



*TelePain and the UW Pain & Opioid Hotline:*

# Telehealth Delivered Multidisciplinary Pain Care

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# Before We Begin...



## Questions

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



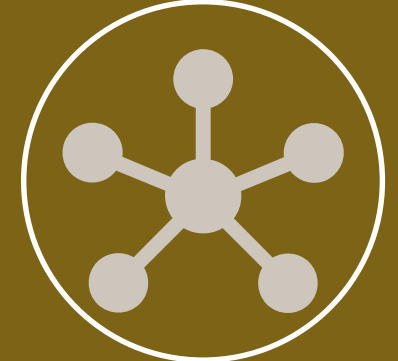
## Tech Issues

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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# Continuing Medical Education

- CME credit is available for attending the webinar or watching the recording.
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- Accreditation Statement - This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards and the Washington Medical Commission. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians.
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# Faculty and Staff Disclosures

- 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.

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

- 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”

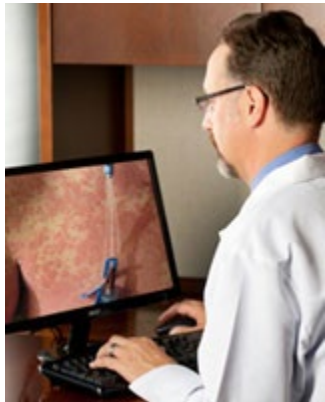
## *Definitions:*

- **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)**



**4. Case-based teleconferencing**



**3. Remote monitoring**

**5. mHealth**



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## “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)

<https://www.cms.gov/files/document/covid-19-physicians-and-practitioners.pdf>

<https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>

[faqs-31720.pdf](https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf)





# Why Do Telehealth/Telemedicine?

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# Why Telehealth/Telemedicine?

## “Quadruple Aim”

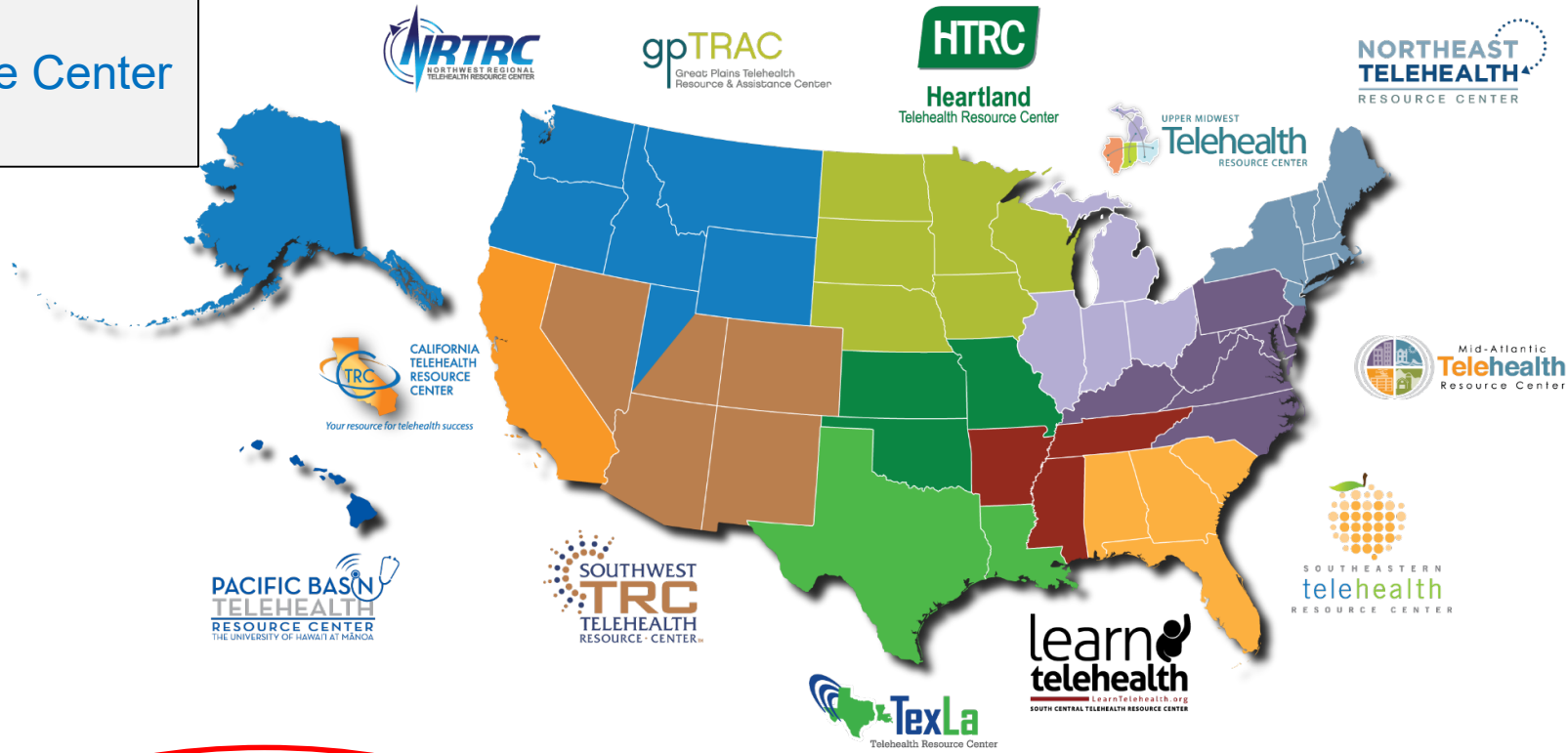
1. Improving the patient experience of care (including quality and satisfaction)
2. Improving the health of populations
3. Reducing the per capita cost of health care
4. Increase provider satisfaction

