Issue brief: AMA survey of pain management physicians during COVID-19 shows broad use of increased DEA prescribing and treatment flexibility; barriers and concerns, however, persist

Eighty percent of pain medicine physicians responding to a new AMA survey said that enhanced flexibilities to use telemedicine for treatment during the COVID-19 pandemic has been helpful to treat patients with pain. The prescribing and treatment flexibilities were authorized by the DEA¹ and the Substance Abuse and Mental Health Services Administration ² (SAMHSA) early in the COVID-19 Public Health Emergency (PHE). The AMA and the physician community have embraced these flexibilities and deeply appreciate their rapid implementation by the agencies, especially the increased flexibility to prescribe controlled substances, including medications to treat opioid use disorder (OUD), based on audio-video and audio-only patient visits.

To learn more about physicians’ use of the new flexibilities during the PHE and to consider the optimal policies after the COVID-19 PHE ends, the AMA conducted a survey of physicians who treat patients with painful conditions and assisted addiction specialty organizations on a second survey³ directed specifically at physicians and other health professionals who treat patients with OUD. The AMA pain survey was conducted by Kupersmit Research and included physicians specializing in pain medicine, anesthesiology, physical medicine and rehabilitation, hospice and palliative care, and others. There were 240 completed responses to the online survey, which was conducted from July 30 – September 18, 2020.

A major finding of the survey is that 80 percent of physician respondents said that the flexibilities provided by the DEA during the COVID-19 pandemic have been either very helpful or somewhat helpful for treating patients with pain. The AMA strongly supports these flexibilities, including the authority “to allow DEA-registered practitioners to begin issuing prescriptions for controlled substances to patients for whom they have not conducted an in-person medical evaluation.”⁴

¹ The DEA has provided several important updates, including COVID-19 Prescribing Guidance, Registrant Guidance on Controlled Substance Prescription Refills, Exception to Separate Registration Requirements Across State Lines, Exception to Regulations Emergency Oral CII Prescription, and Q&A Remote Identity Proofing EPCS at hospital/clinics.
² See, generally, https://www.samhsa.gov/coronavirus, which provides resources explaining increased flexibility to prescribe buprenorphine for the treatment of opioid use disorder without an initial in-person evaluation as well as increased flexibility for Opioid Treatment Programs to provide take-home medication for patients.
³ First glance: COVID-19 Buprenorphine Provider Survey Report October 15, 2020, American Academy of Addiction Psychiatry. Available at https://www.aap.org/wp-content/uploads/2020/10/COVID-29-Survey-Results-First-Glance_EW-10.15.pdf A key finding of this survey is that more than 80 percent of X-waivered survey respondents who treat patients with OUD want virtual visits and other telehealth options to continue after the COVID-19 PHE.
In addition to support for the ability to treat patients with pain via telehealth and telephone visits, and to call in needed controlled substance prescriptions to the pharmacy, survey respondents described their concerns about barriers to care during the pandemic, including:

<table>
<thead>
<tr>
<th>How concerned are you about each of the following during the COVID-19 pandemic?</th>
<th>“Very” concerned</th>
<th>“Very” + “Somewhat” Concerned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unnecessary delays caused by prior authorization</td>
<td>56%</td>
<td>77%</td>
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<tr>
<td>Unnecessary delays for patients who do not have a primary care physician in accessing needed medications</td>
<td>43</td>
<td>80</td>
</tr>
<tr>
<td>Unnecessary delays for patients receiving in-office procedures</td>
<td>42</td>
<td>78</td>
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<tr>
<td>Patients waiting too long before making an appointment if they need treatment</td>
<td>37</td>
<td>78</td>
</tr>
<tr>
<td>Unnecessary delays for new patients in accessing needed medications</td>
<td>34</td>
<td>79</td>
</tr>
<tr>
<td>Patients having sufficient medication so they can avoid additional trips to the pharmacy</td>
<td>24</td>
<td>67</td>
</tr>
<tr>
<td>Patients who are hesitant or afraid to go to a pharmacy to pick up needed medications</td>
<td>21</td>
<td>58</td>
</tr>
<tr>
<td>Patients’ ability to fill prescriptions for controlled substances as part of their pain care treatment</td>
<td>19</td>
<td>58</td>
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The AMA is thankful for the work of DEA to quickly recognize the need to ensure new flexibilities for physicians to help them address the above concerns. More than 90 percent of the survey respondents have been taking new patients during the pandemic, and they continue to find in-person physical examinations important for these new patients. For patients with an established relationship with a physician who is treating their pain, especially rural, elderly, and other patients who had difficulty getting to the physician’s office even before the pandemic, telehealth and telephone visits are proving to be a lifeline. The increased flexibility from the DEA is particularly helpful given that the nation continues to face an increasingly complicated and deadly drug overdose epidemic.

The survey also found that while nearly two-thirds of physicians were familiar with the DEA and SAMHSA flexibilities, approximately 15 percent of physicians were not—demonstrating the continued importance of medical societies to clearly communicate what the federal guidance allows. For those aware of the flexibilities, 60 percent of respondents said that they have taken advantage of provisions that allow for prescriptions for opioid analgesics and other necessary medications to existing patients without...
an in-person evaluation under certain circumstances. Physician attitudes were mixed when asked whether the provisions went far enough.

**Do you think these provisions go far enough in helping physicians like you treat patients with pain during COVID-19 pandemic?**

<table>
<thead>
<tr>
<th>ANSWER CHOICES</th>
<th>RESPONSES</th>
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<tbody>
<tr>
<td>Those go far enough</td>
<td>45.00%</td>
</tr>
<tr>
<td>Do not go far enough</td>
<td>23.75%</td>
</tr>
<tr>
<td>Go too far</td>
<td>2.50%</td>
</tr>
<tr>
<td>Not sure</td>
<td>28.75%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>240</td>
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</tbody>
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Additional detailed findings include:
Approximately what percent of patients in your care have a condition that results in pain at levels that require a prescription or therapy?

Answered: 269  Skipped: 76

- 1-10%
- 11-25%
- 26-49%
- 50%
- 51-75%
- 76% or higher
- None
- Not sure
- Does not apply

Unnecessary delays for patients receiving in-office procedures.

Answered: 253  Skipped: 92

- Very concerned
- Somewhat concerned
- Not that concerned
- Not at all concerned
- Not sure
Open-ended comments from physicians highlight additional nuances of the multiple issues facing physicians and patients:

- The convenience for doctor and patient is a real advantage and cuts down on missed appointments and increases accessibility of appointments but I do like to examine my patients and since I take care of children they don’t necessarily like being on camera.
- They were reasonable changes to help support patient care without significantly increasing risk.
- There is a lot to be said for the therapeutic value of in person contact. For patients who just need a refill it is much easier.
- Need ways for patients to feel safe picking up and accessing their prescriptions. These provisions relate to the prescribing end, but not the receiving end.
- “[The DEA provisions] allow me to care for my chronic pain patients without unnecessary exposure to them, me, or my staff.”
- I am in palliative Med. Provisions to help those with severe pain from end of life or advanced disease are needed esp in rural health where disparities are wide and patients are without resources or easy access.
- I think it’s helpful to "be allowed" to prescribe without seeing people but in my practice, I feel that I need to see people or have a good, several month relationship with patients to prescribe over the phone.
- Pharmacies refusing to take phone prescriptions of controlled substances.
For more information about the AMA’s work in support of patients with pain during the COVID-19 pandemic:

- [AMA COVID-19 policy recommendations](https://www.ama-assn.org/policy-recommendations) for opioid use disorder, pain, harm reduction