

The Never-ending Story: CARF Accreditation, Performance Improvement, and Interdisciplinary Pain Rehabilitation

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DON'T CALL IT A COMEBACK
I'VE BEEN HERE FOR YEARS.

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CARF International

- Accreditor of interdisciplinary pain rehabilitation (IPR) programs since 1985
- Independent, nonprofit accreditor of health and human services since 1965
- Accredited fields include medical rehabilitation, behavioral health, employment and community services, child and youth services, aging services and opioid treatment
- Person-centered, field-driven accreditation standards that focus on enhancing quality and performance improvement in business, operational and clinical domains

CARF International

- Standard development and revision process includes input from stakeholders in the field: persons served, family members, providers, organizations, payers, regulators, and researchers.
- Peer-driven, consultative accreditation process
- Surveyors are peers in the field of IPR
- Accreditation is a public indicator of commitment to quality to all stakeholders



ASPIRE to Excellence®

ASSESS THE ENVIRONMENT

- Leadership
- Governance (N/A)

SET STRATEGY

- Strategic Planning

PERSONS SERVED & OTHER STAKEHOLDERS – OBTAIN INPUT

- Input from Person Served and Other Stakeholders

IMPLEMENT THE PLAN

- Legal Requirements
- Financial Planning and Management
- Risk Management
- Health and Safety
- Workforce Development and Management
- Technology
- Rights of Persons Served
- Accessibility

REVIEW RESULTS

- Performance Measurement and Management

EFFECT CHANGE

- Performance Improvement



CARF and IPR



2022 CARF IPR Standards

- Biopsychosocial approach to the management of chronic pain
- Outpatient or Inpatient programs seek improvements in quality of life, functional improvement, pain management and judicious and appropriate use of pain medications.



Hallmarks of CARF Accredited IPR Programs

Subtext





Nature of CARF Standards

- Not prescriptive
- Multitude of ways to demonstrate conformance to standards



The CARF IPR Team

- Patient
- Family/Support System (in accordance with patient)
- Pain team physician
- Pain team psychologist
- Program Director
- One or more healthcare professionals
- Fluid team make up determined by program scope, admission criteria and patient needs throughout the duration of treatment
- Experience and mentorship required

CARF IPR Program

Provides Services in the following areas:

- Medical, including:
 - (1)Recognizing, assessing, and treating conditions related to persistent pain.
 - (2)Preventing complications.
 - (3)Addressing comorbidities.
- Psychological, including facilitating:
 - (1)Behavioral skills and strategies to self-manage pain.
 - (2)Adjustment.
 - (3)Psychological well-being.
 - (4)Social engagement.
- Physical/functional, including facilitating:
 - (1)Functional independence and performance.
 - (2)Community inclusion.
 - (3)Participation in life roles.
- Assistive technology.
- Reducing the risk factors for persistent pain.
- Services for families/support systems.

CARF IPR Program

Identifies the services/programs that it provides directly or with which it links in each of the following areas:

- (1)Complementary and integrative health.
- (2)Diagnostic.
- (3)Laboratory.
- (4)Medical.
- (5)Medication-assisted treatment for opioid use disorder.
- (6)Mental health.
- (7)Nutrition.
- (8)Pharmacy.
- (9)Substance use disorder.
- (10)Vocational.

(11)Other services to meet the needs of persons served.

Program Director

The program director for the interdisciplinary pain rehabilitation program has the responsibility and authority to guide and direct:

- a. Establishment of the program's policies and written procedures.
- b. Financial planning and decision making.
- c. Resource utilization management.
- d. Performance improvement activities.
- e. Program development and modification.
- f. Strategic planning.
- g. Educational activities for the program personnel.
- h. Stakeholder relationship management.
- i. Advocacy activities.
- j. Development of ongoing relationships with stakeholders.
- k. Marketing and promoting the program.

Support, Coordination and Patient Engagement

- Medical consultation availability 24 hours a day, 7 days a week
- Coordination and integration of services provided within its own organization and services provided outside of the organization
- Willingness and ability of the person served to participate in the program.



Medication and Opioid Use

- Written Procedures for drug screening (if performed)
- Written Procedures for medication prescription (if performed)
 - Prescription Drug Monitoring Program
 - Annual, documented peer review
- Addresses chronic opioid use in accordance with the needs of the person served, including:
 - Tapering, as appropriate
 - Medical comorbidities
 - Mental health issues
 - Psychosocial needs
 - Education on the plan to taper opioid use

Support, Education and Advocacy

- Provision of or referral to support groups and resources
- Education regarding the nature and value of interdisciplinary pain rehabilitation to patients, relevant stakeholders and the public
- Leadership's support of the program's participation in research opportunities and provision of information on clinical trials to patients, family members and relevant stakeholders



Initial and ongoing assessments

Based on the needs of each person served, initial and ongoing assessments:

Document, at a minimum:

(1) Risks, including:

(a) Medication-related behavior.

(b) Substance use.

(c) Suicide.

(d) Other(s), as appropriate.

(2) Limiting pain conditions.

(3) Comorbidities.

(4) Factors that might influence the program, including:

(a) Social determinants of health.

(b) Litigation.

(c) Potential or pending surgery.

(d) Willingness of the person served to participate in the program.

Initial and Ongoing Assessments

In its documentation of initial and ongoing assessments for each person served, the program includes:

- Methods used to collect assessment findings, including:
 - (1)Activities involved.
 - (2)Measured results achieved.
 - (3)Tools, tests, and instruments that have been determined to be valid for persons with persistent pain.
- An analysis of findings, including, but not limited to:
 - (1)Response of the person served.
 - (2)Resolution of conflicting information/opinions, if any.
 - (3)Response to:
 - (a)Referral questions.
 - (b)Stakeholder questions.

Quality and Performance Improvement



CARF Analysis

- Performance in relationship to targets
- Causes
- Trends
- Actions for improvement
- Results of performance improvement plans
- Necessary training and education



Analysis of Service Delivery Indicators

Documents service delivery indicators to measure performance in the following areas:

- (1) Ability of the persons served to self-manage pain.
- (2) Activity.
- (3) Intensity of perceived pain.
- (4) Participation.
- (5) Experience of services received and other feedback, including:
 - (a) Accuracy of information received about the program.
 - (b) Clinical practice/behaviors.
 - (c) Degree of inclusion of persons served in their programs.
- (6) Appropriate use of healthcare services related to pain.
- (7) Use of pain medication.

Analysis of No-shows, Cancellations and Dropouts

Documents indicators to measure performance in the following areas:

- No-shows.
- Cancellations.
- Dropouts.



Analysis of Services Provided

- Quality of services
- Appropriateness of services
- Patterns of service utilization