**COVID-19 Crisis**

# Telehealth/Telemedicine Resources

## TelehealthResourceCenters.org

Northwest Regional  
Telehealth Resource Center  
nrtrc.org



2 National Resource Centers

NRTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC
12 Regional Resource Centers		

# Guideline



WASHINGTON  
**Medical  
Commission**  
Licensing. Accountability. Leadership.

## Appropriate Use of Telemedicine

State of Washington  
Medical Quality Assurance Commission

### Guideline

Title:	Appropriate Use of Telemedicine	MD2014-03
References:	<a href="#">Chapter 18.71 RCW</a> , <a href="#">Chapter 18.71A RCW</a> , <a href="#">Chapter 18.130 RCW</a> , <a href="#">Chapter 70.02 RCW</a> , <a href="#">Chapter 246-16 WAC</a> , <a href="#">Chapter 246-918 WAC</a> , and <a href="#">Chapter 246-919 WAC</a>	
Contact:	Michael Farrell, JD, Policy Development Manager	
Phone:	(509) 329-2186	E-mail: <a href="mailto:michael.farrell@doh.wa.gov">michael.farrell@doh.wa.gov</a>
Effective Date:	October 3, 2014	
Approved By:	Richard D. Brantner, MD, FAAEM Chair (signature on file)	

Education	Policies & Rules	<b>Resources</b>	About Us	Contact Us
Pain Management Resources		MD and PA Demographics		
Patient Resources		Stay Informed		
Washington Physicians Health Program & HEAL WA		For the Public		
Frequently Asked Questions (FAQ)		For Providers		
		Newsletter		

[Home](#) » [Telemedicine](#)

### Telemedicine

**Rule Description:**

New sections may be added to WAC 246-919-XXX Physicians and WAC 246-918-XXX Physician Assistants

**Code Reviser (CR) Link:**

- [CR-101](#)

**Note:**

- New sections may be added to chapter 246-919 WAC-Physicians and chapter 246-918 WAC-Physician Assistants

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# E-Health: “TelePain” and “UW Pain & Opioid Hotline”

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

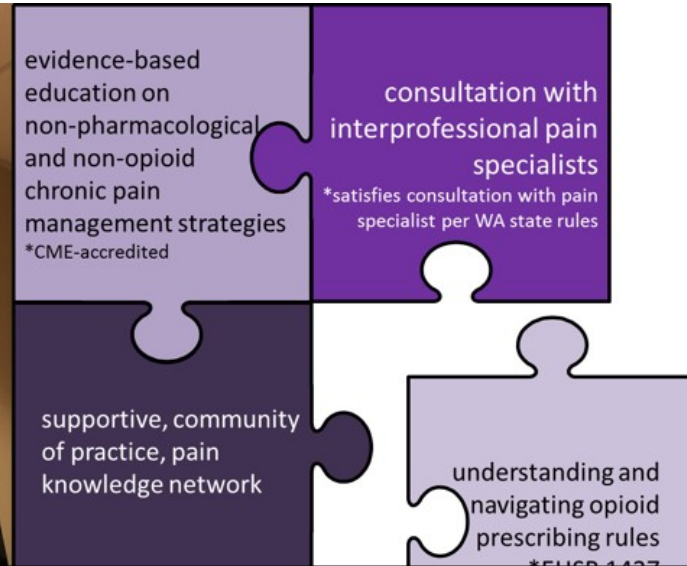
Improving Primary Care Pain Competency and Access to Experts

