

QUALITY STANDARDS

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# Menopause

## Technical Specifications

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**Ontario  
Health**

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# Notes on Terminology

The terminology used to define the stages of menopause varies across the literature.<sup>1</sup> In this quality standard:

- *Perimenopause* – also called “the menopause transition” – refers to the time before menopause.<sup>1</sup> This stage begins when people experience menopause-associated symptoms and/or persistent variation of 7 or more days in the length of their menstrual cycles (for those who typically experience predictable menstrual cycles).<sup>2</sup> The duration of this stage varies, but it can last up to 10 years for some.<sup>3</sup> People in perimenopause do not need to wait until they are in menopause to receive evidence-based care.
- *Menopause*, in clinical terms, refers to a single day: the date on which 12 months have passed since a person’s last menstrual period.<sup>4</sup> However, this term is commonly used to mean both menopause and postmenopause; it is used this way in the quality standard.
- *Postmenopause* refers to the time from menopause until the end of life.<sup>4</sup> Menopause-associated symptoms can continue for several years into postmenopause.<sup>5</sup>

*Menopause care* refers to care for people at any stage of menopause (perimenopause, menopause, or postmenopause).

*Menopausal hormone therapy* (instead of *hormone replacement therapy*) is used because ovarian hormones do not need to be routinely “replaced” in people who experience menopause at the average age.<sup>6</sup>

In alignment with Ontario Health’s strategic priority to reduce the health inequities experienced by 2SLGBTQIA+ communities, gender-inclusive language is used throughout this quality standard. The term *gender-diverse people* is used to be inclusive of Two-Spirit, trans, nonbinary, and intersex people.

# How to Use the Technical Specifications

This document provides technical specifications to support the implementation of the [Menopause](#) quality standard. Care for people experiencing menopause and perimenopause is a critical issue, and there are substantial gaps and variations in the quality of care that women and gender-diverse people receive in Ontario. Recognizing this, Ontario Health has released the quality standard to identify opportunities that have a high potential for quality improvement.

This document is intended for use by those looking to implement the *Menopause* quality standard, including clinicians working in regional or local roles.

This document has dedicated sections to describe the following:

- Indicators that can be used to measure progress toward the overarching goals of the quality standard as a whole
- Statement-specific indicators that can be used to measure improvement for each quality statement in the quality standard

Indicators may be provincially or locally measurable:

- Provincially measurable indicators: how we can monitor the progress being made to improve care at the provincial level using provincial data sources
- Locally measurable indicators: what you can do to assess the quality of care that you provide locally

The following tools and resources are provided as suggestions to assist in the implementation of the Menopause quality standard:

- The [Getting Started Guide](#) outlines the process for using quality standards as a resource to deliver high-quality care; it contains evidence-based approaches, as well as useful tools and templates to implement change ideas at the practice level
- Our [Spotlight Report](#) highlights examples from the field to help you understand what successful quality standard implementation looks like

# Measurement to Support Improvement

This document accompanies Ontario Health's Menopause quality standard. The Menopause Quality Standard Advisory Committee identified 4 overarching indicators to monitor the progress being made toward improving care for women and gender-diverse people in Ontario. The committee did not identify any provincially measurable indicators because provincial data sources on menopause are limited, as is the ability to identify people experiencing perimenopause or menopause. When data sources or methods are developed that can accurately identify people in menopause or perimenopause, the committee will reconsider provincial measures of success for this quality standard.

The *Menopause* quality standard also includes statement-specific indicators that can be used to measure improvement for each quality statement in the quality standard.

Additional information on measuring indicators can be found in the [Measurement Guide](#). The measurement guide also includes descriptions of data sources that can be used to support quality standard indicators that are measured consistently across health care teams, health care sectors, and the province.

## Equity Considerations

Ontario Health is committed to promoting health equity and reducing disparities, and it encourages collecting data and measuring indicators using equity stratifications that are relevant and appropriate for your population, such as patient socioeconomic and demographic characteristics. These may include age, income, region or geography, education, language, race and ethnicity, gender, and sex. Please refer to Appendix 3, Values and Guiding Principles, in the quality standard for additional equity considerations.

