2022 CARF Standards and Updates from the Field

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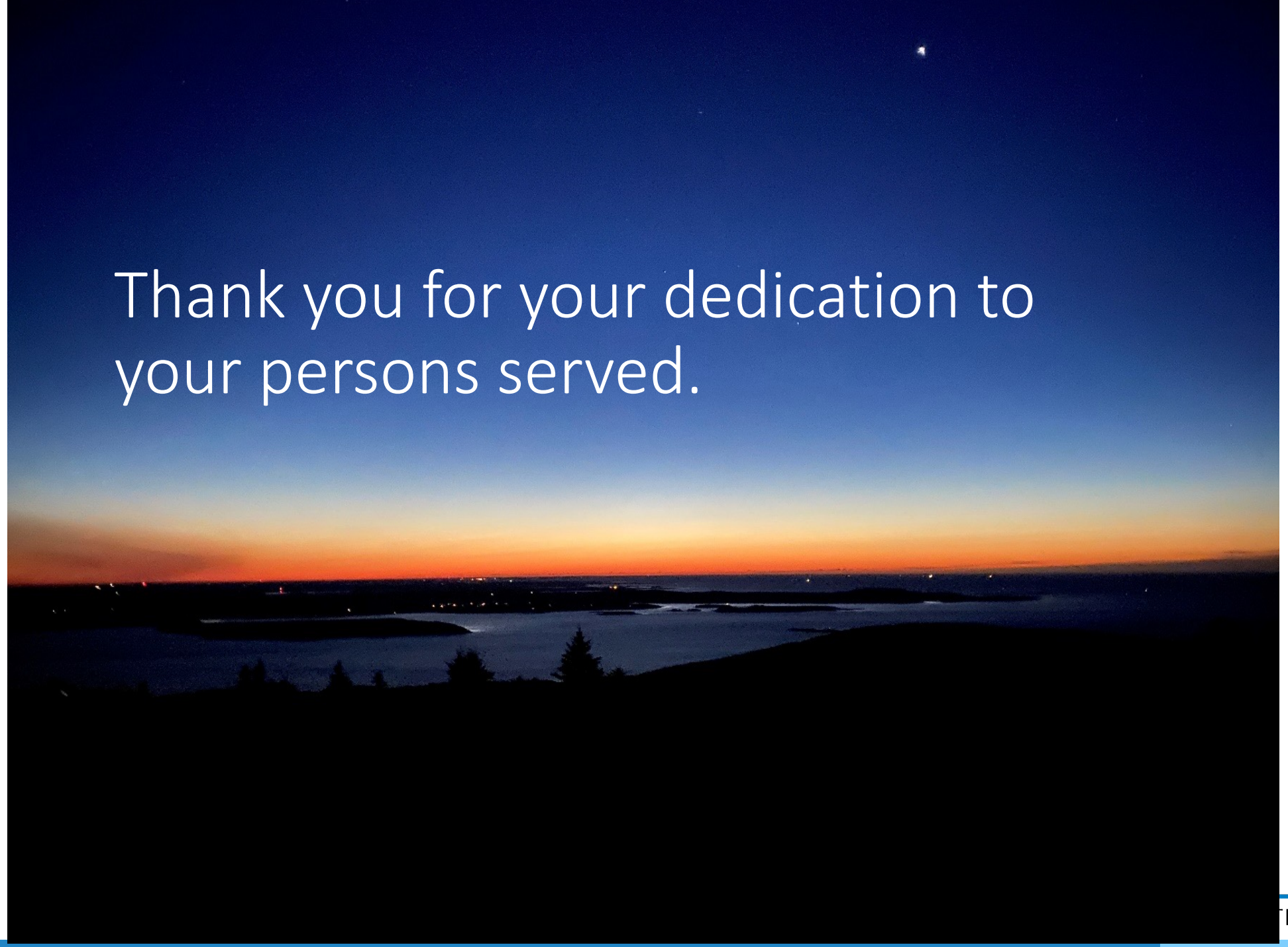
Why are we here?

- You are dedicated to enhancing the lives of your persons served.
- You have a strong commitment to creating and maintaining high quality rehabilitation programs.
- You believe in a culture of continuous performance improvement.
- We are here to support your efforts to achieve those goals through accreditation.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your persons served.


