



Quarterly Newsletter Overview

The Navy Comprehensive Pain Management Program (NCPMP) is excited to present the second edition of the Navy Pain Newsletter, which serves as a tool to connect the pain community and aims to provide helpful resources to Navy Pain providers. This edition of the Navy Pain Newsletter will highlight Battlefield Acupuncture (BFA), an emerging and promising pain management modality. BFA is a type of Auricular Acupuncture (AA) that is used for pain relief alongside or as an alternative to conventional pain medications.

Inside this issue is detailed information on the NCPMP's current AA and BFA efforts, a step-by-step overview of the BFA certification process, applicable BFA-specific resources, a provider spotlight showcasing a Navy AA subject matter expert (SME), and the NCPMP Team's key takeaways from the AMSUS Conference.

NCPMP Auricular Acupuncture Efforts

- ❖ **The NCPMP is focused on efforts that support the readiness, resiliency, and recover of Sailors and Marines**, devoting time and resources to increase the Navy's medical readiness. Through monthly meetings with the Navy Training Proctor Cohort, the NCPMP has supported proctors throughout the Navy as they travel for in-person practicums, developing resources and processes to assist with the trainings. The NCPMP is also developing a record of credentialed providers.
- ❖ Historically, the Navy's AA trainings have been hosted on Relias Learning, but **the NCPMP has recently copied the online course to Joint Knowledge Online (JKO)** to increase access to the training while in the operational setting.
- ❖ While the Navy has four (4) protocols of AA, **we are working to increase promotion, resources and courses that focus specifically on BFA**. BFA's focus on the treatment of pain and its simplicity make it an effective and scalable modality.
- ❖ **The NCPMP is working to increase accessibility to these modalities** through a greater awareness and clarified process.



There are efforts to leverage BFA as a pain management modality across the Tri-Services, as depicted in the photo above of the U.S. Army learning BFA.



If you have any topics, questions, or feedback you would like to share with us, please submit to us via this [survey link](#). If you'd like a response from us, be sure to share your name, but if you'd prefer to stay anonymous in your feedback you are welcome to leave that field blank.

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AA Certification Process

If you are interested in receiving the training, associated CME credits, and performing the skill*, confirm that your local chain of command can support an in-person practicum, and then follow the steps below:

STEP 1:

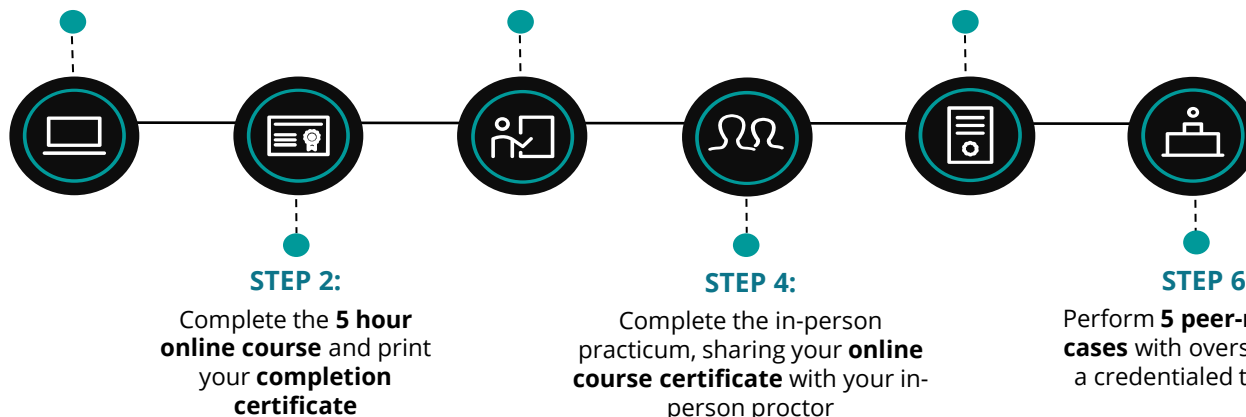
Access the **"Auricular Acupuncture Basic: Navy Comprehensive Pain Program"** course on Relias Learning or JKO

STEP 3:

Request an **in-person practicum** through your command, or attend a **preestablished upcoming training**

STEP 5:

Receive an **endorsement letter** from proctor to file with your **MTF Credentialing Department and/or GME training program**



**Privileged providers may perform AA when appropriately trained and credentialed, Clinical support staff and HM's may perform AA only when ordered by a privileged provider. When in doubt, seek insight from the credentialing department at your command*

***If there is no peer to review your cases, work with your command to set up a remote review*

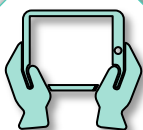
BFA Resources

Here are a few key BFA-Specific resources for your reference:



BFA Materials

BFA uses gold Auricular Semi-Permanent (ASP) acupuncture needles. Up to 10 needles may be needed for a single treatment. Alcohol wipes are used for sanitation. You can request these materials from your command.



Medically Code for BFA

For detailed information on how providers medically code for BFA, check out the **Clinical Pharmacy Coding and Documentation Handbook**, specifically page 23, by double clicking the Handbook icon on the right. Please note that BFA may be reported in the same encounter with medication therapy management.



Provider & Patient Benefits of BFA

The American Academy of Pain Medicine published **The Implementation and Effectiveness of Battlefield Auricular Acupuncture for Pain**. A few of the cited benefits of BFA include successful pain control while reducing opioid use, alleviation of pain ineffectively managed by conventional treatments in the past, and status as easy, portable, and low-risk.



Navy Provider Spotlight

The NCPMP Support Team asked Auricular Acupuncture SME, LCDR Ayesha Edwards, a few questions about her experience and perspectives on AA and BFA. Read her insights below:

Q: Hi LCDR Edwards, thanks for taking the time to speak with us. What is your professional background? Why did you become an AA and BFA trainer?

A: I am an USN Active Duty Officer, Licensed Clinical Social Worker working within Mental Health with the Adult Active-Duty Population. My interest in AA stemmed from witnessing many Service Members suffering from chronic pain, which often has negative impacts on their psychological wellbeing. My experience with diagnosing and treating substance use disorders, specifically within a Methadone clinic setting for Veterans, has shown me with the Operation Enduring Freedom (OEF)/Operation Iraqi Freedom (OIF) population the alarming risk for addiction Service Members are placed in when prescribed opioids. AA/BFA provides a non-pharmacological approach to address pain, anxiety, and addiction as an augmenting treatment. This further expands my scope of practice and treatment modalities accessible to me as a non-prescribing provider. My interest in becoming a BFA trainer stems from my experiences of witnessing the benefits patients have had, but unfortunately how few trained facilitators there are within mental health settings.

Q: What benefits have you seen from performing AA and BFA at your clinic?

A: With use of BFA, ATP, and the National Acupuncture Detoxification Association (NADA) protocol I have seen on average a 3-point reduction in symptoms experienced, improvement in gate control, and space for being open to trying other cognitive based interventions for treating those issues which significantly impact readiness.

Q: What best practices have you learned when performing AA and BFA in an operational setting?

A: Combining AA/BFA with guided meditation seems to enhance a patient's experience and provides psychoeducation on breathing relaxation practices for coping with pain and anxiety.

Q: Why would you recommend BFA training to other fellow providers?

A: As providers we need to provide treatment modalities that are individually unique to the patient/client. Having BFA in your provider toolbox acts as an additional treatment to offer the patient when developing treatment goals and modalities to be used.



Interested in taking a course? Click the links below to get started!

Learn Navy Auricular Acupuncture

Take the online course on [Relias Learning](#) or [JKO](#)*

Learn Battlefield Acupuncture

Take the online course on [Relias Learning](#)

**If you're having trouble accessing the AA course on JKO, make sure you have an organization selected on your JKO profile*



AMSUS Conference

The NCPMP Team attended the AMSUS conference in Washington, DC on Feb 13th-16th to hear about the latest topics and technologies from experts in the Military Health System and to collect best practices to distribute across the NCPMP stakeholder network. Please see below for some of the key takeaways from the conference.



