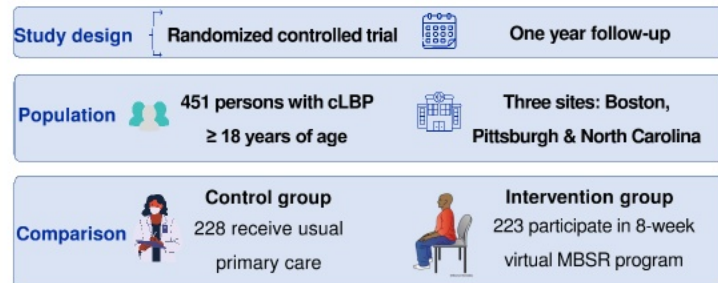








Tra Nguyen¹, Natalia E. Morone¹, Kristina Astone²
¹Boston Medical Center, ²Boston University School of Public Health**Background:**

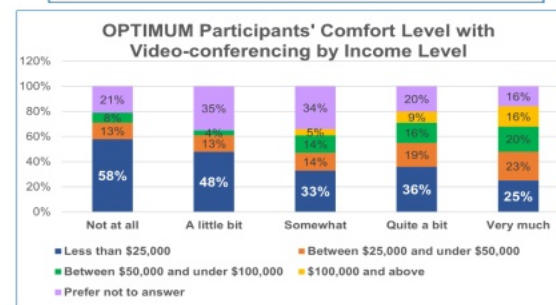
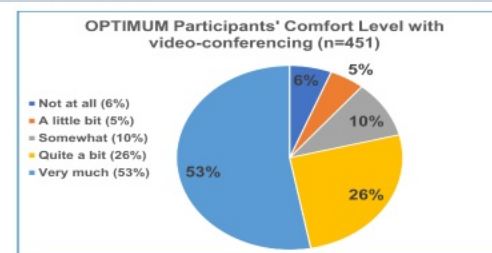
- Access to mindfulness for persons with chronic low back pain (cLBP) is limited.
- Virtual platforms may scale the dissemination of this treatment.
- OPTIMUM** - A pragmatic clinical trial integrating a telehealth group-based mindfulness stress reduction (MBSR) program into primary care settings for patients with cLBP.
- The study identified **existing barriers** and applied **innovative and inclusive strategies** to increase access.

Methods:

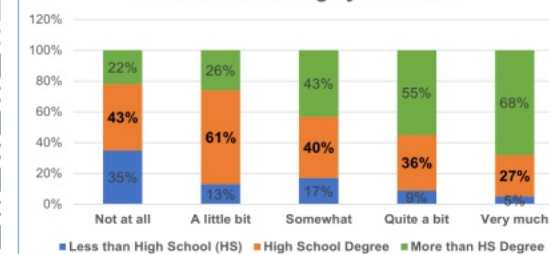
Challenges	Solutions	
Technical Challenges	<ul style="list-style-type: none">Do not have smart devices for videoconferencing	<ul style="list-style-type: none">Provide technical devices & accessories 
	<ul style="list-style-type: none">Do not know how to use videoconferencing software or smart devices	<ul style="list-style-type: none">Technical orientations 
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Interpersonal Challenges	<ul style="list-style-type: none">Do not feel connected when meeting virtually/ throughout the study	<ul style="list-style-type: none">Explain the mindfulness concept during participant recruitmentEngage participants with creative materials (e.g., newsletters)Build trust & rapport with participants 
	<ul style="list-style-type: none">Less engaged / more distracted	<ul style="list-style-type: none">Send reminders & check-in notesUtilize Zoom interactive tools & meditation videosUse empathetic language to connect with participants 
	<ul style="list-style-type: none">Privacy issues	<ul style="list-style-type: none">HIPAA compliant platformAdvise participants to choose a private space for participationTurn off audio & camera if needed 

Results:

Table 1. Characteristics of OPTIMUM study participant (n=451)	
Characteristic	Total
Age, mean ± SD*	52.1 ± 14.6
Sex, No. (%)	
Male	134 (29.7)
Female	315 (69.8)
Intersex	2 (0.4)
Race/ Ethnicity, No. (%)	
American Indian/ Alaska Native	4 (1)
Asian	8 (1.8)
Non-Hispanic Black	187 (41.5)
Non-Hispanic White	204 (45.2)
More than One Race	12 (2.6)
Hispanic	30 (6.6)
Unknown or Not Reported	6 (1.3)
Education, No. (%)	
Less than High School Degree	41 (9.1)
High School Degree	152 (33.8)
More than High School Degree	257 (57.1)
Years of back pain, No. (%)	
Less than 5 years	133 (29.5)
5 to 15 years	213 (47.2)
More than 15 years	105 (23.3)
Annual Income, No. (%)	
Less than \$25,000	140 (31)
Between \$25,000 and under \$50,000	92 (20.4)
Between \$50,000 and under \$100,000	78 (17.3)
\$100,000 and above	49 (10.9)
Prefer not to answer	92 (20.4)



OPTIMUM Participants' Comfort Level with Video-conferencing by Education

**Results: Participant Quotes**

I pit it if it was a class, it would be the same way that it was online. I didn't feel no different. You know just because we weren't face to face because of covid, even if covid wasn't there, I can visualize us in a classroom.

