

# Recommendations for Adoption: Opioid Prescribing for Chronic Pain

Quality  
Standards

Recommendations to enable widespread adoption of this quality standard

Health Quality  
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# About This Document

This document summarizes recommendations at local practice and system-wide levels to support the adoption of the quality standard for opioid prescribing for chronic pain.

At the local and regional levels, health care professionals and organizations in all applicable settings, local health integration networks (LHINs), and other health system partners are encouraged to use the quality standard as a resource for quality improvement. While many health organizations and providers may be offering the care described in this quality standard, the statements, related measures, and adoption supports described here are designed to help organizations find opportunities to focus their improvement efforts. The [Getting Started Guide](#) outlines how to use this quality standard as a resource to deliver high-quality care.

An important next step will be to put the recommendations in this document into action. In some situations, this may require a more detailed plan or new resources, or it may require leveraging or expanding existing programs. Many aspects of the quality standard represent care that can and should be made available today.

A monitoring and evaluation strategy is included in the final section, with suggested measures to monitor and track progress. Health Quality Ontario's Quality Standards Committee will review these regularly, including the actions needed to support implementation.

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# Opioid Prescribing for Chronic Pain Quality Standard

This quality standard provides guidance on the prescribing, monitoring, and tapering of opioids to treat chronic pain for people 15 years of age and older in all care settings. It does not address opioid prescribing for acute pain or end-of-life care, nor does it address the management of opioid use disorder in depth. Please refer to Health Quality Ontario's *Opioid Prescribing for Acute Pain* quality standard and *Opioid Use Disorder* quality standard for detailed quality statements related to these topics.

While the scope of this quality standard includes adolescents between 15 and 17 years of age, it should be noted that the statements in this standard are based on guidelines whose evidence is derived primarily from studies conducted on adult (aged 18 years and older) populations. Health Quality Ontario's Opioid Prescribing for Chronic Pain Quality Standard Advisory Committee members agreed that the guidance in this quality standard is equally relevant and applicable to people between 15 and 17 years of age. However, health care professionals should take into account that specialized skills and expertise may be required when providing treatment for special populations, including adolescents with chronic pain for whom opioid therapy has been prescribed or is being considered. If treatment of this or other special populations is beyond a health care professional's expertise, the health care professional should consult or work with a health care professional with appropriate expertise.

The Opioid Prescribing for Chronic Pain Quality Standard Advisory Committee agreed that it is important to include adolescents between 15 and 17 years of age in the scope of this quality standard because of the increased risk of harm opioids pose to this population. Adolescents report higher rates of nonmedical opioid use<sup>1</sup> and intentional poisonings,<sup>2</sup> and suffer a disproportionately higher rate of opioid-related deaths than the general adult population.<sup>3</sup> These higher rates of harm stress the importance of providing guidance on the careful and appropriate prescribing of opioids for chronic pain in youth.

This quality standard includes 10 quality statements addressing areas identified by Health Quality Ontario's Opioid Prescribing for Chronic Pain Quality Standard Advisory Committee as having high potential for improving the quality of care in Ontario for people with chronic pain who have been prescribed or are considering opioids.

Click [here](#) to access the quality standard.

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# The Recommendations for Adoption

These recommendations were developed to support the use of quality standards to promote practice improvement among health care professionals.<sup>1-3</sup>

Click [here](#) to download the detailed process and methods guide for a description of how the quality standard and recommendations for adoption were developed.

The recommendations for adoption were developed after a review of the available evidence and a scan of existing programs, as well as extensive consultation with the Opioid Prescribing for Chronic Pain Quality Standard Advisory Committee, key stakeholders, and organizations that work in this area, interviews with clinicians, and public comment on the quality standard. (See [Appendix A](#) for further details on the development of these recommendations.) These recommendations are designed to bridge the gaps between current care and the care outlined in the quality statements.

