

Health Care System Challenges in Comprehensive Chronic Pain Management



HEALTH
UNIVERSITY OF UTAH

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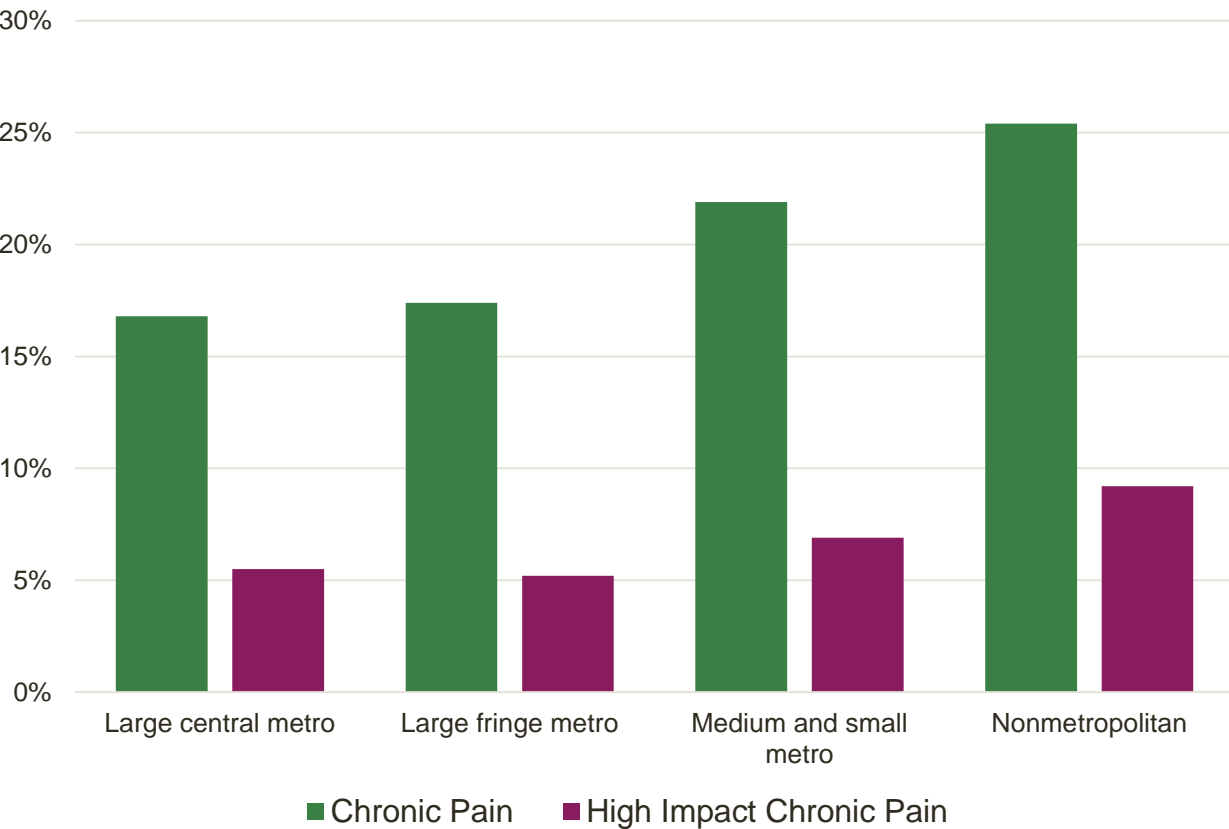
Distinguished Professor of Physical Therapy and Athletic Training