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Conclusions:

- Virtual mindfulness-based medical group visits present a promising path to increase access to care for underserved population with cLBP.
- Virtual MBSR programs can improve by incorporating more information about **navigating telehealth platforms**, offering **curricula with interactive activities**, and providing a **safe and supporting learning environment**.

Acknowledgment:

This work is supported within the National Institutes of Health (NIH) Health Care Systems Research Collaboratory by the NIH Common Fund through cooperative agreement U24AT009676 from the Office of Strategic Coordination within the Office of the NIH Director and by the NIH through the NIH HEAL Initiative under award number UH3AT010621 from the National Center for Complementary and Integrative Health. This work is also supported by the NIH through the NIH HEAL Initiative under award number U24AT010961. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH or its HEAL Initiative.

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Methods:

Study design

Randomized controlled trial



One year follow-up

Population



451 persons with cLBP
≥ 18 years of age



Three sites: Boston,
Pittsburgh & North Carolina

Comparison









Control group
228 receive usual
primary care



Intervention group
223 participate in 8-week
virtual MBSR program

Methods:

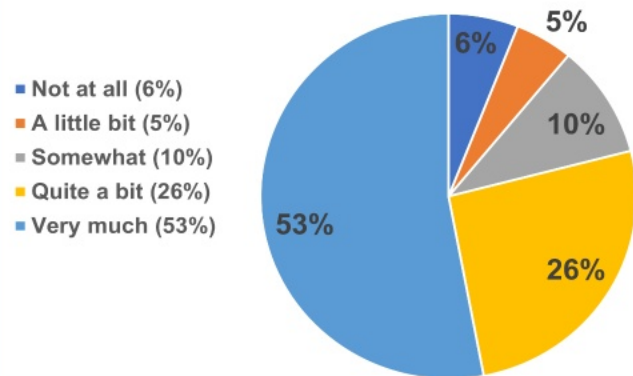
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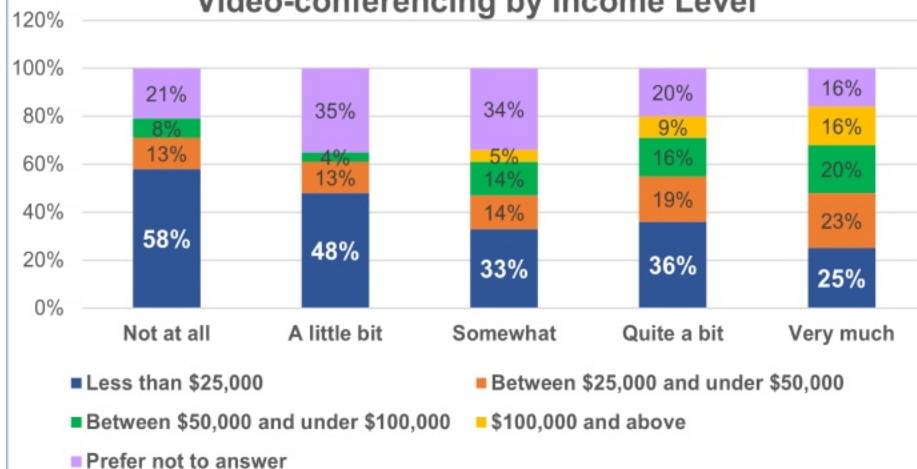
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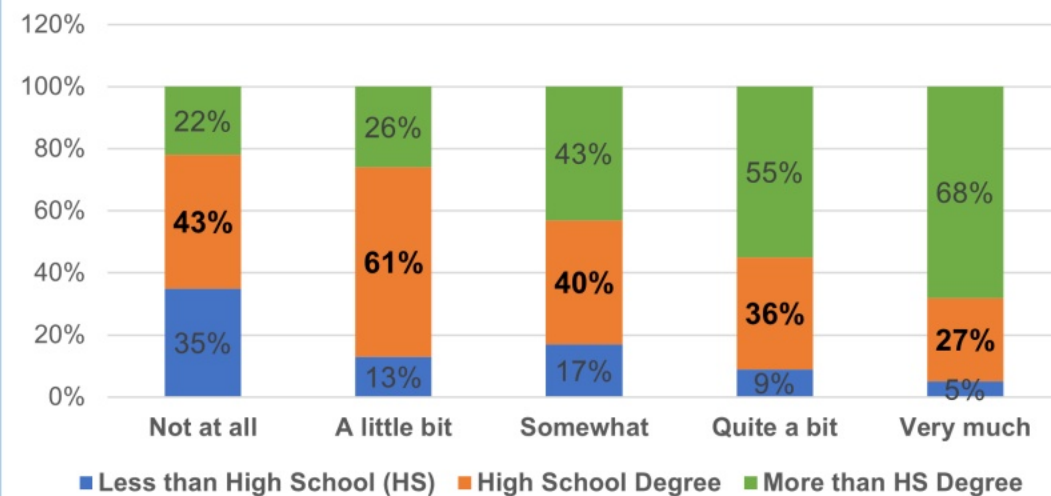
OPTIMUM Participants' Comfort Level with video-conferencing (n=451)



OPTIMUM Participants' Comfort Level with Video-conferencing by Income Level



OPTIMUM Participants' Comfort Level with Video-conferencing by Education



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