

Innovation & Integration in Acupuncture Research in the Underserved

Embedding research in an FQHC

The Study

- HEAL* funded Back in Action (BIA) Trial
 - Multicenter: Institute for Family Health (IFH), Kaiser Permanente and Sutter (WA, No. CA)
 - Pragmatic trial, re: acupuncture effectiveness and safety in adults ≥ 65 years old
 - Chronic lower back pain (cLBP) diagnosis
- 3-arm trial
 - Standard acupuncture (SA) up to 15 sessions over 90-day period
 - Enhanced acupuncture (EA) adds 6 more sessions in second 90-day period
 - Control group of Usual Care (UC)

*HEAL = Helping Ease Addiction Long-Term, NIH funded initiative

The Background

- Prevalence of low back pain increases with age, accounts for 1/3 of 65+
- Acupuncture demonstrated to be effective for cLBP, but research has not focused specifically on 65+
- Need for non-pharm therapies in treatment of pain: 65+ generally multi-morbidities, polypharmacy
- Under-represented populations carry significant pain burden but often have less access to pain intervention
- IFH is a Federally Qualified Health Center (FQHC)
 - Serving under-represented community
 - Recruitment & Intervention through urban clinical sites in Brooklyn, Manhattan & Bronx
 - 2 family medicine residencies
 - 8 Recruitment sites included
 - 3 intervention sites by region

The Problem(s)

- Under-representation in clinical research
 - Historic violations in human subjects research
 - Interest and Access
- Research participation entails:
 - Recruitment
 - Ethics and Education
 - Promotion
 - Intervention
 - Feasibility, Acceptability, Accessibility
 - Research Design
 - Retention
 - Control group dilemma
 - Follow-up assessments participation

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The Answer

Embed research activity parallel to clinical milieu

Recruitment as Referral

- Recruitment to Research through Patient's Clinician
 - In “real time” with research prompts concurrent to patient appointment, via email and EMR
 - EPIC inbasket: same-day reminders to clinicians
 - Research parameters
 - Patient eligibility
 - Best Practice Alerts (BPA) set up as second reminder
 - One click = referral to Clinical Research Coordinator (CRC)
 - CRC has EPIC access and makes outreach call
 - IT built report to identify all eligible patients per day throughout institution → roughly 10-20 per day
 - CRC can circle back to clinician to let them know if not eligible or other issues via EPIC

Intervention

Acupuncture appointments scheduled in EPIC

- Separate department to avoid scheduling and billing issues
- Arrivals through normal clinical operations



Acupuncture offered at or in proximity to Patient Participant's Home Medical Clinic

- "Pop up" clinic set up in conference rooms with massage tables for affordability



Acupuncture intervention documented in EMR

- Specific template built by IT, within research guidelines
- Data capture seamlessly exported for collection with Research Coordinating Center
- Intervention transparency: notes viewable in patient's chart

Follow Up, Post Randomization Assessments



Done by KP Wa Coordinating Center



Challenges: Acknowledgement and Education to participants

Time Difference and Different Area Code
Relevance to Research



Scheduling of assessments

Reminders to patients helpful

Financial incentives via refillable Clincards®

IFH Participant demographics

Sex (assigned at birth)		
Female	89	72%
Male	34	28%
Primary language		
English	87	71%
Spanish	36	29%
Ethnicity		
Hispanic or Latino	46	37%
Not Hispanic or Latino	51	41%
Other	25	20%

IFH Participant demographics

Race (can choose multiple)		
Black or African American	49	38%
White	30	23%
Other	41	32%

IFH Participant demographics

Income		
Less than \$10,000	28	23%
\$10,000--- \$24,999	29	24%
\$25,000--- \$34,999	12	10%
\$35,000--- \$49,999	10	8%
\$50,000--- \$74,999	8	7%
Don't know	28	23%
Insurance		
Medicaid	63	52%
Medicare	23	19%
Private	31	25%

Successes!



Research embedded in Electronic Medical Record

BPA's and reminders for recruitment accepted by colleagues

Rate of recruitment of eligible participants variable but roughly 10-20%



Met recruitment goal of 123 by projected date

Good diversity

Spanish speaking participants 30%



Low no show rate for intervention

Appointments and Attendance within standard clinical flow

Good relationship around physical plant

Low impact on clinical operations

Data sharing with CC fine

Conclusions

- Integration: Access and Acceptability
 - Research embedded within clinical milieu
 - Referrals leveraged clinicians aim of advocacy to validate research
 - Organic referral process decreased knowledge gap
 - Acupuncture care delivered in Healthcare Clinic
 - Validated and normalized acupuncture as viable pain intervention
 - FQHC in multisite trial

Next Steps

- Examine data measures
- Integration of non-pharmacological therapy for pain by referral and/or within Healthcare Clinics
 - Acupuncture as affordable and acceptable in our FQHC setting
- Research design and access for broader representation of US demographics
- From Feasible to Sustainable