

TelePain: Multidisciplinary Pain & Opioid Management Outreach

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Disclosures

- No financial conflict of interest
- Funding support:
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** Please note we are not able to take over prescribing opioid or other medications; we serve only to help guide providers.*

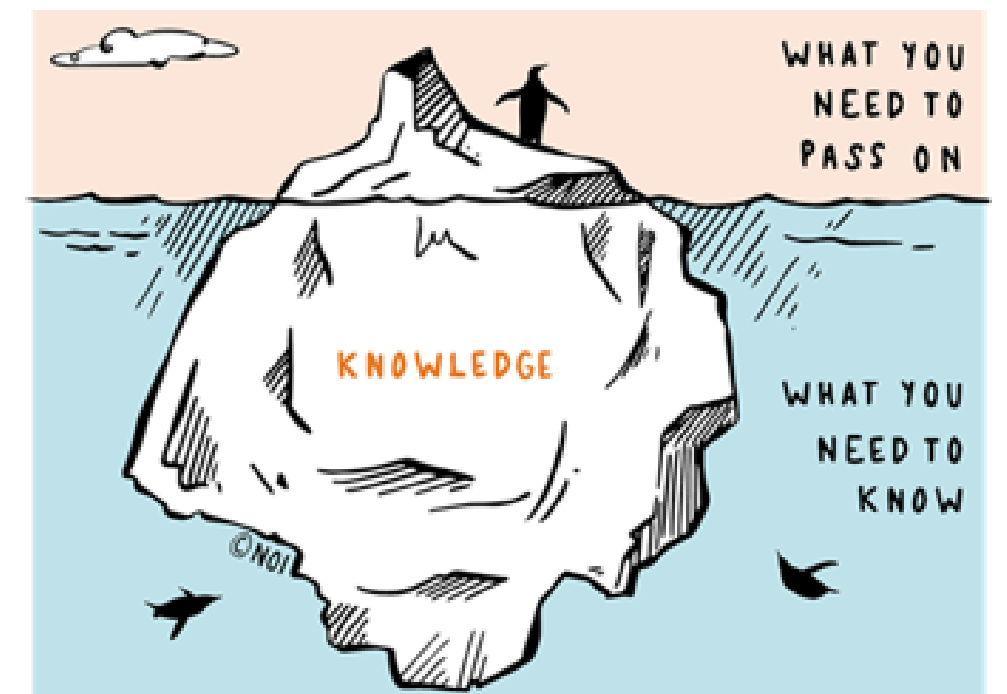
** Didactic presentations are intended for educational use only and do not constitute medical consultation or advice related to any specific patient. UW TelePain case consultation does not create or otherwise establish a provider-patient relationship between any UW Medicine Health Care Professional and any patient whose case is being presented in a UW TelePain setting.*

Agenda

Demonstrate integrated care models play a crucial role in improving outcomes for patients with chronic pain

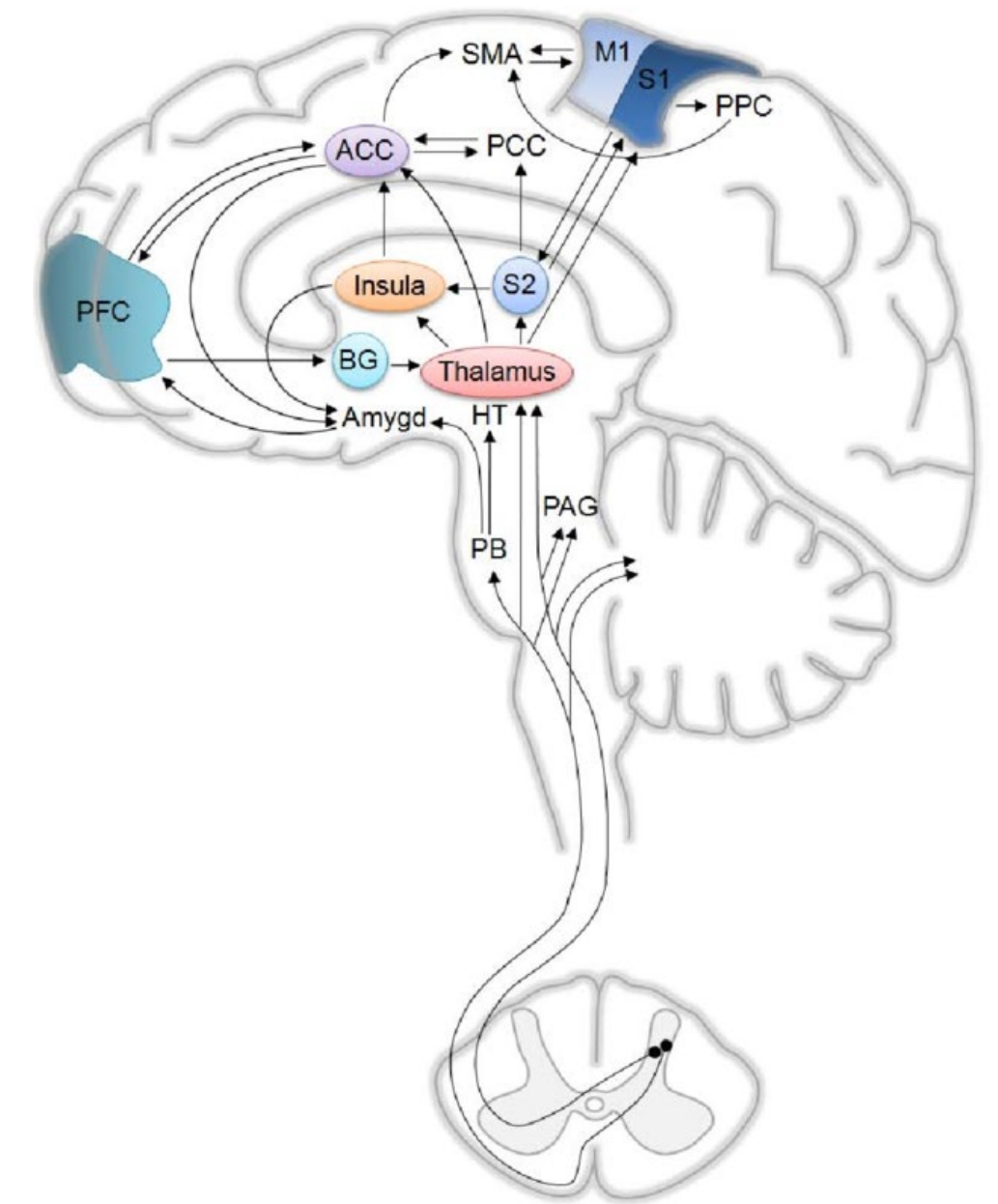
Identify UW TelePain and the Pain and Opioid Consult Hotline as a resource for rural health practitioners

