

**REPORT OF THE
JOINT COMMISSION ON HEALTH CARE**

**PAIN MANAGEMENT
STANDARDS FOR
LONG-TERM CARE FACILITIES**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



REPORT DOCUMENT NO. 131

**COMMONWEALTH OF VIRGINIA
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Preface

House Joint Resolution 160 (HJR 160) of the 2004 General Assembly Session would have required the Joint Commission on Health Care (JCHC) to "examine the issue of developing a pain management standard for long-term care facilities in Virginia." The House Rules Committee tabled HJR 160 but requested a review of the issue by JCHC.

This three-year study included a staff report in 2004 on Virginia's previous efforts to address pain management, a report in 2005 by the Virginia Health Quality Center titled *Virginia-Specific and National Findings on the Nursing Home Quality Initiative Related to Pain Management*, and a final JCHC report in 2006.

A stakeholder work group was convened by JCHC staff to examine the need for new pain management standards for long-term care facilities in Virginia. The following organizations were represented on the work group:

- Virginia Assisted Living Association,
- Virginia Association for Home Care and Hospice,
- Virginia Association for Hospices,
- Virginia Association of Nonprofit Homes for the Aging,
- Virginia Board of Nursing,
- Virginia Health Care Association, and
- Virginia Health Quality Center.

The workgroup identified three major barriers to effective pain management in long-term care facilities including education, cultural challenges, and systemic problems. However, the workgroup also found that a number of initiatives were underway in Virginia to help address these barriers. After considering the numerous public and private initiatives that were underway, the workgroup concluded that establishing specific pain management standards for long-term care facilities would be both ineffective and unnecessary.

Kim Snead
Executive Director

July 2007

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Executive Summary

Authority for Report

House Joint Resolution 160 (HJR 160) introduced in the 2004 General Assembly Session by Delegate Brink would have required the Joint Commission on Health Care (JCHC) to "examine the issue of developing a pain management standard for long-term care facilities in Virginia." The House Rules Committee tabled HJR 160 but requested a review of the issue by JCHC.

Background

Pain management standards have been developed by such organizations as:

- American Medical Directors Association,
- American Geriatric Society,
- American Medical Association,
- American Pain Society / American Academy of Pain Medicine,
- Federation of State Medical Boards of the United States, Inc.,
- Joint Commission on Accreditation of Health Care Organizations, and
- World Health Organization.

Some of the standards specifically address pain management in long-term care populations.

Medicare's Nursing Home Compare website reports on a number of quality indicators, including pain management. According to the Medicare website's September 2006 report, five percent of long-stay residents in Virginia reported to have moderate to severe pain (which matched the national average of five percent).

Previous Pain Management Efforts in Virginia

SJR 72 (1994) created the Joint Subcommittee to Study the Commonwealth's Current Laws and Policies Related to Chronic, Acute and Cancer Pain Management. This major study, undertaken from FY 1995 through FY1998, found:

- A lack of physician awareness of proper pain management techniques,
- Controlled substance laws that acted as barriers to effective pain management, and

- Insurance policies that failed to reimburse for pain management.

As a result of the Joint Subcommittee's efforts several actions were implemented to improve pain management polices in the Commonwealth, including:

- Clarification of the "intractable pain law" that allows for higher doses of prescription medication to be provided for pain,
- Development of the first guidelines in the nation for the use of opioids in managing pain by the Medical Society of Virginia (MSV),
- Endorsement of the MSV guidelines by the Board of Medicine as authorized by the General Assembly, and
- Integration of pain management into Virginia's medical schools curricula.

In 2001, JCHC completed a study on palliative care at the request of the Speaker of the House of Delegates. As indicated by the American Academy of Hospice and Palliative Medicine, "The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies." The JCHC study found improvements were possible in the provision and understanding of palliative care in Virginia. During the 2002 Session, JCHC introduced a budget amendment for \$250,000 GFs to establish a Virginia Palliative Care Partnership. The Partnership was tasked with designing a ten-year plan for palliative care in Virginia; however, the budget amendment was not included in the approved budget. (It should be noted in 2005, SJR 352 and HJR 605 were adopted. The resolutions encouraged the health care community to increase the education and training of health care professionals in the techniques and benefits of palliative care as well as to increase patient understanding of palliative care as a component of treatment.)

