



**AUCH**

ASSOCIATION FOR UTAH COMMUNITY HEALTH



**HEALTH**

UNIVERSITY OF UTAH

# **BeatPain Utah**

## **Nonpharmacologic Pain Management in FQHC Primary Care Clinics**

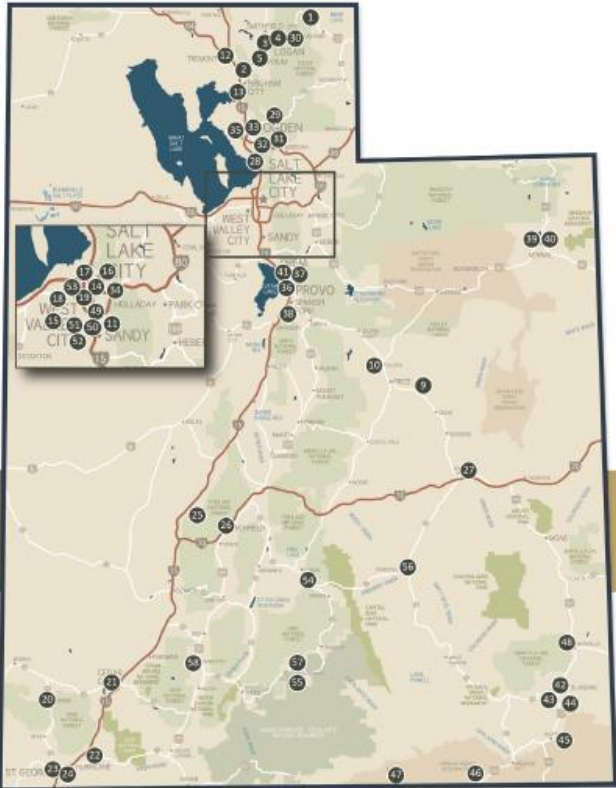
**UG3AT011297-01**

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# AUCH

ASSOCIATION FOR UTAH COMMUNITY HEALTH



13 member organizations

58 primary care clinics

165,000 unique patients

- 66% below federal poverty level
- 47% Hispanic/Latino ethnicity



# HEALTH

UNIVERSITY OF UTAH

Center for Clinical And  
Translational Sciences



Center for Clinical Translational Science

College of Health

- Department of Physical Therapy

School of Medicine

- Department of Biomedical Informatics
- Department of Population Health Sciences



Center for Health Outcomes and  
Population Equity



HUNTSMAN  
CANCER INSTITUTE  
UNIVERSITY OF UTAH

# 2018

# YEAR IN REVIEW



## AUCH

ASSOCIATION FOR UTAH COMMUNITY HEALTH

### UTAH HEALTH CENTERS SERVED:



1 IN EVERY 20 UTAHNS



1 IN 3 UTAHNS  
LIVING IN POVERTY



1 IN 4 UNINSURED UTAHNS

## 166,860

TOTAL PATIENTS SERVED



120,434  
ADULTS



46,426  
CHILDREN / ADOLESCENTS



7,126  
INDIVIDUALS EXPERIENCING  
HOMELESSNESS



92%  
of patients are at  
or below 200% of the  
Federal Poverty Guidelines (FPG)  
(e.g. annual income of \$25,750 for a family of four)

66% of patients are at or below  
100% FPG



52%  
of patients are uninsured



61%  
identify as a racial or  
ethnic minority

# BeatPain Utah

**Goal:** Improve pain management and reduce reliance on opioids for patients with chronic back pain in FQHCs in Utah.

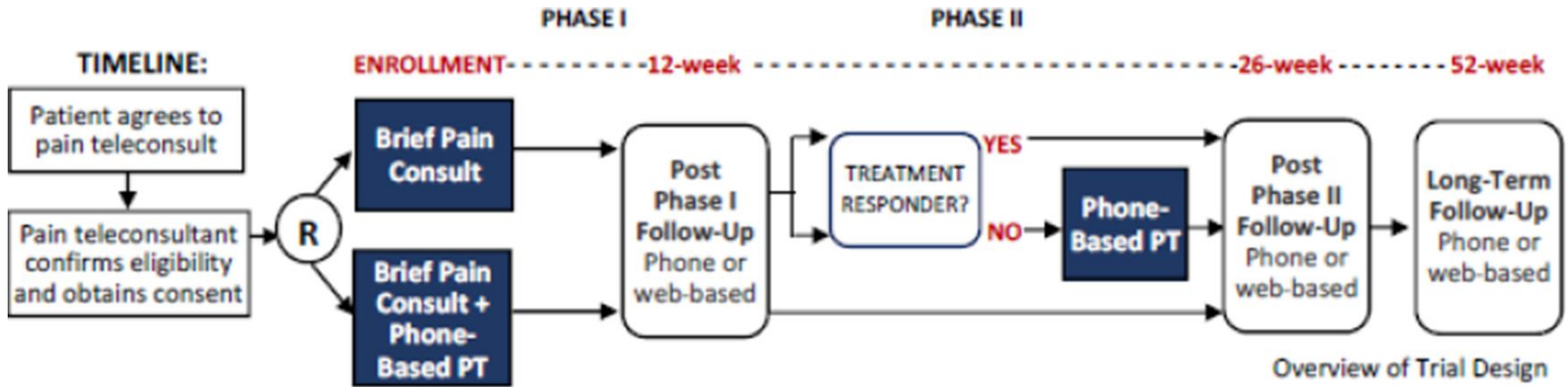
**Strategy:** Hybrid type I effectiveness-implementation trial.

