Transcript

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Welcome to the NIH Pragmatic Trials Collaboratory Podcast, where we discuss the latest knowledge and best practices in pragmatic clinical trials. I'm Adrian Hernandez, Co-PI for the NIH Collaboratory, and one of the moderators for this series. You can find a full list of episodes at rethinkingclinicaltrials.org/podcasts. Thanks for joining.

Kevin Weinfurt

Hi, I'm Kevin Weinfurt, Co-PI for the NIH Pragmatic Trials Collaboratory. And today I'm joined by Julie Fritz and Sebastian Tong, and they're going to take us behind the scenes of the recent Grand Rounds presentation, "Integrating the BeatPain Study With PRaCTICe, a New Network Research Hub of the CARE for Health initiative."

Julie, Sebastian, thanks so much for joining us today. Maybe we could just start off with telling us a little bit about this unique resource and collaboration.

Sebastian Tong

I can get started by explaining a bit about what CARE for Health is and how we decided to apply and fortunately were awarded this funding. So CARE for Health is a recent NIH initiative that was launched really to grow rural engagement with research and clinical trials. That includes both designing and co-designing studies with rural communities and practices, but also participating in existing NIH trials to broaden the rural recruitment of existing studies.

Julie Fritz

Yeah, and I can provide some context for the BeatPain Study. So, BeatPain is a pragmatic trial that's part of the trials collaboratory funded under the HEAL Initiative from NIH. And we're partnering with federally qualified health centers in Utah to study implementation of evidence-based pain interventions. Certainly a core component of our partners in Utah were clinics and individuals who reside in rural communities. But when the opportunity came to partner with the PRaCTICe Network through the CARE for Health Program, it gave us a chance to really think a lot more intentionally about some of the challenges and opportunities specifically in working with rural communities.

Kevin Weinfurt

And Julie, what did the PRaCTICe gang bring to this that you would not have had without the benefit of their collaboration?

Julie Fritz

We had already been identifying some challenges in our own clinics with engaging both the clinics and the patients that were in our rural settings. So then, knowing that and trying to focus more on how can we increase engagement with rural communities, the opportunity to partner with PRaCTICe and work specifically with rural partners, I think gave us a chance to think about how we could better engage those communities and learn more about work in that setting.

Kevin Weinfurt

And Sebastian, what was it about the BeatPain study that was attractive to PRaCTICe?

Sebastian Tong

So just to give a bit of background about PRaCTICe as well. PRaCTICe was formed from a collaboration between the Oregon Health Sciences University practice-based research network, and the University of Washington's practice-based research network. So we had, among many people, about two decades of experience doing research in rural communities and established relationships with a lot of those partners in those settings and staff members who were actually working from some rural communities.

I think what was really attractive for PRaCTICe about the BeatPain study was it was really meeting a need that clinicians, that patients had identified, and that need really was access to non-pharmacological treatments for chronic pain that are evidence-based. In many places, there just wasn't access to physical therapy. And for people to have remote access that they didn't need to travel for was a really big plus in our case. And then the other thing was really offering that in non-office hours in the evenings, in Spanish. I think that really helped us add access to physical therapy for populations that otherwise wouldn't be able to access those services.

Kevin Weinfurt

Let's talk a little bit more about the intervention because a distance-based intervention for a non-pharmacologic treatment sounds interesting. Julie, how does the intervention work here?

Julie Fritz

Evidence-based treatments for people with chronic pain really center on exercise and physical activity and education around pain coping strategies. So unlike more acute pain conditions or other things that physical therapists do, chronic pain really lends itself to delivering those kinds of interventions remotely.

So what we've been doing in BeatPain is using remote delivery, either video-conference-based or audio-only-based one-on-one sessions with people who reside in these communities and trained physical therapists. And I think one of the things that's really key to delivering this modality is training physical therapists because it's a little bit different for them as well to provide this type of care remotely. So skills such as motivational interviewing and cognitive behavioral problem solving really come to the forefront of what therapists need to be ready to do when they're working with people remotely versus seeing them in person.

Kevin Weinfurt

And what's the experience of the therapists who've been trained to do this? Is this very challenging? Is it something that they learn to like?

Julie Fritz

I think it's both from my meetings with our therapists. So on the one hand, it is challenging. It's a mode of delivery that's not what they're experienced with in most cases. And I think the communication strategy training that we've emphasized, many therapists have also found somewhat challenging, which really is grounded in motivational interviewing and the idea of really allowing the patient to guide the care a little bit more than sometimes I think physical therapists may be comfortable with. But the feedback has also been very positive at how engaging it is for people who have been seen remotely. And the other thing that I've found interesting with a lot of our therapists is that they report to me that this new kind of communication strategy that they have impacts their day-to-day work in person for the better in how they communicate and really build therapeutic alliance with patients.

Kevin Weinfurt

Was the introduction of the motivational interviewing and other sort of adjunct communication skills, was that selected for this population in particular? Was it selected because you thought that the remote delivery might require or benefit from it? Or was this just sort of an evolution in how physical therapy ought to be done? Or D? [laughs]

Julie Fritz

Yeah. All of the above. Yeah, it is somewhat that. I think we originally really focused on it because we knew what we were doing in physical therapy for people with chronic pain, especially with remote delivery, is really a behavior change kind of health coaching strategy grounded in physical activity. And MI is an excellent strategy for promoting behavior change.

