



PASTOR

PAIN ASSESSMENT SCREENING TOOL
AND OUTCOMES REGISTRY

Implementation Guide

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Implementation Checklist

It is important to consider the types of roles/tasks of PASTOR use. A brief checklist can help navigate role and task assignment. Each role-task can be completed by one or several individuals, depending on the local clinic.

Role: Coordinate

- Instruct patients on PASTOR (this can be facilitated with a patient-focused infographic)
- Register patients
- Order surveys
- Remind patients to complete surveys
- Facilitate in-house completion
- Print reports

Role: Care

- Review reports
- Discuss reports with patients
- Determine how PASTOR results will guide clinical care*

Role: IT & Equipment Management*

- Ensure any equipment (e.g., tablets) is compatible with PASTOR requirements
- Ensure internet access (e.g., local wifi) is intact
- Update software/equipment settings to maintain compliance and security
- Available to troubleshoot IT issues

Role: Monitor

- Monitor implementation*
- Compile information on patients who complete PASTOR*
- Facilitate quality improvement*

*Not all roles/tasks are imperative to implementation and may be dependent on local clinic workflow and choices.



Pain

Defense and Veterans Pain Rating Scale 2.0
Pain Catastrophizing Scale
TBI QOL Headache
PROMIS Pain Interference
PROMIS Neuropathic Pain Scale
Pain Diagram

Physical

PROMIS Physical Function
PROMIS Fatigue
PROMIS Sleep-Related Impairment
3 Activities and Pain Impact Scale

Psycho- Social

PROMIS Depression
PROMIS Anxiety
PROMIS Anger
PROMIS Social Role Satisfaction
Primary Care PTSD Screen for DSM-V

Behavioral

PROMIS Alcohol Use
PROMIS Prescription Pain Medication Misuse
Pain Treatment History & Effectiveness
History of Present Illness

All PROMIS scales, except the Neuropathic Pain Scale, leverage Computer Adaptive Testing, whereby scales are typically completed in 3-8 questions.

Interpreting PROMIS Scales

- NIH developed a unified assessment called the Patient Reported Outcomes Measurement Information System (PROMIS).
- PROMIS scale scores are t-scores, normed on the general population.
- t-scores range from 0-100, the mean is 50, standard deviation is 10.
- Therefore, scores 40-60 are within 1 SD of the general population mean.
- Research has identified minimally important differences (MID) for patients with chronic pain. These are shown on the following pages and should be used to with clinical judgement, as MID's are not absolute indicators of improvements or the lack thereof.
- Scale scores are interpreted according to their name. For example, higher Physical Functioning scores indicate better functioning. However, higher Depression or Anxiety scores suggest worse symptoms.



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Surveys, Minimally Important Differences (MID), & Prosetta Stone

*Note: PROMIS scale scores are interpreted according to their names. Example: Higher Physical Functioning scores = better physical functioning, but higher Pain Interference scores = worse pain interference. **ProsettaStone.net** has calibrated linking tables to cross-walk PROMIS scale scores with legacy scale scores (e.g., GAD-7, PHQ9). The available linking tables are listed on the right side of the scale name. Minimal important differences (MID) sometimes vary according to pain type and duration.

