

General

# Pain Management and Telemedicine: A Look at the COVID Experience and Beyond

Jamal Hasoon<sup>1</sup>, Ivan Urits<sup>2</sup>, Omar Viswanath<sup>2</sup>, Alan D. Kaye<sup>2</sup>

<sup>1</sup> Department of Anesthesia and Pain Medicine, UHealth McGovern Medical School, <sup>2</sup> Department of Anesthesia and Pain Medicine, Louisiana State University Health Sciences Center

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COVID-19 caused a drastic change in clinical medicine around the globe. In the United States, telemedicine was rapidly adopted on a wide scale to minimize direct patient interaction and to reduce the spread of the COVID-19 virus. Telemedicine also went hand in hand with the rapid movement of working remotely. This has provided several challenges to chronic pain management clinics along with other subspecialties. Telemedicine has also opened opportunities for providing valuable care for patients with significant barriers to healthcare professionals. Given the benefits and downfalls of telemedicine, it is ultimately up to the provider who has an established patient-physician relationship and best understands the patient's limitations and healthcare needs who can best determine which patient population telemedicine is appropriate for and how frequently it can be utilized for each individual patient.

### LETTER TO THE EDITOR

The COVID-19 global pandemic has drastically changed the way health care has been practiced and delivered in many countries including the United States. During the early stages of the global pandemic, many countries were overwhelmed and were in short supply of resources and personal protective equipment (PPE). This led to several strategies to help minimize the spread of COVID-19, specifically the rise of telemedicine. Telemedicine offered several benefits including reduced direct person-to-person interactions and transmission of the virus, improved access to care, and minimizing PPE usage.<sup>1-4</sup> However, telemedicine also had significant drawbacks, especially regarding pain management clinics. Telemedicine limited the ability of physicians to conduct a physical examination to diagnose pain generators more accurately. Additionally, in-person interactions with office staff and the physician were limited which can often provide valuable information if the patient is demonstrating concerning or aberrant behaviors such as illegal substance or alcohol use. Regarding opioid management, telemedicine also made random urine drug screening or medication/pill-counts more challenging to conduct accurately. Overall, there were several disadvantages regarding the use of telemedicine for many specialties.<sup>5,6</sup>

As COVID-19 numbers continue to improve we have seen several patients resist coming back for in-office appointments due to telemedicine being more convenient. Patients have become accustomed to limited in-office appointments

and the ability to obtain medication refills and medical advice from the comfort of their own home. Telemedicine has led to a culture of convenience which is making medicine more challenging for some specialties.

However, we believe that telemedicine should have a continued role for some patient populations who are immunocompromised or have significant physical disabilities which make it challenging for routine office visits. Patients with significant neurodegenerative diseases or who are wheelchair dependent and low risk for opioid abuse or misuse are good examples of patients who could be considered for intermittent telemedicine office visits. Additionally, patients who have been transitioned to partial opioid agonists, off opioids altogether, or have limited access to care could be considered as potential candidates for telemedicine appointments.<sup>7,8</sup> It is ultimately up to the provider who has an established patient-physician relationship and best understands the patient's limitations and healthcare needs who can best determine which patient population telemedicine is appropriate for and how frequently it can be utilized for each individual patient.

In conclusion, despite the limitations and downfalls of telemedicine for pain management specialists, there are still significant benefits such as the authors anticipate ongoing use of telemedicine for select patients in the future. Ultimately, we believe that the decision to provide telemedicine services should come down to the physician who has an established relationship with the patient and can determine the safety and appropriateness of telemedicine services for each individual patient.

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