

## 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 DEA<sup>1</sup> and the Substance Abuse and Mental Health Services Administration<sup>2</sup> (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 survey<sup>3</sup> 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.”<sup>4</sup>

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<sup>1</sup> 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](#).

<sup>2</sup> 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.

<sup>3</sup> First glance: COVID-19 Buprenorphine Provider Survey Report October 15, 2020, American Academy of Addiction Psychiatry. Available at <https://www.aaap.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.

<sup>4</sup> See <https://www.dea.gov/press-releases/2020/03/20/deas-response-covid-19>

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:

How concerned are you about each of the following during the COVID-19 pandemic?	<i>“Very” concerned</i>	<i>“Very” + “Somewhat” Concerned</i>
Unnecessary delays caused by prior authorization	56%	77%
Unnecessary delays for patients who do not have a primary care physician in accessing needed medications	43	80
Unnecessary delays for patients receiving in-office procedures	42	78
Patients waiting too long before making an appointment if they need treatment	37	78
Unnecessary delays for new patients in accessing needed medications	34	79
Patients having sufficient medication so they can avoid additional trips to the pharmacy	24	67
Patients who are hesitant or afraid to go to a pharmacy to pick up needed medications	21	58
Patients’ ability to fill prescriptions for controlled substances as part of their pain care treatment	19	58

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.

<b>Question: Are you currently seeing patients...</b>	
<b>ANSWER CHOICES</b>	<b>RESPONSES</b>
In-person only	0.00%
Seeing patients in-person only	24.63%
Seeing patients via telehealth only	2.99%
Seeing patients in-person AND via telehealth	72.01%
Not seeing patients	0.37%
<b>TOTAL</b>	

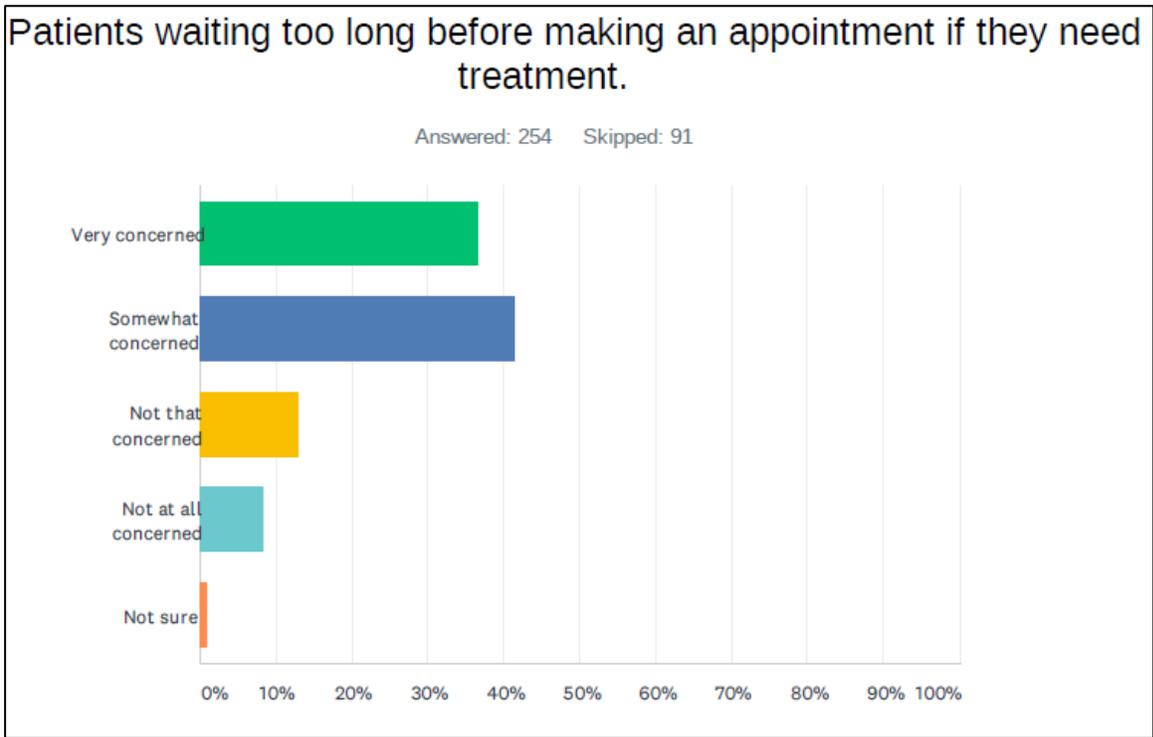
The survey also found that while nearly two-thirds of physicians were familiar with the DEA and SAMHSA flexibilities, approximately 15 percent of physicians were not—demonstrating the continued importance of medical societies to clearly communicate what the federal guidance allows. For those aware of 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.