University of Utah

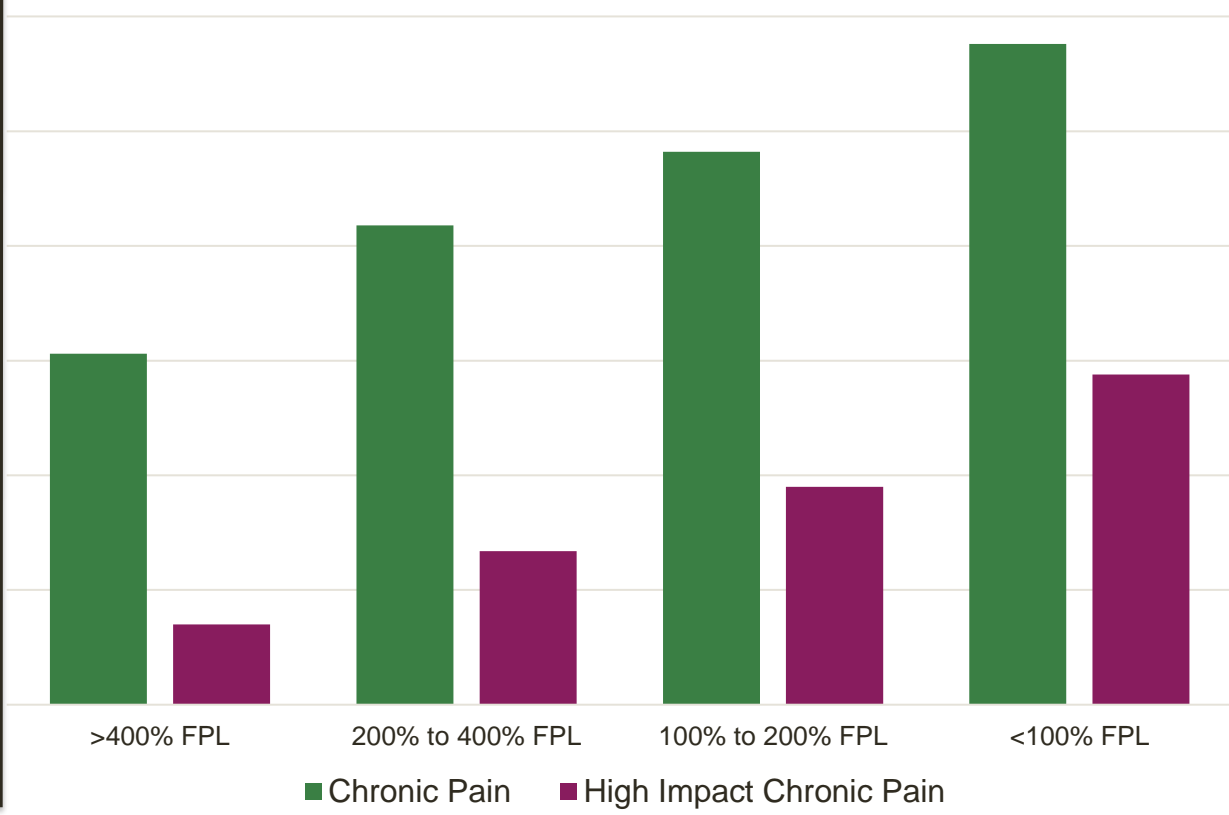
The percentage of adults with chronic pain and high impact chronic pain, increases as place of residence became more rural and family income levels decrease.

