

BeatPain Utah: Nonpharmacologic Pain Management in Federally Qualified Health Centers Primary Care Clinics

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Objectives

- Compare effectiveness of nonpharmacologic interventions for patients with back pain seeking care in federally qualified health centers (FQHCs) in Utah
 - Telehealth strategy that provides a brief pain consult along with telehealth physical therapy
 - Adaptive strategy that provides the brief pain consult first, followed by telehealth physical therapy for patients who are non-responders
- Strategies are designed to overcome barriers specific to rural and lower-income communities served by FQHC clinics
- Study also evaluates implementation outcomes to inform future efforts to scale effective strategies into other settings

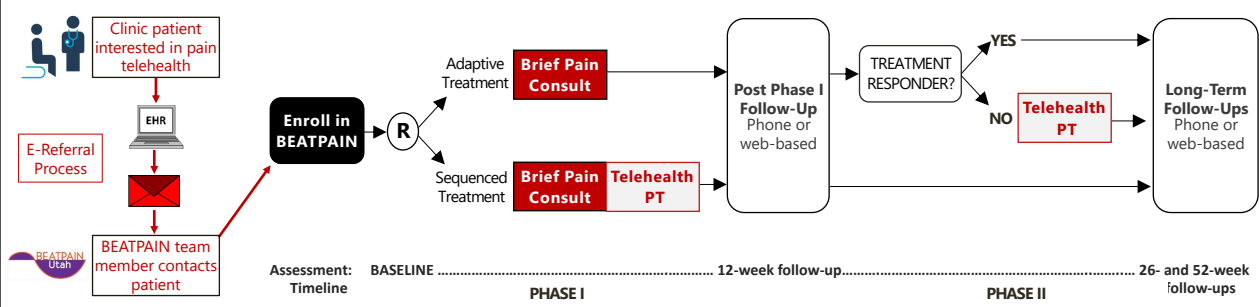


Goal and strategy

- Improve pain management and reduce reliance on opioids for patients with chronic back pain in FQHCs in Utah
- Hybrid type I effectiveness-implementation trial
 - Compare the effectiveness of first-line nonpharmacologic pain treatments using telehealth to overcome access barriers, improve patient-centered outcomes, and reduce opioid use
 - Collect implementation outcomes for EHR-based, e-referral process and telehealth care



Study design



Study aims

- Compare effectiveness of brief pain consult with or without telehealth PT (pain impact [PEG] as primary outcome; opioid use as secondary outcome)
- Compare effectiveness of telehealth PT as first-line care vs stepped care strategy as second-line care for patients who do not respond to brief pain consult
- Examine results of Aims 1 and 2 in predefined patient subgroups based on gender, HICP, and current opioid use
- Explore implementation outcomes for telehealth services (acceptability, adoption, feasibility, fidelity)

Interventions

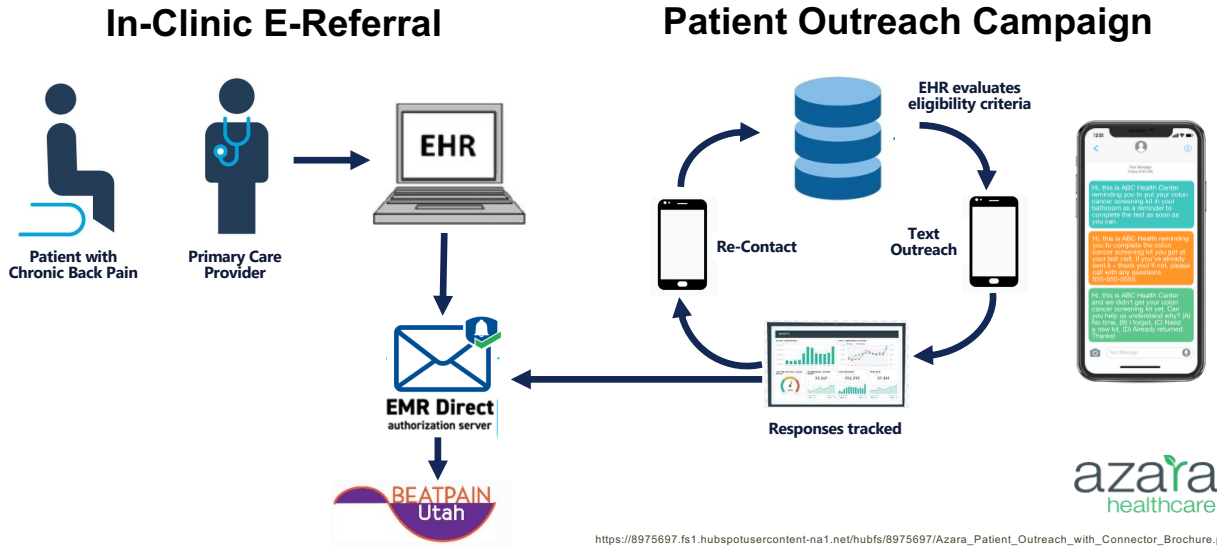
Brief Pain Consult

- Two sessions provided in ~1 week
- Provided to all participants and nonparticipating referrals as standard of care
- Cognitive-behavioral approach to reduce maladaptive pain beliefs, increase physical activity

Telehealth Physical Therapy

- 10 weekly sessions
- Provided in Phase I or Phase II (non-responders) for enrolled participants
- Builds on BPC intervention, exercise program, goal setting, motivation and problem-solving approach

Implementation strategies



Participating healthcare systems

AUCH
ASSOCIATION FOR UTAH COMMUNITY HEALTH

HEALTH
UNIVERSITY OF UTAH

- 49% Hispanic/Latino Ethnicity
- 9% American Indian/Alaska Native
- 37% Best served in a language other than English
- 66% At or below 100% of the Federal Poverty Guidelines
- 49% Uninsured
- 17% Medicaid
- 10 Clinics in frontier counties (<6 persons per sq. mile)
- 18 Clinics in rural counties (6-100 persons per sq. mile)

Barriers/challenges

- Slower than anticipated start due to COVID
- Staffing challenges for providers and support personnel
- “Research fatigue” in FQHC settings
- Challenges in using text messaging to inform patients
- Building trust between the academic medical center and FQHC leadership, staff, and communities served
- Bringing in new FQHCs from surrounding states through the NIH CARE for Health™ program



Solutions/lessons learned

- Improved coordination and communication among project teams conducting research in Utah FQHCs
- Greater use of population-based strategies to identify and offer referral to patients with chronic low back pain
- Knowing when to step back
- Adaptations to local needs
- Ongoing research staff training on cultural competencies and justice considerations for FQHC clinics and the communities they serve