These consultations highlighted some common themes:

- The need for better access to non-opioid therapies
- The need for real-time opioid prescribing data for both prescribers and dispensers
- The need to improve availability and access to provider education and training
- The need to improve access to patient education

Ontario is implementing a comprehensive strategy to prevent opioid addiction and overdose by enhancing data collection, modernizing prescribing and dispensing practices, and connecting people with opioid use disorder with high-quality addiction treatment services. The quality standards related to opioid prescribing and opioid use disorder have been developed to support Ontario's opioid strategy. The recommendations for adoption accompanying the quality standards will complement the existing initiatives led by Ontario, and suggest additional areas for consideration.

**Equity considerations:** A number of complex equity considerations were identified that are related to social factors, including low income, homelessness, history of trauma, stigma, linguistic and cultural barriers, and lack of adequate transportation in rural and remote areas. These factors are known as the social determinants of health. In many cases, the social determinants of health that lead to health inequities are interrelated and intermingled, which increases difficulty in determining causality. Specific adoption strategies should not reinforce the current state of inequity and inequality. Where possible, they should contribute to improvements or highlight areas of opportunity for equity and equality.

## RECOMMENDATIONS FOR ADOPTION CONTINUED

The adoption recommendations are organized as follows:

- Integrating the quality standard into practice
  - Access to care
  - Access to data
  - Quality improvement
- Education and training
- Policy and system planning

We describe three time frames for adoption: immediate (less than 1 year); medium term (1–3 years); and long term (more than 3 years).

Note that the organizations, programs, and initiatives described in this document are examples for consideration. They do not reflect all organizations, programs, or initiatives doing work in this area.

[Appendix B](#) provides a list of these recommendations aligned to specific organizations and groups.

## References

1. French SD, et al. Developing theory-informed behaviour change interventions to implement evidence into practice: a systematic approach using the Theoretical Domains Framework. *Implementation Sci.* 2012;7:38. Available from: <https://implementationscience.biomedcentral.com/track/pdf/10.1186/1748-5908-7-38?site=implementationscience.biomedcentral.com>
2. Bero LA, Grilli R, Grimshaw JM, Harvey E, Oxman AD, Thomson M. Closing the gap between research and practice: an overview of systematic reviews of interventions to promote the implementation of research findings. *BMJ.* 1998;315:465-68.
3. National Implementation Research Network. Implementation Drivers. Chapel Hill (NC): FPG Child Development Institute, University of North Carolina [Internet]. [cited 2017 Feb. Available from <http://nirn.fpg.unc.edu/learn-implementation/implementation-drivers>

## Integrating the Quality Standard into Practice - Access to Care

**Gap:** People with pain do not have access to the types of services or specialists needed to implement a multidisciplinary treatment approach. Patients must pay out of pocket for non-opioid physical and psychological interventions if they do not have an extended health plan. Services that are covered by the Ontario Health Insurance Plan often have lengthy wait times.

Recommendations	Quality Statements	Action Needed By	Time Frame
Expand access to multidisciplinary team-based care for chronic pain management, ensuring timely access for vulnerable populations such as people with opioid use disorder and chronic pain	#3: First-Line Treatment With Non-opioid Therapies	LHINs Health Quality Ontario Primary care organizations	Medium term

### Adoption Considerations

- These recommendations align with [Ontario's strategy](#) to improve the treatment of pain by investing in the Chronic Pain Network, expanding the low back pain strategy, and providing chronic pain training to health care providers.
- By the end of 2018/2019, all LHINs will have centralized intake, assessment, and management models for low back pain and hip and knee arthritis.
- The Canadian Agency for Drugs and Technologies in Health has a [Pain Evidence Bundle](#) that reviews the best evidence on the management of pain (acute and chronic) arranged under the following categories: pharmacological treatments, physical therapies, psychological therapies, and multidisciplinary treatments.
- See pages 16–17 in the [Opioid Prescribing for Chronic Pain](#) quality standard for examples of multimodal and multidisciplinary therapies.