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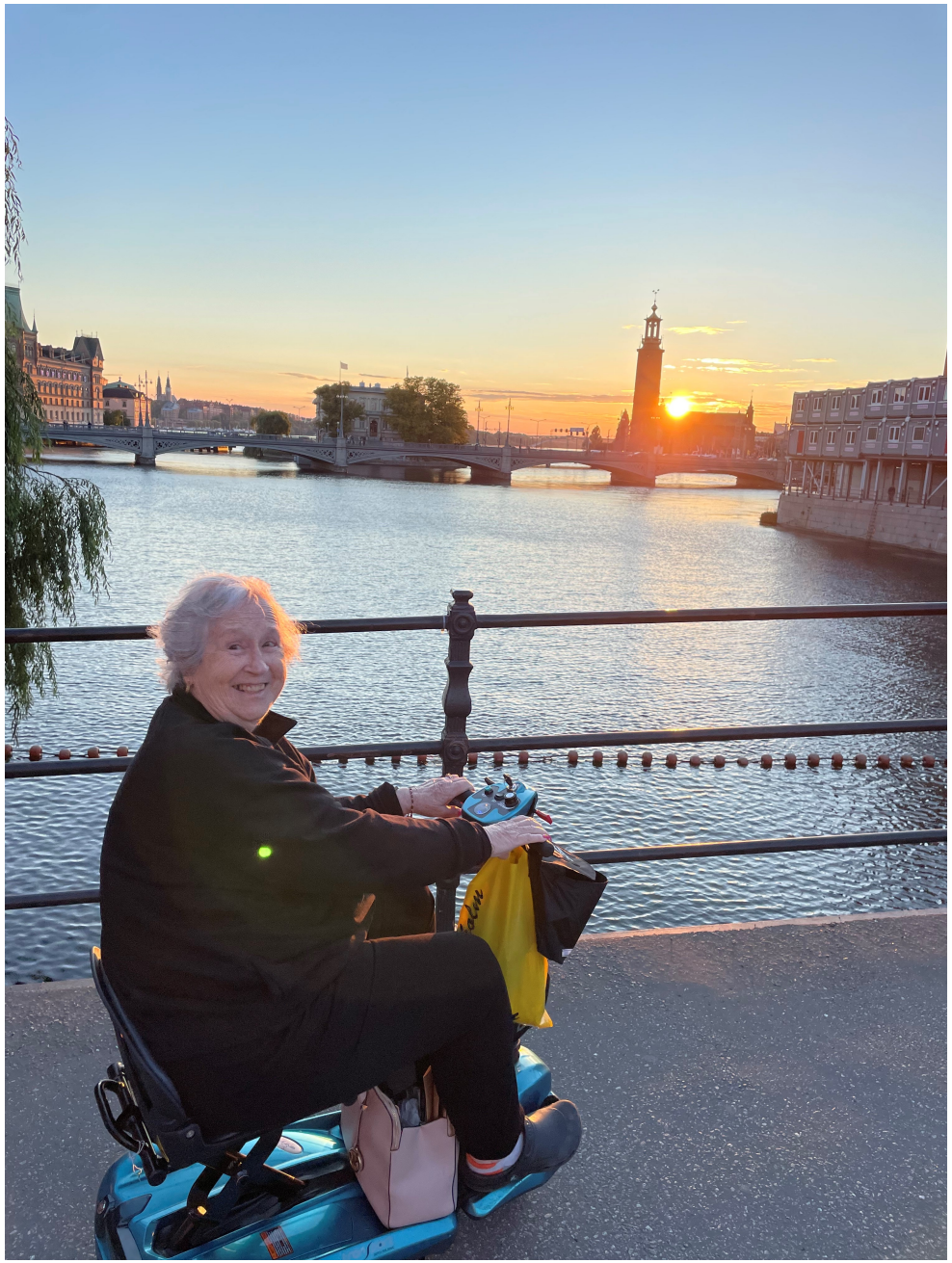

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Where we are today

- We continue to emerge from the pandemic
- Accredited programs have experienced onsite and digital surveys, as well as bridge interviews
- Workforce challenges, funding barriers and turnover of experienced staff are common
- Conformance to standards may not have been consistent since your last survey

“Help will always be given to those who ask for it.”

- Albus Dumbledore

Your Medical Rehabilitation Team: Consultation and Technical Support

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The not-so-distant future of CARF surveys

- Transitioning from Digital Surveys (DESS) to Onsite Surveys throughout Q1 and Q2 2023
- Goal by end of Q2 2023 is for 100% of international surveys to have an onsite component
- Microsoft Teams will continue to be a part of the survey experience: Documentation provided to CARF will remain electronic even when onsite surveys return
- Hybrid surveys remain a possibility depending on many factors
- If you have an onsite preference for a surveyor, please let CARF know

Calling all future surveyors!

- http://www.carf.org/About/BecomeaSurveyor/
- http://carf.adobeconnect.com/ptbs231pp4z5

Ukraine

- Collaborating with organization northeast of Kiev
- CARF standards used to create infrastructure for rehabilitation system (ASPIRE, Section 2 standards and OMR)
- Plans for Telehealth program using international clinicians
- Building educational system to train rehab aides
- Collaboration with Ministry of Veterans Affairs, Ministry of Health and Ministry of Defense

WHO and worldwide efforts

- WHO effort to create rehabilitation guidelines for rehab provided in acute care environments beginning in Q1 2023
- CARF has applied to be a stakeholder in the WHO World Rehabilitation Alliance effort to move forward efforts supporting Rehabilitation 2030
- CARF collaboration with International Rehabilitation Forum to sponsor physiatrists from African countries to attend CARF 101 courses
- Creating alternate path towards accreditation for low-resource countries in Africa, Southeast Asia and Latin America

Snapshot of Medical Rehabilitation around the world

- Standards Manual Years 2018-2020 (July 1, 2018 to June 30, 2021)
- 646 Medical Rehab Surveys Conducted:
- 543 Surveys in the U.S., 103 outside of the U.S.

Of 103 Surveys outside of the U.S.

- 43 Surveys in Canada
- 60 surveys in Europe, Asia, Middle East and Latin America
- 18 Surveys in Sweden

- 17% of Medical Rehabilitation Surveys are outside of the U.S.
- By 2025 anticipate that 1/3 of Medical Rehabilitation Surveys will be Outside of the U.S.