UW  
TelePain

Pain & Opioid  
Hotline

- 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](mailto:telepain@uw.edu)



UW Medicine  
Pain and Opioid Consult Hotline for Clinicians  
**1-844-520-PAIN (7246)**

UW Medicine pain pharmacists and physicians are available Monday through Friday, 8:30 a.m. to 4:30 p.m. (excluding holidays) to provide clinical advice at no charge to you.

**Consultations for clinicians treating patients with complex pain medication regimens, particularly high dose opioids:**

- Interpret Washington State Prescription Monitoring Program record to guide you on dosing
- Individualized opioid taper plans
- Systematic management of withdrawal syndrome
- Evaluate/recommend non-opioid/ adjuvant analgesic treatment
- Triage and risk screening
- Individualized case consultation for client care and medication management
- Explain/review Center for Disease Control and Prevention (CDC) opioid guidelines: <https://www.cdc.gov/mmwr/volumes/65/rr/rr6501e1.htm>
- Will help identify and refer to other resources:
  - ▷ Evaluation of Substance Use Disorder, Washington Recovery Help Line 1-866-789-1511
  - ▷ Local pain clinics for patient referrals: [www.doh.wa.gov/Emergencies/PainClinicClosures/PainClinicAvailability](http://www.doh.wa.gov/Emergencies/PainClinicClosures/PainClinicAvailability)
  - ▷ UW TelePain Services: Available Wednesdays noon to 1:30 p.m. <http://depts.washington.edu/anesth/care/pain/telepain>

**Just-in-time interactive consultations with a team of interprofessional pain experts**  
*Medical (Anesthesia, Rehab, Psychiatry, Addiction, Integrative), Psychology, etc...*

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[depts.washington.edu/anesth/care/pain/telepain](http://depts.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**



## *State of Pain Care: Limited Access to Multidisciplinary Pain Care*

- 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**



# CHRONIC PAIN & Co-Occurring Behavioral Health Conditions

• <b>Depression</b>	<b>50%</b>
• <b>Anxiety</b>	<b>25%</b>
• <b>PTSD</b>	<b>25%</b>
• <b>Childhood abuse</b>	<b>≥ 50%</b>
• <b>Lifetime suicide attempt</b>	<b>20%</b>
• <b>Alcohol use disorder</b>	<b>30%</b>
• <b>Benzo + opioid Rx</b>	<b>65%</b>

Ballantyne JC.  
Anesth Analg  
2017; Rogers  
KD, et al.  
2013; Merrill  
et al. 2011;  
Sullivan et al  
2012;  
Gustavsson A,  
et al. 2012;  
Campbell et  
al. 2015

# 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*

## Optimizing telehealth pain care after COVID-19

David J. Tauben<sup>a,b,\*</sup>, Dale J. Langford<sup>a</sup>, John A. Sturgeon<sup>a</sup>, Sean D. Rundell<sup>c,d</sup>, Cara Towle<sup>e</sup>, Christina Bockman<sup>f</sup>, Michael Nicholas<sup>g</sup>

COVID-19 Crisis

**“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

# Coordinated Multidisciplinary Pain Management

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

**JAMA**<sup>®</sup>

Online article and related content  
current as of September 19, 2010.

**Collaborative Care for Chronic Pain in Primary Care: A Cluster Randomized Trial**

Steven K. Dobscha; Kathryn Corson; Nancy A. Perrin; et al.

