



2025 Nominating Committee

Nomination submission for:

Nominating Committee (two positions)

Nominee Identification Information

Name Paul DeJulio

Please list your credentials, i.e., MD, MPH, PhD, etc. MD

How Many Years Have You Been an AAPM Member? 2

How long have you held your current volunteer position? 0

What is your total experience in the field of pain medicine? 2

Employment & Practice Information

Type of Organization (select one) Academic

Organization UCSD

1. In what areas of Pain Medicine do you practice? Pain Medicine Interventional Chronic Pain

Spine and Pain Management

Inpatient Pain Management

2. Indicate your specialty of origin. Emergency Medicine

If you selected "Surgical Specialty," please specify it here. Internal Medicine

3. Indicate your percentage of time practicing Pain Medicine & specialty of origin.

Pain Medicine: 100

Specialty of Origin: 0

4. Employment Experience: Please provide a 30- to 50-word summary of your work experience. (If you are retired, please describe the work that you did during the time you were employed.)

I served as a Flight Surgeon in the United States Air Force from 2013-2016. I practiced Emergency and Internal Medicine at Northwestern Memorial Hospital from 2021-2022. I began my Pain Medicine practice at the University of Washington in 2023, and returned to the University of California, San Diego, in 2024 to continue this practice.

AAPM Strategy



The above image is a diagram of AAPM's current strategic plan. The following three nomination questions will refer to the above image.

1. The Academy has focused on Convene, Educate Providers, Research, and Access Advocacy. The Board of Directors leads our strategic planning and formation of annual strategic objectives. Based on the above plan, your professional experiences, and experiences with the Academy, what suggestions would you make to move the Academy forward? Please keep comments to 300 - 500 words.

As stated in my brief bio, based on our aging patient population in the US, and increasingly siloed healthcare system, I believe that Pain Medicine needs more physician leaders practicing and promoting transdisciplinary pain care. During my over ten years in medicine, spanning multiple specialties, I have regularly participated in and seen the benefits of transdisciplinary care. While still early in my pain medicine career, my experience thus far has been that we are better at preaching, than practicing transdisciplinary care.

There are a variety of reasons that transdisciplinary pain care is challenging including provider apathy or ambivalence, increased time requirements for care coordination, and low reimbursements from payors. As a society, AAPM will continue to educate members, promote research, and advocate on behalf of patients. Still, the national burden of chronic pain is too high (and growing) to be managed solely by the current number of pain medicine providers. It is therefore incumbent on AAPM leadership to execute the societies' established mission-based goals and strategies in a manner that brings other specialties, especially primary care, into the fold. Contrary to what the lay public might think, primary care providers are the frontlines in the management of chronic pain, not pain medicine providers, and they need better education, training, and support.

There are a multitude of pain medicine societies in the US. In order to stand out from the others, and become the preeminent authority on chronic pain, AAPM needs to build and maintain strong relationships with other professional societies, including but not limited to the American College of Physicians and American Academy of Family Physicians. Our goal as a society should be to have robust interest and participation from pain providers, as well as providers practicing in other specialties who regularly manage chronic pain (e.g., Family Medicine). We will accomplish this goal by advertising our educational and training offerings to the latter's professional societies, as well as having AAPM members serve as ambassadors that present at their national conferences.

2. What is your professional vision for the future of Pain Medicine?

As above

3. Why would you like to serve on the AAPM Board of Directors? (30-50 word limit)

My goal is to be a national thought leader in pain medicine, and ultimately to leave our specialty better off than I found it, at the end of my career.

Qualifications to Serve on the AAPM Board of Directors

1. How has AAPM Membership brought value to your career?

As aforesaid, while I have only been a member of AAPM for 2 years, I have been a physician for over 10 years and have seen the benefit of professional medical organizations including their support of education, research, and advocacy. In this short time as a member, AAPM has brought value to my career by giving me the opportunity to develop and deliver a podcast and lecture, on a national scale. It has also helped me network with Pain Medicine providers from across the country. At this year's PainConnect, I will be collaborating with providers from Stanford and Johns Hopkins.

3. After reviewing the AAPM Strategic Plan, what abilities and attributes will you bring to the Board of Directors' strategic deliberations?

I have formal and extensive experience in leadership through the military, and as Chief Resident of two residencies at Ohio State. During my residencies, I received numerous awards for house staff education and healthcare process improvement. In my role as Chief Resident, I was responsible for policy making for both residencies. At UW, I routinely educated internal medicine providers, both house staff and faculty, and produced a pain curriculum for them. While there, I participated as a Study Physician in the Biomarkers for Evaluating Spine Treatments (BEST) Clinical Trial. I have subsequently returned to UCSD as Medical Director of the Inpatient Pain Service. I am also in discussions with the Fellowship Program Director about serving as the Associate Program Director.

4. Describe one transformational/defining experience in your professional life you have been involved with and what you learned from the experience.

While working in the Women's Health Clinic at UW, I managed a significant amount of nociplastic pain; namely, fibromyalgia. Through this work, I became proficient at educating patients on their diagnosis, building rapport, and getting their buy-in on the biopsychosocial model in managing chronic pain. Seeing this process work, particularly the psychosocial part(s), was a defining experience for me. It reminded me of the adage, "Be the doctor your patient needs you to be." Addressing the psychosocial drivers of chronic pain can be quite taxing on both the provider, and the patient. Additionally, it may lead to some uncomfortable and contentious discussions between the two, and for this reason it is often easier to forego them. With that being said, after a year of the aforesaid work, and the numerous success stories I helped to create, I am doubling down on my efforts to do to this hard work (i.e., regularly addressing the psychosocial aspects of chronic pain) even when I find it particularly mentally and emotionally challenging.

5. Is there anything else you would like the AAPM Nominating Committee to know about you that has not been stated previously?

No, thank you.

I hereby give permission to the AAPM Nominating Committee to contact me, print my Candidate Nomination Profil and Statement, and consider me for nomination to the AAPM Board of Directors on the official AAPM 2025-2026 Election Ballot.

By signing below, I confirm that I have read the AAPM Board of Directors expectations and duties on the 2025 Call for Board Nominations page on painmed.org.

Signature

A handwritten signature in black ink, appearing to be the initials 'P.D.' with a stylized flourish.