SOURCE: CDC Morbidity and Mortality Weekly Report, April 2023

Chronic Pain Rates by Urban-Rural Classification

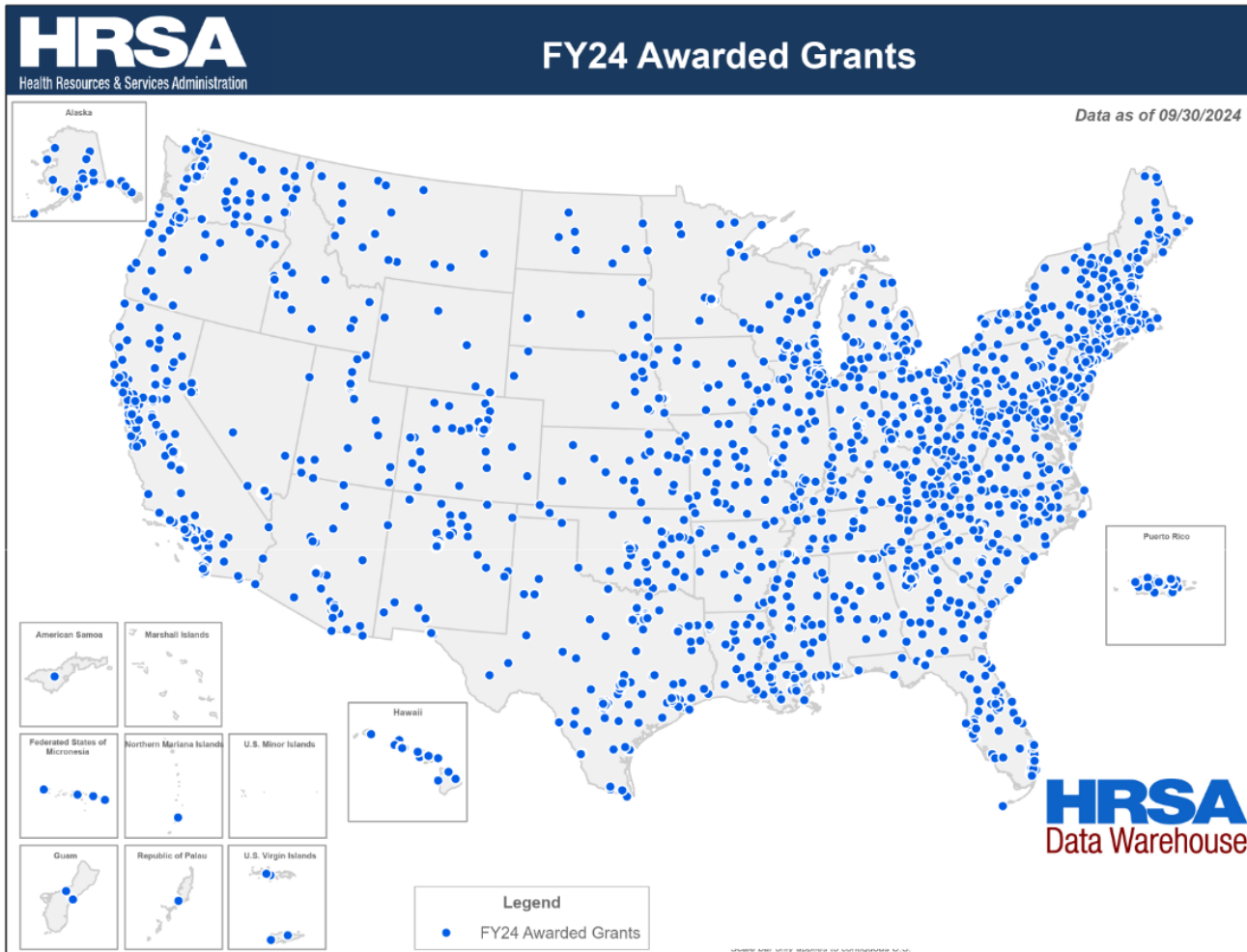


Chronic Pain Rates by Family Income



Chronic pain is based on responses of “most days” or “every day” to the survey question, “In the past 3 months, how often did you have pain? Would you say never, some days, most days, or every day?” High-impact chronic pain is defined as adults who have chronic pain and who responded “most days” or “every day” to the survey question, “Over the past 3 months, how often did your pain limit your life or work activities? Would you say never, some days, most days, or every day?”

Federally-Qualified Health Centers



Provide comprehensive primary care services

Serve medically-underserved communities (population-to-provider ratio, percent below 100% FPL, travel time to nearest source of care)

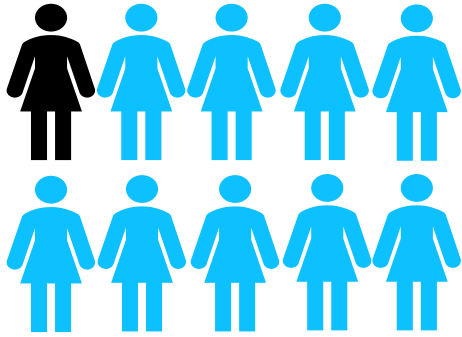
Receive federal funding and enhanced reimbursement









