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 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**

**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.

Center for Health Innovation: New Mexico’s Public Health Institute
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.
New Mexico Medical Board. (March 16, 2020). Guidance for providing patient care by electronic means during a crisis.

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