

5. When opioids are used for the treatment of chronic pain, a written treatment plan should be established that includes measurable goals for reduction of pain and improvement of function. One health care provider should coordinate a patient's comprehensive pain care plan and provide all opioid prescriptions required for the plan.

5.1 The treatment plan should be tailored to the patient's circumstances and the characteristics and pathophysiology of the pain. The pathophysiology helps to predict whether opioid medication is likely to help reduce pain or to improve function, and should be considered when establishing treatment goals. Non-opioid treatment modalities should be included in the treatment plan, whenever possible, to maximize the likelihood of achieving treatment goals.

5.2 Goals for the treatment of chronic pain should be measurable and should include improved function and quality of life as well as improved control of pain.^{6,9,14}

For most chronic pain conditions, complete elimination of pain is an unreasonable goal. Goals for treatment of chronic pain should include improvement in the tolerability of pain and function.¹⁵ The clinician should counsel the patient on reasonable expectations for treatment outcomes so that agreement is achieved on the goals of addressing pain, function, and quality of life.

The pathophysiologic basis of the pain can help establish a prognosis for future improvement (or worsening) in function and pain and should influence the goals of treatment. Goals for functional improvement and measures to track progress against those goals should be established and documented to serve as a basis of evaluating treatment outcomes.^{6,14} These include:

- Objective physical findings obtained by the examining health care provider (e.g., improved strength, range of motion, aerobic capacity);
- Functional status at work (e.g., increase in physical output, endurance, or ability to perform job functions); and
- Functional status at home (e.g., increased ability to perform instrumental activities of daily living, and frequency and intensity of conditioning).

Targets for improved quality of life should also be identified and documented to serve as a basis for evaluating treatment outcomes. These may include:

- Patient rating of quality of life on a measurement scale;
- Psychosocial status (e.g., increased social engagement or decreased emotional distress);
- Familial status (e.g., improved relationships with, or decreased burden, on family members); and
- Physical status (e.g., increased ability to exercise, perform chores, or participate in hobbies).

Health care providers should consider cultural differences in assessing function, quality of life, and pain intensity (see <http://prc.coh.org/culture.asp> for examples). These measures of improvement could be reported by the patient, family members, and/or the employer. Permission to discuss the patient's condition with these persons should have been previously obtained and documented.

5.3 Treatment goals should be developed jointly by the patient and health care provider.¹⁵

Engage patients in their own health care. Health care providers have observed that when patients assume a significant portion of the responsibility for their rehabilitation they are more likely to improve and that when they participate in goal setting they are more likely to achieve the goals. As with any other chronic illness (such as diabetes or heart disease), the health care provider should focus not just on pain control, but also on treating the patient's underlying diseases and encouraging them to engage in ownership of their own health.