NIH Pragmatic Trials Collaboratory

Enabling pragmatic clinical trials embedded in healthcare systems
The NIH Collaboratory Story

**History:** Initiated through the NIH Common Fund in 2012. Selected as the Pragmatic and Implementation Studies for the Management of Pain to Reduce Opioid Prescribing (PRISM) Resource Coordinating Center in 2019.

**Goal:** Strengthen the national capacity to implement cost-effective large-scale research studies that engage healthcare delivery organizations as research partners.

**Vision:** Support the design and execution of innovative pragmatic clinical trials to establish best practices and proof of concept.
Embedded PCTs Bridge Research Into Clinical Care

- Study designed with input from health system stakeholders
- Data collected through EHR in healthcare settings
- Intervention incorporated into routine clinical workflow
- Diverse, representative study populations
- Outcomes important to decision-makers
The NIH Collaboratory began as an NIH Common Fund–initiated program. It includes centralized operational support for its pragmatic trials from a Coordinating Center and its Core Working Groups.
NIH Collaboratory Structure: 2017-2019

- Starting in 2017, individual NIH Institutes and Centers began providing funding for NIH Collaboratory Trials and the Coordinating Center, along with the Common Fund.
NIH Collaboratory Structure: 2019-2021

- Starting in 2019, the NIH HEAL Initiative began providing some Coordinating Center and NIH Collaboratory Trial funding, in addition to existing funding mechanisms.
Collaboratory Structure: 2022-Present

- Starting in 2022, the program is entirely funded by the NIH HEAL Initiative, along with individual NIH Institutes and Centers.
NIH Collaboratory Trials

- Pragmatic trials embedded in healthcare systems to address questions of major public health importance
- Trials span multiple NIH Institutes, Centers, and Offices
- Most have a 1-year planning phase (UG3) followed by implementation phase (UH3)
Core Working Groups

- Component of Coordinating Center focusing on key areas
- Each led by Chair(s) from Coordinating Center
- Include representatives from
  - NIH Collaboratory Trials
  - NIH
Core Working Groups: Purpose

- Guide and support NIH Collaboratory Trials
- Disseminate knowledge
  - Guidance
  - Lessons learned
Biostatistics and Study Design Core

Co-Chairs

Patrick Heagerty, PhD
Elizabeth L. Turner, PhD

Mission

- Provide expertise in study design and biostatistics to the NIH Collaboratory Trials, particularly in novel designs and methods for embedded PCTs
- Document new statistical and methodological issues that arise, and share knowledge through case studies
- Identify areas in need of methods development, and work to address these challenges
Electronic Health Records Core

Co-Chairs

Rachel Richesson, PhD, MPH
Keith A. Marsolo, PhD

Mission

- Help the NIH Collaboratory Trials acquire, assess, and use real-world data for pragmatic research
- Act as the key repository for the tools and infrastructure we create to leverage EHRs to support clinical research across multiple health systems
- Identify ideas and lessons that might be generalizable and share them broadly
Health Care Systems Interactions Core

Chair

Greg Simon, MD, MPH

Mission

- Engage those involved in healthcare delivery systems to:
  - Participate in research
  - Facilitate the design and conduct of research protocols attractive to practitioners
  - Lower administrative barriers
  - Communicate results to all parties

- Facilitate collaborative learning across the NIH Collaboratory Trials, synthesize lessons learned, and create real-world generalizable knowledge about PCTs
Health Equity Core

Co-Chairs

Rosa Gonzalez-Guarda, PhD, MPH, RN, CPH, FAAN
Cherise Harrington, PhD, MPH

Mission

- Develop guidance for PCTs on how to integrate a health equity lens, including:
  - Considerations for enrollment
  - Strategies for selecting outcomes
  - Tailored research methods that better suit the study population
- Document barriers to the integration of a health equity lens in pragmatic research
- Develop strategies and tools to facilitate a health equity lens in PCTs
Patient-Centered Outcomes Core

Co-Chairs

Christy Zigler, PhD, MSEd
Emily C. O’Brien, PhD

Mission

- Creates guidelines and defines best practices with respect to:
  - Selecting, compiling, and curating the most appropriate PRO measures
  - Stimulating the development of new instruments when needed
  - Creating efficient, high-quality PRO data collection systems compatible with EHRs and registries

- Identify ideas and lessons that might be generalizable and share them broadly
Ethics and Regulatory Core

