R³ Report | Requirement, Rationale, Reference

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Published for Joint Commission-accredited organizations and interested health care professionals, *R3 Report* provides the rationale and references that The Joint Commission employs in the development of new requirements. While the standards manuals also may provide a rationale, *R3 Report* goes into more depth, providing a rationale statement for each element of performance (EP). The references provide the evidence that supports the requirement. *R3 Report* may be reproduced if credited to The Joint Commission. Sign up for email delivery.

Pain assessment and management standards for behavioral health care

Effective July 1, 2019, new and revised requirements related to pain assessment and management will be applicable to Joint Commission-accredited **behavioral health care** organizations. The standard update for behavioral health care is a continuation of the initiative that resulted in new and revised pain assessment and management requirements for hospitals, ambulatory care organizations, critical access hospitals, and office-based surgery practices (see July 2017 *The Joint Commission Perspectives* and July 2018 *The Joint Commission Perspectives*).

Appropriate screening, assessment, and treatment of physical pain are important for all patients, including individuals with mental, behavioral, and substance use disorders. New and existing Care, Treatment, and Services (CTS) requirements continue to support individuals' access to screening, assessment, and treatment of physical pain while recognizing variations in organizational capabilities for assessment and treatment across diverse behavioral health settings. New education and training requirements are intended to strengthen staff and licensed independent practitioners' clinical skills related to pain screening, assessment, and treatment. For those organizations that engage in medical management and prescribe medications, facilitating access to the Prescription Drug Monitoring Program (PDMP) would provide practitioners with an important tool that enhances individual assessment and clinical decision-making.

Engagement with stakeholders, customers, and experts

In addition to an extensive literature review and public field review, The Joint Commission obtained expert guidance from the following groups:

- **Technical Advisory Panel (TAP)** of practicing clinicians from various health care and academic organizations, professional associations, and the payor and health technology sectors.
- **Behavioral Health Care Expert Panel** consisting of professionals with clinical and leadership experience relating to pain management in the behavioral health care setting.
- **Standards Review Panel (SRP)** comprised of clinicians and administrators who provided a "boots on the ground" point of view and insights into the practical application of the proposed standards. Members of the behavioral health care expert panel as well as additional representatives from organizations or professional associations participated.

The prepublication version of the pain assessment and management requirements will be available online until the end of June 2019. On or after July 1, 2019, please access the new requirements in the E-dition.

Care, Treatment, and Services

CTS.02.01.09: The organization screens all individuals served for physical pain.

Requirement (existing)	CTS.02.01.09, EP 1: The organization screens all individuals served to identify those for whom a physical pain assessment is indicated. (Refer to CTS.02.01.03 through CTS.02.01.07 for more information)
Requirement (existing)	CTS.02.01.09, EP 2: Individuals for whom a physical pain assessment is indicated are either assessed and treated by the organization or referred for assessment or treatment. Note: Treatment strategies for pain may include pharmacologic and nonpharmacologic approaches. Strategies should reflect an approach centered on the individual and consider the individual's current presentation, the health care practitioner's clinical judgment, and the risks and benefits associated with the strategies, including potential risk of dependency, addiction, and abuse.
Requirement (new)	CTS.02.01.09, EP 3: For acute 24-hour settings: The organization assesses pain, then treats or refers individuals served for treatment. Note 1: "Acute 24-hour settings" includes inpatient crisis stabilization or medical detoxification. Note 2: Treatment strategies for pain include nonpharmacologic, pharmacologic, or a combination of approaches.
Rationale	Pain, especially chronic pain, frequently occurs together with mental and/or substance use disorders. These conditions must be co-managed to achieve progress in treatment for the affected individuals. If pain screening suggests a physical pain assessment is indicated for the individual, acute medically supervised behavioral health settings should assess and respond to physical pain by providing treatment or referring the individual for treatment.
Resources	"Pain Management," SAMHSA-HRSA Center for Integrated Health Solutions, https://www.integration.samhsa.gov/clinical-practice/pain-management "Treating Chronic Pain and Preventing OUD," PCSS: Providers Clinical Support System, https://pcssnow.org/education-training/treating-chronic-pain-core-curriculum/ "Centers of Excellence in Pain Education (CoEPEs)," NIH Pain Consortium, https://painconsortium.nih.gov/Funding_Research/CoEPEs "Pain," National Institute on Drug Abuse," updated May 2017, https://www.drugabuse.gov/related-topics/pain

Human Resources Management

HRM.01.05.01: Staff participate in education and training.

Requirement (existing)	HRM.01.05.01, EP 1: Staff participate in education and training as follows: - To maintain or increase their competency - Whenever changes in their responsibilities require it Note: Education and training are only required if an assessment of staff skills and competencies indicates a need for their provision. - To meet specific needs of the population(s) served by the organization Staff participation is documented. (See also RI.03.01.05, EP 7)
Requirement (new)	HRM.01.05.01, EP 11: Staff performing pain screening participate in education and training on screening individuals for pain.

