

Improving Veteran Access to Integrated Management of Back Pain

AIM-Back



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Acknowledgements



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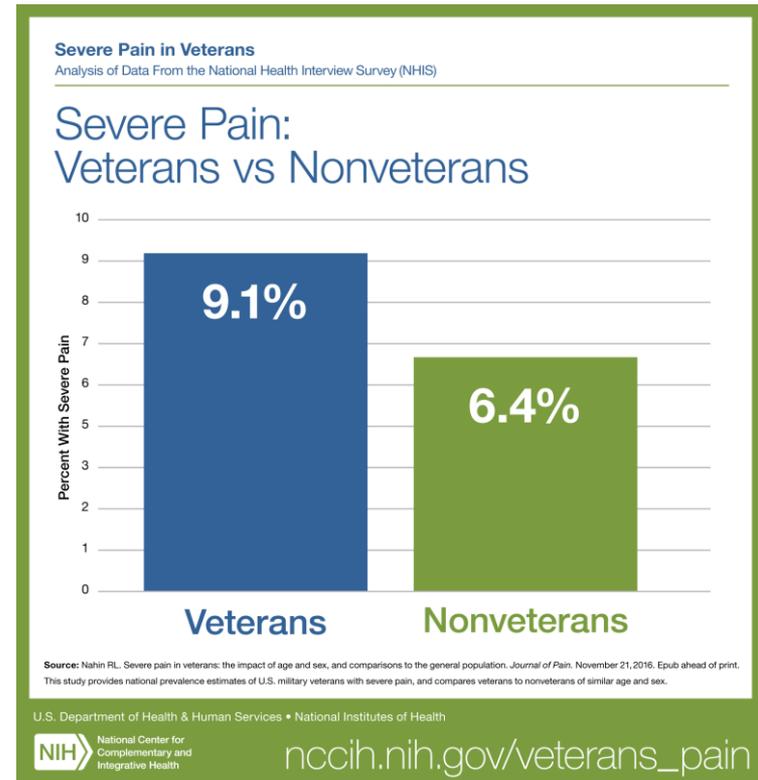
Outline

- Non-pharmacological management of low back pain
- AIM-Back: a pragmatic cluster randomized trial
- Role of stakeholder engagement
- How VA clinics can participate

Non-pharmacological management of low back pain

Chronic Pain

- Chronic pain is one of the most *prevalent, disabling, and costly* medical problems in the U.S.
 - \$560-635 billion/year
- Veterans are more likely to have had pain in the last 3 months and report *higher severity* of pain



