



## Nonpharmacologic Pain Management in Federally Qualified Health Center Primary Care Clinics (BeatPain Utah)

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**Sponsoring Institution** 

University of Utah

Collaborator

Association for Utah Community Health

**NIH Institute Providing Oversight** 

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## **ABSTRACT**

Chronic pain is a growing concern for society, contributing substantially to the ongoing opioid epidemic. Back pain is the most common chronic pain diagnosis and is the most common reason for prescribing opioids. Clinical practice guidelines and opioid prescribing recommendations make it clear that nonpharmacologic pain treatments are preferable to opioids for patients with back pain, yet overprescribing of opioids to individuals with back pain persists. Primary care providers serving rural and low-income communities face specific challenges to providing nonpharmacologic pain care. Nonpharmacologic care providers are often absent from these communities, and even if present may be inaccessible to patients with limited resources. Many rural and low-income communities are served by federally qualified health centers (FQHCs). FQHCs often serve communities at the forefront of the opioid crisis but too often lack options to provide accessible nonpharmacologic alternatives to the patients they serve.

BeatPain Utah is an embedded pragmatic clinical trial that will compare the effectiveness of nonpharmacologic intervention strategies for patients with back pain seeking care in FQHCs throughout the state of Utah. The strategies evaluated are designed to overcome the barriers specific to rural and low-income communities served by FQHC clinics through the innovative use of e-referral and telehealth resources. The BeatPain Utah interventions include:

- A telehealth strategy that provides a brief pain teleconsult along with phone-based physical therapy.
- An adaptive strategy that provides the brief pain teleconsult first, followed by phone-based physical therapy among patients who are nonresponsive to treatment.

The study will also evaluate implementation outcomes to inform future efforts to scale effective strategies into other low-resource health care settings.

## WHAT WE'VE LEARNED SO FAR

Challenge	Solution
Choosing analysis procedures that will best account for therapist effects in the study	The study team met internally to modify the statistical analysis and reporting plan to manage this concern. The NIH Collaboratory's Biostatistics and Study Design Core Working Group devoted 2 meetings to helping the study team with solutions for this concern.
Working with FQHC primary care clinics that have been particularly stressed by the demands of the COVID-19 public health emergency in low-resource settings	The study team adapted some of its engagement procedures and in remains in regular communication with study sites to balance advancing the project with the demands that clinics are facing related to COVID-19, including both clinical services and retaining clinical personnel.

"Accelerating the real-world applicability of our research is particularly critical in this area of clinical research. To address the needs of populations that need resources—and they need them now—a pragmatic trial that focuses on real-world solutions was a particularly attractive option." — Dr. Julie Fritz

## **PRESENTATIONS & ABSTRACTS**

- PCT Grand Rounds Presentation: <u>BeatPain Utah: Partnering With Community Health Centers Within a Socio-Technical Framework</u> (2023)
- Presentation: Presentation to the NIH Pragmatic Trials Collaboratory Steering Committee (2023)
- Article (Study Design): BeatPain Utah: Study Protocol for a Pragmatic Randomised Trial Examining Telehealth Strategies to Provide Non-pharmacologic Pain Care for Persons With Chronic Low Back Pain Receiving Care in Federally Qualified Health Centers (2022)
- Article: Use of Implementation Mapping in the Planning of a Hybrid Type 1 Pragmatic Clinical Trial: The BeatPain Utah Study (2024)

Access the complete set of BeatPain Utah resources.