Provide services to all, Offer a sliding fee scale

>40% increase in number of health centers since 2011

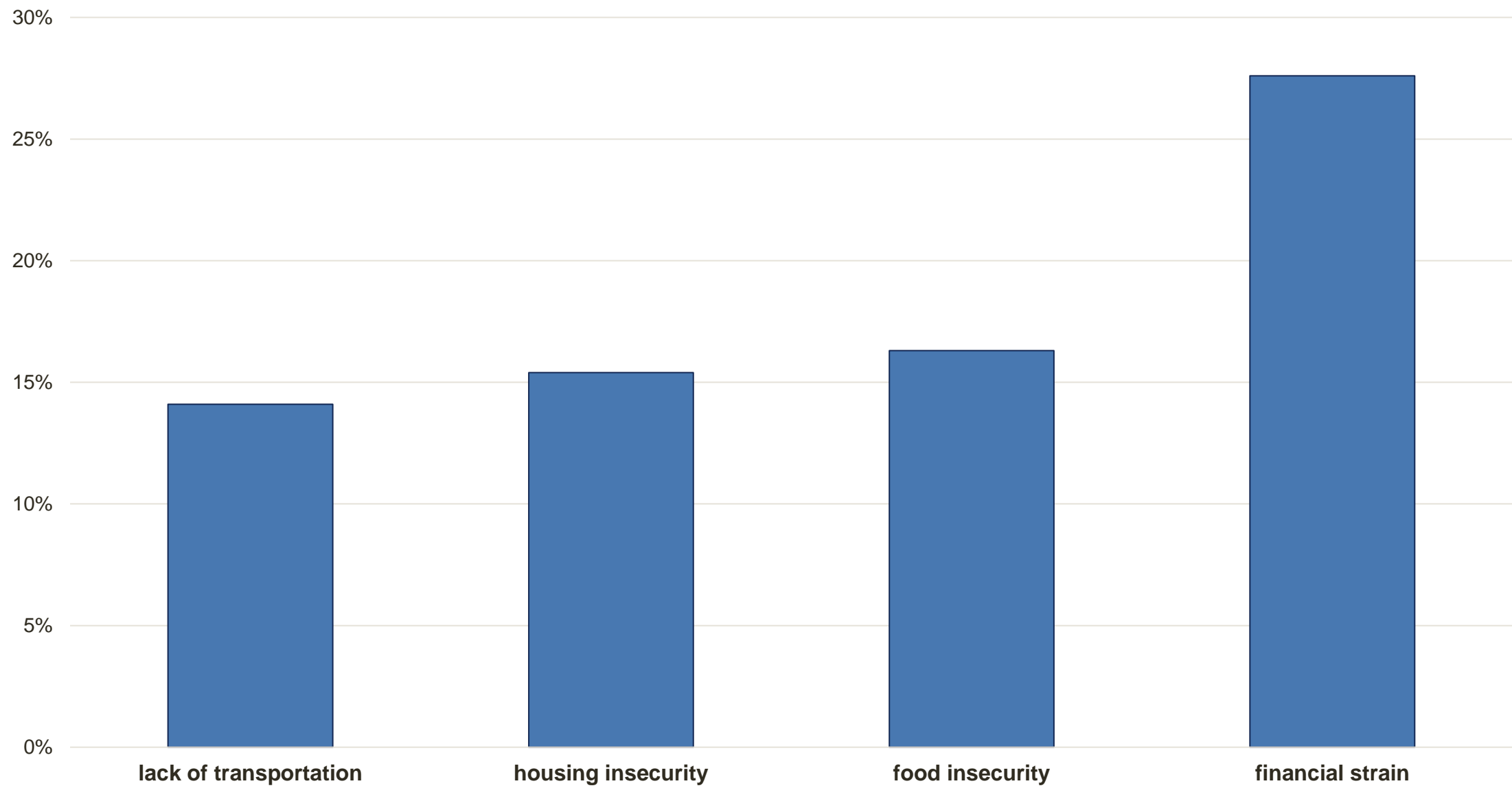
Federally-Qualified Health Centers

In 2023 FQHCs served over 32 million, or about **1 in 10** people.



1 in 8 Children 	1 in 5 Rural Residents 	>400,000 Veterans 	>6 Million Uninsured 
1 in 3 Living in Poverty 	1 in 5 Medicaid Recipients 	>1 Million Agricultural Workers 	>1.4 Million Homeless 

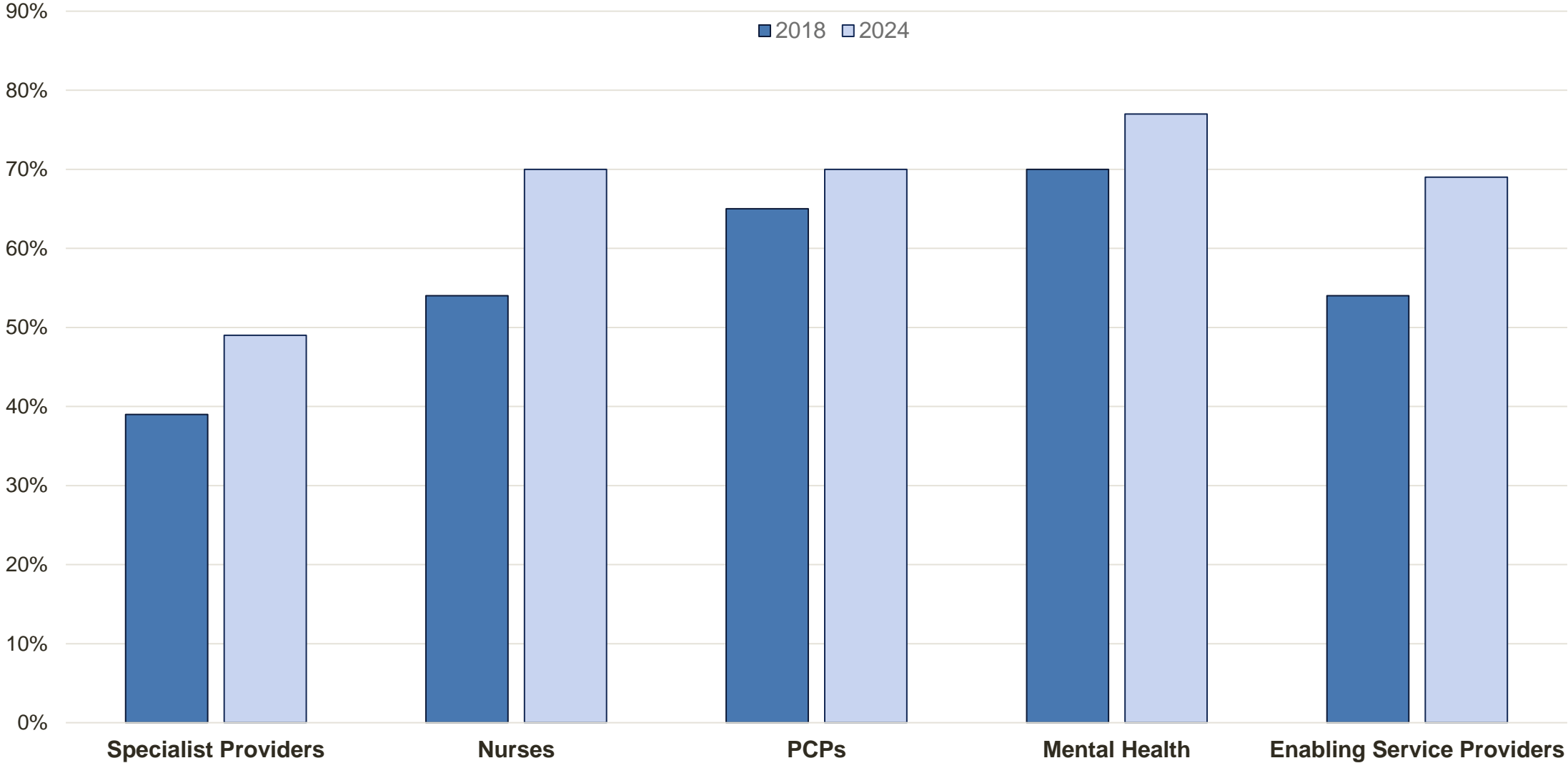
National Prevalence of Social Risk Factors at FQHCs