Co-Chairs

Jeremy Sugarman, MD
Pearl O’Rourke, MD
Stephanie Morain, PhD, MPH

Mission

- Identify areas of regulatory and ethical uncertainty
- Help NIH Collaboratory Trials navigate regulatory and ethical complexities affecting PCTs
- Develop policies and practices to provide a framework for the ethical conduct of health systems research in compliance with relevant regulations
Implementation Science Core

Co-Chairs

Devon Check, PhD
Hayden Bosworth, PhD

Mission

- Support NIH Collaboratory Trials in achieving their implementation-related research aims
- Promote the uptake and sustainability of NIH Collaboratory Trial interventions that have proven effective in routine practice
- Provide guidance on de-implementation of interventions when necessary
- Produce guidance and best practices for conducting implementation research as part of ePCTs
Reach of NIH Collaboratory Trials

>1,100 clinical sites and >940,000 participants

49 US States and Puerto Rico

No sites in Arkansas
## Completed NIH Collaboratory Trials

<table>
<thead>
<tr>
<th>Trial</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABATE</td>
<td>Non-ICU patients</td>
<td>Decolonization strategies</td>
<td>MRSA and VRE clinical cultures</td>
</tr>
<tr>
<td>EMBED</td>
<td>Patients with opioid use disorder</td>
<td>User-centered computerized clinical decision support</td>
<td>Rate of emergency department–initiated buprenorphine/naloxone; referral for ongoing medication assisted treatment</td>
</tr>
<tr>
<td>ICD-Pieces</td>
<td>Comorbid diabetes, chronic kidney disease, hypertension</td>
<td>Collaborative primary care program</td>
<td>All-cause hospitalizations for 3 conditions</td>
</tr>
<tr>
<td>LIRE</td>
<td>Low back pain</td>
<td>Insertion of epidemiologic benchmarks in lumbar spine imaging reports</td>
<td>Relative value unit for spine-related interventions</td>
</tr>
<tr>
<td>PPACT</td>
<td>Nonmalignant chronic pain</td>
<td>Multidisciplinary behavioral care management</td>
<td>Brief Pain Inventory</td>
</tr>
<tr>
<td>PROVEN</td>
<td>Nursing home residents</td>
<td>Advance care planning video (behavioral program)</td>
<td>Hospitalizations; presence of advance directives</td>
</tr>
<tr>
<td>SPOT</td>
<td>Suicidal ideation or depression</td>
<td>Collaborative care behavioral program (care management &amp; skills training)</td>
<td>Suicide attempts</td>
</tr>
</tbody>
</table>
## Completed NIH Collaboratory Trials (cont)

<table>
<thead>
<tr>
<th>Trial</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>STOP CRC</td>
<td>Adults aged 50-75 years</td>
<td>Direct mail colorectal cancer (CRC) screening program (FIT kit)</td>
<td>CRC screening rates</td>
</tr>
<tr>
<td>TiME</td>
<td>Patients initiating dialysis</td>
<td>Dialysis session of at least 4.25 hours</td>
<td>All-cause mortality, hospitalization</td>
</tr>
<tr>
<td>TSOS</td>
<td>Traumatic injury</td>
<td>Collaborative care management program</td>
<td>PTSD checklist; PHQ-9 scale; alcohol use disorders; SF-12/36</td>
</tr>
</tbody>
</table>
# UG3 NIH Collaboratory Trials (Planning)

<table>
<thead>
<tr>
<th>Trial</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEST-ICU</td>
<td>Critically ill adults</td>
<td>Strategies to increase adoption of the ABCDEF bundle, a mechanical ventilation liberation and symptom management approach</td>
<td>Implementation (primary) and clinical (secondary) effectiveness outcomes</td>
</tr>
<tr>
<td>Chat 4 Heart Health</td>
<td>Patients from Federally Qualified Health Centers with sub-optimal control of their cardiovascular (CV) risk factors</td>
<td>Multilevel intervention leveraging cellphone-based text messages</td>
<td>Global CV health and control of CV risk factors (e.g., hypertension, diabetes)</td>
</tr>
<tr>
<td>I CAN DO Surgical ACP</td>
<td>Older adults undergoing major elective survey</td>
<td>Patient-facing advance care planning (ACP) tool</td>
<td>ACP completion rates and patient engagement with ACP</td>
</tr>
<tr>
<td>TAICHIKNEE</td>
<td>Patients with knee pain due to osteoarthritis</td>
<td>Remotely delivered web-based Tai Chi intervention</td>
<td>Physical health (including knee-related pain and function), mental health, and healthcare utilization</td>
</tr>
</tbody>
</table>
## R01 NIH Collaboratory Trials