JCHC Study of Pain Management in Long-Term Care Facilities

This three-year JCHC study included: a staff report in 2004 on Virginia's previous efforts to address of pain management, a report in 2005 by the Virginia Health Quality Center titled *Virginia-Specific and National Findings on the Nursing Home Quality Initiative Related to Pain Management*, and a final report in 2006 regarding the conclusions of the stakeholder work group convened by JCHC staff.

The stakeholder work group was convened to examine the status of pain management in Virginia's long-term care facilities and to review the need for encouraging new standards. The following organizations provided one or more representatives, (including providers and clinicians):

- Virginia Assisted Living Association (VALA),

- Virginia Association for Home Care and Hospice (VAHC),
- Virginia Association for Hospices (VAH),
- Virginia Association of Nonprofit Homes for the Aging (VANHA),
- Virginia Board of Nursing,
- Virginia Health Care Association (VHCA), and
- Virginia Health Quality Center (VHQC).

The work group identified three major barriers to effective pain management in long-term care facilities including education, cultural challenges, and systemic problems.

Knowledge of effective pain management strategies and the purpose of pain management is lacking in a variety of stakeholder groups, from clinicians to patients and their families. Educational barriers range from a lack of knowledge about non-pharmacological methods to a misunderstanding of the role of palliative and hospice care. Culture may also play a critical role in recognizing the importance of pain management. Part of the inability to understand may be due to language barriers. In addition, systemic obstacles such as a lack of resources, restrictive Medicare Part D formularies, and miscommunication among providers may contribute to ineffective pain management practices.

The work group identified a number of initiatives underway in Virginia to help address the barriers recognized by the work group including:

- VAHC is planning a seminar concerning pain management;
- VHCA and VAHC are working collaboratively to address the issue;
- VANHA has provided educational opportunities for their members at several conferences;
- VHCA, VANHA, VHQC, VDH, the Office of the State Long-Term Care Ombudsman, and the Virginia Medical Directors Association are participating in the Advancing Excellence in America's Nursing Homes campaign;
- The Board of Medicine has standards in place for the use of opioids; and
- VHQC provides education across the state on pain management.

Achieving Balance in State Pain Policy: A Progress Report Card completed by the University of Wisconsin's School of Medicine and Public Health recognized the progress being made in Virginia in giving a grade of "A" for pain management policies in 2006. Previous reviews, completed in 2000 and 2003 by the same organization, had given Virginia a "B" grade on pain management policies.

After considering the numerous public and private initiatives that were underway, the workgroup concluded that establishing specific pain management standards for LTC facilities would be ineffective and unnecessary.

JCHC Staff for this Report

April R. Kees

Principal Health Policy Analyst

Catherine W. Harrison

Senior Health Policy Analyst

Pain Management in Long-Term Care Facilities
Summary from LTC Subcommittee Decision Matrix
November 15, 2004

REVIEW OF STUDY FINDINGS

HJR 160 of the 2004 General Assembly Session would have required a study of pain management in long-term care facilities. The resolution was tabled in the House Rules Committee. The Joint Commission completed a review at the request of the House Rules Committee. Specifically, HJR 160 would have required an examination of the issue of developing a pain management standard for long-term care facilities.

Definitions

Pain is "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage, or both." Effects can range from minor to those that impair an individual's ability to perform the activities of daily living. Pain or symptom management may "require preventive, life-prolonging, rehabilitative and palliative treatments in varying degrees throughout the course of an eventually fatal illness."

Palliative Care involves "The branch of medicine that provides active care for people with chronic disease which is not responsive to curative treatment." A primary goal is to provide comfort and relief from pain and suffering. Palliative care may be provided in concert with therapeutic care or when therapeutic efforts are no longer beneficial.

Concerns Regarding Pain Management

Some research has indicated that up to 85 percent of nursing home residents have physical pain. *Means to a Better End*, a report released in November 2002, provided an analysis of pain management policies and the percentage of nursing home residents reporting persistent pain in each of the 50 states and the District of Columbia. Virginia received a grade of "D" on the pain policies that were in place in 2001. It was reported that in 1999, 39.1 percent of nursing home residents in Virginia were in persistent pain.

