

Tele-Collaborative Outreach to Rural Patients with Chronic Pain: The CORPs Trial

Spotlight on Pain Management Cyberseminar Series

Project PI: Travis Lovejoy, PhD, MPH & Benjamin Morasco, PhD

Project Sponsor: NCCIH

Date: May 2, 2023

PRESENTATION OVERVIEW

- 01 Description of the Pain Management Collaboratory
- 02 Study Overview
- 03 CORPs Intervention and Comparator
- 04 Study Aims
- 05 Discussion / Q&A

PAIN MANAGEMENT COLLABORATORY (PMC)

Closing the Gap between Science and Clinical Practice for Pain Management.

The PMC helps to develop, promote, and implement cost-effective large-scale pragmatic clinical research on nonpharmacologic approaches to pain management among military service members and their families as well as the veteran population.

The PMC consists of 12 funded pragmatic clinical trials and a coordinating center.

Who's Who

Principal Investigators:

Robert Kerns, PhD, Cynthia Brandt, MD, MPH., and Peter Peduzzi, PhD.

<https://painmanagementcollaboratory.org>

PMC BASIC STRUCTURE + WORK GROUPS

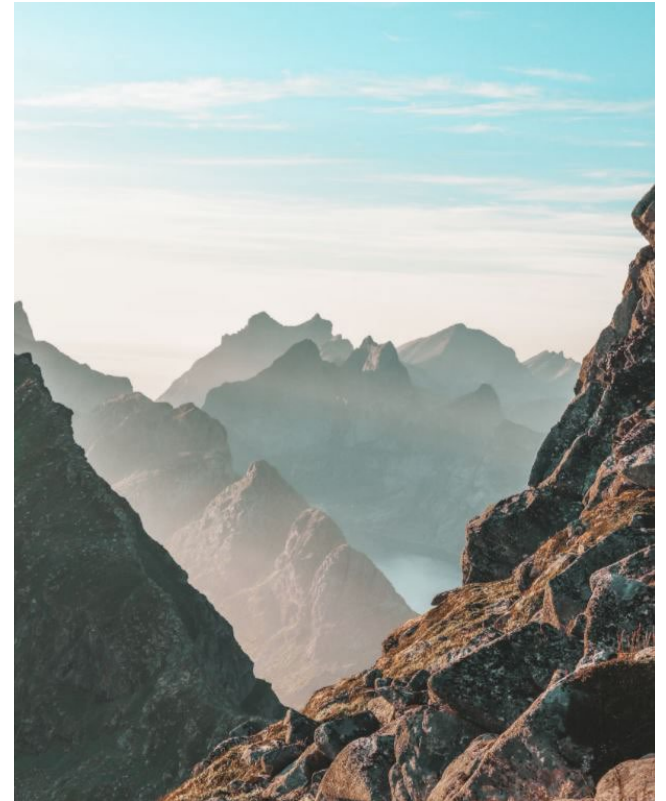
Pain Management Collaboratory



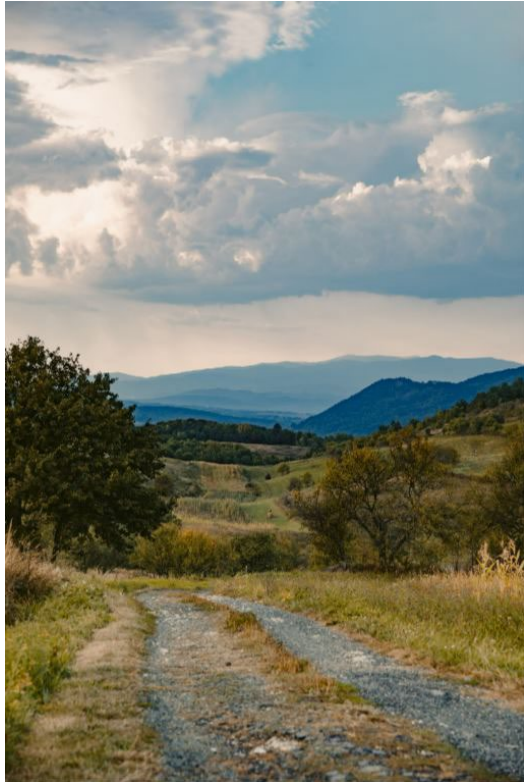
CORPs OVERALL STUDY GOAL

CORPs is focused on increasing rural veterans' access to pain care services.

The long-term objective of the 5-year *CORPs* trial is to adapt and test a tele-collaborative care intervention for improving pain-related functioning among veterans who reside in rural settings.