## Integrating the Quality Standard into Practice - Access to Data

**Gap:** Data on prescribing practices to help prescribers inform decisions at the point of care and plan for quality improvement at the practice level are inconsistently accessible across disciplines

Recommendations	Quality Statements	Action Needed By	Time Frame
Expand access to practice-level opioid prescribing data for all physicians, nurse practitioners, and dentists. This includes assessing the mechanisms to ensure the data is easily accessible to all clinicians.	#6: Co-prescribing Opioids and Benzodiazepines #8: Prescription Monitoring Systems #9: Tapering and Discontinuation	Health Quality Ontario	Medium term

## Integrating the Quality Standard into Practice - Access to Data (continued)

**Gap:** There is no reliable way to identify people with pain using provincial administrative data, unless they receive a prescription for a pain management drug, such as an opioid.

There is no way to distinguish between opioid prescriptions for chronic pain and those for acute pain. Therefore, further calculations, such as the percentage of people with chronic pain who are prescribed an opioid, cannot be made.

Current data measures (such as rates of opioid use) use the general population as the denominator rather than the pain population, rendering the data less meaningful.

Recommendations	Quality Statements	Action Needed By	Time Frame
Develop a methodology and algorithms to identify people with pain (as a symptom), including methods to distinguish between chronic and acute pain, allowing interventions to be compared.	All	Institute for Clinical Evaluative Sciences Ontario Drug Policy Research Network Health Quality Ontario	Medium term

### Adoption Considerations

- Health Quality Ontario will provide reports to physicians that show how their opioid prescribing compares to that of their peers and to best practices. The [MyPractice: Primary Care reports](#) are available to family physicians, with additional prescriber groups to follow.



## Quality Improvement

**Gap:** There is a lack of practical tools to help health care professionals and organizations integrate the quality standard into daily practice. Such tools could help inform decisions at the point of care.

Recommendations	Quality Statements	Action Needed By	Time Frame
Increase awareness and uptake of the <a href="#">program of supports</a> available for prescribers to care for people with pain and opioid use disorder.	All	Opioid Pain Management Partnered Supports Program	Immediate
When available, access the real-time Narcotics Monitoring System (NMS) at the point of prescribing and dispensing.	All	Health care providers	Medium term
Assess the care provided against the quality standard using Health Quality Ontario's <a href="#">Getting Started Guide</a> , and refer to the <a href="#">Action Plan Template</a> and Indicator Guide as tools to support quality improvement.	All	Health care organizations	Immediate
Assess the capacity and resources for appropriate chronic pain management strategies and mental health and addictions support. Ensure resources are well integrated and accessible across sectors in the region.	All	LHINs	Medium term
Leverage or develop validated tools for: <ul style="list-style-type: none"> <li>• Conducting comprehensive assessments</li> <li>• Monitoring a trial of opioid therapy</li> <li>• Guiding and monitoring the tapering and discontinuation of opioid therapy</li> <li>• Identifying and diagnosing opioid use disorder</li> </ul> Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	All	Health Quality Ontario Opioid Pain Management Partnered Supports Program and other system partners	Medium term

## Quality Improvement (continued)

**Gap (continued):** There is a lack of practical tools to help providers and organizations integrate the quality standard into daily practice. Such tools could help inform decisions at the point of care.

