



PERSONNEL AND
READINESS

OFFICE OF THE UNDER SECRETARY OF DEFENSE

4000 DEFENSE PENTAGON
WASHINGTON, DC 20301-4000

The Honorable William M. "Mac" Thornberry
Chairman
Committee on Armed Services
U.S. House of Representatives
Washington, DC 20515

JAN 11 2017

Dear Mr. Chairman:

The enclosed report is in response to Senate Report 114-255, page 197-198, accompanying S. 2943, the National Defense Authorization Act for Fiscal Year (FY) 2017, which requests the Military Health System (MHS) to submit a report describing the Department's plan to implement the Pain Assessment Screening Tool and Outcomes Registry (PASTOR) across the MHS. PASTOR will provide a registry and reporting interface for providers to improve pain treatment and outcomes based upon patient-generated input and data assessment.

The report provides information on the plan to implement PASTOR across the MHS, including a draft schedule of deployment. We have also included background information, our current status and our actions moving forward. You will find that we have made progress with implementing PASTOR but still have some work to do. PASTOR is already deployed at Balboa Naval Medical Center San Diego and Madigan Army Medical Center, and we plan to roll it out to eight remaining MHS pain management clinics in FY 2017. However, we must continue to work on finalizing a roll-out schedule with the Services that best fits within their mission. Finally, we will need to investigate other uses for PASTOR beyond pain to fully leverage its capabilities.

Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to Chairman of the Senate Armed Services Committee.

Sincerely,

Peter Levine
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Adam Smith
Ranking Member



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The Honorable John McCain
Chairman
Committee on Armed Services
United States Senate
Washington, DC 20510

JAN 11 2017

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Thank you for your interest in the health and well-being of our Service members, veterans, and their families. A similar letter is being sent to Chairman of the House Armed Services Committee.

Sincerely,

A handwritten signature in black ink, appearing to be "Peter Levine", is written over the word "Sincerely,". The signature is stylized and includes a long horizontal line extending to the right.

Peter Levine
Performing the Duties of the Under Secretary of
Defense for Personnel and Readiness

Enclosure:
As stated

cc:
The Honorable Jack Reed
Ranking Member

Report to the Armed Services Committees of the Senate and House of Representatives



The Military Health System (MHS) Pain Assessment Screening Tool and Outcomes Registry (PASTOR)

REPORT ON EFFORTS TO IMPLEMENT PASTOR ACROSS THE MHS

Requested by: Senate Report 114-255, page 197-198, accompanying S 2943, the National Defense Authorization Act for Fiscal Year 2017

The estimated cost of this report or study for the Department of Defense is approximately \$26,000 for the 2016 Fiscal Year. This includes \$50 in expenses and \$26,000 in DoD labor.
Generated on 2016Oct27 RefID: 7-417F4D1
Generated on 2016Feb05 RefID: 4-1CC6736

REPORT TO CONGRESS

INTRODUCTION

This report is in response to Senate Report 114-255, page 197-198, accompanying S 2943, the National Defense Authorization (NDAA) for Fiscal Year (FY) 2017, which requests the Military Health System (MHS) submit a report describing the Department's plan to implement the Pain Assessment Screening Tool and Outcomes Registry (PASTOR) across the MHS.

BACKGROUND

In May 2008, the Health Policy and Services Proponency for Rehabilitation and Reintegration at the Office of the Army Surgeon General began an examination of “Pain” as a unique issue for the U.S. Army Medical Command. Around the same time, Congress proposed a “Military Pain Care Act” in the House and Senate versions of the NDAA for FY 2009. The proposed legislative language included an assessment that stated, “Comprehensive pain care is not consistently provided on a uniform basis throughout the systems to all patients in need of such care.”

The then-Army Surgeon General, Lieutenant General Eric B. Schoomaker, chartered the Pain Management Task Force (PMTF) in August 2009 to make recommendations for a comprehensive Pain Management strategy. The strategy needed to be holistic, multidisciplinary, comprehensive, and multimodal in its approach while utilizing state of the art/science modalities and technologies and provide optimal quality of life for Soldiers and other patients with acute and chronic pain. The PMTF included a variety of medical specialties and disciplines from the Army, Navy, Air Force, TRICARE Management Activity, and Veterans Health Administration (VHA). There were 109 recommendations in the PMTF report for a comprehensive pain-management strategy. Three of those recommendations were related to information management and information technology requirements: 1) Adopt a clinical information system that provides pain assessment screening with an outcome registry to promote consistency in pain care delivery; 2) Develop an electronic pain order set to assist health care providers in selecting evidence-based, individually tailored pain management plans; 3) Describe a common language DoD and VHA pain assessment tool with visual cues and a standard set of measurement questions. The PMTF identified the capability for these requirements as the PASTOR.