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.

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# BeatPain Utah



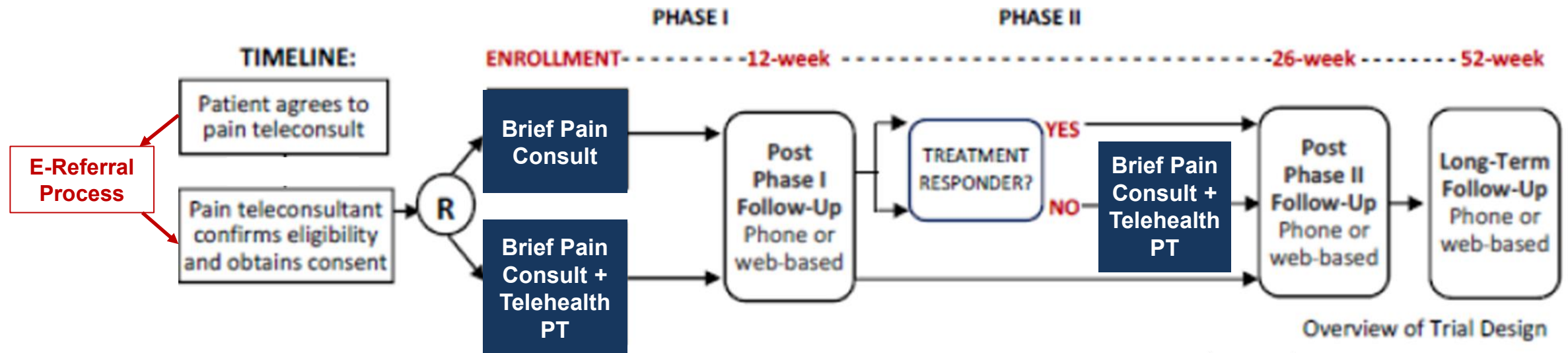
# Interventions

## Brief Pain Teleconsult

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

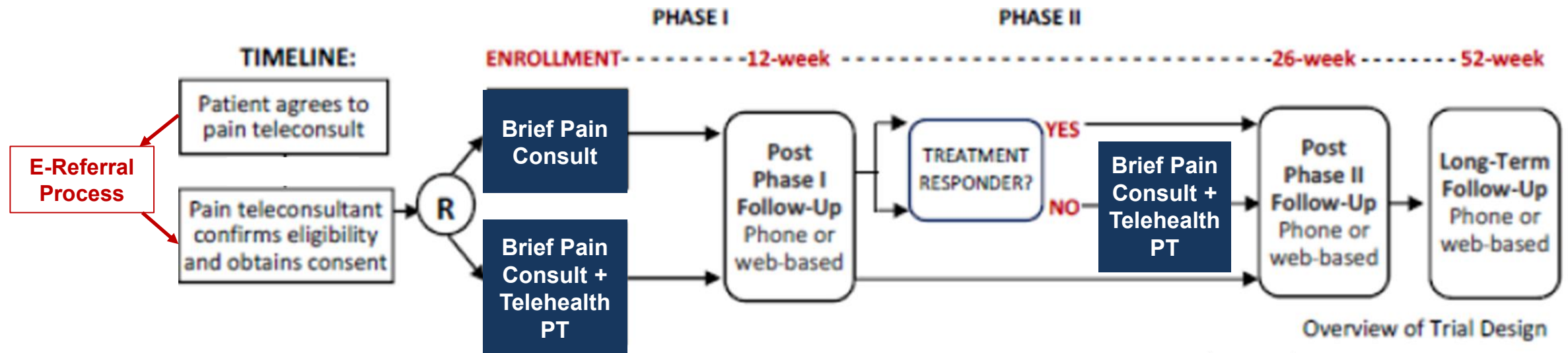
## TeleHealth Physical Therapy

- 10 weekly sessions
- Provided in Phase I or Phase II (non-responders) for enrolled participants
- Cognitive-behavioral approach including education, pain coping strategies, physical activity and back-specific exercise instruction



# UH3 Study Aims

1. Compare the effectiveness of brief pain teleconsult with or without telehealth PT (pain impact (PEG) as primary outcome; opioid use as a secondary outcome).
2. Compare the effectiveness of telehealth PT as a first-line vs. a stepped care strategy as second-line care for patients do not respond to brief pain teleconsult.
3. Examine effectiveness results of Aims 1 & 2 in pre-defined patient phenotypes based on gender, presence of HICP and current opioid use.
4. Explore implementation outcomes for teleconsult services (acceptability, adoption, feasibility and fidelity).



