

# Improving Veteran Access to Integrated Management of Low Back Pain



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United States Association for the Study of Pain



# Disclosures

- Grants received from PCORI and NIH
  - (funds to Institution)
- Honoraria and travel reimbursement from APTA for Editor-in-Chief role
  - (funds to me)

# #1 Team



# Background & Design



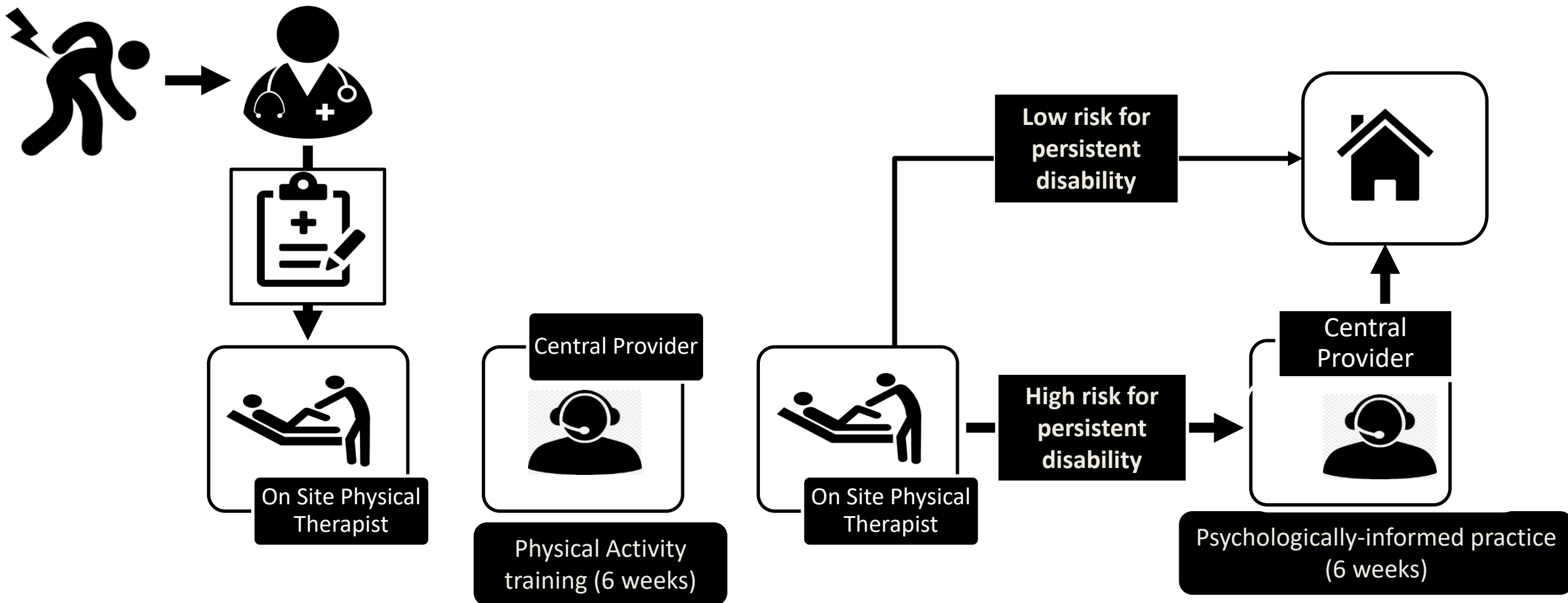
Veterans have higher pain severity and impact from chronic low back pain (LBP)

2-arm multisite CRT focused on increasing access to nonpharmacologic treatment:

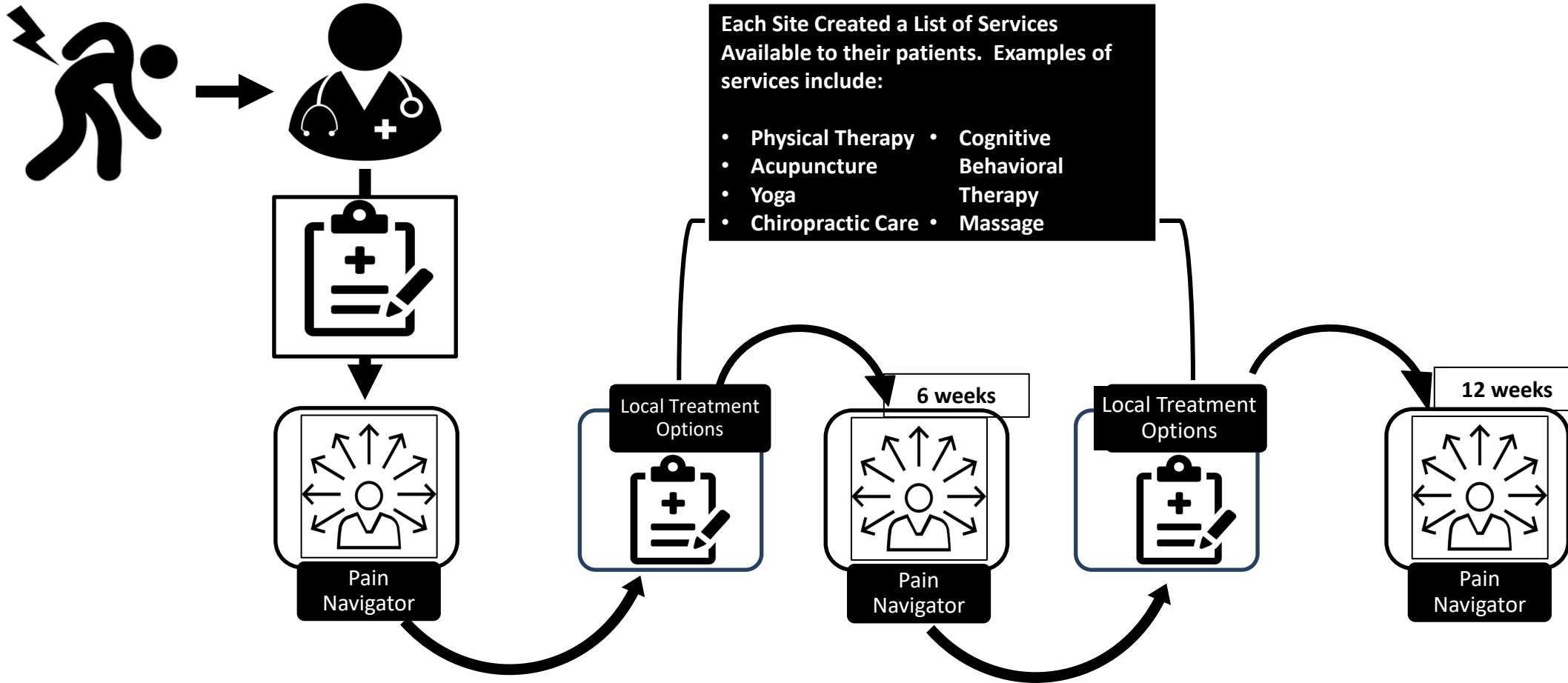
- 1) **Sequenced Care Pathway:** Onsite physical therapy then telehealth physical activity training and psychologically-informed practice delivered by a central provider
- 2) **Pain Navigator Pathway:** A “navigator” in the VA provides practical support with treatment decision-making and scheduling