Non-PROMIS Scales

MID:
30% or 2
points

**Defense and
Veterans Pain
Rating Scale
(DVPRS)**

MID:
38-40%

**Pain
Catastrophizing
Scale**

MID:
2-3.3
points

**PROMIS
Physical
Functioning**

SF-36 Physical
Functioning,
HAQ-Disability
Index,
DASH/Quick
DASH

MID:
2.5-4.5
points

**PROMIS
Fatigue**

FACIT-
Fatigue, SF-
36 Vitality

MID:
2-5.5
points

**PROMIS
Pain
Interference**

BPI
Interference,
SF-36 Bodily
Pain

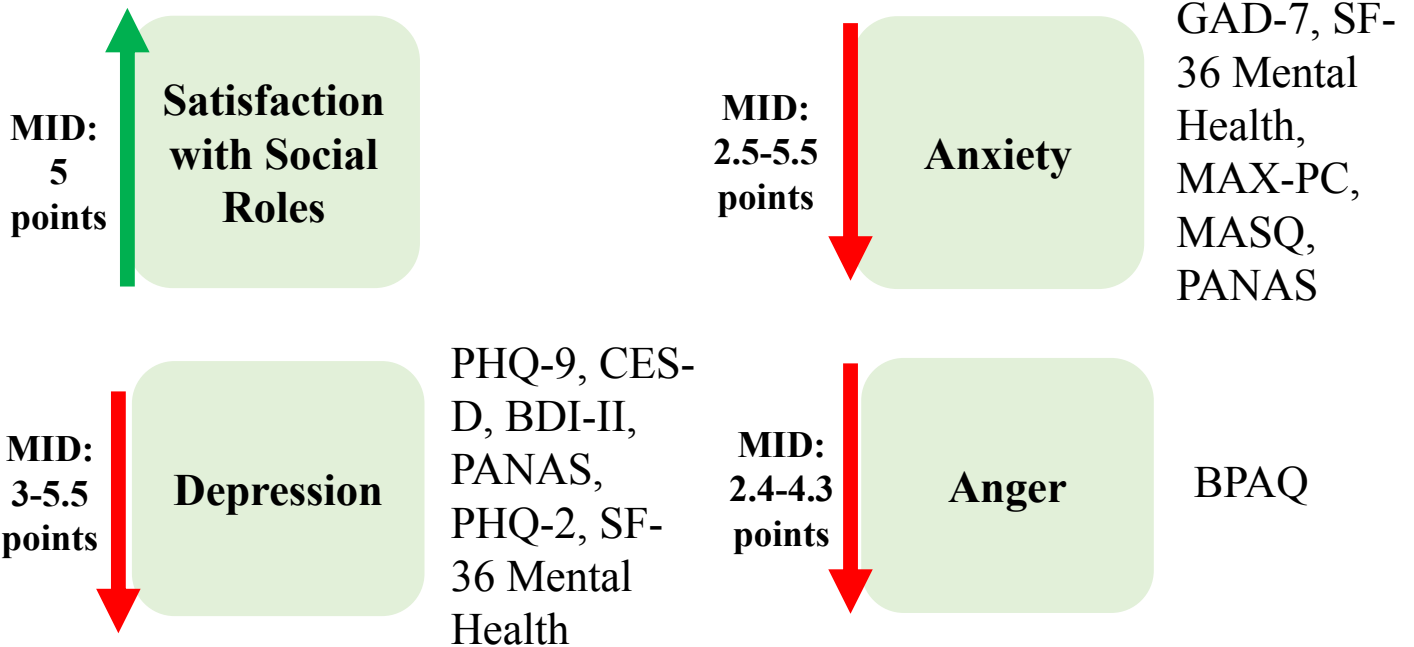
MID:
2.5
points

**PROMIS
Sleep-
Related
Impairment**

Note: PROMIS scales are t-scores, mean = 50, SD = 10.



*Note: PROMIS scale scores are interpreted according to their names. Example: Higher Physical Functioning scores = better physical functioning, whereas higher Pain Interference scores = worse pain interference. **ProsettaStone.net** has calibrated linking tables to cross-walk PROMIS scale scores with legacy scale scores (e.g., GAD-7, PHQ9).



These scales are reported in the report's alert box. If scores are 1SD above the norm or above pre-established threshold, the alert box will be positive.