PREMISE



CORPs is based on the premise that patients living in rural areas have:

- Difficulty navigating complex health systems
- May not be referred for non-pharmacologic pain interventions due to lack of awareness or access
- Experience poor coordination of pain care services (both within VA and between VA and community care)

This results in suboptimal clinical outcomes.

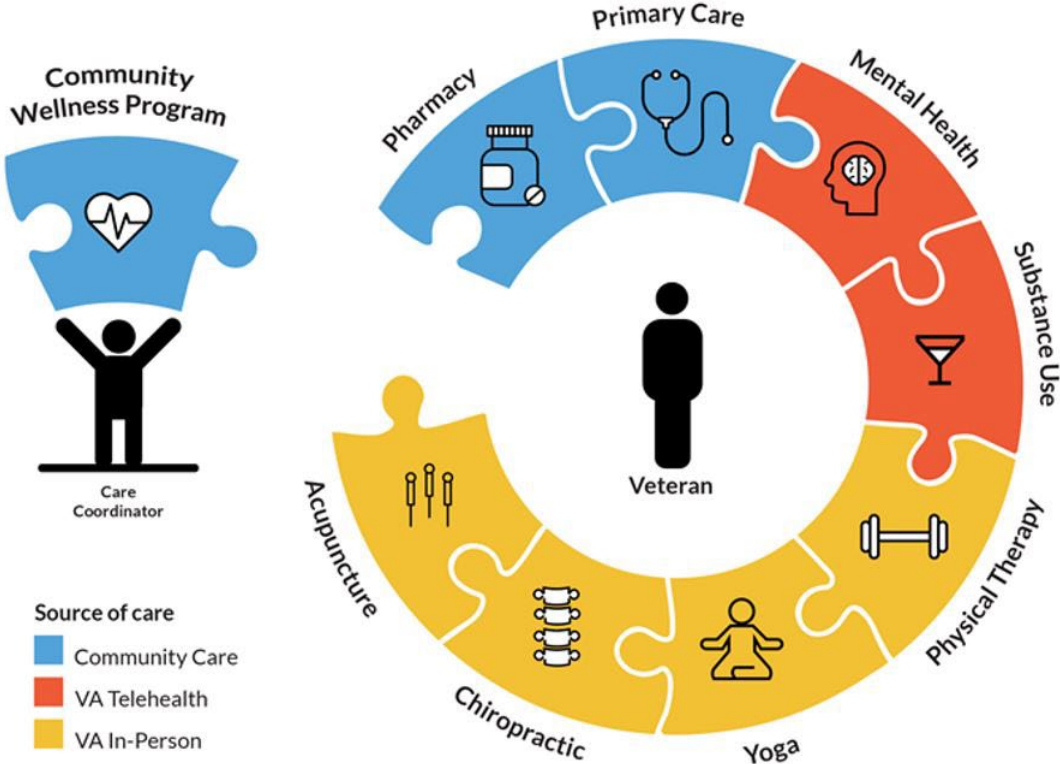
COLLABORATIVE CARE

THE COLLABORATIVE CARE MODEL



<https://heal.nih.gov/news/stories/collaborative-care>

PAIN CARE COORDINATION



CLINICAL TRIAL OVERVIEW

Clinical Trial Phase

Compare the effectiveness of CORPs vs. minimally enhanced usual care (MEUC) to improve patient-reported primary and secondary outcomes over 12 months. N=608.