Upcoming Conferences

- AMRPA – St. Louis in October
- American Congress of Rehabilitation Medicine (ACRM) – Chicago in November
- World Congress for Neurorehabilitation in Vienna
- International Brain Injury Alliance – Dublin in March 2023 (Abstract submission window closes Sept. 30)
- ISPRM – Cartagena in June 2023 (Proposal window closes Sept. 30, Abstract window closes Nov. 7)

Feedback from the Field

- Increased Medical Acuity
- CARF engaging 1:1 with support as needed, existing and new organizations
- Gap analyses for new and existing programs
- Partial and non-conformance a reality
- A time for dusting off 2019 plans and goals
- Workforce challenges abound
- Lean, efficient training of clinicians new to rehab (i.e. nursing)
- Leveraging the value of CARF accreditation in the value proposition
- Concussion Management Programs

IPR efforts – ACRM November 2022

Don’t Call It A Comeback: The Relevance of Interdisciplinary Pain Rehabilitation to Providers, Payers & Accreditors
Presenters: Terrence Carolan, MPT, MBA – CARF International, Jennifer L. Murphy, PhD (she/her/hers) – Veterans Health Administration, Jeff I. Livovich, MD – CVS Aetna

Women's Pain Rehabilitation: Understanding, Interventions, and Innovating
Presenters: Nicolle Angeli, PhD – James A. Haley VAMC, Stacey Sandusky, PhD – James A. Haley Veterans' Hospital

Pain Rehabilitation in the 2020s: Feasibility, Sustainability and Outcomes from an Intensive Outpatient Program Model
Presenters: Sara A. Davin, PsyD, MPH, Director: Center for Pain Recovery, Staff Psychologist, Cleveland Clinic
Sarah Rispinto, PhD, Staff Psychologist, Cleveland Clinic
Pavan Tankha, D.O., Medical Director, Comprehensive Pain Recovery, Cleveland Clinic

Advocating for the Creation and Funding of Interdisciplinary Pain Rehabilitation Programs throughout the U.S.
Presenters: Mike Kriegel, PhD – Kriegel & Associates, Terrence Welsh – Altair Health, GREGORY T. SMITH, PhD – PROGRESSIVE REHABILITATION ASSOCIATES, LLC

US Healthcare System Approach. Integrating Pain Rehabilitation
Presenter: Steven P. Stanos, Jr., DO – Providence Swedish

Interdisciplinary Pain Rehabilitation: Incorporating Treatment Outcomes Research in Clinical Practice
Presenter: Cynthia O. Townsend, PhD, ABPP – Mayo Clinic Pain Rehabilitation Center

Developing an Interdisciplinary Pain Program: A Practical Implementation Guide to In-Person and Virtual Pain Care
Presenter: Sarah A. Palyo, PhD – San Francisco VA Health Care System

A peak into 2023 CARF standards

- Revisions to examples to include CMS and Medicare examples
- 4.F.24 – Changing to representative sample
- Clarification of 2.A.18 – Respiratory Management
- 2.F.1-6 changes to include all-virtual programs
- 2.D.21 and 4.E.15 (SCI) “Provides *or arranges for* peer support services”

Feedback and input from the field (That's you!)

Rehab in Sweden today

- Healthcare spectrum in a post-pandemic world
- Nära vård
- Regional Medical Guidelines (RMR) – Pain, BI, other diagnostic groups
- Kunskapsstyrning - national and regional person-centered care processes, care programs and guidelines
- Partnering with local, regional and national healthcare systems
- Workforce challenges

Questions

- What would be the basis (minimal pre-conditions) for decision-making, and what needs to be considered for rehabilitation services accrediting and managing programs both on a larger scale and smaller teams? We are thinking of team composition and size, intensity of programs and more.

Questions

- Technical updates are continuous and expanding. What are recommendations on how to proceed with update within the clinical realm?

Questions

- The Swedish healthcare system seems to be quite different from the one pre-supposed by CARF. How does CARF work with their update on the national healthcare system that is the very fundament of the rehabilitation services that are in line for accreditation?

2022 Changes to Standards

- 1.A.5.The organization implements a cultural competency, diversity, and inclusion plan that:
  a.Addresses:
  (1)Persons served.
  (2)Personnel.
  (3)Other stakeholders.

  b.Is based on consideration of the diversity of its stakeholders in the following areas:
  (1)Culture.
  (2)Age.
  (3)Gender.
  (4)Sexual orientation.
  (5)Spiritual beliefs.
  (6)Socioeconomic status.
  (7)Language.
  (8)Race.
  (9)Other factors, as relevant.

