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COVID-19 Letter

Caring for Vulnerable Chronic Pain Patients During the Time of COVID

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To the Editor:

America was just beginning to turn the tide on the opioid epidemic as coronavirus disease 2019 (COVID-19) emerged. Treatment emphasis was being placed on tapering patients' narcotic consumption while providing enhanced access to pain procedures and neuromodulation therapies to address the underlying cause of pain. Without continuing these efforts, the COVID outbreak may result in a relapse of our progress and an exacerbation of the opioid crisis itself. Making matters worse, patients can no longer participate in physical therapy/exercise or visit with their psychologists, key members of the chronic pain treatment team.

The White House Coronavirus Task Force recommended delaying elective procedures to reduce consumption of valuable personal protective equipment (PPE) and potential exposure to COVID by patients and health care workers. Many interventional pain procedures unfortunately fall under the elective category despite the numerous benefits they provide to our patients who find themselves otherwise debilitated. Several pain societies have created guidelines to help patients, health systems, and physicians clearly delineate elective vs urgent vs emergent procedures. Despite these expert recommendations, many patients have been denied access to these life-altering interventions. There is a myriad of deleterious effects from these denials, including the need for patients to increase their oral medication doses so they may achieve an acceptable and functional pain level. Often these medications are opioids. This has led to several reductions in the available supply of narcotics as the US Drug Enforcement Administration (DEA) regulates production limits for these substances. Many other, critical medications for pain control and sedation have been increasingly consumed by hospitals for use in treating critically ill patients. Commonly used pain medications are now listed as being in limited supply, such as fentanyl, morphine, and hydromorphone. Fortunately, the DEA has increased production and import limits for drugs that are in shortage; however, their availability on the market for the end-consumer will take some time.

The government has also relaxed standards that inhibited the ability of pain physicians to treat their patients. Telehealth restrictions have been removed and a virtual encounter can replace an in-person encounter while still being compliant with other narcotic-related restrictions. Telephone encounters are also now eligible for reimbursement. Physical exams can even be performed virtually (i.e., asking a patient to walk in front of the camera, commenting on breathing patterns, etc.). Patients and providers can use any tool that seems most practical to communicate (i.e., Skype, Facetime). Front-facing applications such as Facebook and Instagram are exempt. Additionally, electronic prescribing of Schedule II

medications for up to 90 days has been allowed. It is important that physicians do not forget to preauthorize telehealth encounters and expanded prescriptions with the patient's insurance company to avoid reimbursement denials. Urine toxicity screens, which have been periodically required, have been delayed until the next in-person encounter. Verification of the opioid pain management agreement and informed consent can be deferred to the next in-person encounter. Providers are also recommended to add the time spent with the patient on their documentation as well as specify the reason for a virtual visit (i.e., due to COVID). The telehealth rules are scheduled to sunset at the end of the state of emergency, at which point a reversion back to pre-COVID pandemic policies will take place.

Many of these changes will benefit a large subset of pain patients, but those who do not have access to telehealth or those who are in need of procedures to address their underlying condition may find themselves entering emergency rooms for treatment and unnecessarily exposing themselves and other health care workers to COVID.

As clinics begin to reopen, many states and health systems require the use of enhanced PPE while assessing patients and performing procedures. More thorough sterilization of clinic and procedure spaces may also be required in between patient visits. This may interrupt the patient and clinic workflow significantly and reduce the volume of patients that can be seen in the workday. Numerous health systems have adopted COVID testing within 72 hours of the procedure and rapid testing for urgent/emergent cases. If test results are not available, systems have mandated treating these patients as suspected COVID cases. This requires maximum PPE protections and patient isolation before and after the procedure. Many pain clinics will have to also allocate additional funds for PPE, clinic sterilization materials, and instruments for COVID testing. At the time of this writing, no nationwide policies and guidelines have been recognized on the specifics concerning preprocedure COVID testing, clinic workflow, or isolation requirements. This makes reopening the post-COVID pain clinic a relatively uncharted path and leaves many states and health systems on their own to set localized mandates. Until these policies and strategies are further elucidated pain clinics will see a massive disruption in their workflow.

COVID has catalyzed changes in health care that may ultimately benefit patients and physicians from all disciplines. It has also brought about changes that may reduce the volume of patients that can be assessed and treated in clinic spaces while simultaneously increasing the costs associated with their management. Organized medical societies will continue to advocate for many of these changes to remain permanent while also continuing to advocate for patient safety and financial support to assist practices that have been negatively affected by this epidemic. COVID has reinforced the importance of societies such as the American Society of Interventional Pain Physicians (ASIPP) to advocate for their patients and members. The future of health care remains uncertain, but members can be assured that ASIPP will continue to fight for their best interests.