Adapting and Implementing a Nurse Care Management Model for Rural Patients with Chronic Pain (AIM-CP)

Phase Zero: Getting the research question right

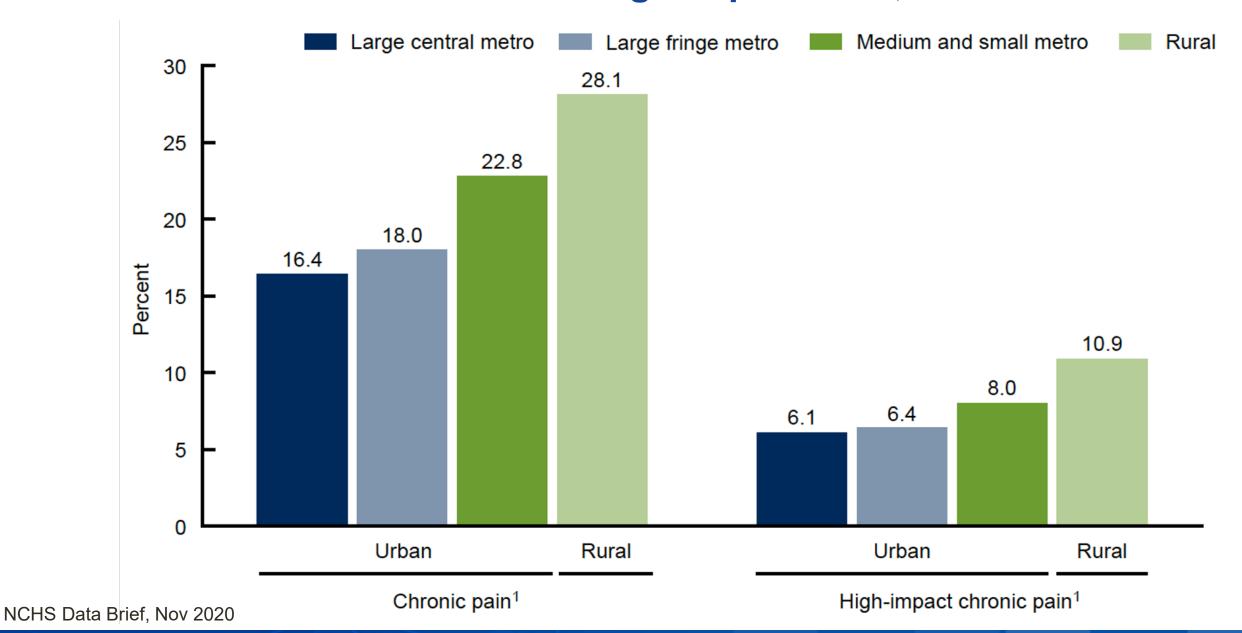
MPIs:

Kushang Patel, PhD, MPH Sebastian Tong, MD, MPH

University of Washington



Prevalence of Chronic Pain and High Impact Pain, United States 2019



Addressing Barriers to Physical Activity in Rural Areas through Tele-Exercise

Access

- Lack of consistent options or exercise facilities
- Limited transportation options

Infrastructure

- Limited pedestrian infrastructure
- Long distances between destinations

Safety

- Fear of violence
- Wildlife (bears, feral dogs)
- Inclement weather (snow/ice)

Engaged Key
Stakeholders

Developed TeleEF Protocol

Piloted Tele-EF

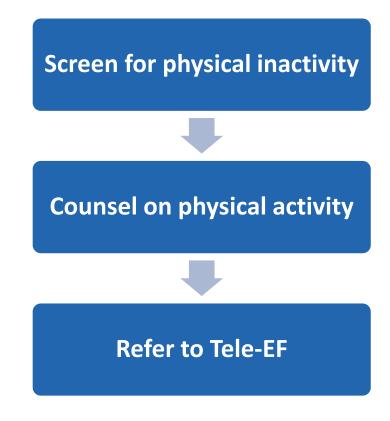
Implementation of Tele-EF

Hoffman E, et al. Under Review Gell N, et al. *JMIR Aging*, 2021 Patel K, et al. *ACR Open*, 2022



Engaging rural-serving PCPs and practices to support patients with physical activity

- Providers recognize the importance of exercise
- Providers felt they lacked training and resources for discussing physical activity with patients
- Providers recognized the strengths and limitations
 of counseling their patients on exercise
- Providers were very interested in referring patients to remotely delivered exercise programs as patients often have inadequate access, support, and resources





Adapting and Implementing a Nurse Care Management Model for Rural Patients with Chronic Pain (AIM-CP)





Population

- Chronic pain diagnosis
- Rural dwelling adults

PICOT for AIM-CP

Intervention

- Care coordination
- CBT for pain management
- Physical activity counseling referral to Tele-EF

Compare

• Usual care

Outcome

Pain interference measured by PEG

Time

- 6-month intervention
- Outcomes assessed at 0, 6, and 12 months
- Primary endpoint at 6 months



THANK YOU!

kvpatel@uw.edu setong@uw.edu

