QUALITY STANDARD PLACEMAT FOR

Opioid Prescribing for Chronic Pain

This document is a resource for health care providers and summarizes content from the *Opioid Prescribing for Chronic Pain* quality standard.

Comprehensive Assessment

Quality Statement (QS)* 1: Comprehensive Assessment
Perform a comprehensive assessment for people with chronic pain that includes consideration of functional status and social determinants of health. Use alternative or adapted tools to assess people who cannot self-report pain or functional status. A useful tool is the Chronic Non-Cancer Pain Tool.

*The quality statements are provided in full on page 2.

Appropriate Prescribing

QS 2: Setting Goals for Pain Management and Function
Work with people with chronic pain to set realistic, specific, measurable goals for improvement in pain and function, and evaluate these goals regularly. If you have initiated an opioid prescription, see the person with chronic pain for follow-up within 28 days.

QS 3: First-Line Treatment With Non-opioid Therapies
Offer a combination of non-opioid pharmacotherapy and nonpharmacological therapies as first-line treatment. Tailor these therapies to the needs of the person based on their management goals and locally available resources.

QS 4: Shared Decision-Making and Information on the Potential Benefits and Harms of Opioids for Chronic Pain
Provide people with chronic pain, and their families and caregivers as appropriate, information on the potential benefits and harms of opioid therapy before initiating opioids. See *Opioid Pain Medicines: Information for Patients and Families*.

QS 5: Initiating a Trial of Opioids for Chronic Pain
Prescribe opioids for chronic pain only after other multimodal therapies have been attempted without adequate improvement in pain and function, after you have discussed the potential harms of and alternatives to opioids with the person with chronic pain, and if the person has no absolute contraindications to opioids. For people with relative contraindications, discuss the potential risks they pose. Initiate opioid therapy at the lowest effective dose, ideally less than 50 mg morphine equivalents per day. Titrate over time to a dose of 50–90 mg morphine equivalents per day only when necessary and only after ensuring the person is aware of the potential harms and is willing to accept a higher risk of harm for improved pain relief. See the Opioid Manager tool.

QS 6: Co-prescribing Opioids and Benzodiazepines
Avoid concurrently prescribing opioids and benzodiazepines whenever possible. Ask people with chronic pain about any current opioid or benzodiazepine use before initiating a new prescription for chronic pain or anxiety, and check a prescription monitoring system. *MyPractice: Primary Care Reports* show health care professionals their opioid prescribing patterns, including for patients who have been co-prescribed an opioid and benzodiazepine.

QS 9: Tapering and Discontinuation
For people on long-term opioid therapy, discuss opioid tapering and offer tapering to discontinuation every 3 to 6 months. Strongly encourage tapering to people who have been prescribed a dose of 90 mg morphine equivalents or more per day, who are not experiencing adequate improvement in pain and function, who are experiencing problematic side effects, or who have been prescribed both opioids and benzodiazepines. See the Opioid Tapering Tool.

Effective Chronic Pain Management for People With Opioid Use Disorder

QS 7: Opioid Use Disorder
Assess people for opioid use disorder based on current *DSM* criteria. If you diagnose opioid use disorder in a person taking opioids for chronic pain, ensure they have access to opioid agonist therapy within 3 days of diagnosis. See the Opioid Use Disorder Tool.

Improving Prescribing Practices

QS 8: Prescription Monitoring Systems
Use a prescription monitoring system at the point of care to check prescription history when opioids are prescribed, dispensed, and every 3 to 6 months during long-term use. Check more frequently if you have concerns regarding the potential for substance use disorder, overdose, diversion, indeterminate pain disorder, or prescriptions being obtained from more than one prescriber.

The Digital Health Drug Repository provides health care professionals with patients' clinically relevant drug and pharmacy service information to assist with medication reviews.

QS 10: Health Care Professional Education
Stay current with the evidence-based knowledge and skills needed to appropriately assess and treat chronic pain using a multimodal, multidisciplinary approach; appropriately prescribe, monitor, taper, and discontinue opioids; and recognize and treat opioid use disorder.