Recommendations	Quality Statements	Action Needed By	Time Frame
Develop a quality standard for people with chronic pain.	All	Health Quality Ontario	Immediate
Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical records and clinical pathways.	All	Health care organizations Opioid Pain Management Partnered Supports Program and other system partners	Medium term
Integrate relevant quality standard indicators for opioid prescribing for chronic pain into quality improvement plans.	All	Health care organizations Health Quality Ontario	Immediate
Implement Choosing Wisely recommendations that align to the opioid prescribing quality standards.	All	Health care organizations	Medium term

### Adoption Considerations

- An [Opioid Pain Management Partnered Supports Program](#) is available for prescribers.
- This recommendation pertaining to the Narcotics Monitoring System aligns with the narcotics monitoring arm of [Ontario's strategy to prevent opioid addiction and overdose](#): "Make Narcotics Monitoring System (NMS) data readily available to health care professionals, including physicians and pharmacists, so they have access to up-to-date medication dispensing information for their patients when making decisions concerning opioid prescribing."
- Examples of point-of-care tools:
  - [Digital Health Drug Repository](#)
  - [Opioid Manager](#) (Centre for Effective Practice)

- [Management of Chronic Non-Cancer Pain Tool](#) (Centre for Effective Practice)
- [Mentoring, Education, and Clinical Tools for Addiction: Primary Care–Hospital Integration \(META-PHI\) Tools and Resources](#)
- [Essential Clinical Skills for Opioid Prescribers](#) (Institute for Safe Medication Practices Canada)
- [Key Opioid Prescribing Messages](#) (Institute for Safe Medication Practices Canada)
- [Opioid Tapering Template](#) (RxFiles)
- [McMaster University National Pain Centre tools](#)

## Education and Training

**Gap:** Clinicians may not have the necessary training to support patients with chronic pain. Many may be unsure about how to navigate the system to leverage non-opioid supports for their patients with chronic pain. Rapid access is needed to services, expertise, and information on what is available to physicians to support their patients.

Provider-specific education and knowledge gaps include (but are not limited to):

- Conducting comprehensive assessments
- Pain management, including non-opioid therapies
- Types of opioids and the appropriate dose and duration of each for an initial prescription for acute and chronic pain
- Co-prescribing opioids and benzodiazepines
- Managing patient expectations
- Tapering and monitoring legacy patients, including those taking a combined opioid/benzodiazepine therapy
- Discussing and diagnosing opioid use disorder
- Initiating opioid agonist therapy
- Addictions and mental health
- Helping patients set goals that focus on functional aspects of daily living
- Motivational interviewing
- Making the connection between pain and trauma-informed care

Recommendations	Quality Statements	Action Needed By	Time Frame
Increase awareness and uptake of the <a href="#">program of supports</a> available for prescribers to care for people with pain and opioid use disorder.	All	Opioid Pain Management Partnered Supports Program	Immediate
Align and integrate the quality standard into credentialing programs, medical training, residency programs, other health professional education, and colleges.	All	Educational institutions	Medium term

## Education and Training (continued)

**Gap (continued):** Clinicians may not have the necessary training to support patients with chronic pain. Many may be unsure about how to navigate the system to leverage non-opioid supports for their patients with chronic pain. Rapid access is needed to services, expertise, and information on what is available to physicians to support their patients.

Provider-specific education and knowledge gaps include (but are not limited to):

- Conducting comprehensive assessments
- Pain management, including non-opioid therapies
- Types of opioids and the appropriate dose and duration of each for an initial prescription for acute and chronic pain
- Co-prescribing opioids and benzodiazepines
- Managing patient expectations
- Tapering and monitoring legacy patients, including those taking a combined opioid/benzodiazepine therapy
- Discussing and diagnosing opioid use disorder
- Initiating opioid agonist therapy
- Addictions and mental health
- Helping patients set goals that focus on functional aspects of daily living
- Motivational interviewing
- Making the connection between pain and trauma-informed care

### Recommendations

### Quality Statements

### Action Needed By

### Time Frame

Engage with professional colleges and continuing medical education programs to define the knowledge, skills, and training needed for clinicians to prescribe opioids and to identify who should receive evidence-based and unbiased education on opioid prescribing.

