Duke University School of Medicine

COLLEGE OF HEALTH UNIVERSITY OF UTAH

Implementing Nonpharmacologic Pain Care in Underserved, Rural and Minoritized Communities Using Telehealth: Lessons Learned from Pragmatic Trials Research

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Disclosures

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NIH PRAGMATIC TRIALS COLLABORATORY
www.rethinkingclinicaltrials.org
BEATPAIN Utah

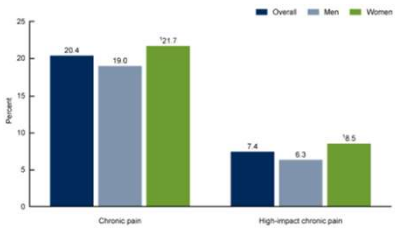
2. AIM-BACK is supported through the NIH-DoD-VA Pain Management Collaboratory (UG3/UH3AT009790) NIH/NCCIH. Additional support from the PMC Coordinating Center at Yale University (U24AT009769)

pmc painmanagement collaboratory
www.painmanagementcollaboratory.org
AIM-Back

AGENDA

1. Describe disparities in chronic pain prevalence and management in rural, minoritized and under-served communities.
2. Discuss telehealth interventions targeting physical activity with attention to adaptations and strategies to enhance patient engagement.
3. Present strategies to integrate a biopsychosocial approach into telehealth interventions.
4. Discuss considerations for implementing telehealth interventions with persons from Hispanic communities.

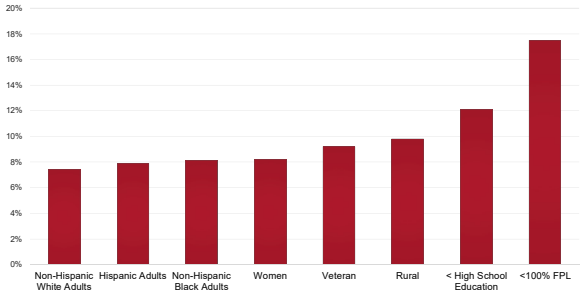
Pain in America



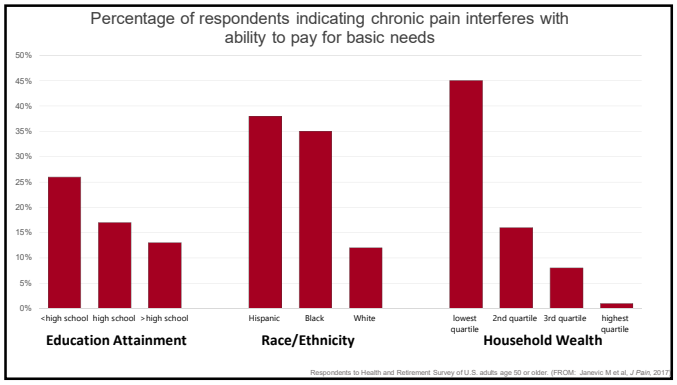
Chronic pain is defined as pain that lasts for more than 3 months. High-impact chronic pain is pain that frequently interferes with life and daily activities.

FROM: National Center for Health Statistics, National Health Survey, 2019

Age-Adjusted Prevalence of High Impact Chronic Pain



FROM: (Dahlhamer J et al. *MWMR Morb Mortal Weekly Rep*, 2018)



Disparities in Pain Management

From 1999 to 2016, the rate of opioid mortality increased 4.5 times faster in rural versus metro communities

From 2010 to 2016, rate of opioid mortality among Veterans increased by 46%.

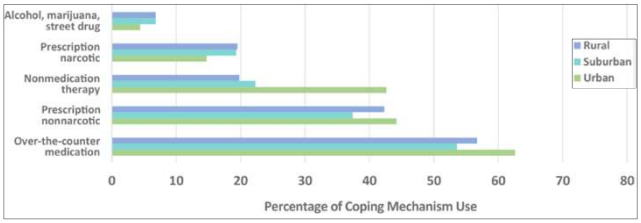
Persons residing in low-income communities have a 63% higher odds of receiving a prescription opioid for a new back pain diagnosis

Persons who are non-white and those with lower household income are less likely to receive physical therapy for chronic musculoskeletal pain

Use of self-management and nonpharmacologic pain treatments are lower in rural vs. non-rural settings and lower for persons of Hispanic/ Latino ethnicity

Lin et al. *Am J Prev Med.* 2019;57(1):106-110.
Kenney T, et al. *J Am Geriatr.* 2017;65(12):2707-12.
Ratnasamy PP, et al., *J Am Acad Orthop Surg.* 2023;Feb 1, e-pub ahead of print.
Garcia MC, et al. Morbidity Mortality Weekly Report. January 18, 2019. 68(2);25–30
Eaton LH, et al. *Pain Manag Nurs.* 2018;19(1):8-13.