Medicare's Nursing Home Compare website provides some statistics regarding the percentage of long- and short-term residents who are in moderate to severe pain. According to the Medicare site in 2004, approximately six percent of long-term residents had moderate to severe pain in Virginia. This was in line with the national average of six percent. The Medicare site also reported that approximately 20 percent of short-stay residents in Virginia had moderate to severe pain; while the corresponding national average was 22 percent.

Research has found that pain is often under-treated. In the 1995 SUPPORT report, 50 percent of terminally ill patients reported being in moderate to severe pain. In a 1999 study reported in JAMA, 39 percent of elderly cancer patients in nursing homes experienced daily pain but only 12 percent were treated. Commonly identified reasons for physicians under-treating pain include: being unfamiliar with effective pain treatment, being afraid of investigation or prosecution for prescribing high doses of controlled substances, and being unaware of the level of pain patients suffer. Also, patient misconceptions about pain medication can result in inadequate management of pain and symptoms. Additional considerations must be taken into account when

dealing with an elderly population.

The Number of Providers and Education in the Area Could Improve

A survey conducted by the Association of American Medical Colleges (AAMC) in 2000-2001 found that only “3 percent of medical schools have a separate required course on pain management and just 4 percent required a course on end of life care.” And, “(l)ess than a third of schools offer elective courses in pain management and only a quarter of schools provide electives in end of life care....”

Virginia received a score of an “E” regarding the percentage of general primary and primary care subspecialty physicians who are certified in palliative medicine in 2000. Since that time, the number of physicians with this certification by the American Board of Hospice and Palliative Medicine has increased from six to 36. Virginia received a score of a “C” regarding the percentage of full-time equivalent nurses (estimated) who are certified in palliative care in 2000. Since that time, the number of nurses with this certification by the Hospice and Palliative Nursing Association has increased from 52 to 226.

Background on Pain Management Efforts in Virginia

SJR 72 (1994) created the Joint Subcommittee to Study the Commonwealth’s Current Laws and Policies Related to Chronic, Acute and Cancer Pain Management. This major study effort was undertaken by the Joint Subcommittee from FY 1995 through FY 1998. Some examples of findings by the Joint Subcommittee included: a lack of physician awareness of proper pain management techniques, controlled substance laws that acted as barriers to effective pain management, and insurance policies that failed to reimburse for pain management. During the time that the Joint Subcommittee met, 11 bills and resolutions related to pain management were passed.

Also, a number of actions were taken as a result of the Joint Subcommittee’s work including: the “intractable pain law” that allows for higher doses of prescription medication to be provided for pain was clarified, the Medical Society of Virginia (MSV) developed the first guidelines in the nation for use of opioids in managing pain, the Board of Medicine was authorized by the General Assembly to endorse MSV guidelines, and Virginia’s medical schools worked to integrate pain management into their curricula.

In addition, a previous JCHC study focused on palliative care services in Virginia. HJR 369 (2000) directed the Joint Commission to study issues in palliative care including: identifying barriers and deficiencies in the health care system, developing an evaluation plan to assess quality outcomes of palliative care, and creating a mechanism to fund palliative care initiatives. HJR 369 was not passed by the General Assembly; however, the study was done at the request of the Speaker of the House of Delegates. As a result of this study, several policy options were considered by JCHC. A budget amendment was introduced but not adopted regarding funding to direct the Commonwealth’s academic health centers to develop a plan for establishing a Virginia Palliative Care Institute. The Institute would have addressed palliative care issues, applied for grant funding, developed resources, coordinated training, and conducted research on “best practices” and other issues related to palliative care.

Actions Taken to Address Pain and Symptom Management

In Virginia, laws have been enacted to allow physicians to prescribe and pharmacists to dispense high doses of pain medication as needed. Also, statutes related to the intractable pain law have been strengthened. Nationally, standards issued by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) specifically require pain and symptom management. A variety of organizations and associations have adopted standards for pain management. These organizations/associations include the following: American Geriatric Society, American Medical Association (AMA), American Pain Society (APS)/American Academy of Pain Medicine (AAPM), Federation of State Medical Boards of the United States, Inc., Joint Commission on Accreditation of Health Care Organizations (JCAHO), and the World Health Organization.