So it really kind of was originally focused on the nature of this kind of patient and the way we were delivering care. But I do think that one of the clear advantages of MI is its non-judgmental approach, which I think is helpful for people where there's some potential cultural incongruity between the therapist and the patient. So people who have much lower income, come from a different cultural background, in many ways may be a different type of patient population than our therapists are used to working with.

And a core principle of MI is really that non-judgmental approach to the patient. And I think it helps head off some potential implicit biases that therapists might have in working with populations that they're not used to working with.

Kevin Weinfurt

And by MI, we mean motivational interviewing.

Julie Fritz

Yes, sorry. Motivational interviewing. Yeah.

Kevin Weinfurt

Sebastian, I wonder maybe you could say a bit more along these lines because you all have such experience with the population being addressed here.

Sebastian Tong

I think one of the things that comes to mind right away is just digital access and bandwidth issues. One of the really nice flexibilities with BeatPain was that phone access was sufficient. I think you preferred having video, but phone was sufficient because in many places, people cannot get on audiovisual platform because of bandwidth issues, but they often do have either a landline or phone service. So that is the first big issue that I can think of. And then I think, depending on the rural setting, there just may be different cultural expectations around some of the non-pharmacological treatments and maybe some different etiologies for pain as well. There are a lot more jobs in rural settings that may have been manufacturing-based or agriculturally-based so that people may be coming from a lot more of those injuries as well.

Kevin Weinfurt

And I remember learning from Julie from earlier work that sometimes there was a mistrust of healthcare providers and medical science, especially after COVID. Is that something that is easing or is it still something that we're running into and to what extent does it impact the kind of work that PRaCTICe is trying to do in this trial in particular?

Sebastian Tong

I think it's definitely still a huge issue, especially given our polarized kind of context that we are in in this country right now. A big part of trying to overcome it is really relying on local partnerships and local champions for our work. So that's often ongoing relationships with someone who has been in the community, who's a provider, who's trusted in the context rather than me coming from Seattle.That's often seen as the place that's really distant, that's a completely separate setting. So I think we often talk about our study as being a local study where local people are referring to this virtual intervention. We also have really empathized having research staff who are not just based in our big metropolitan areas, but actually live and work from those settings as well.

Julie Fritz

Yeah. I mean, our experience I think very much aligns with what Sebastian is saying in that this issue of trust certainly predated and continues on from COVID. COVID gave it some additional contours, let's say. But that key element that Sebastian mentioned about local people who support what you're doing and that you build relationships and you communicate with those individuals so they know that you're doing the best you can by the participants that come out of their clinics. I think that's been key to building successful partnerships, both at the clinical level and at the patient level.

Kevin Weinfurt

And how much of a challenge is it to get local champions when we're in an environment where a lot of these are very low-resourced clinics? Does that make it harder or in some ways is that easier if you find someone who's very motivated to find some alternatives to helping their population?

Sebastian Tong

It is not easy, I will say having done this work, to find local champions. I think it's often a snowball factor where we meet some people who then know other people who introduce us and then someone has a good experience doing a prior study with us so they're willing to step into a second study and they see the benefit for their patient populations to

participate in studies. But we continue to face the fact that people turn over, people move away. So it is an ongoing kind of relationship building that requires that time and effort and infrastructure to keep those relationships.

Julie Fritz

Yeah. The one thing I would add is that it also requires really supporting those local champions with as much infrastructure support as possible. So you're asking for them to advocate for your project or program, but you're also supporting that person with logistical support, IT support, so that you're not just adding additional things to their workflow where in low resource settings, that's just often not possible.

Kevin Weinfurt

As you're looking at where things are right now, what's one thing that's surprising you or is really top of mind right now about this work?

Julie Fritz

Broadly speaking, facing a lot of challenges for chronic conditions across the board, chronic pain being one of them. So the types of challenges that we encountered at the beginning of BeatPain, and even a year or so ago as the PRaCTICe Network came on, continue to evolve and they look different and I'm sure that'll continue moving out into the future. But the fundamental challenge of delivering accessible evidence-based care for common chronic conditions, there's some new aspects of those challenges. It's hard and it's going to continue to be hard.

Sebastian Tong

I'll share a pleasant surprise, I guess, where I'm continuing to see enthusiasm in rural communities for research and for engagement, despite all the challenges that have, we've faced over the past, I'd say five years. With COVID first, with workforce cuts, with issues with Medicaid, I think just continue to see people who are excited about research and bringing evidence to their communities and their populations. I guess that's a nice surprise that I continue to be encouraged by.

Kevin Weinfurt

That's terrific. I guess in this environment where there are so many challenges, it's an opportunity to see the amount of passion some people have for trying to help folks out and being innovative about that. So that's great that you're able to be with those people and what a benefit to them that you all are doing this work. Well, this has just been so

interesting. Thank you so much, Julie and Sebastian for chatting with us today. And if you're listening and you're interested in hearing more firsthand perspectives on pragmatic clinical trials, join us next month for another episode of the NIH Collaboratory Podcast. Thanks very much.

Adrian Hernandez

Thanks for tuning in to this episode of the NIH Pragmatic Trials Collaboratory Podcast. You can find other resources related to conducting a pragmatic clinical trial on our website, rethinkingclinicaltrials.org. We look forward to seeing you next time on the NIH Collaboratory Podcast.