All

Educational institutions  
Continuing Professional Development Ontario  
Professional colleges

Immediate

#### Adoption Considerations

- The recommendations on education align with the appropriate prescribing arm of [Ontario's strategy to prevent opioid addiction and overdose](#): "Develop new, evidence-based training modules and academic programs in conjunction with educational institutions that will provide modernized training to all health care providers who prescribe or dispense opioids."
- The Opioid Pain Management Partnered Supports Program for prescribers can be found [here](#).

## Education and Training (continued)

**Gap:** Patients do not have access to unbiased and evidence-based information on the benefits and harms of opioid therapy and appropriate chronic pain management.

Patient-specific education and knowledge gaps include (but are not limited to):

- The benefits and harms of opioid therapy for chronic pain
- How to access therapies for chronic pain, if available, and their costs
- The types of health care professionals involved in multimodal and multidisciplinary therapy for chronic pain
- Associated risk factors for opioid use disorder and for overdose and death
- The safe storage and disposal of opioids to prevent diversion and reduce safety risks in the community
- How to recognize and respond to an opioid overdose

Recommendations	Quality Statements	Action Needed By	Time Frame
Promote use of the patient reference guide for <a href="#">Opioid Prescribing for Chronic Pain</a> , including in clinician offices.	#2: Setting Goals for Pain Management and Function #3: First-Line Treatment With Non-opioid Therapies #4: Shared Decision-Making and Information on the Potential Benefits and Harms of Opioids for Chronic Pain	Health Quality Ontario Health care organizations	Immediate

## Education and Training (continued)

**Gap (continued):** Patients do not have access to unbiased and evidence-based information on the benefits and harms of opioid therapy and appropriate chronic pain management.

Patient-specific education and knowledge gaps include (but are not limited to):

- The benefits and harms of opioid therapy for chronic pain
- How to access therapies for chronic pain, if available, and their costs
- The types of health care professionals involved in multimodal and multidisciplinary therapy for chronic pain
- Associated risk factors for opioid use disorder and for overdose and death
- The safe storage and disposal of opioids to prevent diversion and reduce safety risks in the community
- How to recognize and respond to an opioid overdose

Recommendations	Quality Statements	Action Needed By	Time Frame
Leverage existing patient education resources from stakeholder organizations.	<p>#2: Setting Goals for Pain Management and Function</p> <p>#3: First-Line Treatment With Non-opioid Therapies</p> <p>#4: Shared Decision-Making and Information on the Potential Benefits and Harms of Opioids for Chronic Pain</p>	Health care organizations	Immediate

### Adoption Considerations

- *These recommendations align with the patient education arm of [Ontario's strategy to prevent opioid addiction and overdose](#): "Improve access to important medication information, including a patient guide, for all patients prescribed opioids to help them better understand the associated risks."*
- *Leverage existing resources, such as handouts from the Institute for Safe Medication Practices Canada (e.g., [Opioid Pain Medicines: Information for Patients and Families](#)), the [Pain BC Toolbox](#) (British Columbia), and [My Opioid Manager](#) (University Health Network).*
- *Free provincial online self-management programs are available [here](#).*

## Policy and System Planning

The recommendations for adoption include those needed at the system level. In accordance with Health Quality Ontario's mandate, set out in the *Excellent Care for All Act*, the board of directors has formally provided the following recommendations about the *Opioid Prescribing for Chronic Pain* quality standard to the Minister of Health and Long-Term Care.

Recommendations	Time Frame
1. Expand access to multidisciplinary team-based care for chronic pain management, ensuring timely access for vulnerable populations such as people with opioid use disorder and chronic pain.	Medium Term
2. Accelerate access for prescribers and dispensers to the real-time Narcotics Monitoring System at the point of prescribing and dispensing.	Immediate

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# Measurement and Reporting

Health Quality Ontario will develop a monitoring, evaluation, and reporting plan for these recommendations as part of the broader quality standards evaluation. This plan may require the development of measures and/or a resource plan to support data collection and monitoring. The evaluation will include the following components.