Primary Care PTSD Screen

PROMIS Alcohol Use

Neuropathic Pain Quality Scale

PROMIS Prescription Pain Medication Misuse

Using the Provider Report

- **Pain Diagram:** Patient marks areas of pain, noting which one hurts the most. Number of pain locations are monitored across time. Note, current report will not include opioid prescription information, but it is planned for a future roll-out.
- **Alert Box:** Described in detail next.
- **DVPRS:** Two line graphs depicting pain intensity and pain impact across time. For pain intensity, scores 0-4 are mild, 5-7 are moderate, and 8-10 are severe.
- **Treatment history and effectiveness:** Patients will report when they last used a treatment and the degree to which it was helpful. Green shading is used to denote a treatment the patient said was helpful.
- **PROMIS Scales:** Three line graphs depicting scores across time. Red (2+SD) and yellow (between 1-2 SD) zones are used to facilitate interpretation. Note that higher scores = better functioning for Physical Functioning and Satisfaction with Social Roles, but is reversed for the other scales (higher scores = worse functioning).
- **Pain Catastrophizing Scale:** scores depicted across time. This scale has been a strong predictor of treatment response and outcomes. Scores falling in the yellow zone are considered “moderate” and those in the red zone are considered “high.”
- **Patient Goals:** Patients list three important activities they wish to complete. They then rate the degree to which pain limits their engagement in the activity from 0 (no limitation) to 10 (unable to perform at all).

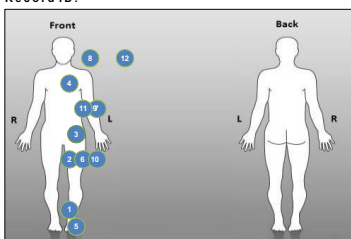
Report Alert Box

- **Primary Care PTSD Screen:** A 5-item measure designed to screen for PTSD in primary care and other medical settings. The screen includes an introductory screening question and 5 symptom questions. Alert trigger: Total score ≥ 3 .
- **PROMIS Alcohol Use:** Assesses problem drinking (consumption, craving, triggers for drinking, efforts at control), positive and negative personal consequences, and positive and negative general expectancies. Alert trigger: t-score ≥ 52.3 ; equivalent to a 5 on the AUDIT-C
- **PROMIS Prescription Pain Medication Misuse:** Assesses risky behaviors related to prescription pain medication. Alert trigger: t-score ≥ 54 .
- **PROMIS Depression:** Assesses negative mood (e.g., sadness, guilt), negative views of the self (e.g., self-criticism, worthlessness), negative social cognition (e.g., loneliness, interpersonal alienation), and decreased positive affect and engagement (e.g., loss of interest). Alert Trigger: t-score ≥ 59.9 ; equivalent to PHQ-9 score of 10.
- **PROMIS Anxiety:** Assesses fear (e.g., fearfulness, feelings of panic), anxious misery (e.g., worry, dread), hyperarousal (e.g., tension, nervousness, restlessness), and somatic symptoms related to arousal (e.g., racing heart, dizziness). Alert trigger: t-score ≥ 62.3 ; equivalent to GAD-7 score of 10
- **PROMIS Neuropathic Pain Screen:** A short 5-item survey in which patients are asked to rate the degree to which they experience aspects of neuropathic pain (1=not at all, 5=very much). Alert Trigger: score of 10+ on a scale from 5-25 of neuropathic pain.



Name: Fedilynn Donald
 Date: 22-Nov-17
 Record ID:

Primary Care: Tripler
 Age:
 Gender: Female

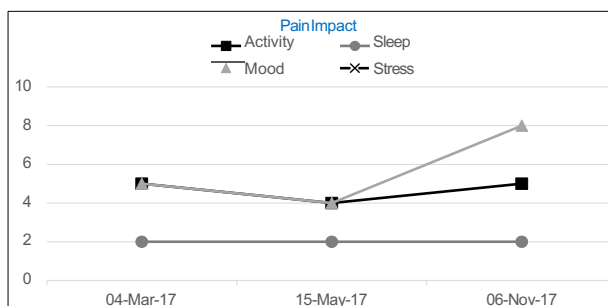
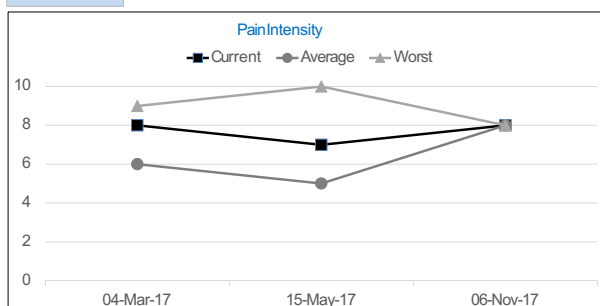


