TelePain and the UW Pain & Opioid Hotline:

Telehealth Delivered
Multidisciplinary Pain Care

Jacob Gross, MD MPH
David J. Tauben, MD, FACP
Cara Towle, MSN RN
Mackenzie K. Welsh, PharmD

University of Washington, Seattle WA
Before We Begin...

**Questions**
Questions will be answered at the end. You can submit a question at any time through the Q&A module.

**Tech Issues**
Look for the ‘HELP’ button at the top of the webinar control panel.

**Presentation**
The slide deck and presentation recording will be available on our website within the next few days.

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- This webinar is not funded by any commercial entity.
- The Washington Medical Commission gratefully acknowledges the unrestricted educational grant from the FSMB Foundation in the amount of $10,000 to support this activity.
- The speakers, course director and planners at the Federation of State Medical Boards and Washington Medical Commission have no relevant financial interests to disclose.
- This educational activity may contain discussion of published and/or investigational uses of agents that are not approved by the U.S. Food and Drug Administration. For additional information about approved uses, including approved indications, contraindications, and warnings, please refer to the prescribing information for each product, or consult the Physicians’ Desk Reference.

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Drugs/Products to be referenced</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Tauben, MD</td>
<td>Off label but widely studied and recommended non-opioid analgesics, possibly drugs such as buprenorphine (Suboxone) and antidepressants for chronic pain.</td>
</tr>
</tbody>
</table>

- No other speakers or persons in control of content reported intent to reference unlabeled/unapproved uses of drugs or products.
Learning Objectives

1. Apply pain management and opioid prescribing-based telehealth modalities into your clinical practice.

2. Delineate specific telehealth attributes that support guideline compliant care for your challenging patients with chronic pain.

3. Differentiate benefits of the Pain & Opioid Hotline compared with UW TelePain.

4. Describe the value of “PainTracker” and how to access the mobile app for use by you and your patients at no-cost.
“Telehealth”/“Telemedicine”

Definitions:

- Telehealth = the use of a technology-based virtual platform to deliver various aspects of health information, prevention, monitoring, and medical care.

- Telemedicine = the practice of medicine via a remote electronic interface, including doctor-to-doctor, patient-to-doctor.
Types of Telemedicine

1. Real-time interactive consultation
2. Store and Forward (S&F) monitoring
3. Remote monitoring
4. Case-based teleconferencing
5. mHealth
Types of Telemedicine — According to Centers for Medicare & Medicaid Services

“Communication Technology-Based Services” for Medicare beneficiaries

- **Virtual Check-Ins**: Synchronous (phone/video) & Store & Forward (images)
- **E-Visits**: “Digital” visits through an on-line portal
- **E-Consults**: Interprofessional consults (phone/video/internet/EMR/S&F)

Why Do Telehealth/Telemedicine?
“Quadruple Aim”

1. Improving the patient experience of care (including quality and satisfaction)
2. Improving the health of populations
3. Reducing the per capita cost of health care
4. Increase provider satisfaction

Why Telehealth/Telemedicine?

COVID-19 Crisis
Northwest Regional Telehealth Resource Center
nrtrc.org
Appropriate Use of Telemedicine

State of Washington
Medical Quality Assurance Commission

Guideline

Title: Appropriate Use of Telemedicine

MD2014-03

References:
- Chapter 18.71 RCW, Chapter 18.71A RCW, Chapter 18.130 RCW,
- Chapter 70.02 RCW, Chapter 246-16 WAC, Chapter 246-918 WAC,
- and Chapter 246-919 WAC

Contact: Michael Farrell, JD, Policy Development Manager

Phone: (509) 329-2186

E-mail: michael.farrell@doh.wa.gov

Effective Date: October 3, 2014

Approved By: Richard D. Brantner, MD, FAAEM Chair (signature on file)
Live (or recorded) *educational presentations* to geographically disparate groups of patients or healthcare professionals

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**“TelePain” and “UW Pain & Opioid Hotline”**

- Treatments recommended in context of an *educational activity*
- No established treatment relationship between patient and consultant
- Not billable option per CMS
- WA State 1427 Opioid Rules: *Counts as a consultation*
- Earn high-value/low-cost CME credits
**UW TelePain** Improving Primary Care Pain Competency and Access to Experts

