PATIENT ASSESSMENT SCREENING TOOL AND OUTCOMES REGISTRY (PASTOR/PASTOR PLUS)
DoD Pain Management Task Force

Provide recommendations for MEDCOM for a comprehensive pain management strategy
- that is **holistic**, **multidisciplinary**, and **multimodal**
- utilizes **state of the art/science** modalities and technologies, and
- provides **optimal quality of life** for **Soldiers and other patients** with acute and chronic pain.
- Adopt a clinical information system that provides pain assessment screening with an outcome registry to promote consistency in pain care delivery*

--Army Pain Management Task Force Charter; signed 21 Aug 2009

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Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research, June 2011

- Recommendation 4.1.9.1
  
  Jointly fund development of a Pain Assessment Screening Tool and Outcome Registry under the direction of a central pain management advisory board.
Military Health System (MHS) looking to develop an enterprise pain management capability that would provide needed outcomes evidence to:

- Standardize pain assessment process
- Centralize pain data registry and pain outcomes tracking

Pain management in its current state *adversely impacts* the entire care continuum.

- Physicians cannot guide treatment decisions
- Patient involvement is limited
- Efforts of military and civilian researchers to identify the most effective pain management strategies are impeded
- Pain is number one reason veterans seek care
CREATE A “PSYCHOMETRICALLY VALIDATED, DYNAMIC SYSTEM TO MEASURE PROS EFFICIENTLY IN STUDY PARTICIPANTS WITH A WIDE RANGE OF CHRONIC DISEASES AND DEMOGRAPHIC CHARACTERISTICS.”

National Institutes of Health, 2003
PROMIS

10 Years and
$> 100 Million Dollars Later

• 40,000 people have contributed data
• Longitudinal, clinical validation in a host of chronic conditions
• Huge push to use PROs in clinical settings
• Value Based Care Care Networks
RESEARCH, OUTCOMES REGISTRY, CLINICAL DECISION TOOL

Web application served from MAMC

- Clinical Assessment
  - Using validated computer adaptive testing (CAT) PROMIS instruments

- Clinical Report/Decision Tool
  - Longitudinal patient pain/function/alert data in concise format

- Patients Enter Information Prior to Appointments
  - Using the web capable device of their choice
PASTOR Measures

Registration, Demographic, and Other Information

Pain
Defense and Veterans Pain Rating Scale (DVPRS)

Graphic Pain Map

PROMIS Bank v1.0 - Pain Interference
- 8 items
- CAT administered

PROMIS Pain Quality
- 7 item short form

PROMIS Headache
- 8 items
- CAT administered
PROMIS Measures of Pain Correlates

- PROMIS SF v1.0 - Global Health (short form)
- PROMIS Fatigue (CAT-6 items)
- PROMIS Social Sat Role (CAT-6 items)
- PROMIS Depression (CAT-6 items)
- PROMIS Anxiety (CAT-6 items)
- PROMIS Anger (CAT-6 items)
- PROMIS Sleep-Related Impairment (CAT-6 items)
- PROMIS Bank v1.0 - Physical Function (CAT-6 items)

Treatment Information

Psychological Treatment (1 item)

Adherence - Alignment to Treatment (5 items)

Patient Reported Complications (6 items)

Treatment History
PLUS Specialty support focus

- PROMIS Sleep Disruption
- PROMIS Global Satisfaction with sex life

- Tampa Scale of Kinesiophobia - TSK-11
- Pain Catastrophizing Scale – PSC
- Pain Self Efficacy Questionnaire – PSEQ
- Chronic Pain Acceptance Questionnaire – CPAQ
- PTSD checklist-Civilian Version - PCL-C *
- Drug Abuse Screening Test – DAST 10 *

- consideration -Patient Activation Measure – PAM 13/8

* Triggered logic
Functional Restoration : Specialty support focus

- Sit to Stand
- Harvard Step Test
- Progressive Isoinertial Lifting Evaluation (PILE)
PASTOR : Data Flow

- PROMIS Engine
- Pain Registry
- Patient Self-Entered
- Personal Health Record
- Patient View
- Provider View & Report generation
- AHLTA via HAIMS
- Pain Specialty Care & PCMH Care Coordination Plan (CCP) and Workflow
• Pain Mapped by Region
• Clinical Alerts
• Patient Defined Goals
• Gen population percentile indicator

• Color Coding on each graph
FUNCTIONAL RESTORATION PAIN PROGRAM

REFER YOUR CHRONIC PAIN PATIENTS...

Functional Restoration Pain Program

An intensive, multimodal, medically supervised interdisciplinary program for the functional rehabilitation of chronic pain

ELIGIBILITY CRITERIA

- Active Duty with ≥ 12 months remaining duty
- Chronic pain disorder; failed standard intervention
- No pending/probable PEB
- Willingness to sign care agreement
- Willingness to execute LIMDU to accommodate time requirements
- No unstable or disqualifying mental health disorders (i.e. untreated SAD, psychosis, severe depression)
- No disorders that interfere with cognitive processing (i.e. severe TBI)
- No surgical contraindications for participation
- Identified Primary Care provider to support maintenance phase

Program Length: 20 hours per week over 8 weeks

Email potential candidate info to:
LT Ana Texidor at Ana.Texidor@med.navy.mil

Program Representatives:
CAPT Ivan Lesnik (Pain Medicine)
Kathleen McChesney, PSY.D. (Mental Health)
Meredith Schumacher, PT, DPT (Physical Therapy)

Readiness, Restoration of Function and Relief of Pain through Research
Referrals are for active duty only.