An additional initiative on pain management includes the American Medical Association (AMA) creation of a national Pain Management CME program to address issues related to pain management, including issues related to protecting the "legitimate use of prescription drugs for patients in pain." The American Academy of Pain Medicine (AAPM) also has an initiative called TOP MED (Topics in Medicine) which will be a "virtual textbook" on treating patients suffering from different types of pain. This "virtual textbook" is to be web-based and free of charge to medical students. TOP MED is scheduled to be available in the fall of this year and will include nine modules and a self-test.

The final initiative regarding pain management to be discussed is the Nursing Home Quality Improvement Initiative. The initiative was launched in November 2002 by the US Department of Health and Human Services. It was created to help individuals and their families find nursing homes that suit their needs and nursing homes improve the quality of care provided. As part of the initiative, nursing home improvement measures are available through *Nursing Home Compare* on the web or via phone. The Virginia Health Quality Center is under contract with the Centers for Medicare and Medicaid Services (CMS) as the Quality Improvement Organization (QIO) with the State of Virginia and is therefore charged with the initiative for the state.

The Virginia Health Quality Center (VHQC) is working with 35 (of ~ 280) nursing homes in Virginia "in a focused quality improvement project designed to accelerate and strengthen their quality improvement efforts in the areas of pain management and pressure ulcers." VHQC works intensively with the 35 nursing homes signed on to the initiative to improve pain management for residents. Facilities are encouraged to work on process improvement through self-assessment and improvement teams. VHQC provides training on quality improvement in this area but does not advocate a particular group's standards. VHQC also supports facilities statewide through their web-based trainings, monthly newsletters, and other interventions that promote quality improvement with pain management.

VHQC reports that pain was the number one measure chosen by states for the Nursing Home Quality Improvement Initiative. This three-year initiative is scheduled to be completed in August 2005. At that time, more information on results for Virginia and nationally will be available. In addition, it is anticipated that pain management is expected to be an ongoing area of focus nationwide as the Nursing Home Quality

Improvement Initiative continues. Industry associations have been supportive and have collaborated on this initiative since its inception and have also supported VHQC's efforts to develop best practices and protocols for the assessment of managing pain.

Pending Federal Legislation Concerning Pain Management

The following provide a description of pending federal legislation related to pain management.

Conquering Pain Act of 2003 (H.R. 2507 and S. 1278)

- Would create national models via six Family Support Networks for Pain Management to improve access to and quality of palliative care.
- The legislation remains in Committee.

National Pain Care Policy Act of 2003 (H.R. 1863)

- Would establish a White House conference on pain care which would identify barriers to adequate pain care.
- Would create a National Center for Pain and Palliative Care Research within the National Institutes of Health.
- The legislation remains in Committee.

Living Well with Fatal Chronic Illnesses Act (H.R. 2883)

- Directs training of health professionals in palliative care through the Health Resources and Services Administration.
- Requires the National Institutes of Health Centers of Excellence to conduct research and education in this area.
- The legislation remains in Committee.

Source: Means to a Better End: A Report in Dying in America Today, Last Acts, November 2002, the Centers for Medicare and Medicaid Services Nursing Home Compare website, 2004; About the AMA Position on Pain Management Using Opioid Analgesics, American Medical Association website, 2004; Nursing Home Quality Initiative, Virginia Health Quality Center website, 2004; and End of Life Issues, Health Policy Tracking Service, 10-4-2004.

OPTIONS

Option I: Take no action.

Option II: Include in the 2005 work plan for JCHC, further study and analysis of issues related to pain management. Including a work group to examine the development of pain management standards for long-term care facilities.

One comment was received **in support of Option II if Option III is not found to be viable.**

Virginia Association of Nonprofit Homes for the Aging (VANHA).

Option III: Request that the Virginia Health Quality Center report to the Commission the Virginia-specific and national findings of the nursing home quality improvement project related to pain management.