*JAMA*. 2009;301(12):1242-1252 (doi:10.1001/jama.2009.377)

**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**

Tauben DJ, et al. *Pain*. 2020

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# UW Pain & Opioid Hotline

**Free phonenumber 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.**



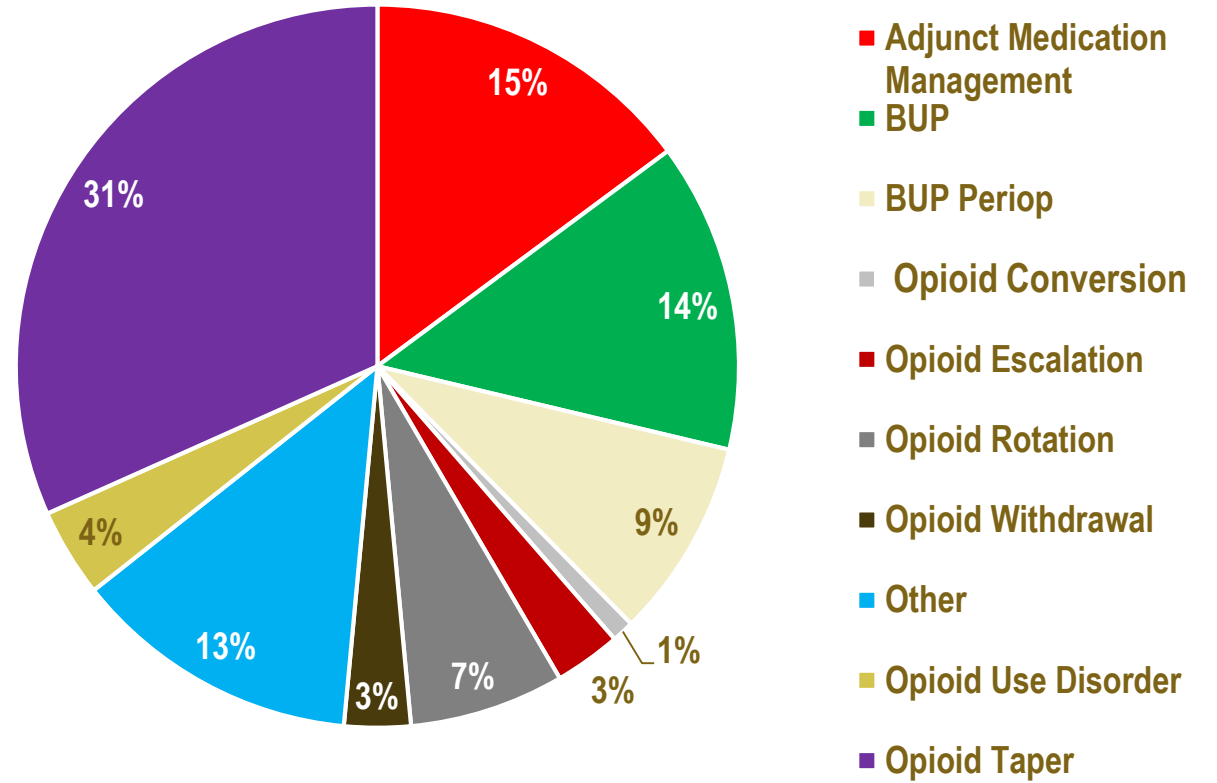
# UW Pain & Opioid Hotline

Since inception in 2017, the “Hotline” has answered over **400 educational consults** to primary and specialty care community-based clinicians and pharmacists