**Outcomes:** Pain Interference, Physical Function, Chronic Pain, Opioid Use

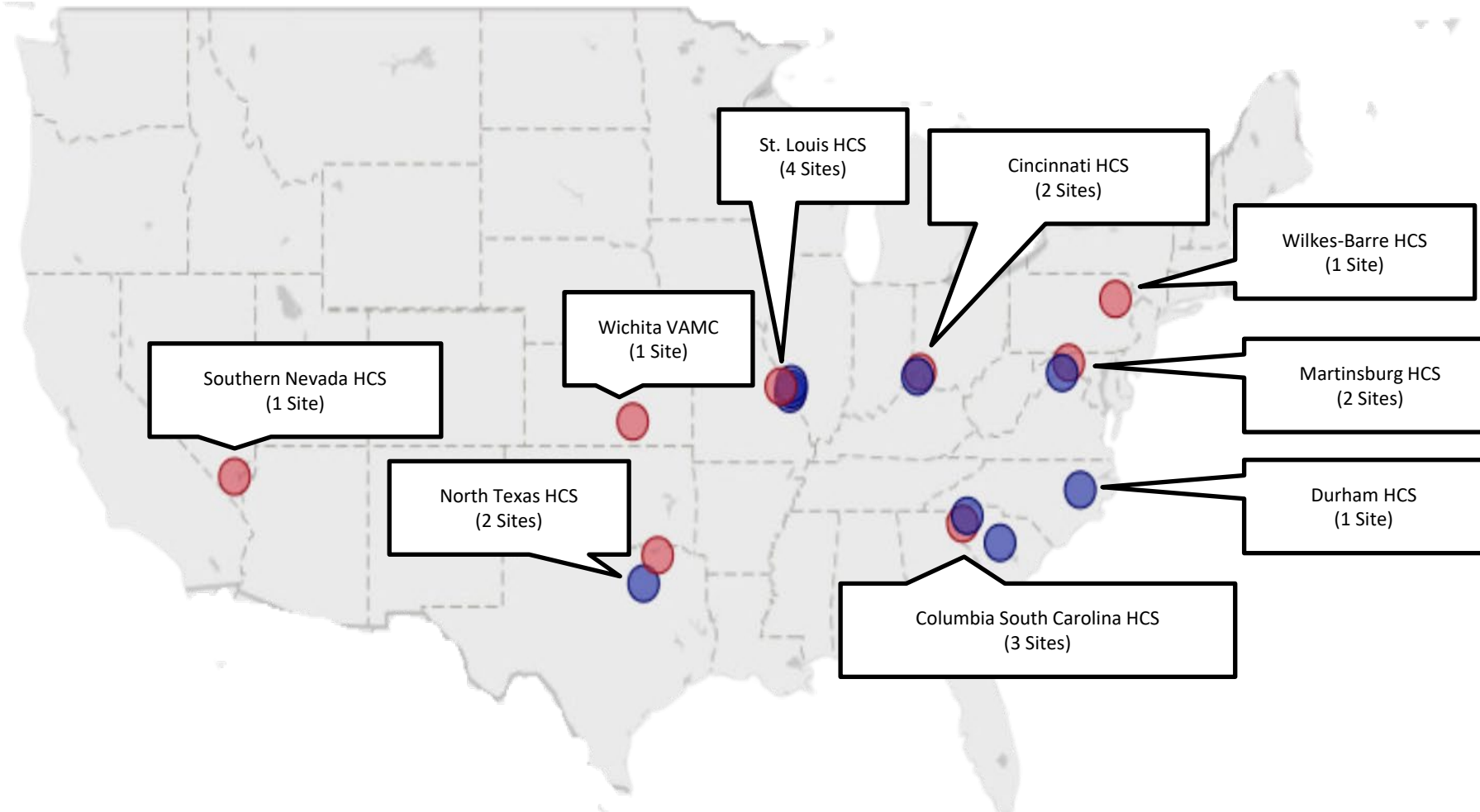
# Sequenced Care Pathway



# Pain Navigator Pathway



# Setting - 17 clinics

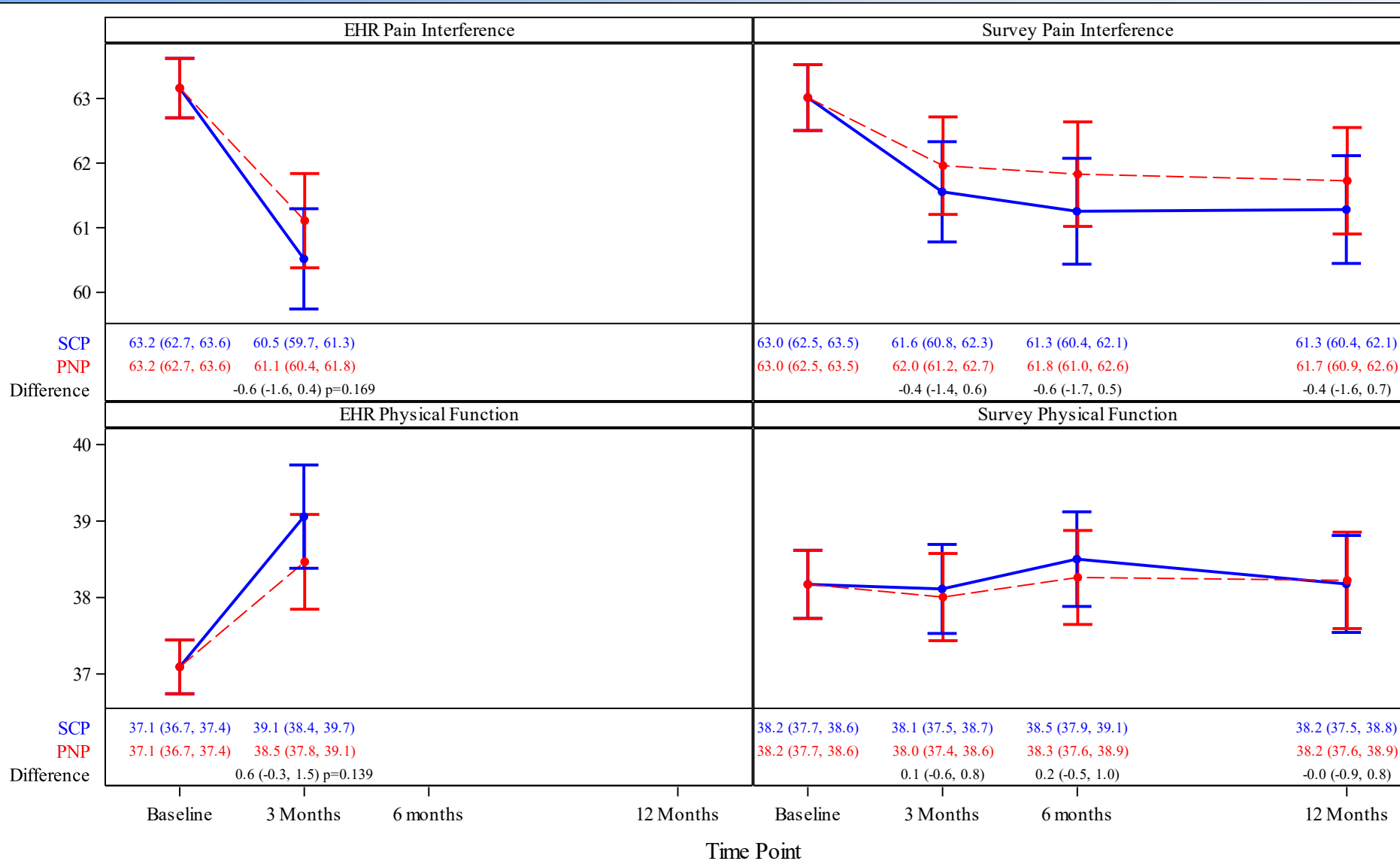


- Sequenced Care Pathway
- Pain Navigator Pathway

No informed consent for those seeking care at these clinics  
(*EHR cohort*)

Informed consent obtained for subset to collect granular information and longer-term follow-up  
(*Survey cohort*)