Rationale	Physical pain is common among individuals with mental health and/or substance use disorders and is associated with adverse outcomes and significant impairment in physical, psychological, and social functioning. Staff competent in screening can help identify the individuals that need further evaluation.
Requirement (new)	HRM.01.05.01, EP 12: For acute 24-hour settings: Practitioners providing direct care, treatment, or services participate in education and training on pain assessment and pain management consistent with the scope of their license. Note: "Acute 24-hour settings" includes inpatient crisis stabilization or medical detoxification.
Rationale	Psychiatric and behavioral conditions have been associated with chronic pain, long-term opioid prescription receipt, and opioid misuse. Individuals with chronic pain generally require extensive biopsychosocial assessment and multidisciplinary treatment. Therefore, to provide quality care, practitioners must be knowledgeable about pain assessment, multiple modalities of pain treatment, early identification and prevention of harms from opioid therapy, and adverse health and well-being outcomes associated with physical pain. The organization can increase practitioner competence in pain assessment and management by providing access to evidence-based educational resources.
Reference*	Howe CQ and Sullivan MD. "The Missing 'P' in Pain Management: How the Current Opioid Epidemic Highlights the Need for Psychiatric Services in Chronic Pain Care." *General Hospital Psychiatry* 36, no. 1 (Jan-Feb 2014): 99-104. Quinn PD, et al. "Incident and Long-term Opioid Therapy Among Patients with Psychiatric Conditions and Medications: A National Study of Commercial Health Care Claims." *Pain* 158, no. 1 (Jan 2017):140-8. Quinn PD, et al. "Association of Mental Health Conditions and Treatments with Long-term Opioid Analgesic Receipt Among Adolescents." *JAMA Pediatrics* 172, no. 5 (May 1, 2018): 423-430. **Resources:** Substance Abuse and Mental Health Services Administration. *Managing Chronic Pain in Adults With or in Recovery From Use Disorders*. Treatment Improvement Protocol (TIP) Series 54. HHS Publication No. (SMA) 12-4671. Rockville, MD: SAMHSA, 2011. "Treating Chronic Pain and Preventing OUD," PCSS: Providers Clinical Support System, https://pcssnow.org/education-training/treating-chronic-pain-core-curriculum/ "Centers of Excellence in Pain Education (CoEPEs)," NIH Pain Consortium, https://painconsortium.nih.gov/Funding_Research/CoEPEs

Medication Management

MM.01.01.01: The organization plans its medication management process

Note: This standard is applicable to organizations that engage in any of the medication management processes.

Requirement (existing)	MM.01.01.01, EP 1: For organizations that engage in any aspect of the medication management process: The organization has a written policy that describes that the following information about the individual served is accessible to staff who participate in the medication management process: - Age - Sex - Diagnoses/conditions - Allergies - Sensitivities - Height and weight (when necessary) (Cont.)

	- Drug and alcohol use and abuse - Current medications - Pregnancy and lactation information (when necessary) - Any additional information required by the organization (See also IM.02.01.01, EP 3) Note: This element of performance is also applicable to sample medications.
Requirement (new)	MM.01.01.01, EP 2: For organizations that prescribe medications: The organization facilitates practitioner access to the Prescription Drug Monitoring Program databases.
Rationale	Prescription Drug Monitoring Programs (PDMPs) aggregate prescribing and dispensing data on controlled medications submitted by pharmacies and dispensing practitioners. PDMP data enhance individual assessment and can assist providers in preventing misuse and diversion of prescription medications. Providing a link to all relevant PDMPs in the geographic areas served by the organization would facilitate access. Note: The Joint Commission does not mandate that organizations use PDMPs. However, some states require use of PDMPs prior to prescribing controlled substances such as an opioid; organizations will be assessed on compliance with state law.
Reference*	Centeno PD, et al. "Disclosure of Use and Abuse of Controlled Substances Among Psychiatric Outpatients." *Journal of Psychiatric Practice*® 21, no. 6 (November 2015): 412-418. Hackman DT, et al. "Prescription Drug Monitoring Program Inquiry in Psychiatric Assessment: Detection of High Rates of Opioid Prescribing to a Dual Diagnosis Population." *The Journal of Clinical Psychiatry* 75, no. 7 (July 2014): 750-6. **Resources:** Substance Abuse and Mental Health Services Administration (SAMHSA). "Prescription Drug Monitoring Programs: A Guide for Healthcare Providers." *In Brief*, 10, no. 1 (Winter 2017): 1-12, https://store.samhsa.gov/system/files/sma16-4997.pdf "Prescription Drug Monitoring Program Training and Technical Assistance Center (PDMPTTAC)," Brandeis University, www.pdmpassist.org

*Not a complete literature review.