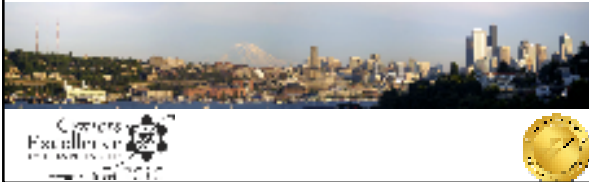
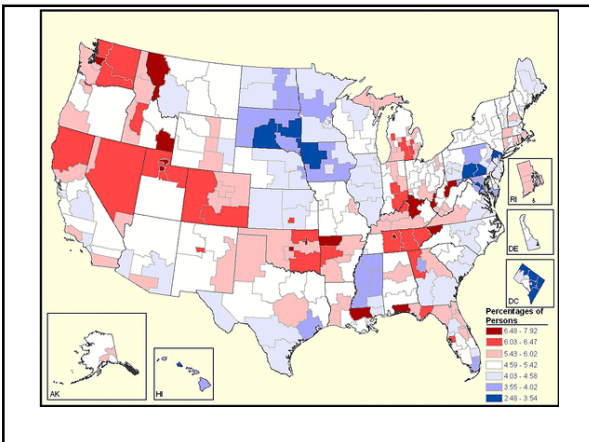


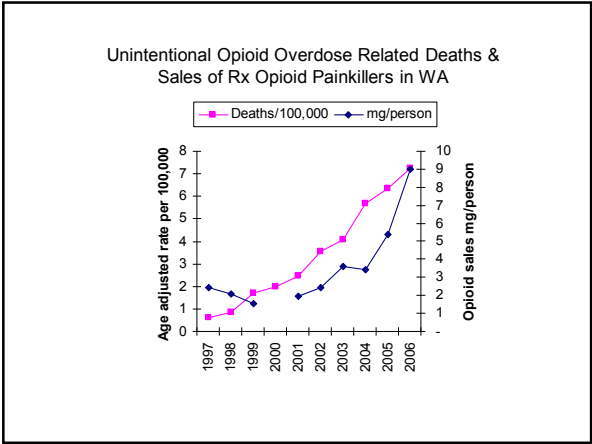
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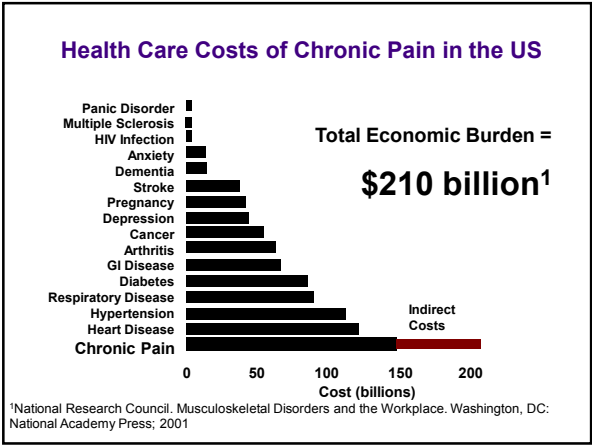
*Aligning Clinical Outcomes, Public
Policy and Payor incentives to create
sustainable Pain Care*

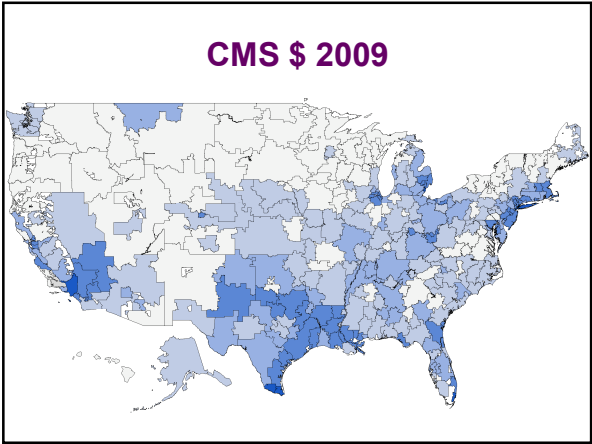












Patient Protection and Affordable Act (HR 3590) is:

- Change in how we DELIVER health care
- Change in how we PAY it

The model:

- **Coordinated care (case managers)**
- **Collaborative care (Pain-PCP)**
- **Measurement-based care (C-PAIN)**
- **Value based care (insurance design)**

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Commentary: **Putting Evidence to Work: An Expanded Research Agenda for Academic Medicine in the Era of Health Care Reform**