# UG3 Study Aims

1. Finalize procedures for interventions; develop protocols, procedure manuals and fidelity assessments.
  2. Conduct sociotechnical assessment at FQHC sites to assess current EHR reminder and e-referral workflow
  3. Implement EHR reminders for e-referrals to teleconsult services in the FQHCs.
  4. Finalize study outcomes, data collection methods and data analysis plan.
  5. Train pain teleconsultants and FQHC staff.
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# UG3 Aim 1

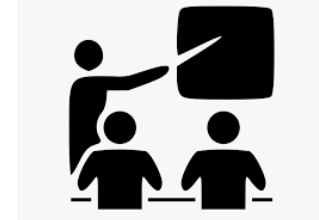
## Finalize procedures for interventions



Gather community input  
through interviews/focus  
groups



Finalize intervention  
manuals

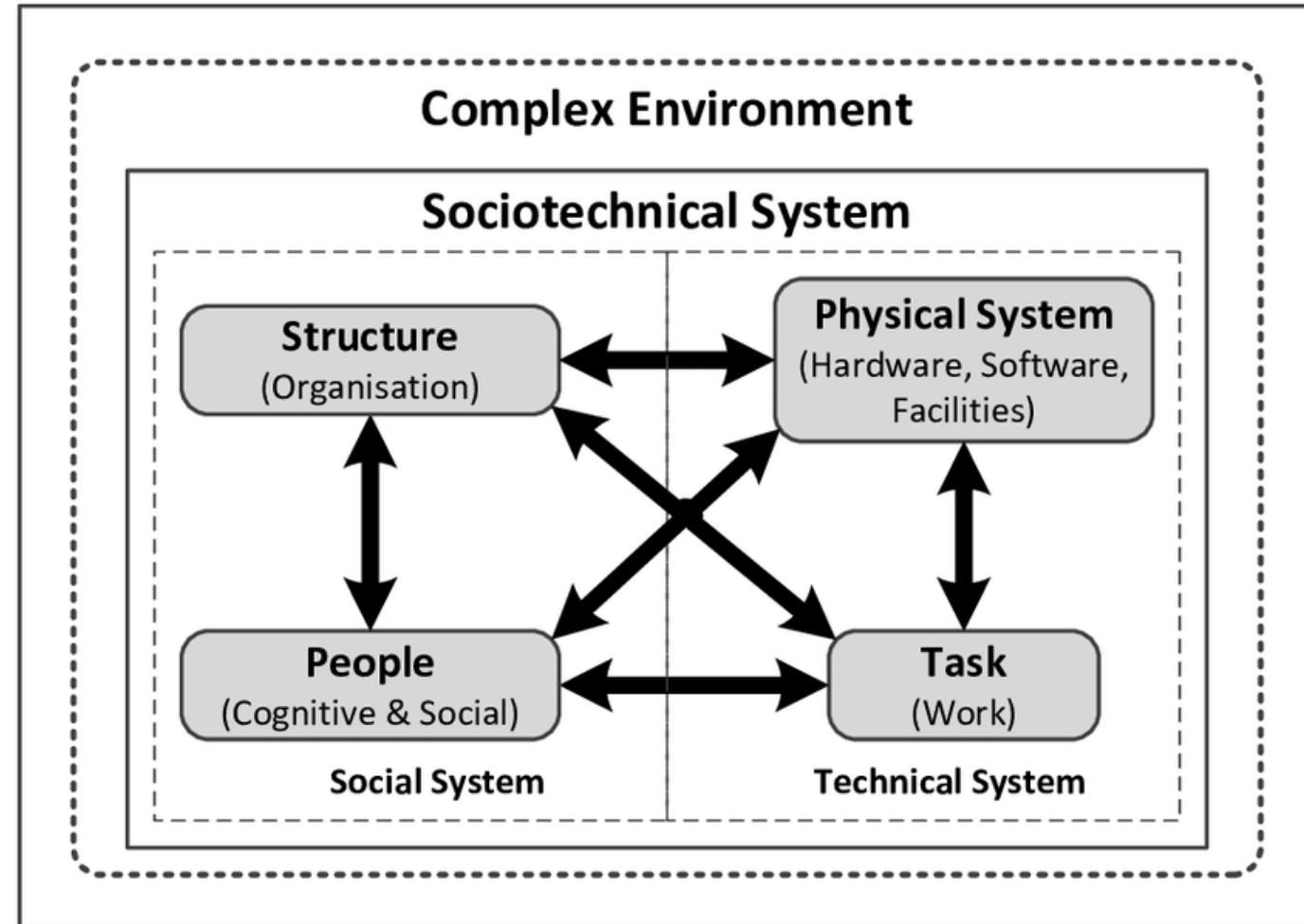


Complete training manuals  
for providers

# UG3 Aim 2

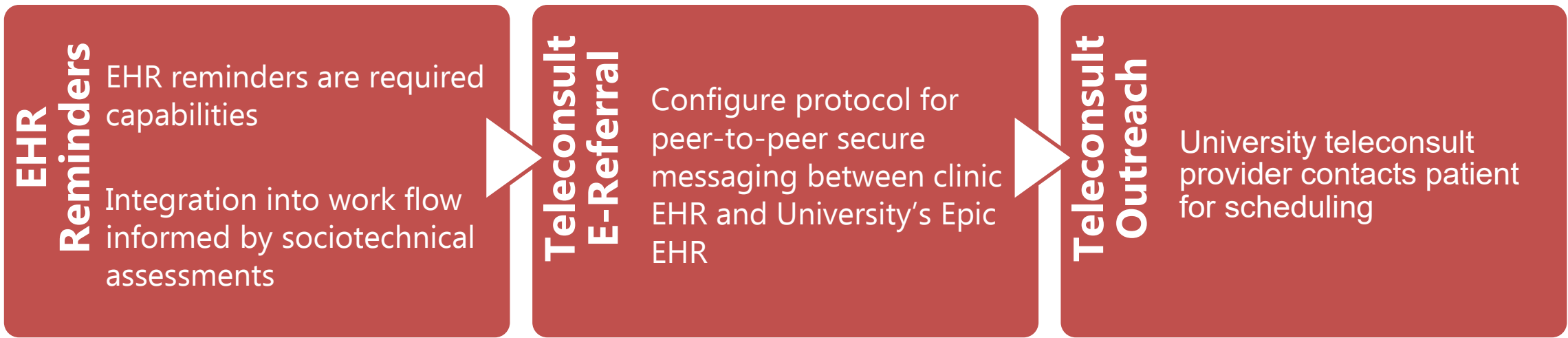
## Conduct sociotechnical assessments

- Structured assessment of social and technical aspects of in-clinic work processes
- In-clinic observations
- Qualitative evaluations with providers and staff
- Findings inform implementation planning for e-referral



# UG3 Aim 3

Implement EHR reminders for e-referrals to teleconsult services



# UG3 Milestones and Progress

<b>Regulatory/Administrative MILESTONES</b>	<b>Data Management/Analysis MILESTONES</b>
Establish Team Members to Represent Study in Collaboratory Work Groups	Finalize Statistical Analysis Plan
Establish Data, Safety Monitoring Plan	<b>Finalize participating site and document feasibility of recruitment targets</b>
Finalize Study Protocol	Finalize data management and e-referral processes
IRB Approval	<b>Personnel/Training MILESTONES</b>
ClinicalTrials.gov Registration	Complete sociotechnical assessments in participating FQHCs