<table>
<thead>
<tr>
<th>Trial</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>iPATH</td>
<td>Patients with type 2 diabetes from health disparity populations</td>
<td>Multi-level, multi-component, technology-enabled practice transformation strategy</td>
<td>Reduction in patients with poorly controlled diabetes (A1c&gt;9%) at 12 and 24 months</td>
</tr>
<tr>
<td>MOMs Chat &amp; Care</td>
<td>Black birthing people</td>
<td>Integrated care model approach at 2 different levels of intensity, high or low</td>
<td>Incidence of severe maternal morbidity at time of labor and delivery and related hospital admissions at 1-month and 1-year postpartum</td>
</tr>
</tbody>
</table>
# UH3 NIH Collaboratory Trials

<table>
<thead>
<tr>
<th>Trial</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACP PEACE</td>
<td>Patients with advanced cancer</td>
<td>Clinician communication skills training and patient video decision aids for advanced care planning</td>
<td>Advance care plans completion; medical orders for resuscitation preferences; palliative care consultations; hospice use</td>
</tr>
<tr>
<td>GGC4H</td>
<td>Parents of early adolescents</td>
<td>Anticipatory guidance curriculum</td>
<td>Behavioral health problems; health service utilization</td>
</tr>
<tr>
<td>HiLo</td>
<td>Patients undergoing hemodialysis</td>
<td>Liberalizing serum phosphate target</td>
<td>Rate of hospitalization</td>
</tr>
<tr>
<td>IMPACt-LBP</td>
<td>Adults with low back pain</td>
<td>Primary Spine Practitioner (PSP) Model using doctors of chiropractic and physical therapists as first-line providers</td>
<td>Improve physical function, decrease pain, decrease opioid prescriptions, improve patient satisfaction, and decrease costs and utilization of healthcare services when compared with usual medical care</td>
</tr>
<tr>
<td>INSPIRE</td>
<td>Non–critically ill hospitalized patients with abdominal infections or skin and soft tissue infections</td>
<td>Predictive algorithm integrated into the computerized provider order entry system, plus audit and feedback</td>
<td>Reduction in prescribing of unnecessary extended-spectrum antibiotics while maintaining good clinical outcomes as measured by length of stay and transfer to an intensive care unit</td>
</tr>
</tbody>
</table>
## UH3 NIH Collaboratory Trials (cont)

<table>
<thead>
<tr>
<th>Trial</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nudge</td>
<td>Patients with chronic CV conditions</td>
<td>Text messages and chat bot</td>
<td>Adherence to CV medications</td>
</tr>
<tr>
<td>PRIM-ER</td>
<td>Older adults (&gt;65 years)</td>
<td>Palliative care education; simulation-based workshops; clinical decision support; provider audit and feedback</td>
<td>Healthcare utilization and survival</td>
</tr>
</tbody>
</table>
PRISM Trials

- Embedded PCTs of non-opioid interventions for treating pain, improving pain management, and reducing reliance on opioids

- Aim: Improve availability of, effectiveness of, and adherence to evidence-based, nonpharmacologic pain management

- Funded by NIH HEAL Initiative®
  - Supports a wide range of programs to develop new or improved prevention and treatment strategies for opioid addiction
### UG3 PRISM Trials (Planning)

