



# Emerging Challenges in Complex Care

Naval Hospital Camp Lejeune (NHCL)

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# Background



## Challenges

- Home to over 50,000 service members, their families, retirees
- Rural area - closest medical center ~ 2 hour drive away
- In past, deployed Marines who sustained TBI, PTSD, orthopedic injuries, returned and were treated by clinical silos of excellence
- Marines spiraled downward, developed chronic pain, polypharmacy problems, substance abuse issues

## Solutions

- Interdisciplinary TBI recovery program developed in 2011
- Intrepid Spirit Concussion Recovery Center opened 2013
- Interdisciplinary pain service
- Interdisciplinary Behavioral Health/Substance Abuse ward



# Intrepid Spirit



- Holistic, interdisciplinary, integrated, service member and family focused treatment program
- 40-60 referrals a month
- 12-18 new service members in program per week
- 1,258 service members enrolled from inception to present
- 89.5% return to full duty rate
- Capacity to treat 1,000 new service members a year



# Critical Mission Capability



- Unique expertise in care for service members with TBI/PTSD/pain/substance abuse issues
- Research on TBI due to blast, unlikely to be replicated in civilian sector
- Strong Complementary and Alternative Medicine (CAM) program, ideal for high performance warfighters whose function is impaired by medication side effects
- Unique potential capability to follow long term effects of combat.



# Sustainability



## Transition from wartime to garrison footing

- Decrease in combat related TBIs, but 80% of TBIs occur in garrison.
- Service members who receive specialized care in Intrepid Spirit have difficulty accessing this care after discharge from program
- Retirees in area who sustain concussions have difficulty accessing state of the art care from local health care network

## Once a Marine always a Marine

- Expand catchment area for individuals with TBI
- Expand care to include retirees with TBI



# Pain Clinic



**Since inception of the pain clinic, there has been a paradigm shift in the approach to pain**

- Transition from primarily interventional model to interdisciplinary model

**Although the interdisciplinary model is being used at NHCL, quality of pain mgmt provider in community is highly variable.**

- Many community providers rely on opiates/controlled substances for treatment

**Polypharmacy and substance abuse from prescribed medications are significant problems at NHCL**

- **Polypharmacy definition**

- More than 5 controlled substances in a 60 day period
- Process monitored via the Controlled Substance Monitoring/Utilization Committee
- Data evaluated from Pharmacoeconomic Center in San Antonio (CHCS) and state databases
- Current Numbers (April 2014) of patients with poly pharmacy issues:
  - Active Duty: 165
  - Dependent: 958



# Background



**Pain Clinic established 2008 due to increased demand from war related injuries with chronic pain**

- **Pain Clinic has two functions**
  - Interdisciplinary management of chronic pain
  - Oversight of controlled substance monitoring and utilization
- **Currently see approximately 20% of active duty referrals**
- **Remainder of active duty seen in community**
  - Dearth of pain providers in community (rural eastern NC) presents access challenges



# Solutions



## **Pain Clinic Service Expansion and Transformation**

- Via Wounded, Ill and Injured Funding
- Increase in pain physicians and ancillary staff that will enable realization of true interdisciplinary model combined with stepped care model for continuum of pain management from primary to tertiary care
- This will:
  - Dramatically increase capability of recapturing care from network
  - Promote consistency of pain care not available in community

## **Expansion of Controlled Substance Monitoring/Utilization Process**

- Revision of instruction: 1) controlled substance monitoring; 2) sole provider program

## **Collaboration with II MEF via the Medically Complex Marine and Sailor Management Program (MCMSSMP) Advisory Committee**





# PTSD/Substance Abuse



- Partnership with local mental health providers, Brynn Marr, to support 12 bed residential ward for dual diagnosis treatment program
- Off base facility staffed in part by active duty personnel provides dual diagnosis treatment
- Phoenix Program a 4 week dual diagnosis intensive outpatient program



# Partnerships



- **NHCL:** Pain, TBI, Behavioral Health, SARP
- **Jacksonville:** Brynn Marr
- **East Carolina University:** Recreational therapy
- **University of Pennsylvania:** Imaging research
- **Georgetown University:** Biomarker research
- **Wayne State University:** Computer modeling
- **DARPA:** Blast gauges
- **NICoE:** Monthly VTCs
- **DVBIC:** Staff support
- **PHS:** Staff Support



# Summary



- Interdisciplinary partnerships provide care that is:
- Holistic
- Interdisciplinary
- Integrative
- Service member and family centered