SOURCE: Nguyen KH, Giron NC, Cole MB. National Prevalence of Social Risk Factors at Federally Qualified Health Centers. *JAMA Intern Med.* 2024;184(8):980–2

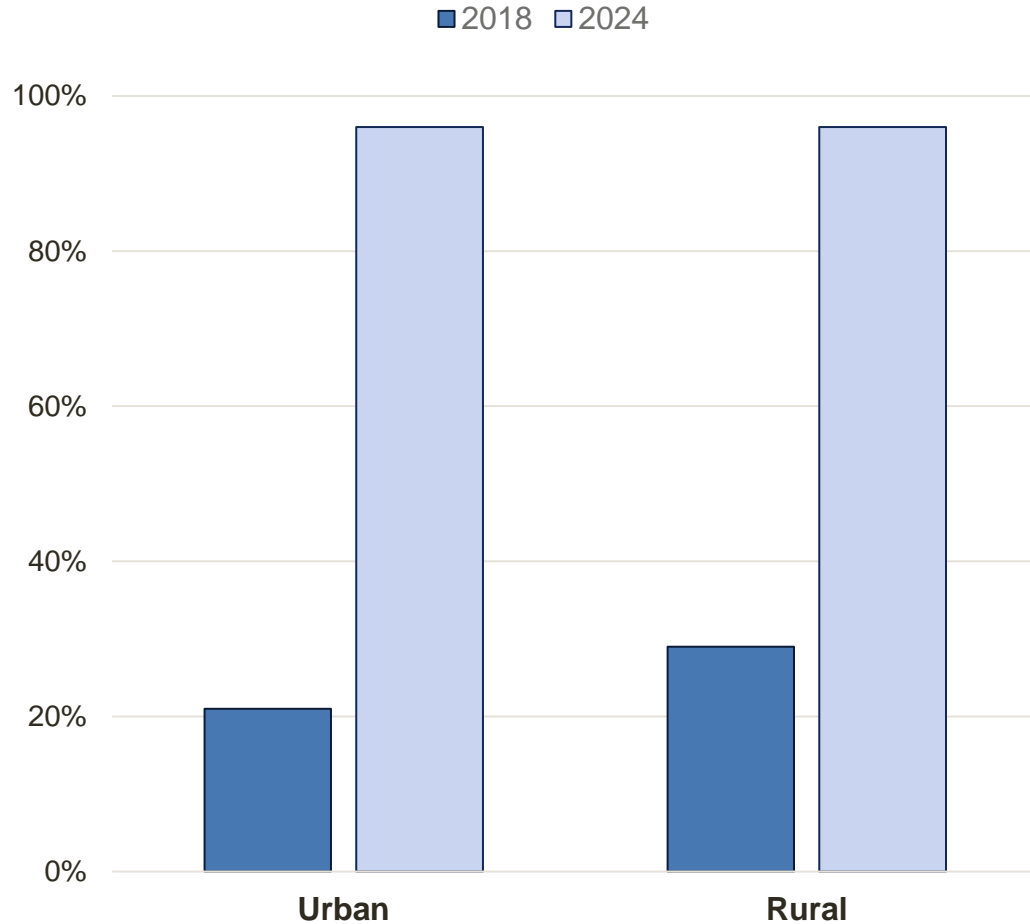
FQHC Workforce Shortages, 2018 to 2024

Percent who responded “yes” when asked if there are currently shortages of the following types of personnel at their largest site:



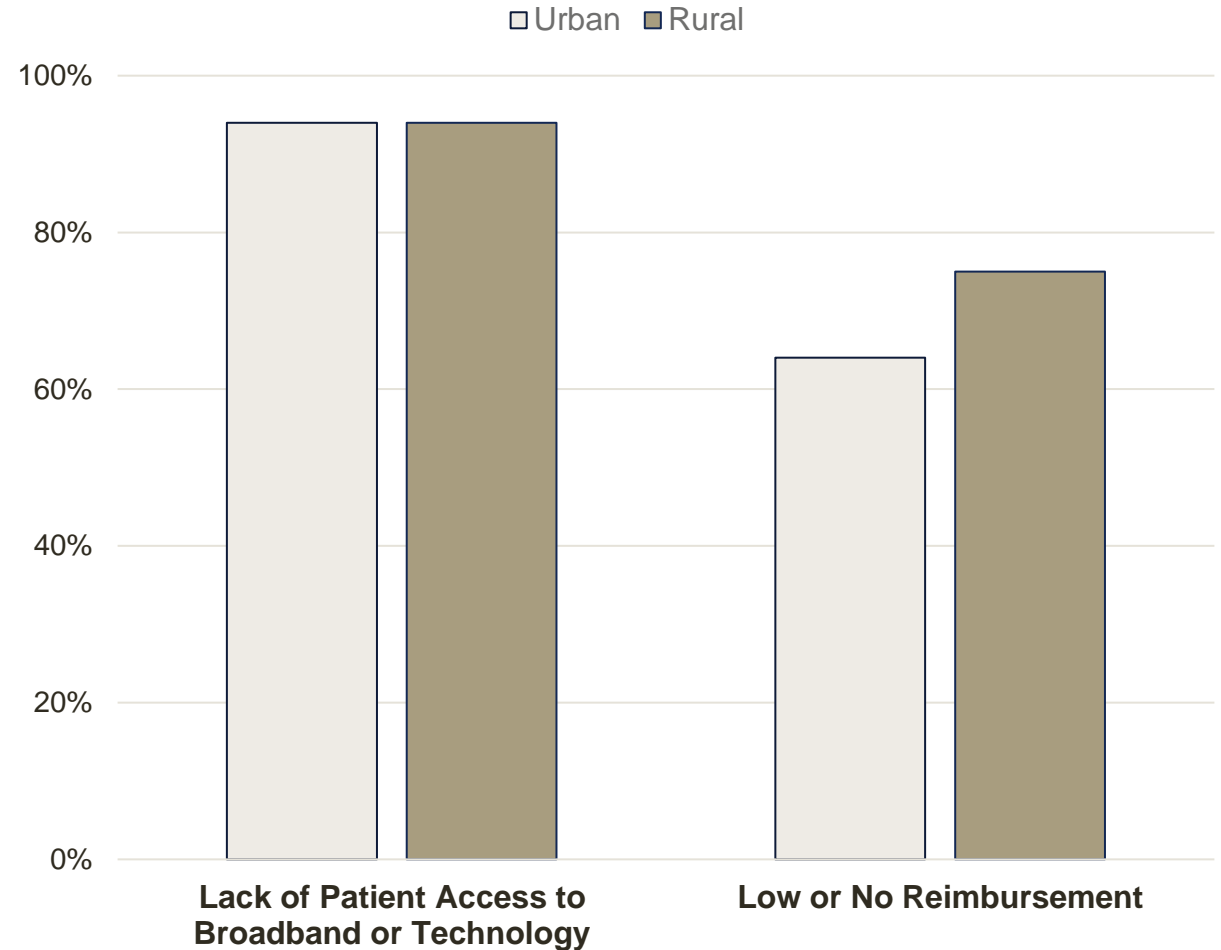
FQHC Telehealth Availability, 2018 to 2024

Percent who responded “yes” when asked if their largest site offer patients the option to use telehealth for non face-to-face visits with providers:



Challenges to Telehealth Use, 2024

Percent who responded that the following was a “major” or “minor” challenge when using telehealth:

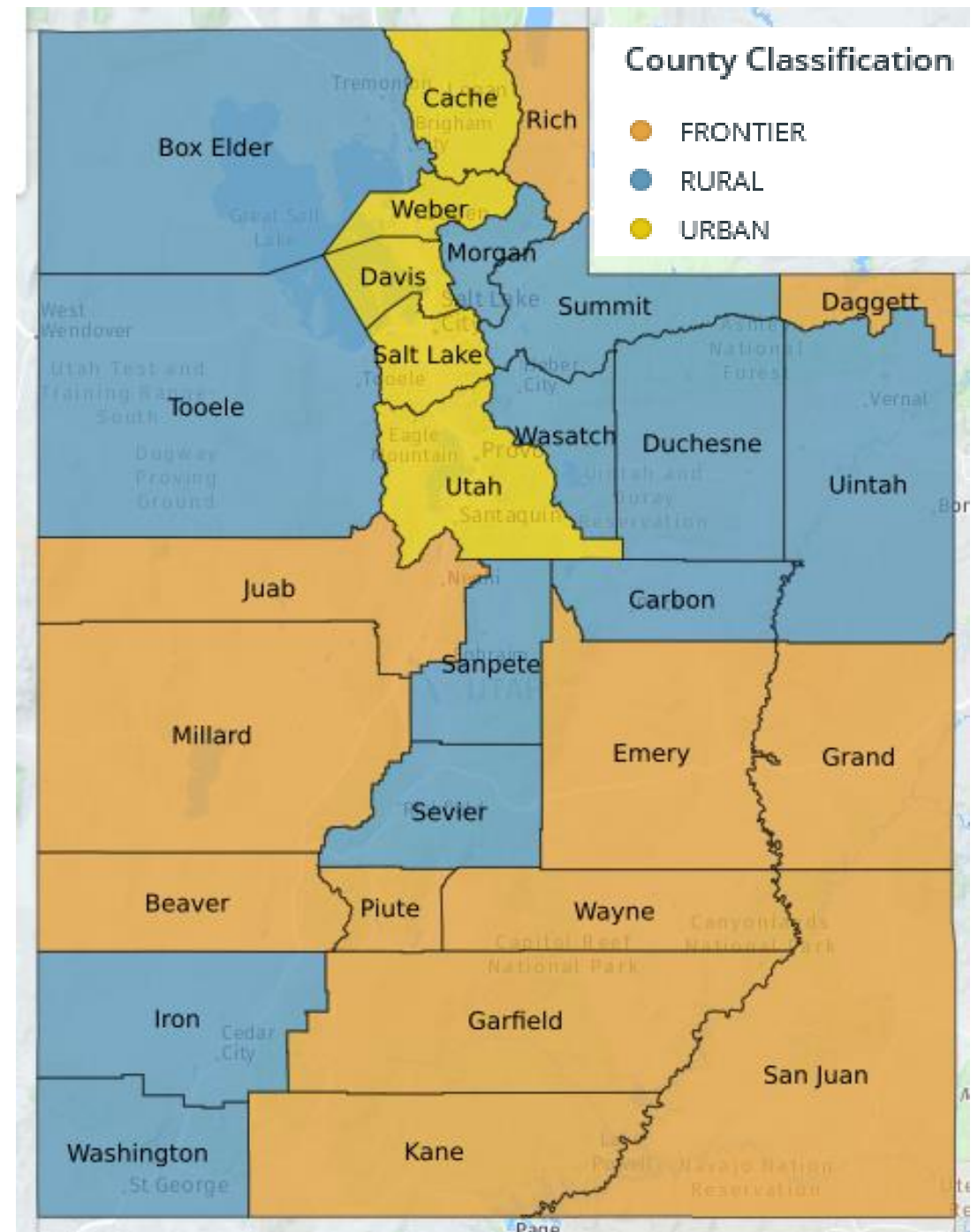


Of Utah's 29 Counties

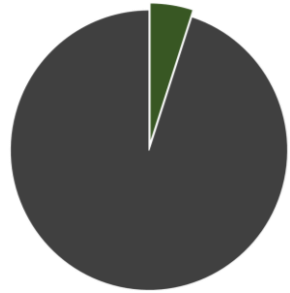
36% of the state's population lives in one county

12 counties designated **Frontier**
(6 or fewer people per square mile)

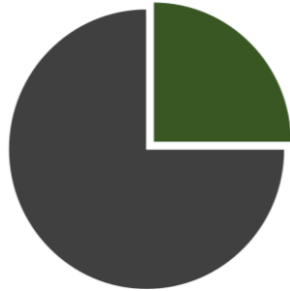
12 counties designated **Rural**
(6 – 100 people per square mile)



14 Utah health centers operate 69 clinics and provide care to more than 180,000 people annually



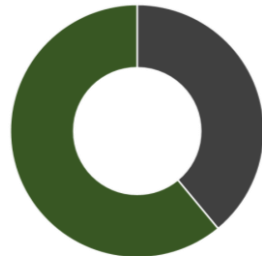
1 of every 20
Utahns



1 of every 4
uninsured Utahns



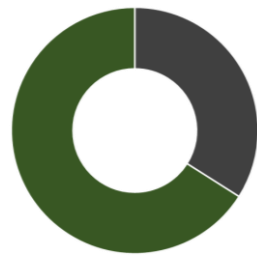
1 of every 3
Utahns living in poverty



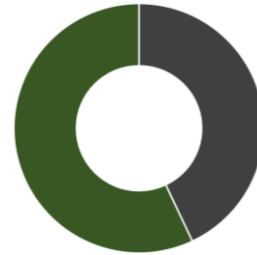
61% identity as a
racial or ethnic
minority



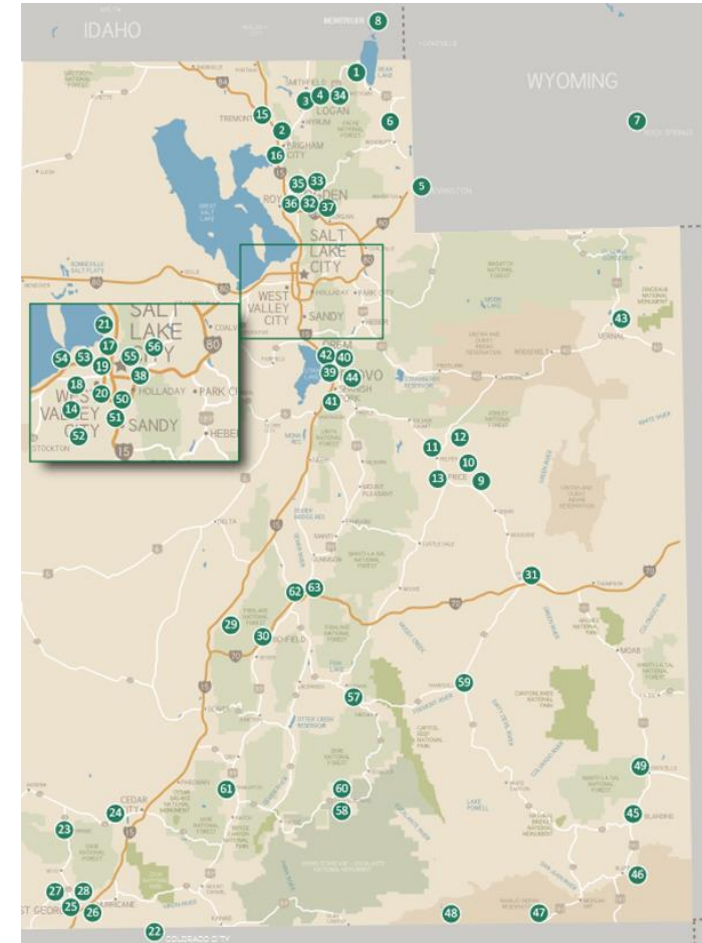
37% communicate in a
language other than
English