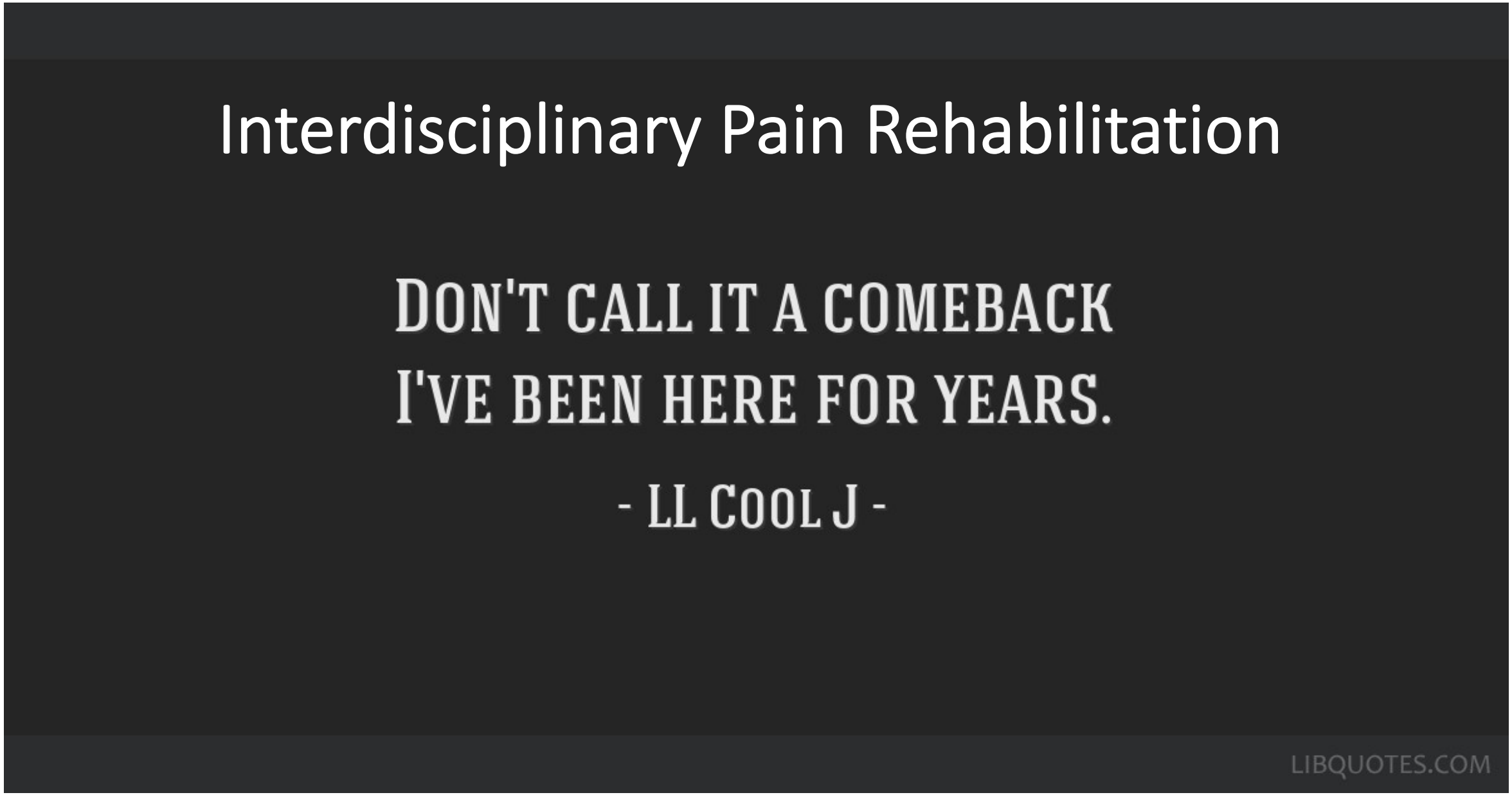
  c.Includes actions to be taken.
  d.Is reviewed at least annually for relevance.
  e.Is updated as needed.

2022 Changes to standards

- 1.H.5.C.11 - Communication with relevant stakeholders.
- 1.H.13 – When transportation services are provided for persons served there is evidence of:

  If services are contracted, a documented review of the contract at least annually against elements a. through k. of this standard.
- Former Standards 1.J.6-12 for Service Delivery Using Information and Communication Technologies have been moved to section 2.F

