

# UC Davis Pain Management Telehealth Academy

## Project ECHO<sup>®</sup> Pain Management Telementoring

### Train the Trainers: Primary Care Pain Management Fellowship

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A HEALTHIER WORLD THROUGH BOLD INNOVATION

# Agenda

- **Introductions**
- **Project History**
- **Replication at UC Davis**
- **Findings**
- **Train the Trainers (T3):  
Primary Care Pain  
Management Fellowship**
- **Selected Curriculum  
Topics**
- **Benefits and  
Expectations of  
Participation**
- **Our Team**
- **Questions?**

# Project ECHO<sup>®</sup> Pain Management Telementoring

# Project History

- Project ECHO: Extension for Community Health Care Outcomes
- Started at University of New Mexico by Dr. Sanjeev Arora with a focus on expanding care to rural patients with hepatitis C with funding from the Robert Wood Johnson Foundation
- Mission: Develop the capacity to safely and effectively treat chronic, common, and complex diseases in rural and underserved areas, and to monitor outcomes and treatment

# Pain education update

- **Exciting results from the USMLE review.**
- **Developing pain medicine competencies.**
- **Educating the primary care work force.**
- **Over reliance on opioid therapy a result of the fundamental knowledge gap.**

# Replication at UC Davis

- Peer-to-peer video conference TeleMentoring program
- Facilitated at UC Davis by
  - Division of Pain Medicine
  - Betty Irene Moore School of Nursing
  - Center for Health and Technology at UC Davis
- Concept developed with input from key stakeholders throughout California
- Designed to provide an interdisciplinary support for chronic pain management in the primary care setting



# UC Davis ECHO<sup>®</sup> Pain Management

- Includes a multidisciplinary team representing multiple specialties (Ex. Pain Medicine, Psychiatry, Physical Therapy, Pharmacy, etc.)
- 60-minute, weekly educational sessions
  - 25-minute didactic presentation on a key pain-related topic
  - 30 minutes interactive case discussions
- Approximately 15 primary care sites dedicated to serving the underserved will participate

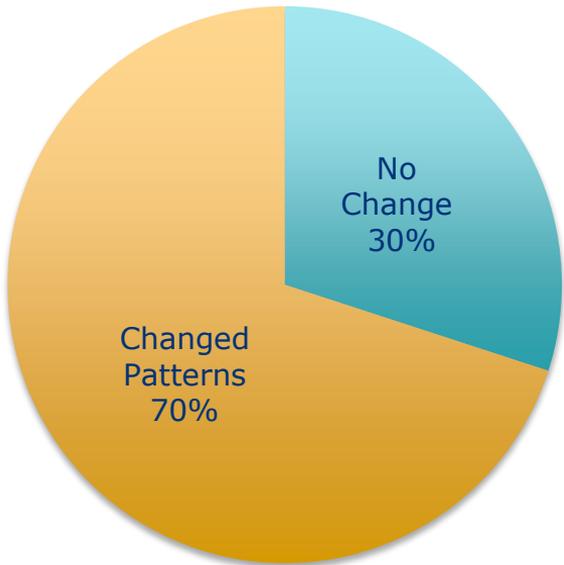


# Selected Curriculum Topics

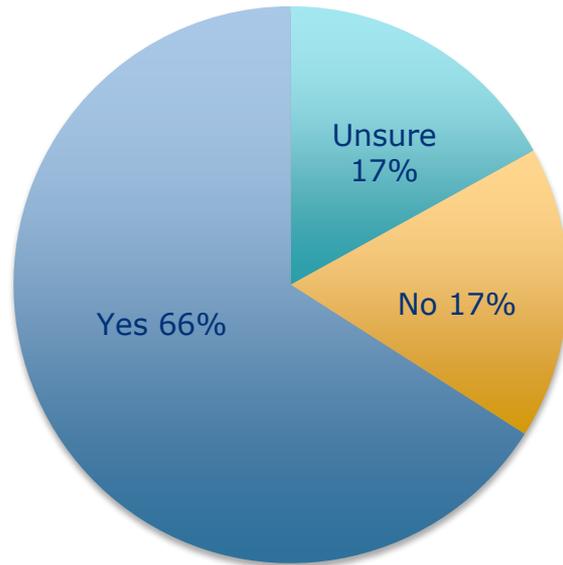
- Introduction to Rational Polypharmacy
- Physical Exams
- Analgesic Pharmacology
- Best Practices: Antidepressants and Pain Management
- Analgesic Pharmacology of Opioids
- Analgesic Pharmacology of Buprenorphine
- Evaluating Candidacy for Chronic Opioid Therapy
- Surveillance and Adherence Monitoring
- Evaluating Aberrant Behavior
- Tapering Methodologies
- Appropriate Documentation for Chronic Opioid Therapy: FSMB Guidelines
- Chronic Opioid Therapy and Mental Health
- Pain Management and Addiction
- Naloxone as a Rescue for Unintentional Overdose
- Cognitive Behavioral Therapy for Chronic Pain Patients
- Neurology and Headaches Overview
- Rheumatology
- Complex Regional Pain Syndrome
- Physical Therapy for Pain Management