Ann C. Bonham, PhD, Eugene C. Rich, MD, David A. Davis, MD, David E. Longnecker, MD, and Stephen J. Heing

Abstract

The historic Patient Protection and Affordable Care Act (HR 3590) signed into law by President Obama has brought into sharp focus the need and opportunity for an expanded continuum of biomedical research. An updated research agenda must build on basic science and classical clinical investigation to place a more deliberate emphasis on patient- and population-outcome-oriented science and to apply science to

help transform our current inefficient and expensive health care system into a more evidence-based system of effective, coordinated, safe, and patient-centered health care. If academic medicine is to play a leading role in this 21st-century transformation of health care through research, as it did in the 20th century, those in the community must think strategically about what needs to be done to be part of the solution for

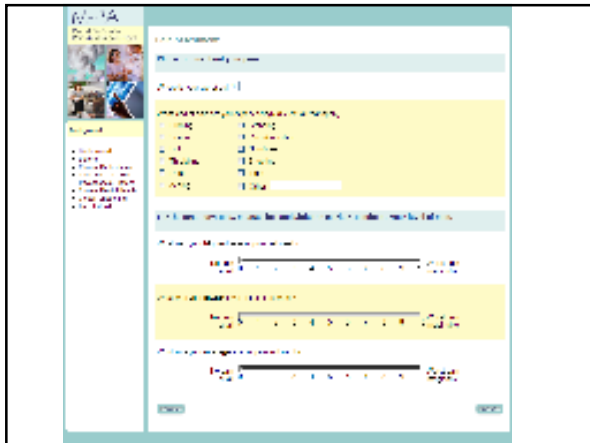
transforming the nation's health care delivery systems and prevention strategies, and the changes in institutional, organizational, and individual behaviors and values required to get there. Not all institutions will engage in the science called for in health care reform, but for those institutions with the interest, capacity, and resources to move forward, what is needed?

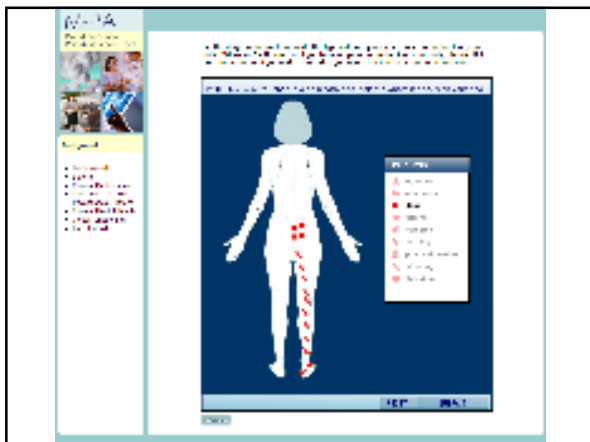
Academic Medicine, Vol. 85, No. 10 / October 2010

Outcome Measures Approach*

1. Pain
2. Physical functioning
3. Emotional functioning
4. Participant ratings of improvement and satisfaction with treatment
5. Symptoms and adverse events
6. Participant disposition

*IMMPACT's 6 core domains Turk et al. Pain 2003;106:337-45

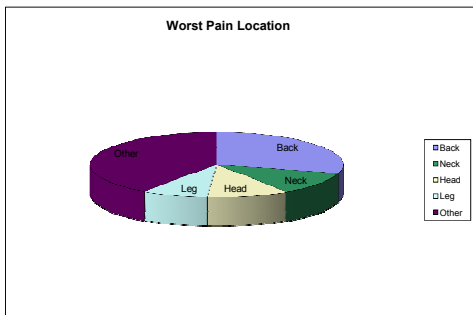




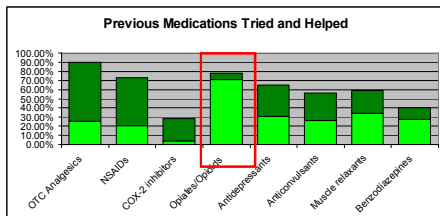
Until now (n=3504)

- Mean age: 45.3 (12-93)
- Gender: Female 63%
- Time since Pain onset: 6.3yr (1-40)
- VAS: 3.4-5.2-7.2
- QoL: 4.1 (1-7)
- Stress: 50.3 (0-100)
- CES-D: 61% mild-severe depressive mood