- Weekly case-based learning sessions
- Guideline-adherent care
- Evidence-based practice
- Interactive discussions
- Continuing Medical Education
- Opioid & Addiction education/training

**Contact Information:**

telepain@uw.edu

**Just-in-time** interactive consultations with a team of interprofessional pain experts

Medical (Anesthesia, Rehab, Psychiatry, Addiction, Integrative), Psychology, etc...

depths.washington.edu/anesth/care/pain/telepain
Brief History of UW TelePain & “Hotline”

- **2007:** WA State ("AMDG") Opioid Prescribing “Educational Guidelines”
- **2010:** WA legislative code ESHB 2876 “Prescribing Rules”
  - Recommended a Pain Consultation for high dose opioids
- **2011:** UW TelePain launched in response to dual epidemic of opioid misuse/abuse and inadequate pain care
- **2017:** WA State Health Care Authority funds TelePain and Pain & Opioid Consult Hotline for Clinicians in response to continuing opioid crisis
- **2020:** PainTracker web-based outcome tracking tool launched for community providers
1. Too few providers of multidisciplinary pain care even in resource rich regions
2. Limited training across most specialties caring for patients with chronic pain
3. Transportation challenges for physically frail and elderly
4. Higher risks depression, anxiety, & PTSD
5. Increased rates of use of Prescribed Controlled Substances
<table>
<thead>
<tr>
<th>Condition</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Depression</td>
<td>50%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>25%</td>
</tr>
<tr>
<td>PTSD</td>
<td>25%</td>
</tr>
<tr>
<td>Childhood abuse</td>
<td>≥ 50%</td>
</tr>
<tr>
<td>Lifetime suicide attempt</td>
<td>20%</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>30%</td>
</tr>
<tr>
<td>Benzo + opioid Rx</td>
<td>65%</td>
</tr>
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CHRONIC PAIN & Co-Occurring Behavioral Health Conditions

Behavioral Health Pain Management by Telehealth

• CBT* approaches are the most commonly used telehealth treatment
• Approaches: individual, group, self-directed internet-learning sites
• Engagement appears improved with individual video-conferencing rather than self-directed Internet-only treatment
• Generally demonstrate comparable efficacy to in-person treatment
• Very few differences in treatment acceptability and satisfaction between Internet and In-person treatment
• May increase visit compliance, reduce “no-show” or cancellations
• BH approaches may facilitate reduced opioid use for chronic noncancer pain

*Cognitive Behavioral Therapy is considered the standard of care for Behavioral Health Treatment for Chronic Pain Management
“Telehealth has the potential to transform pain management, particularly for those with complex pain care needs living remotely from pain facilities or in low-resource settings, removing barriers to multidisciplinary pain management delivered in a collaborative, interdisciplinary way—the optimal treatment approach for chronic pain.”

Tauben DJ, et al. Pain. 2020
Effective multidisciplinary care involves coordinated and collaborative meetings by regular meetings attended by the various professionals involved.

- When treatment providers are not co-located physically, it is critical for providers to communicate electronically

“The assistance with pain treatment collaborative intervention resulted in modest but statistically significant improvement in a variety of outcome measures.”

Tauben DJ, et al. Pain. 2020
UW Pain & Opioid Hotline

Free phoneline consultation service for all healthcare providers in Washington State

• Started 2017 in response to rise in opioid overdose deaths and pending additional opioid rulemaking by the state legislature (EHSB 1427)

“Hotline” calls are answered Monday – Friday (excluding holidays) from 8:30 am to 4:30 pm and questions are answered by a pharmacist with specialized training in pain and opioid management, with pain trained physician oversight available as needed.
Since inception in 2017, the “Hotline” has answered over 400 educational consults to primary and specialty care community-based clinicians and pharmacists.