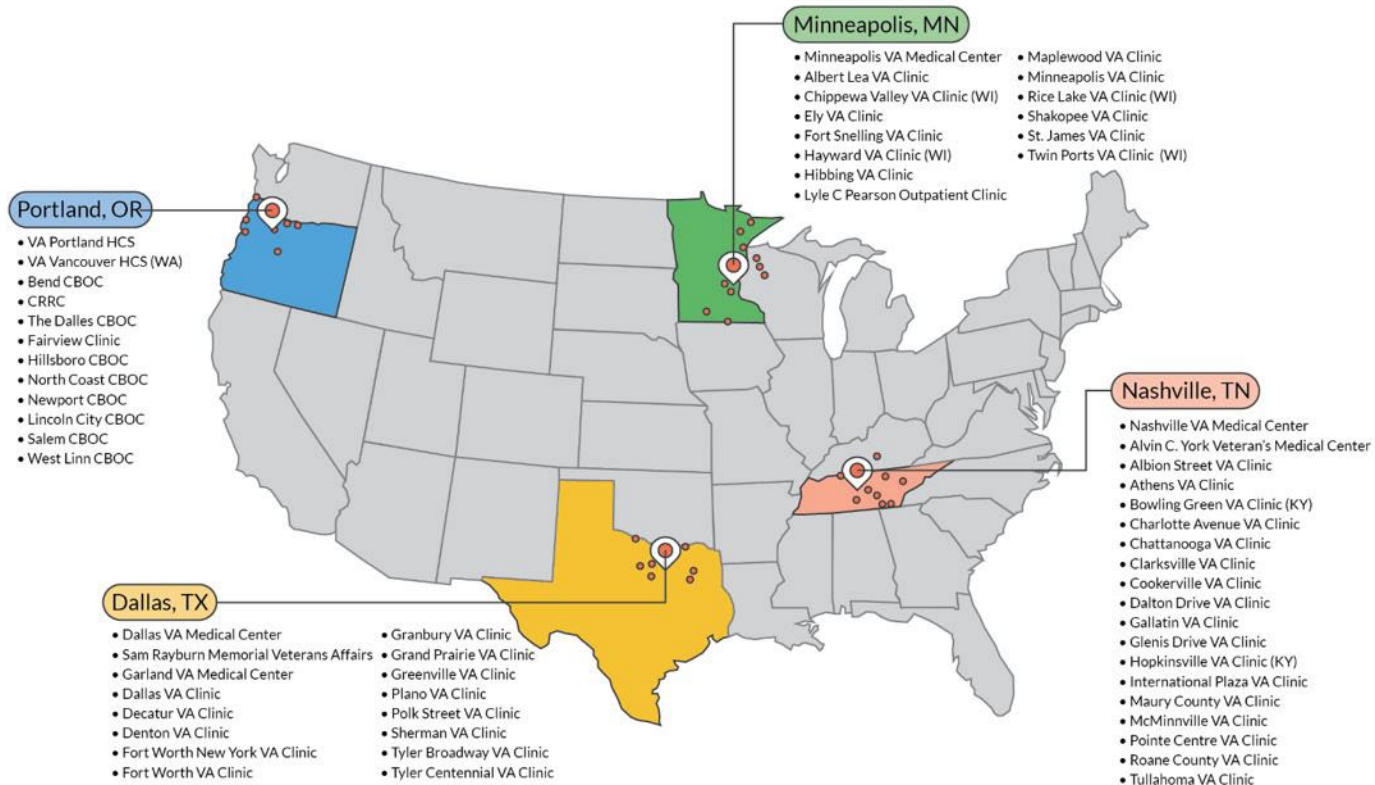
Primary Outcome:

- Pain interference

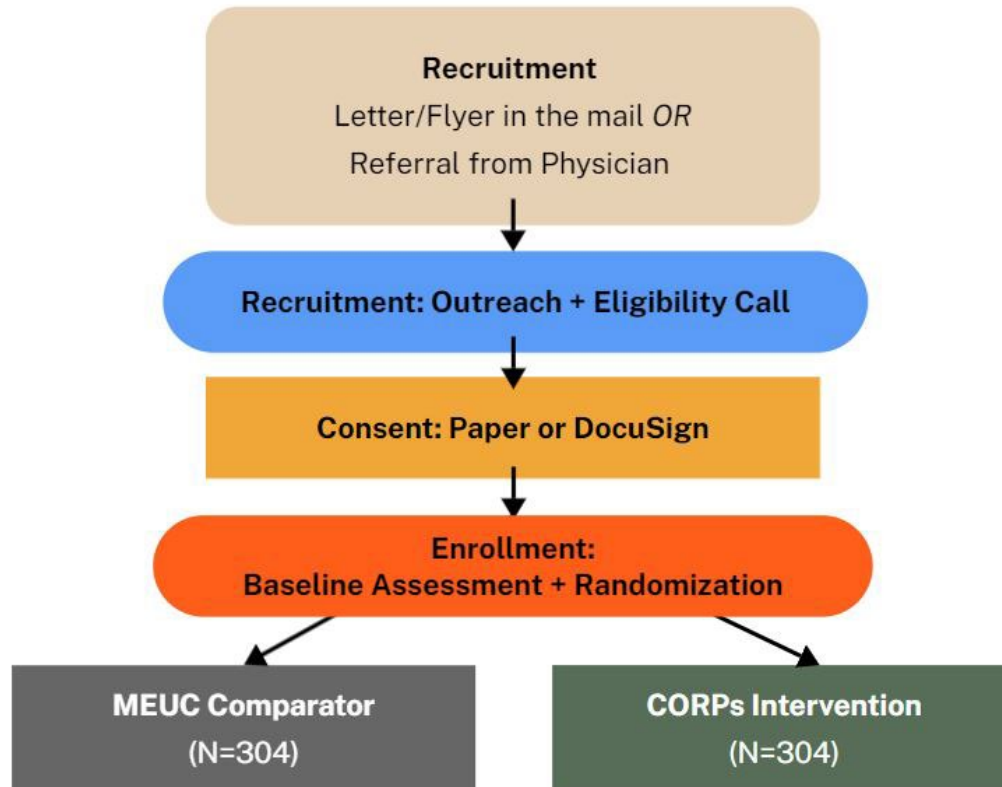
Secondary Outcomes:

