POLICY BRIEF

Pain prevention and treatment using the Internet: possibilities and policy implications

Translational Behavioral Medicine

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POLICY RECOMMENDATIONS

1. Once effectiveness and efficacy of these Web-based pain management strategies have been determined, policies that facilitate training and dissemination to health care providers are needed.
2. Policies on coordination of these programs are necessary for development of best practices and to reduce the duplication of efforts.
3. For programs managed and recommended in clinical practice, reimbursement policies are necessary.

RESEARCH AND PRACTICE RECOMMENDATIONS

1. Validated and rigorous outcome studies are needed to establish the effectiveness of both content and delivery method.
2. More research is needed on tailoring traditionally delivered interventions and respective components to Web-based or mobile applications.
3. Studies on the effectiveness of these programs should be coordinated to facilitate large, more generalizable results.

Missed opportunities—Chronic pain affects almost one third of the US population with tremendous economic and societal costs. Most often, the prescribed treatment for chronic pain are pharmacological and interventional pain strategies. Although beneficial, behavioral approaches to chronic pain management are not consistently integrated in medical practice. These approaches show promise in effectively managing pain, but medical professionals cite lack of knowledge, training, reimbursement, or logistic difficulties for patients (e.g., travel) as barriers to implementing behavioral approaches to their pain management protocol.

Internet delivery of evidence-based behavioral medicine pain treatments—As a way to address barriers to promote and use behavioral approaches to pain treatment, Web-based interventions are being developed and tested. Behavioral medicine pain treatments offered through the Internet can reach patients in an affordable and convenient way. Although the literature is still evolving, recent reviews support the utility of using the internet as a means of delivering behaviorally based interventions for pain. One benefit of these programs is that they are self-paced, yet could be a way to disseminate evidence-based interventions to a wide population. There are three main types of these interventions.

Guided programs: These combine technology with active involvement of a professional who interacts with the individuals completing the program. Successful programs of this type include self-management of low back pain, chronic disease, and arthritis. Results from studies conducted on the acceptance, efficacy, and cost-savings of these interventions are positive.

Unguided programs: These automated programs allow patient users to complete an intervention in a self-directed manner. They are very similar to the guided programs in content but do not include professional involvement. These programs have addressed management of general pain, low back pain, and fibromyalgia. Although few have been empirically tested, preliminary findings are promising.

Mobile applications: These applications deliver health-related tools and resources using wireless devices such as smart phones and tablet computers. Programs like these have the potential to reach underserved groups since they are more likely to access the Internet using mobile devices. Examples of applications include pain tracking and training in behavioral skills to reduce pain. This rapidly evolving field is relatively untested for effectiveness.

BOTTOM LINE:

Incorporating technology and the Internet into the delivery of behavioral pain management interventions has the potential for effectiveness and cost savings, but more research is needed before policies can guide the action.