Pain Management Disparities by Rurality

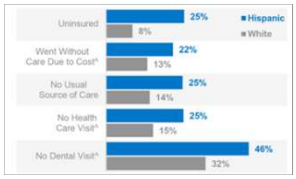


Prevalence of coping mechanism use for chronic pain among North Carolina adults and among those living in urban, suburban, and rural areas,

FROM: Rafferty AP, Luo H, Egan KL, et al. Rural, Suburban, and Urban Differences in Chronic Pain and Coping Among Adults in North Carolina: 2018 Behavioral Risk Factor Surveillance System. Prev Chronic Dis 2021;18:200352

Pain Management Disparities by Ethnicity

Among non-elderly adults, Hispanics face greater barriers to accessing health care than Whites



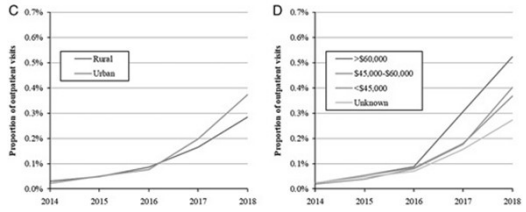
FROM: Kaiser Family Foundation. http://kff.org

Pain management among foreign-born, Spanish-speaking Hispanics is informed by cultural perspectives

- May rely on self-care practices and delay medical attention
- May be unfamiliar with the US health care system and potential benefits of non-pharmacologic care
- May have had negative experiences with medical providers

FROM: Torres CA, et al. An Examination of Cultural Values and Pain Management in Foreign-Born Spanish-Speaking Hispanics Seeking Care at a Federally Qualified Health Center. Pain Med. 2017;18(11):2058-2069.

Pre-Pandemic Telehealth Use in Rural, Low Income Communities

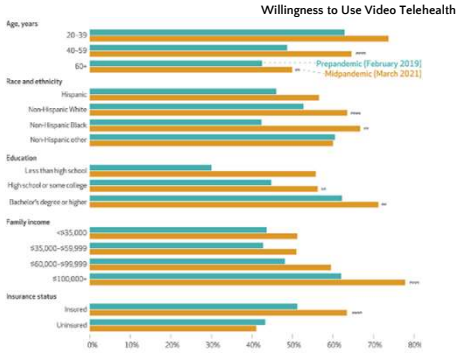


Trends in telemedicine use over 846,461,609 outpatient visits in 2014-2018 from Truven Health MarketScan database

FROM: Poeran J, Cho LD, Wilson L, et al. Pre-existing Disparities and Potential Implications for the Rapid Expansion of Telemedicine in Response to the Coronavirus Disease 2019 Pandemic. Med Care. 2021;59(8):694-8

HealthAffairs JOURNAL

RAND survey on telehealth willingness and use: Feb. 2019 – March 2021



FROM: Fischer et al. Health Affairs. 2022; Nov;41(11):1645-1651

Factors Associated with Decreased Likelihood of Using Telehealth During the COVID Pandemic

	A	B	C
Older Age	X	X	X
Lower Socio-Economic Status	X	X	- - -
Rural Community	X	- - -	- - -
Nonwhite Race	- - -	X (Black)	X (Black, Asian)
Non-English Speaker	- - -	X	- - -
Hispanic Ethnicity	- - -	X	X

- - - not tested

A. Weiner et al, *JAMA Netw Open*, June 2021
Blue Cross claims data (n=36.5 million) conducted March – June, 2020

B. Eberly, et al, *JAMA Netw Open*, Dec 2020
Review of one academic medical center (n=148,402) conducted March – May, 2020

C. Ritzwoller, *Med Care*, Feb 2023
Review of EHR from 3 large health centers (n=10 million) conducted March, 2020 – June, 2021

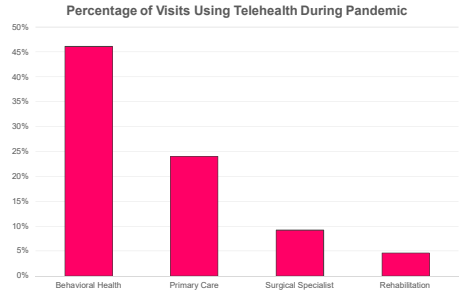
JAMA Network Open.

