

Telemedicine saves chronic pain patients time and money

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Patients who saw a pain medicine specialist via telemedicine saved time and money and were highly satisfied with their experience, even before the COVID-19 pandemic, according to a study being presented at the ANESTHESIOLOGY 2020 annual meeting.

Results of the study, which began Aug. 1, 2019, and ended June 30, 2020, verify many [chronic pain patients](#) are confident they will receive good care via [telemedicine](#), while avoiding lengthy commutes and time spent in traffic.

"This era of contactless interactions and social distancing has really accelerated the adoption of telemedicine, but even before the pandemic, [patient satisfaction](#) was consistently high," said Laleh Jalilian, M.D., lead author of the study and clinical assistant professor at the University of California, Los Angeles (UCLA). "Patients who are being evaluated for new conditions may be better off having office visits initially. But once patients establish a relationship with providers, follow-up visits can occur efficiently with telemedicine, while maintaining patient rapport and quality outcomes. We believe 50% of our visits could be conducted via telemedicine."

In the study, physician anesthesiologist pain medicine specialists at the UCLA Comprehensive Pain Center offered patients the choice of an in-office or telemedicine visit via secure video meetings or telephone calls: 1,398 patients chose telemedicine and were seen via 2,948 virtual appointments over a period of seven months. Researchers determined

that patients who opted for virtual visits:

- Avoided a median roundtrip driving distance of 26 miles and saved a median 69 minutes in traffic per trip
- Saved a median of \$22 on gas and parking per visit
- Saved a median of \$156 over the course of a median of three visits by avoiding driving time* and parking costs

Of the 327 patients who completed surveys, 92% said they were satisfied with their experience.

The researchers said that for the adoption of telemedicine to be sustainable for pain clinic practices, policymakers should consider expanding reimbursement to encourage its use and create payment models that take into account the additional work required to offer telemedicine visits. While the Centers for Medicare & Medicaid Services previously limited the types of visits that qualified for telemedicine, the limits have been waived during the pandemic, and many private insurers have followed suit.

"Now that telemedicine is more widespread, it may become a valued part of care delivery in chronic [pain](#) practices," said Dr. Jalilian. "Clearly many [patients](#) benefitted from remote consultations and follow-up appointments using telemedicine. We hope it will encourage policymakers and insurance providers to continue to support these platforms and inspire more innovation in this developing field of research and patient care."

Provided by American Society of Anesthesiologists

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