<table>
<thead>
<tr>
<th>Trial</th>
<th>Population</th>
<th>Intervention</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIM-CP</td>
<td>Rural-dwelling patients with chronic pain</td>
<td>Nurse care management model incorporating care coordination, cognitive behavioral therapy, and a remotely delivered exercise program</td>
<td>Pain interference, physical functioning, mental health, treatment satisfaction, sleep, pharmacologic treatments, and healthcare utilization</td>
</tr>
<tr>
<td>ARBOR-Telehealth</td>
<td>Rural-dwelling patients with chronic low back pain</td>
<td>Risk-stratified telerehabilitation model</td>
<td>Change in low back pain-related disability and opioid use after 8 weeks</td>
</tr>
<tr>
<td>RAMP</td>
<td>Rural-dwelling Veterans with chronic pain</td>
<td>Telehealth intervention with multiple evidence-based complementary and integrative health approaches for chronic pain</td>
<td>Pain interference at 13 and 26 weeks; opioid use</td>
</tr>
<tr>
<td>Trial</td>
<td>Population</td>
<td>Intervention</td>
<td>Outcome</td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>BackInAction</td>
<td>Older adults with low back pain</td>
<td>Standard and enhanced 12-week courses of acupuncture</td>
<td>Back-related function at 26 weeks; cost-effectiveness</td>
</tr>
<tr>
<td>BeatPain Utah</td>
<td>Adults with back pain in federally qualified health centers in Utah</td>
<td>Brief pain teleconsult and phone-based physical therapy</td>
<td>Pain management; reduction of disparities; evaluation of implementation strategies</td>
</tr>
<tr>
<td>FM-TIPS</td>
<td>Fibromyalgia</td>
<td>Addition of transcutaneous electrical nerve stimulation (TENS) to physical therapy</td>
<td>Fibromyalgia symptoms; adherence to therapy; meeting therapeutic goals; medication use</td>
</tr>
<tr>
<td>GRACE</td>
<td>Patients with sickle cell disease</td>
<td>Acupuncture and guided relaxation</td>
<td>Pain control; effective treatment sequence; evaluation of implementation strategies</td>
</tr>
<tr>
<td>NOHARM</td>
<td>Postoperative pain</td>
<td>EHR-embedded tools to aid shared decision making about pain management</td>
<td>Postoperative opioid use, pain, function</td>
</tr>
<tr>
<td>OPTIMUM</td>
<td>Chronic low back pain</td>
<td>Group-based mindfulness in outpatient clinical settings</td>
<td>Pain, physical, and psychological function; opioid prescriptions for chronic low back pain</td>
</tr>
</tbody>
</table>
NIH Collaboratory Trial Resources

Publications, Presentations & Study Snapshots available on the NIH Collaboratory Trial pages of the Living Textbook
Data and Resource Sharing

- Completed trials expected to share data and resources publicly
  - Study tools
  - Datasets and documentation
- Materials added to NIH Collaboratory website at trial closeout

rethinkingclinicaltrials.org/data-and-resource-sharing/
Partner Organizations

- Grand Rounds
  - Shared NIH Collaboratory–PCORnet forum
  - Frequent presentations by partner organizations

- Collaboration on
  - Workshops
  - Publications
  - Living Textbook

- Share knowledge, tools, and resources
Distributed Research Network

- Enables investigators to collaborate in the use of electronic health data while safeguarding protected health information.

Curated Distributed Data Using a Common Data Model

Baseline data to support planning of studies

Queries → Results

Clinical trials

Retrospective & prospective observational studies

Queries → Results

Queries → Results

DISTRIBUTED NETWORK GOVERNANCE
Living Textbook of Pragmatic Clinical Trials

- Comprehensive resource for PCTs
- Content organized around Design, Conduct, Dissemination, and Ethics and Regulatory collections
- Authors from NIH Collaboratory Trials, Cores, and partners
- Continuously updated

rethinkingclinicaltrials.org
Guidance Documents
Rethinking Clinical Trials® Grand Rounds

- Weekly webinars on a wide range of research topics
  - Open to the public
  - >500 presentations to date
  - Average 250 attendees/session
  - Timely, high-interest topics
  - Feature NIH Collaboratory work and beyond
- Podcasts of featured expert interviews

Join Us on Fridays 1-2 pm ET
Training Resources

rethinkingclinicaltrials.org/training-resource/

- Learning modules
- Educational video library
- Resources (handouts, checklists, guides, etc.)
- Workshop materials (slides, recordings, etc.)
- Upcoming opportunities
Newsletter & Social Media

- Subscribe to this convenient monthly email wrap-up:
  - rethinkingclinicaltrials.org/newsletter-subscribe/

Follow us!

https://www.linkedin.com/company.nih-pragmatic-trials-collaboratory/

@Collaboratory1
Appendix: NIH Collaboratory Trials
ABATE  Active Bathing to Eliminate Infection

- Cluster trial comparing 2 quality improvement strategies to reduce multidrug-resistant organisms and healthcare-related infections in non-ICU population
- 53 hospitals
- 331,584 patients
Clustering trial testing the effect of user-centered computerized clinical decision support on rates of emergency department-initiated buprenorphine/naloxone and referral for ongoing medication-assisted treatment in patients with opioid use disorder