Utilize case-based review to demonstrate UW TelePain as a resource for rural providers in caring for complex pain conditions

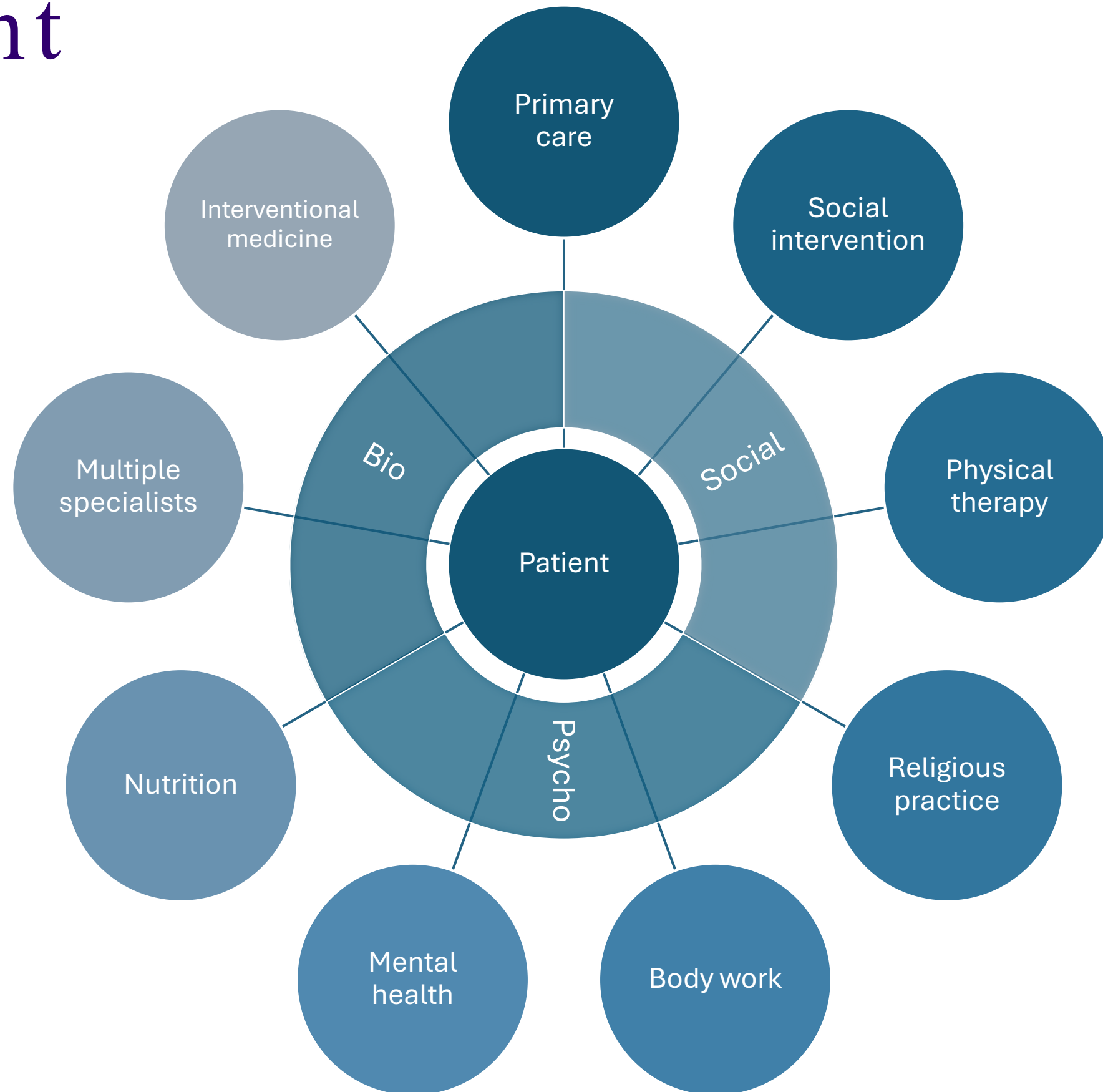


Pain and SUD

- Shared neurobiological pathways
 - Chronic pain/SUD are associated with alterations in nociceptive processing and reward
 - Dysregulation in overlapping systems related to reward/aversion, threat, salience, affective response, and motivation
 - Changes in mesolimbic dopamine and opioidergic systems
 - HPA axis
 - Autonomic NS function
 - Inflammation, neurotransmitter metabolism, neuroendocrine function
- SUD and CP have a bidirectional relationship
 - People with CP report SUD at a significantly higher rate than the general population (2.2% vs 17.6%)
 - People with SUD report CP at a significantly higher rate (1/5 vs 50-70%)
 - In people who report SUD and CP, temporal pattern of comorbidity is mixed

