

BACKIN ACTION PRAGMATIC TRIAL OF ACUPUNCTURE IN OLDER ADULTS WITH CLBP

UNIQUE CHALLENGES AT A NYC FQHC

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Society for Acupuncture Research

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BACKINACTION DESIGN



STANDARD ACUPUNCTURE

Up to 15 sessions
over 3 months



ENHANCED ACUPUNCTURE

Standard acupuncture +
6 sessions over the next
3 months



USUAL MEDICAL CARE

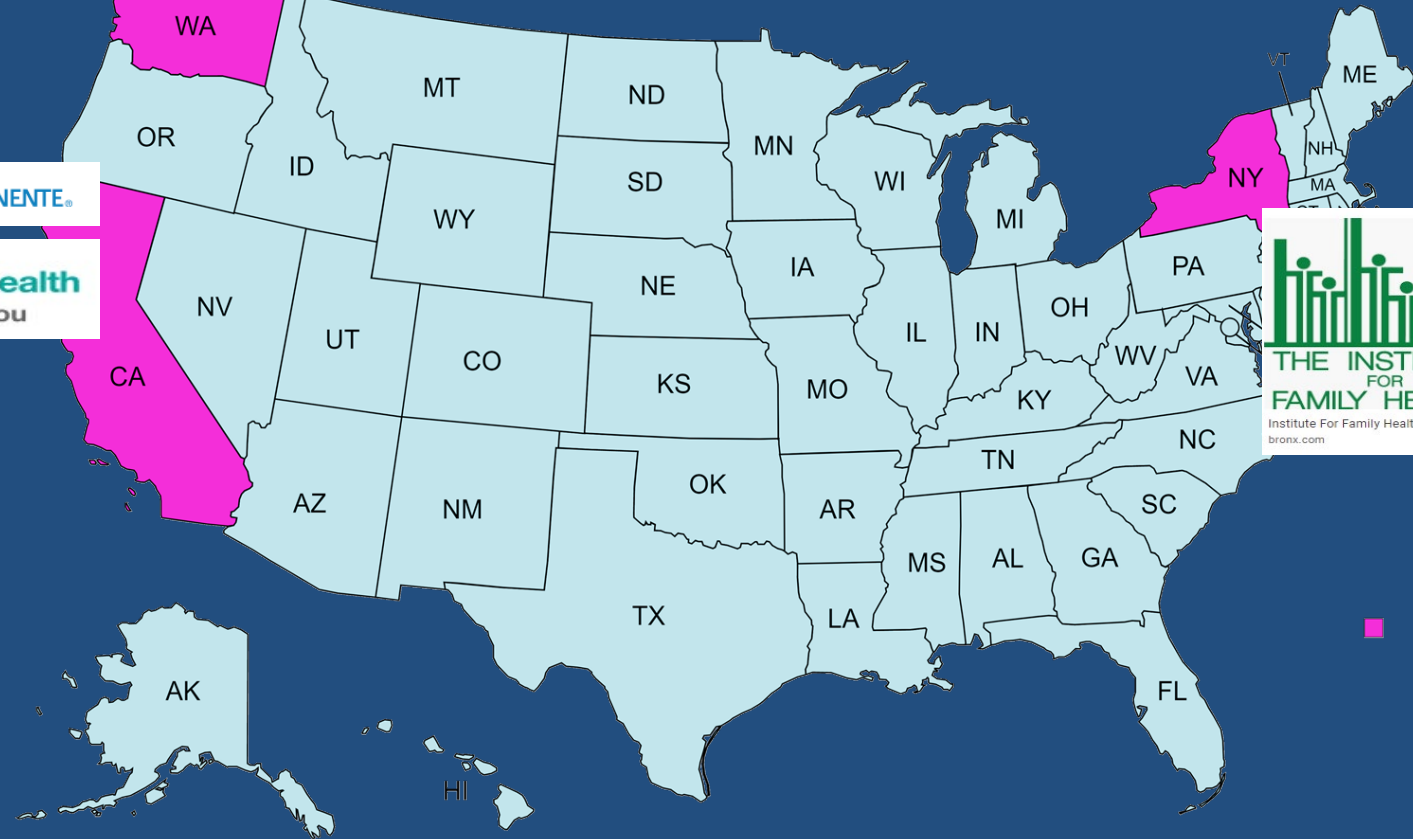
Usual care alone

Population: 807 adults 65+ with chronic low back pain

Acupuncture intervention: Needling-only, developed acupuncture tx form¹

Primary outcome: Back pain-related disability at 6-months

HEALTH CARE SYSTEMS





FQHC POPULATION

- Including FQHCs in PCTs is critical to increasing health equity
- IFH population
 - Total N = 807; IFH N = 124 (15.4%)
 - Mean age = 71.6 years
 - 71% female
 - 43.5% High school or less education
 - 74% BIPOC, 33% Hispanic
 - Higher burden of chronic pain & disability
- Acupuncturists in private practice (other sites) vs integrated in primary care medical home (FQHC)
 - Increase continuity of care and access to care
 - Ease participant burden



PRIMARY CARE MEDICAL HOME INTEGRATION

Challenge 1

Acupuncture viewed as inaccessible by patients and PCPs

Recommendation

- Referral from trusted PCP
- Easy referrals process

Challenge 2

Usual care was a barrier to enrollment and retention

Recommendation

- Emphasize importance of usual care
- Consider wait-list control



PRIMARY CARE MEDICAL HOME INTEGRATION

Challenge 3

Lean infrastructure at FQHC impacted all aspects of trial implementation

Recommendation

- Embed research data in EHR
- Bridge research and clinic practice
- Leverage clinic operations

Challenge 4

Variation in implementation across HCSs not well understood in design phase

Recommendation

- Close collaboration with FQHCs in design and implementation of trial
- Identify core and peripheral components

CONCLUSIONS

Inclusion of underserved and minoritized populations in research and integration of acupuncture & other nonpharmacologic tx into the PCMH are critical to advancing health equity and eliminating health disparities.

Research teams, clinicians, and policy makers should consider how:

1. To reduce barriers to patient care for those with historically low access
2. To design usual care to enhance enrollment and retention
3. To overcome/supplement lean clinical and research infrastructure
4. Site variation will impact trial design and implementation

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¹Nielsen A, Ocker L, Majd I, Draisin JA, Taromina K, Maggenti MT, Long J, Nolting M, Sherman KJ. Acupuncture Intervention Protocol: Consensus Process for a Pragmatic Randomized Controlled Trial of Acupuncture for Management of Chronic Low Back Pain in Older Adults: An NIH HEAL Initiative Funded Project. Glob Adv Health Med. 2021 May 26;10:21649561211007091. doi: 10.1177/21649561211007091.



THANK YOU

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