1. Use existing databases for ongoing monitoring of the key indicators identified for this quality standard. For this standard, the outcome indicators below have been prioritized by the Opioid Prescribing for Chronic Pain Quality Standard Advisory Committee and are currently measurable at the provincial level. The Committee has recommended indicators that are specific to people with chronic pain. Given current data limitations, it is not possible to restrict the denominator to this population. The data access recommendations for adoption in this document describe the data advancement necessary to refine the indicators so that they align with the Quality Standard Advisory Committee recommendations:
  - Prescribing:
    - Population rate of people prescribed opioid therapy
    - Population rate of opioid prescriptions dispensed

- Percentage of people who are prescribed opioids who have an urgent hospital visit:
  - Rate of opioid-related emergency department visits
  - Rate of opioid-related hospital admissions
- Rate of opioid-related deaths

2. Monitor the uptake of the recommendations for adoption.

A plan to measure the impact of specific recommendations related to clinical care and improvement will be defined. The RE-AIM Framework, which measures reach, effectiveness, adoption, implementation, and maintenance, provides a useful approach for the larger-scale improvement interventions that are proposed. This approach could leverage process measures that can be collected from embedded tools, such as order sets or clinical pathways.

Health Quality Ontario will recommend that the Ontario Quality Standards Committee receive twice-annual updates on the progress of the recommendations and review any additional measurement that may be needed to assess impact.



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# Appendix A: Process and Methods for Developing the Recommendations for Adoption

The development of the recommendations for adoption involved extensive consultation with stakeholders from across the province and from a variety of professional roles and perspectives. During the public consultation process, we received 46 responses and considered them in the development of these recommendations.

The following organizations and groups were consulted in the development of these recommendations:

- Addictions and Mental Health Ontario Community of Practice
- Association of Family Health Teams of Ontario
- Centre for Addiction and Mental Health
- Centre for Effective Practice
- College of Physicians and Surgeons of Ontario
- Health Quality Ontario: Opioid Prescribing for Chronic Pain Quality Standard Advisory Committee
- LHIN/Health Quality Ontario Clinical Quality Leads
- Ministry of Health and Long-Term Care
- Nurse Practitioners' Association of Ontario
- Ontario College of Family Physicians

- Ontario Pharmacists Association
- OntarioMD
- Project ECHO
- Registered Nurses' Association of Ontario
- South Riverdale Community Health Centre
- Toronto East Detention Centre
- University of Toronto

Note: Between November 2016 and September 2017, Health Quality Ontario connected with various individuals and organizations in primary care, community care, long-term care, research, mental health, LHINs, educational institutions, and professional associations from across the province. We engaged these individuals and organizations through public comment, structured meetings, targeted interviews, focus groups, and a virtual town hall, in which 87 people participated. We also conducted two site visits: one at the Toronto East Detention Centre and one at the South Riverdale Community Health Centre. We used the results of these engagements to inform the gaps and recommendations outlined in this document.

# Appendix B: Summary Recommendations for Health Sector Organizations and Other Entities

## Continuing Professional Development Ontario/Educational Institutions

### Time Frame

Align and integrate the quality standard into credentialing programs, medical training, residency programs, other health professional education, and colleges.

Medium term

Engage with professional colleges and continuing medical education programs to define the knowledge, skills, and training needed for clinicians to prescribe opioids and to identify who should receive evidence-based and unbiased education on opioid prescribing.

Immediate

## Health Care Providers and Organizations

### Time Frame

Expand access to multidisciplinary team-based care for chronic pain management, ensuring timely access for vulnerable populations such as people with opioid use disorder and chronic pain (primary care organizations).

Medium term

When available, access the real-time Narcotics Monitoring System (NMS) at the point of prescribing and dispensing.

Medium term

Assess the care provided against the quality standard using Health Quality Ontario's [Getting Started Guide](#), and refer to the [Action Plan Template](#) and Indicator Guide as tools to support quality improvement.

Immediate

Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical records and clinical pathways.