See *Key Opioid Prescribing Messages for Community Practitioners*. Project ECHO hosts Chronic Pain and Opioid Stewardship Sessions, weekly CME-accredited videoconferencing sessions that connect clinicians with an interprofessional pain specialist team.

Opioid Prescribing for Chronic Pain QUALITY STATEMENTS

Quality Statement 1: Comprehensive Assessment
People with chronic pain receive a comprehensive assessment, including consideration of their functional status and social determinants of health.

Quality Statement 2: Setting Goals for Pain Management and Function
People with chronic pain set goals for pain management and functional improvement in partnership with their health care professionals. These goals are evaluated regularly.

Quality Statement 3: First-Line Treatment With Non-opioid Therapies
People with chronic pain receive an individualized and multidisciplinary approach to their care. They are offered non-opioid pharmacotherapy and nonpharmacological therapies as first-line treatment.

Quality Statement 4: Shared Decision-Making and Information on the Potential Benefits and Harms of Opioids for Chronic Pain
People with chronic pain, and their families and caregivers, receive information about the potential benefits and harms of opioid therapy for chronic pain at the time of both prescribing and dispensing so that they can participate in shared decision-making.

Quality Statement 5: Initiating a Trial of Opioids for Chronic Pain
People with chronic pain begin a trial of opioid therapy only after other multimodal therapies have been tried without adequate improvement in pain and function, and they either have no contraindications to opioid therapy or have discussed any relative contraindications with their health care professional.

If opioids are initiated, the trial starts at the lowest effective dose, preferably below 50 mg morphine equivalents per day. Titrating over time to a dose of less than 90 mg morphine equivalents per day may be warranted in selected cases in which people are willing to accept a higher risk of harm for improved pain relief.

Quality Statement 6: Co-prescribing Opioids and Benzodiazepines
People with chronic pain are not prescribed opioids and benzodiazepines at the same time whenever possible.

Quality Statement 7: Opioid Use Disorder
People prescribed opioids for chronic pain who are subsequently diagnosed with opioid use disorder have access to opioid agonist therapy.

Quality Statement 8: Prescription Monitoring Systems
Health care professionals who prescribe or dispense opioids have access to a real-time prescription monitoring system at the point of care. Prescription history is checked when opioids are prescribed and dispensed and every 3 to 6 months during long-term use, or more frequently if there are concerns regarding duplicate prescriptions, potentially harmful medication interactions, or diversion.

Quality Statement 9: Tapering and Discontinuation
All people with chronic pain on long-term opioid therapy, especially those taking 90 mg morphine equivalents or more per day, are periodically offered a trial of tapering to a lower dose or tapering to discontinuation.

Quality Statement 10: Health Care Professional Education
Health care professionals have the knowledge and skills to appropriately assess and treat chronic pain using a multidisciplinary, multimodal approach; appropriately prescribe, monitor, taper, and discontinue opioids; and recognize and treat opioid use disorder.

Note: This resource can be used to support health care professionals in the provision of care. It does not override the responsibility of health care professionals to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for every patient, and clinical judgment should be used.

Resources

- Opioid Prescribing for Chronic Pain Quality Standard and Patient Guide bit.ly/3H6zNKt
- McMaster University National Pain Centre 2017 Canadian Guideline for Opioids for Chronic Non-cancer Pain healthsci.mcmaster.ca/npc
- Opioid Use Disorder Quality Standard and Patient Guide bit.ly/3tuPqWj
- CADTH: Evidence on Opioids CADTH.ca/Opioids
- Centre for Effective Practice: Clinical Tools and Resources cep.health/tools
- ISMP Canada: Opioid Stewardship ismp-canada.org/opioid_stewardship
- ConnexOntario connexontario.ca/en-ca

Additional tools and resources are on Quorum bit.ly/3H6A7sF

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