66% at or below the
Federal poverty level



57% of clinics located
in rural/frontier
counties

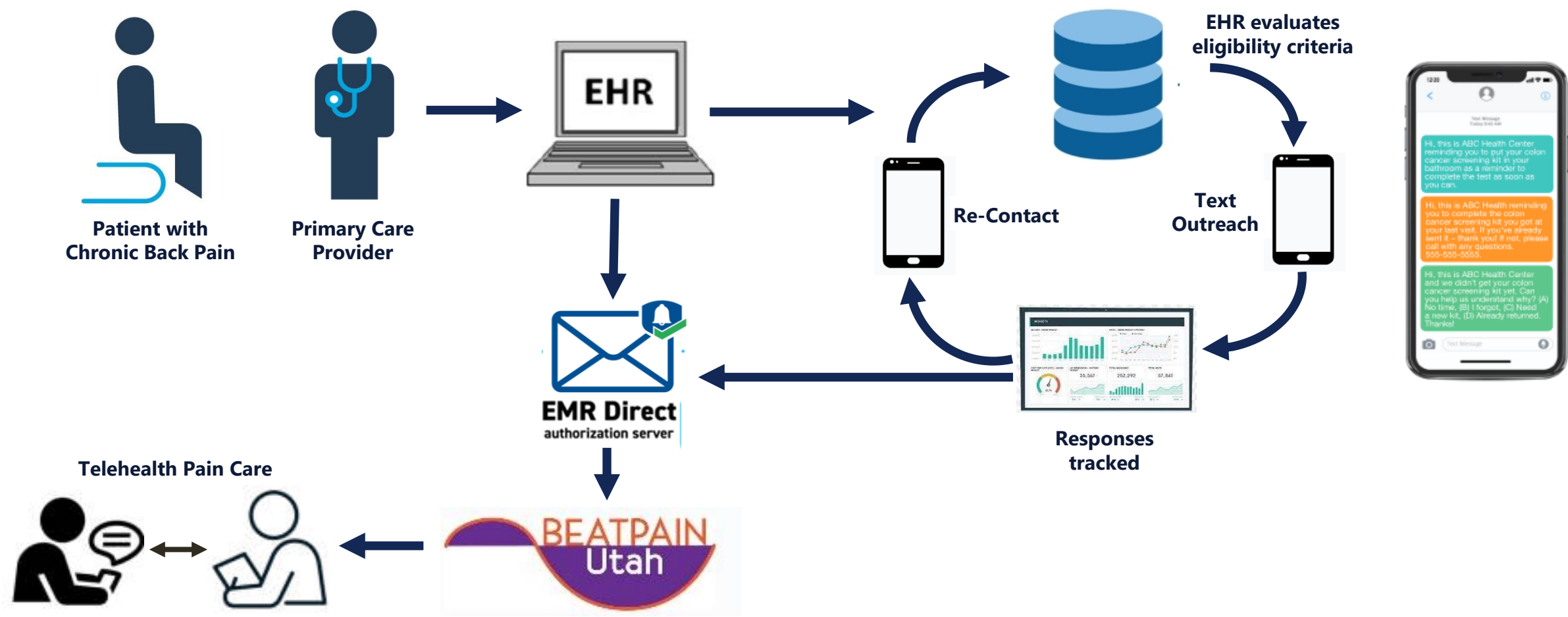




Nonpharmacologic Pain Management in Federally Qualified Health Center Primary Care Clinics



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





Lessons Learned Partnering with FQHCs for Telehealth Pain 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 social stressors 	<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) treatment strategies
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

Summary

- ✓ Community Health Centers serve a large and growing number of U.S. residents
- ✓ Persons receiving care in FQHCs experience high rates of social risk factors
- ✓ Access to evidence-based, nonpharmacologic pain care is challenging in communities served by FQHCs
- ✓ Digital health technology and telehealth has potential to expand access, but needs to account for the needs of community members