

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

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Background

- The Veterans Healthcare Administration (VA) is the largest integrated healthcare system in the nation
- Rural Veterans experience disproportionate share of pain burden
 - More chronicity, opioid harms, mental health conditions, substance abuse
 - Less comprehensive and specialty care, less likely to use self-management interventions
- Growing evidence base for complementary and integrative health (CIH) strategies
 - VA is leader in advancing CIH through its Whole Health Initiative
 - Barriers exist for rural patients including lack of awareness and knowledge, availability of CIH/Whole Health pain care services, support to successfully engage in CIH self-management

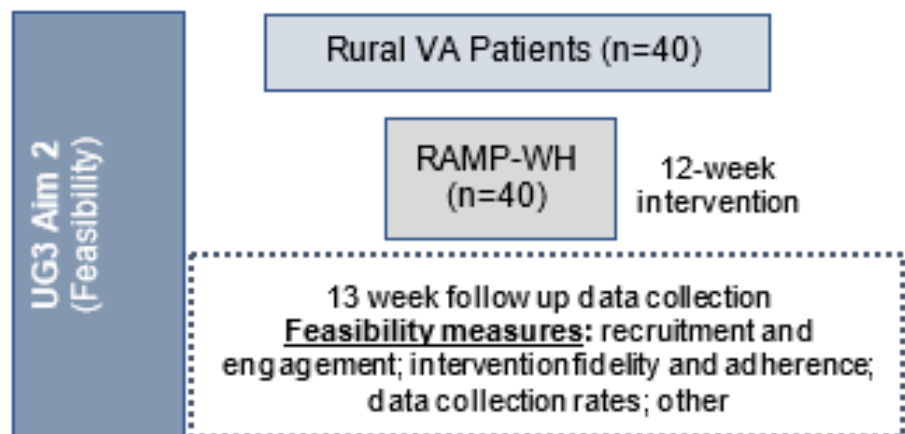
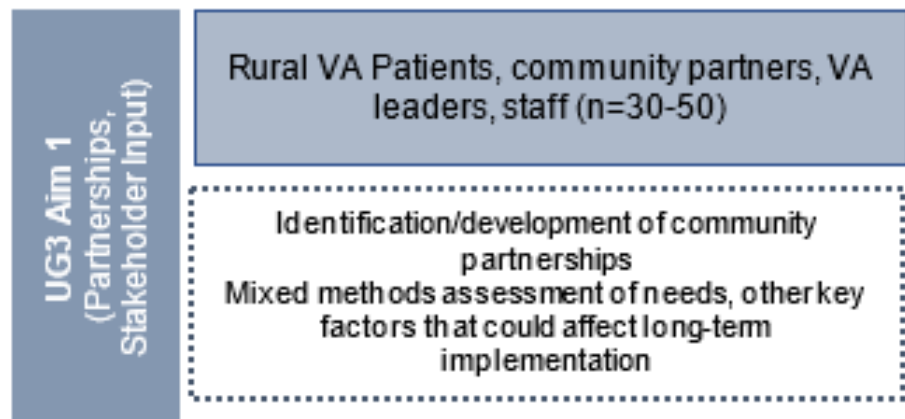
Objective

