

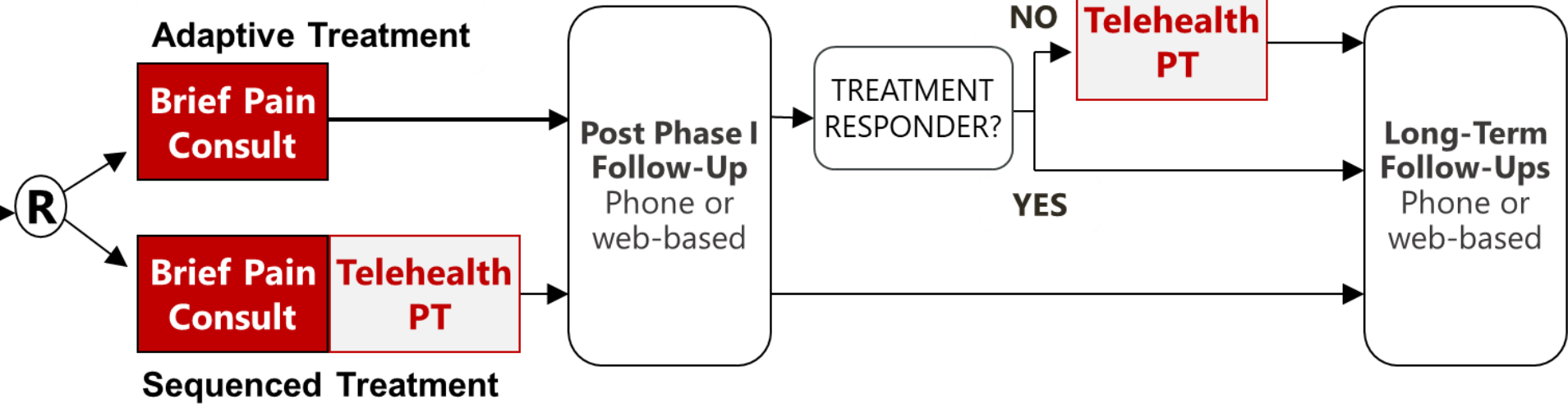
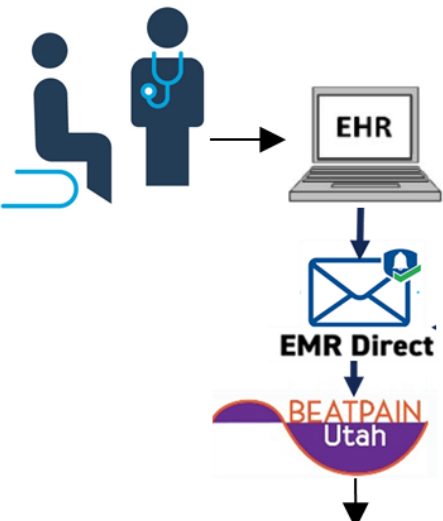


Nonpharmacologic Pain Management in Federally Qualified Health Center Primary Care Clinics (BeatPain Utah)

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

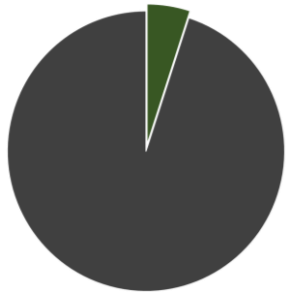


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TIMELINE: Baseline.....Randomization.....12-Week Follow-Up.....26-Week....52-Week F/U
PHASE I TREATMENT PHASE II TREATMENT

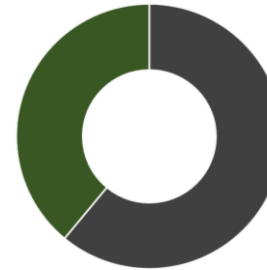
14 Utah health centers operate 60 clinics and provide care to more than 167,000 people annually