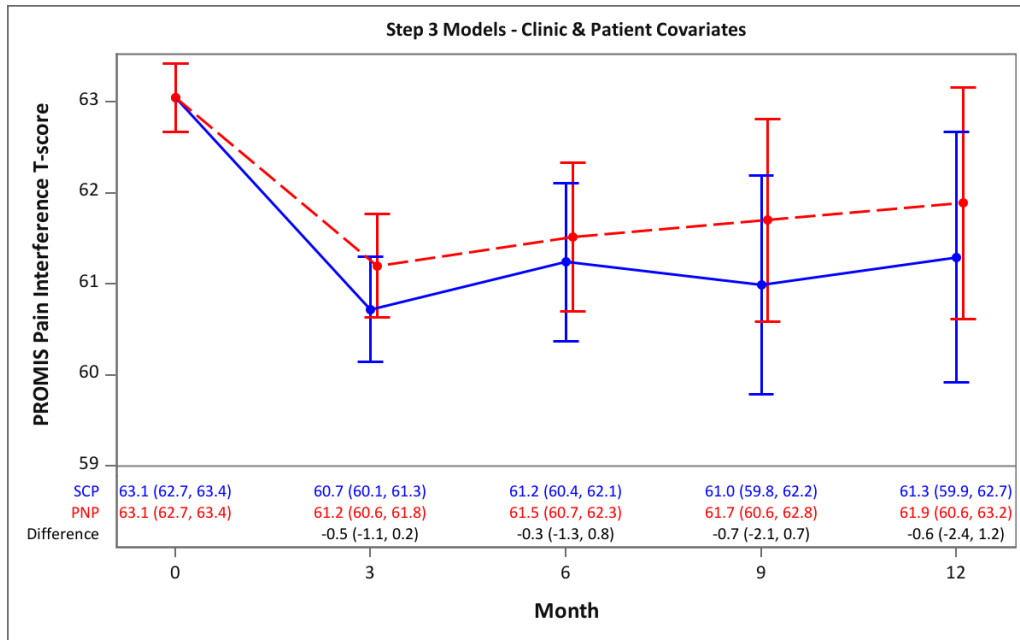
# Results - EHR Sample (n=1817), Survey Sample (n=996)



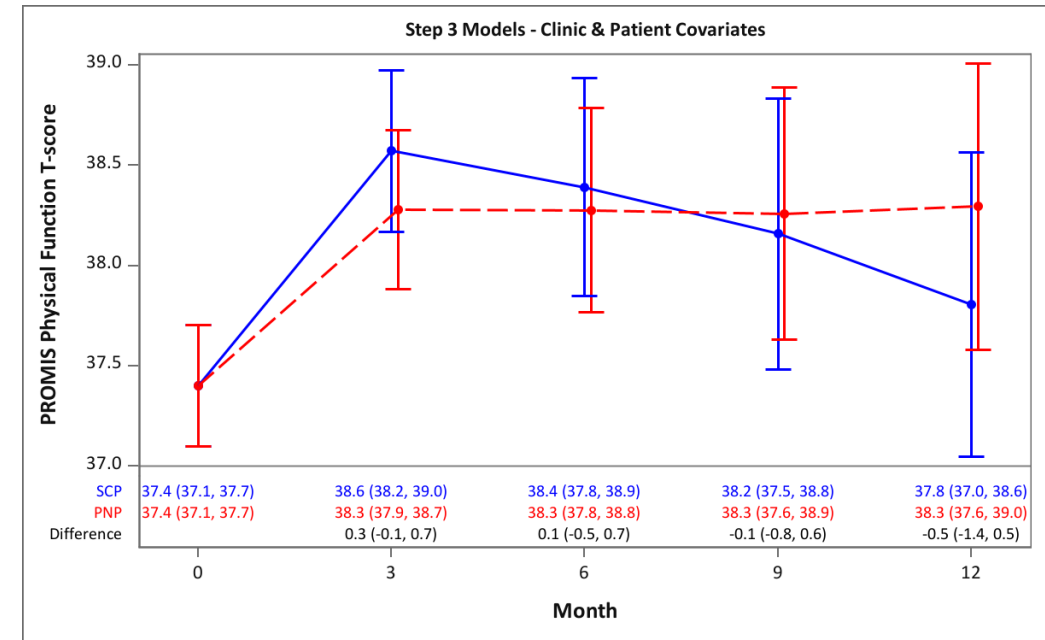
- No difference between arms in PROMIS outcomes at 3-months
- Reduction of pain interference in both arms; Improvement in physical function in both arms
- ICC for pain interference = 0.0; ICC for physical function=0.008