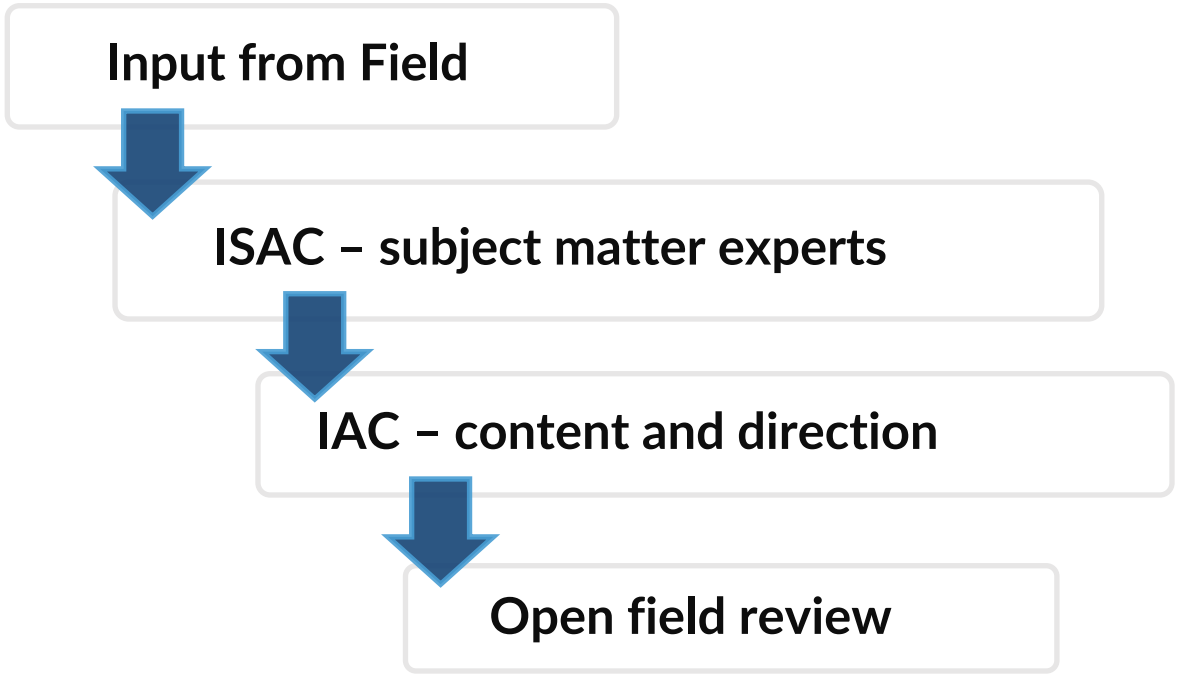
Interdisciplinary Pain Rehabilitation



New Interdisciplinary Pain Rehabilitation (IPR) Program Standards

- Why????
  - Have had pain standards since 1980s.
  - In mid 1990's use of opioids, nerve blocks etc. became the preferred program for payers (less expensive than IPR)
  - Went from 205 CARF accredited programs in 1998 to 78 in 2005
  - Research has demonstrated the value and the results of an interdisciplinary pain approach (VA, Sweden)
  - Contacted in 2020 by a group very interested in revitalizing CARF standards (providers, researchers, and payers)

Standards Development Process



- Annual review/periodic revision
- All standards reviewed at least every three years
- Standards manuals are released every year in January and are effective from July 1 to June 30

What Was Different This Time?

- COVID!
- No face to face meeting for 3 days.
- Process was online from Dec 2020 thru March 2021.
  - Met every other week for one hour.
  - On off week had “homework”.
  - Although not as ideal as a “captured” ISAC members had great people who were dedicated to the process and participated.

Standards timeline

- Finalizing intent statements and examples now.
- Will be printed in 2022 CARF Medical Rehabilitation Standards Manual January 2022.
- Will be used on all surveys after July 1, 2022.
- Thank you to all who participated in field review.

Program Description IPR
Section 3.F

- Person centered, **interdisciplinary** pain program
- Can be an inpatient or outpatient program
- Uses collaborative interdisciplinary team to address needs of persons with **persistent pain**.
- Uses a **biopsychosocial** approach
- Individualized, focuses on ability of person to:
  - Self manage symptoms
  - Improve function and independence
  - Engage in life roles
  - Experience improved quality of life

Program Description IPR Section 3.F

- Chronic opioid use for pain management addressed as needed.
- Program demonstrates commitment, capabilities, and resources to maintain itself as a specialized pain program.
- Encourages appropriate use of healthcare systems and services.
- Supports efforts to promote personal health and wellness, and improve quality of life throughout the lifespan.

Program Description IPR
Section 3.F

- Program provides information, services and resources to enhance the lives of persons served within their
  - Families/support systems
  - Communities
  - Life roles
- Utilizes current research and evidence to promote effective rehabilitation.
- Supports future improvements in care by advocating for and participating in pain research.

Program Description IPR
Section 3.F

- Advocates on behalf of the persons served to stakeholders such as:
  - Regulators
  - Legislators
  - Educational institutions
  - Research funding organizations
  - Payers
  - Community at large.

Standards 3.F IPR

- Interdisciplinary team directly provides services to meet the complex needs of persons with persistent pain in the following areas:
  - **Medical**, including:
    - Recognizing, assessing, an treating conditions related to persistent pain.
    - Preventing complications.
    - Addressing comorbidities.
  - **Psychological**, including facilitating:
    - Behavioral skills and strategies to self-manage pain.
    - Adjustment.
    - Psychological well-being.
    - Social engagement.

Standards 3.F IPR

- Interdisciplinary team directly provides services to meet the complex needs of persons with persistent pain in the following areas:
  - **Physical/Functional**, including facilitating:
    - Functional independence and performance.
    - Community inclusion.
    - Participation in life roles.
  - **Assistive technology**.
  - **Reducing the risk factors for persistent pain.**
  - **Services for families/support systems.**

Standards 3.F IPR

- IPR program identifies services that it provides directly or with which it links in the following:
  - Complementary and integrative health.
  - Diagnostic.
  - Laboratory.
  - Medical
  - Medication-assisted treatment for opioid use disorder.
  - Nutrition.
  - Pharmacy.
  - Substance use disorder.
  - Vocational.
  - Other services to meet the needs of persons served.

Standards 3.F IPR

- **Identifies**, as appropriate for each service/program it provides or links with:
  - Its relationship with the service/program.
  - The responsibilities of the service/program.
  - Key communication contacts within the service/program.
- **Acts** as a resource for each service/program related to persons served with persistent pain.

