

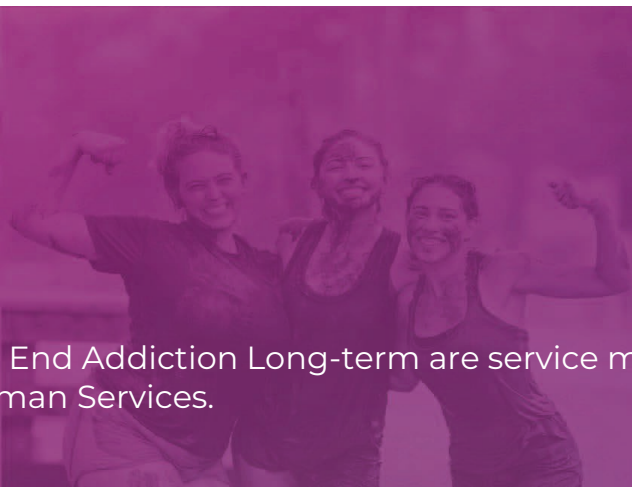


NIH
HEAL
INITIATIVE

BACPAC
Back Pain Consortium

Nonpharmacologic Pain Management for Lumbar Surgery

UH3AT009763-01



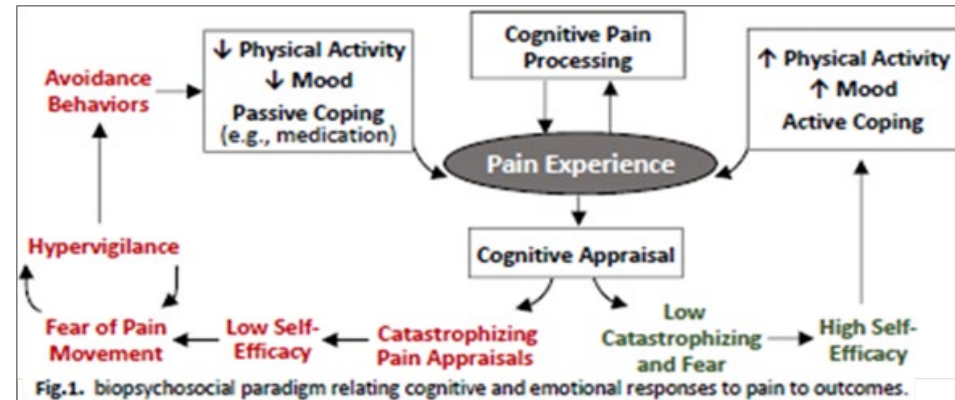
NIH HEAL Initiative and Helping to End Addiction Long-term are service marks of the U.S. Department of Health and Human Services.

Nonpharmacologic Pain Management for Lumbar Surgery

- Individuals undergoing lumbar surgery are more likely to be persistent opioid users before and after surgery.
- The critical role of psychological factors has not been adequately applied to surgical pathways using strategies that are potentially scalable.

Nonpharmacologic Pain Management for Lumbar Surgery

- Post-surgical management hasn't focused on factors that perpetuate persistent opioid use
 - Hypervigilance
 - Catastrophizing
 - Preference for passive coping
- Both physical therapy and mindfulness interventions address these factors



The Military Health System (MHS)

Military Health

The US Military Health System (MHS) has a dual mission of maintaining a ready medical force to support active duty service members around the world and delivering insurance benefits to the service members, reservists, retirees, and family members—9.5 million individuals. The TRICARE insurance program delivers both direct care (delivered in military treatment facilities) and purchased care (delivered by contracted network providers in nonmilitary settings). The MHS is in the midst of a major transformation in efforts to improve quality, better integrate care, and reduce costs.



A Year in the Life of the MHS

128 Million Prescriptions Filled



70.5 Million Outpatient Visits



1 Million Inpatient Admissions



WHO IS ELIGIBLE & HOW?

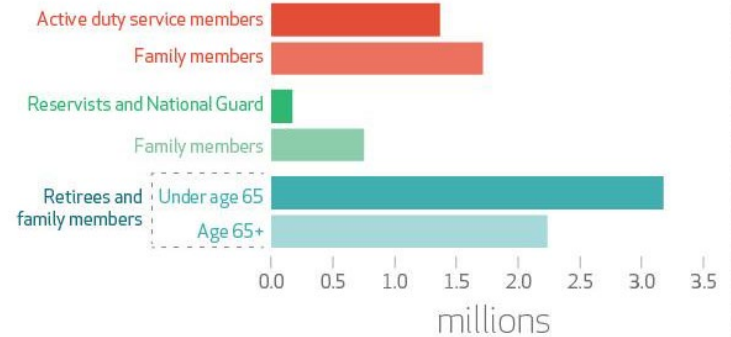
TRICARE

9.5 million

FY 2018 UNIFIED MEDICAL BUDGET

\$53.6 billion

(9% of DoD spending)



MILITARY TREATMENT FACILITIES

51

Hospitals

13 Outside the US

381

Medical clinics

52 Outside the US

247

Dental clinics

See Defense Health Agency, Evaluation of the TRICARE Program (FY 2019 and FY 2018); and Tanielian and Farmer on page 1262

Primary Objective

Compare the effectiveness of two pain management pathways (standard vs. enriched) for patients undergoing lumbar spine surgery in the MHS. Effectiveness will be based on post-surgery patient-centered outcomes and opioid use. We hypothesize the enriched pathway will provide superior outcomes vs. the standard pathway.