Medium term

## APPENDIX B CONTINUED

Integrate relevant quality standard indicators for opioid prescribing for chronic pain into quality improvement plans.

Immediate

Implement Choosing Wisely recommendations that align with the opioid prescribing quality standards.

Medium term

Promote use of the patient reference guide for [Opioid Prescribing for Chronic Pain](#), including in clinician offices.

Immediate

Leverage existing patient education resources from stakeholder organizations.

Immediate

### Health Quality Ontario

### Time Frame

Expand access to multidisciplinary team-based care for chronic pain management, ensuring timely access for vulnerable populations such as people with opioid use disorder and chronic pain.

Medium term

Expand access to practice-level opioid prescribing data for all physicians, nurse practitioners, and dentists. This includes assessing the mechanisms to ensure the data is easily accessible to all clinicians.

Medium term

Develop a methodology and algorithms to identify people with pain (as a symptom), including methods to distinguish between chronic and acute pain, allowing interventions to be compared.

Medium term

Leverage or develop validated tools and processes for:

- Conducting comprehensive assessments
- Monitoring a trial of opioid therapy
- Guiding and monitoring the tapering and discontinuation of opioid therapy
- Identifying and diagnosing opioid use disorder

Medium term

Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.

## APPENDIX B CONTINUED

Develop a quality standard for people with chronic pain. Immediate

Integrate relevant quality standard indicators for opioid prescribing for chronic pain into quality improvement plans. Immediate

Promote use of the patient reference guide for [Opioid Prescribing for Chronic Pain](#), including in clinician offices. Immediate

### Institute for Clinical Evaluative Sciences

#### Time Frame

Develop a methodology and algorithms to identify people with pain (as a symptom), including methods to distinguish between chronic and acute pain, allowing interventions to be compared. Medium term

### Local Health Integration Networks

#### Time Frame

Expand access to multidisciplinary team-based care for chronic pain management, ensuring timely access for vulnerable populations such as people with opioid use disorder and chronic pain. Medium term

Assess the capacity and resources for appropriate chronic pain management strategies and mental health and addictions support. Ensure resources are well integrated and accessible across sectors in the region. Medium term

### Ontario Drug Policy Research Network

#### Time Frame

Develop a methodology and algorithms to identify people with pain (as a symptom), including methods to distinguish between chronic and acute pain, allowing interventions to be compared. Medium term

## APPENDIX B CONTINUED

Opioid Pain Management Partnered Supports Program	Time Frame
Increase awareness and uptake of the <a href="#">program of supports</a> available for prescribers to care for people with pain and opioid use disorder.	Immediate
Leverage or develop validated tools for: <ul style="list-style-type: none"><li>• Conducting comprehensive assessments</li><li>• Monitoring a trial of opioid therapy</li><li>• Guiding and monitoring the tapering and discontinuation of opioid therapy</li><li>• Identifying and diagnosing opioid use disorder</li></ul> Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.	Medium term
Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical records and clinical pathways.	Medium term
Professional Colleges	Time Frame
Engage with professional colleges and continuing medical education programs to define the knowledge, skills, and training needed for clinicians to prescribe opioids and to identify who should receive evidence-based and unbiased education on opioid prescribing.	Immediate

APPENDIX B CONTINUED

System Partners	Time Frame
<p>Leverage or develop validated tools for:</p> <ul style="list-style-type: none"><li>• Conducting comprehensive assessments</li><li>• Monitoring a trial of opioid therapy</li><li>• Guiding and monitoring the tapering and discontinuation of opioid therapy</li><li>• Identifying and diagnosing opioid use disorder</li></ul> <p>Ensure these tools prompt discussion between patient and prescriber on how family and other supports might be involved in the person's care plan.</p>	Medium term
<p>Embed the quality standard into existing digital health tools, such as order sets, information systems, and/or electronic medical records and clinical pathways.</p>	Medium term

# For more information:

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