Standards 3.F IPR

- Program director for IPR has authority and responsibility to guide and direct:
  - Establishment of program's P&Ps.
  - Financial planning and decision making.
  - Resource utilization management.
  - Performance improvement activities.
  - Program development and modification.
  - Strategic planning.
  - Educational activities for program personnel.
  - Stakeholder relationship management.
  - Advocacy activities.
  - Development of ongoing relationships with stakeholders.
  - Marketing and promoting the program.

Standards 3.F IPR

- Responsibilities of medical director (MD or DO) are documented including:
  - Ensuring the adequacy of individual treatment prescriptions and programs, including identification of contraindications and precautions, developed with the participation of the IPR team.
  - Involvement in clinical service delivery.
  - Involvement in priority business functions.
  - Supporting and promoting:
    - Evidence-based practice
    - Performance improvement
    - Health and safety for the persons served.

Standards 3.F IPR

- Medical director of IPR and each IPR team physician:
  - Certified in a specialty area by a nationally recognized board.
  - Demonstrates appropriate experience and training to provide pain physician services through one of the following:
    - A minimum of two years' experience as a collaborative team member providing pain rehabilitation services in an IPR program.
    - If the physician has less than the equivalent of two years experience in an IPR program, participation in a mentorship program that delineates the:
      - Intensity of collaboration required with the experienced pain team physician.
      - Length of collaboration required with an experienced pain team physician.

Standards 3.F IPR

- Medical director of IPR and each IPR team physician:
  - Maintains:
    - An unrestricted license.
    - Board certification.
    - Privileges in the organizations, if applicable.
  - Participates in active clinical practice that relates to the population served.
  - Demonstrates currency in medical practice concerning the persons served including medication management.
  - Demonstrates active learning and involvement in the professional community.

Standards 3.F IPR

- Each member of the IPR team other than the pain team physicians meets one of the following criteria:
  - The equivalent of one year's full time experience in an IPR program.
  - If less than the equivalent of one year's full time experience in an IPR program, the team member participates in a mentorship program that delineates the:
    - Intensity of collaboration required with an experienced pain team member.
    - Length of collaboration required with an experienced pain team member.
    - Need for discipline-specific collaboration with experienced pain team members.

Standards 3.F IPR

- Each member of the IPR team other than the pain team physicians:
  - Maintains privileges in the organization, if applicable.
  - Demonstrates active learning and involvement in the professional community.
- The IPR program:
  - Defines its admission criteria.
  - Identifies individual(s) responsible for admissions decisions.
  - Communicates admission decisions to relevant stakeholders.

Standards 3.F IPR

- For each person served, prior to initiation of treatment:
  - The pain team physician, who may use the assistance of an extender, documents:
    - A history.
    - A physical examination.
  - The pain team psychologist documents:
    - A history.
    - A psychological assessment.
  - Contraindications are documented including:
    - Medical.
    - Psychological.
    - Medication use.
    - Willingness of person served to participate in IPR.
    - Ability of the person served to tolerate services.
  - A treating diagnosis is documented.

Standards 3.F IPR

- The interdisciplinary team includes:
  - Person served.
  - In accordance with the preference of the person served, members of the family/support system.
  - Pain team physician.
  - Pain team psychologist.
  - One or more healthcare professionals who will assist in the accomplishment of goals related to function, impairment, activity limitations, participations restrictions, environmental factors, and personal factors.
  - Additional health professionals as the needs of the person served change or increase in complexity.


Berries
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Standards 3.F IPR

- Based on needs of person served, initial and ongoing assessments document , at a minimum:
  - Risks, including:
    - Medication-related behavior.
    - Substance use.
    - Suicide.
    - Other(s) as appropriate.
  - Limiting pain conditions.
  - Comorbidities.
  - Factors that might influence the program, including:
    - SDOH.
    - Litigation.
    - Potential or pending surgery.

Standards 3.F IPR

- Based on needs of person served, initial and ongoing assessments document, at a minimum:
  - Factors that might influence the program including:
    - Willingness of the person served to participate in the program.
    - Ability of the person served to participate in the program.
    - Other factors as appropriate.
  - Are used to develop and modify the:
    - Person centered plan including:
      - Types of services.
      - Duration of services.
      - Frequency of services.
    - Discharge/transition plan.

Standards 3.F IPR

- In accordance with the needs of the person served, the program addresses chronic opioid use for pain management including
  - Tapering as appropriate:
  - Medical co-morbidities.
  - Mental health issues.
  - Psychosocial needs.
  - Education on the plan to taper opioid use.

Standards 3.F IPR

- In the documentation of initial and ongoing assessments for each person served, the program includes:
  - Methods used to collect assessment findings, including:
    - Activities involved.
    - Measured results achieved.
    - Tools, tests, ad instruments that have been determined to be valid for persons with persistent pain.
  - An analysis of findings, including, but not limited to:
    - Response of the person served.
    - Resolution of conflicting information/opinions, if any.
    - Response to:
      - Referral questions.
      - Stakeholder questions.

Standards 3.F IPR

- The IPR program demonstrates:
  - Coordination of services to meet individual needs.
  - Integration of services provided through ongoing interaction and feedback:
    - Within its own organization.
    - With other service providers/systems.
- The program communicates with relevant stakeholders for each person served at the time of:
  - Admission.
  - Significant chnages in the status of the persons served.
  - Discharge/Transition.

