2020 CIMVHR SYMPOSIUM SERIES

CIMVHR VIRTUAL SYMPOSIUM SERIES

COMPREHENSIVE PERSON-CENTERED CHRONIC PAIN MANAGEMENT: COMMON THEMES AND THE WAY FORWARD

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The implication and extent of chronic pain in the lives of Canadian Armed Forces (CAF) Veterans and their families is significant. Dr. Eric Schoomaker, 42nd U.S. Army Surgeon General and former Commanding General of the U.S. Army Medical Command, moderated this symposium bringing together experts and Veterans with lived experience of chronic pain to discuss approaches to manage chronic pain.

Dr. Friedhelm Sandbrink, Director of Pain Management at the US Veterans Health Administration, noted that experiencing severe pain is 40% more common with Veterans. Younger Veterans aged 18 to 39 are two to three times more likely to experience chronic pain than the general population. Pain is the most common factor related to suicide and opioid overdose deaths, and pain interferes with Veterans' quality of life, stress, mood, and general activity. Veterans with complex cases are not referred to specialists, instead, they are referred to interdisciplinary specialized pain care teams who collaborate with primary care teams.

Dr. Benjamin Kligler, Executive Director of the Office of Patient Centered Care & Cultural Transformation at the United States VA, presented on a transformative Whole Health model of pain care. Whole Health is defined as "an approach to care that empowers and equips people to take charge of their health and well-being and live their life to the fullest." The Circle of Health diagram captures the Whole Health approach to any chronic condition, emphasizing mindful awareness and eight biopsychosocial domains that impact healthy self-care. The Circle of Health helps Veterans express what they hope to achieve in bettering their relationships with friends, family and co-workers. Also, many resources have been transferred online that make it easier to bring them into the circle of care. Details are available in a special issue of Medical Care: Implementation of Complementary and Integrative Health Therapies in the VA.

Dr. Ramesh Zacharias, CEO and Medical Director of the new Chronic Pain Centre of Excellence (CP CoE) for Canadian Veterans, provided a Canadian perspective. Chronic pain conditions are two to three times more common in Veterans than the general population; half of female Veterans have chronic pain; and 63% of those with chronic pain also have mental health challenges. The CP CoE is built on four pillars: national leadership, research priorities based on Veteran engagement, evidence-based pain management delivered through a national network of pain clinics, and training and education for interdisciplinary care teams. Engaging with Veterans at the start is critical and is imbedded in every aspect of the organization.

LGen (Retd) Schoomaker moderated an expert panel, remarking how important it was to have people with lived experience sharing their stories. Complimentary modalities like yoga and Tai Chi are unconventional, but given that they work, especially for acute pain flare ups, Veterans are using them. The Whole Health model bridges the links between moral injury, psychological, and physical pain. In the US Veterans Affairs, especially in group settings, moral injury is discussed as a part of posttraumatic stress disorder treatment. Dr. Kligler explained: "When you think of meaning and purpose in life being front and centre to how people deal with chronic pain – and really any other problem – moral injury really gets in the way if you are not able to put it out front and address it."

TAKEAWAYS

THESE ARE ACTIONABLE ITEMS THAT CAME OUT OF THE EXPERT PRESENTATIONS AND PANEL.

For Researchers and Funders, Dr. Zacharias noted that people in the forces today are diverse, and the 'traditional' family has changed. Staff and the Board of the CP CoE will be trained in sex and gender-based analysis, which plays a significant role in being inclusive and better understanding Veterans and their families in order to better meet their needs. Dr. Kligler was encouraged by the evaluation of the Whole Health pilot over the first 18 months, with a 38% decline in opioid dosing. While pain scale evidence is not dramatic, the experience of pain with less pharmaceuticals is not worsening, and for some groups it is getting better. Significantly, Veterans felt like they had been helped in setting whole health goals and achieving them.

For Policy Makers: Dr. Sandbrink noted that in case management the integration of pain specialists, mental health, and primary care is essential. So too are team-based interdisciplinary care reviews for patients at high risk of opioid overdose and/

or death by suicide. Stepped-up care and treatment for opioid-use disorder has been integrated into pain clinics and primary care. The stepped-up Whole Health model could serve as a best-practice integrated model for Veterans in both countries. In the US, there are protocols that bring post-traumatic stress disorder and pain management together by collaborating with mental health providers, but moral injury has not yet been formalized in programming and should be.

For Practitioners and Clinicians, a Whole Health model for any chronic illness consists of three pillars. The first is talking with a Veteran peer about what the patient cares about, and what areas need attention to move towards a healthier place. It establishes trust and legitimacy at the outset, with the person seeking care feeling 'heard' and understood. The second pillar consists of the well-being programs offered, like complimentary and integrative health approaches, health coaching, health education and self-care management skills. It also may include group work with other Veterans led by a trained Veteran peer health coach. The third is the Whole Health clinical domain where excellent preventative and disease management care continues. As Dr. Kligler explained, the value of the model is that "our clinicians know how to 'change the conversation' so that what is important to the Veteran is always at the centre."

THE WAY FORWARD

In 2012, the International Association for the Study of Pain surveyed interdisciplinary pain management programs globally and concluded: "Most critical is the understanding that chronic pain is a disease of the person, and that a traditional biomedical approach cannot adequately address all of the pain-related problems." Dr. Zacharias emphasized that a traditional biomedical approach cannot adequately address all of the pain-related problems of this patient population, because "chronic pain is a disease of the person." Rather, access to education and non-pharmacological forms of treatment are also foundational to Veterans health and pain care. The expert panel discussed how dealing with the complexities of mental illness and chronic pain is a lifelong issue, and stigma around weakness follows Veterans internally with their own feelings, and externally within military and societal culture. For practitioners, these complexities are perhaps best explained, and understood, through the voices of Veterans with lived experience. While we try to develop algorithms to inform evidence-based care, we must start with 'every person has a story' and that their values will shape how they process their trauma and what interventions they need. Without knowing the person, their context, and thus the ability to build trust, the quality of care will suffer. Dr. Kligler noted that while high level support for the implementation of the Whole Health model is strong in the US, "setting up new services and changing the way people look at their role – clinicians in particular – as more oriented to helping create well-being as opposed to just treating disease, that is a long journey… but we are on that journey."