- 3 health systems
- 5,047 patients
ICD-Pieces  Improving Chronic Disease Management with Pieces™

- Novel platform to test effective ways to reduce heart problems, hospitalizations & deaths in patients with multiple chronic conditions
  - 94 clinical sites
  - 11,000 patients
LIRE Lumbar Imaging with Reporting of Epidemiology

- Cluster trial evaluating whether inserting epidemiologic benchmarks into lumbar spine imaging reports reduces subsequent tests and treatments
  - 98 clinical sites
  - 246,289 patients
PPACT Collaborative Care for Chronic Pain in Primary Care

- Mixed-methods cluster trial evaluating integration of multidisciplinary services within the primary care environment to improve chronic pain management
  - 3 regional health systems
  - 2,000 patients
PROVEN Pragmatic Trial of Video Education in Nursing Homes

- Evaluating the **effectiveness of advance care planning video** shown in nursing homes of 2 large healthcare systems
- 359 nursing homes
- 211,469 patients
SPOT  Suicide Prevention Outreach Trial

- Collaborative care model to test treatments intended to reach large groups of **adult patients who have serious thoughts of suicide**
- 4 clinical sites
- 18,644 patients
STOP CRC  Strategies and Opportunities to Stop Colorectal Cancer

- Cluster trial testing a culturally tailored, healthcare system–based program to improve CRC screening rates in community-based collaborative network
  - 30 clinical sites
  - 62,155 patients

Completed Trial
TiME  Time to Reduce Mortality in End-Stage Renal Disease

- Cluster trial testing whether a longer hemodialysis session can improve survival & quality of life for patients with kidney failure who require chronic treatment with dialysis
- 256 clinical sites
- 7,053 patients
TSOS Trauma Survivors Outcomes and Support

- Stepped-wedge cluster trial testing innovative intervention for patients with PTSD and comorbidity
- 25 level 1 trauma centers
- 960 patients

**Completed Trial**
BEST-ICU  
Behavioral Economic and Staffing Strategies to Increase Adoption of the ABCDEF Bundle in the ICU

- 3-arm stepped-wedge, cluster-randomized trial to evaluate 2 strategies grounded in behavioral economic and implementation science theory to increase adoption of the ABCDEF bundle, a mechanical ventilation liberation and symptom management approach, in critically ill adults
- 12 ICUs from 3 safety net hospitals
- 8,100 expected patients
Chat 4 Heart Health

Using Artificially Intelligent Text Messaging Technology to Improve AHA’s Life’s Essential 8 Health Behaviors

- Patient-level randomized trial to evaluate the implementation and effectiveness of 3 different automated patient communication approaches for self-management support to improve control of cardiovascular disease risk factors
- Federally Qualified Health Centers in 3 health systems
- 6,000 expected patients
I CAN DO Surgical ACP

Improving Completion, Accuracy, and Dissemination of Surgical Advanced Care Planning

- Patient-level randomized trial to evaluate a system-based approach to help older adults undergoing elective surgery engage in advance care planning

- 3 health systems
TAICHIKNEE  Remote Tai Chi for Knee Osteoarthritis: an Embedded Pragmatic Trial

- Compare the effects of a remotely delivered web-based Tai Chi intervention versus routine care for patients with knee pain due to osteoarthritis
- 20-25 clinics across 4 health systems
- 600 expected patients
iPATH  Implementing Scalable, PAtient-centered Team-based Care for Adults with Type 2 Diabetes and Health Disparities

- Hybrid type 2 effectiveness implementation study, including a stepped-wedge cluster randomized trial
- Evaluating whether an innovative multi-level, multi-component, technology-enabled practice transformation strategy can improve outcomes for patients with type 2 diabetes from health disparity populations
- 8 federally qualified health centers
MOMs Chat & Care Maternal OutcoMes Program: Testing Integrated Maternal Care Model Approaches to Reduce Disparities in Severe Maternal Morbidity

- Testing the effectiveness of an integrated care model approach at 2 different levels of intensity to facilitate timely, appropriate care for high-risk Black birthing people and reduce risk for severe maternal morbidity
- Largest healthcare provider in New York
- 674 expected patients
ACP PEACE  Advance Care Planning: Promoting Effective and Aligned Communication in the Elderly