**UW Pain and Opioid Hotline** programs meet Washington Medical Commission expert pain consultation requirements for high-risk patients or when prescribing high-dose opioid for chronic non-cancer pain (in accordance with WAC 246-853-670).
### Opioid Characteristics

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Patients</th>
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<tbody>
<tr>
<td>MED &lt; 120 mg</td>
<td>25</td>
</tr>
<tr>
<td>MED &gt; 120 mg</td>
<td>25</td>
</tr>
<tr>
<td>Opioid Naïve</td>
<td>10</td>
</tr>
<tr>
<td>BUP for pain</td>
<td>5</td>
</tr>
<tr>
<td>Opioid Use Disorder</td>
<td>1</td>
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</table>

### Health Care Disciplines

<table>
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<tr>
<th>Discipline</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>ARNP</td>
<td>13%</td>
</tr>
<tr>
<td>DO</td>
<td>1%</td>
</tr>
<tr>
<td>MA</td>
<td>1%</td>
</tr>
<tr>
<td>MD</td>
<td>69%</td>
</tr>
<tr>
<td>RN</td>
<td>3%</td>
</tr>
<tr>
<td>PA</td>
<td>7%</td>
</tr>
<tr>
<td>PharmD</td>
<td>6%</td>
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### Nature of Phone Call (N=101) from April 2020 - April 2021

- **Adjunct Medication Management**: 15%
- **BUP**: 31%
- **BUP Periop**: 9%
- **Opioid Conversion**: 14%
- **Opioid Escalation**: 3%
- **Opioid Rotation**: 7%
- **Opioid Withdrawal**: 3%
- **Other**: 1%
- **Opioid Use Disorder**: 13%
- **Opioid Taper**: 1%
UW TelePain Future Directions

• Helping to educate our future community physicians on how to care for chronic pain
  • University of Washington School of Medicine WWAMI Rural Integrated Training Experience (WRITE)

• Expanded reach
  • TelePain is expanding beyond Washington to assist Alaska’s primary care providers!

• National Collaboration
  • Future connections with organizations from coast-to-coast to improve access to high quality chronic pain management

• All providers who present at TelePain have access to PainTracker™ FREE!
Why PainTracker™?

- Pain is complex
- Pain is multidimensional
- Chronic pain must be monitored over time to adequately track progress

PainTracker™

- Improves communication and aligns the goals of patients and providers
- Supports treatment and adherence to therapy
- Measures clinical outcomes over time
- Improves patient and provider satisfaction
- FREE! All providers who present at TelePain have access to Paintracker™
- “Adaptive testing” version is shorter and easier to use than ever before

Adapted from Dr. Mark Sullivan’s lecture Introducing PainTracker for TelePain
What is PainTracker™?

- Web-based tool to assess and graph core patient-reported outcomes in chronic pain management over time
- Displays the relationship between treatments for chronic pain and multidimensional outcomes such as pain, function, mood, sleep and treatment satisfaction
- Used during UW TelePain as a consultation tool
  - Now available

Adapted from Dr. Mark Sullivan’s lecture Introducing PainTracker for TelePain
What Does PainTracker™ Capture?

- Demographics, pain location(s) and types
- Outcomes
  - PEGS Score (Pain Severity, Enjoyment in life, General activity and Sleep interference)
  - Important activity for patient
  - Emotional distress (PHQ-4)
  - WHODAS-12
  - Medication side effects
  - Patient Satisfaction
- Risks
  - Opioid Risk Tool (ORT)
  - Obstructive Sleep Apnea
  - PTSD (PC- PTSD5)
  - Fibromyalgia-ness (2010 ACR FM Criteria)

Adapted from Dr. Mark Sullivan’s lecture Introducing PainTracker for TelePain
PEG & PHQ-4 scores above threshold triggers ($\geq$ approx 50%-tile score)

- WHO-DAS (Disabilities: across socio-psycho-biological domains)
- PHQ-9 (Depression, incl. suicidality)
- GAD-7 (Anxiety)
- PTSD-5
Provider & Patient Dashboards

• Graphical display of patient-reported outcomes and treatments received over time

• Can be printed as a PDF for discussion and engagement with your patient
UW TelePain, Pain & Opioid Hotline, PainTracker Video

TelePain/Hotline/PainTracker video
1. Telehealth has the potential to transform multidisciplinary pain management by removing multiple barriers to accessible care.

2. Telehealth is especially important for vulnerable patients (e.g. complex pain care needs, live remotely from health care facilities and providers, in low resource settings).

3. When treatment providers are not co-located physically, it is optimal for providers to consider e-Health technology remedies.

4. UW TelePain, UW Pain & Opioid Hotline, and PainTracker are available, easily accessible *(and free!)* for primary and specialty care clinicians managing complex chronic pain, advancing quality of care and guideline adherent opioid management.
Thank you!!

✓ TelePain@uw.edu
✓ Hotline: 844-520-PAIN