Review of commercial insurance data covering 36.5 million persons comparing: March – June of 2019 to 2020

In 2019: 0.3% of visits used telehealth

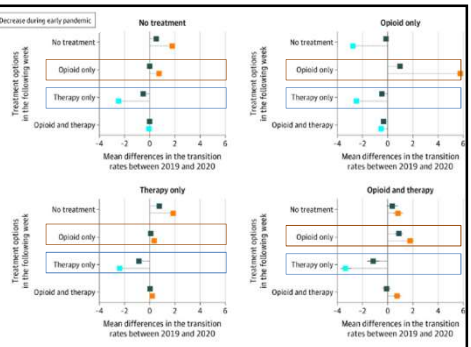
In 2020: 23.6% of visits used telehealth

74% of telehealth visits used video



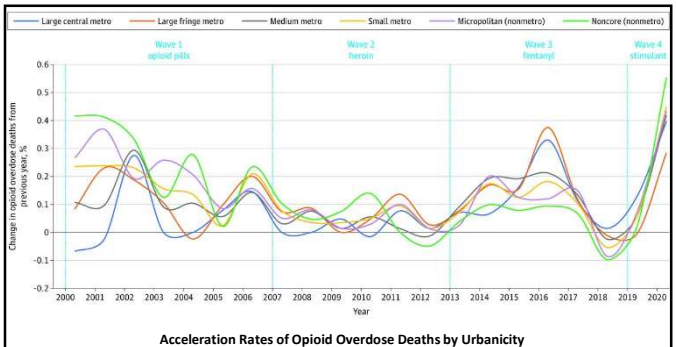
FROM: Weiner et al, JAMA Netw Open. 2021;4(3):e212618. doi:10.1001/jamanetworkopen.2021.2618

"The decrease in nonpharma-cologic therapy and increase in opioid prescription during the COVID-19 pandemic found in this cross-sectional study, especially given longer days of prescription and more potent doses, may exacerbate the US opioid epidemic."



Transition rates across opioid and nonpharmacologic therapy for patients with pain and visits in 2 consecutive wks

Lee B, Yang KC, Kaminski P, et al. Substitution of Nonpharmacologic Therapy With Opioid Prescribing for Pain During the COVID-19 Pandemic. JAMA Netw Open. 2021;4(12):e2138454.



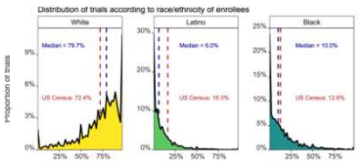
Acceleration Rates of Opioid Overdose Deaths by Urbanicity

FROM: Post LA, Lundberg A, Moss CB, et al. Geographic Trends in Opioid Overdoses in the US From 1999 to 2020. JAMA Netw Open. 2022 Jul 1;5(7):e2220363.

Disparities in Pain Clinical Research

Clinical research can exacerbate disparities in pain management:

- Focus on highlighting differences instead of addressing disparities
- Between-group differences are often attributed to biology or individual-level behaviors instead of structural, systemic factors
- Based in urban, academic medical centers
- Clinical trial populations typically under-represent diverse participants



Race/ethnicity representation among all United States–based clinical trials with race/ethnicity enrollment data in Clinicaltrials.gov.

FROM: Janevic M, et al. making pain research more inclusive: why and how. *J Pain*. May;23(5):707-728, 2022

FROM: Turner BE, et al. Race/ethnicity reporting and representation in US clinical trials: A cohort study. *Lancet Reg Health Am*. July;11:100252, 2022

Pragmatic Clinical Trials

- Broad inclusion criteria to recruit diverse participants
- Conducted in real-world clinical practice
- Real-world intervention options provided with greater flexibility
- Patient-centered outcomes

Pragmatic trials have the potential to reduce disparities by making participation in research more accessible and by evaluating, using rigorous methods for evidence generation, interventions targeting downstream effects of ... [disparities].