# Results - All Touch Points

## PROMIS Pain Interference



## PROMIS Physical Function

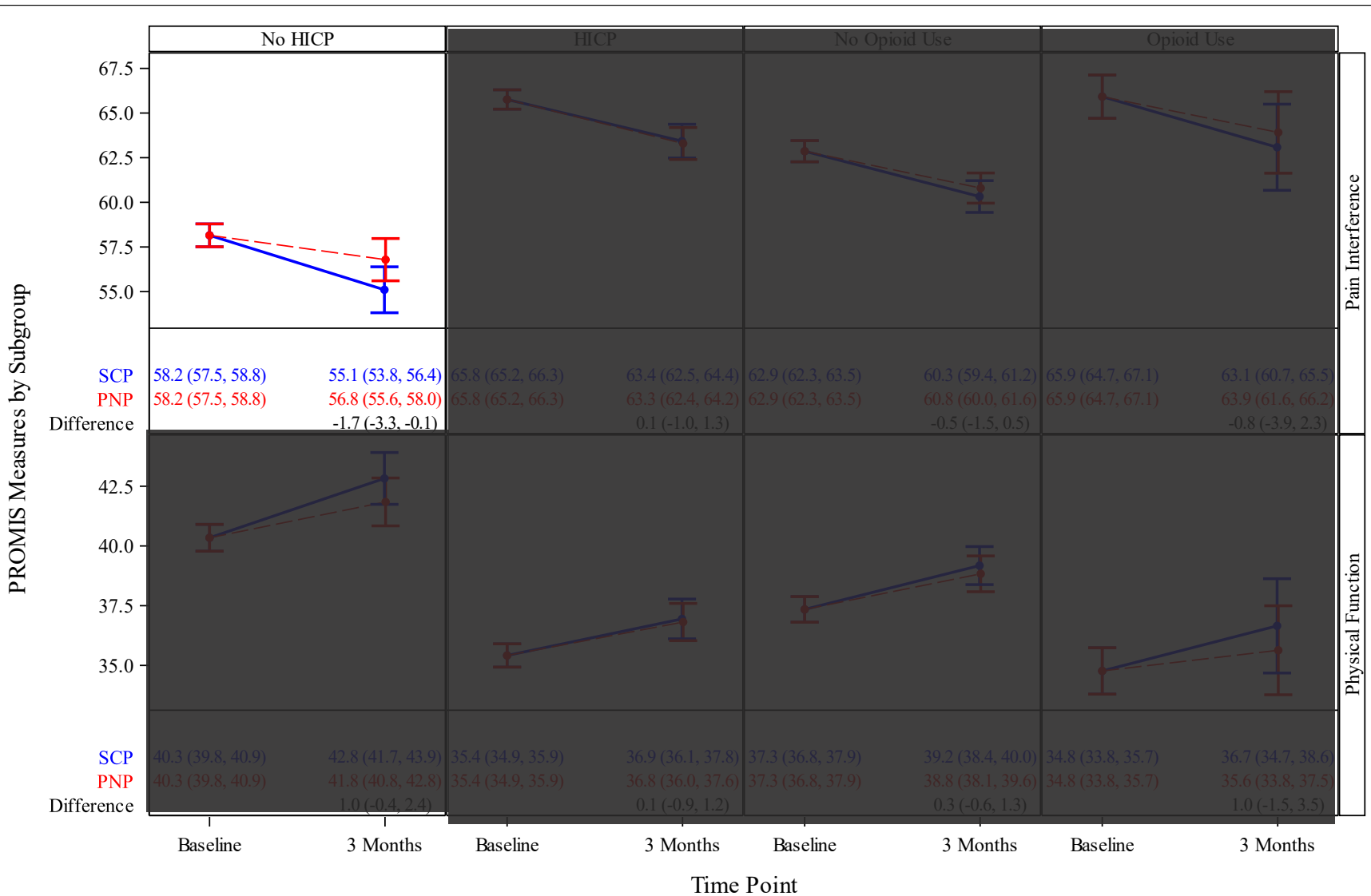


- No difference between arms at any time point; similar difference at 3-months to primary EHR analysis
- Reduction of pain interference in both arms
- Improvement of physical function in both arms