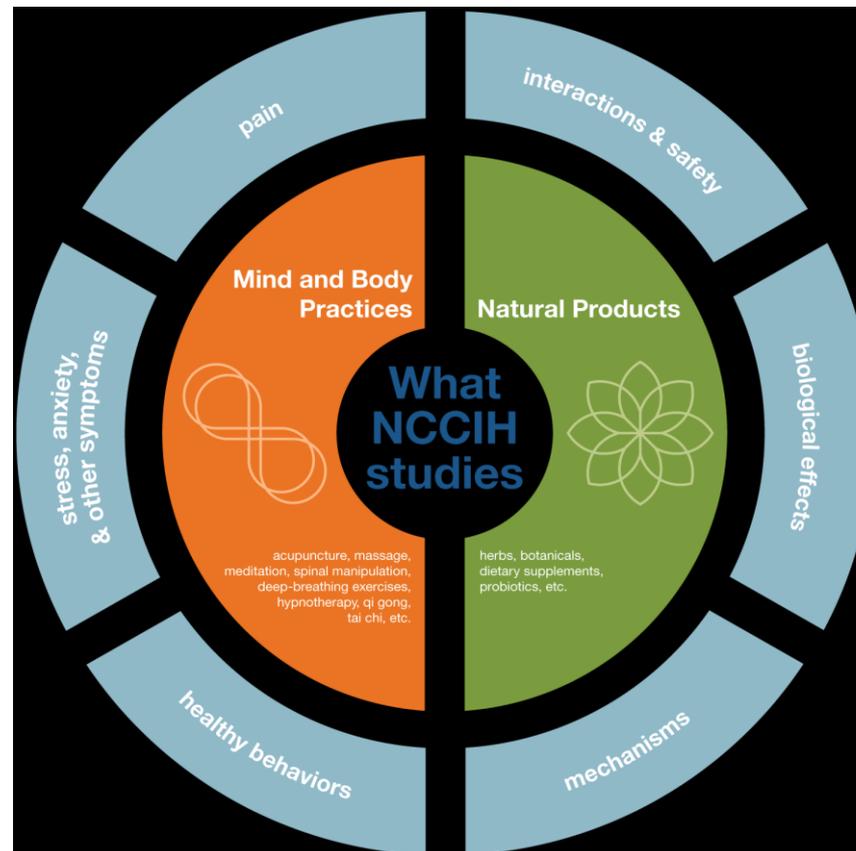
Care for Low Back Pain

- Medical management is often the first option, leading to risk of opioid exposure, and unnecessary imaging and surgery
- Federal Pain Research Strategy calls for identifying safe and effective non-pharmacologic treatments



Non-Pharmacological Treatments

- National Center for Complementary and Integrative Health <https://nccih.nih.gov/about/researchfocus>



Non-Pharmacological Treatments

- Mind and Body Practices
 - Exercise
 - Acupuncture
 - Massage
 - Spinal manipulation
 - Deep breathing exercises
 - Hypnotherapy
 - Tai chi
 - Cognitive behavioral therapy
 - Mindfulness



Moving towards a solution...



National Center for Complementary and Integrative Health



VA



U.S. Department of Veterans Affairs

Pain Management Collaboratory



Intro to AIM-Back: a pragmatic cluster randomized trial

Improving Veteran Access to Integrated Management of Back Pain

Objectives:

Examine the effectiveness of two different guideline-concordant, clinical care pathways for low back pain for improvements in pain interference and physical function.

1. **Sequenced Care Pathway** – *Early physical therapy coupled with stratified care*
2. **Pain Navigator Pathway** – *Use of pain navigator to guide selection of treatment by the patient*

AIM-Back Overview

- Clinics will be asked to deliver a guideline-concordant care pathway for low back pain
- Care pathways designed with input from VA stakeholders, including Veterans
- Both care pathways initiated by physician referral

AIM-Back Objective

- Examine the effectiveness of *two* different clinical care pathways for low back pain improvement in:
 1. Pain interference
 2. Physical function