One comment was received **in support of Option III.**

Virginia Association of Nonprofit Homes for the Aging (VANHA).

***Virginia-Specific and National Findings
on the
Nursing Home Quality Initiative
Related to Pain Management***

October 25, 2005

**Joy Hogan Rozman
President & CEO**

This material was prepared by the Virginia Health Quality Center, the Medicare Quality Improvement Organization for Virginia, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. VHQC/1a/9-26-2005/131



The VHQC

- Serves as Medicare Quality Improvement Organization for VA
- Serves as advocate for Medicare beneficiaries
- Serves a wide range of clients
- Partners with Virginia's health care community
- Has an extensive and varied staff
- Recognized for health care quality improvement expertise and excellence



NHQI

- Launched in November 2002 by the US Department of Health and Human Services
- Created to help:
 - *Individuals and their families find nursing homes that suit their needs*
 - *Nursing homes improve the quality of care provided*
- Nursing home quality measures are available through Nursing Home Compare at www.medicare.gov or 1 800 Medicare.

The NHQI In Virginia

- Involved support of statewide facilities and intensive work with 35 VA nursing homes
- Focused on quality improvement efforts in pain management and pressure ulcers
- Encouraged process improvement through self-assessment and improvement teams

The NHQI In Virginia (continued)

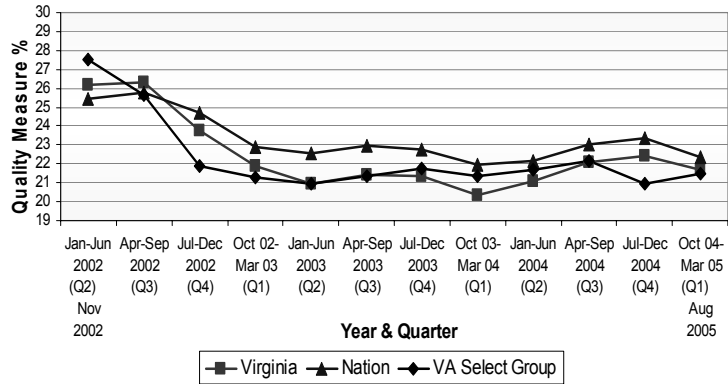
- Pain was the number one measure chosen by states nationwide for the NHQI.
- Industry associations, state survey agency and the State Long-Term Care Ombudsman have been very supportive.
- Three-year initiative was completed in August 2005 when a new initiative began.

Results

- VA participating and statewide facilities had lower percentages of residents in pain over the course of the NHQI.
- VA improvements slightly exceeded national improvements.
- VA and national results showed marked early improvement.
- VA and national improvement slowed over time.

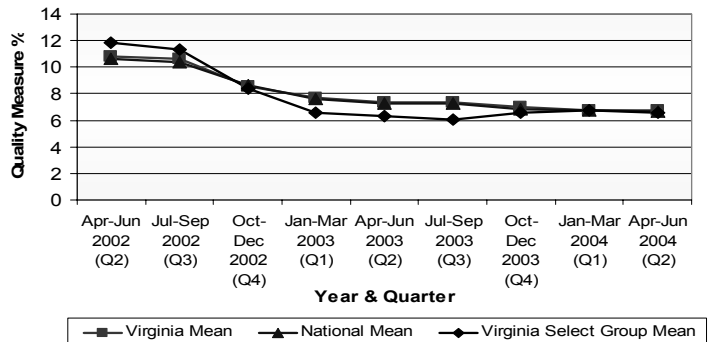
Post Acute Pain Quality Measure

Post Acute Care Residents with Pain:
Quality Measure Score Trends



Chronic Care Pain Quality Measure

Chronic Care Residents with Pain:
Original Quality Measure Score Trends



Future NHQI Work

- Continued focus on Chronic Pain QM improvement in Virginia
- Ongoing education
 - About quality improvement methods
 - About pain assessment and management resources
 - For new select group of 45 nursing homes
 - For statewide facilities.
- Continued partnership with key stakeholders

Pain Management Standards for LTC Facilities

(Revised)