# Previous Session Findings

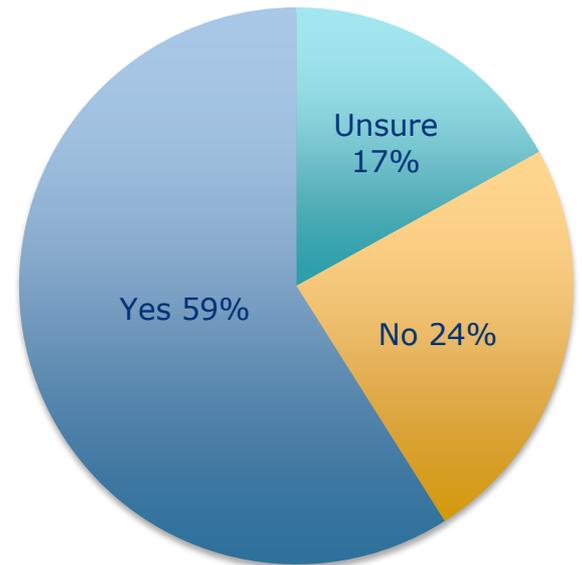
Perceived change in providers' opioid prescribing patterns due to ECHO



Providers working to taper patients on opioid medications due to ECHO



Providers less likely to prescribe opioid medications due to ECHO



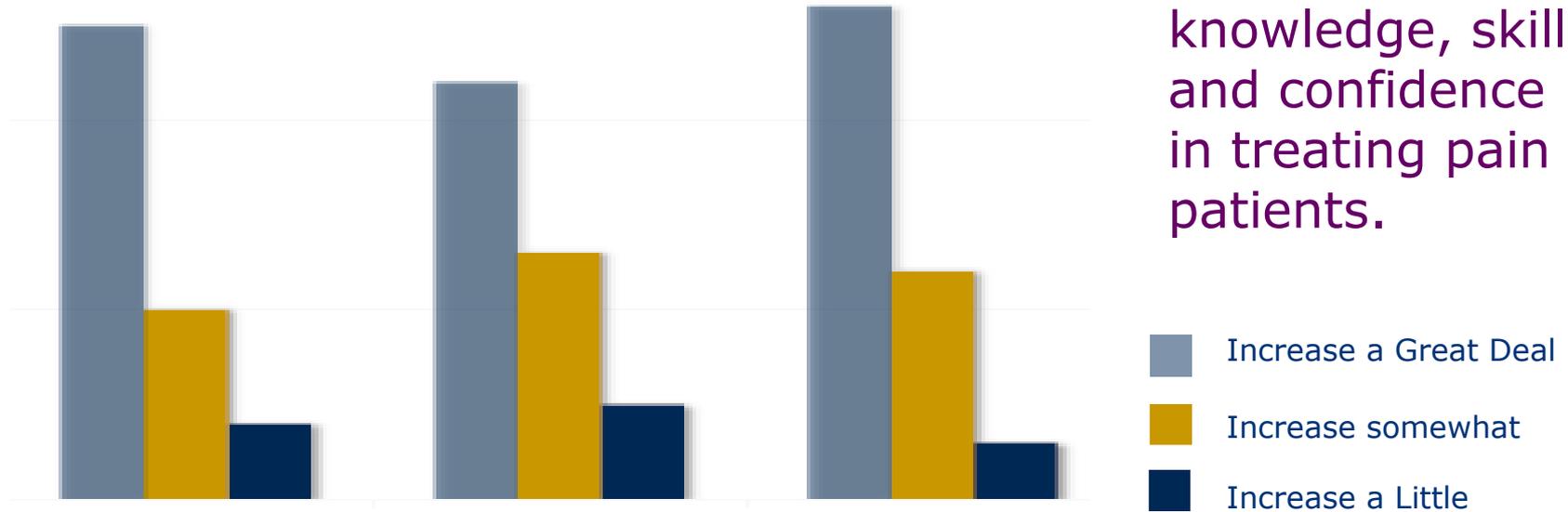
# Previous Session Findings

Participants' confidence in treating pain patients

Participants' skill in treating pain patients

Participants' knowledge about treating pain patients

Participants report gains in knowledge, skills and confidence in treating pain patients.



