THE
CATHOLIC HEALTH
ASSOCIATION
OF THE UNITED STATES

July 20, 2006

Ms. Nancy Matheson, PhD
Project Director
American Institutes of Research
1000 Thomas Jefferson Street, NW
Washington, DC 20007

Re: Comments on Revised Guidance to Surveyors of Long Term Care Facilities for the current tag, F309 Quality of Care: Assessment and Management of Pain

Dear Dr. Matheson:

On behalf of our nearly 2,000 member hospitals, health systems, long-term facilities, and other providers of care, the Catholic Health Association (CHA) welcomes this opportunity to provide the Center for Medicare and Medicaid (CMS) with our comments, concerns, and suggestions on the revised Guidance to Surveyors of Long Term Care Facilities for the current tag, F309 Quality of Care: Assessment and Management of Pain. Our membership includes close to 400 skilled nursing facilities (SNFs). CHA fully supports CMS's efforts to ensure that residents of long-term care facilities receive the highest quality care - which includes optimal pain management. Pain in the elderly is a great challenge, and the revised Guidance will help enhance the lives of residents.

We are very impressed with the revised Guidance. We feel that the pain management measures outlined in it are reasonable and will help improve the quality of pain management in long-care facilities. It also will help refocus attention on the issue of palliative care. Compassionate care to all persons, especially to persons who are in pain and who are dying, is a hallmark of Catholic health care. Many of our member long-term care facilities are implementing the measures outlined in the revised Guidance.

General Comments

Promote Palliative Care
The revised Guidance provides a comprehensive overview of the clinical

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aspects of pain management. We suggest that CMS also use the revised Guidance to enhance surveyors' understanding of the broader aspects of palliative care. We believe that quality care needs to address the physical symptoms of pain and the psychological, social, and spiritual distress that often accompanies life-threatening illness or the presence of intense, chronic pain.

We recommend including a description of palliative care in the Guidance to Surveyors section. Palliative care programs are continuing to mature and we feel that the Guidance should reflect CMS's view of this important component of care. A comprehensive definition should help surveyors understand the core concepts and the complexities of addressing pain using the palliative care approach. In instances where efforts to treat physical pain are unsuccessful, it is often the psychological, social, and spiritual care aspects of palliative care that enhance the quality of life of a resident. Another important concept of palliative care that surveyors need to understand is that pain management should be specifically tailored to a resident's needs and wishes, and that treatment options should be evaluated in the context of a resident's values and symptoms. This means there may be instances when a resident chooses not to receive certain recommended treatment.

Focus on Outcomes vs. Specific Approaches
CHA also recommends that the Guidance should clearly communicate that the suggested approaches to screen, assess, document, and treat pain should not be viewed by surveyors as the only approach to pain management. As we stated earlier, many of our member long-term care facilities are already implementing pain management measures. By focusing on the full range of residents' needs and wishes, they have found that there are a variety of approaches that can be used to enhance the quality of life of their residents. Effective interventions may be based on a resident's personal, cultural, spiritual, and/or ethnic beliefs. A few examples of these other types of interventions include prayer and meditation, acupuncture, and oriental herbal treatments. Desired outcomes may be achieved through the use of these types of interventions, some of which may not be recognized as a formal standard of care. Therefore, we feel the Guidance should advise surveyors to focus on the resident's desired outcomes versus specific approaches. The Guidance should advise surveyors that approaches should be considered valid and appropriate if they result in meeting residents' goals/wishes.

Recognize Resident's Right to Refuse
Finally, we feel that the Guidance should advise surveyors that there may be instances when a resident refuses interventions to manage pain. There are many reasons a resident may refuse attempts to alleviate pain - the intervention may cause side effects the resident finds intolerable or the resident may wish to stay fully alert so that he or she can interact with family and friends during visiting times. We feel that it is very important for

surveyors to understand that health care providers do consider the context in which care is being delivered. It is also important not to expect every intervention to be applied in all circumstances.

Specific Comments

We also have some specific recommended changes to sections of the revised Guidance. We are presenting our recommendations as outlined in the reference sheet entitled "Tips for Reviewers".

Section within the document: Guidance to Surveyors
Page: B-6

In describing the components of a thorough pain history, the Guidance gives a very specific example - the mnemonic PQRSTA. While this appears to be a valid method, we are concerned that surveyors will interpret it as the only acceptable method. For more than 10 years JCAHO-accredited nursing homes have developed / implemented pain assessment and management programs, and, more recently, many nursing homes have worked with their Quality Improvement Organizations (QIOs) to develop / implement pain management programs. Neither JCAHO nor the QIOs mandate a specific methodology to do this. Although the proposed guidelines use PQRSTA only as an example, the concern, as stated above, is that surveyors will interpret it as a requirement.

We recommend that language be added in this section which expressly advises surveyors that other practices that capture the information in the mnemonic are acceptable.

Section within the document: Guidance to Surveyors
Page: B-8

Sub-section: Management
In describing how interventions should be managed, the Guidance notes that the resident's needs should be a key consideration. We would recommend that this statement be expanded to also note that the resident's cultural, ethnic, and personal desires should also be considered

Sub-section - Non-Pharmacological Interventions or Complementary Therapies
We recommend adding language which explains that non-pharmacological interventions may be non-medical and focus on addressing the psychological, social, and spiritual needs of the resident. While these interventions may not always alleviate physical pain, they can be critical to improving the overall quality of life of residents.

Section within the document: Investigative Protocol
Page: B-15

Sub-section: 2. Resident/Representative Interviews
We recommend removing the example of PQRSTA provided with the second bullet, since surveyors may interpret this to be the only approach for documenting pain.

We recommend that a sentence be added to the fourth bullet which states that a resident has the right to refuse suggested interventions.

Section within the document: Investigative Protocol
Page: B-17

Sub-section: Interviews with health care practitioners and professionals
The protocol advises the surveyor to interview health care practitioners and professionals if it appears that interventions or care provided is not consistent with "current standards of practice," or if the resident's pain is not being managed effectively.

First, we recommend that language should be added that clarifies what is meant by standards of practice. It should be clearly noted if the protocol is referring to standards of practice developed by a standards-setting organization such as the American Academy of Pain Management. Since a comprehensive palliative care approach includes the integration of physical, psychological, and spiritual aspects of care, standards should address all these aspects of care.

Second, we suggest adding language to the protocol which encourages the surveyor to determine if the resident has refused pain treatment options if it appears that the resident's pain in not being managed effectively.

Section within the document: Investigative Protocol
Page: B-19

Sub-section: Synopsis of regulation
In the second bullet in this section the protocol states, "The facility must provide the care and services for the resident to attain or maintain his/her goals for pain management and comfort that is consistent with current standards of practice, assessment, and plan of care." We recommend adding language that clarifies that the resident may choose to refuse interventions suggested by health care providers.

Thank you for your consideration of our comments. We hope these comments are helpful to you as you finalize the revisions to this Guidance. If you have any questions, please contact me at 202-721-6324 or at mrodgers@chausa.org.

Sincerely,

Michael Rodgers
Senior Vice President, Public Policy and Advocacy