## Quality Standard Scope

This quality standard addresses care for women and gender-diverse people who are experiencing perimenopause or menopause (and postmenopause), including early or surgically induced menopause. The quality standard focuses on the identification, assessment, and management of symptoms at any stage and in all health care settings.

The quality standard includes 6 quality statements. They address areas identified by the Menopause Quality Standard Advisory Committee as having high potential for improving the quality of care in Ontario for women and gender-diverse people experiencing perimenopause or menopause.

# Overarching Indicators That Can Be Measured Using Only Local Data

You might want to assess the quality of care you provide to women and gender-diverse people experiencing perimenopause or menopause. You might also want to monitor your own quality improvement efforts. It could be possible to do this using your own clinical records, or you might need to collect additional data. We recommend the following potential indicators, which currently can be measured using only local data collection.

## **Indicator 1: Percentage of clinicians who have the knowledge and skills needed to provide evidence-based perimenopause or menopause treatment, including menopausal hormone therapy, non-hormonal medications, and nonpharmacological treatments**

- Denominator: total number of clinicians
- Numerator: number of clinicians in the denominator who have the knowledge and skills needed to provide evidence-based perimenopause or menopause treatment, including menopausal hormone therapy, non-hormonal medications, and nonpharmacological treatments
- Notes:
  - See Appendix 2 in the quality standard for a definition of *clinician*
  - See quality statement 4 for definitions of *menopausal hormonal therapy*, *evidence-based non-hormonal medications*, and *evidence-based nonpharmacological treatments*
- Potential data source: local data collection via clinician surveys

## **Indicator 2: Percentage of women and gender-diverse people aged 40 years or older who receive evidence-based information about perimenopause and menopause from their clinician**

- Denominator: total number of women and gender-diverse people aged 40 years or older who receive health care
- Numerator: number of people in the denominator who receive evidence-based information about perimenopause and menopause from their clinician
- Note: see quality statement 3 for a definition of *evidence-based information*
- Potential data source: local data collection via patient surveys

### **Indicator 3: Percentage of women and gender-diverse people experiencing perimenopause or menopause whose primary care clinician refers them to a clinician with expertise in menopause when clinically indicated**

- Denominator: total number of women and gender-diverse people experiencing perimenopause or menopause who receive primary care
- Numerator: number of people in the denominator whose primary care clinician refers them to a clinician with expertise in menopause when clinically indicated
- Potential data source: local data collection via chart reviews

### **Indicator 4: Percentage of women and gender-diverse people who report that their quality of life has improved since receiving menopause care**

- Denominator: total number of women and gender-diverse people who receive menopause care
- Numerator: number of people in the denominator who report that their quality of life has improved since receiving menopause care
- Potential data sources: local data collection using standardized quality-of-life surveys. Examples include the [Utian Quality of Life Scale](#), the [Menopause-Specific Quality of Life Questionnaire](#), or the [RAND 36-Item Health Survey](#)

# Statement-Specific Indicators

The *Menopause* quality standard includes statement-specific indicators that are provided as examples; you may wish to create your own quality improvement indicators based on the needs of your population. We recommend that you identify areas to focus on in the quality standard and then use 1 or more of the associated indicators to guide and evaluate your quality improvement efforts.

## Quality Statement 1: Clinician Knowledge and Skills

**Percentage of clinicians who have the knowledge and skills needed to provide evidence-based menopause care (potential stratification: primary care clinicians and non-primary care clinicians)**

- Denominator: total number of clinicians (potential stratification: primary care clinicians, non-primary care clinicians)
- Numerator: number of clinicians in the denominator who have the knowledge and skills needed to provide evidence-based menopause care
- Notes:
  - This indicator addresses care, which includes identifying the symptoms of menopause, offering treatment options, and helping women and gender-diverse people stay healthy during this stage of life. Overarching indicator 1 (see page 5) has a similar focus on the treatment aspect of care
  - See Appendix 2 in the quality standard for definitions of *clinician* and *primary care clinician*
- Data source: local data collection via clinician surveys

