

Rural Veterans: Applying Mind-Body Skills for Pain (RAMP)

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RAMP: Scalable multi-component CIH telehealth intervention, delivered by Whole Health coaches that addresses needs of rural VA patients and overcomes existing barriers to pain care

Aim 1: Assess effectiveness of RAMP at improving pain and biopsychosocial outcomes among rural VA patients with chronic pain (n = 500)

Aim 2: Collaborate with patients, community advisors, and VA healthcare system leaders to co-develop and evaluate intervention implementation strategies used in the trial and adapt these strategies to scale up RAMP within the Veterans Health Administration (VA)

VA: Nation's largest integrated care system; serves over 9 million Veterans, 2.7 million are rural-dwelling

- **Complex structure** – challenge to implementation of CIH pain management interventions
 - **VA Program Offices:** develop and manage policies and programs at the national level (partnering with Office of Patient-Centered Care & Cultural Transformation and Pain Management and Opioid Safety and Prescription Drug Monitoring Program)
 - **18 regional Veteran Integrated Service Networks (VISNs)** manage and oversee 172 medical centers and other medical facilities, including >800 Community-Based Outpatient Clinics (CBOCs) – operate “largely independently”
 - CIH pain management interventions involve **multiple service lines or departments**
- **2018 MISSION Act:** establishes new Veterans Community Care program (greater access to VA-financed care from non-VA providers)

Collaborating with Community Partners, rural Veterans and Community-Based Outpatient Clinics staff

- Developed a **Community Engagement Panel (CAP) of Veteran-Serving Organizations**, with help from RAMP Veteran and patient expert consultants and referrals from participating organizations:
 - Alaska Veterans Organization for Women (AVOW: Alaska)
 - The Unquiet Professional (National)
 - Invisible Wounds Project (Minnesota)
 - The Warrior Alliance (Georgia)
 - Alabama Veteran (Alabama)
 - Veteran and Military Support Alliance (Maryland)
 - Vet to Vet of Georgia (Georgia)
- **Veteran Engagement Panel (VEP)** formed: 50% women; 50% from minoritized racial and ethnic groups; range of ages (36 – 74) and geographic locations
- **Internal Advisors** will include VA leadership and staff from **Community-Based Outpatient Clinics (CBOCs)**
- CAP & VEP meet 3X every year; in-person meeting in May 2025

Challenges

- Veterans – vulnerable population, greater mental & physical health burden, which is even greater among VA-users
- Rural America AND Veterans – disproportionately impacted by “dual crises” of chronic pain & opioids
- Complexity of VA structure – challenge to implementation
- Rural VA patients with chronic pain
 - Experience multiple, intersecting contributors to disparities (e.g., race/ethnicity, gender, age, geographic location, SES, sexual orientation, mental health status, military era, disability)*
 - Are more likely to be prescribed opioids & less likely to use evidence-based, multi-modal approaches including Complementary and Integrative Health (CIH)
 - Lack of availability to comprehensive and specialty pain care & CIH outside of main VA medical Centers
 - Telehealth can increase access but major gaps in reliable broadband in rural communities

*https://www.va.gov/HEALTHEQUITY/Facts_About_OHE.asp

Recommendations for retrofitting, re-designing & re-imagining

▪ **Retrofitting:**

- Build out VISN-level telehealth hubs for Whole Health with clear processes for utilizing resources to implement VA-approved Whole Health/CIH interventions
- Increase access to telehealth through subsidized broadband & equipment

▪ **Re-designing:**

- (in process) VA's transformation towards a Whole Health system of care.

DISCOVER WHAT MATTERS
Live Whole Health.



▪ **Re-imagining: shift the national consciousness about chronic pain prevention and treatment:**

- VA should partner with other federal agencies to launch a national public education campaign on chronic pain and its treatment, as part of a comprehensive approach that includes provider-level, payer-level and policy-level initiatives

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Focus Article

Shifting the National Consciousness about Pain
Treatment: The Critical Need for a National Public
Education Campaign

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Mass media campaigns for chronic pain: a scoping review to inform
design of future campaigns

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Effects of a Media Campaign on Back Beliefs is
Sustained 3 Years After Its Cessation

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Levers for change

- **Policies to increase broadband access**

- Broadband Equity, Access and Deployment (BEAD) program: \$42.45 billion state block grant to build broadband infrastructure in unserved and underserved areas
- Affordable Connectivity Program (now out of funding)

Broadband subsidies for rural Americans are ending, putting telehealth at risk

JUNE 5, 2024 · 12:40 PM ET

HEARD ON MORNING EDITION

By Sarah Jane Tribble

FROM **KFF Health News**  NPR

POLICY

What It Will Take to Make Rural Broadband Affordable — and Keep It That Way

The Affordable Connectivity Program for rural Americans is running out of funds : Shots - Health News

- **Develop partnerships outside of traditional healthcare system**