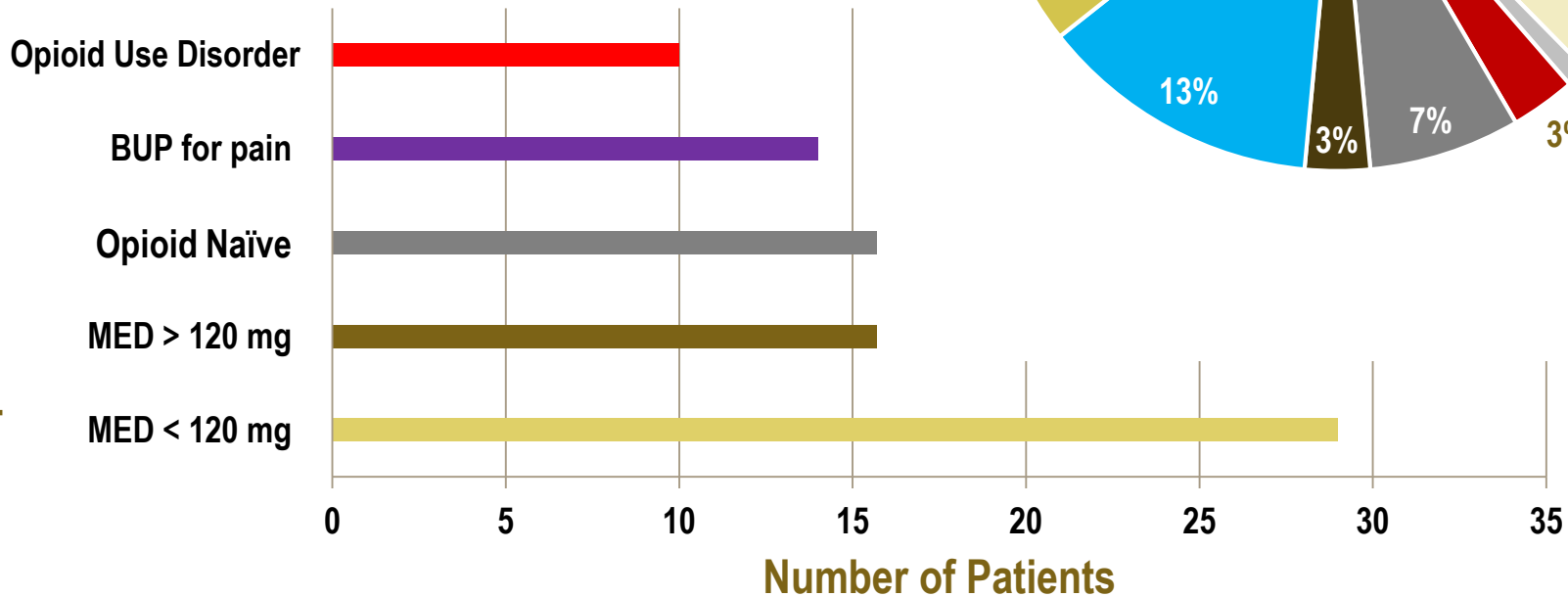
*UW Pain and Opioid Hotline* programs meet Washington Medical Commission expert pain consultation requirements for high-risk patients or when prescribing high-dose opioid for chronic non-cancer pain (in accordance with WAC 246-853-670)

Health Care Disciplines	%
ARNP	13
DO	1
MA	1
MD	69
RN	3
PA	7
PharmD	6

## Nature of Phone Call (N=101) from April 2020 - April 2021



### Opioid Characteristics



# 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™

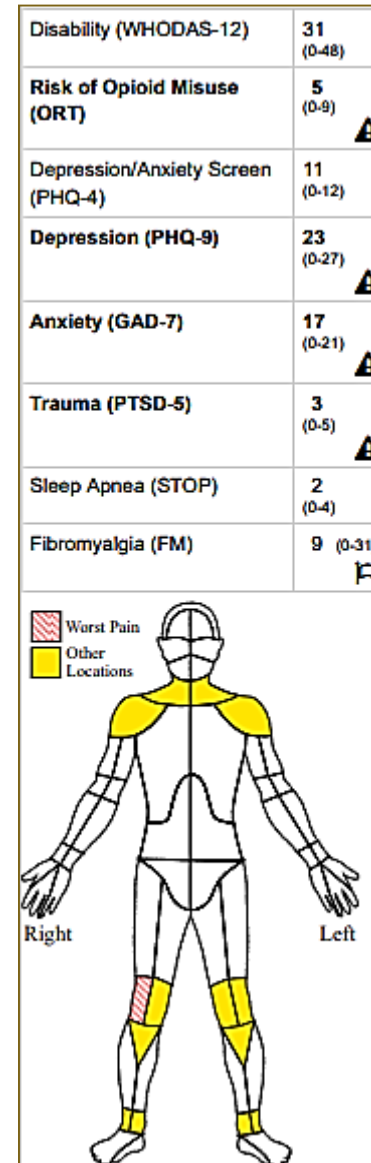
- Improves communication and aligns the goals of patients and providers
- Supports treatment and adherence to therapy
- Measures clinical outcomes over time
- Improves patient and provider satisfaction
- FREE! All providers who present at TelePain have access to PainTracker™
- “Adaptive testing” version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



# 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*




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**PainTracker**  
**™ Snapshot**

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# 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)**