AIM-Back Care Pathways

OR



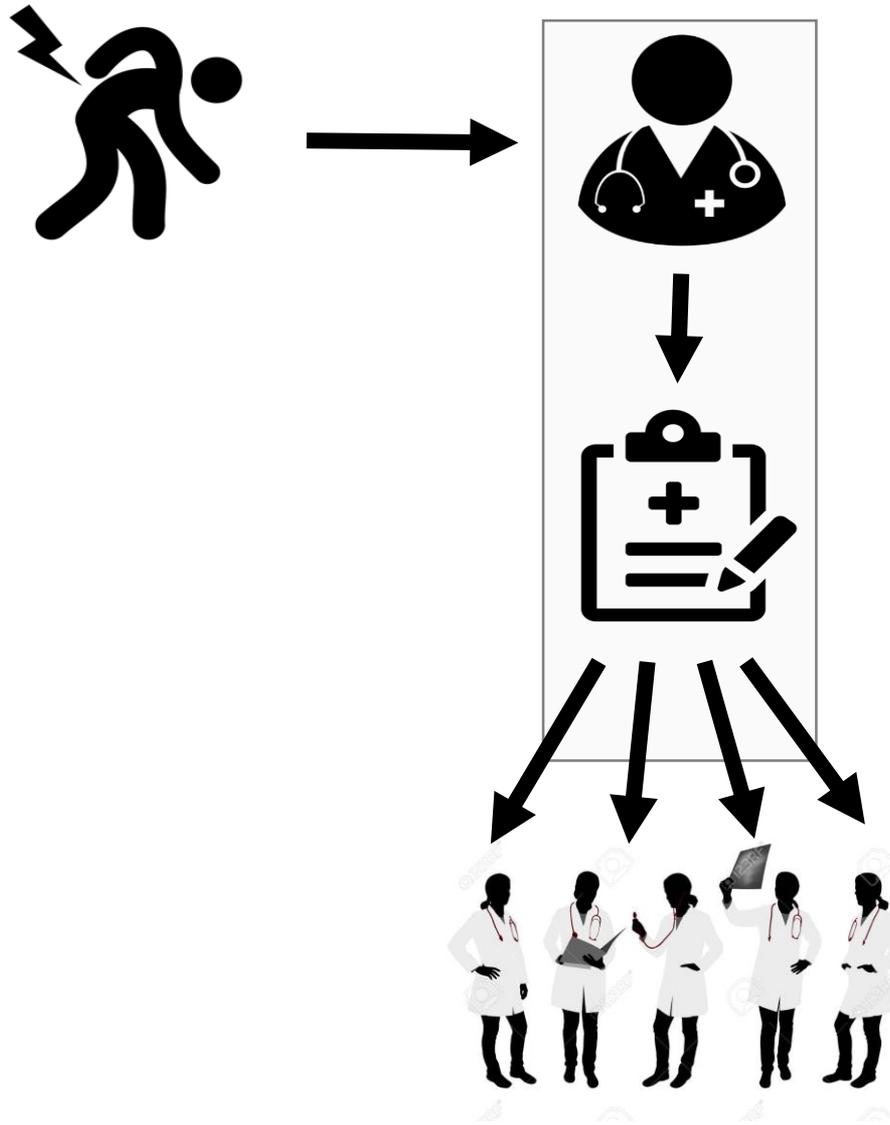
**Sequenced Care
Pathway**



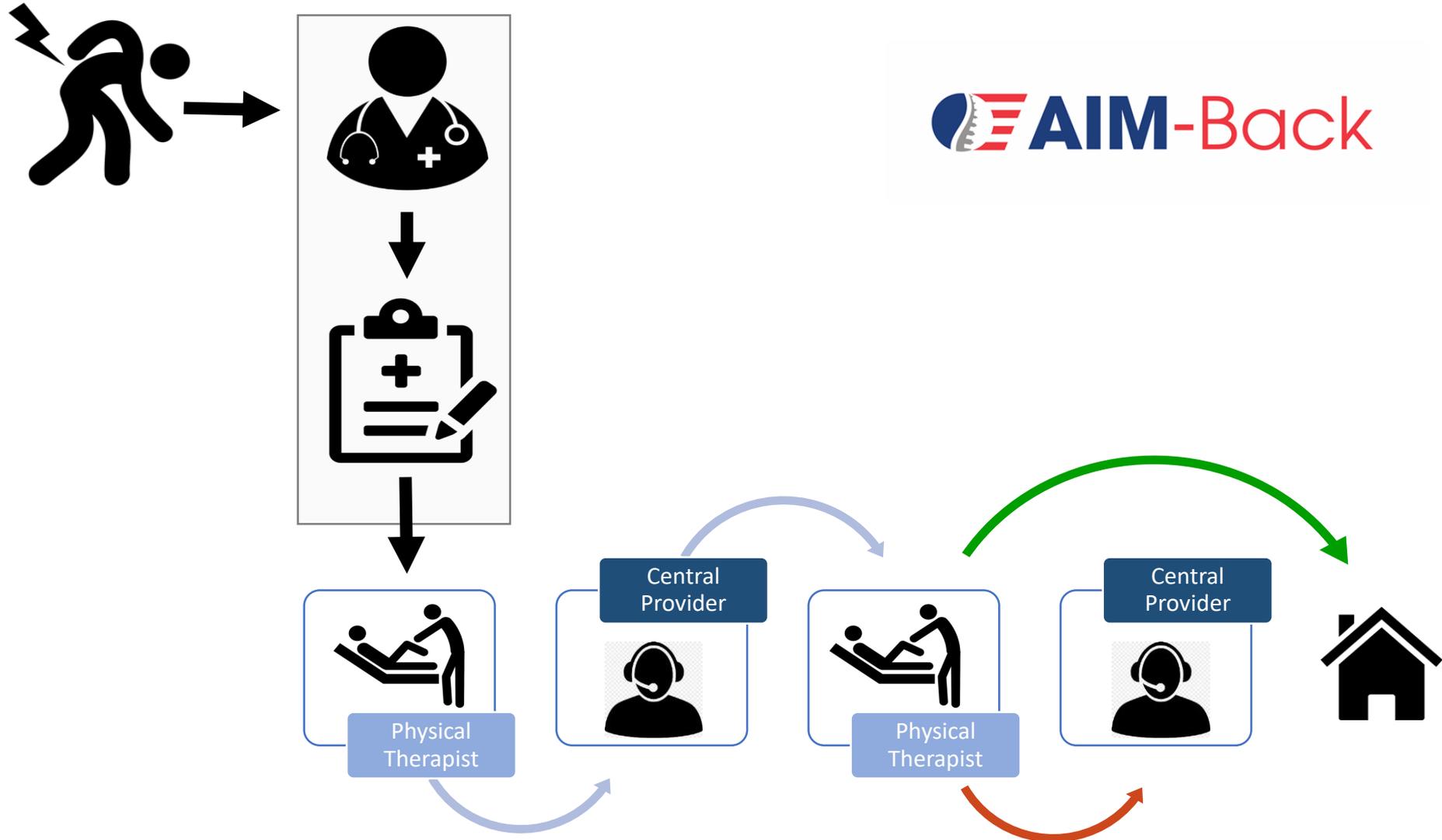
**Pain Navigator
Pathway**



Current Care for Low Back Pain

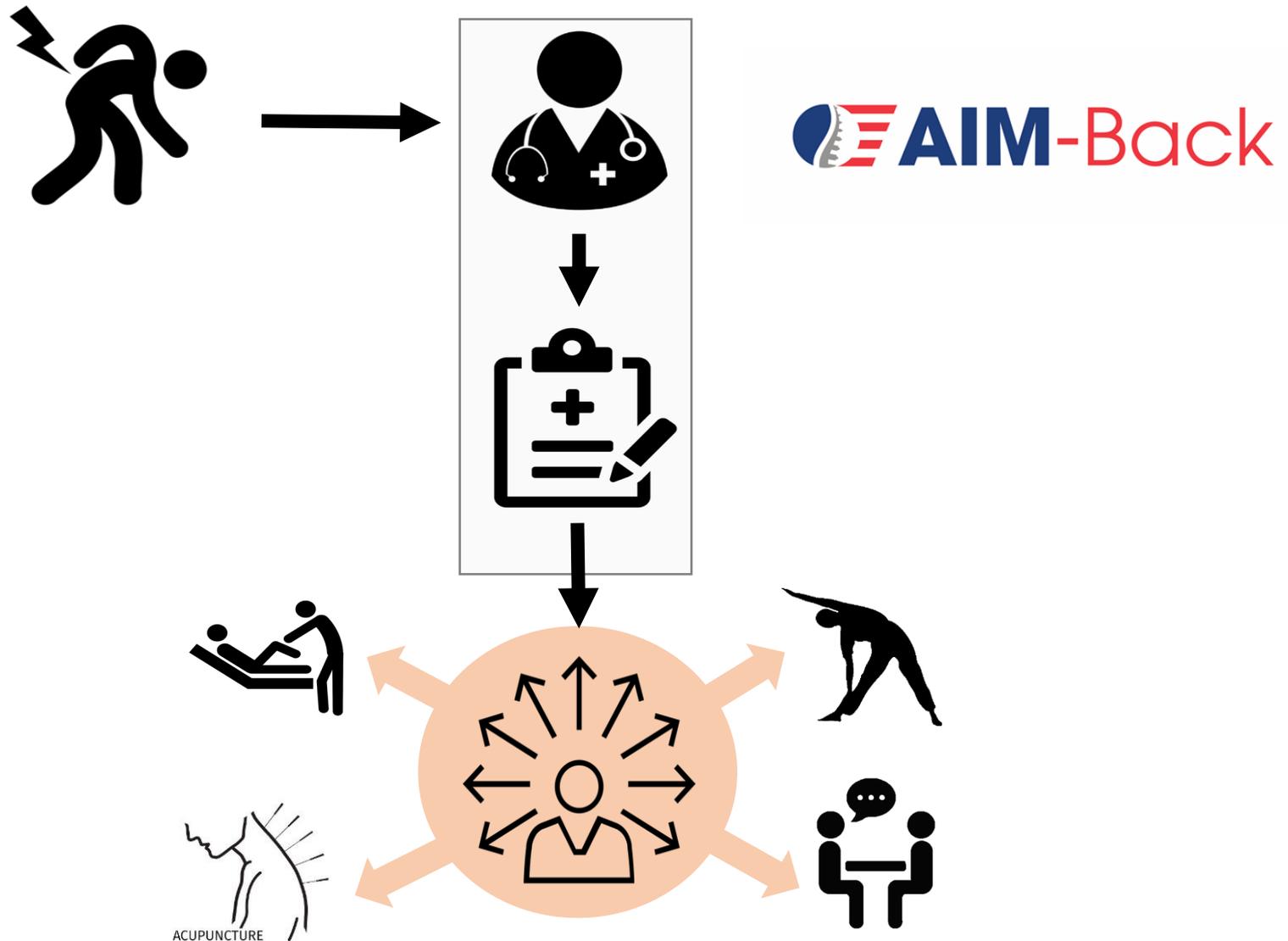


