

## Topic Overview

### Improving Pain and Symptom Management in Cancer Care in Ontario

#### Stakeholder Dialogue 26 November 2015

The McMaster Health Forum convened a stakeholder dialogue on the subject of improving pain and symptom management in cancer care in Ontario. With the support of the Canadian Cancer Society Research Institute (through a grant awarded to the Canadian Centre of Excellence in Oncology Advanced Practice Nursing entitled Improving Cancer Pain and Symptom Management Through Knowledge Translation) and the Government of Ontario (through a Ministry of Health and Long-Term Care Health System Research Fund grant entitled Harnessing Evidence and Values for Health System Excellence), the dialogue brought together 19 participants – one policymaker, six managers, four healthcare professionals, one patient champion, three researchers, and four national stakeholders -- from across Canada to examine the problem, options for addressing it, and key implementation considerations.



Canadian Cancer Society  
Société canadienne du cancer

Research Institute



#### Deliberation about the problem

Participants generally agreed with the challenges presented in the pre-circulated evidence brief, but suggested that there were two overarching challenges that were more important to acknowledge:

- 1) the current ‘paradigm’ underpinning cancer care in the province is not conducive to comprehensive, patient-centred pain and symptom management across the entire continuum of care; and
- 2) a persuasive business case for focusing on improving pain and symptom management across the entire continuum of care has not been developed.

Four additional, more specific challenges were also discussed: 1) existing pain and symptom management guidelines have not been tailored to meet the diverse needs of patients and their informal/family caregivers, healthcare providers and teams, and the full scope of system settings in which pain and symptom management could be provided; 2) limited attention has been paid to ensuring culturally sensitive engagement of patients and their families; 3) non-physician healthcare providers have been under-utilized, and physicians have not been trained to understand how their role can be complemented by other providers; and 4) funding arrangements are not optimally designed to support the changes needed to underpin improvements.

*The views expressed in the evidence brief and dialogue summary are the views of the authors and should not be taken to represent the views of the funders.*





Participants drawn from government and from health, professional and research organizations gather during a McMaster Health Forum event on 26 November 2015

## Deliberation about an approach

At the outset of deliberations about the options, most participants agreed that the term ‘elements of a comprehensive approach’ should be used to reflect the need for broader system transformation. The elements were considered within the context of a collectively identified need for a transformed system, and included: 1) strengthen efforts to translate knowledge about pain and symptom management best practices to patients and their families, to providers and to the full range of organizations in which pain and symptom management support is (or could be) delivered; 2) support the increased uptake of pain and symptom management guidelines by healthcare providers and organizations through targeted payments; and 3) strengthen the models of cancer care to optimize the integration of pain and symptom management best practices. Participants discussed each element more generally than they were originally framed in the brief, and didn’t consider them in the narrow context of improving the uptake of pain and symptom management guidelines. While most participants were supportive of the three elements presented in the evidence brief, they said that developing a strong business case should be considered as a fourth element. When considering the full array of options, participants reiterated the need for efforts to pursue system transformation as well as a ‘paradigm shift’ to change the way cancer care is viewed, but most agreed that it was still unclear what concrete approaches could help achieve this now.

## Deliberation about next steps

Participants provided suggestions about next steps, which could be grouped into three broad types of commitments. First, participants committed to pursuing activities that would help to lay the groundwork for the broad system transformation and paradigm shift that most felt were needed to improve cancer care (and pain and symptom management) in Ontario. Second, participants committed to improving processes that they are engaged in to ensure the existing system is working to provide the best, most comprehensive care possible. Third, most participants committed to supporting individuals who are living with cancer to become ‘activated patients.’

## 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, and [view the interviews](#) with dialogue participants.

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