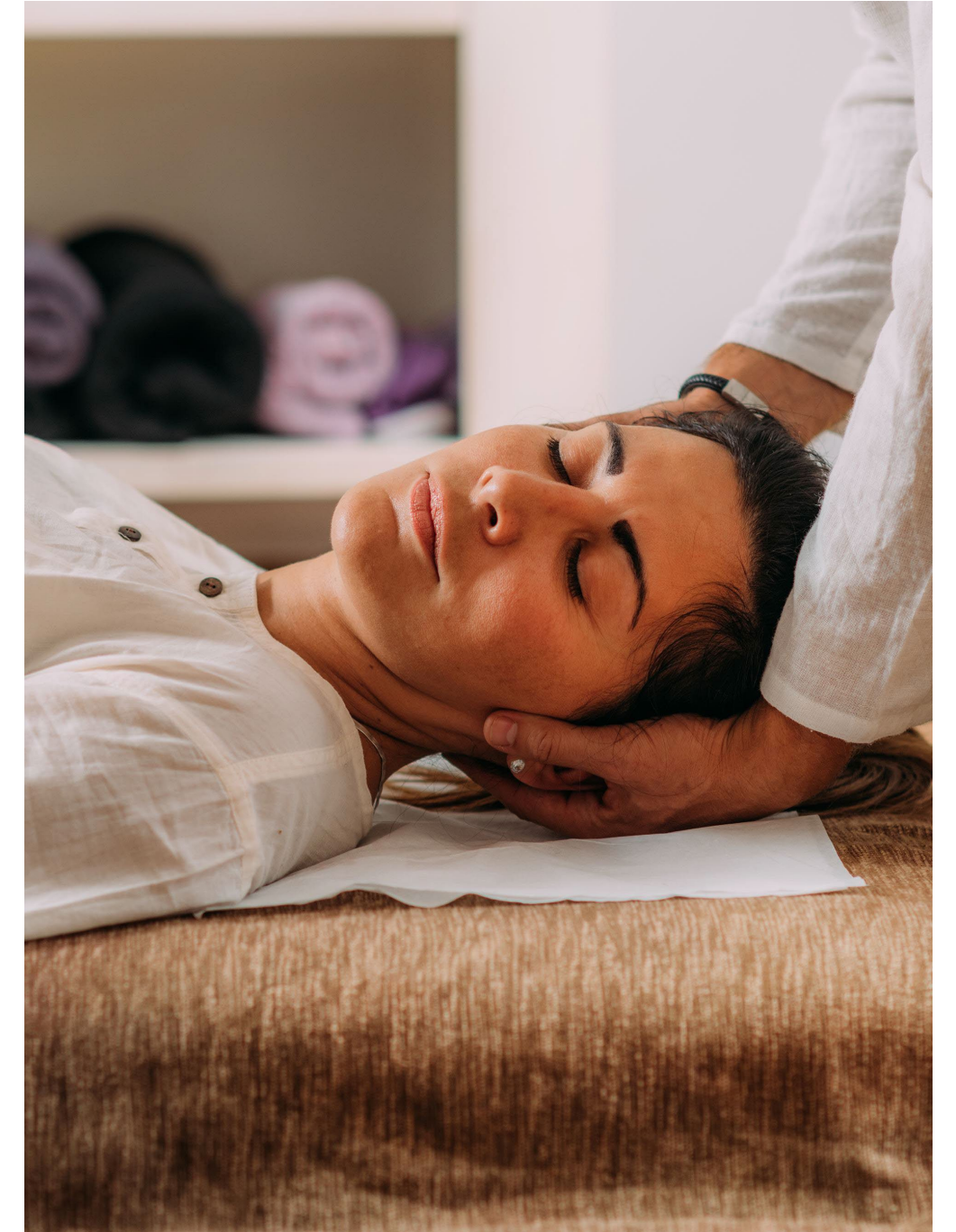


Multidisciplinary care in chronic pain management



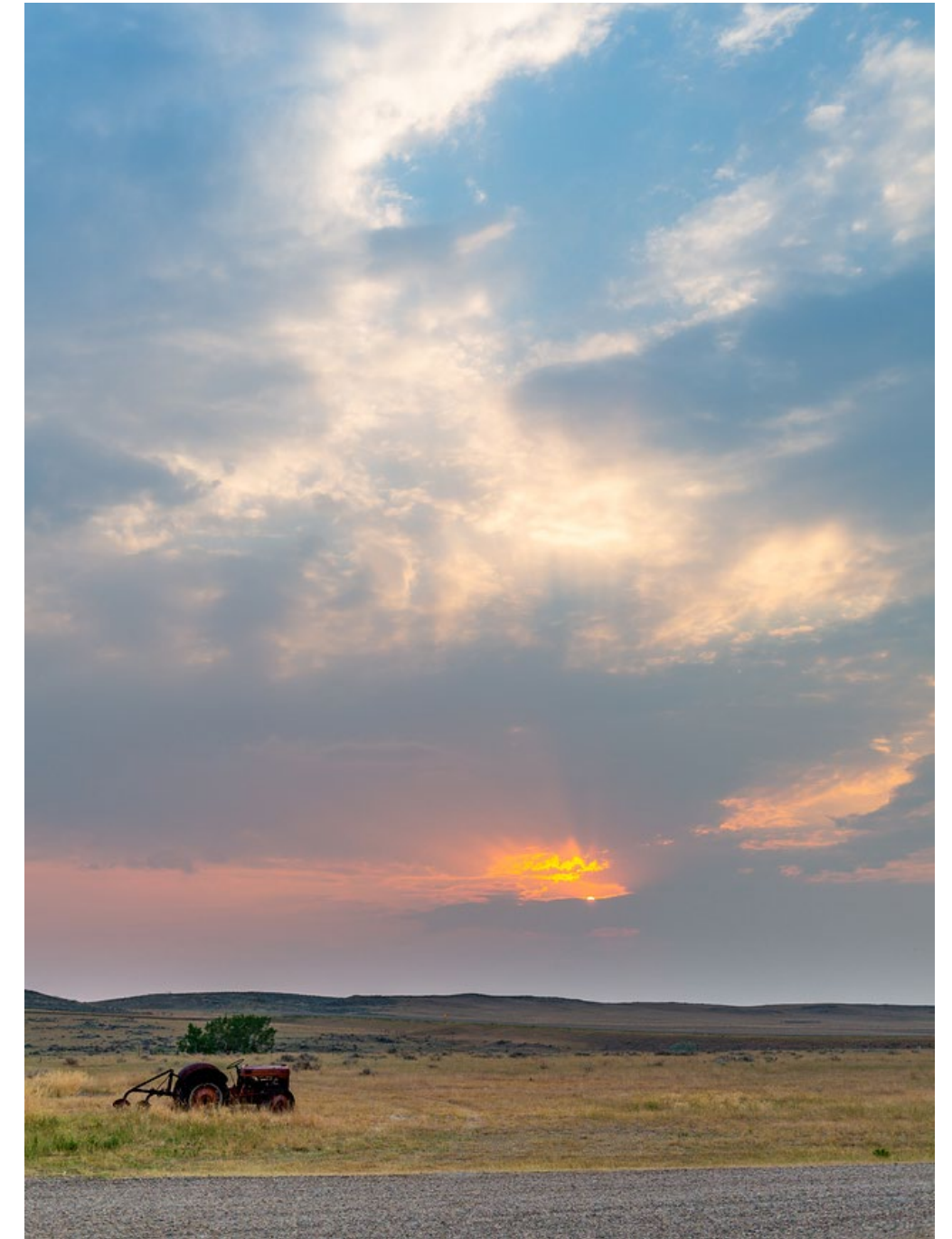
Challenges for patients and providers

- There is limited training in pain across specialties
- Shortage of pain specialists, limited access to non-pharm treatments, and limited insurance coverage
- Pain management and care coordination often falls to the PCP
- Pain and functional limitations pose additional transportation challenges
- Harder to access general mental health care, very limited access to pain psychology
- All contributing to more controlled substance prescribing



