



NIH PRAGMATIC TRIALS COLLABORATORY

Rethinking Clinical Trials®

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

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Sponsoring Institution

Center for Veterans Research and Education

Collaborators

- Minneapolis VA Health Care System
- University of Minnesota
- University of Iowa

NIH Institute Providing Funding or Oversight

[National Institute of Nursing Research \(NINR\)](#)

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ABSTRACT

The Veterans Administration (VA) has become a leader in complementary and integrative health through its Whole Health initiative. Yet there remain many barriers, especially for patients with pain in rural communities. The RAMP trial aims to overcome these barriers. The study team is working with partners in the community and the VA, including rural patients, to develop an innovative, evidence-based telehealth intervention, the RAMP program, that brings together multiple evidence-based complementary and integrative health self-management strategies to address rural veterans' biophysical, psychological, and social needs. The RAMP program consists of 9 weekly group sessions, which include prerecorded, expert-led education videos, mind-body skills training and practice, and group discussions led by a trained facilitator. Program content covers pain education, mindfulness, pain-specific exercises, and cognitive behavioral strategies. In the trial's planning phase, the study team identified and developed new community partnerships and used mixed-methods data collection from patients, community partners, and VA healthcare system leaders and staff, guided by the RE-AIM/PRISM framework, to understand key factors that may affect long-term adoption of the intervention. A pilot study with 40 rural VA patients with chronic pain assessed the feasibility of delivering the RAMP program in terms of recruitment and engagement, intervention fidelity and adherence, data collection, and other metrics. The pilot also assessed the extent to which the program met veterans' pain self-management needs, as well as areas for refinement and optimization. Pilot results demonstrated that RAMP is feasible and acceptable to rural veterans with chronic pain and helped identify optimization strategies to enhance future program engagement. In the trial's implementation phase, the study team will conduct a randomized, multicenter, hybrid type 2 effectiveness-implementation pragmatic clinical trial of the RAMP program vs usual care among 500 rural patients in the VA healthcare system. The primary effectiveness outcome is pain interference at 3 and 6 months. Secondary outcomes include opioid use and the NIH HEAL Initiative's core pain domains. The study team will continue to work with patient, community, and healthcare system partners identified during the planning phase to evaluate the implementation strategies used in the trial and adapt these strategies to scale up RAMP within the VA healthcare system. This will include mixed-methods assessments of research partners' and trial participants' views of implementation-related barriers and facilitators, resource needs, and other domains; co-creation of additional plausible strategies for overcoming implementation barriers; and budget impact analyses using models informed by research partners' views to inform future decision-making.

WHAT WE'VE LEARNED SO FAR

| Challenge | Solution |
|---|---|
| Developing relationships with representatives of community organizations on a short, grant-driven timeline | Leveraged networks of existing collaborators, such as veteran patient experts, who were able to facilitate contacts between the study team and community partners |
| Administrative challenges, including loss of the lead facilitator, VA hiring challenges associated with a new national human resources process, and a federal government shutdown | Working with study partners at the University of Minnesota to hire in positions that do not need access to VA data |
| Projected cuts in the VA workforce, which may affect future implementation | Address the topic in upcoming stakeholder interviews with VA leadership and staff |

“The big goal is to alleviate suffering for people with chronic pain and to get more tools and resources to rural-dwelling veterans. This is a population that is particularly vulnerable to not having access to pain self-management and complementary and integrative health approaches, and they are at higher risk for potentially risky prescribing around chronic pain.” — Dr. Katherine Hadlandsmyth

“Develop strong relationships with your healthcare system partners early. We were fortunate to have longstanding relationships with our healthcare system partners, and we’ve been working closely with them to understand how we can develop an intervention that is really meaningful to them.” — Dr. Diana Burgess

“Really listen to the people you’re trying to affect—the patients. We’ve benefited from previous studies where we collected qualitative data that informed what we’re doing now. So listen, but listen in a systematic way. Qualitative research is a great way to do that.” — Dr. Roni Evans

SELECTED PUBLICATIONS & PRESENTATIONS

- Presentation: [NIH Pragmatic Trials Collaboratory Onboarding Meeting](#) (2023)
- Video Interview: [NIH HEAL Initiative Turns Attention to Pragmatic Trials in Rural Communities](#) (2024)
- Article: [Reaching Rural Veterans: Applying Mind-Body Skills for Pain Using a Whole Health Telehealth Intervention: The RAMP Pilot Study](#) (2025)

[See the complete set of RAMP resources.](#)