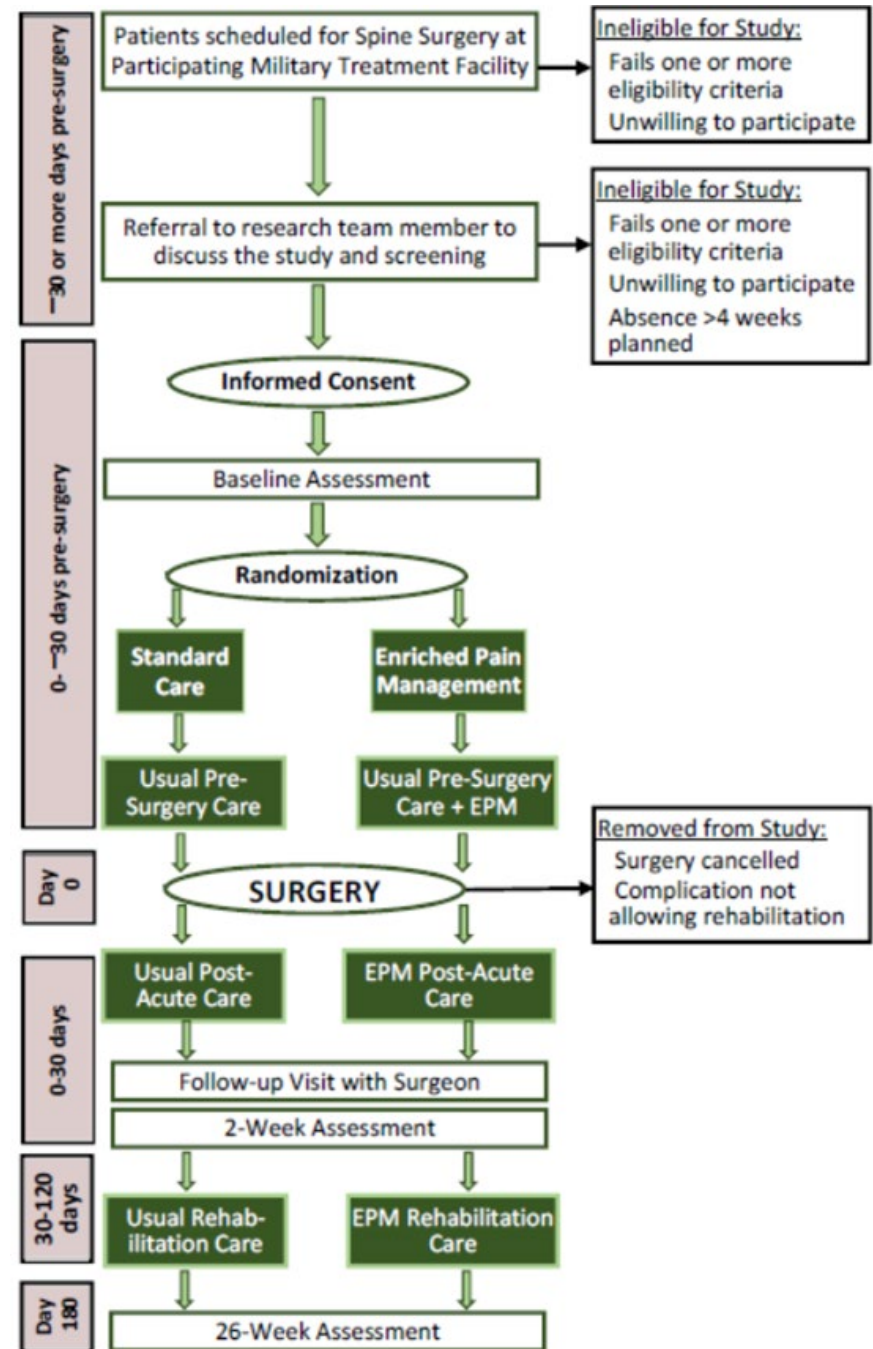
Eligibility Criteria

Adults age 18-75

Fusion (up to 4 levels) or non-fusion lumbar procedures

Elective procedure

No medical reasons preventing post-surgical exercise



COVID-RELATED CHALLENGES

- Restrictions on in-person care and elective procedures
- Priority populations to receive in-person physical therapy
- Safety protocols for in-person research personnel
- Re-deployment of clinical personnel
- Changes in clinical leadership