AMSUS Key Takeaways

1. BFA Provider Training:

- ❖ The NCPMP Team directly observed and experienced a BFA training which included a live assessment, and the certification processes that was given from certified trainers conducted by members of the Army and the AIM Center, giving the NCPMP Team a thorough understanding of the certification requirements
- ❖ The NCPMP Team gained firsthand knowledge of how providers are trained in BFA by watching in-person demonstrations and participating in hands-on experience with the needles, points, and materials utilized by providers

2. Points of Integration:

- ❖ Throughout the conference, presenters from the DHA and Tri-Services shared effective tactics for successful teaming, noting the need to share new medical findings and methodologies, as an example
- ❖ The message was one of solidarity between all parties; presentations voiced the importance of taking responsibility and focusing on patient care, despite challenges created in the DHA transition

3. Patient Experience and Education:

- ❖ The NCPMP Team heard more about the BFA patient experience and reviewed the expectations given by providers before the treatment is performed
- ❖ The NCPMP Team learned methods used by the VA in promoting long-term COVID treatment and patient education

The NCPMP Team

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Thank you for taking the time to read through the second quarterly newsletter. The work you do is critical in supporting the readiness, resiliency, and recovery of ADSMs. We hope you found this information helpful. As we mentioned before, if there are any recommended topics, questions, or general feedback about this newsletter, please let us know by filling out [this survey](#).



Newsletter Links

Below are links included in this newsletter for your accessibility:

Auricular Acupuncture and Battlefield Acupuncture Course Links:

- ❖ JKO AA Course: https://jkodirect.jten.mil/html/COI.xhtml?course_prefix=DHA&course_number=-US1313
- ❖ Access the Relias Learning AA and BFA Courses via the Homepage. Once logged in, enter “auricular acupuncture” or “battlefield acupuncture” in the search field and click “view course” to enroll:
<https://navy.reliashealth.com/Default.aspx?alias=navy.reliashealth.com/navymedicine>

BFA Resources:

- ❖ The Implementation and Effectiveness of Battlefield Auricular Acupuncture for Pain: <https://academic.oup.com/painmedicine/article/22/8/1721/6189013>
- ❖ DHA Clinical Pharmacy Coding and Documentation Handbook: https://secure-web.cisco.com/1wLO7rcp6V36Zfgt6iZAileT5CioLlam496ie9cKRw03l6_L4mqgdnX0njZuEOcXJosAXxbYnDzmDOc2Y0ue_GKllaX1Dp7W3ayamCeRuk1mRUXt-sC-vH8VImR-Klk7i9Wbs77BUomz_0fTEB45woGFx171ks7mFpEUbe9EmkBD8bWyvv-Dmyhl2-J3a_bNa_J1cjT5X59hvDSmZCa7aVHfRMWa2qXwR9v3bkIDp3J2DcMNo710cXgRQfQSONjz-4R_QrE4n-aEe4pM8NjSYSOAtUmyqzriBN7KLqhsXt6n4DJ7jqFVTPFuRug30umdp7RR_MDmgR_Yk1pqCasFmF9szFiuFDfOvAXkfUXEMQXHJqci6KhxM9EW0pbkr9UjbscN8Yc5g9ZDiOrbmCdqNILam1AO5lxZBoCa1aQnHJBLfv2M2nxYsUzraJbLeeHiuXK-PEMxfyLEjmc6ZRikk3oHNNkcSaGdIpggjYETqT3sAg7F8dy0Z0s2EeSufnFkculbLX1ulEwANiA_aeZsk6Bw/https%3A%2F%2Fesportal.med.navy.mil%2Fbumed%2Frh%2Fm3%2FM33%2FNCPMP%2FQuarterly%2520NCPMP%2520Newsletters%2FForms%2FAllItems.aspx

NCPMP Links:

- ❖ NCPMP Email: usn.ncr.bumedfchva.mbx.navmed-painteam@health.mil
- ❖ NCPMP Quarterly Newsletter Survey: <https://deloittesurvey.deloitte.com/Community/se/3FC11B26124CB07E>
- ❖ NCPMP SharePoint Site: <https://esportal.med.navy.mil/bumed/rh/m3/M33/NCPMP/SitePages/Home.aspx>

