

Advancing the Pain Agenda in the Veteran Population



Rollin M. Gallagher, MD, MPH^{a,b}

KEYWORDS

- Pain • Chronification • Stepped care • Opioids • Veterans • Biopsychosocial
- JPEP • Mini-residency

KEY POINTS

- Pain is more prevalent and more complex in Veterans whose wounds from severe injuries, including blasts, are also frequently complicated by posttraumatic stress disorder and traumatic brain injury.
- Pain management should begin as soon as possible after injury to prevent the chronification of pain.
- Pain management should be continuous and multimodal, reflecting the influence of somatic, psychological, and social factors on pain perception, psychological response, and treatment outcomes.
- The Stepped Care Model is an evidence-based approach to providing patient-centered biopsychosocial pain care at the level of the veteran's needs based on complexity, comorbidity, refractoriness, and risk.
- Methods to provide outcomes measurement to assist real-time clinical decision making are needed.

INTRODUCTION: PAIN, A PUBLIC HEALTH PROBLEM

Pain leadership in the Veterans Health Administration (VHA) has outlined 6 essential elements of effective pain management (**Box 1**). Its efforts to be successful in implementing these elements system-wide are outlined in this article. Transforming pain care in the VHA occurs in the context of a gradual, decades-old cultural shift in attitudes toward pain in the United States and globally. Although chronic pain has been identified as a public health problem by our field for at least 2 decades,¹⁻³ only recently has chronic pain been presented in more public-facing media as a national and global health burden. The *Economist's* recent article on global disability⁴

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^a Pain Service, Michael Crescenz VA Medical Center, University and Woodland, Philadelphia, PA 19035, USA; ^b Penn Pain Medicine, University of Pennsylvania, Philadelphia, PA, USA
E-mail addresses: rollin.gallagher@va.gov; rgallagher@mail.med.upenn.edu

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Box 1**The 6 steps to good chronic pain care**

Outlining the challenge: transforming VA pain care

1. Educate Veterans/families and promote self-efficacy
2. Educate/train all team members
3. Develop nonpharmacologic modalities
4. Institute safe medication prescribing, including safe opioid use (universal precautions)
5. Develop approaches to bringing the veteran's expanded team together (virtual pain consulting and education as well as ongoing communication between team members)
6. Establish metrics to monitor pain care

From U.S. Department of Veterans Affairs. VHA Pain Management. 2015. Available at: <http://www.va.gov/painmanagement/>. Accessed December 21, 2015.

discussed the economic implications of a study by the World Health Organization⁵ implicating low back pain as the most common cause of disability worldwide, including in North America, South America, Europe, Australia, Indonesia, and most of Asia. Low back pain and other chronic pain syndromes, such as the most common disabling disease in South Africa, human immunodeficiency virus/AIDS, are commonly comorbid with and precede depression, which is the most common disabling condition in several of the most populous African and South American countries and in India and Pakistan.

In the United States, the concept of pain as a major public health problem gained traction in a wider sector of American society during the last decade, fueled by 3 intersecting societal problems discussed in Congress and academic and health policy circles and covered in the press.

First, hundreds of thousands of American troops were returning home with painful conditions from the Middle East for care in military and the Department of Veterans Affairs (VA) facilities, many with comorbidities, such as posttraumatic stress disorder (PTSD) and postconcussive syndrome; as substance abuse and suicide rates increased in this population, pain was discovered to be a driving factor.^{6–8}

Second, economic studies suggested how chronic pain contributed to our nation's increasing health care costs and impacted the competitiveness of America's businesses and overall economic health⁹ (Institute of Medicine [IOM] 2010).

Third, the increasing rates of prescription analgesic drug abuse and overdose deaths and its impact on public health^{10–12} in the general population and in Veterans and service members raised national awareness of the importance of effective and safe pain management.

Although organized medicine, beset with its increasing costs and inefficient systems, had been unable to address the public health problem of pain, patients and their families spoke up and Congress listened, passing 3 pain bills: (1) the Veterans Pain Care Act (2008)¹³; (2) the Military Pain Care Act (2009),¹⁴ both requiring yearly progress reports from these agencies; and (3) on the coattails of these first two bills, the requirement in the 2010 Patient Protection and Affordable Care Act (2010)¹⁵ that the IOM complete a national study of pain. The IOM study documented that about 100 million adults (approximately 30% of American adults) have some form of chronic pain and that the cost of chronic pain, \$565 to \$635 billion yearly, exceeds the combined costs

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