3-10-25 Weekly Clinical Update

Despite the 1 month delay in implementation of the revision to regulations from CMS, there are some aspects of that revision that likely will not change. One of those aspects is the revision to F697 Pain Management, so this may be a good time to review a facility's policies and procedures related to pain management. The actual regulation did not change:

483.25(k) Pain Management:

The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

Rather, what changed is the guidance to surveyors.

First, CMS added some definitions:

"Acute Pain" refers to pain that is usually sudden in onset and time-limited with a duration of less than 1 month and often is caused by injury, trauma, or medical treatments such as surgery. (From the Centers for Disease Control and Prevention (CDC))."

"Chronic Pain" refers to pain that typically lasts greater than 3 months and can be the result of an underlying medical disease or condition, injury, medical treatment, inflammation, or unknown cause. (From the CDC)"

"Subacute Pain" refers to pain that has been present for 1-3 months (From the CDC)"

The primary changes to the guidance involve use of opioids and the guidance seems to focus on over-ordering of opioids by practitioners. Under the guidance for "Use of Opioids for Pain Management" is specifically says, "Prescribing practitioners **may** find that opioid medications are the most appropriate treatment for acute pain, subacute pain, and chronic pain **in some residents**. ***Opioid treatment for pain needs to be appropriately assessed and individualized for each resident.*** However, because of increasing opioid addiction, abuse, and overdoses, **prescribers should use caution when prescribing opioids, and consider using alternative pain management approaches, when appropriate. When opioids are used, the lowest possible effective dosage should be prescribed for the shortest amount of time possible after considering all medical needs and the resident should be monitored for effectiveness and any adverse effects…"**

"When starting opioid therapy for acute, subacute, or chronic pain, clinicians may consider prescribing immediate-release opioids instead of extended-release and long-acting."

This means that the ordering practitioner will need to document a complete and timely assessment of the resident's pain and a rationale for ordering the specific pain management regimen for each individual resident. It also means that the facility will need to complete thorough and accurate pain assessments (NOT JUST PAIN RATINGS) routinely which includes the resident's personal goals for

pain management. All of this information should be included in the resident's person-centered, individualized & timely comprehensive care plan.

Additionally, F697 references Resident Rights requirements of being informed, so an Informed Consent is required for use of any/all ordered pain management regimens. "NOTE: Requirements at 483.10(c)(5) describe the resident's right to be informed of the risks and benefits of the proposed treatment. For concerns related to informing the resident or resident representative of the risks of opioid use for pain, refer to F552."

Additional references are provided to assist residents/representatives, ordering practitioners and clinical staff on the Interdisciplinary Team to make good decisions about effective pain management.

For additional information, refer to:

- Exposure-Response Association Between Concurrent Opioid and Benzodiazepine Use and Risk of Opioid-Related Overdose in Medicare Part D Beneficiaries, https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2685628.
- National Institute on Drug Abuse Benzodiazepines and Opioids, https://nida.nih.gov/research-topics/opioids/benzodiazepines-opioids
- Geriatricpain.org, Resources and Tools for Quality Pain Care, https://geriatricpain.org/
- The Society for Post-Acute and Long-Term Care Medicine (AMDA) opioid The Society for Post-Acute and Long-Term Care Medicine (AMDA) Opioids in Nursing Homes , https://paltc.org/opioids%20in%20nursing%20homes
- Centers for Disease Control Clinical Practice Guidelines for Prescribing Opioids for Pain https://www.cdc.gov/opioids/patients/guideline.html

The guidance also includes requirements for non-pharmacological interventions for pain management to be individualized and care planned then documented for implementation & documentation of the effectiveness of those non-pharmacological interventions.

This may be a good time to print off the revised F697 and share it with clinical staff, the facility's Medical Director, and residents as indicated…and document the information shared & to whom. It's also a good time to review the entire regulation to ensure current processes match the regulatory requirements.

Pain involves both quality of care AND quality of life, and is a vital component of quality care for residents.