

INPLASY202570050

doi: 10.37766/inplasy2025.7.0050

Received: 11 July 2025

Published: 11 July 2025

Audet, C; Pagé, MG; Alatorre, F; Lacasse, A.

Corresponding author:

Anaïs Lacasse

anaïs.lacasse@uqat.ca

Author Affiliation:Université du Québec en Abitibi-
Témiscamingue (UQAT).**ADMINISTRATIVE INFORMATION****Support** - Canadian Institutes for Health Research (CIHR).**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202570050**Amendments** - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 11 July 2025 and was last updated on 11 July 2025.**INTRODUCTION**

Review question / Objective This overview of reviews (umbrella review) aims to synthesize and critically appraise evidence from systematic and non-systematic reviews (including grey literature syntheses) on quality indicators for chronic pain management. We will focus on listing published indicators, but also on identifying data sources and contexts (e.g., primary care) in which these indicators can be effectively operationalized and measured to improve quality of care and patient outcomes.

Rationale Chronic pain is a prevalent condition that substantially diminishes quality of life and imposes a significant burden on healthcare systems and society (Campbell et al., 2019). Improving care requires the use of clear, evidence-based quality indicators that can guide clinical practice and inform health system performance (Beaulieu et al., 2012; Lawrence & Olesen, 1997; Quentin et al., 2019). Although numerous systematic and narrative reviews have proposed

quality indicators for chronic pain management, the available evidence remains fragmented, and the contexts in which indicators can be operationalized merits some attention. Synthesizing this literature is a crucial first step in any rigorous process to identify and validate quality indicators, as recommended by established frameworks, e.g., RAND method (Brook, 1994; Fitch et al., 2001; Pomey et al., 2013). This overview of reviews forms part of a broader project on the validation of quality indicators for chronic pain management. An overview of reviews (Gates et al., 2022) is appropriate given the existence of multiple systematic and non-systematic reviews addressing quality indicators in various settings and populations, ranging from chronic pain in general to specific conditions such as low back pain, osteoarthritis, or postoperative pain, and across contexts including primary care, physiotherapy, pain clinics, and emergency departments (Basedow & Esterman, 2015; Chodosh et al., 2001; Edwards et al., 2015; Ilgin et al., 2021; Rizk et al., 2023; Stang et al., 2014; Zidarov et al., 2016).

Condition being studied Chronic pain is defined as pain that persists or recurs for more than three months (Treede et al., 2019). This overview of reviews will examine quality indicators related to chronic pain, including both chronic pain in general and specific conditions such as low back pain, fibromyalgia, osteoarthritis, complex regional pain syndrome, headaches, and post-surgical chronic pain (Treede et al., 2019). Although the management of acute and chronic pain differs significantly, we will adopt an inclusive research strategy and apply our selection criteria in a way that allows us to include reviews on quality indicators related to pain in general, insofar as they may be relevant to chronic pain.

METHODS

Search strategy The search strategy was developed by the research team in collaboration with an experienced medical librarian and included several synonyms for: 1) quality indicators, 2) chronic pain and its management, and 3) reviews. The search strategy was also peer-reviewed by other medical librarians. Prior to conducting the systematic search in the computerized databases, a set of approximately ten literature reviews had been identified to test the effectiveness of the search strategy. The reproducible searches are available at <https://doi.org/10.5683/SP3/YUROLM>.

Participant or population Individuals living with chronic pain, and/or the healthcare systems or providers involved in their care. Some quality indicators could focus directly on patient-reported outcomes (e.g., pain reduction, quality of life, satisfaction) or evaluate how care is delivered (e.g., timely access to care, use of evidence-based guidelines).

Intervention Use, development, implementation, or evaluation of quality indicators related to chronic pain management.

Comparator Not applicable.

Study designs to be included Systematic and non-systematic reviews (including grey literature syntheses) that report on quality indicators for chronic pain management.

Eligibility criteria All types of peer-reviewed literature reviews will be eligible in our overview of reviews (e.g., systematic, scoping, narrative), if they report a list of quality indicators for the management of chronic pain, in general or specific chronic pain conditions (Treede et al., 2019). Although the management of acute and chronic

pain differs significantly, we will adopt an inclusive research strategy and apply our selection criteria in a way that allows us to include reviews on quality indicators related to pain in general, insofar as they may be relevant to chronic pain.

Grey literature (e.g., governmental synthesis reports, chronic pain guidelines/quality standards, and databases of quality indicators) reporting lists of quality indicators for the management of chronic pain will also be eligible. All included references will have to be published in English or in French to be included. As suggested the PRIOR statement, (Gates et al., 2022) overviews of reviews might include supplemental peer-reviewed primary studies if the included reviews are incomplete. We do not exclude the possibility of including such additional studies in our review if, exceptionally, a key primary study is identified during the course of our research that presents novel aspects not covered by the reviews already included.

