



What a Pain!



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As the Founding Executive Director of the University of the Sciences in Philadelphia's Health Policy Institute, Dr. Stefanacci is building on his recent tenure as a Centers for Medicare and Medicaid Services (CMS) Health Policy Scholar. In that role, he spent a year working on policy development and implementation of the Medicare Part D Pharmacy Benefit, particularly regarding access issues for frail elders.

Dr. Stefanacci has a long and passionate history in long term care. Having served as medical director for several nursing facilities and continuing care retirement communities, he is well versed in the needs of LTC facility residents. Additionally, Dr. Stefanacci's geriatric experience includes over a decade as a medical director of a large primary care private practice, a full risk provider group, a Medicare + Choice HMO (M+C), and—currently—a Program for All-inclusive Care (PACE) program in Philadelphia.

A graduate of A.T. Still University, Dr. Stefanacci completed his clinical training at the University of Medicine and Dentistry of New Jersey in Internal Medicine and a fellowship in geriatrics at the same institution.

Dr. Stefanacci serves on the board of trustees at A.T. Still and for the National PACE Association. He also is an active member of the American Medical Directors Association (AMDA), American Society of Consultant Pharmacists (ASCP), and American Geriatrics Society (AGS). Recently, he was recognized as a American Geriatrics Society Fellow (AGSF). In addition to writing and lecturing extensively, Dr. Stefanacci serves on the editorial boards of *Caring for the Ages*, *LTC Interface*, *Jefferson's Health Policy Newsletter*, and *The Journal of Quality Healthcare*.

Admittedly, the title for this column is tongue-in-check; but pain in assisted living facilities is no laughing matter. Pain not only is common in this population but it also is under-diagnosed and-treated in some instances. In fact, seniors are found to be under-treated for pain far more often than younger individuals. According to various studies, 40–80% of elderly long term care residents suffer needlessly due to inadequate pain management.¹

Pain treatment for ALF residents presents unique challenges for facilities and their clinical staff in assessing pain and response to treatment, preventing and managing side effects, and coordinating services. These challenges often are magnified when residents have dementia or some degree of cognitive impairment. Many facilities with Alzheimer's units face the difficulty of addressing discomfort in residents who cannot report pain or ask for relief.

Assessing pain in demented residents indeed can be difficult; few of these residents with chronic pain cry out, moan, sweat profusely, or even have rapid heartbeats. Most just reduce activity and withdraw from others.

Residents and clinicians alike often wrongly believe that pain is a natural part of aging. Some health care professionals erroneously think that the elderly are less sensitive to pain, or they give weak doses of pain medications for fear that older patients will not tolerate opioids. They may equate pain management with addiction and fear problems with their state medical boards.

It is only through implementation of effective pain management programs within our ALFs that we can move to treating all of our seniors

who suffer needlessly. We need to have attentive and consistent caregivers and other staff who notice when residents are in pain and advocate for appropriate treatment.

Let me emphasize here that pain recognition and management are the responsibility of the entire ALF team. In fact, the management of pain within assisted living facilities is an excellent example of the effectiveness of interdisciplinary teamwork. Unlike skilled nursing facilities, however, the ALF interdisciplinary team involves many professionals who spend most of their time working outside of the facility—but this should not limit their importance or involvement. We at *Assisted Living Consult* believe in the interdisciplinary team. That is why we focus on team roles in each issue. This month we are spotlighting the occupational therapist.

This issue addresses some other subjects that cause “pain” in many ways to ALFs. These include the challenges of identifying and preventing avoidable hospital transfers and the Medication Therapy Management Services component of the Medicare Modernization Act.

We also look at some very serious and timely issues in ALFs. Our lead feature article addresses venous thromboembolisms and how to educate staff, residents, family members, and others about the seriousness of this problem and how they can help prevent blood clots. We also have included an informative and thought-provoking discussion about advance directives and how ALFs can protect their residents and ensure that their end-of-life wishes are honored. Finally, an assisted living research update offers some food for thought on how AL facilities and practitioners

can contribute to the growing body of assisted living research.

These articles all share a common theme—there is much we can do to keep our residents safe and happy in their homes. This is important because a significant number of our residents will suffer a needless iatrogenic event (an illness or accident caused by just being hospitalized) that results in transfer from the hospital to a facility beyond the ALF. To maintain our residents in their homes, we must be committed to implementing and using team approaches to care and service for these people.

While we deal with challenges, problems, and “pain” every day, it is important to remember that the only reason we are involved in senior care is that we truly enjoy providing a valuable service to seniors. Take the example of my father, who at age 70 retired as a general surgeon and began a new career building and administering a long term care facility in Newark, NJ. Clearly, what drives him—and all of us—to work seven days a week is the love of providing assistance in living for seniors.

I hope that you find in this and future issues of *ALC* ways to alleviate pain and increase joy and satisfaction—for both your residents and yourselves.



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References

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We welcome your input.

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