PAIN LOCATIONS	
1	Front Left Lower Leg
2	Front Left Lower Arm
3	Front Left Upper Arm
4	Back Right Shoulder
5	Front Left Pinky Toe
6	Front Left Leg
7	Back Left Leg
8	Back Right Thigh
9	Front Left Upper Thigh
10	Back Left Upper Thigh
11	Front Left Wrist
12	Right Wrist

Date	# Painful Locations	Morphine Equivalent Dose	Rx PainMed Misuse T-Score
21-Apr-17	26	5	40
16-May-17	14	3	20
6-Nov-17	11	3	10
4-Dec-17	17	4	0

Prescription Pain Medication Misuse	Negative Screen
PTSD	Negative Screen
Alcohol Concern	Negative Screen
Depression	Moderately Severe (equiv to PHQ9-15-19)
Anxiety	Moderate (equiv GAD7 10-14)
Neuropathic Pain Screen	Negative Screen

DVPRS

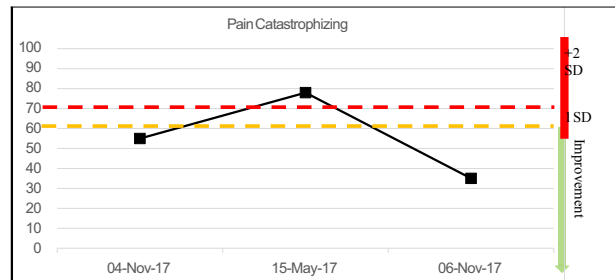
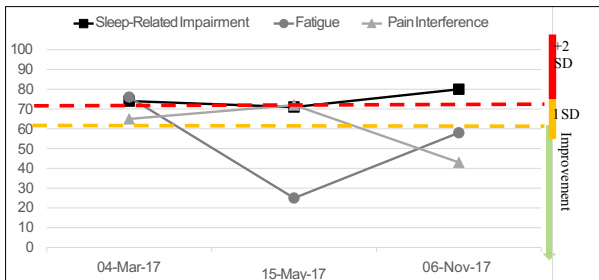
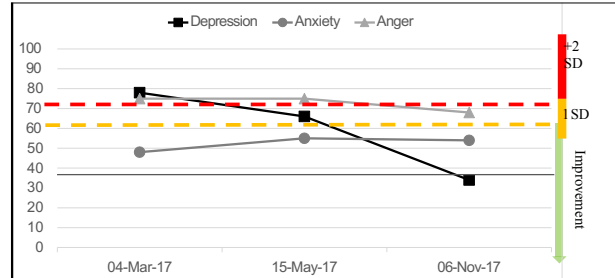
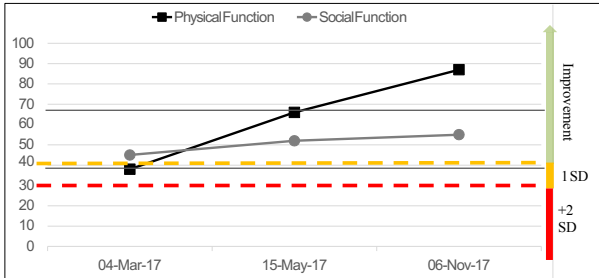


Treatment History and Effectiveness

Type of Treatment (examples)	When it was used	Effectiveness
Exercise, physical therapy or occupational therapy	Currently	Moderately
Other physical treatments (heat, massage, TENS)	1-3 years ago	No
Opioid medications (oxycodone, morphine)	Currently	Moderately
Behavioral treatment (CBT, relaxation, distraction)	5+ years ago	No
Non-steroidal anti-inflammatory medication (ibuprofen) and/or acetaminophen (Tylenol, etc.)	This year	No
Neuropathic pain medications (gabapentin, nortriptyline, duloxetine, etc.)	Never	N/A
Complementary and integrative therapies (acupuncture, yoga, etc.)	Never	N/A
Injection therapies (epidural steroid or joint injections, etc.)	This year	N/A
Orthopedic or neurosurgical surgeries (spinal fusion, arthroscopic joint surgeries, joint replacement, etc.)	1-3 years ago	Moderately



PROMIS Scales



Important activities that are limited by pain...