Sequenced Care Pathway



 **AIM-Back**

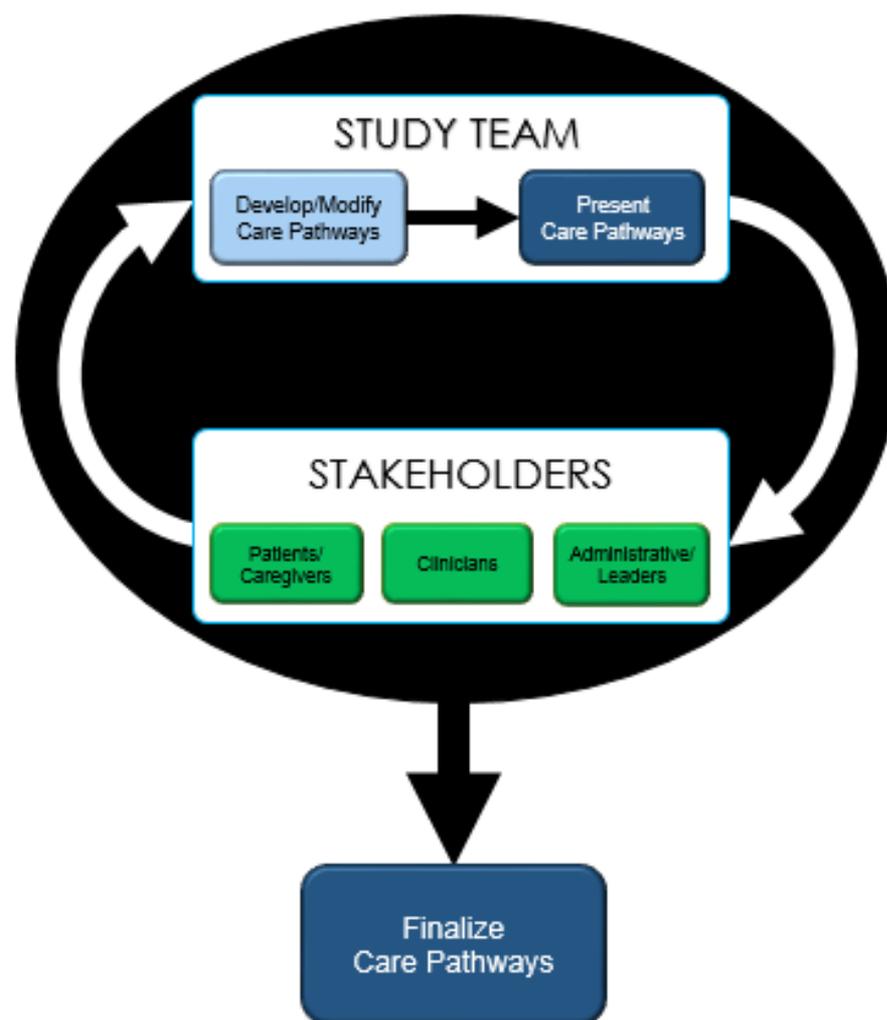
Pain Navigator Pathway





Stakeholder engagement

PROCESS OF ELICITING & INCORPORATING STAKEHOLDER FEEDBACK



Stakeholders

- Part 1 Approach