1 of every 20
Utahns



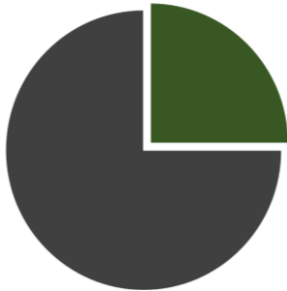
49% Hispanic/
Latino Ethnicity



37% communicate in a
language other than
English



45% Uninsured



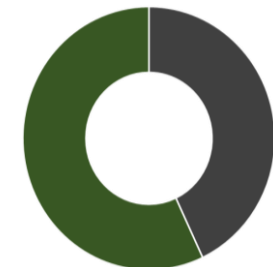
1 of every 4
uninsured Utahns



66% at or below
the Federal
poverty level



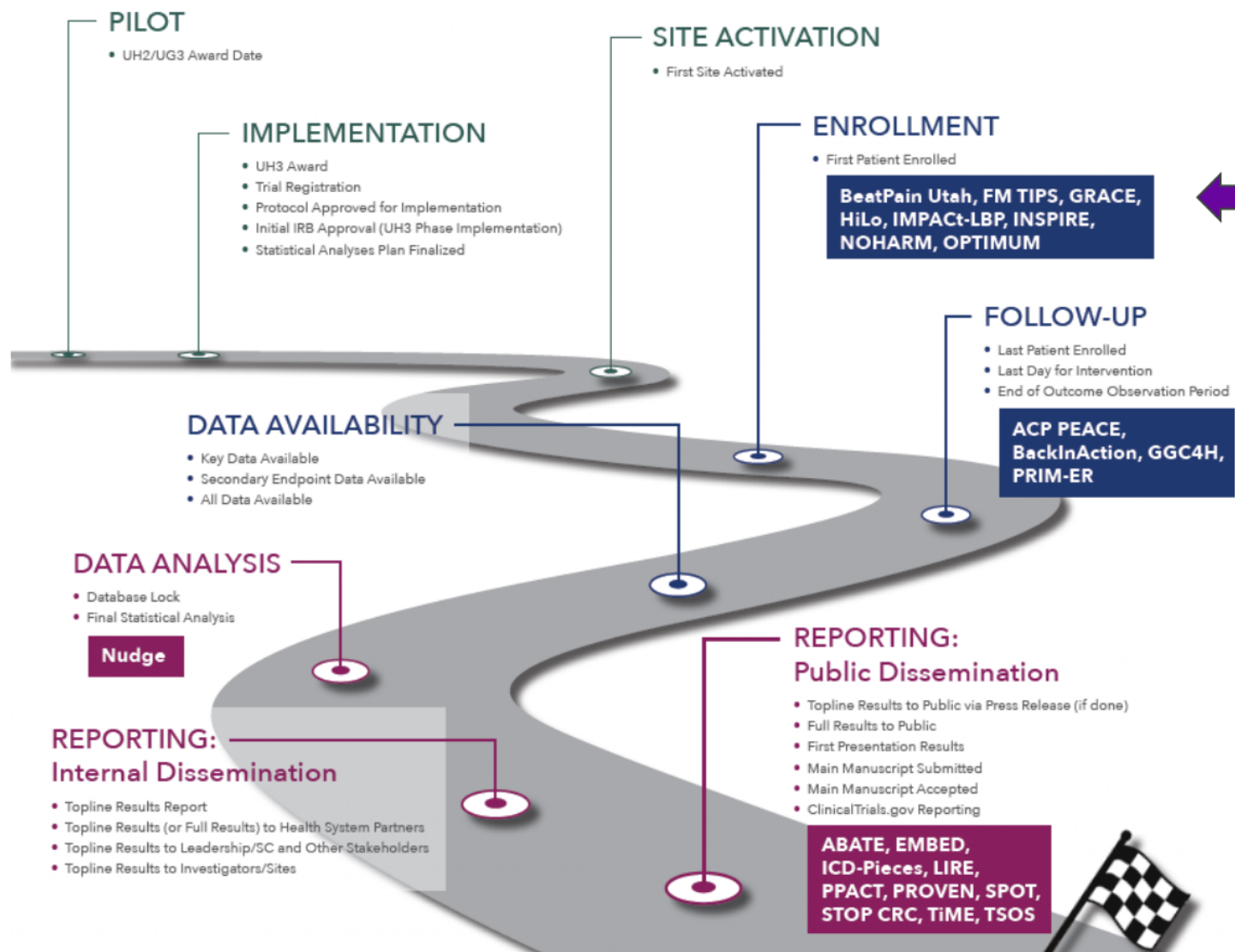
7% agricultural
workers



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



Lessons Learned on Providing Equitable Care

	Issues Encountered	Facilitators Identified	Strategies Implemented
Patient Access to Care	<ul style="list-style-type: none"> • Less predictable work hours • Multi-generational homes or housing instability • Limited tech for video visits 	<ul style="list-style-type: none"> • Mobile phones are common • Respect for participants' time, being flexible, builds trust 	<ul style="list-style-type: none"> • Offer sessions outside regular work hours • Flexible, non-judgmental (re)/scheduling
Adaptations to PT Interventions	<ul style="list-style-type: none"> • Limited community resources for physical activity • More likely to experience stressors contributing to HICP 	<ul style="list-style-type: none"> • mHealth resources are available to support patients • Interventions for active coping with relaxation, mindfulness amenable to telehealth delivery 	<ul style="list-style-type: none"> • Integrate mHealth to support education and exercise interventions • Integrate cognitive behavioral techniques
Patient-PT Working Alliance	<ul style="list-style-type: none"> • Remote delivery, language, culture are challenges in developing a working alliance 	<ul style="list-style-type: none"> • Motivational interviewing is effective for building self-efficacy for behavior change using telehealth 	<ul style="list-style-type: none"> • Train PTs in motivation and problem-solving (MAPS)
Culturally Competent Care	<ul style="list-style-type: none"> • Patients and PTs often have different cultural backgrounds • Patients' pain beliefs and coping preferences may be mismatched to evidence-based principles 	<ul style="list-style-type: none"> • Care that respects participants' cultural perspectives helps build trust in PT • MAPS delivery can reduce risk for implicit bias from provider 	<ul style="list-style-type: none"> • Train PTs in cultural competencies and awareness of their own cultural background • Training in person-centered MAPS delivery