Pain and Symptom Management in the Military
We invite you to participate in a telehealth study addressing the impact of UW TelePain Case Conferences on pain management in the military

Background:
- The Military Health System (MHS) experiences challenges with pain management similar to those faced by other medical systems, but the MHS also faces some unique issues because of its distinctive mission, structure, and patient population. For example, pain management challenges associated with combat polytrauma patients on chronic opioid therapy require integrated approaches to clinical care that cross traditional medical specialties, not all of which are universally available across the MHS.
- One of the recommendations to bridge this gap in knowledge within the MHS, is to expand the use of telehealth capabilities that incorporate integrative pain management initiatives (PMTF Report 2011: Recommendation 4.1.11).
- Studies show that telehealth offers positive outcomes and high satisfaction for patients, PCPs, and specialist consultants. Telehealth provides access to specialty care, support for local PCPs, and allows patients to stay local for health care.

Study Purpose:
To examine provider-level and patient-level outcomes of a telehealth-enhanced symptom management intervention.

Provider Responsibilities:

Length of Study: Study participation will last as long as the provider has patients enrolled in the study.

Study Group Assignment: Military healthcare providers (HCP) are assigned to the intervention or standard care group. Patients are assigned to the same group as their HCP.

Week 0, for all: Web-based survey for demographics and baseline assessments (30 minutes)

Weeks 1 – 12, for all: Patients on your panel whom you provide chronic pain care will be contacted by the research team to describe the study and determine eligibility and interest in participating. Providers may have up to 15 patients in the study.
- Intervention group only: Attend weekly Telepain conferences and present each patient participating in the study at one Telepain conference (30-60 minutes) and a follow-up presentation at 4 to 8 weeks after the initial presentation.
- Standard care group only: Refrain from attending weekly Telepain conferences.

Week 12, for all: Follow-up survey and assessments (30 minutes)

Patient Health Care Utilization and Health Care Costs: At the conclusion of the study, the research team will collect study patient health care utilization and cost data from clinic medical record review and billing staff for a time period, 6 month prior and 6 months post the patient study consent date.

Patient Responsibilities

Length of Study: 3 months

Week 0-12, for all:
- Phone interview to determine study eligibility (15 minutes)
- If participating in the study, phone interview to complete baseline survey and assessments (30 minutes)
- Every 2 weeks, survey via web-based symptom reporting system or by phone or by paper version of the symptom reporting system (10-15 minutes)
- In addition, phone interview every two weeks to ask about the medications, general questions about health, most important activity that pain interferes with, and visits to the emergency department or to health care provider or hospital admissions (5-10 minutes)
- Phone interview to complete final survey and assessments (30-45 minutes)

If you are interested in learning more or would like to participate in this study, please contact:
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*CME Accreditation

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Accreditation

The University of Washington School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Washington School of Medicine designates this live activity for a maximum of 72 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. (Each session is 1.5 credits)

OBJECTIVES: Upon completion of this activity, attendees should be able to:
1. Describe the different major types of chronic, non-cancer pain and their corresponding treatment modalities.
2. Optimize pharmacologic treatment of chronic non-cancer pain to improve function and safety, as measured by ability to measure morphine equivalent doses in patient prescriptions.
3. Detect unsafe combination therapies such as opioids and benzodiazepines.
4. Identify non-pharmacologic treatment modalities available for patients.
5. State the legal requirements applicable to treatment of pain and addicted patients in their setting.