CHRONIC NON-CANCER PAIN MANAGEMENT CONSIDERATIONS DURING A PANDEMIC

A SUPPLEMENT TO ACADEMIC DETAILING MATERIALS "CHRONIC NON-CANCER PAIN MANAGEMENT IN NEW MEXICO "

"Chronic Non-Cancer Pain Management in New Mexico" and its corresponding supplements are produced by the Center for Health Innovation: New Mexico's Public Health Institute with funding from the Center for Disease Control and Prevention and from the New Mexico Department of Health, Epidemiology Response Division. Support was provided by the New Mexico Department of Health. No pharmaceutical resources or commercial support was used in the development of these materials and authors deny any financial conflicts of interest. The recommendations contained in this resource are general and informational only; specific clinical decisions should be made by providers.

BEST PRACTICES & GUIDELINES

Chronic non-cancer pain management has been greatly impacted by the COVID-19 global pandemic. Chronic pain patients may be more susceptible to the virus, and elderly patients with multiple comorbidities are particularly susceptible. Poorly treated pain can lead to psychosocial morbidity including suicide and decreased life expectancy.

"Social isolation measures will directly influence the number and type of injuries experienced within populations (fewer road traffic and workplace accidents; increases in conflict/interpersonal violence, domestic injuries)... Changes in the overall volume and type of surgery (more emergency and high acuity surgery) are occurring as health systems pivot to respond to the pandemic. Preventing chronic pain is complex at the best of times, but in a global health pandemic, risk factors for pain morbidity and mortality will be magnified.

... Not treating chronic pain will have consequences for individuals, healthcare systems, and providers in the short- and long-term, increasing quantity, severity, and complexity of need." (Eccleston *et al*, 2020)

Given the unprecedented impacts to treating chronic non-cancer pain during this time, we offer the following summaries of the latest guidelines and best practices for your consideration.

RISK MITIGATION: Limit unnecessary in-person visits. Use **triaging** principles by considering acuity, risks of procedures, psychosocial factors, likelihood of benefit, condition deterioration, alternatives, and context. Postpone elective procedures. Disinfect all surfaces and use appropriate PPE.

URGENT PROCEDURES: Determine urgency of procedures and in-person visits on a case-by-case basis, and **proceed with caution** even with emergent cases such as fractures and infections. Use telemedicine if possible.

SEMI-URGENT PROCEDURES: Evaluate non-urgent cases through shared decision making with the patient. The goal is to **avoid** deterioration of function, reliance on opioids, or unnecessary emergency room visits, which increase risk of exposure to COVID-19.

STEROIDS: Consider evaluating **risks/benefits** and use a **decreased dose**, especially for those at high-risk for COVID-19. Steroids suppress the immune system for 3-4 weeks, increasing potential for **adrenal insufficiency** and altered **immune response** (less duration with dexamethasone & betamethasone).

OPIOIDS: Use telemedicine to evaluate patients and **continue existing** opioid prescriptions. Ensure there is an existing prescription to avoid withdrawal, and continue to provide **naloxone education** and prescription. There is no evidence that NSAIDs can lead to deterioration or increased risk of infection in COVID-19 patients. Pain medications may **mask early signs of infection**.

PROVIDER MENTAL HEALTH: Healthcare providers are particularly at risk for psychological distress during a pandemic. Consider using **strategies** such as maintaining a routine, sleeping well, keeping active, and taking advantage of mental health services.

TELEMEDICINE TIPS & TRICKS

Get to know your technology; consider back-up options and having tech support available.

Identify resources and options that are effective from a distance-- electronic pain diaries can be used for remote monitoring; psychological therapies are ideal for telemedicine.

Remember the context: this is a stressful time for everyone and patients may have additional pressures during this time.

Recap and set goals at the end of the visit.

Invite patients to share their screen and show you resources they have found to be helpful.

Check-in more often during the visit:
"how is my pace?"
"what questions do you have?"
"this type of visit may feel awkward– feel free to share if things are uncomfortable."

Just like at an in-person visit, spend some time on small talk, use open-ended questions, use your facial expressions and hand gestures to reinforce a connection with your patient.

