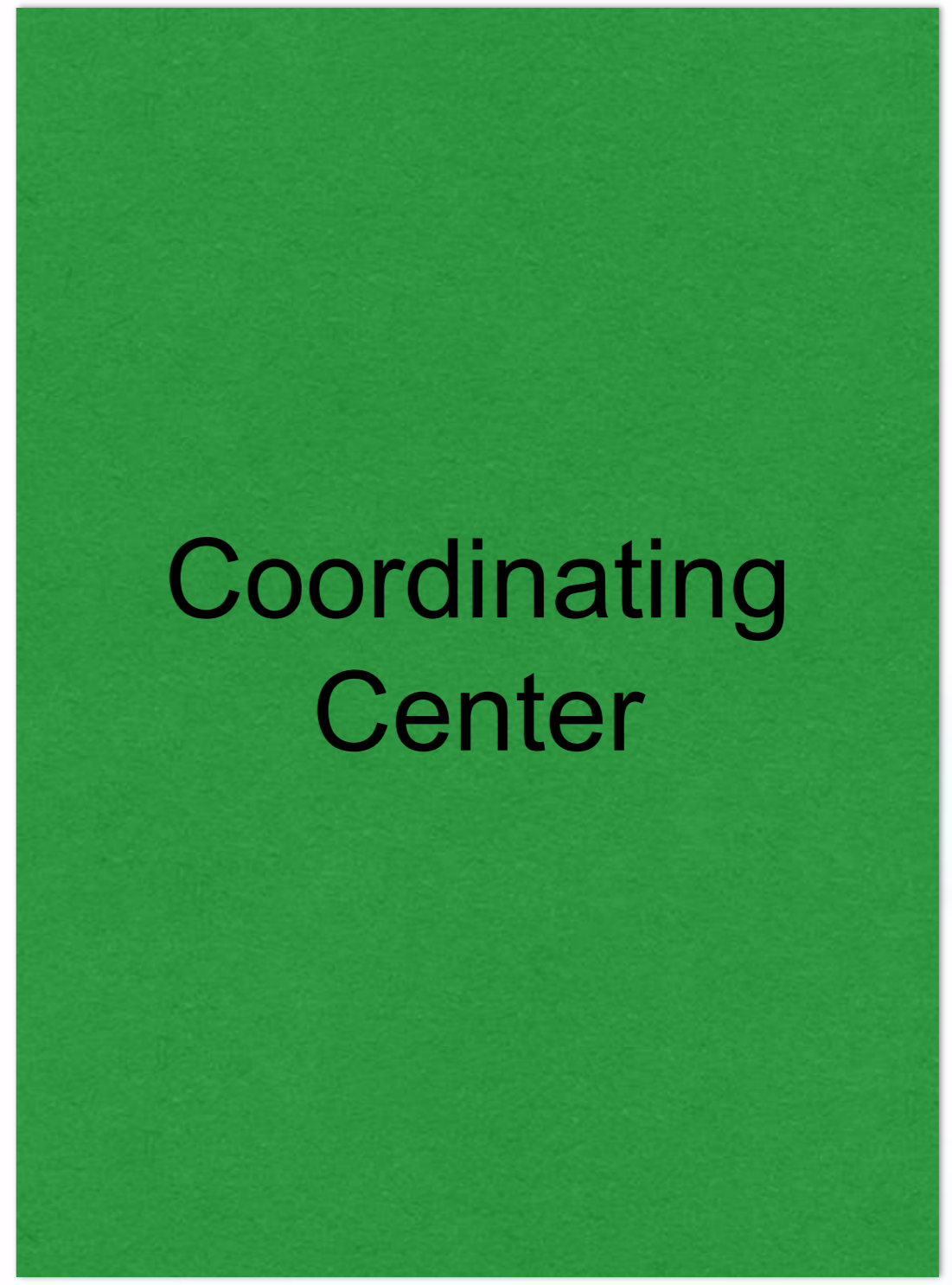
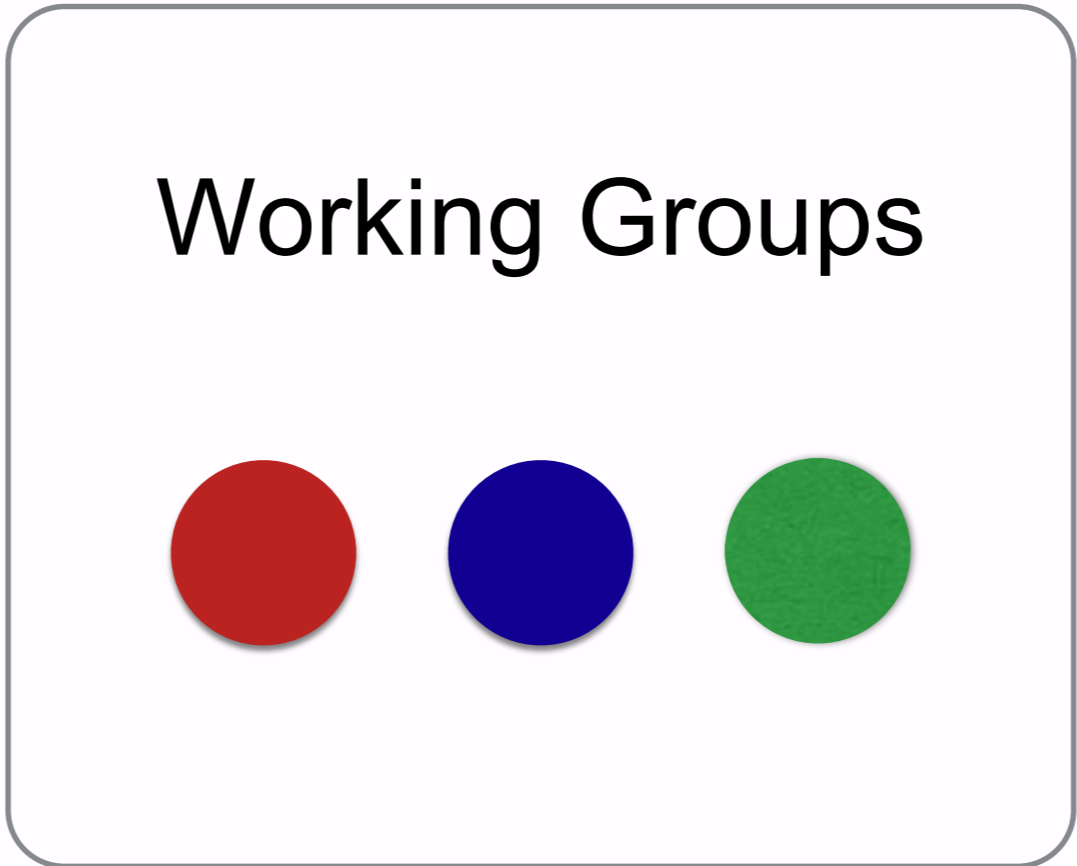
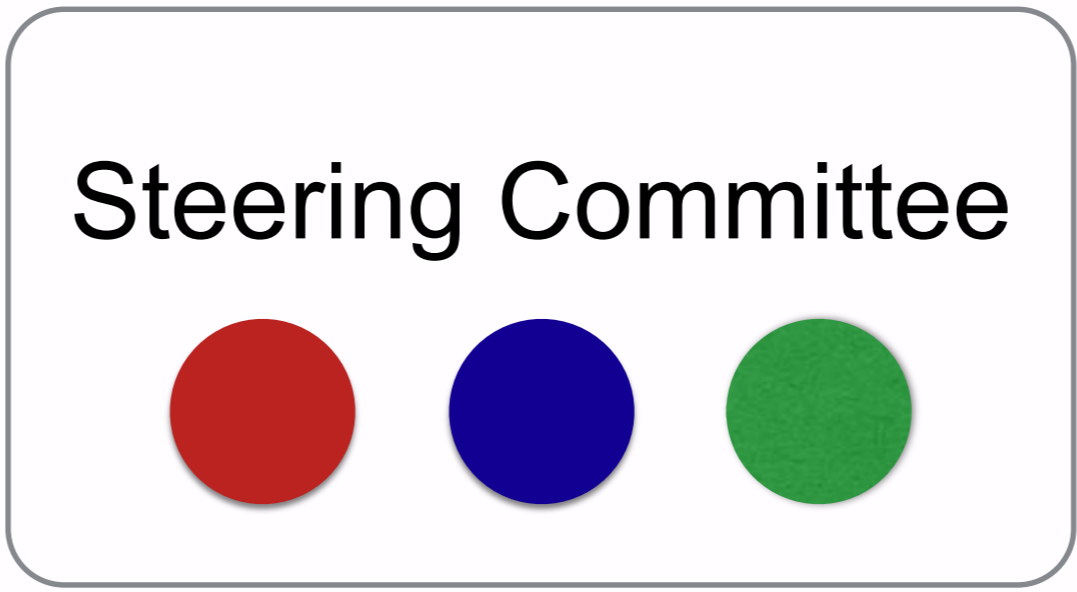


# Pragmatic Clinical Trials (PCTs)

- 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



Funding Agency Project Officers  
and/or Scientists



# 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 (COPEX 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 Ifeld** - 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 (PMC<sup>3</sup>)

**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 PMC<sup>3</sup> 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](http://www.painmanagementcollaboratory.org)

# Thanks

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