- Pain intensity
- Physical functioning
- Quality of life
- Mental health symptom severity
- Suicidal ideation and behavior
- Sleep
- Non-medication based pain treatment

STUDY SITES



PARTICIPANT FLOW CHART



CORPs INTERVENTION

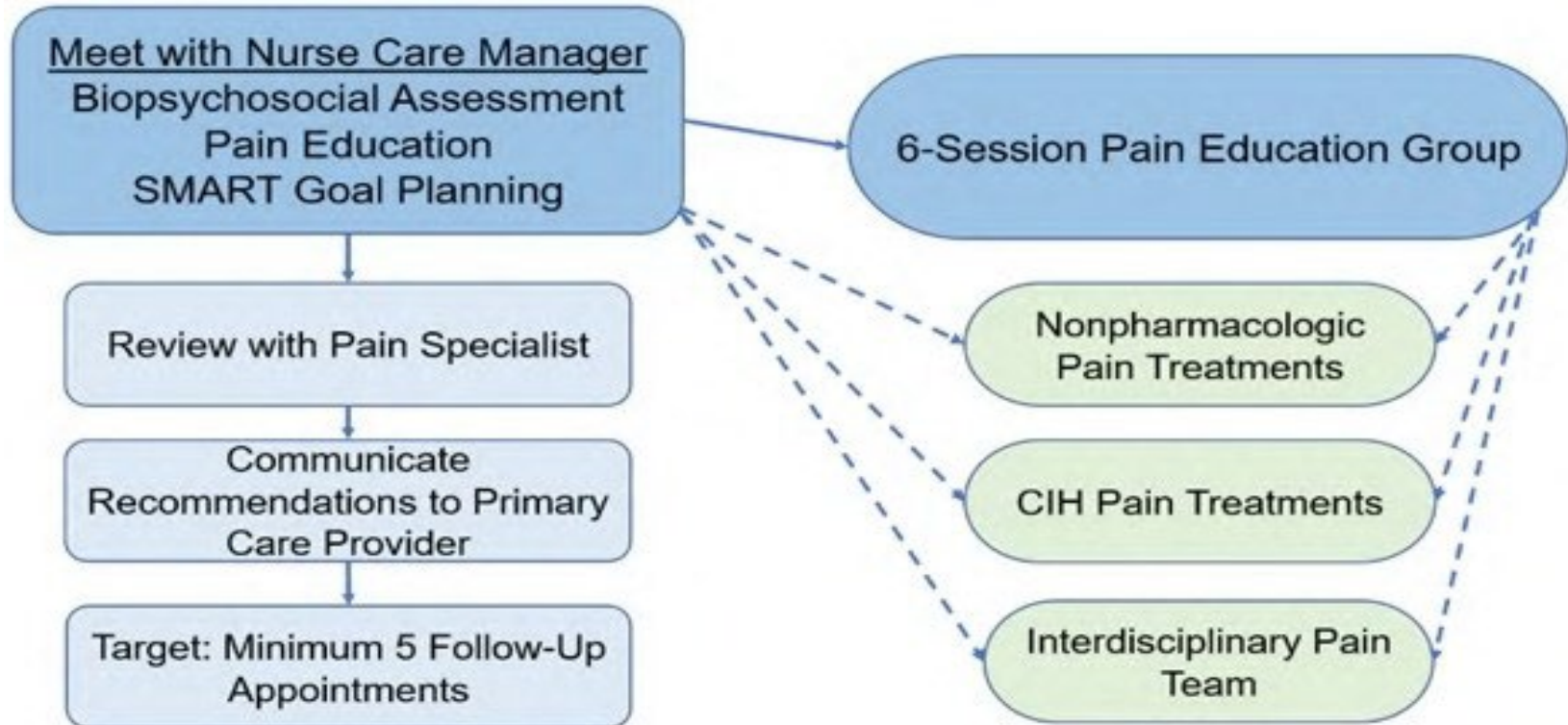
3 Parts of the CORPs Intervention

Nurse Care Manager (NCM) Intake: At the start of the study, the patient will meet with the NCM by phone or VVC for 1-hr to complete a pain assessment. This will kick start the coordination of care services, both within and outside the VA.