# Results - Subgroups



<b>High Impact Chronic Pain</b>	<b>Opioid Use</b>
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- Difference between SCP and PNP 3 month change in pain interference by HICP status is 1.8 (97.5% CI - 0.2, 3.8)  $p=0.0394$ ; SCP “better” than PNP in Veterans without HICP

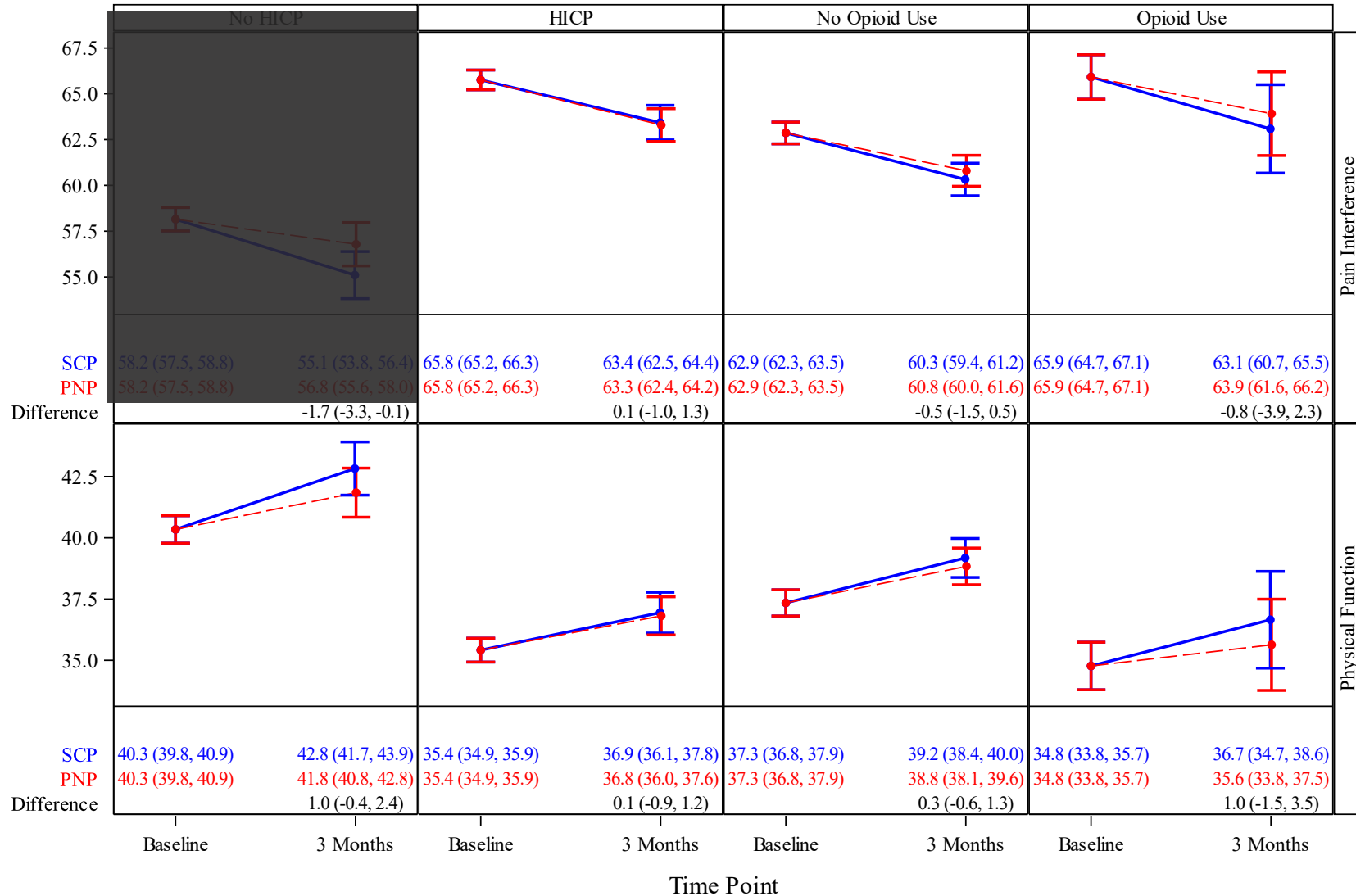
# Results - Subgroups



## High Impact Chronic Pain

## Opioid Use

PROMIS Measures by Subgroup



- No differential treatment effect by HICP status for physical function -0.9 (97.5% CI -2.4,0.7)  $p=0.23$
- No differential treatment effect by Opioid use for pain interference 0.6 (97.5% CI -1.7,2.8)  $p=0.57$
- No differential treatment effect by Opioid use for physical function 0.7 (97.5% CI -1.3,2.2)  $p=0.55$

# Key Takeaways



## Comparative Effectiveness

**There was no pathway superiority: SCP and PNP had similar, clinical meaningful improvements in physical function and pain interference outcomes**

These results are published  
(George et al, *JAMA Netw Open*, 2026)



## Chronic Pain Status

**There may be opportunities to target delivery: Veterans without HICP assigned to the SCP saw greater improvements in pain interference**

These findings will be submitted soon for peer-review  
(Research Letter)



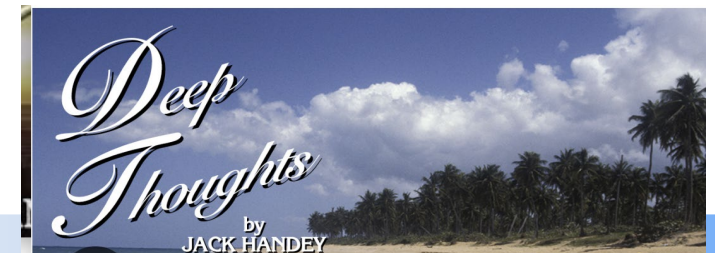
## Opioid Use

**Opioid use did not impact outcomes: SCP and PNP had similar improvements in primary outcomes for Veterans taking opioids for pain management**



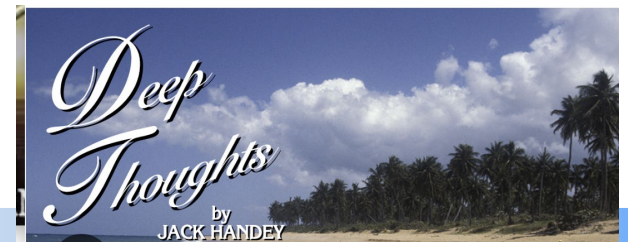
# Reflections

- In peer-review there was little to no interest in the pre-specified subgroup analyses
  - We were frustrated by our inability to sell that as a redeeming feature of this trial and/or the lack of appreciation by reviewers/editors
- Electronic health record and routine clinical visits for 3 month follow up capture was challenging
  - Even with survey cohort remained low for clinical trials
  - But not for real world data



# Reflections

- First trial we are aware of to compare 2 different care pathways/models for LBP
  - All 48 trials included in 2025 Cochrane Review used usual care comparators
  - Our lack of usual care comparator was intentional (we thought it would be a barrier to site recruitment)
  - But not having usual care was a limitation scientifically in interpreting whether what we observed was regression to the mean



## Next for the Field?

- Test different care pathways/models in US health system
  - Not about magical “right” outcome measure; rather about treatment tailoring and hoping to see large effect sizes
- Work towards answering “does it work” along with “for whom does it work differently (better)” or “how does this work (causal mediation)” in the same trial
  - AIM-Back messaging would be different if included subgroup analyses with primary outcomes
- Follow-up work funded by PCORI
  - Comparator is usual care and have prespecified subgroup and mediation analyses