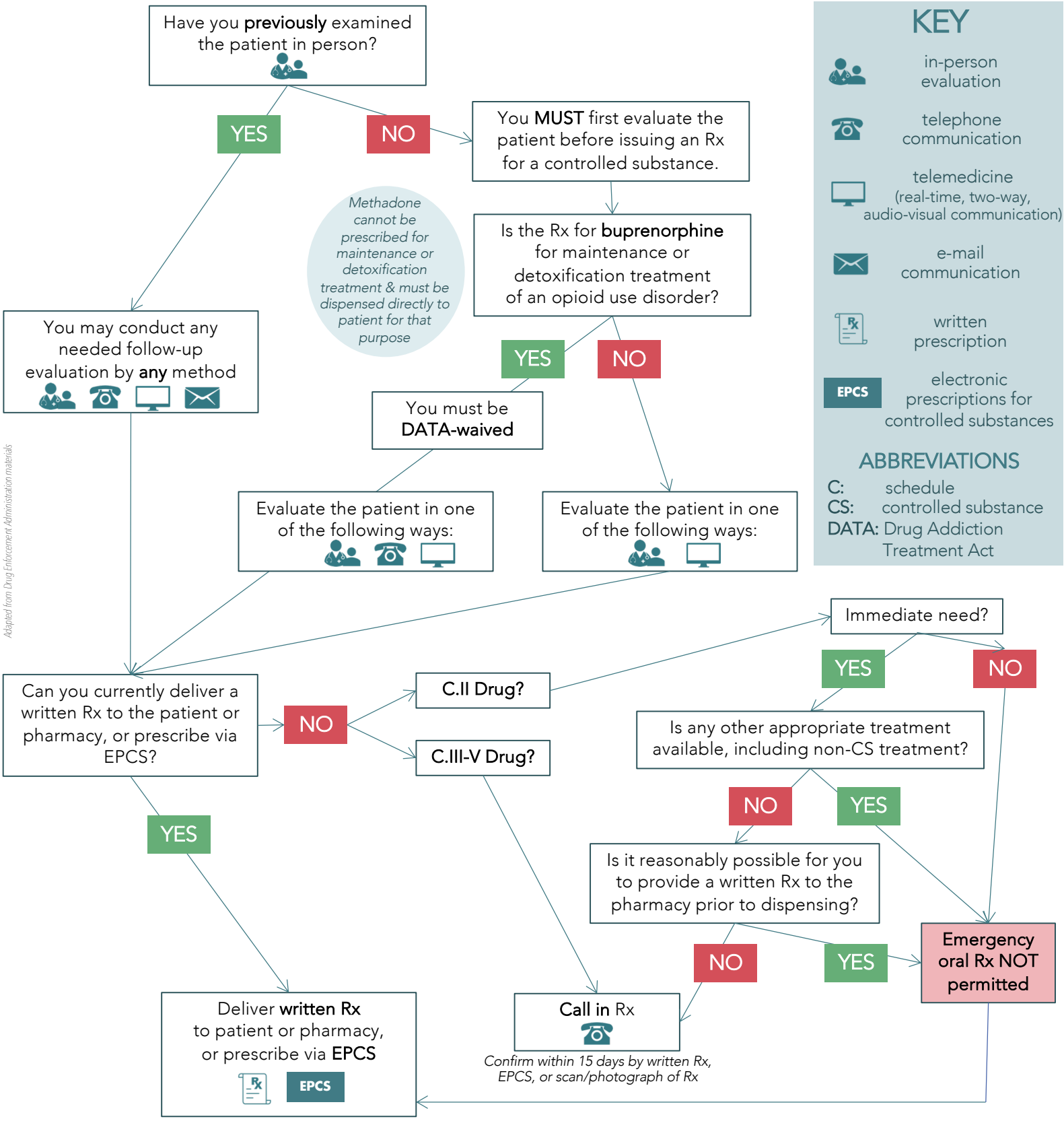
NM has "approved the use of electronic means (internet, texting, phone, email) to assess and provide responsible care during emergency..."

HHS has approved several platforms for telemedicine visits during the COVID-19 pandemic. Public facing platforms are not approved.

Two-way audiovisual encounters can be billed the same as an in-person visit. A billing modifier is required for a telephone visit.

PRESCRIBING DURING A PANDEMIC

Due to the global pandemic, the Drug Enforcement Administration (DEA) has "adopted policies that allow DEA-registered practitioners to prescribe controlled substances without having to interact in-person with their patients... These policies are effective beginning March 31, 2020 and will remain in effect for the duration of the public health emergency, unless DEA specifies an earlier date." Below is a decision tree that summarizes DEA policies for quick reference– full policies are available at www.DEAdiversion.usdoj.gov/coronavirus.html.



NOTES

REFERENCES & RESOURCES

American Medical Association. (2020). Issue brief: Reducing barriers to vital pain medication during the COVID-19 pandemic.

American Society of Regional Anesthesia and Pain Medicine. (2020). COVID-19 guidance for chronic pain patients.

Barnett ML. (2020). Opioid prescribing in the midst of crisis—Myths and realities. New England Journal of Medicine, 382(12):1086-1088.

Cohen, S. P., Baber, Z. B., Buvanendran, A., *et al*. (2020). Pain management best practices from multispecialty organizations during the COVID-19 pandemic and public health crises. Pain Medicine.

Drug Enforcement Administration. (2020). How to prescribe controlled substances to patients during the COVID-19 public health emergency.

Eccleston, C., Blyth, F. M., Dear, B. F., *et al*.(2020). Managing patients with chronic pain during the COVID-19 outbreak: considerations for the rapid introduction of remotely supported (eHealth) pain management services. Pain, 161(5), 889.

Federation of State Medical Boards. (2020). U.S. states and territories modifying requirements for telehealth in response to COVID-19.

Kvedar, J. (2020). Ideal integration of telehealth into the new normal. Project ECHO Telehealth Mini-Series.

New Mexico Medical Board. (March 16, 2020). Guidance for providing patient care by electronic means during a crisis.

Practical Pain Management. (2020). COVID-19: Clinical Considerations for Using Telemedicine with Pain Patients.

Conceptualization & design of this academic detailing tool: Carolina Nkouaga, MPH.