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EDITORIAL

Telehealth is Crucial for Pain Medicine: Patients and Doctors are at the Brink, and Medicare Must Act Now

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Telehealth has been defined as the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.[1] Although its applications have become broad across all areas of healthcare, this analysis will focus solely on its importance to pain medicine. As is the case in myriad areas of clinical practice, telehealth has transformed pain management by making care accessible to patients with mobility, travel, or time constraints. The COVID-19 pandemic proved that virtual visits could benefit patients and the pain care system broadly, offering pain patients an effective way to consult with specialists, manage medications, and receive psychological support. However, unless Congress acts, Medicare's broad telehealth coverage will expire on March 31, 2025.[2] However, given the tendency of private health insurers to follow Medicare's guidance when "convenient" (ie, financially advantageous for private insurers), we are concerned that Medicare's failure to continue to support telehealth will potentially have even broader implications. Although Congress potentially has the power to extend Medicare telehealth coverage as part of the American Relief Act 2025, the current state of severe confusion in Washington, DC and recent actions by the Department of Government Efficiency do not bode well for continued Medicare telehealth coverage.

Chronic pain patients benefit significantly from telehealth. Virtual visits improve access, reduce the need for travel, improve treatment adherence, provide greater support for multidisciplinary consultation, and lower healthcare costs by preventing emergency visits and hospitalizations.[3] Waiting times in specialty medicine have been dramatically reduced through telehealth applications. For example, a review determined that rather than waiting 2 to 3 months for consultation, utilization of telehealth in pain clinics was able to reduce waiting times to as few as four business days.[4] This inefficient resource utilization potentially results in increased inequities and disparities and is inconsistent with the bioethical principle of "justice".[5] Compounding our concerns is the current medical education system's failure to produce a sufficient number of Pain Medicine specialists to meet the demand for advanced-level care. According to the Institute of Medicine, there is only one board-certified Pain Medicine specialist for every 28,500 individuals experiencing pain.[6] Not surprisingly, access to adequate pain care is considerably more limited for those living in rural areas than urban and suburban locales.[7] Data strongly suggest that telehealth outcomes are comparable to in-person visits, with high patient satisfaction.[8] Restricting telehealth access would disrupt care and force patients back into an antiquated system that often fails to meet their needs efficiently.

During the pandemic, healthcare shifted from in-person, face-to-face interactions with medical staff to virtual appointments leveraging audio and video technology. This was implemented nationwide in primary care settings, specialty clinics, and mental health organizations.[9,10] Patients report satisfaction with these clinical interactions, travel cost savings, reduced caregiver burden, and fewer disruptions to their daily lives. Through telehealth, clinicians can engage with patients without needing expensive infrastructure investments by health systems.[11] Other healthcare cost

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savings, such as avoiding emergency department visits and hospital readmissions, are among the benefits of telehealth.[12] Patients, especially those with mobility issues who live far from their doctors and need frequent follow-ups, benefit from virtual visits in reducing social isolation and improving compliance with care plans.[13,14] Virtual visits provide routine care, educational content, health screenings for referral to in-person visits, and psychosocial support, demonstrating improvements in mental health outcomes.[13,15] Given that patients have found telehealth visits to be at least as desirable as in-person visits, chronic pain clinics have routinely implemented telehealth visits since the onset of COVID-19.

Severe deficiencies in the broader healthcare landscape underscore the need for continued telehealth support. Insurance denials are at an all-time high, exacerbating the difficulties patients and providers face. The recent killing of the United Healthcare CEO recently elucidated the severity of public frustration regarding insurer practices. A Kaiser Family Foundation (KFF) analysis determined that insurers of qualified health plans (QHPs) sold on HealthCare.gov denied 19% of in-network claims and 37% of out-of-network claims in 2023, with an overall average denial rate of 20%.[16] The authors determined that patients rarely appeal these denials, with fewer than 1% of rejected claims being contested and insurers upholding 56% of their original decisions. The burden of navigating these denials falls heavily on patients, caregivers, and families, leading to delays in care and unnecessary suffering.

Simultaneously, physicians struggle with inadequate reimbursement from Medicare, which has failed to keep pace with inflation. Hundreds of physicians recently rallied in Washington, D.C., supporting H.R. 879, the Medicare Patient Access and Practice Stabilization Act, which seeks to halt the 2.83% cut in Medicare payments to physician practices this year and provide a 2% payment update.[17] According to the American Medical Association, when adjusted for inflation, physicians in 2025 are paid 33% less for Medicare patient care than in 2001. Physicians face mounting financial pressures without appropriate reimbursement, leading to clinic closures, reduced patient access, and increased provider burnout. Both cost-saving and profit-promoting insurance payment policies are good for neither patients nor providers.

Telehealth has become a vital tool in pain management, improving access, reducing costs, and enhancing patient care. It has been surmised that the mutual benefits of telehealth, both patients and healthcare providers, have played an imperative role in allowing pain physicians to continue working in our efforts to reduce the suffering associated with undertreated pain. This is consistent with the results of a 2015 transaction cost analysis of the benefits of telehealth formats in pain medicine.[18] Discontinuing Medicare telehealth coverage would disrupt treatment, limit options for those with mobility and travel challenges, and strain an already overburdened system. Patients and physicians are already taxed by a complex, inefficient healthcare system, with mounting financial pressures and barriers to care. Congress must act now to make telehealth coverage permanent, ensuring that pain patients receive timely, effective care without unnecessary obstacles.

Disclosure

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