Presentation to:
**The Long-Term Care/Medicaid Reform Subcommittee
Joint Commission on Health Care**

Catherine W. Harrison
Senior Health Policy Analyst



October 19, 2006
Richmond, Virginia



Authority for the Report

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- HJR 160 in 2004 (Delegate Brink) would have required JCHC to “examine the issue of developing a pain management standard for long-term care facilities in Virginia.”
- The House Rules Committee tabled HJR 160 but requested a review of the issue by JCHC.
- A review of pain management in long-term care (LTC) facilities was reported to JCHC in 2004.
 - The Commission approved:
 - Including the issue in the 2005 work plan with the addition of a JCHC workgroup to examine the development of pain management standards for LTC facilities.
 - Requesting a report from the Virginia Health Quality Center on Virginia-specific and national findings of the nursing home quality improvement project related to pain management.



Presentation Outline

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- *Background*
- Pain Management Efforts in Virginia
- Findings of the Pain Management Workgroup

Joint Commission on Health Care



Definitions

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- Pain:
 - “An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage or both.”
 - Effects can range from minor to those that impair an individual's ability to perform the activities of daily living.
 - Pain or symptom management may “require preventive, life-prolonging, rehabilitative and palliative treatments in varying degrees throughout the course of an eventually fatal illness.”
- Palliative Care:
 - “The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for patients and their families, regardless of the stage of the disease or the need for other therapies... Palliative care expands traditional disease-model medical treatments to include the goals of enhancing quality of life for patient and family, optimizing function, helping with decision-making and providing opportunities for personal growth. As such, it can be delivered concurrently with life-prolonging care or as the main focus of care.”
 - Pain management is an essential component of palliative care.

Source: International Association for the Study of Pain website, 2006 and the American Academy of Hospice and Palliative Medicine website, 2006

Joint Commission on Health Care



Pain Management Issues in LTC

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- *Means to a Better End*, a report released in November 2002, provided an analysis of pain management policies and the percentage of nursing home residents reporting persistent pain in each of the 50 states and the District of Columbia.
 - Virginia received a grade of “D” on the pain policies that were in place in 2001.
 - It was reported that in 1999, 39.1 percent of nursing home residents in Virginia had persistent pain.
- In 2006, *Achieving Balance in State Pain Policy: A Progress Report Card* was issued by the Pain and Policy Studies Group at the University of Wisconsin School of Medicine and Public Health
 - Virginia was one of two states to receive an “A” grade
 - Previous reviews in 2000 and 2003 by the same organization had given Virginia a “B” grade.
- Medicare’s Nursing Home Compare website provides some statistics regarding quality indicators, including pain.
 - Percent of long-stay residents who had moderate to severe pain as reported in 2006:
 - Virginia average: 5 percent
 - National average: 5 percent

Source: *Means to a Better End: A Report on Dying in America Today*, Last Acts, November 2002; *Achieving Balance in State Pain Policy: A Progress Report Card*, University of Wisconsin School of Medicine and Public Health, September 2006; and the Centers for Medicare and Medicaid services Nursing Home Compare website, 2006

Joint Commission on Health Care



Presentation Outline

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- Background
- Pain Management Efforts in Virginia*
- Findings of the Pain Management Workgroup

Joint Commission on Health Care



Background on Pain Management Efforts in Virginia

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- SJR 72 (1994) created the Joint Subcommittee to Study the Commonwealth's Current Laws and Policies Related to Chronic, Acute and Cancer Pain Management.
- This major study effort, undertaken by the Joint Subcommittee from FY 1995 through FY 1998, found:
 - A lack of physician awareness of proper pain management techniques
 - Controlled substance laws that acted as barriers to effective pain management
 - Insurance policies that failed to reimburse for pain management.
- During that time, 11 bills and resolutions related to pain management were passed.

Joint Commission on Health Care



Actions Resulting from Joint Subcommittee's Work

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- A number of legislative and administrative actions were taken as a result of the Joint Subcommittee's work:
 - The "intractable pain law" that allows for higher doses of prescription medication to be provided for pain was clarified
 - Medical Society of Virginia (MSV) developed the first guidelines in the nation for use of opioids in managing pain
 - Board of Medicine was authorized by the General Assembly to endorse MSV guidelines
 - Virginia's medical schools worked to integrate pain management into their curricula.