Translate Results into a Clinical Note

PASTOR was designed to not only improve assessment and treatment, but to also facilitate clinical needs. Listed below, are sections required in clinical notes, under which the survey/scale and data point is listed.

Patient Characteristics

- Demographics: age, military status

Pain-Related Information

- DVPRS: past 7 day average pain
- Pain History and Diagram: locations of pain, worst pain location, pain onset, presence of radiating pain, alleviating factors, exacerbating factors
- Neuropathic Pain Quality Scale: positive/negative screen, endorsed characteristics of pain (1=not at all, 5=very much)

Previous Diagnostic Studies

- Pain History and Diagram: previous diagnostic studies

Previous Treatments and Response

- Treatment History: Previously tried treatments, when they were used, and previous treatment response

Functional/Emotional/Behavioral/Social Assessment

- PROMIS Scales: scores 2+ SD from norm (red zone)
- Pain Catastrophizing Scale: yellow zone = moderate, red zone=high
- Primary Care PTSD Screen: positive/negative
- PROMIS Prescription Pain Medication Misuse: positive/negative



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Comprehensive Pain Management Toolbox

After a patient completes PASTOR, the results can be used to tailor treatment per reported symptoms, starting with self-management strategies and expanding to active therapies and other multimodal approaches. Below are evidence-based strategies that can be part of your treatment toolbox:

Self-Management

- Physical fitness/movement (stretching, walking, hiking, swimming, yoga, tai chi, posture)
- Healthy eating, weight management
- Restful sleep
- Mindfulness
- TENS
- Foam roller, self massage
- Tobacco cessation

Referrals & Diagnostic

- Sleep clinic
- Behavioral health
- Nerve blocks
- X-ray, MRI
- EMG/NCV

Therapeutic procedures

- Trigger point injection
- Epidural steroid injection
- Joint injection
- Radiofrequency nerve ablation
- Platelet-rich plasma injection

Non-medication & Non-procedural

- Physical and occupational therapies
- Complementary and integrative health therapies
- Behavioral health therapies

Medications

Topical and oral medications can be used to treat chronic lower back pain (LBP), nerve pain (NP), arthritis joint pain (AJP), sleep (S), headache prevention (H), depression (D), anxiety (A), PTSD (PTS), and PTSD-related nightmares (PTN)

Topical

- Diclofenac gel (LBP*, AJP)
- Lidocaine patch (LBP*, NP, AJP) ***possible benefit**
- Capsaicin (LBP*, NP, AJP) ***possible benefit**

Oral

- NSAIDS (LBP, AJP)
- Acetaminophen (AJP)
- Nortriptyline, amitriptyline (LBP, NP, S, H, D, A)
- Duloxetine, venlafaxine (LBP, NP, AJP, H, D, A, PTS)
- Gabapentin, pregabalin (NP, A)
- Prazosin (PTN*)

Note: It is recommended that Acetaminophen, muscle relaxants, steroids, and opioids **NOT be used** for chronic LBP



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Patient Information

What is PASTOR?

The Pain Assessment Screening Tool and Outcomes Registry (PASTOR) is a group of questions to help your medical team learn more about how you are dealing with pain and how well your treatments are working.

How does PASTOR work?

PASTOR is all online. After you are in the system, you'll do your first PASTOR. This takes about 30-40 minutes. Your medical team will get your answers and talk about them with you. After that, you'll be emailed a link to do PASTOR about every month.

How is my information being protected?

Data security and your privacy are very important. The online system meets all legal standards to protect your data. If you have concerns and would like more information, please let us know.