

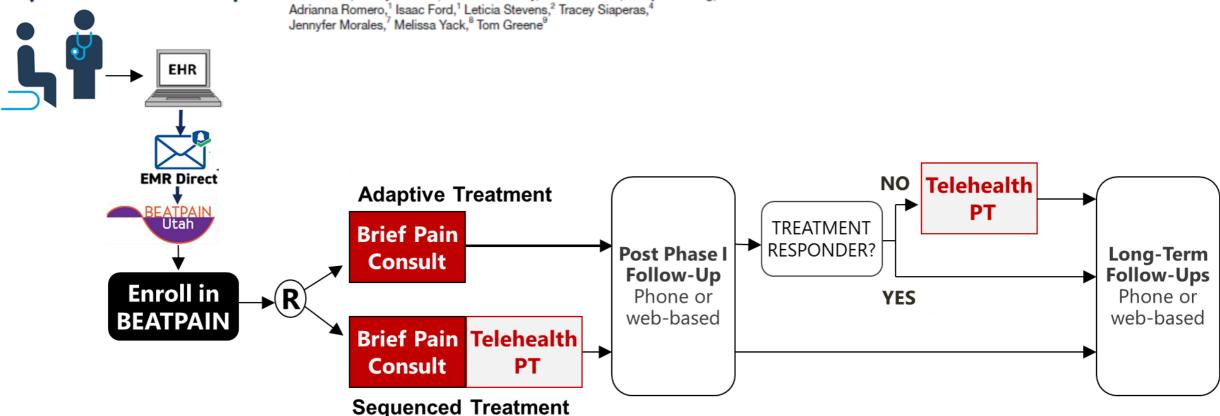
Nonpharmacologic Pain Management in Federally Qualified Health Center Primary Care Clinics

(BeatPain Utah)

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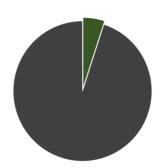
Pragmatic and Implementation
Studies for the Management
of Pain (PRISM)







14 Utah health centers operate 60 clinics and provide care to more than 167,000 people annually



1 of every 20 Utahns



1 of every 4 uninsured Utahns



1 of every 3
Utahns living in poverty



49% Hispanic/Latino Ethnicity



37% communicate in a language other than English



45% Uninsured



66% at or below the Federal poverty level



7% agricultural workers



47% of clinics are located in rural/ frontier counties

NIH Collaboratory Demonstration Project Roadmap FY23, Q2 Milestones and major activities occurring within the lifecycle of a Collaboratory Demonstration Project SITE ACTIVATION UH2/UG3 Award Date First Site Activated **ENROLLMENT** IMPLEMENTATION First Patient Enrolled UH3 Award Trial Registration BeatPain Utah, FM TIPS, GRACE, · Protocol Approved for Implementation HiLo, IMPACt-LBP, INSPIRE, · Initial IRB Approval (UH3 Phase Implementation) NOHARM, OPTIMUM · Statistical Analyses Plan Finalized **FOLLOW-UP** Last Patient Enrolled · Last Day for Intervention . End of Outcome Observation Period DATA AVAILABILITY ACP PEACE, BackInAction, GGC4H, Key Data Available PRIM-ER · Secondary Endpoint Data Available All Data Available DATA ANALYSIS -· Final Statistical Analysis **REPORTING: Public Dissemination** • Topline Results to Public via Press Release (if done) · Full Results to Public REPORTING: · First Presentation Results Internal Dissemination · Main Manuscript Submitted · Main Manuscript Accepted · Topline Results Report · ClinicalTrials.gov Reporting Topline Results (or Full Results) to Health System Partners ABATE, EMBED, Topline Results to Leadership/SC and Other Stakeholders ICD-Pieces, LIRE, Topline Results to Investigators/Sites PPACT, PROVEN, SPOT,

STOP CRC, TIME, TSOS

BEATPAIN Utah

PILOT

Database Lock

Nudge



Lessons Learned on Providing Equitable Care

| | Issues Encountered | Facilitators Identified | Strategies Implemented |
|---------------------------------|--|---|--|
| Patient Access to Care | Less predictable work hours Multi-generational homes or housing instability Limited tech for video visits | Mobile phones are common Respect for participants' time, being flexible, builds trust | Offer sessions outside regular work hours Flexible, non-judgmental (re)/scheduling |
| Adaptations to PT Interventions | Limited community resources for physical activity More likely to experience stressors contributing to HICP | mHealth resources are available to support patients Interventions for active coping with relaxation, mindfulness amenable to telehealth delivery | Integrate mHealth to support education and exercise interventions Integrate cognitive behavioral techniques |
| Patient-PT Working Alliance | Remote delivery, language, culture are challenges in developing a working alliance | Motivational interviewing is effective for building self-efficacy for behavior change using telehealth | Train PTs in motivation and problem-solving (MAPS) |
| Culturally Competent Care | Patients and PTs often have different cultural backgrounds Patients' pain beliefs and coping preferences may be mismatched to evidence-based principles | Care that respects participants' cultural perspectives helps build trust in PT MAPS delivery can reduce risk for implicit bias from provider | Train PTs in cultural competencies and awareness of their own cultural background Training in person-centered MAPS delivery |