

Project Team

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The Need

Develop and test a stepped-care intervention to improve functional and other pain outcomes in OIF/OEF veterans with chronic musculoskeletal pain. Stepped-care involves starting with lower intensity, less costly treatments initially (Step 1) and "stepping up" to more intensive, costly, or complex treatments in patients with inadequate response (Step 2). We believe a stepped care intervention is innovative and directly addresses the RR&D goal to challenge existing paradigms by incorporating various treatment modalities.

The Research Questions

Is stepped care more effective than usual care in reducing pain-related disability?
Is stepped care more effective than usual care in reducing pain severity?

Systems-Research Tools

To evaluate the effectiveness of the stepped care intervention, a comprehensive set of relevant outcomes and key variables that will be measured by research assistants and conducted by telephone, except for the baseline interview which is done in person. For all analyses, we will use Statistical Analysis Software (SAS, version 9.1, Cary, N.C.).

Project Overview

57% of US adults suffer from chronic or recurrent pain. Pain is the most frequent symptom reported in the community and primary care setting, and accounts for nearly 20% of all ambulatory visits. Chronic pain costs an estimated \$100 billion each year in health care services and lost productivity and is the most common cause of work disability. Chronic pain is frequently accompanied by psychiatric disorders that add to patient suffering and complicate treatment.

There have been relatively few intervention studies to address chronic pain and none among Operations Iraqi and Enduring Freedom (OIF/OEF) service members (active duty personnel and veterans). The absence of studies is concerning because chronic pain may prove to be even more prevalent and disabling in these veterans than for previous combat veterans due to the high combat intensity of the current conflicts. Enormous challenges lie ahead for the VA as OIF/OEF veterans return home and seek care in our facilities for pain, given its prevalence and morbidity and the complexity and cost of managing pain.

The Impact on Veterans

Lessons learned from the stepped care intervention can be adapted for use across VA-DoD facilities leading to more effective collaboration between organizations. For example, since the intervention relies on telephone delivery and care manager contacts it has the potential to be applied across multiple geographically dispersed rural or urban clinical settings and may guide other telehealth adaptations of a stepped care approach. Statistical analysis will show whether the intervention was effective.

Milestones and Deliverables

<i>Description</i>	<i>Due Date</i>
1. Enrollment completion	12/1/09
2. Baseline data abstracts/papers/posters	3/1/10
3. 3-month data abstracts/papers/posters	6/1/10
4. 6 month data abstracts/papers/posters	9/1/10
5. Final papers	12/1/10

Department of Veterans Affairs

VA Center of Excellence for Implementation of Evidence-based Practice
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Affiliated Centers:

Indiana University-Purdue University at Indianapolis
 Center for Health Services & Outcomes Research
<http://www.indyhealthservicesresearch.org/>

National Stroke QuERI Coordinating Center
<http://www1.va.gov/stroke-QuERI/>

Assertive Community Treatment (ACT) Center of Indiana
www.psych.iupui.edu/ACTCenter

Center for Assessment Mechanisms and Management of Pain (CAMMP)



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