Disability (WHODAS-12)	31 (0-48)	
Risk of Opioid Misuse (ORT)	5 (0-9)	⚠
Depression/Anxiety Screen (PHQ-4)	11 (0-12)	
Depression (PHQ-9)	23 (0-27)	⚠
Anxiety (GAD-7)	17 (0-21)	⚠
Trauma (PTSD-5)	3 (0-5)	⚠
Sleep Apnea (STOP)	2 (0-4)	
Fibromyalgia (FM)	9 (0-31)	📄

# Adaptive Testing on “PainTracker” version 2020

↑ **PEG & PHQ-4** scores above threshold triggers ( $\geq$  approx

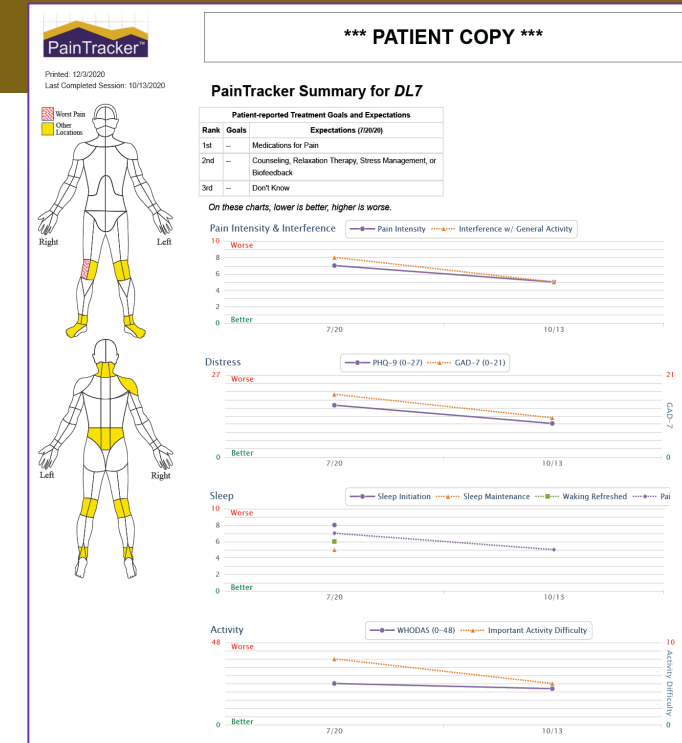
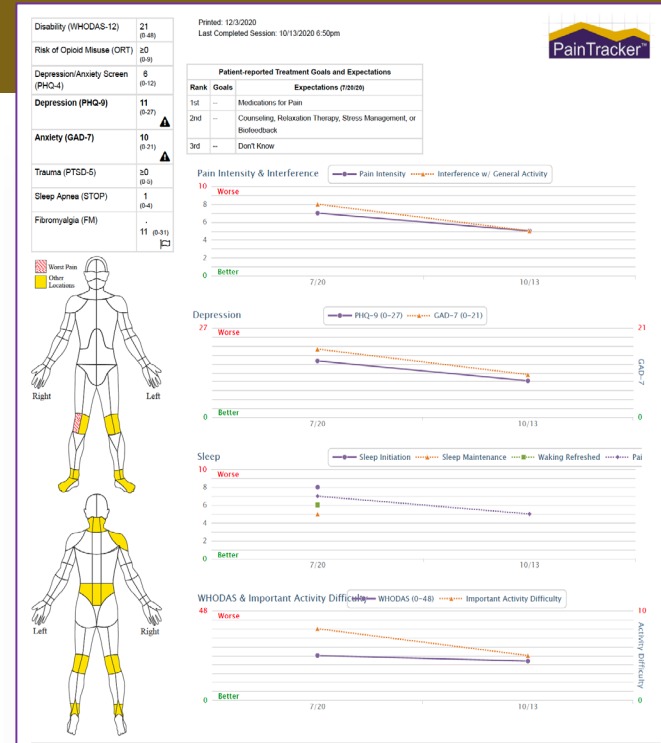
50%-tile score)

- ✓ **WHO-DAS (Disabilities: across socio-psychobiological 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



(In last 6 months—reported in initial assessment)

