

Health Extension Rural Office: Translating Research Into Localities (HERO TRaILs)

Background:

- Evidence-Based (EB) medicine has evolved as a tool for improving the quality and delivery of health care, but non-EB medical care is common.
- Despite four decades of efforts in developing evidence-based information to guide healthcare practice, it can take up to 17 years before proven EB information is adopted.
- In rural, culturally diverse New Mexico, dissemination techniques would be more effective if EB products used bidirectional, face-to-face interaction and considered clinic and community context.
- People in rural counties are nearly twice as likely to overdose on prescription painkillers as people in big cities in the United States. NM has the highest death rate from prescription opioids in the US.
- The treatment of chronic noncancer pain (CNCP) is an important and frustrating problem for primary care providers. There are established guidelines on treating CNCP and how to approach the prescribing process for opioid medications, but no user-friendly, concise algorithm or EB tool kit to use as an everyday practice guide.

Our Project:

The goal of this project is to understand how to best disseminate EB information for managing CNCP to primary care providers of vulnerable, underserved, multiethnic populations. Research shows that traditional EB dissemination is most effective in rural settings if there is a partnership between the community, rural providers, and the academic institution.

The project will be implemented in two Southern New Mexico Federally Qualified Health Center clinic systems: Hidalgo Medical Services and Ben Archer Health Centers.

Project partners will include: The UNM Health Extension Rural Offices (HERO) program through the Office for Community Health, The UNM Clinical Translational Science Center (CTSC), The Research Involving Outpatient Settings Network (RIOS Net), The NM Primary Care Association, The National Center for Frontier Communities, The New Mexico Department of Health, The NM Board of Pharmacy, *HealthInsight* NM, and Molina Health Care.

Methods:

- We will develop an EB toolkit for treating CNCP as a resource for primary care providers.
- Focus groups, interviews, workshops and online surveys will be conducted at both clinic systems.
- Practice staff and clinicians will be invited to participate in practice feedback workshops to help evaluate how the intervention fits into the clinic system and determine its effectiveness.

Future Plans:

- Our objective is to produce a manual and toolkit that can be adapted in other rural practices to implement a health extension system that can rapidly replicate EB dissemination.
- To evaluate the effectiveness of the EB dissemination tools being used in this project.

Funding: Agency for Healthcare Research and Quality (AHRQ): 1R24HS022033

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