

1.

---

**1. First Name**

Eric

---

**2. Last Name**

Roseen

---

**3. Academic Degree(s)**

DC MSc

---

**4. Department/Institution**

General Internal Medicine, Boston University

---

**5. Email Address**

eric.roseen@BMC.org

---

**6. Co-author(s) names (first and last) and degrees**

Christopher Joyce, DPT, PhD

Sophie Winbush, MPH

Natalie Pavco-Luttschwager

Natalia E. Morone, MD, MPH

Robert B. Saper, MD, MPH

Stephen Bartels, MD

Kushang Patel, PhD

Julie Keysor, PT, PhD

Jonathan Bean, MD, MPH

Lance Laird, ThD

---

**7. Funding Source (if applicable)**

Boston University Center for Implementation and Improvement Sciences

---

**8. Manuscript Title**

Primary care barriers and facilitators to nonpharmacologic treatments for low back pain: a qualitative pilot study

---

**9. Abstract (500 words maximum)**

**Background:** Current clinical practice guidelines encourage primary care providers (PCPs) to recommend nonpharmacologic treatment as first-line therapy for acute and chronic low back pain (LBP). Little is known about how these approaches are accessed for patients with LBP who seek care in primary care settings, especially those in low-income neighborhoods. The purpose of this pilot study was to explore barriers and facilitators to nonpharmacologic treatment for LBP, and whether community health workers (CHWs) facilitate treatment access.

**Methods:** In this qualitative interview study, we enrolled CHWs and PCPs from four primary care clinics at a SafetyNet hospital. A semi-structured interview guide informed by the Consolidated Framework for Implementation Research (CFIR) was used to guide inquiry on the barriers and facilitators to nonpharmacologic treatments for LBP (e.g., acupuncture, chiropractic care, massage therapy, physical therapy). Interviews were audio-recorded, transcribed verbatim, and independently coded by four investigators. An a priori codebook was based on CFIR determinants of implementation (barriers/facilitators) and known CHW roles. Major themes were deduced through deductive content analysis.

Results: Eight individuals participated in hour long interviews from August to October of 2019. Ages ranged from 32 to 51, most participants were female (n=5), PCPs (n=6), and all self-reported that they interacted with LBP on a weekly basis (range: 2-20 patients with LBP per week). Half had worked at the hospital for at least 15 years. Barriers and/or facilitators identified by all eight participants related to nonpharmacologic treatments (cost, relative advantage versus other treatments), outer setting (patient needs and resources, limited connections with community-based nonpharmacologic treatment) and characteristics of referring provider (attitudes and beliefs about nonpharmacologic treatments). While participants indicated some of the current CHW roles could be transferrable to patients with LBP (e.g., care coordination, resource linking, case management), other roles seemed less feasible due to current CHW scope of practice (e.g., targeted health education).

Conclusions: In this qualitative pilot study, PCPs and CHWs identified key barriers including attitudes about and costs of interventions; and the quality of linkages to community-based nonpharmacologic treatment providers. Future studies may determine whether a CHW-led strategy can improve nonpharmacologic treatment access and clinical outcomes.

---

#### 10. Key Words (must list at least 1 up to 6 maximum)

- 1 : Nonpharmacologic treatment
- 2 : Low back pain
- 3 : community health worker
- 4 : Barriers

---

#### 11. Key Implementation theories or frameworks used in this manuscript

Our semi-structured interview guide and codebook were informed by the Consolidated Framework for Implementation Research (CFIR)

---

## 2. Thank You!

### New Send Email

Mar 10, 2023 13:42:02 Success: Email Sent to: CMendelsohn@aapmr.org,munderwood@aapmr.org

---