Five (5) NCM Follow-up Appointments: Five 15-20 minute phone check-ins will be scheduled for 2-, 4-, 8-, 12-, and 16-weeks with the NCM. Additional NCM phone visits can be scheduled as needed throughout the study.

6-Session NCM Led Education Group Class: Those enrolled in the CORPs intervention are invited to a 6-session pain education group class focused on approaches included in a multimodal pain management strategy.

CORPs INTERVENTION



MINIMALLY ENHANCED USUAL CARE (MEUC)

What is MEUC?

Usual care that is enhanced through referral to interdisciplinary telepain teams. MEUC involves:

- Access to the full suite of pain treatments for veterans in rural areas.
- Access to interdisciplinary pain treatments via telepain teams.

Compare the effectiveness of **CORPs** vs. **MEUC** to improve patient-reported primary and secondary outcomes over 12 months.

Oversample rural veterans of minoritized sex, race, and ethnicity *and* test heterogeneity of treatment effects across **birth sex** and **race/ethnicity**.

Conduct an **implementation process evaluation** *and* an **incremental cost-effectiveness analysis** to inform development of an implementation toolkit to support a future rollout of tele-collaborative pain care across the VA nationally.

IMPLEMENTATION PROCESS EVALUATION

3 Ongoing Activities

Online Diaries: Collect real-time data from NCMs and pain physicians. Questions will shift from initial implementation to barriers and facilitators of intervention maintenance.

Observation of Virtual Learning Communities: Observation of virtual learning community calls throughout the UH3 intervention delivery phase, taking detailed field notes to track sites' progress.

Interviews with patients, researchers, clinicians, and clinic managers: ~ 70 semi-structured interviews with patient participants and other study contributors across the 4 sites.

INCREMENTAL COST-EFFECTIVENESS ANALYSIS

Model Specification

Incremental Cost-Effectiveness Ratio:

$$\frac{(\text{Direct Costs}_{\text{CORPs}} - \text{Direct Costs}_{\text{MEUC}}) + (\text{Total Usual Care Costs}_{\text{CORPs}} - \text{Total Usual Care Costs}_{\text{MEUC}})}{\Delta \text{Mean Clinical Outcome}_{\text{CORPs}} - \Delta \text{Mean Clinical Outcome}_{\text{MEUC}}}$$

Rural Promising Practice Criterion	Criterion Definition	RE-AIM Construct	Data Source	Study Aims
Increased Access	The approach brings measurable increases in access to care or services	Reach	Nonpharmacologic and CIH treatment from EHR and surveys	UH3 Aims 1 and 2 Secondary outcomes
Clinical Impact	The approach demonstrates effectiveness at improving patient-centered outcomes	Effectiveness	Patient-reported outcomes	UH3 Aims 1 and 2 Primary outcomes Secondary outcomes
Operational Feasibility	Implementation of the approach is feasible and replicable	Adoption Implementation	Interviews, online diaries, and learning community observations	UG3 Aim 1 and UH3 Aim 3a
Return on Investment	The approach improves outcomes at a reasonable cost of care delivery	Implementation	Cost data	UH3 Aim 3b
Customer Satisfaction	The approach demonstrates veteran, clinician, and other partner satisfaction	Maintenance	Interviews with end users and other health system leaders	UH3 Aim 3a
Strong Partnerships	The approach creates partnerships that maximize efficiency	Maintenance	End user and health system leader interviews	UG3 Aim 1

ACKNOWLEDGMENTS

Funding

NCCIH grant UH3AT012257 (Pete Murray, PhD)

Partners

VA Office of Rural Health

VA Pain Management, Opioid Safety, and PDMP

NIH-DoD-VA Pain Management Collaboratory

Veterans and Clinicians

Growing Rural Outreach through Veteran Engagement

VA Pain-Opioid CORE Veteran Engagement Group

PMC Veteran Engagement Group

Oregon Rural Practice-based Research Network

Study Team

Natassja Pal, BS

Sarah Ono, PhD

Patti Maloy, RN

Steven Dobscha, MD

Melinda Davis, PhD

Erin Krebs, MD, MPH

Amanda Mixon, MD, MSPH

Una Makris, MD

Tiona Wu, BS

Amie Goerlich, MS

Hannah Flegal, BA

Discussion / Q&A