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COVID-19 Letter

Incorporating Telemedicine into Interventional Pain Practices During the COVID 19 Pandemic

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Dear Editor,

The ongoing Coronavirus 2019 (COVID 19) pandemic has gripped the entire world and drastically challenged the medical community. People have become vigilant about social distancing and staying in quarantine to minimize spread of the virus. These practices have correctly been rapidly incorporated into the health care field. Temperature checks and reduced family entrance into the hospital have been strategic in minimizing the spread of COVID 19. Areas of the hospital have been designated as "COVID floors" to contain patients who have tested positive for the virus and specific COVID-19 protocols have been implemented in the operating room and intensive care unit as well (1). In the outpatient setting, offices have remained closed and only utilized for emergent procedures (2). Many practitioners have had to utilize telemedicine to continue to see their patients and maintain social distancing guidelines. Patients sign in through a secure network to video chat with their doctor, essentially having an office visit in their home. The idea of telemedicine is advantageous for the present situation during the pandemic; however, it has many flaws, especially in the world of pain medicine where patient contact is so important for objective assessment and diagnosis.

The field of pain medicine relies heavily on the physical examination to correctly diagnose and treat a patient's disease process. A good pain physician will stress the joint, tendon, or muscle in question to see if that is an actual demonstrable source of pain. Within the pelvic and low back regions, differential diagnosis for a patient's pain is quite extensive and a targeted approach during the physical exam is vital to determine where this pain is originating. Even imaging studies are not always diagnostic and a precise in-person evaluation is needed to correlate findings with an actual pain generator source. This can be seen in sacroiliac joint dysfunction, in which imaging studies are rarely useful and only really performed to rule out other pathology (3). In addition, in emergent or urgent situations, the physical exam is imperative to diagnose decreased strength and reflexes, which could signify underlying myelopathy.

Besides the lack of contact in telemedicine, there are some technical obstacles that many patients might not be able to overcome. The patient population served by the interventional pain field is mostly elderly and may not be the most technically sound at using an internet-based modality to see their doctor. Furthermore, many patients may not be aware that they can reach their physicians via telemedicine at all (4). The decrease in social interaction through social distancing has made it more difficult to spread the word about the option of telemedicine. Finally, one of the most difficult obstacles for many patients to overcome is normalcy. Patients, especially in the pain community, who have established a relationship with their doctor, might feel uncomfortable seeing them through a computer screen. The office visit is about evaluating a patient's pain, but it is also about creating a bond or trust between 2 people. In this

regard, if a patient trusts their doctor, then the treatment plan will be more successful.

The question remains, therefore: if this is the new norm, what is the future? Telemedicine will be an integral part of a pain physician's workload, but in-person office visits should be phased back in in light of COVID 19. This can be accomplished through a variety of ways. The volume of patients seen in a day should decrease significantly. No longer will outpatient offices be able to accommodate the large patient lists seen before COVID 19. This might, in turn, be a positive change affording doctors more time for physical examination than they had previously. Patients who have previously established care and a working treatment plan in place may be followed with routine visits via telemedicine and only evaluated in an office if a new complaint arises. In the actual office setting, all social distancing practices should be in place, including limiting the amount of people in the waiting room, allowing one person in each examination room, and requiring all personnel and patients to wear a mask. The pain medicine community and health care field as a whole have been rocked by the COVID 19 pandemic, but we must rapidly adapt and advocate for our patients' best interests as swiftly as possible.

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