



COVID-19 & Chronic Pain Management

This handout is intended to help primary clinics think through how to continue to care for their patients with chronic pain on long-term opioid therapy while maintaining good public health practices during the COVID-19 event. It is important to inform patients of the changes your clinic is making in visit protocols during the COVID-19 event, and that the protocols will return to those in place prior to the COVID-19 event when it is deemed safe to do so.

Telehealth Visits

Chronic pain is rarely an emergency

As resources such as gloves, personnel, and laboratory equipment need to be carefully allocated, **any non-urgent visit that does not require face to face contact should be changed to a telehealth visit.**

Prescribing opioids

The [DEA](#) released information stating that controlled substances may be prescribed with only a telehealth visit during the COVID-19 event as long as:

- The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice
- The telehealth communication is conducted using an audio-visual, real-time, two-way interactive communication system.
- The practitioner is acting in accordance with applicable Federal and State law.

In general, opioid medication should not be abruptly discontinued or tapered fast unless there are immediate safety concerns.

The reduced ability to access non-pharmacological pain care modalities does not provide adequate justification for initiating opioid therapy, in particular long-term opioid therapy.

Patient assessments

Most patient [assessments](#) (e.g., PEG scores for pain and function, PHQ-9 for depression) can be completed through telehealth.

Urine drug tests (UDTs) are more difficult, but not impossible to conduct remotely; however, **consider delaying UDTs during a public health emergency.** For more information on how to conduct remote UDTs, please contact the Six Building Blocks team.

Billing for Telehealth Visits

Most insurers either already cover telehealth visits, or have [expanded their coverage of telehealth visits](#) at this time. Nevertheless, it is best for the patient to contact their insurer to make sure the visit will be covered. It is recommended to document that the patient consented to a telehealth visit and why you are conducting a telehealth visit in your notes: *This visit was conducted in the midst of the COVID-19 epidemic and through telehealth to comply with social distancing recommendations and decrease patient risk of infection.*

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Social Distancing for Non-Opioid Treatments

Non-opioid treatments such as physical therapy, acupuncture, and behavioral therapy play a crucial role in managing chronic pain. Consider what social distancing measures have been recommended in your community and individually work with patients to determine if the benefits of the treatment outweigh the risk of exposure to COVID-19. Many resources are available online for managing pain including yoga, books, and meditation. Some apps recommended in the [Chronic Pain Self-Management Resources](#) document include:

- **PTSD Coach:** PTSD Coach assists individuals with chronic pain who experienced trauma to learn about, track, and manage symptoms. <https://www.ptsd.va.gov/public/materials/apps/ptsdcoach.asp>
- **Breathe2Relax:** This stress management app trains on the “belly breathing” technique. It provides breathing exercises to learn and practice the breathing technique. <http://t2health.dcoe.mil/apps/breathe2relax>
- **Headspace:** Meditation app. The Basics course of this app is free and teaches the fundamental techniques of meditation and mindfulness. <https://www.headspace.com/headspace-meditation-app>
- **Stop Breathe Think:** This app supports you with checking in with your emotions, and then recommends short, guided meditations, yoga, and acupuncture videos. <https://www.stopbreathethink.com/>
- **The Three Minute Breathing Space:** This 3-minute practice is great to use in the middle of the day, with stressful situations as they arise. Available as a handout, app, and recording. <http://franticworld.com/the-three-minute-breathing-space-meditation-is-now-free-to-download/>

Stress Reduction and General Wellness

[Stress reduction strategies](#) are important to discuss with patients during the COVID-19 pandemic. People may react differently to stress and that stress may manifest in various ways. Those who may respond more strongly to the stress of this crisis include 1) older people, 2) people with chronic diseases who are at a higher risk for COVID-19, 3) people who are helping with the response to COVID-19, 4) people who have mental health conditions, including problems with substance abuse. Adults with mood disorders are nearly [twice as likely](#) to use opioids long-term for pain. Stress reactions may include fear and worry about their personal health or the health of their loved ones, changes in sleep or eating patterns, worsening chronic health problems, and increased use of alcohol, tobacco, or other drugs. It is important to share accurate information with patients about COVID-19, their risks of complications from the infection, and how to decrease their risks of contracting the virus.

Encourage your patients to:

- Take breaks from watching, reading, or listening to news stories, including social media. Hearing about the pandemic repeatedly can be upsetting.
- Take care of their body. Take deep breaths, stretch, or meditate. Try to eat healthy, well-balanced meals, exercise regularly, get plenty of sleep, and avoid alcohol and drugs. Develop alternative self-care plans that are compatible with social distancing and shelter-in-place mandates.
- Make time to unwind. Try to do some other activities they enjoy.
- Connect with others. Talk with people they trust about their concerns and how they are feeling.

It is also important to remember that prolonged stress when combined with social isolation can increase the risk of self-harm or reactivation of PTSD, so consider screening for elevated risk of self-harm and exacerbation of depression symptoms. Consider increasing the frequency of PHQ-9 and/or the Primary Care PTSD screening questionnaire.