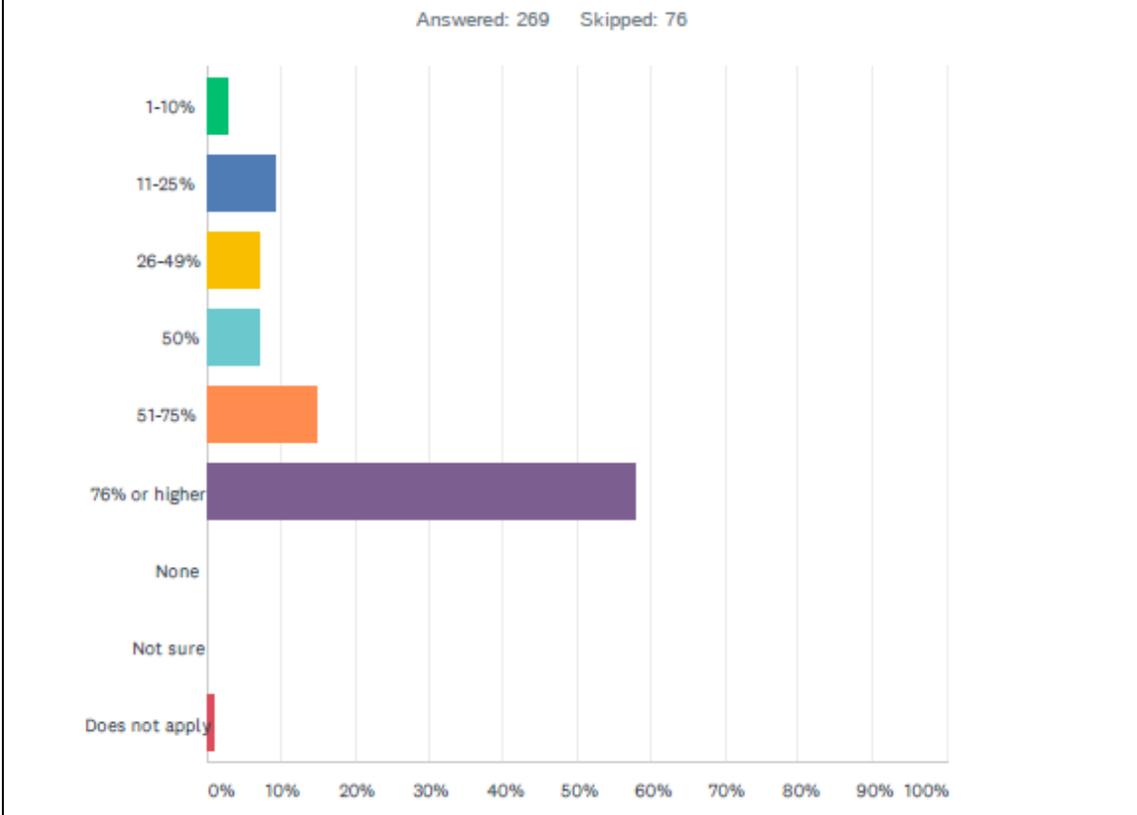
**Do you think these provisions go far enough in helping physicians like you treat patients with pain during COVID-19 pandemic?**

ANSWER CHOICES	RESPONSES	
These go far enough	45.00%	108
Do not go far enough	23.75%	57
Go too far	2.50%	6
Not sure	28.75%	69
TOTAL		240

