

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

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Objectives

To adapt and test a nurse care management (NCM) model to provide comprehensive care for patients with chronic pain in rural communities

Long-term: Reduce geographic disparities in pain-related outcomes through dissemination of this comprehensive approach to chronic pain management

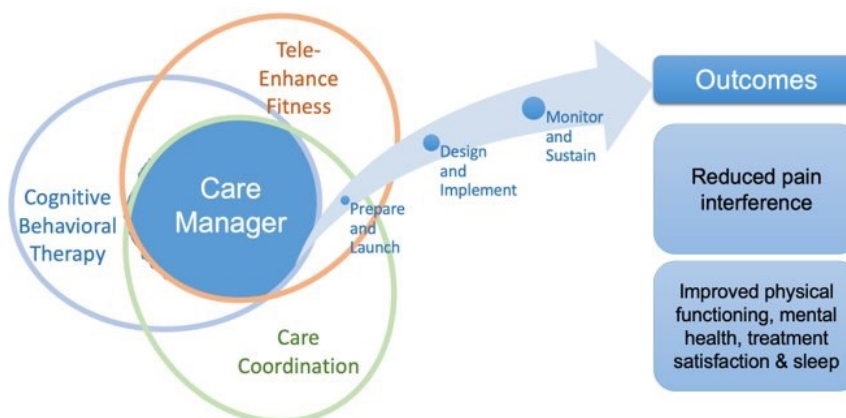


Study aims

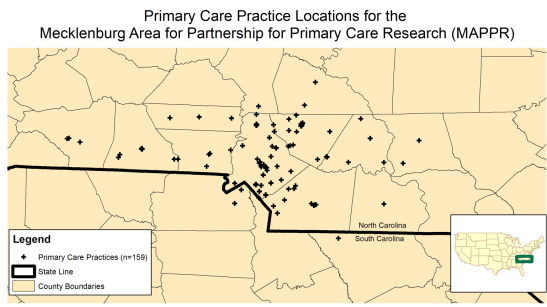
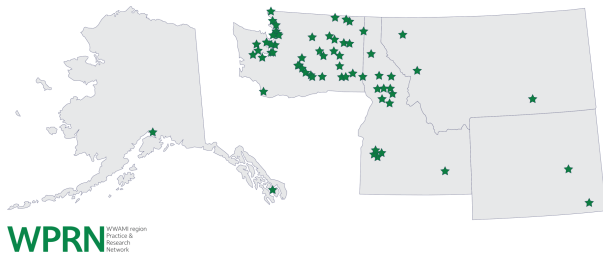
- Engage patients, clinicians, and care managers from 2 health systems in a learning collaborative to pilot the NCM model
- Adapt infrastructure and workflows to implement the intervention program and engage the partnering health systems in developing relationships with community partners and identifying care managers
- In the UH3 phase, conduct a randomized controlled trial of the adapted NCM model vs usual care in rural-dwelling patients with chronic pain

Strategy

- Type 2 hybrid effectiveness-implementation trial



Setting



Intervention details

Individual component	Description
Care Coordination	<ul style="list-style-type: none"> Assessing patients for social service, behavioral health, and specialty care needs Linking patients with community resources Tracking and supporting patients when care received outside health system Coordinating behavioral health and specialty care Using PainTracker to develop goals of care, track progress, and refine treatment plans
Cognitive Behavioral Therapy	<ul style="list-style-type: none"> 6-10 weekly to every-other-week sessions with care manager to develop strategies to change maladaptive cognition and behaviors around pain
Tele-Enhance Fitness	<ul style="list-style-type: none"> Remotely delivered, instructor-led, group exercise program for 1-hour, 2-3 times weekly

Barriers/challenges

Workforce

- Nursing workforce shortage
- Overall workforce shortage

Trust/polarization

- Urban-rural divide
- Framing of research outcomes, variables, and intervention

Regulatory

- Lack of familiarity
- Different expectations

Solutions/lessons learned

Workforce

- Flexibility in care manager background
- Defer site participation, discuss intervention as strategy to alleviate workforce shortage

Trust/polarization

- Use local staff for most contact
- Partner with staff/investigators who understand rural issues, build on existing relationships
- Open listening/discussion

Regulatory

- Open discussion
- Flexibility in trial design, identifying core elements of intervention