Dember L. The Potential for Pragmatic Trials to Reduce Racial and Ethnic Disparities in Kidney Disease. *JASN* 2022:33(9):1649-51

Pragmatic Clinical Trials

Department of Veterans Affairs Duke

pmc painmanagement collaboratory

www.painmanagementcollaboratory.org

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BEATPAIN Utah

PACe-LBP Study
Physical Activity for Older Adults with Chronic Low Back Pain

AIM- Back Study
Improving Veteran Access to Integrated Management of Low Back Pain

BeatPain Utah Study
A Pragmatic Randomized Trial Examining Telehealth to Provide Non-Pharmacologic Pain Care for Persons with Chronic Low Back Pain Receiving Care in Federally Qualified Health Centers

Duke UNIVERSITY

Lessons Learned from Telehealth and MSK Pain Studies

Physical Activity for Older Adults with Chronic Low Back Pain (PACe-LBP)

AIM-Back Pragmatic Clinical Trial

BeatPain-Utah

Background

- Within the US Department of Veterans Affairs healthcare system (VA) 50% -75% of patients report chronic pain to their primary care providers, one of the most common reasons is LBP (Bouchart, 2009).
- High-impact chronic pain in 80.4% of veterans seeking primary care for low back pain. (USASP Poster "Veterans with Low Back Pain: High Impact Chronic Pain Rates from Primary Care Clinics" George, SZ et al 2023.)
- Physical Activity (PA), is a simple intervention that can improve physical function in older adults and can be successfully delivered in the home setting (Opendaker, 2011).
- Cognitive behavioral therapy approaches, such as for pain (CBT-P), are associated with improved outcomes for LBP and can be adapted to a wide range of clinical settings, including telemedicine.

Incorporating telehealth in musculoskeletal pain studies

Physical Activity for Older Adults with Chronic Low Back Pain (PACe-LBP)

Improving Veteran Access to Integrated Management of Back Pain (AIM-Back)

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

PACe-LBP
Overview of Methods and Setting

- Single-blind randomized pilot feasibility trial (NCT02327325) approved by the Durham VA (DVAHCS) and Duke University IRBs.
- Baseline and follow-up assessments were conducted at the DVAHCS by a research assistant blinded to the assignment.
- Following baseline measures, older adults (>=65 years old) were randomized with equal allocation to one of 3 arms:
  - Physical Activity Only (n=20)
  - Physical Activity + Cognitive Behavioral Based Therapy (n=20)
  - Wait List Control (n=20)

Feasibility and Acceptability

Overall n=50 (83%) of participants completed the 12-week follow-up	• N=19 from PA only group • N=16 from PA + CBT-P • N=15 from Wait List Control
Average number of intervention calls completed (out of 13 possible)	• PA = 10 (SD=1.46) • PA + CBT-P = 8.8 (SD=2.37) • 10.6 and 10.4, respectively among non-withdrawals

Challenges and Opportunities

- **Availability of physical activity resources in rural areas**
- **Access and availability of phone services**
- **Adapting physical activity resources during the course of treatment**
- **Level of in-person engagement during intervention delivery**

What we learned

- A single in-person visit with a PT followed by a telephone supported home-based exercise program was feasible
- A telephone-supported exercise program could be a practical mechanism given the VA's demands for physical therapy services and access for rural individuals who live at a distance.
- These findings are preliminary, and a large clinical trial is needed to fully assess the effectiveness of interventions examined in this study.

Acknowledgements

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- S. Nicole Hastings, MD,MHS
- Cynthia J. Coffman, PhD
- Catherine Stanwyck
- Shannon Taylor

Phys Ther. 2018 May; 98(5): 369–380.
Published online 2018 Apr 16. doi: 10.1093/ptj/pzy026
PMCID: PMC6692845
PMID: 29669086

Effects of a Home-Based Telephone-Supported Physical Activity Program for Older Adult Veterans With Chronic Low Back Pain

Adam P. Goode,[1] Shannon Stark Taylor,[2] Susan N. Hastings,[3] Catherine Stanwyck,[4] Cynthia J. Coffman,[5] Kelli D. Allen[2]