Joint Commission on Health Care



Previous JCHC Study Focused on Palliative Care Services in Virginia

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- HJR 369 (2000) directed the Joint Commission to study issues in palliative care including:
 - Barriers and deficiencies in the health care system
 - An evaluation plan to assess quality outcomes of palliative care
 - A mechanism to fund palliative care initiatives.
- HJR 369 was not passed by the General Assembly, however, the study was done at the request of the Speaker of the House of Delegates.
 - Several policy options were considered by JCHC.
 - A budget amendment was introduced but not included in the approved budget.
 - The Commonwealth's academic health centers would have been directed to develop a plan for establishing a Virginia Palliative Care Institute.
 - The Institute would have addressed palliative care issues, applied for grant funding, developed resources, coordinated training, and conducted research on "best practices" and other issues related to palliative care.

Joint Commission on Health Care



Actions Have Been Taken to Address Pain and Symptom Management

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- In Virginia, laws have been enacted to allow physicians to prescribe and pharmacists to dispense high doses of pain medication as needed.
 - Statutes related to the intractable pain law have been strengthened.
- In 2005, Senate Joint Resolution 352 and House Joint Resolution 605 encouraged the health care community to increase the education and training of health care professionals in the techniques and benefits of palliative care as well as to increase patient understanding of palliative care as a component of treatment.
- Providers who are accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) must meet standards specifically addressing pain and symptom management.

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Guidelines and Standards Regarding Pain Management Exist

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- American Medical Directors Association (AMDA)
- American Geriatric Society (AGS)
- American Medical Association (AMA)
- American Pain Society (APS)/American Academy of Pain Medicine (AAPM)
- Federation of State Medical Boards of the United States, Inc.
- Joint Commission on Accreditation of Health Care Organizations (JCAHO)
- World Health Organization

Joint Commission on Health Care



Presentation Outline

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- Background
- Pain Management Efforts in Virginia
- Findings of the Pain Management Workgroup*

Joint Commission on Health Care



Pain Management Workgroup

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- In 2006, JCHC staff convened a workgroup of stakeholders to examine the development of pain management standards for LTC facilities.
 - The following organizations provided one or more representatives (including providers and clinicians) for the workgroup:
 - Virginia Assisted Living Association (VALA)
 - Virginia Association for Home Care and Hospice (VAHC)
 - Virginia Association for Hospices (VAH)
 - Virginia Association of Nonprofit Homes for the Aging (VANHA)
 - Virginia Board of Nursing
 - Virginia Health Care Association (VHCA)
 - Virginia Health Quality Center (VHQC).

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Barriers to Effective Pain Management

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- Education
 - Clinicians
 - Reluctance to prescribe certain medications
 - Lack of knowledge of how to treat pain and non-pharmacological methods
 - Inexperience in assessing pain
 - Patient and family
 - Fear of addiction
 - Misunderstanding of the role of palliative and hospice care
- Cultural challenges
 - Clinicians
 - Patient and family
- System
 - Miscommunication among providers about their role in resident care
 - Medicare Part D formulary
 - Lack of resources
 - Staffing shortages (which may affect the timely delivery of medications)
 - Reimbursement
 - Support structure for clinicians with daily interaction with residents
 - Difficult to sustain ongoing education.

Joint Commission on Health Care



Pain Management Standards for LTC Facilities in Virginia

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- Several initiatives are currently underway in Virginia to address many of the barriers identified by the workgroup including:
 - VAHC is planning a seminar concerning pain management.
 - VHCA and VAHC are working collaboratively to address the issue.
 - VANHA has provided educational opportunities for their members at several conferences.
 - VHCA, VANHA, VHQC, VDH, the Office of the State Long-Term Care Ombudsman, and the Virginia Medical Directors Association are participating in the “Advancing Excellence in America’s Nursing Homes” campaign.
 - The campaign is designed to improve the quality of care and life for residents of nursing homes. Pain management is a primary focus.
 - The Board of Medicine has standards in place for the use of opioids
 - VHQC provides education across the State on pain management.
 - Serves as Virginia’s Quality Improvement Organization (QIO).
 - Numerous educational and assessment tools are available to consumers and providers.
 - Several other initiatives are also underway concerning consumers and clinicians.
- After considering the numerous activities and public and private initiatives that are underway, the workgroup concluded that establishing pain management standards for LTC facilities would be ineffective and unnecessary.

