Advancing Rural Back Pain Outcomes using Rehabilitation Telehealth (ARBOR-Telehealth)

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Historical Context

- Telehealth long viewed as a means of improving access to PT
- Use limited by policy and reimbursement
- Changes due to COVID-19 expanded access
  - CARES Act
  - 1135 waivers
  - State-level policy changes
  - Commercial payer policy changes

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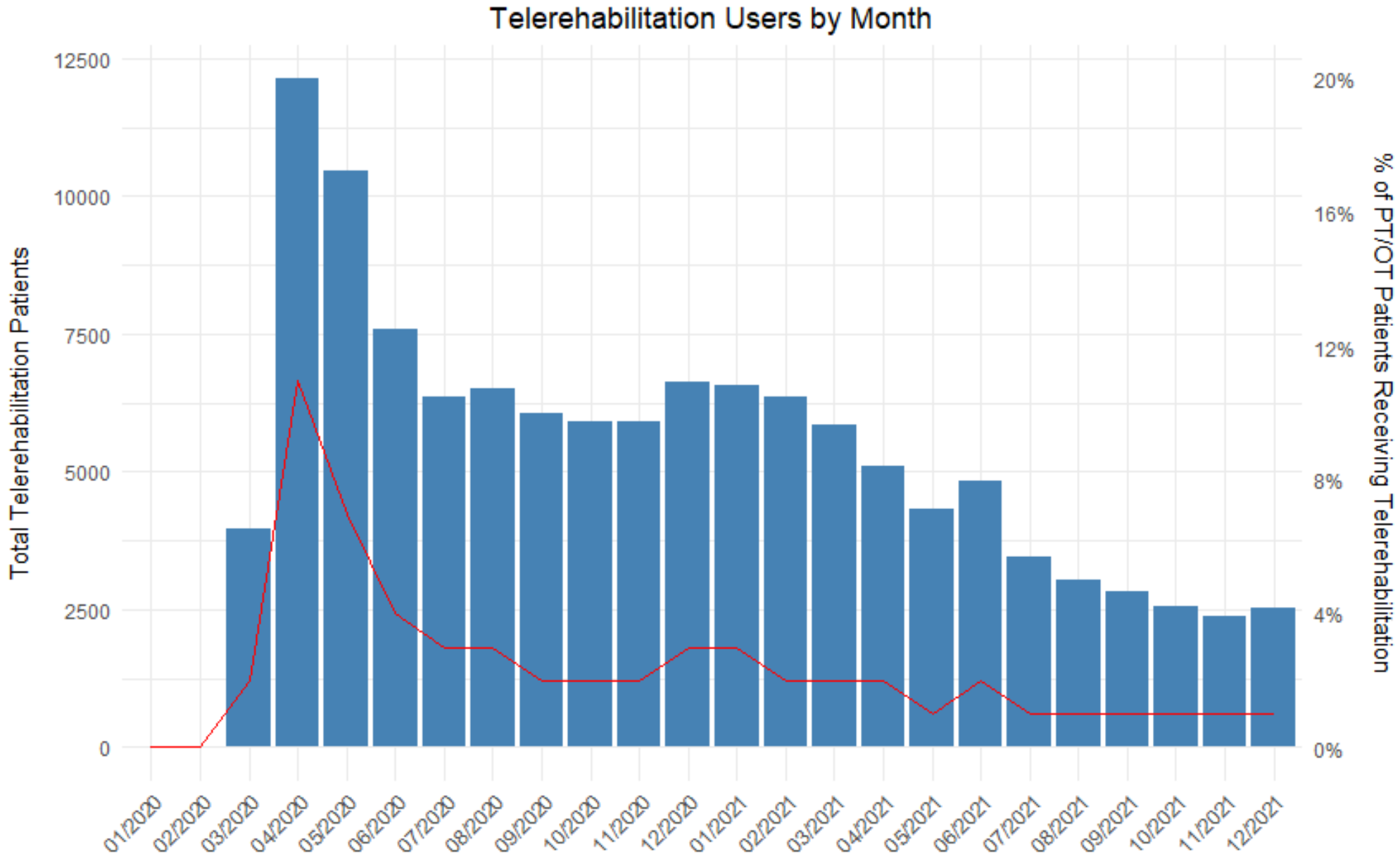

McLaughlin, K.H., Levy, J.F., Fritz, J.M. and Skolasky, R.L. Trends in Telerehabilitation Utilization in the United States 2020-2021. *Archives of physical medicine and rehabilitation*; 105(7):1299-1304. https://doi.org/10.1016/j.apmr.2024.02.728

PICOT

Population:

Intervention: telehealth physical therapy

Control:

Outcomes:

Time:

Population

What populations have limited access to PT?

What clinical groups stand to benefit from increased access to PT?

What populations do we have access to?

In what areas does our expertise and experience allow us to contribute?