Next Step

AIM-Back

PACe-LBP and Central Delivery for AIM-Back

Incorporating telehealth in musculoskeletal pain studies

- **Physical Activity for Older Adults with Chronic Low Back Pain**
- **Improving Veteran Access to Integrated Management of Back Pain (AIM-Back)**
- **Nonpharmacologic Pain Management in Federally Qualified Health Centers Primary Care Clinics (BeatPain Utah)**

Overview of AIM-Back and Central Delivery

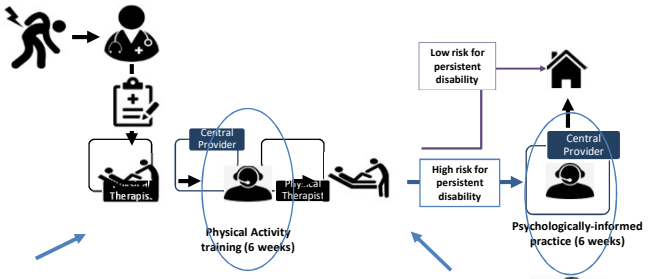
- NIH Funded Large Pragmatic Multisite Cluster Randomized Clinical Trial (Steve George and Nicki Hastings, PIs)
  - Sequenced Care Pathway
  - Pain Navigator Pathway
- Centralized phone delivery of physical therapy and physical activity interventions
- **Patients have two visits with clinical site PT but follow up with central delivery study PTs**

AIM-Back

Special Thanks
AIM-Back Central Delivery Team
and Tyler Cope, DPT

Sequenced Care Pathway

AIM-Back



Tyler Cope, DPT CSM 2023

VA U.S. Department of Veterans Affairs

Patient Engagement: *Patient Selection*

AIM-Back

Challenge: Hybrid care not a one-size fits all…

- PCP uncertainty surrounding ideal candidates for AIM-Back referral
- Delivery method (*e.g., hybrid care*) and/or program's content unappealing to some Veterans
- Subset of Veterans disinterested in remote care delivery

Solution: Identify the right patients

- Increase referring provider's understanding of the clinical program
- Encourage patient education, shared decision-making, and expectation
- Ensure patient is amendable to virtual care

Tyler Cope, DPT CSM 2023

VA U.S. Department of Veterans Affairs

Provider Collaboration: *Practice Pattern Changes*

AIM-Back

Challenge Hybrid care learning curve

- Providers new to hybrid care
- Solo vs. team-based care
- Offloaded vs. augmented care

Solution: Implement fidelity measures

- Intermittently PT and remote delivery sessions to see the program in practice
- Routine meetings with PTs and remote care providers to…
  - Share fidelity feedback
  - Provide best-practice education toward the pathway
  - Facilitate problem-solving between providers

Tyler Cope, DPT CSM 2023

VA U.S. Department of Veterans Affairs

Provider Collaboration: *Continuity of Care*

AIM-Back

Challenge Patient "hand-off"

- Patients "falling between the cracks"
- Communication/documentation breakdowns

Solution: "Best practice" hybrid care communication

- Immediate follow-up scheduling
- Documenting goals, summaries, POCs, and next-steps in patient notes
- Communication surrounding any hand-off challenges

Tyler Cope, DPT CSM 2023

VA U.S. Department of Veterans Affairs

NIH National Center for Complementary and Integrative Health

VA U.S. Department of Veterans Affairs Veterans Health Administration Health Services Research & Development Service

AIM-Back

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Duke Orthopaedic Surgery Duke University School of Medicine

PAIN MEDICINE

Improving Veteran Access to Integrated Management of Back Pain (AIM-Back): Protocol for an Embedded Pragmatic Cluster-Randomized Trial

- S. Nicole Hastings, MD, MHS
- Steven Z. George, PT, PhD, FAPTA
- Cynthia J. Coffman, PhD
- Ashley Choate, MPH
- Corey B. Simon, DPT, PhD
- Trevor Lentz, PT, PhD, MPH
- Tyler Cope, DPT
- Zachary Stearns, PT
- Courtni France, MS
- Micaela Gladney, MPH
- Chad Cook, PT, PhD, FAPTA
- Francis Keefe, PhD
- Christa Tumminello, MPH
- Kelli Allen, PhD
- Catherine Stanwyck
- Heather King, PhD
- Adam Goode, DPT, PhD
- Lindsay Ballengee, PT, DPT