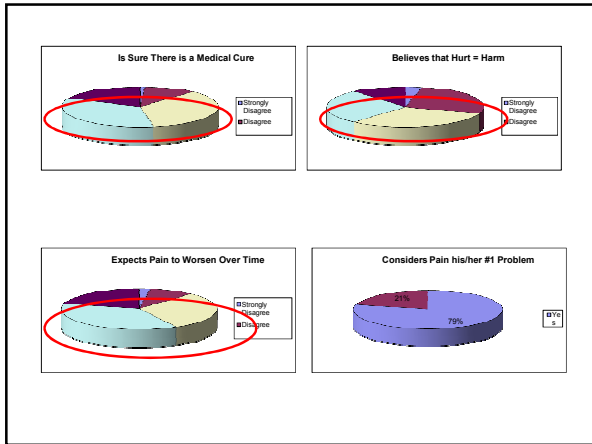
Worst Pain Location

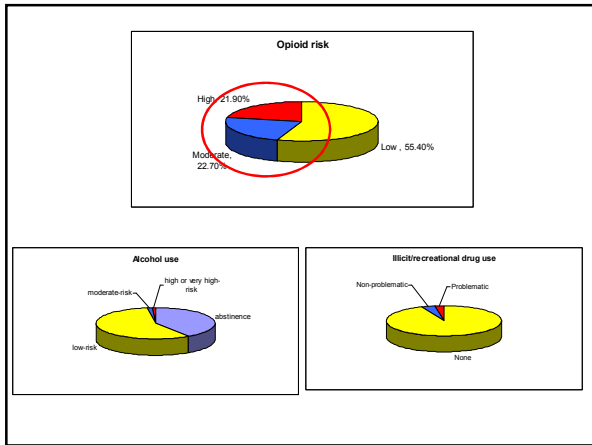


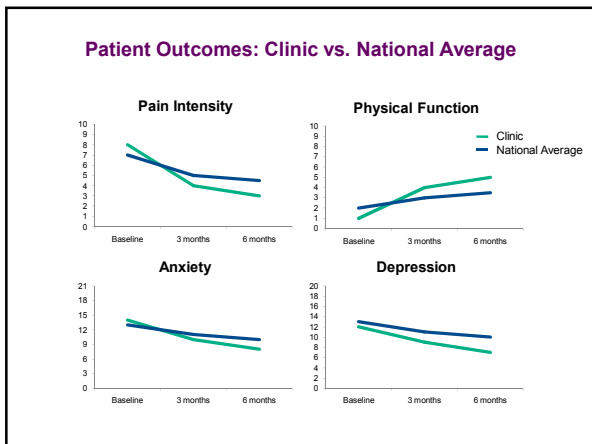
Previous Meds



*Whole bar is % of patients who tried the meds, bright green section is % of patients who have been helped by the meds tried



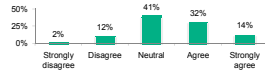




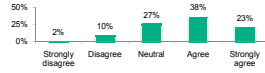
Clinic Level Report – Patient complexity

Disabling Pain Beliefs

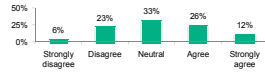
I'm sure that there is a medical treatment and cure for my pain



I expect that my pain will get worse over time



When I do something that causes my pain to increase, it means that I am harming my body even more

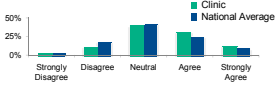


Less Complex More Complex

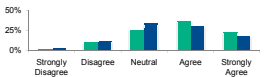
Patient Complexity: Clinic vs. National Average

Disabling Pain Beliefs

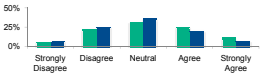
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Less Complex More Complex

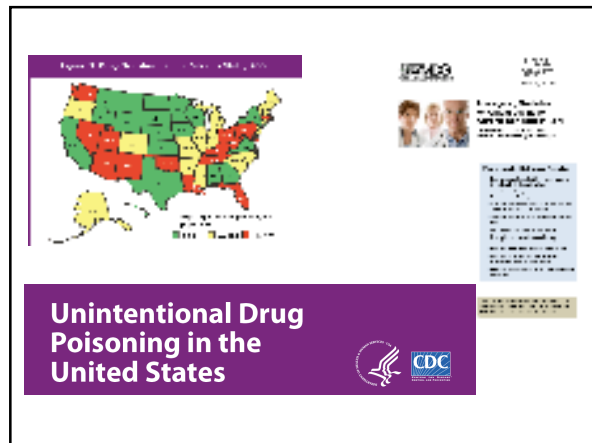
Cost-effectiveness of treatment strategies for chronic pain