Chronic pain in rural or lower resourced areas

- Greater burden of disease in rural areas
- Higher rate of chronic pain and high impact chronic pain compared to urban and medium resourced areas
- Higher rates of OUD in rural areas
- Higher use of prescription opioids and lower utilization of nonpharmacological therapies in rural areas
- Practitioner burnout and lack of support

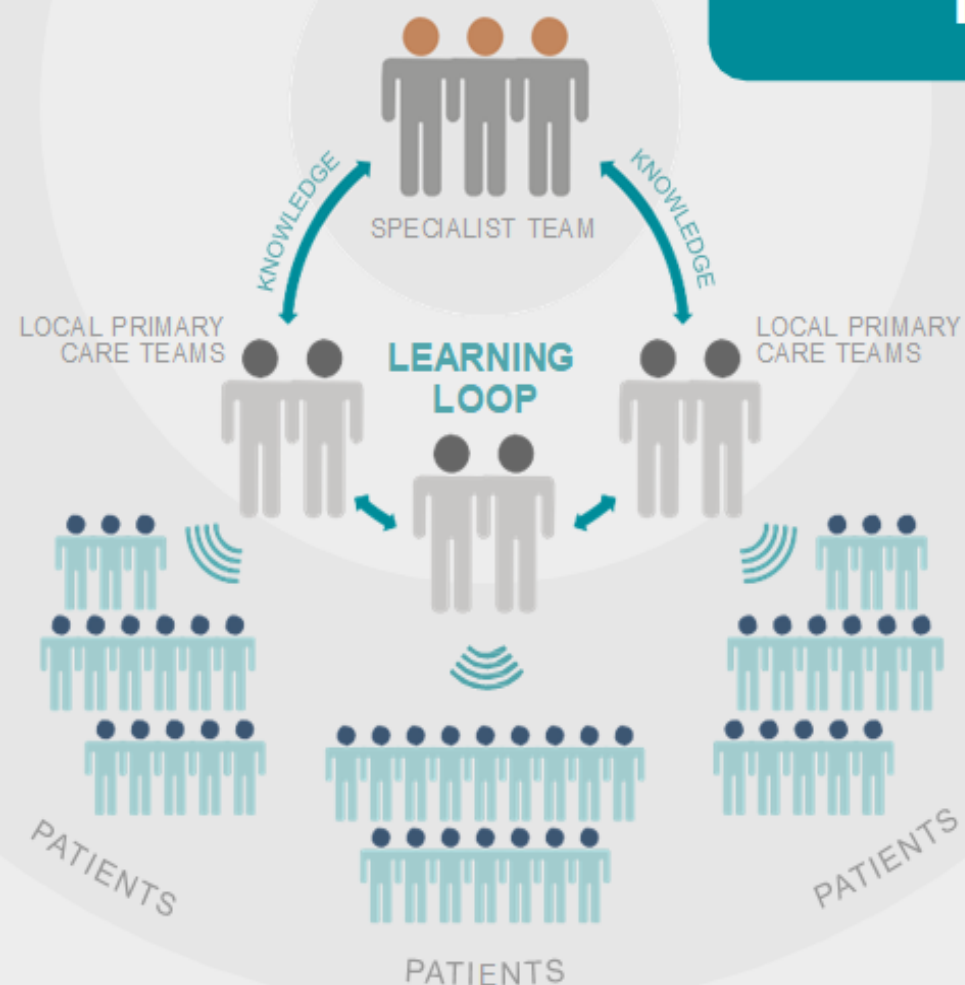


About Project ECHO[®]

SLIDE Courtesy of UNM ECHO

Project ECHO (Extension for Community Healthcare Outcomes) is a movement to demonopolize knowledge and amplify local capacity to provide best practice care for underserved people all over the world. The ECHO model[™] is committed to addressing the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.

Project ECHO is a movement to improve the lives of people all over the world.



Moving Knowledge Not People

Project ECHO transforms the way education and knowledge are delivered to reach more people in rural and underserved communities.

This low-cost, high-impact intervention is accomplished by linking inter-disciplinary specialist teams with multiple primary care clinicians through teleECHO[™] programs. Experts mentor and share their expertise across a virtual network via case-based learning, enabling primary care clinicians to treat patients with complex conditions in their own communities.

People get the high-quality care they need, when they need it, close to home.

ECHO Model

1. Use Technology to leverage scarce resources
2. Share “best practices” to reduce disparities
3. Apply case-based learning to master complexity
4. Evaluate and monitor outcomes

Tech-enabled collaborative learning and consultation



Pain Medicine 2017; 18: 1882–1889
doi: 10.1093/pm/pnx187

EDUCATION & TRAINING SECTION

Original Research Article

Improving Pain Care with Project ECHO in Community Health Centers



HHS Public Access

Author manuscript

J Pain Relief. Author manuscript; available in PMC 2015 May 09.

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TelePain: A Community of Practice for Pain Management

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RESEARCH/Original Article



Evaluation of an innovative tele-education intervention in chronic pain management for primary care clinicians practicing in underserved areas

Andrea D Furlan ^{1,2,3}, Jane Zhao¹, Jennifer Voth⁴, Samah Hassan^{1,3}, Ruth Dubin⁵, Jennifer N Stinson^{6,7,8}, Susan Jaglal^{4,7,9}, Ralph Fabico¹, Andrew J Smith¹⁰, Paul Taenzer¹¹, and John F Flannery^{1,2}

Allows for local providers to practice at highest scope of care

Referral to outside specialists only when necessary – keeps care within the local system

Increased provider confidence and patient satisfaction

Opportunities for learning and professional growth

UW TelePain Services for Providers

Chronic Pain Consultation & Education – No Cost

ON-DEMAND Provider Consult Line

 **1-844-520-PAIN (7246)**
 **PainHotline@uw.edu**

Speak directly with a pain-trained provider at UW Medicine.

This free service offers clinical and case-based support to providers managing acute/chronic pain or complex medication regimens, including high-dose opioids.