Incorporating telehealth in musculoskeletal pain studies

Physical Activity for Older Adults with Chronic Low Back Pain

Improving Veteran Access to Integrated Management of Back Pain (AIM-Back)

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

Nonpharmacologic Pain Management in Federally Qualified Health Clinics – BeatPain Utah

BeatPain Utah
&
Some Lessons Learned Along the Way

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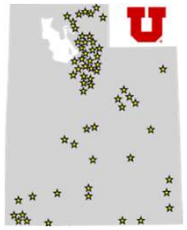
BOARD CERTIFIED SPECIALIST IN ORTHOPEDIC PHYSICAL THERAPY
LEAD RESEARCH PHYSICAL THERAPIST: BEATPAIN

BeatPain Utah: Overview

- Hybrid Type-1 pragmatic trial that recruits through Federally Qualified Health Centers (FQHCs) in Utah
- NIH funded
- Chronic low back pain
- Telehealth Physical Therapy delivered over video or telephone
- Services provided in English or Spanish



AUCH ASSOCIATION FOR UTAH COMMUNITY HEALTH

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

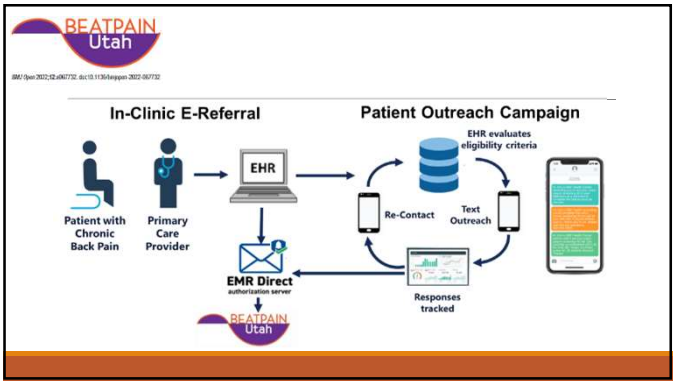
37% communicate in a language other than English

45% Uninsured

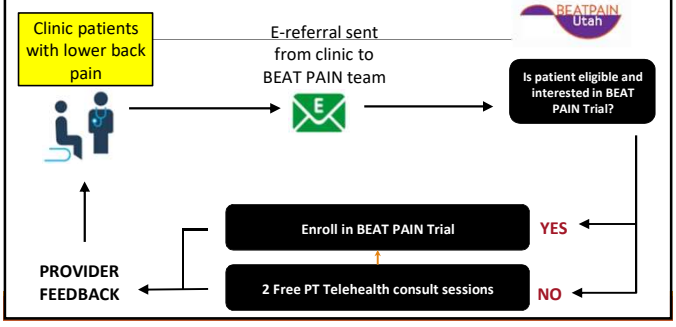
66% at or below the Federal poverty level

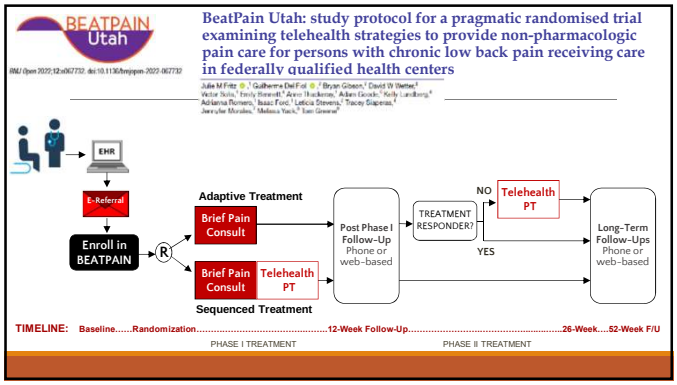
7% agricultural workers

47% of clinics are located in rural/ frontier counties



What is the General Process?