# Comments from participants

“I think Project ECHO has made us a resource on pain management within our practice. We also work with a lot of mid-level staff, so we’re even more of a resource for them. I think the pain management within our clinic has improved a lot as a result.”

“We have better tools and better plans for how to manage pain patients.”

“I have confidence in evaluating pain issues, knowledge when making referrals and the ability to make decisions on client care which has the best outcome.”

“I thought the most useful aspect of the curriculum was having each subject presented by a specialist in that field who was then available for questions and discussion.”

“I feel more equipped to handle pain patients; having additional tools learned through ECHO decreases my anxiety about caring for pain patients.”

# **Train the Trainers (T3): Primary Care Pain Management Fellowship**

## **Train the Trainers (T3): Primary Care Pain Management Fellowship**

- **Designed to build capacity and provide new skills**
- **Distance learning program for primary care providers who want advanced training in primary care pain management**
  - Curriculum targets most frequently encountered issues in primary care pain management with significant emphasis on addressing epidemic of prescription drug abuse and responsible opioid prescribing.
  - Designed to build capacity in networks/communities/regions → train the trainer model

# T3 Primary Care Pain Management Fellowship

- **12-month program**

- Two intensive weekend learning sessions in Sacramento (20-24 CME hours)
- Bi-monthly, live, case-based videoconference sessions focused on primary care pain mgmt (minimum 22 CME hours)
- One-hour per month of individualized mentoring with T3 faculty member
- Monthly office hours on selected topics in primary care pain mgmt

- **First class launched in September 2017**

## T3 Primary Care Pain Management Fellowship

- **Recent survey revealed that majority of 2017-18 fellows have already made positive changes in their clinical practice/methods:**
  - *"Improved documentation and changed medication regimen."*
  - *"Encouraged in depth assessment of pain issues in my patients and furthered treatment options."*
  - *"I have changed many things from how I document, monitor, and evaluate."*

# Overview: ECHO vs. T3 Fellowship

## ECHO

- 1-year program (March 2018)
  - 2 modules available
- Weekly 60 minute sessions
  - 30 minutes of didactic
  - 30 minutes for case discussions
- Case-based learning vs. case co-management

## T3

- 1-year program (Sept 2018)
- 2 weekend learning sessions in Sacramento
- Bi-monthly videoconference sessions (1 – 1.25 hours)
- Monthly mentoring sessions
- Monthly office hours

# Benefits of Participation in our TeleHealth Programs

- Up-to-date, evidence-based training from a multi-disciplinary team of experts on all aspects of pain management
- No cost CME/CEU credits
  - Physicians, Nurses, Physician Assistants, Psychologist, Licensed Clinical Social Workers, Dietitians, and Sonographer/Vascular Technicians
- Opportunity to share de-identified cases with the team for discussion and real-time feedback from pain medicine faculty
- Opportunity for one-on-one telephone mentoring with pain medicine clinical team to answer questions\*
  - \*The 1-on-1 discussions are for learning purposes only and are not clinical consultations.
- Access to a participant-only website with recordings of select video sessions/didactic presentations as well as clinical Pearls in Pain Management

# Cost of participation

## Project ECHO

Number of Clinics Registered	Cost per Clinic	
	Module I OR Module II Only	Both Modules
1	\$6,500	\$10,000
2 to 3	\$4,875	\$7,500
4 to 10	\$3,250	\$5,000
11+	\$3,000	\$4,500

