

POSTER ABSTRACT

Co-design, Implementation and Evaluation of Teleconsultation for Access to Chronic Pain Specialists in Integrated Care Pathways

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Background: Scarcity of resources may lead to unacceptable delays for patients who require evaluation and treatment by a chronic pain (CP) specialist. Innovative solutions are therefore needed to provide individuals living with CP with proactive care in their communities while ensuring timely access to access to specialists. Teleconsultation, a virtual asynchronous version of corridor consultations, between primary care providers (PCP) and specialists has emerged as one possible solution, allowing PCP appropriate and timely access to specialists' advice in shared care models, and reducing the need for people to receive treatment in hospitals.

However, little is known about the factors influencing teleconsultation adoption and its impact on access to care. To address these challenges, we used a multi-method approach to evaluate the feasibility of embedding teleconsultation in integrated care pathways for CP. We aimed to 1) design teleconsultation that adheres to the principles of integrated care; 2) identify barriers and facilitators affecting implementation; 3) assess impact on access to care; and 4) identify workflow considerations and features of high-quality teleconsultation that facilitate shared models of care.

The digital pathway was co-designed with providers, decision-makers, and patients, using the principles of learning health systems to improve access, integration, continuity, coordination, and communication. **APPROACH** As part of a multi-phased mixed-methods study, participatory design workshops were conducted with key stakeholders during the planning phase to identify needs and conceptualize a prototype. In the current implementation phase, surveys are distributed to end users to evaluate appropriateness, acceptability, feasibility, effectiveness, value proposition, and outcomes related to the Quintuple Aim. Semi-structured interviews are being conducted with decision-makers, providers, and patients to understand barriers and facilitators, including partnerships between community-based care and specialists in shared models of care.

The Framework Method will guide thematic analysis, while quantitative data will be analyzed using descriptive statistics. **RESULTS:** The average specialist response time was 9 days (versus 1 year for in-person referrals to specialists) and referral was avoided in 76% of cases, with secure care offered in community-based settings. A co-design approach, coupled with evidence-based

implementation strategies (e.g., education, network engagement, rapid-cycle evaluation and adaptation), facilitated the adaptation and integration of technology into complex care pathways. Preliminary data indicate that seamlessly embedding technology with integrated care pathways improves access to equitable care in the urban and rural communities, continuity of care, coordination of shared care and experience. An agile governance strategy facilitates successful technology implementation by enabling collaboration and engagement of key actors in addressing key domains including policy, funding, and infrastructure. At a patient level, key facilitators include patient agency, informed consent, and enhancing digital literacy. Building a network of relationships among political, health system and community partners is vital for resource sharing and shared models of care.

IMPLICATIONS: User-centered co-design and evidence-based strategies can be used to effectively guide the development and implementation of teleconsultation and strengthen patient-centered care, when and where they need it. By integrating cross-functional teams and promoting an iterative and agile approach, supports scaling of teleconsultation for integrated care across organizations.