- Cluster trial testing whether clinician communication skills training and patient video decision aids will increase *advance care plan completion* in patients >65 with advanced cancer
- 36 oncology clinics across 3 health systems
- 4,500 expected patients
Cluster trial testing whether an anticipatory guidance curriculum for parents of early adolescents will reduce **behavioral health problems and health service utilization**

- 3 health systems
- 72 pediatricians and 4,500 families expected
HiLo Pragmatic Trial of Higher vs. Lower Serum Phosphate Targets in Patients Undergoing Hemodialysis

- Cluster trial testing whether less stringent control of serum phosphate levels will yield noninferior rates of all-cause hospitalization in patients with end-stage renal disease undergoing hemodialysis
- >100 dialysis facilities
- 4,400 expected patients
IMPACt-LBP Implementation of the American College of Physicians Guideline for Low Back Pain

- Refine and implement a multidisciplinary collaborative care model for low back pain
- Evaluate the effectiveness of this care model compared to usual medical care for low back pain
- 3 academic healthcare systems
INSPIRE INtelligent Stewardship Prompts to Improve Real-time Empiric Antibiotic Selection for Patients

- 2 cluster randomized trials using personalized clinical decision support to improve judicious antibiotic prescribing for non-critically ill patients hospitalized with abdominal infections or skin and soft tissue infections
- 90,000 expected patients
Nudge Personalized Patient Data and Behavioral Nudges to Improve Adherence to Chronic Cardiovascular Medications

- Patient-level randomized pragmatic trial comparing the effects of digital interventions (text messages and chat bot) on medication adherence in patients with chronic cardiovascular conditions
- 3 health systems
PRIM-ER  Primary Palliative Care for Emergency Medicine

- Cluster trial testing the effects of implementing primary palliative care in emergency medicine on healthcare utilization and survival
- 35 emergency departments across 18 health systems
AIM-CP  Adapting and Implementing a Nurse Care Management Model to Care for Rural Patients with Chronic Pain

- Adapting and test a **nurse care management model** to provide comprehensive coordinated care for patients with chronic pain in rural communities
- 6 health systems
- 416 expected patients
ARBOR-Telehealth: Advancing Rural Back Pain Outcomes through Rehabilitation Telehealth

- Comparing the effectiveness of a risk-stratified telerehabilitation model to improve outcomes in patients with chronic low back pain in rural communities.
- Primary care clinics in Maryland.
- 434 expected patients.
BackInAction  Pragmatic Trial of Acupuncture for Chronic Low Back Pain in Older Adults

- Evaluating the safety and effectiveness of acupuncture in older adults with chronic low back pain
- 4 performance sites
- 828 expected patients
BeatPain Utah  Nonpharmacologic Pain Management in Federally Qualified Health Centers Primary Care Clinics

- Testing the feasibility of a telehealth strategy that provides a brief pain teleconsult along with phone-based physical therapy
- Federally Qualified Health Centers in Utah
FM-TIPS Fibromyalgia TENS in Physical Therapy Study

- Testing the feasibility and effectiveness of adding TENS to treatment of patients with fibromyalgia in a real-world physical therapy practice setting
- 5 physical therapy health systems
GRACE Hybrid Effectiveness-Implementation Trial of Guided Relaxation and Acupuncture for Chronic Sickle Cell Disease Pain

- Testing the effectiveness of **guided relaxation and acupuncture** to improve pain control and determine the most appropriate and effective treatment sequence for **patients with sickle cell disease pain**

- 3 health systems
NOHARM Nonpharmacologic Options in Postoperative Hospital-based and Rehabilitation Pain Management

- Testing the feasibility of EHR-embedded patient- and clinician-facing decision support for non-pharmacologic pain care after surgery
- 4 health systems
OPTIMUM Group-Based Mindfulness for Patients With Chronic Low Back Pain in the Primary Care Setting

- Evaluating effectiveness of a **group-based mindfulness intervention** for patients with chronic low back pain in a usual care setting
- 3 health systems
- 450 expected patients
RAMP

Reaching Rural Veterans: Applying Mind-Body Skills for Pain Using a Whole Health Telehealth Intervention

- Hybrid type 2 effectiveness-implementation trial evaluating a telehealth intervention with multiple evidence-based complementary and integrative health approaches for chronic pain
- VA health system
- 500 expected patients (rural-dwelling Veterans)