**T3**

**\$15,000 per learner**

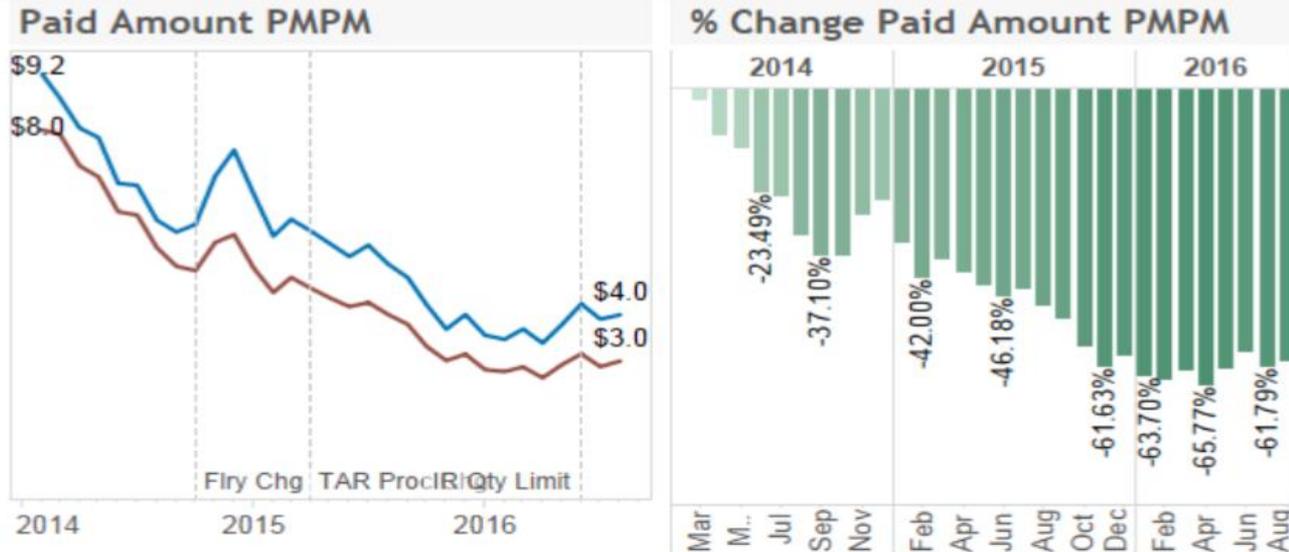
# Return On Investment

## ▪ Partnership HealthPlan of California

- Initial focus: Stop escalation, new starts, and diversion
- Pharmacy prior authorization changes
  - Require justification for high doses of expensive opioids
  - Require justification for escalation of high dose opioids
  - Request justification for all prescriptions for all stable high dose opioid

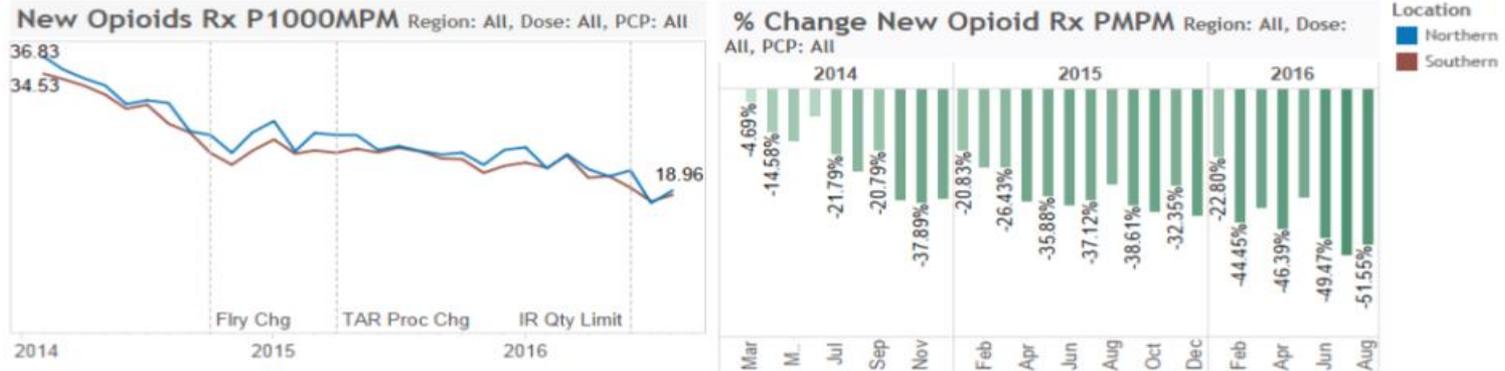
# Return On Investment

## Savings in Opioid Drug Costs



# Return On Investment

## Initial Opioid Prescriptions



# ROI (Sources of Savings and Efficiency)

- **For community**
  - Criminal justice system
  - Improved social stability
  - Increased workforce productivity
- **For primary care**
  - Opens up appointments for other conditions
  - Improved job satisfaction for clinicians
- **For Health Plan**
  - Direct Drug Costs
  - Hospital Costs
  - Emergency Room visit costs

# Value based care models for pain medicine

- **Caring for a patient's medical condition over the full cycle of care.**
- **Full set of health results that matter for a patient's condition over the care cycle.**
- **Improving outcomes and reduced costs**

# Value based care models for pain medicine

- **Value is created caring for a patient's medical condition over the full cycle of care.**
  - Strategic Agenda
    - Integrated practice units
    - Outcomes and costs for every patient
    - Integrated delivery systems
    - Expanded geographic reach
    - Enable Information technology platforms

# Value based care models for pain medicine

- **Organize patient care around medical conditions.**
- **The IPU model.**
- **A dedicated multidisciplinary team.**
- **Team accepts joint accountability for outcomes and costs.**
- **Bundled reimbursement for a full care cycle.**

# Our Team

- **Scott Fishman, MD**

- Chief, UC Davis Division of Pain Medicine

- **David Copenhaver, MD, MPH**

- Director, UC Davis ECHO TeleMentoring

- **Nilpa Shah, BS, BA**

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- **Rachael Fulp-Cooke, MPH**

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