Standards 3.F IPR

- The program implements written procedures for medical consultation 24 hours a day seven days a week.
- If the IPR program provides drug screening, it implements written procedures that address:
  - Informed consent for drug testing.
  - Frequency of drug screening.
  - Provisions for the individualization of drug screening.
  - Interpretation of the results of the drug screening.
  - Actions to be taken based on the results of drug screening.
  - Education for:
    - Persons served.
    - Personnel.
    - Relevant stakeholders.

Standards 3.F IPR

- The IPR program provides or refers to pain support groups and resources for:
  - Persons served.
  - Families/support systems.
- There are provisions for contact, as appropriate, between the persons served and the program after discharge/transition.
- A program that prescribes medications demonstrates the use of treatment guidelines and protocols that promote prescribing consistent with standards of care.

Standards 3.F IPR

- If pharmacotherapy is used in the IPR program, prescribing is based on:
  - The needs of the person served.
  - Adverse effects of the medication.
  - The risk-benefit ratio of the medication.
  - Evidence of:
    - Improved function.
    - Reduced pain symptoms.

Standards 3.F IPR

- A program that prescribes medications implements written procedures that address medication management including:
  - Screening of common medical comorbidities.
  - Evaluation of coexisting medical conditions for potential medication impact.
  - Identification of potential medication interactions.
  - The expected course of use for each medication, including discontinuation.
  - Ongoing reassessment of the current medication profile.

Standards 3.F IPR

- An IPR program that prescribes medications a documented peer review is conducted on a representative sample of records of persons served:
  - At least annually.
  - By a qualified professional:
    - Who is licensed to prescribe or a pharmacist.
    - Who is not:
      - The sole reviewer of the prescribing services for which they are responsible.
      - Solely responsible for the selection of records to be reviewed.

Standards 3.F IPR

- An IPR program that prescribes medications a documented peer review is conducted on a representative sample of records of persons served:
  - To determine whether the following were identified and, if needed, addressed:
    - Adverse reactions.
    - Contraindications.
    - Medication compliance.
    - Side effects.
  - Necessary monitoring protocols were implemented.

Standards 3.F IPR

- An IPR program that prescribes medications a documented peer review is conducted on a representative sample of records of persons served:
  - There was simultaneous use of multiple medications, including:
    - Polypharmacy.
    - Co-pharmacy.
  - Information collected from the peer review process is:
    - Reported to appropriate personnel.
    - Used to improve the quality of prescribing services provided.
    - Incorporated into the performance measurement, management, and improvement.

Standards 3.F IPR

- The program provides education regarding the nature and value of IPR to:
  - Persons served.
  - Relevant stakeholders.
  - The general public.
- To advance the field of pain rehabilitation, leadership supports the:
  - Program's participation in research opportunities.
  - Provision of information about available clinical trials, as appropriate to:
    - Persons served
    - Families/support systems
    - Relevant stakeholders.

Standards 3.F IPR

- To advance its capabilities, the program demonstrates knowledge of its:
  - Case mix.
  - Referral patterns.
  - Denials.
  - Return on investment.
- Mechanism to appeal denials.
- An understanding of value-based purchasing.

Standards 3.F IPR

- At least annually conducts a written analysis that addresses performance in relationship to established targets for indicators of:
  - Ability of the person served to self-manage pain.
  - Activity.
  - Intensity of perceived pain.
  - Participation.
  - Experience of services received and other feedback including:
    - Accuracy of information received about the program.
    - Clinical practice/behaviors.
    - Degree of inclusion of person served in their programs.
  - Appropriate use of medication.
  - Use of pain medication.

Standards 3.F IPR

- At least annually conducts a written analysis that addresses:
  - Trends.
  - Actions for improvement.
  - Results of performance improvement plans.
  - Necessary education and training of:
    - Persons served.
    - Personnel.
    - Relevant stakeholders.

Standards 3.F IPR

- The IPR program documents indicators to measure performance in the following areas:
  - No-shows.
  - Cancellations.
  - Dropouts.
  - At least annually conducts a written analysis that addresses performance in relationship to established targets for:
    - No-shows.
    - Cancellations.
    - Dropouts.

Standards 3.F IPR

- At least annually conducts a written analysis that addresses:
  - Trends.
  - Actions for improvement.
  - Results of performance improvement plans.
  - Necessary education and training of:
    - Persons served.
    - Personnel.
    - Relevant stakeholders.

Standards 3.F IPR

- The program conducts a written analysis of the services provided:
  - At least annually.
  - Addresses, as evidenced by the records of the persons served:
    - Quality of services.
    - Appropriateness of services.
    - Patterns of service utilization.
  - On a representative sample of:
    - Current records.
    - Closed records.

Standards 3.F IPR

- The program conducts a written analysis of the services provided:
  - That is performed by personnel who:
    - Are trained and qualified.
    - Are not:
      - The sole reviewer of the services for which they are responsible.
      - Solely responsible for the selection of records to be reviewed.
  - That includes performance in relationship to established targets for:
    - Quality of services.
    - Appropriateness of services.
    - Patterns of service utilization.

Standards 3.F IPR

- The IPR program documents service delivery indicators to measure performance in the following areas:
  - Ability of the person served to self-manage pain.
  - Activity.
  - Intensity of perceived pain.
  - Participation.
  - Experience of services received and other feedback including:
    - Accuracy of information received about the program.
    - Clinical practice/behaviors.
    - Degree of inclusion of person served in their programs.
  - Appropriate use of medication.
  - Use of pain medication.