To improve pain management and reduce opioid use among rural patients in the VA

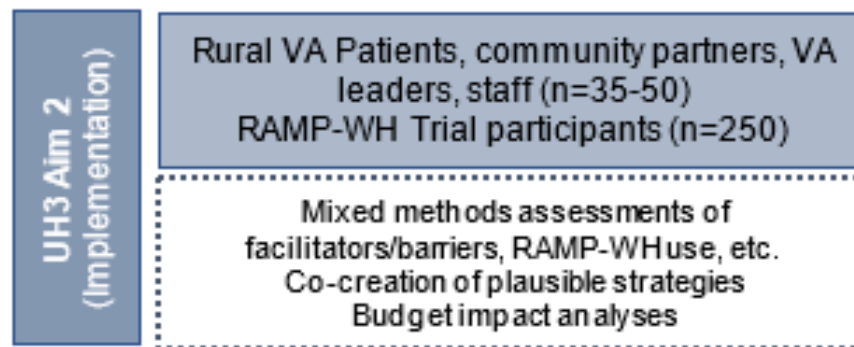
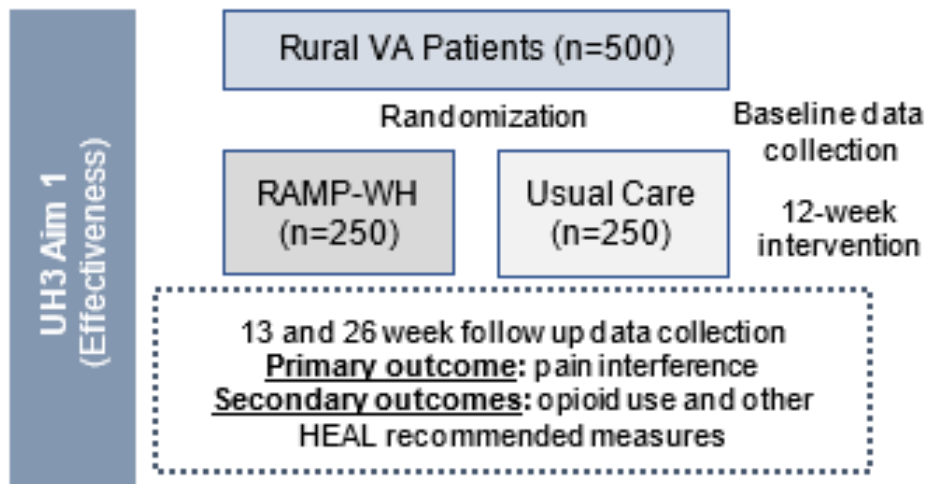
- The RAMP program is a cohesive, scalable multi-component CIH intervention that addresses Veterans' needs and overcomes existing barriers to pain care
- RAMP is designed to be implemented within the VA through its nationwide Whole Health System initiative
- We will collaborate with Veteran patients, VA health system partners, and Veteran serving community partners

UG3/UH3 Design Overview

UG3 stakeholder engagement & pilot study



UH3 randomized hybrid type 2 trial



Informed by PRECIS tool

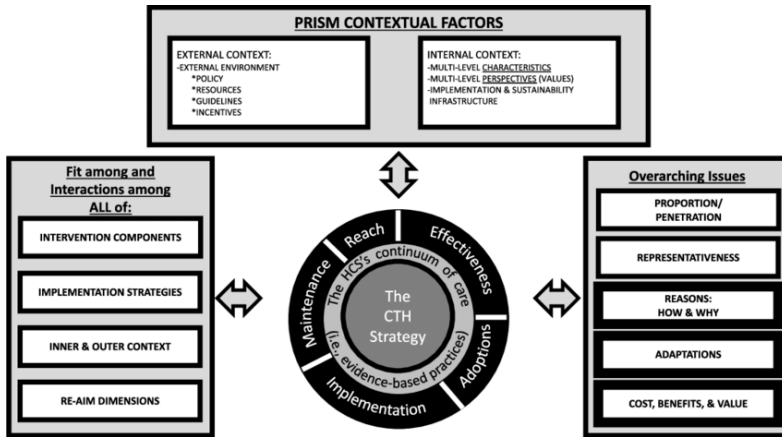
PRECIS

Pragmatic design features related to:

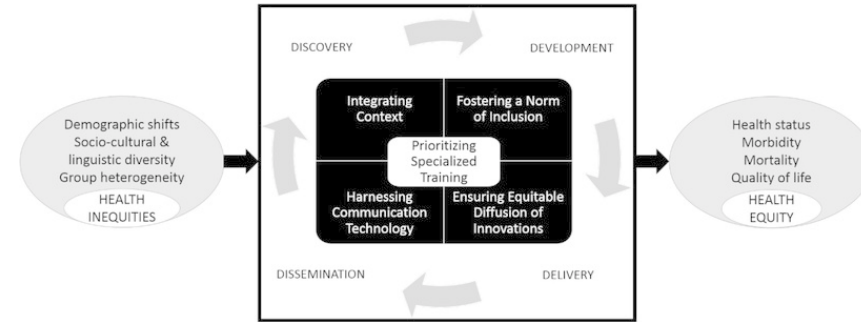
- Recruitment & setting
- Organization
- Outcomes
- Primary analysis (intention-to-treat)
- Eligibility
- Comparator (usual care)

