Topic Overview

Supporting Chronic Pain Management Across Provincial and Territorial Health Systems in Canada

Stakeholder Dialogue
9 December 2009

The McMaster Health Forum convened a stakeholder dialogue on the subject of supporting chronic pain management across provincial and territorial health systems in Canada. The dialogue brought together a diverse group – two policymakers/managers, three healthcare provider association/group representatives, four researchers, and four other stakeholders – from across Canada to examine the problem, options for addressing it, and key implementation considerations.

The evidence brief and the stakeholder dialogue it was prepared to inform were funded by: 1) the Ontario Ministry of Health and Long-Term Care through the Academic Health Science Centre (AHSC) Alternative Funding Plan (AFP) Innovation Fund, which is a competitive peer review funding initiative designed to support the development of new and innovative practices in healthcare delivery, and to support leadership in the dissemination of knowledge across the healthcare system; and 2) the Canadian Institutes of Health Research through the Community Alliances for Health Research and Knowledge Translation in Pain (CAHR Pain). The views expressed in this summary do not necessarily reflect the views of the funders.

Deliberation about the problem

Several dialogue participants argued that significant stigma was associated with chronic pain and that this stigma translated into a lack of legitimacy of the need for care, which in turn added to the burden of chronic pain. Some of these dialogue participants argued that having "no recognition of chronic pain as a disease" was a significant dimension of the problem, however, other dialogue participants were not fully convinced by this argument. Dialogue participants generally agreed that effective chronic pain management programs, services and drugs are not always available or accessible to all Canadians, but they also agreed that there are significant gaps in our knowledge about these shortcomings and their causes. Dialogue participants also generally agreed that current provincial and territorial health system arrangements do not support chronic pain management for all Canadians. As one dialogue participant said, "access is terrible and getting worse."

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Participants representing a range of interests in chronic pain management gather during a McMaster Health Forum event on 9 December 2009

Deliberation about options

Several dialogue participants argued strongly that a patient registry/treatment-monitoring system (option 1) was definitely needed in order to support efforts to monitor the implementation of new approaches to organizing chronic pain management and the evaluation of their impacts. Several dialogue participants saw the registry/system as a pre-condition for other options. A number of dialogue participants voiced strong support for the research, patient support and provider support functions that a national network of centres with a coordinating "hub" (option 2) could undertake. Many dialogue participants also supported the idea of a cross-discipline model of patient-centred primary healthcare-based chronic pain management, which could include primary healthcare practices/clinics assuming the primary responsibility for chronic pain management, these practices/clinics having facilitated access to mentoring and support to enable them to fulfil this role, and these practices/clinics being able to periodically engage multi-disciplinary and multi-modal secondary- and tertiary-level supports for patients with more significant complexity.

Dialogue deliverables

To learn more about this topic, consult the evidence brief that was presented to participants before the dialogue, the summary of the dialogue or the video interviews with dialogue participants. For an electronic copy of the evidence brief or dialogue summary, or to view the video interviews, visit our website (http://www.mcmasterhealthforum.com) and click on 'Products' along the sidebar.

Deliberation about implementation

Several dialogue participants noted that the prospects for success with the registry/system (option 1) were much greater if this option was implemented in the form of a program of research rather than as a government or regional health authority initiative. Some dialogue participants argued that the successful implementation of a national network of centres (option 2) hinged on getting the right champions (clinicians, leaders in teaching institutions, and patients) around the table from the beginning. Several dialogue participants suggested that brokering and supporting the implementation of a cross-discipline model (option 3) could best be facilitated in the short term through demonstration projects, coupled with rigorous monitoring and evaluation, and in the long term through a systematic effort to "move beyond the early adopters."

Deliberation about next steps

One dialogue participant argued that governments won't take action in the short term, so "stakeholders have to be the ones who make it happen." The critical step, several dialogue participants argued, was to engage key opinion leaders, both those leading the push for strengthened chronic pain management and those in primary healthcare practices, regional health authorities and government, who can take action. A number of dialogue participants argued that success stories need to be identified, their cost-effectiveness relative to the status quo studied, and the findings from this effort popularized in a systematic way.