**Providers Seen**  
N/A

**PHQ-9 (11)**

**GAD-7 (10)**

**ORT Responses (Reported in initial assessment)**

**WHODAS-12 Responses (Self-reported from most recent assessment: 10/13/2020)**

Standing for long periods such as 30 min? 2 (Moderate)  
Taking care of your household responsibilities? 1 (Mild)  
Learning a new task, for example, how to get to a new place? 1 (Mild)  
How much of a problem did you have in joining in community activities (for example, activities, religious or other activities) in the regular way as anyone else can? 3 (Severe)  
How much have you been emotionally affected by your health problems? 1 (Mild)  
Concentrating on doing something for ten minutes? 1 (Mild)

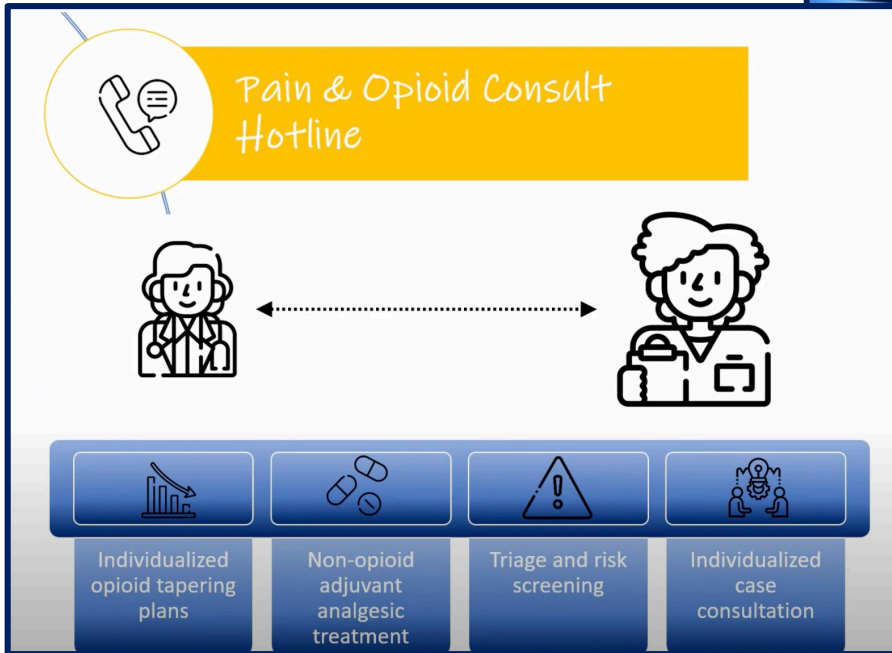
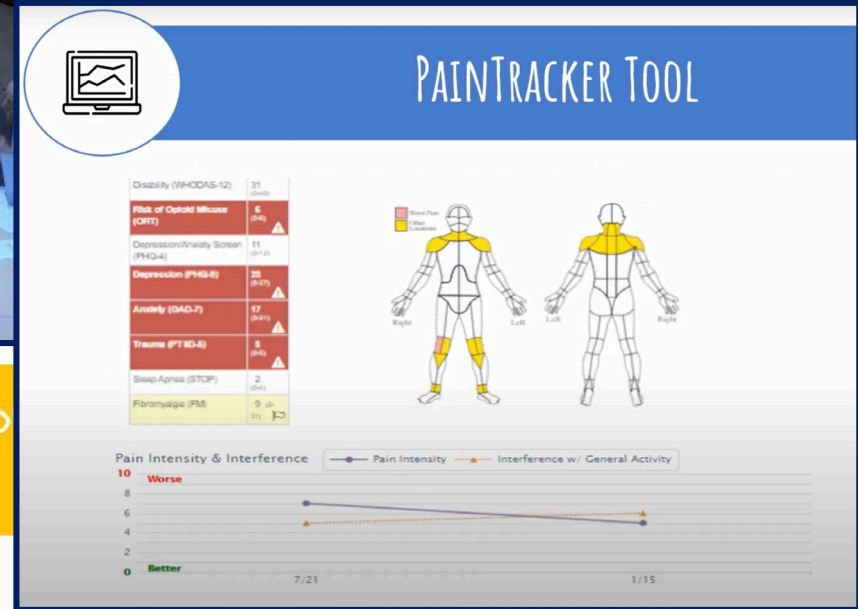
PTNO: DL7  
Age: 19 SEX: F

**PainTracker**  
Page 3 of 2

Please ask your clinician if you have questions about this report.

