

# QUALITY STANDARDS

## Placemat for Chronic Pain

This document is a resource for health care providers and summarizes content from the [Chronic Pain](#) quality standard. It can be used to support health care providers in the provision of care, but does not override their responsibility to make decisions with patients, after considering each patient's unique circumstances.

### Comprehensive Assessment and Goal Setting

#### Quality Statement (QS) 1: Comprehensive Assessment

People with chronic pain receive a comprehensive assessment that includes consideration of functional status and the social determinants of health.

Perform a comprehensive assessment that includes consideration of functional status and social determinants of health. Use alternative or adapted assessment tools for people who cannot self-report pain or functional status.

#### QS 2: Setting Goals for Pain Management and Function

People with chronic pain are encouraged to set goals for pain management and improved function. They regularly evaluate these goals with their health care professionals.

Work with people to set specific, measurable, achievable, relevant, and time-limited (SMART) goals for pain management and improved function, and regularly evaluate these goals together.

### Treatment Planning, Self-Management, and Interventions

#### QS 3: Supported Self-Management and Education

People with chronic pain are offered education and are encouraged and supported to access self-management resources or programs as part of a long-term management strategy.

Provide education to people with chronic pain and their families, and encourage them to access self-management resources or programs as part of a long-term pain management strategy. Be aware of programs and resources available in your local community.

#### QS 4: Physical Activity

People with chronic pain are encouraged and supported to engage in regular physical activity.

Encourage and support people to stay active in everyday life. Offering a graded approach to physical activity that gradually increases over time may help alleviate fears around worsening pain.

#### QS 5: Physically Based Interventions

People with chronic pain are encouraged and supported to engage in physically based interventions.

Work with people to determine a plan for physically based interventions to be trialled based on the unique needs of the person in the context of their chronic pain.

#### QS 6: Therapeutic Exercise

People with chronic pain are encouraged and supported to engage in therapeutic exercise.

Work with people to determine a plan for therapeutic exercise, to be done on a trial basis, based on the unique needs of the person in the context of their chronic pain.

#### QS 7: Pharmacotherapy

People with chronic pain are offered non-opioid pharmacotherapies as first-line treatment for chronic pain. Medications are regularly reviewed for effectiveness in meeting goals for pain management and improved function.

Offer people a combination of non-opioid medications along with non-drug therapies as first-line treatment. Review medications regularly for effectiveness in meeting the person's goals for pain management and improved function. See the [Management of Chronic Non-Cancer Pain tool](#) for a guide to aid primary care providers to prescribe medications for chronic pain.

## QS 8: Psychologically Based Interventions

People with chronic pain are offered psychological assessment and appropriate psychologically based interventions.

Assess people for the need for psychologically based interventions. Offer psychologically based interventions, directly or through referral, to help increase their coping skills and improve their quality of life. Use tools such as the Brief Pain Inventory ([BPI](#)) or the Patient Health Questionnaire ([PHQ-9](#)) to evaluate the effects of psychologically based interventions.

## QS 9: Psychosocial Supports

People with chronic pain are offered psychological assessment and appropriate psychologically based interventions.

Ensure that the overall psychosocial well-being of people with chronic pain, their families, and their caregivers is

# Referral, Transitions in Care, and Care Coordination

## QS 11: Access and Referral to an Interprofessional Chronic Pain Program

People whose quality of life is significantly impacted by their chronic pain are referred by their primary care provider to an interprofessional pain program. They are seen for a first appointment within 3 months of referral.

Refer people to an interprofessional chronic pain program that is accessible to them if their quality of life is negatively impacted by their pain, their goals for pain and function are not being met, or they have not benefitted from other multimodal therapies.

assessed, and that their needs are in the care plan. Make referrals to support services where appropriate.

## QS 10: Interventional Management of Chronic Pain

People with chronic pain are offered interventional management, when clinically indicated, in combination with other strategies and interventions as part of an interprofessional approach to chronic pain management.

Consider interventional management on a trial basis for people when there is not sufficient progress toward the goals for pain management and function. Engage in shared decision-making with the person, along with their family and caregivers. Include information on effectiveness and potential benefits as well as harms of therapies and strategies. Discontinue interventional management if there are not sufficient improvements in pain and function.

## QS 12: Transitions and Coordination of Care

People with chronic pain receive timely and collaborative care during and after health care transitions.

Ensure that people moving between care settings or health care providers experience coordinated and seamless transitions. This includes facilitating communication between settings and other related processes. Ensure that a collaborative care plan that supports continuity of care is developed and distributed to all care team members.

## Resources

- Chronic Pain [quality standard](#) and [guide for patients and families](#) [bit.ly/3UXRxhV](https://bit.ly/3UXRxhV)
- Low Back Pain [quality standard](#) and [guide for patients and families](#) [bit.ly/3LcjhMC](https://bit.ly/3LcjhMC)
- Osteoarthritis [quality standard](#) and [guide for patients and families](#) [bit.ly/41qi5ei](https://bit.ly/41qi5ei)
- Opioid Prescribing for Chronic Pain [quality standard](#) and [guide for patients and families](#) [bit.ly/3VeafIG](https://bit.ly/3VeafIG)
- [Clinically Organized Relevant Exam \(CORE\) Neck Tool and Headache Navigator](#) [bit.ly/40pFOkJ](https://bit.ly/40pFOkJ)
- [Diagnostic Imaging Appropriateness in Primary Care](#) [bit.ly/40r4amN](https://bit.ly/40r4amN) – four imaging pathways
- [NeuroNova Centre's Mindfulness-Based Chronic Pain Management Course](#) [bit.ly/3Lc3Lzd](https://bit.ly/3Lc3Lzd) – online courses developed for people living with chronic pain and chronic stress conditions
- [Ontario Pain Management Resources](#) [bit.ly/43HuyvH](https://bit.ly/43HuyvH) – a one-stop summary of pain management support for clinicians
- [Pain U Online](#) [bit.ly/3ondDhD](https://bit.ly/3ondDhD) – online pain management learning modules for people living with chronic pain
- [Toronto Academic Pain Medicine Institute \[tapmipain.ca\]\(https://tapmipain.ca\)](#) – resources for patients and health care practitioners

Additional tools and resources are on [Quorum](#) [bit.ly/3As2kY6](https://bit.ly/3As2kY6)