**Percentage of women and gender-diverse people experiencing perimenopause or menopause who report receiving care that is culturally appropriate and free from racism and discrimination**

- Denominator: total number of women and gender-diverse people who receive menopause care
- Numerator: number of people in the denominator who report receiving care that is culturally appropriate and free from racism and discrimination
- Data source: local data collection via patient surveys



## Quality Statement 2: Identification and Assessment of Perimenopause and Menopause

**Percentage of women and gender-diverse people aged 40 years or older who report that their clinician has proactively initiated conversations about menopause-associated symptoms**

- Denominator: total number of women and gender-diverse people aged 40 years or older
- Numerator: number of people in the denominator who report that their clinician has proactively initiated conversations about menopause-associated symptoms
- Data source: local data collection via patient surveys

## Quality Statement 3: Evidence-Based Information for People Experiencing Perimenopause or Menopause

**Percentage of women and gender-diverse people aged 40 years or older who receive evidence-based information about perimenopause and menopause from their clinician**

- Denominator: total number of women and gender-diverse people aged 40 years or older who receive health care
- Numerator: number of people in the denominator who receive evidence-based information about perimenopause and menopause from their clinician
- Notes:
  - This indicator is the same as overarching indicator 2
  - See quality statement 3 for a definition of *evidence-based information*
- Data source: local data collection via patient surveys

**Percentage of women and gender-diverse people aged 40 years or older who report that the information they received from their clinician about perimenopause and menopause was useful**

- Denominator: total number of women and gender-diverse people aged 40 years or older who have received information about perimenopause and menopause from their clinician
- Numerator: number of people in the denominator who report that the information they received was useful
- Data source: local data collection via patient surveys

**Percentage of women and gender-diverse people aged 40 years or older who report that their clinician addressed their questions about perimenopause and menopause**

- Denominator: total number of women and gender-diverse people aged 40 years or older who have asked their clinician questions about perimenopause and menopause
- Numerator: number of people in the denominator who report that their clinician addressed their questions
- Data source: local data collection via patient surveys

**Quality Statement 4: Management of Vasomotor Symptoms**

**Percentage of women and gender-diverse people experiencing vasomotor symptoms whose clinician offers them menopausal hormone therapy as first-line treatment when it is safe and appropriate**

- Denominator: total number of women and gender-diverse people experiencing vasomotor symptoms
- Numerator: number of people in the denominator whose clinician offers them menopausal hormone therapy as first-line treatment when it is safe and appropriate
- Note: see quality statement 4 for menopausal hormone therapy options
- Data source: local data collection via chart reviews and surveys

**Percentage of women and gender-diverse people experiencing vasomotor symptoms who have contraindications to menopausal hormone therapy or do not desire it and whose clinician offers them other evidence-based treatment options, including non-hormonal medications and nonpharmacological treatments**

- Denominator: total number of women and gender-diverse people experiencing vasomotor symptoms who have contraindications to menopausal hormone therapy or do not desire it
- Numerator: number of people in the denominator whose clinician offers them other evidence-based treatment options, including non-hormonal medications and nonpharmacological treatments
- Note: see quality statement 4 for evidence-based treatment options, including non-hormonal medications and nonpharmacological treatments
- Data source: local data collection via chart reviews and surveys

**Percentage of women and gender-diverse people experiencing perimenopause or menopause who feel involved in discussions with their clinician about their medication options, including risks, benefits, contraindications, and individual needs and preferences**

- Denominator: total number of women and gender-diverse people experiencing perimenopause or menopause
- Numerator: number of people in the denominator who feel involved in discussions with their clinician about their medication options, including risks, benefits, contraindications, and individual needs and preferences
- Data source: local data collection via patient surveys

**Quality Statement 5: Management of Non-Vasomotor Symptoms**

**Percentage of women and gender-diverse people experiencing perimenopause or menopause who report that their clinician always or often involves them in decisions about evidence-based treatment options for non-vasomotor symptoms (including those related to genitourinary syndrome of menopause, sexual health, mental health, sleep, and cognition)**