Treatment Components in BeatPain

BRIEF PAIN CONSULTS (BPCS)

First Component of Study Treatment

Available to those referred to BeatPain regardless of study participation

Two 45 minutes sessions provided 1 week apart

Focuses of Treatment
- Building Therapeutic Alliance
- Education on Biopsychosocial model of pain
- Enhancing Patient Motivation to engage in positive change
- Cognitive Behavioral Approaches to address health domains identified in the discussion of biopsychosocial factors of chronic pain

TELEHEALTH PHYSICAL THERAPY SESSIONS

Second Component of Study Treatment

Immediately follows BPCs for half participants or is delayed until responder status is determined for half of the participants

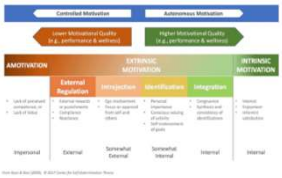
10 weekly half-hour sessions

Focuses of Treatment
- Designed to build on the BPCs
- Continue Cognitive Behavioral Approaches to addressing maladaptive pain behavior
- Continue Motivational Enhancement
- Graded Rehabilitation Program including back specific exercises

Motivational Enhancement and Problem Solving (MAPS)

MAPS is the framework we use in our treatments to both provide education about the biopsychosocial model of pain as well as to develop treatment plans with our patients

MAPS is a communication approach that is empirically supported and comes out of the treatment of substance use disorders. It emphasizes a patient-centric approach to communication and combines [4]
- A Cognitive Behavior (CBT) approach to skills training and problem-solving
- Within a Motivational Interviewing (MI) Framework to enhance intrinsic motivation and reduce resistance to change



Things learned along the way: Telehealth

COMMUNICATION AND THERAPEUTIC ALLIANCE
- Training clinicians on effective communication approaches (MAPS) or (CBT)
- Building Therapeutic Alliance (TA) over Telehealth

ADAPTABILITY OF DELIVERY MODE
- Appropriate Telehealth platform
- Providing a phone-only option
- Asynchronous Materials

Things learned along the way: Patient Participation

FLEXIBILITY OF TREATMENT/SCHEDULING
- Time is a limited commodity for many of our participants
- Clinician Coverage and flexible scheduling options

STUDY PARTICIPATION
- Telehealth physical therapy novel and difficult to understand
- Option to connect with clinicians prior to enrollment

Things learned along the way: Integration/Collaboration

LOCAL PROVIDERS
- Offering Treatment to All
- No control groups
- Low/No Lift Referral Processes
- Complete Communication Loop

PARTICIPANTS
- Participant's unique environment
- Unanticipated barriers
- Treatment approach

Considerations for Implementing Telehealth Interventions in an Underserved Hispanic Community

LAURA VINCI DE VANEGAS, PT, DPT

BOARD CERTIFIED CLINICAL SPECIALIST IN ORTHOPEDIC PHYSICAL THERAPY

Unique Barriers to the Delivery of Telehealth within the Underserved Hispanic Community

Employment as a Barrier to Receiving Healthcare

- Variable work hours, contract employment, regular overtime work, and/or migrant work impact consistent availability to receive care.
  - Dynamic telehealth schedule improves access to regular and continuous PT
    - Clinician Approach:
      - "Shall we schedule on your lunch break this week? Would it help to check-in on your progress after your kids are asleep? Can I call you before you go to work in the AM?"

Environment as a Barrier to Participation in Exercise

- Living in multigenerational households results in high utilization of household space, neighborhood safety can impact the individual's ability to exercise outside (also impacted by work schedule).
  - Exercise program development is centered around the individual's space and community with collaborative problem solving
    - Clinician Approach:
      - "Tell me about where and when you could imagine yourself doing these exercises?"
      - "It sounds like your free time to do exercise is in the AM/in the PM/on your lunch/in your living room/at your work/in you neighborhood. Shall we start exploring what kind of exercise works best for the space and time you have available?"

Cultural Competence in Telehealth Delivery of Care

Cultural competence in health care entails understanding the importance of social and cultural influences on patients' health beliefs and behaviors and considering how these factors interact within the healthcare delivery system.

Latinos represent a heterogeneous group originating from over 20 countries in Central and South America, Spain, and the Caribbean. Therefore, much variety exists in each individual's life and background.