Available Monday–Friday, excl. holidays

MT 9:30am–5:30pm
PT 8:30am–4:30pm
AKT 7:30am–3:30pm

LIVE · WEDNESDAYS VIA ZOOM Didactics and Office Hours

REGISTER HERE



 **View the schedule:** <https://bit.ly/telepain-calendar>
 **TelePain@uw.edu**

Didactics Every other Wednesday · 2 hours	Office Hours Opposite Wednesdays · 1 hour
<p>MT 12:30–2:30pm (didactics at 1:00) PT 11:30am–1:30pm (didactics at 12:00) AKT 10:30am–12:30pm (didactics at 11:00)</p>	<p>MT 1:00–2:00pm PT 12:00–1:00pm AKT 11:00am–12:00pm</p>
<p>Didactic sessions include:</p> <ul style="list-style-type: none"> • Evidence-based pain management education in a 30-minute presentation • Q&A • Case support with an interdisciplinary expert panel (during first and last 30 minutes of the session) <p>Earn up to 1.5 CME/CNE per session</p>	<p>Office Hours are drop-in sessions for pain-related questions and case support with an interdisciplinary expert panel.</p> <p>Office Hours do not include a didactic presentation and are not accredited for CEUs.</p>

SELF-PACED Online Courses & Recorded Didactics

Recorded Didactics Library

All past TelePain presentations are available on-demand via Vimeo.



Scan QR code or go to:

vimeo.com/showcase/telepain

Earn CME/CNE (link in video description)

Chronic Pain Foundations Courses – *Coming Soon!*

Free online courses for primary care covering essential chronic pain management topics.

Earn CME/CNE/CPE

 **Subscribe to our email list for updates!**

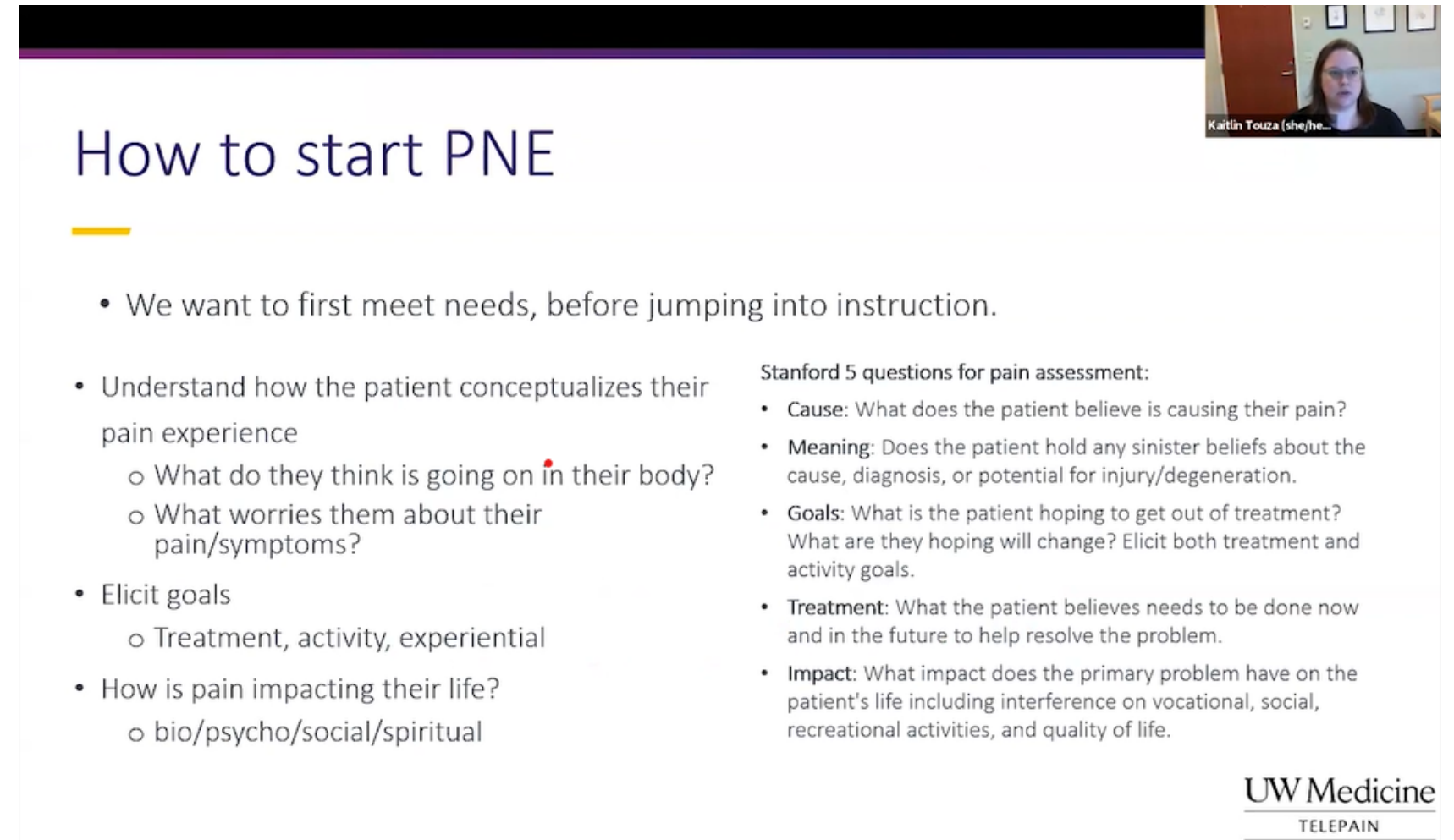
Speaker & Planning Committee

Speakers/Panelists

- Jacob Gross, MD, MPH
- Natasha Parman, DPT, PT
- James Robinson, MD, PhD
- Mark Sullivan, MD, PhD
- Jane Ballantyne, MD, FRCA
- Christina Bockman, PharmD
- Pam Pentin, MD, JD, FAAFP
- Suzanne Rapp, MD
- Eric Wanzel, MSW, LICSW
- Kaitlin Touza, PhD