Complete Transition Report 6/30/21	Obtain feedback from Latino community members on teleconsult procedures and content
	Complete training of FQHC staff and teleconsult providers
	Finalize implementation toolkit



# Recent Activities Addressing Key Milestones

- Confirmed support and conducted virtual sociotechnical work flow assessments for 6 CHC organizations.
  - Completed 3 interview sessions with Latino community members
  - Reviewed SAP, DSMP with Collaboratory Working Groups
  - Reviewed study protocol v1.0 with NIH.
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# Issues and Adaptations Made During UG3 Phase

- Switched primary outcome from PROMIS pain interference to PEG-3 measure of pain impact.
  - COVID-related funding has supported integration of Azara to support data management at Community Health Centers in Utah.
    - Created additional opportunities for recruitment after a visit along with in-clinic direct referral to pain teleconsultation.
  - Community member interviews supported the inclusion of video-based telehealth delivery or phone-based delivery.
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# COVID-specific Challenges Encountered

- Switched from in-person interviews and assessments with FQHC clinic staff and community members.
  - COVID testing and vaccine efforts at FQHCs
  - Hesitancy of organizations to recommit to other clinical research studies
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# Barriers Scorecard

Barrier	Level of Difficulty*				
	1	2	3	4	5
Enrollment and engagement of patients/subjects			X		
Engagement of clinicians and health systems				X	
Data collection and merging datasets		X			
Regulatory issues (IRBs and consent)		X			
Stability of control intervention		X			
Implementing/delivering intervention across healthcare organizations			X		