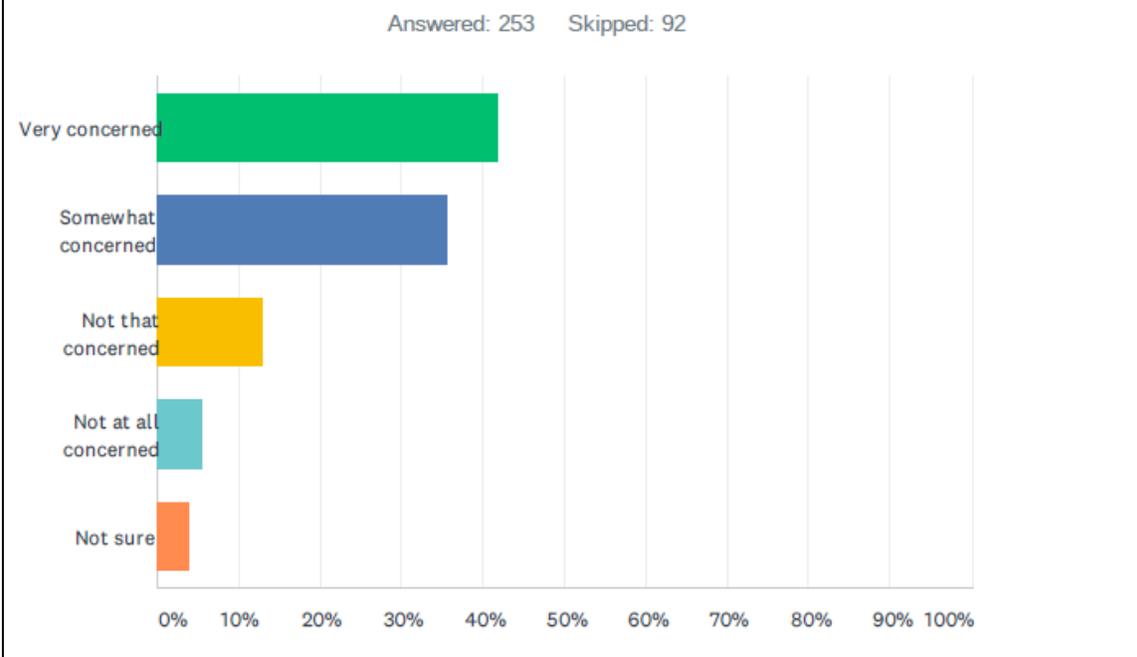
Additional detailed findings include:

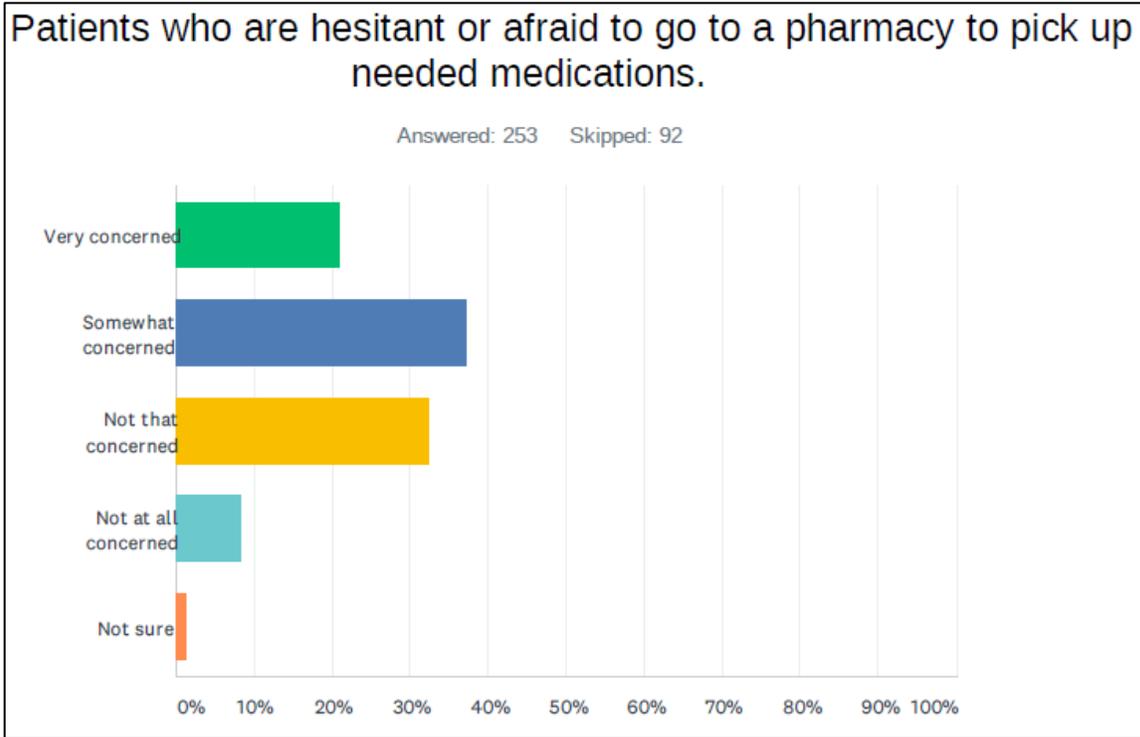


### Approximately what percent of patients in your care have a condition that results in pain at levels that require a prescription or therapy?



### Unnecessary delays for patients receiving in-office procedures.





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

"[The DEA provisions] allow me to care for my chronic pain patients without unnecessary exposure to them, me, or my staff

they were reasonable changes to help support patient care without significantly increasing risk.

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

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.

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.

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.

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](#) for opioid use disorder, pain, harm reduction
- [AMA Pain Care Task Force](#) resources, including the task force's [Principles of Evidence Based and Evidence Informed Pain Care for Physicians](#)