Planners

- Cara Towle, MSN, RN, MA
- Heather Wilcox, MPH, MSW
- My-Phuong Jawort



How to start PNE

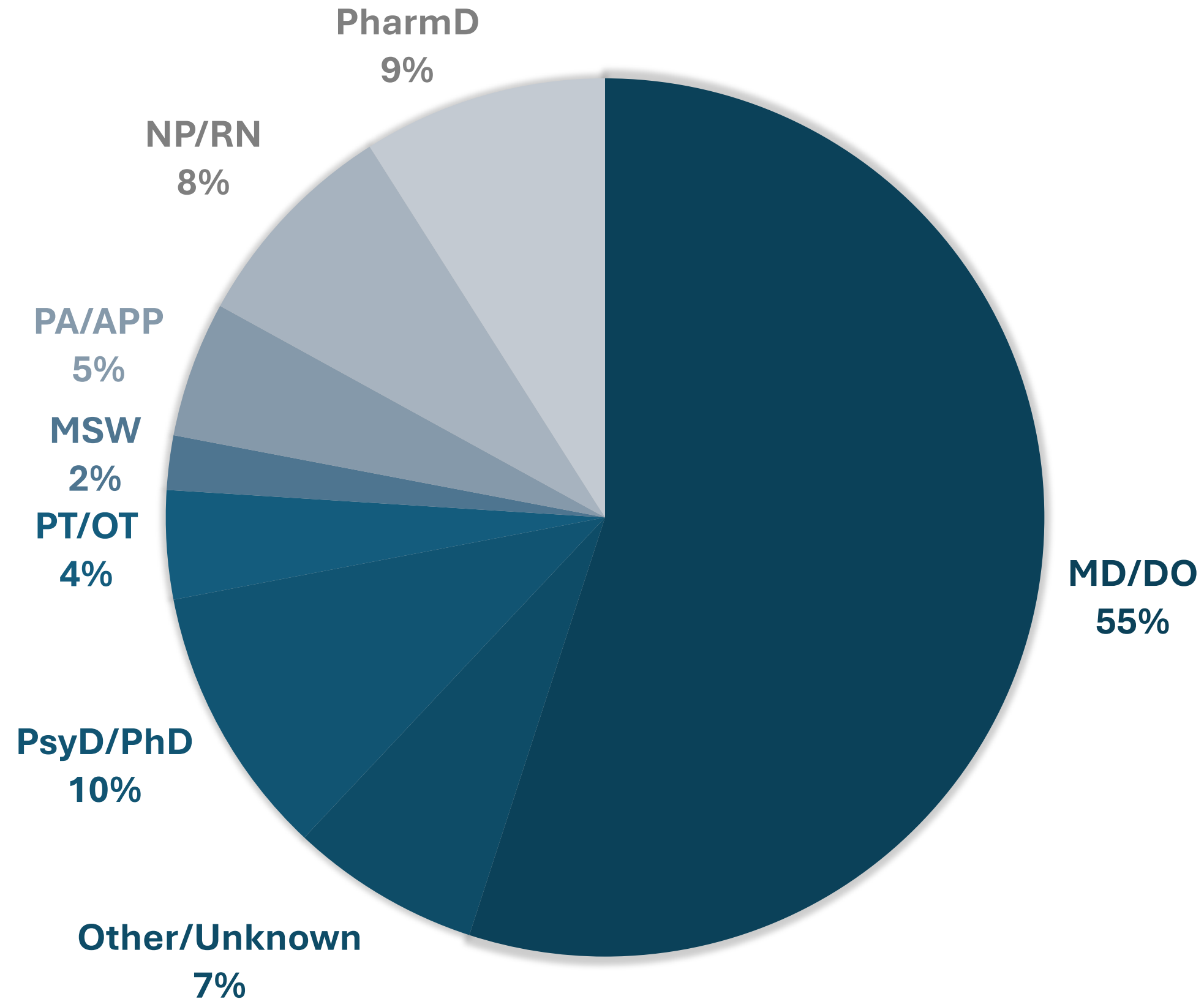
- We want to first meet needs, before jumping into instruction.
- Understand how the patient conceptualizes their pain experience
 - What do they think is going on in their body?
 - What worries them about their pain/symptoms?
- Elicit goals
 - Treatment, activity, experiential
- How is pain impacting their life?
 - bio/psycho/social/spiritual

Stanford 5 questions for pain assessment:

- **Cause:** What does the patient believe is causing their pain?
- **Meaning:** Does the patient hold any sinister beliefs about the cause, diagnosis, or potential for injury/degeneration.
- **Goals:** What is the patient hoping to get out of treatment? What are they hoping will change? Elicit both treatment and activity goals.
- **Treatment:** What the patient believes needs to be done now and in the future to help resolve the problem.
- **Impact:** What impact does the primary problem have on the patient's life including interference on vocational, social, recreational activities, and quality of life.

UW Medicine
TELEPAIN

Who attends UW TelePain



Value to Providers

"I have received some very difficult chronic pain referrals and often felt like I was by myself at the end of a very long rope. Thanks to UW TelePain, I can join in a lively, interactive session where I can gain access to expert second opinions and collegial advice on tough cases. I have come to truly look forward to Wednesdays!"

"TelePain is huge asset for me, as a mid-level working in a rural setting. I get some tough cases to manage – people on astronomical doses of opiates and benzodiazepines together. As you listen to other doctors presenting cases and diagnoses, you hear something and wonder, 'Why didn't I think of that?' I'm always learning!"

"You get the latest on how to manage patients with chronic pain: do the tapering, lab and x-ray studies, do the physical therapy. They talk about complementary care like acupuncture, exercise, massage, even chiropractic – because if you're telling patients that medication will be reduced, you want to give them something else."

"We inherit these patients who are already at a higher dose, so we're kind of stuck. How do we turn it around and get opioid-dependent or [people with SUD] back to more appropriate dosing? The UW faculty gave me the tools and confidence to be firm and establish that opioid levels need to come down."

Pain & Opioid Provider Hotline



1-844-520-PAIN (7246)

PainHotline@uw.edu

Free clinical and case-based educational advice for healthcare providers caring for patients with chronic or acute pain and complex medication regimens, including high-dose opioids.

This service is staffed by pharmacists and physicians in the UW Division of Pain Medicine.