APPENDIX A

049444248

HOUSE JOINT RESOLUTION NO. 160

Offered January 14, 2004

Prefiled January 14, 2004

Directing the Joint Commission on Health Care to study pain management in long-term care facilities in the Commonwealth. Report.

Patrons—Brink and Eisenberg

Referred to Committee on Rules

WHEREAS, the Commonwealth must recognize an individual's basic need to be free from physical pain and should protect health care providers from prosecution for good faith efforts to manage pain; and

WHEREAS, in 1994, the Commonwealth was one of the first states to seriously address acute, chronic, and cancer-related pain through the enactment of Senate Joint Resolution 72, creating the Joint Subcommittee to Study the Commonwealth's Current Laws and Policies Related to Chronic, Acute, and Cancer Pain Management; and

WHEREAS, between 1994 when the joint subcommittee was created and 1999, the General Assembly passed a total of 11 bills and resolutions relating to pain management in Virginia; and

WHEREAS, in 1995, by legislative mandate, a national symposium on pain management was given in Richmond; and

WHEREAS, in 1999, guidelines were developed by the Medical Society of Virginia for the use of opioids to treat chronic pain that were approved by the General Assembly and publicized by the Board of Medicine; and

WHEREAS, research shows that up to 85 percent of nursing home residents have physical pain although pain is not a normal part of the aging process; and

WHEREAS, a 2002 report on dying in America demonstrated that 39.1 percent of nursing home residents in Virginia have persistent pain and that Virginia earned a "D" on "strength of state pain policies"; and

WHEREAS, this report indicated that, although 31 states have end-of-life care initiatives, Virginia has no such initiative; and

WHEREAS, a recent study of 2,065 nursing facility residents found that 76.8 percent reported chronic pain and received at least one selected analgesic for such pain; and

WHEREAS, however, this study found that 40.6 percent of the nursing facility residents received no pain assessment during this study; 41.8 percent were assessed for pain by observation only; and only 16.6 percent were assessed by objective measures, i.e., numeric pain scales; and

WHEREAS, although numerous studies indicate that many of these residents were at risk for pain that may have been treatable through alternative therapies, 69.4 percent of the residents in this recent study received no nonpharmacological therapy for pain; and

WHEREAS, other studies have shown that many nursing home residents have daily or excruciating pain, many residents show signs of pain, such as grimacing, that are routinely considered signs of psychological distress; and that a comparison of patients with and without dementia who had broken hips or pneumonia showed that the dementia patients received less than half the pain medications of those without dementia; and

WHEREAS, pain standards are available from several organizations, including the American Geriatric Society, the American Medical Association, the American Pain Society/American Academy of Pain Management; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Joint Commission on Health Care be directed to study pain management in long-term care facilities in the Commonwealth. The Joint Commission shall examine the issue of developing a pain management standard for long-term care facilities in Virginia.

In conducting its study, the Joint Commission shall review the report of the National Conference of State Legislatures titled "State Initiatives in End of Life Care," outlining advice and questions to guide legislators in improving pain and symptom management for patients approaching the end of their lives.

All agencies of the Commonwealth shall provide assistance to the Joint Commission on Health Care for this study, upon request.

The Joint Commission on Health Care shall complete its meetings by November 30, 2004, and the Director shall submit to the Division of Legislative Automated Systems an executive summary of its findings and recommendations no later than the first day of the 2005 Regular Session of the General

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59 Assembly. The executive summary shall state whether the Joint Commission intends to submit to the
60 General Assembly and the Governor a report of its findings and recommendations (for publication as a
61 document). The executive summary and report shall be submitted as provided in the procedures of the
62 Division of Legislative Automated Systems for the processing of legislative documents and reports and
63 shall be posted on the General Assembly's website.



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