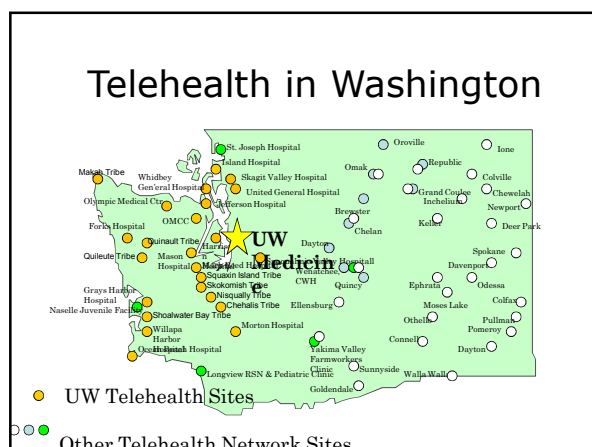


Strategy	Cost	Effectiveness
Pharmaceuticals	High	Low
Behavioral Therapy	Low	High
Physical Therapy	Low	High
Integrative Medicine	Low	High

Ingredients for sustainability

- Education/guidelines
- Access to specialty care
- Prescription monitoring program
- Statewide outcome tracking tool





Statewide ED Visit Network (EDIE)



14 hospitals pursuing EDIE implementation (yellow/green)



Measurement Based Care



Abuse of pain pills by troops concerns Pentagon

Updated 2/17/2016 12:15 PM | Comments 145 | Recommend 12 | Print | Share | Mail | Register & Subscribe | RSS



By Gregg Zoroya, USA TODAY

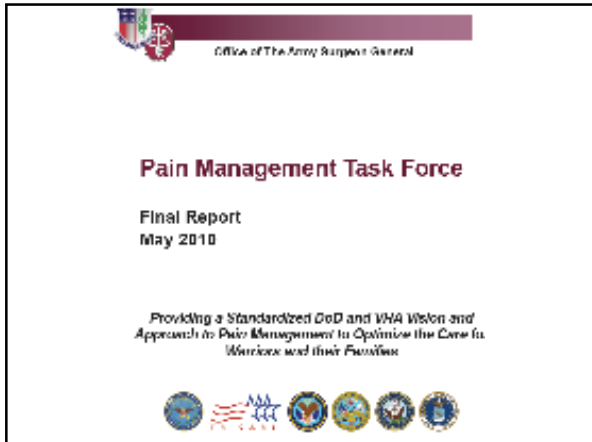
WASHINGTON — The military is trying to curb the volume of narcotics given to troops as the number of prescriptions for painkillers and anti-anxiety drugs abuse continues to soar, according to Pentagon data and recent congressional testimony.

Military doctors wrote almost 3.5 million prescriptions for pain relief for active-duty troops last year — more than four times the 885,725 doses handed out in 2001, according to data from the Pentagon health office.

Home » Military

Doctor: Veterans get hooked, not healed, at VA hospital

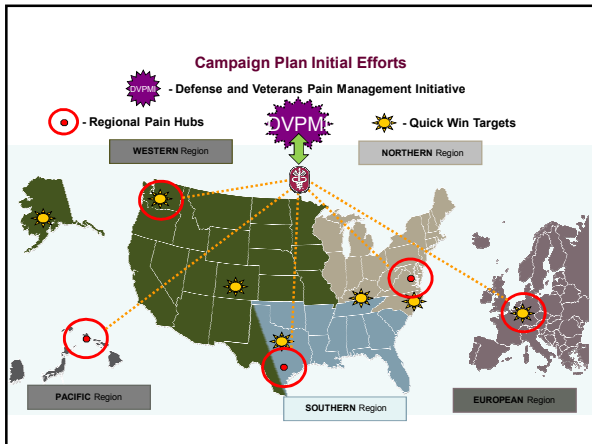
Posted to: [Military News](#) | [Login or register to post comments](#)



National Defense Authorization Act (NDAA) for 2010

-"...comprehensive pain care is not consistently provided on a uniform basis throughout the systems to all patients in need of such care."

- Directs us to provide a **standardized DoD and VHA vision** and approach to pain management to optimize the care of warriors and their families
- Requires development and implementation of a comprehensive pain management policy **by March 31, 2011**.
- Reviewed and submitted to House and Senate ASC **annually until 2018**







The model:

- **Coordinated care (case managers)**
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**It ain't what you
don't know that
gets you into
trouble.**

**It's what you know
for sure that just
ain't so.**

Mark Twain