Guiding Theoretical Models & Frameworks

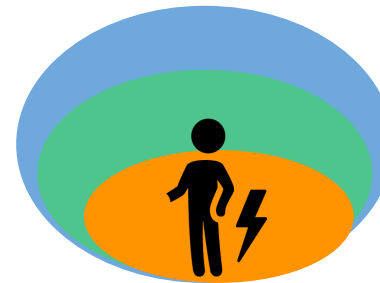
RE-AIM/PRISM



ConNECT Framework



Behavior Change Wheel (COM-B Model)



Dynamic Biopsychosocial Model

Michie et al (2014). *The Behavior Change Wheel: A Guide to Designing Interventions*. Silverback Publishing.

Engagement Plan

Patient Partners (n=15-20)

- RAMP Engagement Panel and other ongoing Veteran Engagement Panels

Community Partners (n=10-15)

- Non-VA Community Organizations (VFWs, American Legions, national organizations serving marginalized groups, etc.)

VA Health Care System Partners (n=10-15)

- National VA Program Office Leaders
- VA Medical Center Leaders & Staff
- VA Community Based Outpatient Clinics



Recruitment & Eligibility

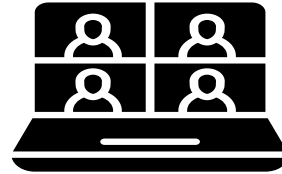
- Proactive outreach: identify rural Veterans with pain through the EHR; reach out with tailored engagement materials; confirm with self-report
- n=40 rural Veterans from two regions (VISN 7, 23)
- Inclusion criteria:
 - Rural dwelling (applying HRSA definition using zip codes)
 - Pain most days in past 6 months
 - Pain ≥ 4 (0-10 numeric rating scale)
 - Email address in EHR

Intervention



Whole Health Coach Facilitators

- 1 x 60 min,
1:1 virtual session
- Personal Health Plan for Pain Self-Management



Sessions

- 11 x 90 min virtual group, sessions:
- Facilitated group discussions, goal setting
 - Expert led educational & skill training videos
 - Pain education
 - Mind-body skills
 - Mindfulness
 - Whole person wellbeing
 - Physical movement & exercise



Resources



- Workbook
- Videos
- Website

GOAL:

- To provide rural VA patients the opportunities and resources to enhance their capabilities and motivation to engage in helpful pain self-management behaviors

UG3 Milestones

Milestone	Definition
Multi-level stakeholder panels established	Community-based partnerships developed; patient, community and VA stakeholder panels established
Agreements & regulatory approvals	All necessary approvals received (e.g., IRB, DSMB, study protocol, accrual/retention plan, data safety/monitoring plans, etc.)
Recruitment & enrollment (Pilot Study)	40 rural Veterans, at least 35% female, 35% racial ethnic minorities
Experimental intervention (Pilot Study)	75% satisfied with RAMP program; 75% attend recommended # of sessions ($\geq 7/12$); Facilitators deliver 90% of session activities 90% of time
Data collection (Pilot Study)	>80% complete post-treatment data collection (13 weeks)
Stakeholder views (Stakeholder Engagement)	Multi-level stakeholder perspectives of barriers/facilitators to RAMP program implementation, including reach, perceived effectiveness, potential for adoption, implementation and maintenance (n=35-50)

Data Sharing – Planning Phase

- Resource & Data Sharing Plan: complies with HEAL Initiative Public Access and Data Sharing Policy, NIH PRISM Program's Data Sharing Policy. No obstacles anticipated.
- IRB requirements: standard (specification of what data, how, with whom); HIPAA authorization and informed consent required.
- Data sharing: aggregate level for UG3; individual level for UH3 after trial completion.

RAMP: 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	n/a				
Implementing/delivering intervention across healthcare organizations		X			

*Your best guess!
 1 = little difficulty
 5 = extreme difficulty

Status

Notice of Award: August 2023 (Year 1=9 months)

The following activities are in process:

- Agreements and regulatory approvals
- Community partnership, stakeholder panel assembly
 - Multi-level stakeholder engagement
 - Recruitment and enrollment plan
- Experimental intervention development/optimization for delivery by Whole Health Coaches

Questions?

