



# 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 protocol changes your clinic makes 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.

## Virtual Visits

### Chronic pain can often be addressed without an in-person visit

To comply with stay at home recommendations, to protect patients and health care workers, and to conserve resources such as personal protective equipment and laboratory supplies, **any non-urgent visit that does not require face-to-face contact should be conducted virtually.** When possible, live two-way video (telehealth) visits are recommended, with the recognition that many patients may lack the technology to support this type of interaction. Telephone visits provide an alternate approach to telehealth visits.

There are several potential advantages to virtual visits, including: 1) insight into a patient's home setting, 2) the possibility that some patients will be more comfortable receiving care outside of a medical setting, or 3) fewer barriers for patients in accessing healthcare appointments (e.g., transportation, long car rides).

### Prescribing opioids

The [DEA](#) released [information](#) stating that controlled substances may be prescribed using a telehealth (live, two-way, audio-visual communication), telephone, or email during the COVID-19 event as long as 1) the patient has previously been examined in person by the prescriber, 2) the prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice, and 3) the practitioner is acting in accordance with applicable Federal and State law. If the patient has not previously been examined in person by the prescriber and requires a prescription for a controlled substance, a telehealth or in-person visit must be used.

Patients may have a reduced ability to access non-pharmacological pain care modalities, such as in-person physical therapy or massage. In general, this should not be a reason to initiate opioid therapy or escalate opioid doses. Alternate non-pharmacologic self-management strategies should be pursued instead.

Opioid medication should not be abruptly discontinued or tapered quickly unless there are immediate safety concerns. It is important to manage the potential risks of dose-escalation, pain flare-ups, diversion, and the risk of abuse due to disruption and social isolation by staying in close contact with and creating a plan with your patient.



## Patient assessments

Most recommended assessments for patients with chronic pain (e.g., PEG scores for pain and function, PHQ-9 for depression) can be completed during a virtual visit.

Strongly consider delaying urine drug tests (UDTs) during the COVID-19 event. UDTs are more difficult, but not impossible to conduct remotely if necessary because of patient safety concerns. For more information on how to conduct remote UDTs, please contact the Six Building Blocks team (sixbb@uw.edu).

## Billing for Virtual Visits

Most insurers either already cover telehealth visits, or have expanded their coverage of telehealth visits at this time. Some insurers cover telephone visits as well. Nevertheless, it is best for the patient to contact their insurer to make sure these types of visits will be covered. It is recommended to document that the patient consented to a telehealth or telephone visit and why you are conducting a telehealth or telephone visit in your notes. For example: *“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.”*

## Social Distancing for Non-Opioid Treatments

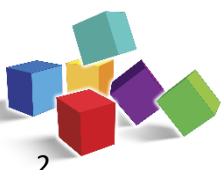
Non-opioid treatments such as physical therapy, acupuncture, and behavioral therapy play a crucial role in managing chronic pain. Consider which social distancing measures have been recommended in your community and work individually with each patient to determine if the benefits of the treatment outweigh the risk of exposure to COVID-19. There is strong evidence that behavioral health services are effective when delivered through telehealth. In addition, 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 acupressure 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/>

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All Six Building Blocks materials have been developed by the University of Washington Department of Family Medicine and Kaiser Permanente Research. **To learn more visit** [www.improvingopioidcare.org](http://www.improvingopioidcare.org).



## Stress Reduction and General Wellness

Stress reduction strategies are important to discuss with patients during the COVID-19 event. 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 or significant stress when combined with social isolation can increase the risk of self-harm, reactivation of post-traumatic stress disorder (PTSD), or substance use so consider screening for elevated risk of self-harm and exacerbation of depression symptoms. Consider increasing the frequency of the PHQ-9, the Primary Care PTSD screening questionnaire and assessments for other substance use disorders. A full list of recommended assessments can be found in the Recommended Assessment table.