1. Patient referred to FRPP
   Int/Ext – referrals
   Eligibility Screen

2. Patients scheduled for Individual team member intakes

Weeks prior to FRPP Start

3. Patient scheduled for NCM FRPP intake group visit

4. Patient completes “Baseline” PASTOR-PLUS

Week prior FRPP NCM Intake

5. Start FRPP
   - Medical MGMT
   - Medications
   - Sleep Tx
   - Physically reconditioning
   - Work Hardening
   - Yoga/Pilates
   - Aquatic training
   - Mind Body Medicine
   - Pain Self-care training
   - Pain Education
   - CBT/ACT
   - Recreation Therapy

Day 1 FRPP

6. Patient completes “Interim” PASTOR-PLUS

Week 4 FRPP

7. Patient completes “FRPP complete” PASTOR-PLUS
   I. Post-program responsible PCM identified
   II. FRPP discharge treatment plan developed to support continued care within PCMH

Week 8 FRPP complete

8. Patients complete “FRPP Booster” PASTOR-PLUS via web @ 3, 6, 12 months

FRPP Booster sessions scheduled

Weeks prior to FRPP Start

* Referrals are for active duty only

8 week IOP 6-10 patients per cycle

Interdisciplinary Team
* Review PASTOR-PROMIS result
* Integrate Team Intake Evaluations
* Determine Diagnosis
* Develop Interdisciplinary Treatment Plan
* Discuss Outcomes and treatment plan with patient

Interdisciplinary Team
* Review PASTOR-PROMIS interim results
* Integrate findings
* Adjust Interdisciplinary Treatment Plan as needed
* Discuss Outcomes and treatment plan with patient

Interdisciplinary Team
* Review PASTOR-PROMIS Booster results
* Integrate findings
* Interdisciplinary team develops booster treatment plan
* Discuss Outcomes and treatment plan with patient

* FRPP Booster care aligned to facilitate continued PCMH oriented management

FRPP Booster

* Review PASTOR-PROMIS result
* Integrate Team Intake Evaluations
* Determine Diagnosis
* Develop Interdisciplinary Treatment Plan
* Discuss Outcomes and treatment plan with patient

* Remote patient activation
* Asynchronous healthcare interactions via patient Dashboard
* Health care coaching

FUNCTIONAL RESTORATION PAIN PROGRAM

Week 8 FRPP complete
Preliminary Result of 33 Chronic Pain Patients at Balboa Undergoing treatment in the Functional Restoration Program
**Tampa Scale of Kinesiophobia - TSK-11**

**TSK-11 C3**

- **Baseline**: 30.71
- **4 Weeks**: 26.00
- **8 Weeks**: 20.71

**Baseline - MCID**

**MCID = 4**

**Decrease in Measure Indicates Improvement**
Pain Catastrophizing Scale

**Decrease in Measure Indicates Improvement**

Baseline - MCID
MCID = 30%
**Decrease in Measure Indicates Improvement**
PASTOR is in full production at Pilot sites

- Naval Medical Center San Diego
- Walter Reed Military Medical Center
- Madigan Army Medical Center

Underway - Linking outpatient therapy and collaboration between the specialty pain clinics and primary care - common language

- Medical Home *Pain Champion* and *Pain Specialist*
  
  - *TelePain*
  
  - *ScanEcho*
CURRENT PROMIS END USERS

Washington University Medical School, St. Louis
Virginia Commonwealth University
University of Washington, Seattle
University of Rochester, Center for Musculoskeletal Research
University of Maryland School of Nursing
University College London, Health Behavior Research Centre
Northwestern University, Center for Psychosocial Research in GI
Newcastle University Medical School, Institute of Cellular Medicine, Newcastle, UK
University of Utah
University of Michigan
University of British Columbia
RehaKlinikum Bad Säckingen GmbH
MD Anderson Cancer Center
Jewish General Hospital, Montreal (plus 14 other facilities), Canada
RAND Corporation
Henry Ford Medical Group
Mayo Clinic
Durham Veterans Affairs Medical Center
Mass General

Clinic for Internal Medicine,
  Charite – Universitatsmedizin, Berlin
Illinois State University
Case Western
Albany Medical College
UCLA and VA GI Clinics
University of Adelaide, Australia
Stony Brook Center for Pain Management
Oregon College of Oriental Medicine
Summa Health System
University of Washington and CNICS HIV Care
AMVETS
Stanford Pain Clinic
Cleveland Clinic

UW Medicine
PAIN MEDICINE
“In God we trust; all others must bring data.”

W. Edwards Deming