 - Semi-structured telephone interviews
 - 2 investigators, 1 notetaker
- Clinicians (n=13)
 - Nurses, therapists, psychologists, physicians, social workers
 - Front-line, managers, national leadership, VA and non-VA

Stakeholders

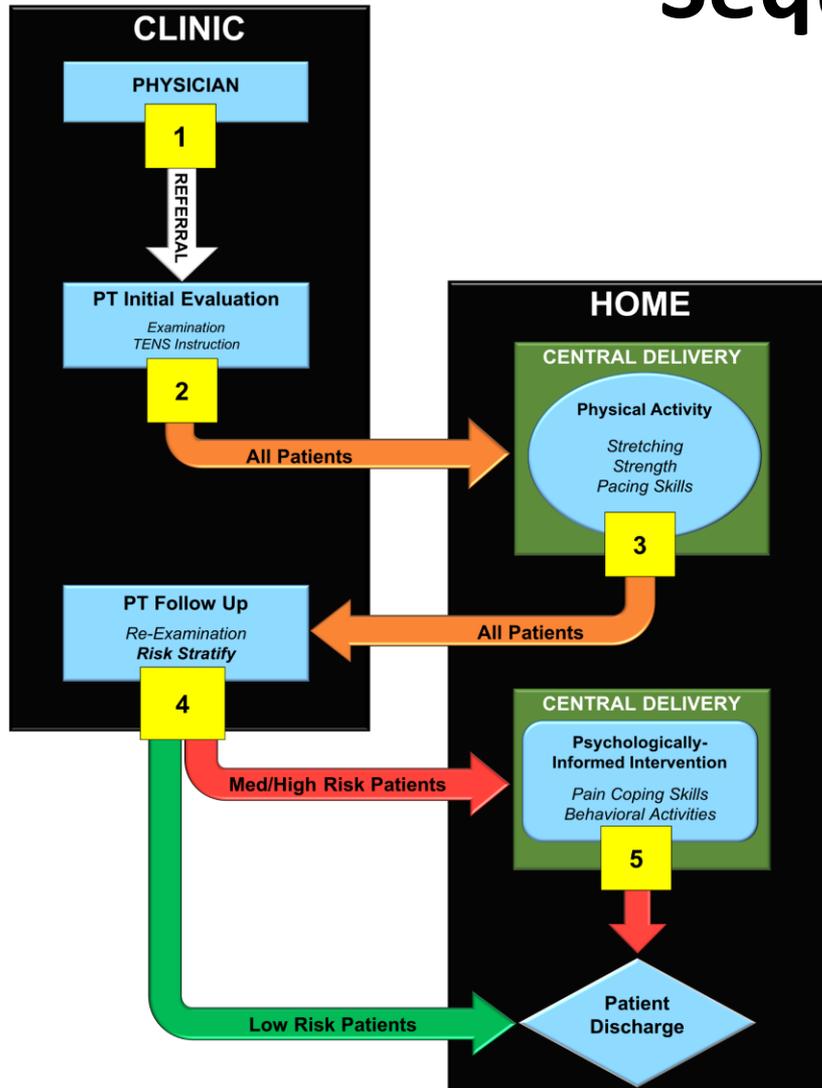
- Part 2 approach
 - Facilitated discussion
 - 4 investigators, 1 notetaker
- Patients and caregivers: Durham's ADAPT COIN Veteran Research Engagement Panel (VetREP)
 - 12 members: nine Veterans, two Veterans who are care partners of Veterans, and one civilian care partner of a Veteran
 - 33% women, 33% African Americans, and contains Veterans with a variety of military service backgrounds from Vietnam, Gulf War, and OEF/OIF/OND eras