Information sources Peer-reviewed literature reviews will be identified by searching the following computerized databases: MEDLINE (OVID), EMBASE (OVID), EBM Reviews (OVID), APA PsychInfo (OVID), et CINAHL Complete (EBSCO). Recognized keyword algorithms will also be employed to restrict the search to human studies, thereby excluding literature focused on animals or plants.

Sources to be consulted to identify grey literature will include governmental websites (ex. INSPQ, INESSS, IASP, CIHI), and quality indicator databases from recognized international organizations (Haute Autorité de santé, 2024; National Committee for Quality Assurance, 2024; National Institute for Health and Care Excellence, 2024; Partnership for Quality Measurement). No specific search for primary studies will be conducted.

Main outcome(s) Quality indicators addressing the six domains of healthcare quality defined by the Institute of Medicine (IOM): safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity (Institute of Medicine Committee on Quality of Health Care in America, 2001).

Data management For each eligible reference, the following information will be retrieved (if reported):

- authors/year of publication
- country of the corresponding author's affiliation
- year of publication
- type of review
- number of included studies

- types of studies included
- sources searched (e.g., computerized databases names)
- range (years) of included studies
- country of origin of included studies
- type of quality appraisal, if any
- type of chronic pain addressed in the review (e.g. chronic pain in general, fibromyalgia)
- care setting (e.g., primary care, older adults)
- list of quality indicators, along with methods used to measure them (e.g., medical charts, patient-reported measures, administrative databases) and any information about their validity (e.g., psychometric properties, consensus methods employed)
- reference framework(s) used by the authors to classify quality indicators.

Quality assessment / Risk of bias analysis The assessment of the quality of included literature reviews will be carried out using the JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (Aromataris et al., 2020) a synthesis appraisal tool developed for overviews of reviews and not limited to the appraisal of systematic reviews of randomized controlled trials (vs. AMSTAR, Cochrane RoB 2). The quality assessment will be achieved by one reviewer and then verified by a second reviewer.

Strategy of data synthesis The study selection process will be described using a PRIOR statement flow diagram (Gates et al., 2022). For each included reference, the extracted data items will be described narratively in a table that will include the above-mentioned data items. Once all data from the included references have been extracted into a detailed table, a list of all distinct quality indicators will be developed. To manage potential overlap between the included references, we will track which quality indicators are reported in each review and identify duplicates across sources. When the same indicator appears in multiple reviews, it will be included only once in the final list, with a column indicating how many reviews identified it. The list of quality indicators will then be independently classified by two reviewers, according to whether they relate to pharmacological or non-pharmacological aspects of chronic pain management. In addition, the indicators will be categorized based on the six domains of healthcare quality defined by the Institute of Medicine (IOM), which became the National Academy of Medicine (NAM) in 2015: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity (Institute of Medicine Committee on Quality of Health Care in America, 2001). After considering different quality

of care frameworks, (Donabedian, 2005; Stelfox & Straus, 2013) the IOM framework (Institute of Medicine Committee on Quality of Health Care in America, 2001) was selected because its dimensions align very well with the Canadian Action Plan for Chronic Pain (Campbell et al., 2021). It should also be added that this framework is put forward by the World Health Organization (World Health Organization, 2023) and used by various ministries of health in Canada (Health Quality Council of Alberta, 2017; Health Quality Ontario, 2018). Several elements of the IOM framework dimensions emerged during the brainstorming activity with patient partners of the team when discussing their vision of quality care for chronic pain management (e.g., access, frequency of contact, timeliness, personalization of care, inclusion, shared decision-making).

Heterogeneity (12b) and Robustness (12c) items of the PRIOR statement (Gates et al., 2022) are not applicable to the nature of our overview.

Subgroup analysis We will group the indicators based on the six domains of healthcare quality defined by the National Academy of Medicine (NAM): safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity (Institute of Medicine Committee on Quality of Health Care in America, 2001).

Sensitivity analysis Not applicable.

Language restriction References will have to be published in English or French.

Country(ies) involved Canada.

Keywords Quality indicators; Chronic Pain Management; Review.

Dissemination plans Scientific articles; Lay summaries and infographics; Presentations to various type of knowledge users; Social media.

Contributions of each author

Author 1 - Claudie Audet.

Email: claudie.audet@uqat.ca

Author 2 - M. Gabrielle Pagé.

Email: gabrielle.page@umontreal.ca

Author 3 - Florian Alatorre.

Email: florian.alatorre.chum@ssss.gouv.qc.ca

Author 4 - Anaïs Lacasse.

Email: anais.lacasse@uqat.ca