PASTOR is a clinical information and data system that allows patients to electronically fill out a comprehensive survey seeking information on areas such as lifestyle and health history. PASTOR will provide the patient's scored responses to the health-care provider before the patient's appointment and will provide summaries for providers, leaders, and researchers to use for decision support. This information will be vital in minimizing clinical variation in pain care delivery among providers and medical treatment facilities.

It will also provide functionalities to implement many of the recommendations from the PMTF to support the MHS doctrine related to tracking/reporting of Warrior Transition Care, prescription opioid analgesics usage, polypharmacy, and sole prescriber program. PASTOR will be used to evaluate performance/impact of Pain Departments, Interdisciplinary Pain Management Centers, and pain management programs in Patient Centered Medical Home. It will provide clinicians and MHS decision makers with data related to the appropriateness and effectiveness of a spectrum of Pain Management procedures and techniques. Not only will PASTOR address many of the recommendations from the PMTF, it will also provide a capability to meet emerging Joint Commission requirements for measuring and reporting patient reported outcomes. The expected outcome from this initiative will be more consistent pain treatment; greater accuracy in modeling requirements for pain medicine, personnel, equipment and space, specialty care referrals; and greater fidelity on impact of pain on Traumatic Brain Injury and comorbid behavioral health conditions such as Post-Traumatic Stress Injury.

OUR CURRENT STATE–CONCEPT DEFINITION

The PASTOR is a framework that supports the clinical encounter by screening the patient for potentially life threatening conditions such as substance abuse or major depression and provides information on depression, anxiety, anger, physical function, social function, pain interference, sleep disturbance, and fatigue. It includes a body map of the patient's pain, the Defense and Veterans Pain Rating Scale, patient demographic data, and a summary of pain therapies the patient has experienced and the effectiveness of these therapies for the individual. There are three phases to the PASTOR development and implementation. The first phase was the Proof of Concept, which included two initiatives. One was to incorporate a utility tool, Patient-Reported Outcome Measurement Information System (PROMIS®) into PASTOR framework. The PROMIS was developed by National Institutes of Health. The other initiative examined the feasibility of integrating the PASTOR framework into the MHS environment. These two initiatives occurred in a controlled environment with no protected health information. This phase was executed as a research project using Joint Program Committee-1 funding.

The second phase involved integration in a limited operational environment at Balboa Naval Medical Center San Diego and Madigan Army Medical Center (AMC). The information captured was derived from patient responses to a set of rigorously designed questions about different aspects of health-related quality of life measures (pain, fatigue, anxiety, depression, social functioning, physical functioning, quality of sleep, etc.). Each measure was subjected to a multi-stage development and testing program to ensure that the information met scientific standards of reliability with the goal of enabling clinicians and researchers to have access to efficient, precise, valid and responsive indicators of a person's health status. These measures are available for use across a wide variety of chronic diseases and conditions and in the general population.

The third phase is deployment and implementation.

OUR PLAN TO IMPLEMENT–DEPLOYMENT AND IMPLEMENTATION

The Defense Health Agency is working with the Services to ensure a smooth transition from concept to implementation. We are planning in FY 2017 for phase three of PASTOR implementation, which will support deployment to eight additional sites: Brook AMC, Tripler AMC, Eisenhower AMC, Landstuhl Regional Medical Center, Womack AMC, Walter Reed National Military Medical Center, Joint Base Elmendorf–Richardson Medical Group, and Portsmouth Naval Medical Center. After implementation to these eight additional sites PASTOR will be considered fully implemented across the MHS.

Below is a draft roll-out schedule, which is subject to revision, to allow for smooth transition into the clinic setting without disrupting their missions and/or services.

DoD Facility*	Location	Date
Walter Reed National Military Medical Center	Washington, DC	FY17 Q2
Portsmouth Naval Medical Center	Portsmouth, VA	FY17 Q2
Womack AMC	Fort Bragg, NC	FY17 Q3
Eisenhower AMC	Ft Gordon, GA	FY17 Q3
Brook AMC	San Antonio, TX	FY17 Q3
Landstuhl Regional Medical Center	Landstuhl, Germany	FY17 Q4
Tripler AMC	Honolulu, HI	FY17 Q4
Joint Base Elmendorf – Richardson Medical Group	Anchorage, AK	FY17 Q4

*schedule may change Figure 1: Draft PASTOR Roll-Out Schedule

CONCLUSION

We have made progress with implementing PASTOR but still have some work to do. PASTOR is already deployed at Balboa Naval Medical Center San Diego and Madigan AMC and we plan to roll it out to the eight remaining MHS pain management clinics this FY 2017. However, we must continue to work on finalizing the roll-out schedule with the Services that best fits within their mission.