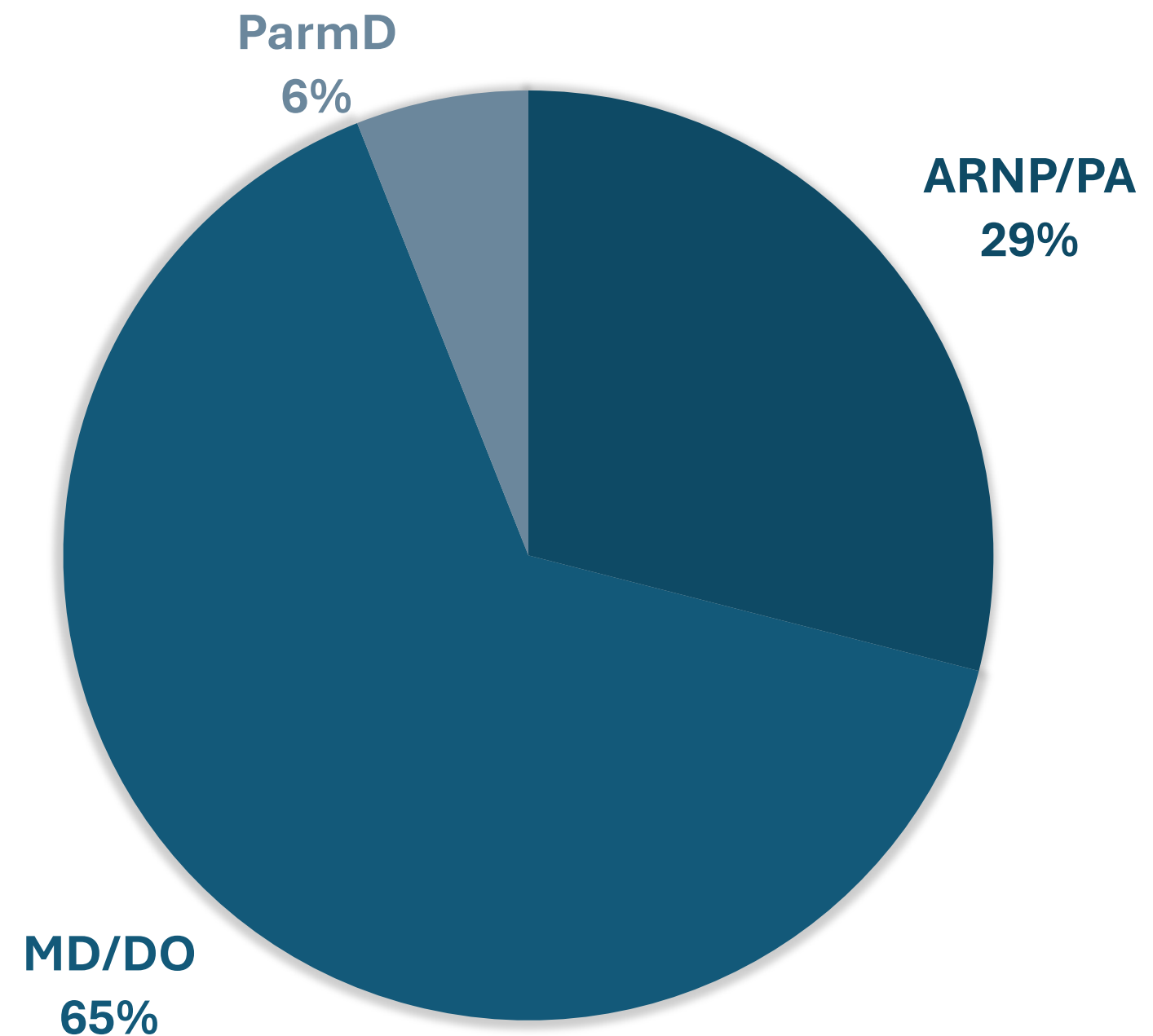
Monday – Friday, 8:30 AM – 4:30 PM Pacific Time

excluding holidays

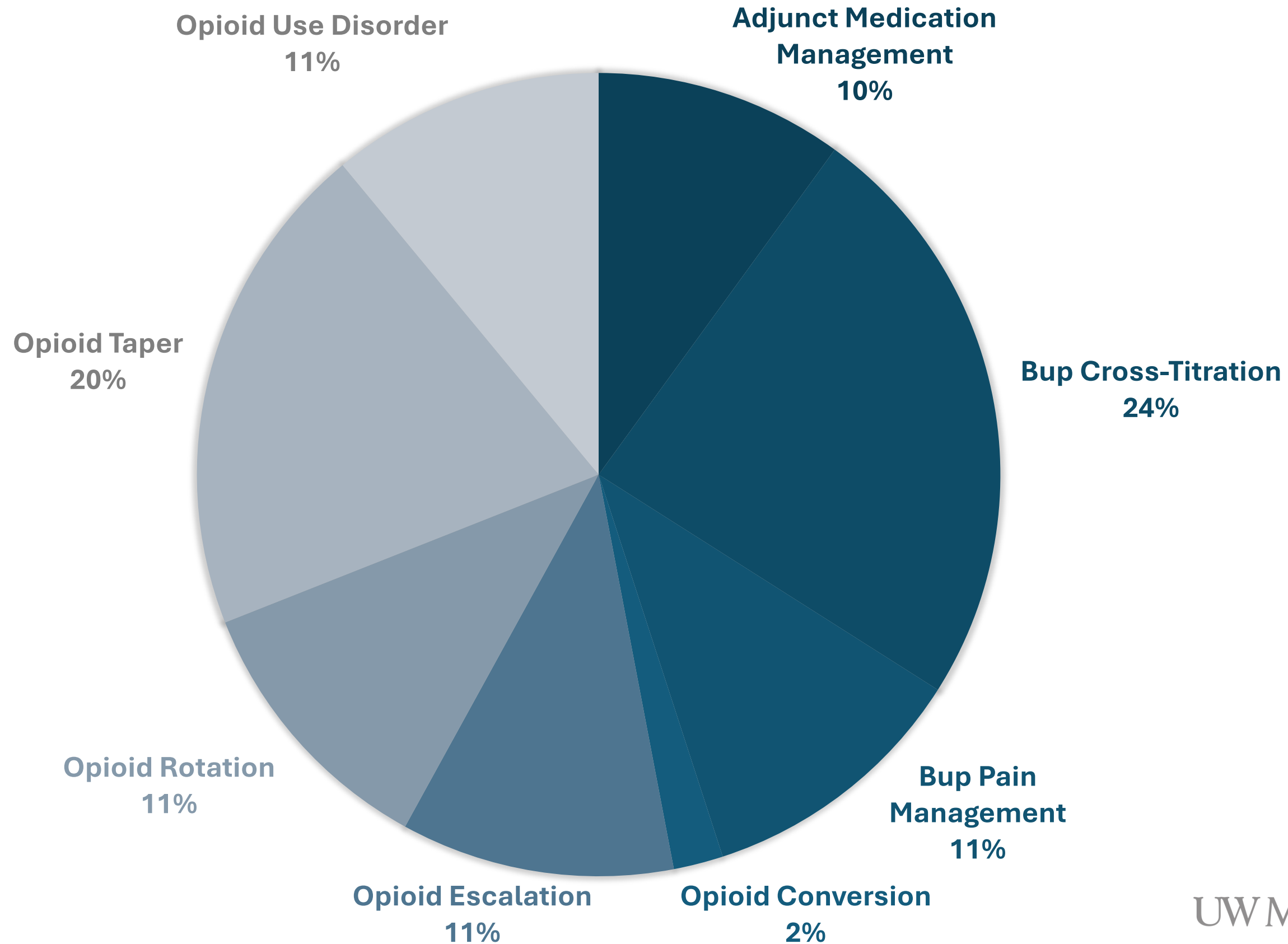
Who can call the Hotline?

