

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

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**NIH PRAGMATIC TRIALS  
COLLABORATORY**

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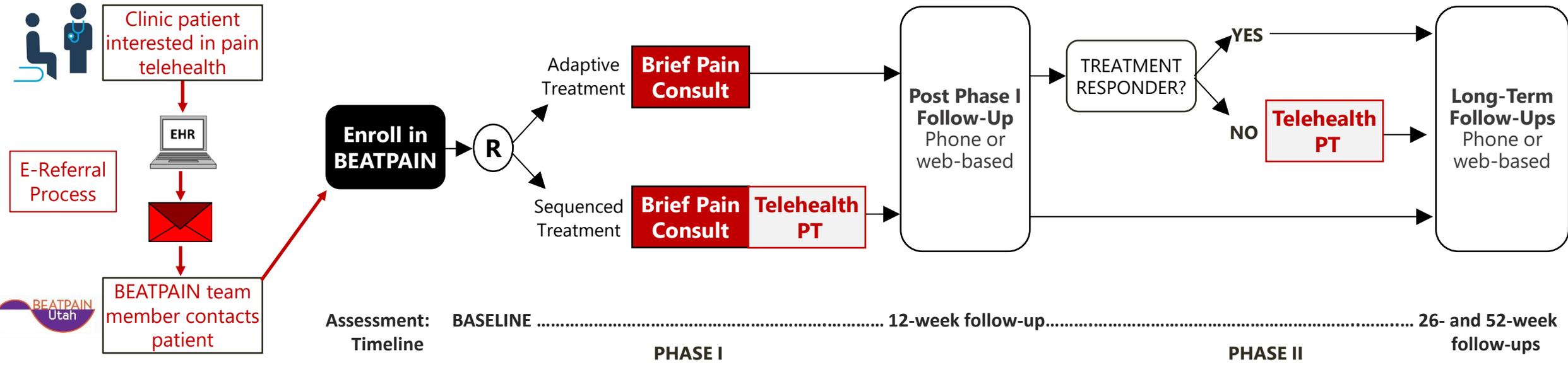
# Objectives

- Compare effectiveness of nonpharmacologic interventions for patients with back pain seeking care in FQHCs in Utah
  - Telehealth strategy: Brief pain consult with telehealth physical therapy
  - Adaptive strategy: Brief pain consult, followed by telehealth physical therapy for nonresponders
- Strategies 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 1 effectiveness-implementation trial
  - Compare effectiveness of first-line nonpharmacologic pain treatments using telehealth to overcome access barriers, improve patient-centered outcomes, 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 physical therapy (pain impact as primary outcome; opioid use as secondary outcome)
- Compare effectiveness of telehealth physical therapy 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

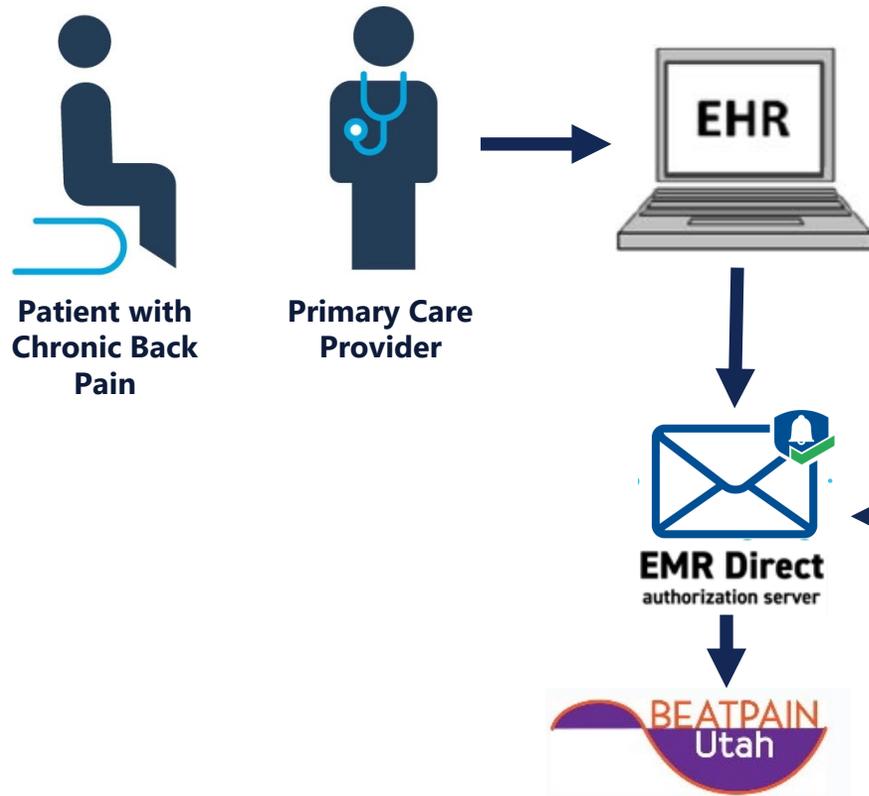
- Two sessions provided in ~1 week
- Provided to all participants and nonparticipating referrals as standard of care
- Cognitive-behavioral approach to reduce maladaptive pain beliefs, increase physical activity

## Telehealth physical therapy

- 10 weekly sessions
- Provided in Phase I or Phase II (nonresponders) for enrolled participants
- Builds on brief pain consult, exercise program, goal setting, motivation and problem-solving approach

# Implementation strategies

## In-Clinic E-Referral



## Patient Outreach Campaign



# Participating healthcare systems



- 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-19
- 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