However, the following constructs have been identified as significant in the daily lives of some Latinos and play an integral role in the delivery of culturally competent healthcare:

- *Familismo - Family orientation*
- *Personalismo - Preference for relationships with individuals rather than institutions*
- *Respeto - Respect*
- *Confianza - Trust within a relationship*
- *Fatalismo – Fatalism: a belief that events are predetermined*
- *Aguantarse - The ability to withstand stressful situations during difficult times*

Cultural Values: Impact on the Delivery of Care

Familismo	Family orientation	Pain management goals are established around family values and family impact.
Personalismo	Preference for relationships with individuals as opposed to institutions	Participants are matched with a PT with whom they will develop a program over 12 visits.
Respeto	Respect for the individual	MAPS/MI are focused on patient-centered goals. Pain management programs are highly individualized.
Confanza	Trust within a relationship	PTs use open ended questions to develop trust within relationship. Access to a consistent care provider promotes trust.
Fatalismo	Belief system that events are predetermined	PTs assist with creating concrete goals to promote action and accountability.
Aguantarse	The ability to put up with hardship	PTs highlight resiliency as a positive indicator of response to intervention.

MAPS/MI Cultural Considerations

MAPS and MI play an integral role in establishing a therapeutic alliance within the study

MAPS/MI are uniquely patient-centered and patient-driven methods of delivery care. However, it is common for individuals from Central and South American countries to be accustomed to an authoritarian professional style.

Challenge: The open-ended questions of MI are a novel approach to receiving healthcare and can create barriers in communication and relationship building initially.

Strategies:

Take specific time to outline the collaborative nature of the treatment approach and the rationale behind it

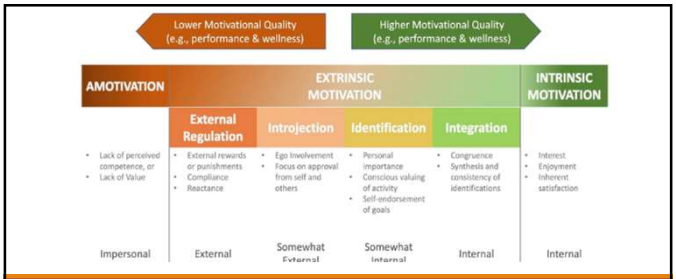
- "Our goal is to work together to create a pain-management plan that works for you as the individual – we will spend some time today finding a starting place that seems most important to you."

Utilize the "Elicit, Provide, Elicit" strategy to create a space for delivery of information that remains patient-centered

- Elicit information about current knowledge bas➡ Ask permission to provide additional informat➡ Elicit responses/reactions.

Provide a menu of options to create a framework for discussion

- "We could start this exercise program by working on improving mobility, increasing strength, or initiating cardiovascular exercise. Do any of those options sound like something you'd like to explore first?"



Using cultural values to promote intrinsic motivation

Connecting Values with Behaviors for Internal Motivation

Establish low back pain's effect on values and responsibilities.	"My back pain prevents me from playing with my grandchildren. I can't get on the floor without pain."
Connect Value to Goal	"By doing these exercises, I will be able to play with my grandchildren with less pain and disruption."
Connect Value to Progress	"I have participated my program 4 times this week, and I was able to get on the floor to play as opposed to sitting in a chair."
Connect Value to Maintenance	"I plan on participating in this program to be able to remain available to play with my grandchildren"

Lessons Learned and Opportunities for Development

- Scheduling
  - Participants trend towards needing variable accommodations with their weekly schedules
    - Dynamic scheduling accommodates the variable availability of patients from underserved communities
    - Even with dynamic scheduling, it is common to have 1-2 weeks of missed visits
- Compliance:
  - Some challenges with "agreeable" patients who don't want to admit poor response to prescribed exercises or difficult participation
    - Regular check-ins on a weekly basis improve compliance with home exercises and promotes a strong therapeutic alliance to increase trust and candor
  - Prescribing exercises via "MedBridge" often requires extra time and education to promote participation in additional online resource that is novel.
    - Opportunity for catering the delivery of prescribed exercises to participants' preferences to improve utilization.
      - Many Hispanic/LatinX participants express interest in WhatsApp for receiving exercise prescription.
      - Per Pew Research Group in 2021: 23% of the American population uses WhatsApp. Users identifying as Hispanic accounted for 46% of those users.
- Connectivity:
  - Internet access tends to be variable/inconsistent
    - Regular access to a phone and a consistent phone number has not been a challenge within the study
    - Offering opportunities for video vs. phone call provides options for preference, but also solutions depending on availability of communication resources.
- Enrollment/Participant:
  - Lack of trust within healthcare is common among populations from underserved communities
    - Options to receive care with or without full enrollment in study promotes participant engagement
    - Participants' ability to enroll following first session with physical therapist improves overall enrollment upon developing some trust with clinician