Any healthcare provider!

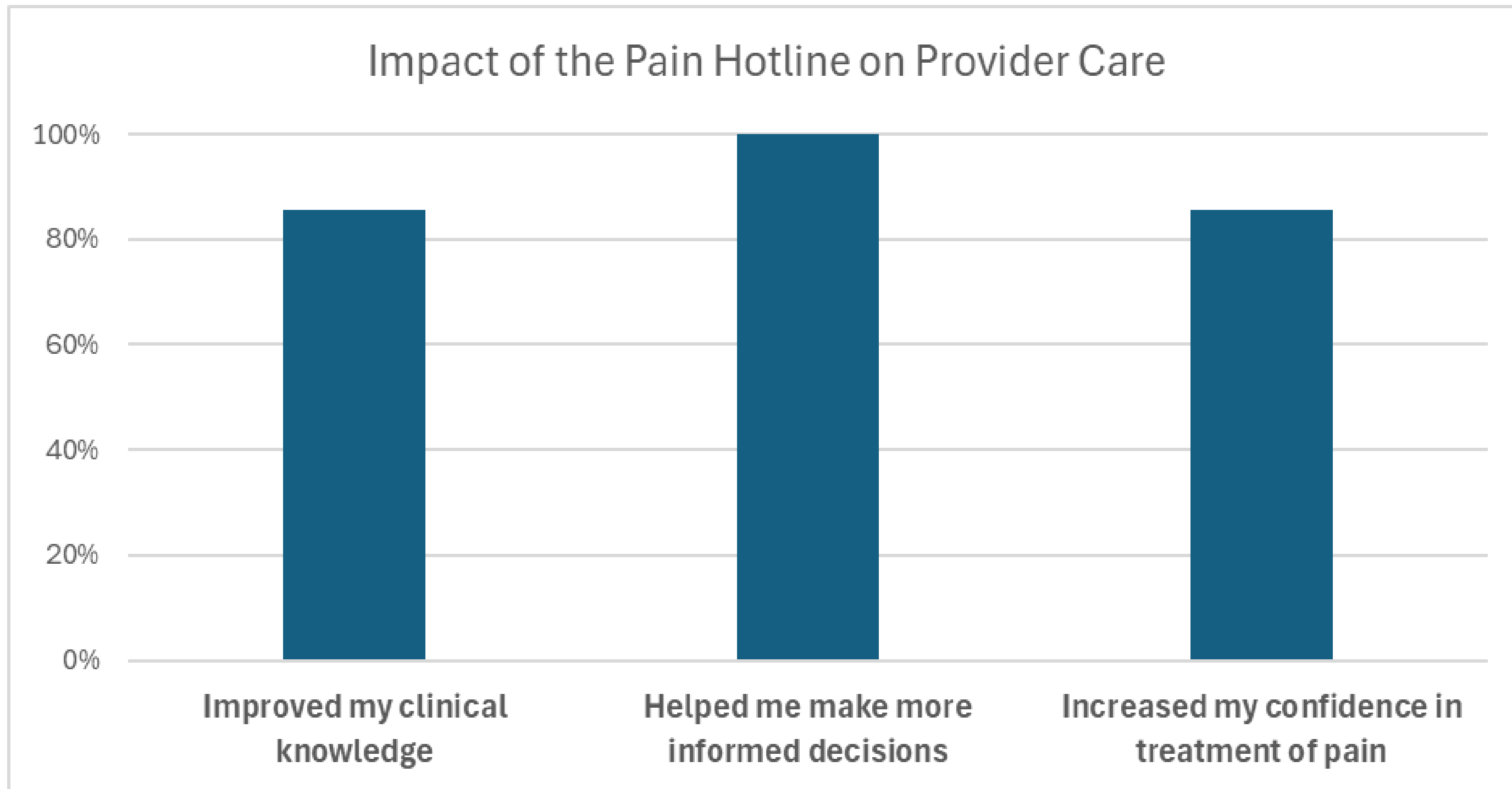
- MD/DO
- APPs
- Pharmacists
- Behavioral health providers
- Students
- Physical therapists



What do providers ask about?



Calling the Pain Hotline influences providers' ability to provide better care for patients



Presenting a case with UW TelePain

- Submit a deidentified case using the UW TelePain website or email at telepain@uw.edu
- Case info does not need to be comprehensive, provide what details you have
- The panel will ask clarifying questions, make suggestions about treatment modalities, and provide rational for recommendations
- Recommendations and suggested resources will be recorded during the meeting and emailed to you afterward

UW Medicine TelePain Patient Case Presentation

Please provide de-identified information regarding a patient case you would like to present (or would like our panel to present) for discussion during an upcoming TelePain session. You do not need to fill out every piece of information on the form; our team can ask questions before/during the session as appropriate. Once the case is submitted, we will review it and reach out to you within 2 days. PLEASE DO NOT INCLUDE IDENTIFYING PATIENT INFORMATION IN THIS FORM.

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

1. Provider Name

2. Provider Contact (email and/or phone number)

Presenting a case with UW TelePain

- 57, non-Hispanic white male
- MED over 200
- Chronic low back pain (~15 yrs), left knee pain (~4 yrs), diabetic peripheral neuropathy (~5 yrs)
- OA, DMT2, OSA not on CPAP
- Remote past MVA, lumbar laminectomy 10 years later (5 yrs ago)
- Last engaged with PT 3 years ago, reluctant to revisit this
- Not able to work past 5 years due to pain, applying for disability x2
- Concerned about burdening family, financial burden, loss of social engagement through work
- Question: How to start transition to buprenorphine?



Future directions for TelePain

Continuing to help
community providers to
care for people with
chronic pain and opioid
use

Further expansion into
wider WWAMI region,
widening area of reach

Increasing engagement
and collaboration with
Montana providers

Questions?

Use the QR code (or type the URL) to receive Zoom meeting details for TelePain sessions.



<https://tinyurl.com/join-telepain>