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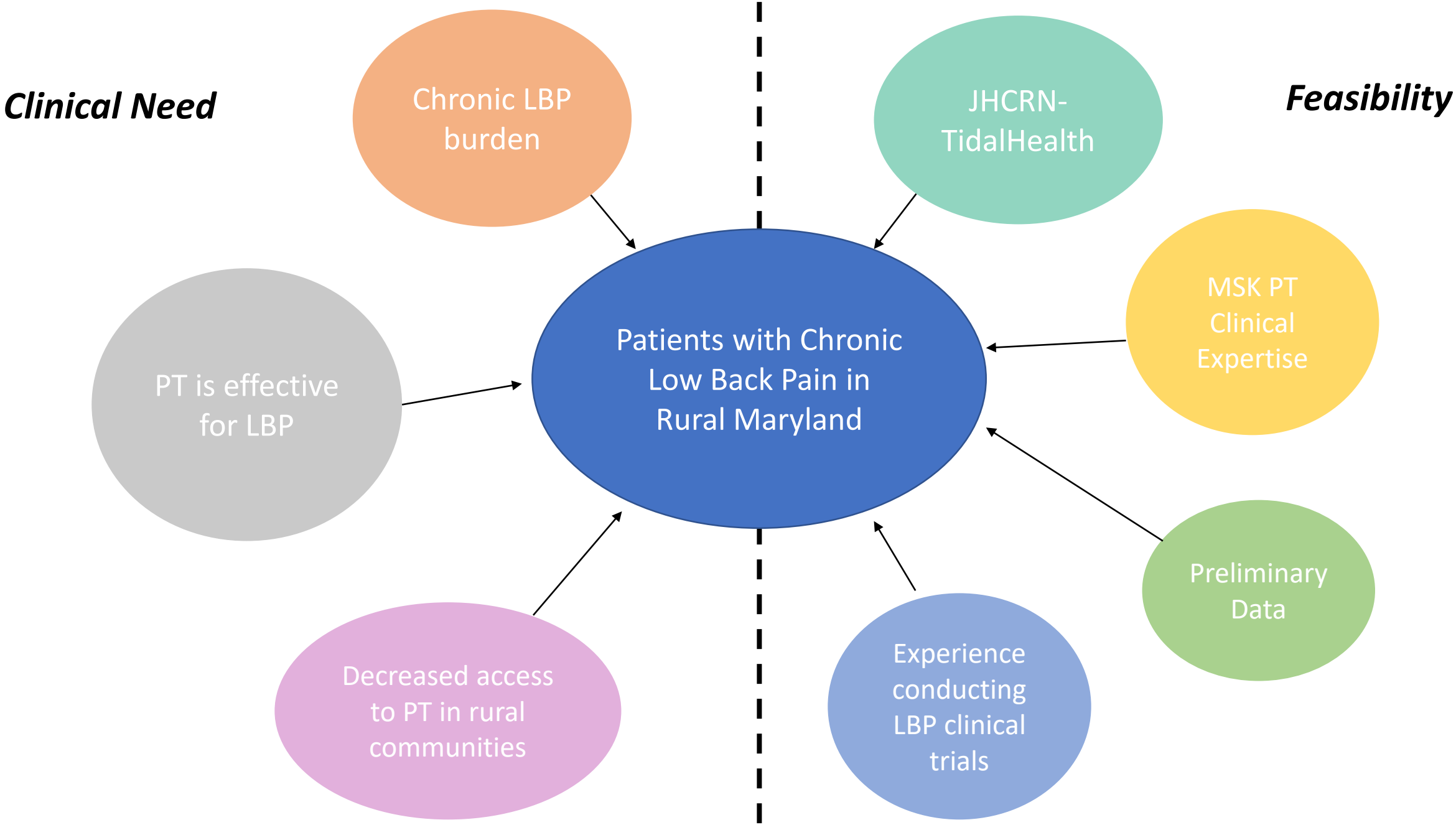
Clinical Need
Feasibility
Chronic LBP burden
JHCRN-TidalHealth
PT is effective for LBP
Patients with Chronic Low Back Pain in Rural Maryland
MSK PT Clinical Expertise
Decreased access to PT in rural communities
Experience conducting LBP clinical trials
Preliminary Data

PICOT

Population: patients with chronic LBP living in rural MD

Intervention: telehealth physical therapy

Control:

Outcomes:

Time:

Control/Comparison

What is usual care for patients with LBP living in rural communities when PT is not available?

Clinical Guidelines for Nonspecific LBP

- Advice
- Medication
- Non-pharmacologic pain interventions (e.g., PT)

Chou R, Qaseem A, Snow V, Casey D, Cross Jr JT, Shekelle P, Owens DK. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. Annals of internal medicine. 2007 Oct 2;147(7):478-91.

Considerations

- Avoid disruption to usual care
- Do no harm
  - ~~Medications~~
  - ~~Invasive procedures~~
- Maximize generalizability to rural setting
  - Advice likely most common intervention absent other in-clinic options
- Recruitment strategy

PICOT

Population: patients with chronic LBP living in rural MD

Intervention: telehealth physical therapy

Control: standardized education (website)

Outcomes:

Time:

Outcomes

- Real-world burden of chronic LBP
  - Disability
  - Pain
  - Opioid use
- Comparability with previous and future studies
- BACPAC
- HEAL Common Data Elements

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PICOT

Population: patients with chronic LBP living in rural MD

Intervention: telehealth physical therapy

Control: standardized education (website)

Outcomes: LBP-related disability (Oswestry), pain, opioid use

Time:

Time

- Length of intervention
  - 8 visits over 8 weeks
- Carryover of treatment effects
- Comparison to past and future studies
  - OPTIMIZE

PICOT

Population: patients with chronic LBP living in rural MD

Intervention: telehealth physical therapy

Control: standardized education (website)

Outcomes: LBP-related disability (Oswestry), opioid use

Time: 10-weeks (primary), 4 months, 12 months


Thank you!