Standards 3.F IPR

- The program conducts a written analysis of the services provided that includes:
  - Trends.
  - Actions for improvement.
  - Results of performance improvement plans.
  - Necessary education of personnel.

If the IPR program is provided in an inpatient setting the following standards are met…….

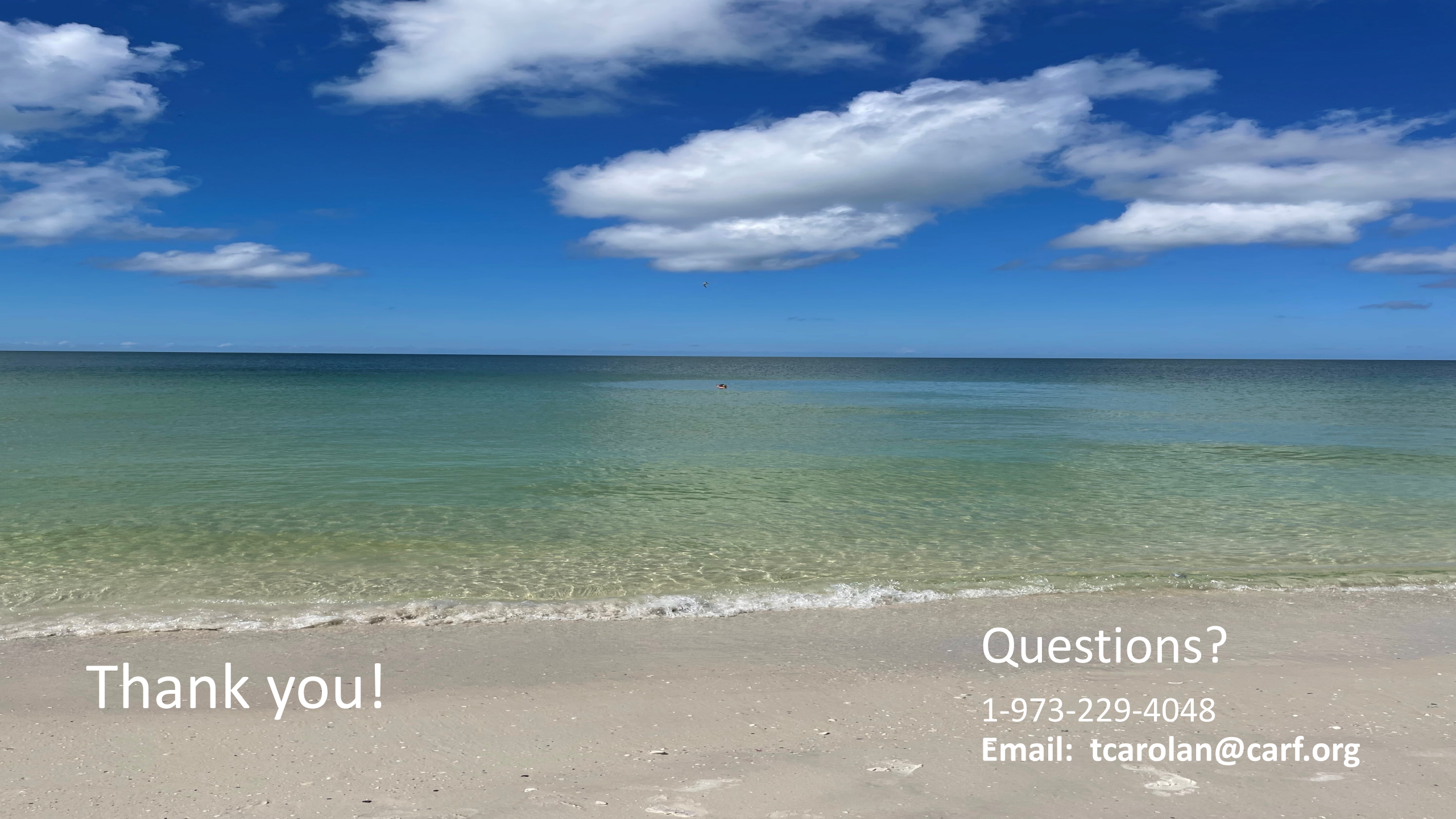
- Documented admission criteria ensure that the persons admitted require the level of intensity of services provided by an inpatient interdisciplinary pain rehabilitation program.
- Nursing services provide for:
  - Nursing coverage 24 hours day under the supervision of a registered nurse.
  - An intensity of nursing care that corresponds to the needs of the persons served.

Inpatient IPR standards

- The inpatient program beds are in an area that is:
  - Designated.
  - Contiguous.
- The inpatient IPR program gathers information on each person served, including information on:
  - Unplanned transfers to acute medical services.
  - Transitions to outpatient services.
- At least annually conducts a written analysis that includes performance in relationship to established targets for:
  - Unplanned transfers to acute medical services.
  - Transitions to outpatient services.

Inpatient IPR standards

- At least annually conducts a written analysis that includes:
  - Trends.
  - Actions for improvement.
  - Results of performance improvement plans.
  - Necessary education and training of:
    - Personnel.
    - Other relevant stakeholders.


Thank you!
Questions?
1-973-229-4048
Email: tcarolan@carf.org