Interaction Outline

- **Brief introductions (5 minutes)**
- **Brief summary of Pathways (10 minutes)**
- **Response to pathways (15-20 minutes)**
 - *What questions do you have for us about the pathways?*
 - *How are these pathways similar or different to your current care processes/patterns of care?*
 - *What is one thing that you would like to change about each pathway?*
 - *What about the pathways makes you excited? Not excited?*
 - *Feasibility? What are important factors to consider, that is, likely barriers/facilitators (e.g., choice, timing, etc.)?*

Sequenced Care Pathway

Final version

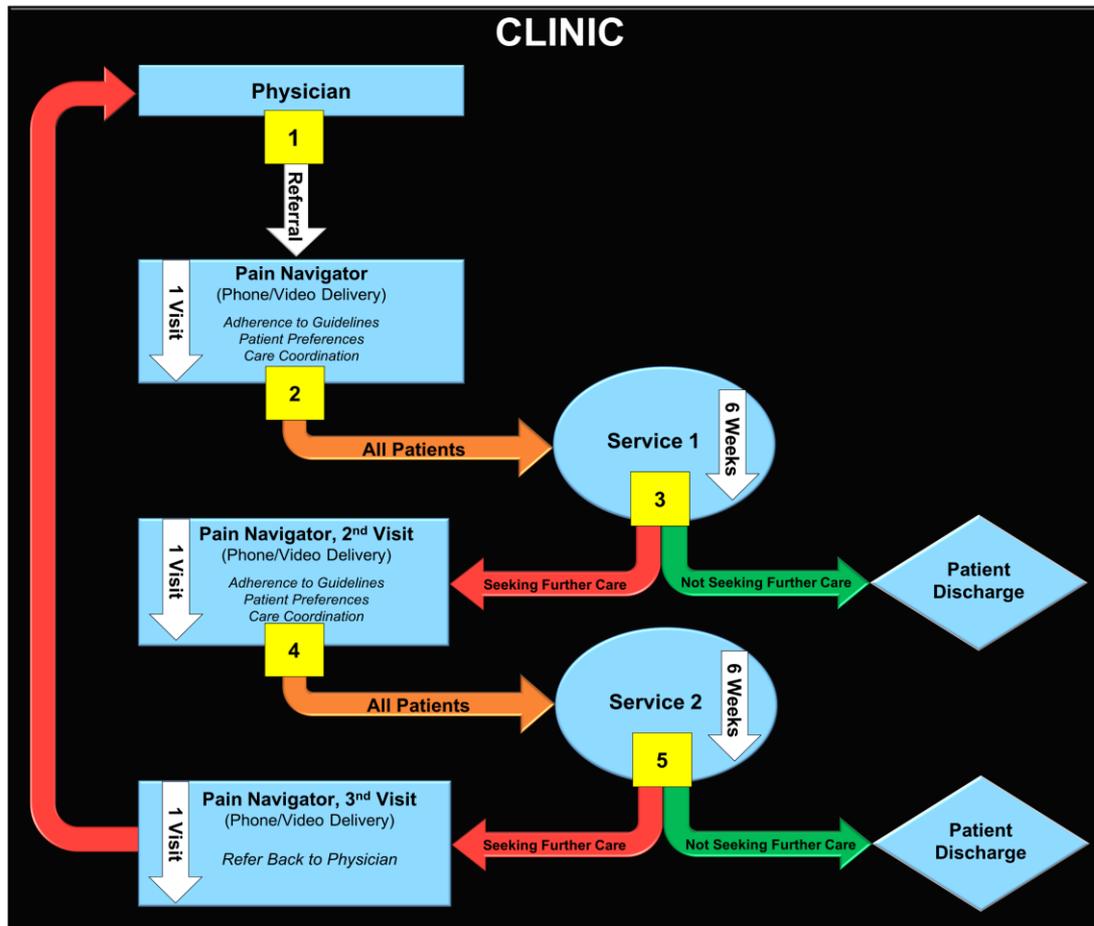


Examples of Changes

- Specify activities at initial evaluation
- Reduced number of PT visits
- Integrated physical activity counseling between PT visits

Pain Navigator Pathway

Final version



Examples of Changes

- Allow flexibility in pain navigator staffing model
- In-person or telehealth navigation
- Limited # of services and clarified criterion for patient discharge

Stakeholder Engagement

- Phased study design allowed for early stakeholder input into the development of multimodal non-pharmacological treatment pathways
- Particularly important for embedded PCTs, in which the interventions will be tested using existing clinical resources under “real-world” conditions
- Goal to smooth path to implementation of more effective pathway

How VA clinics can participate

AIM-Back: How VA clinics can participate

- Phase 2
- Now recruiting 10 VA clinics for 1st wave of randomization
 - Eligibility
 - 800-5,000 patients seen for low back pain in past year
 - CBOCs or main medical center
 - >1 clinic in health system can participate if distinct providers
 - Point of contact to work with AIM-Back team

Care Pathway Delivery

• AIM-Back to provide:

- Provider and site training
- Clinical program materials for AIM-back
- CPRS templates for AIM-Back referrals and program tracking

• Participating Site:

- Patient referrals
- Key personnel to carry out assigned intervention
- Documentation of AIM-Back visits in CPRS templates

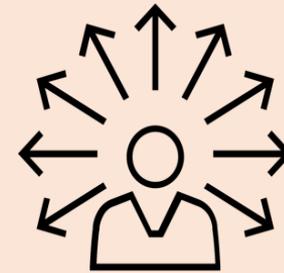
Key Personnel Workload Estimates

Sequenced Care Pathway



- Initial evaluation (~1 hour)
- 1-2 follow-up visits (~30 minutes each)

Pain Navigator Pathway



- 2-3 phone calls per participant (~20 minutes each)

*Goal is **105** participants for each clinic*

Timeline

• Pre-launch training

- Complete training modules
- Site visit from study team
- Ongoing communication to assist with template development and pathway implementation

• Post-launch support

- Ongoing facilitation through recruitment reports
- Technical support

Example Post-Launch Schedule*



*With approximately 3 participants enrolled per week

Why should your clinic participate?



- ✓ Alignment with VA national priorities for best practice
- ✓ Streamlined access to non-pharmacologic treatments and enhanced use of telehealth
- ✓ Opportunity for professional development in state-of-the-art pain management
- ✓ Increased consistency for Veterans seeking care for low back pain

Questions?



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