# UWTelePain, Pain & Opioid Hotline, PainTracker Video

TelePain/Hotline/PainTracker video



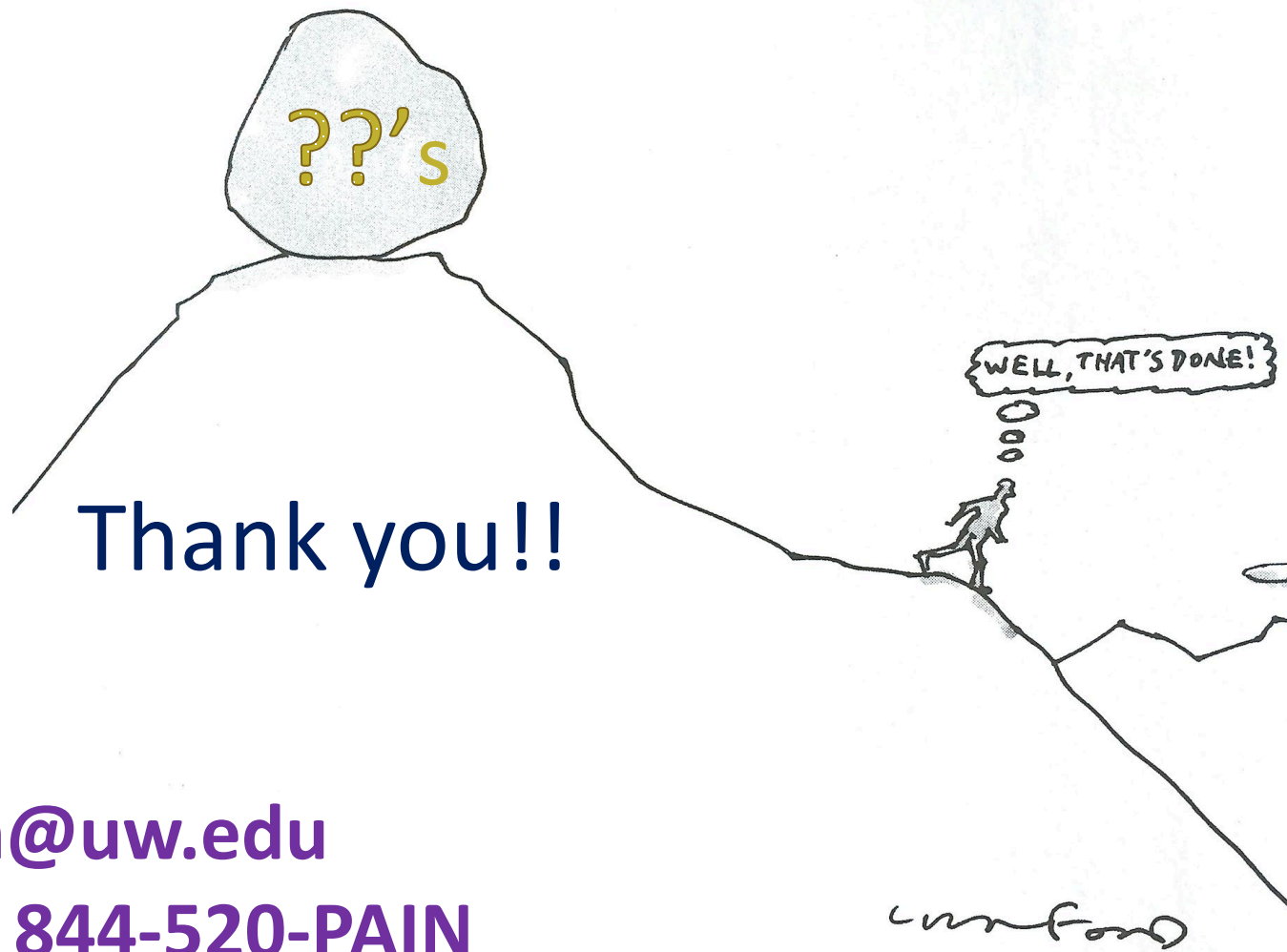
**Pain & Opioid Co Hotline**

**TelePain Videoconference Series**

**PainTracker Tool**

# Take-Aways

- 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**



- ✓ [TelePain@uw.edu](mailto:TelePain@uw.edu)
- ✓ **Hotline: 844-520-PAIN**