- Denominator: total number of women and gender-diverse people experiencing perimenopause or menopause
- Numerator: number of people in the denominator who report that their clinician always or often involves them in decisions about evidence-based treatment options for non-vasomotor symptoms (including those related to genitourinary syndrome of menopause, sexual health, mental health, sleep, and cognition)
- Note: see quality statement 5 for evidence-based treatment options
- Data source: local data collection via patient surveys

**Percentage of women and gender-diverse people experiencing genitourinary syndrome of menopause whose clinician offers them evidence-based treatment options**

- Denominator: total number of women and gender-diverse people experiencing genitourinary syndrome of menopause
- Numerator: number of people in the denominator whose clinician offers them evidence-based treatment options
- Note: see quality statement 5 for evidence-based treatment options
- Data sources: local data collection via chart reviews and patient surveys

## Quality Statement 6: Appropriate Referral to a Clinician With Expertise in Menopause

**Percentage of women and gender-diverse people experiencing perimenopause or menopause who receive assessment and treatment from their primary care clinician before being referred to a clinician with expertise in menopause**

- Denominator: total number of women and gender-diverse people experiencing perimenopause or menopause
- Numerator: number of people in the denominator who receive assessment and treatment from their primary care clinician before being referred to a clinician with expertise in menopause
- Note: see quality statement 6 for a definition of *clinician with expertise in menopause*
- Data source: local data collection via chart reviews

**Percentage of women and gender-diverse people experiencing perimenopause or menopause whose primary care clinician refers them to a clinician with expertise in menopause when clinically indicated**

- Denominator: total number of women and gender-diverse people experiencing perimenopause or menopause who receive primary care
- Numerator: number of people in the denominator whose primary care clinician refers them to a clinician with expertise in menopause when clinically indicated
- Notes:
  - This indicator is the same as overarching indicator 3
  - See quality statement 6 for a definition of *clinically indicated*
- Data source: local data collection via chart reviews

**Wait time between referral to a clinician with expertise in menopause and first consultation**

- Inclusions: women and gender-diverse people who have been referred to a clinician with expertise in menopause
- Potential methods:
  - The median is the number of days that 50% of women and gender-diverse people waited from the day of referral to the day of first consultation
  - The mean is the average number of days that women and gender-diverse people waited from the day of referral to the day of first consultation
- Note: other measures, such as quartiles, may also be used to measure distribution
- Data source: local data collection via chart reviews

# References

- (1) Ambikairajah A, Walsh E, Cherbuin N. A review of menopause nomenclature. *Reprod Health*. 2022;19(1):29.
- (2) Harlow SD, Gass M, Hall JE, Lobo R, Maki P, Rebar RW, et al. Executive summary of the Stages of Reproductive Aging Workshop + 10: addressing the unfinished agenda of staging reproductive aging. *J Clin Endocrinol Metab*. 2012;97(4):1159-68.
- (3) Santoro N, Epperson CN, Mathews SB. Menopausal symptoms and their management. *Endocrinol Metab Clin North Am*. 2015;44(3):497-515.
- (4) Menopause Foundation of Canada. The silence and the stigma: menopause in Canada. Toronto (ON): The Foundation; 2022.
- (5) Politi MC, Schleinitz MD, Col NF. Revisiting the duration of vasomotor symptoms of menopause: a meta-analysis. *J Gen Intern Med*. 2008;23(9):1507-13.
- (6) The Menopause Society statement on misinformation surrounding hormone therapy [Internet]. Pepper Pike (OH): The Menopause Society; 2024 [cited 2025 Mar 21]. Available from: <https://menopause.org/wp-content/uploads/2024/09/TMS-statement-on-HT-Misinformation.pdf>

# Looking for More Information?

Visit [hgontario.ca](https://hgontario.ca) or contact us at [QualityStandards@OntarioHealth.ca](mailto:QualityStandards@OntarioHealth.ca) if you have any questions or feedback about this quality standard.

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