McMaster University | Health Forum

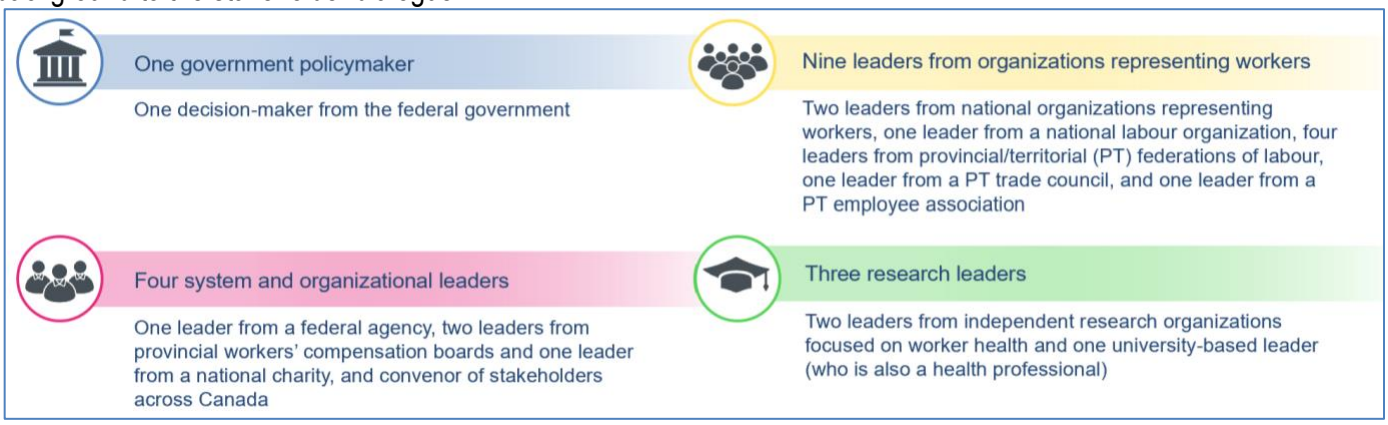
Dialogue Summary

Enhancing policies and programs to support injured workers with chronic pain in Canada

4 & 5 December 2024

Background

On 4 and 5 December 2024, the McMaster Health Forum convened a stakeholder dialogue on enhancing policies and programs to support injured workers with chronic pain in Canada. Seventeen participants (described in the figure below) deliberated about the problem, elements of a potentially comprehensive approach for addressing it, implementation considerations, and possible next steps for different constituencies. Box 1 provides additional background to the stakeholder dialogue.



Box 1: Background to the stakeholder dialogue

The key features of the stakeholder dialogue were:

1) it addressed an issue currently being faced in Canada
2) it focused on different features of the problem, including (where possible) how it affects particular groups
3) it focused on three elements of a potentially comprehensive approach for addressing the policy issue
4) it was informed by a pre-circulated evidence brief that mobilized both global and local research evidence about the problem, three approach elements, and key implementation considerations
5) it was informed by a discussion about the full range of factors that can inform how to approach the problem and possible elements of an approach to addressing it
6) it brought together many parties who would be involved in or affected by future decisions related to the issue, including nine leaders from organizations representing workers who brought their own unique perspectives
7) it aimed for fair representation among policymakers, stakeholders, and researchers
8) it engaged a facilitator to assist with the deliberations
9) it allowed for frank, off-the-record deliberations by following the Chatham House rule: "Participants are free to use the information received during the meeting, but neither the identity nor the affiliation of the speaker(s), nor that of any other participant, may be revealed"
10) it did not aim for consensus (because coming to agreement about commitments to a particular way forward can preclude identifying broad areas of agreement and understanding the reasons for and implications of specific points of disagreement, as well as because even senior health-system leaders typically need to engage elected officials, boards of directors, and others about detailed commitments).

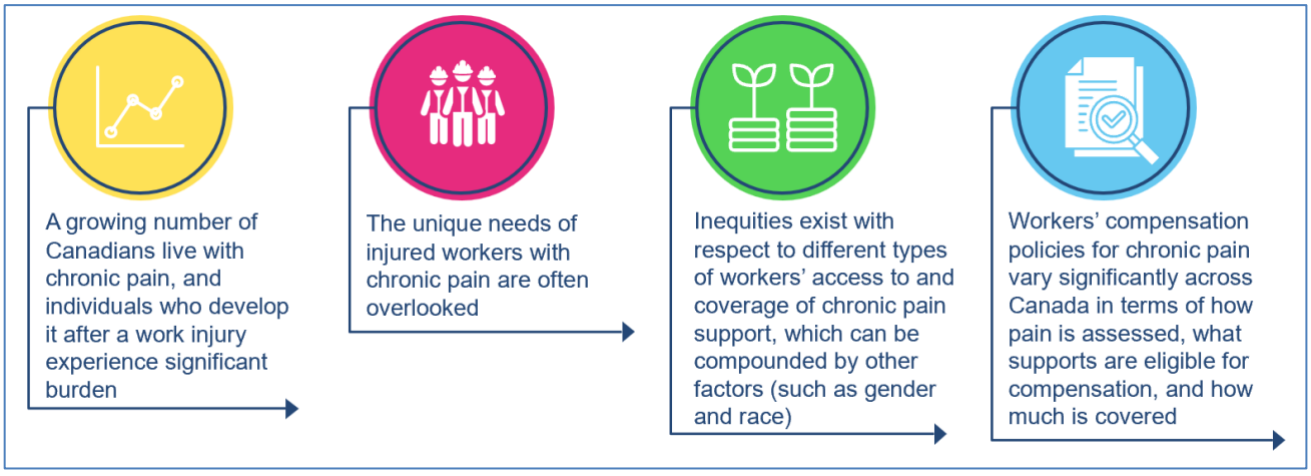
Participants' views and experiences and the tacit knowledge they brought to the issues at hand were key inputs to the dialogue. The dialogue was designed to spark insights – insights that can only come about when all of those who will be involved in or affected by future decisions about the issue can work through it together. The dialogue was also designed to generate action by those who participate in the dialogue, and by those who review the dialogue summary.

Summary of the deliberation about the problem

Participants raised four cross-cutting issues that they collectively agreed were important to acknowledge as context for discussions:

- Stakeholders view the issue through different lenses (e.g., labour rights vs. adjudicative vs. clinical) and have adopted different language to articulate their positions (e.g., language rooted in advocacy vs. regulatory and legislative vs. medical). Participants agreed that there is a need for work 'up front' to establish common ground that respects these differences (e.g., explaining why, from the perspective of workers and labour organizations, terms like 'workers' is preferred to 'employees' as the former recognizes that they are rights-bearing entities, while the term 'leverage' isn't particularly helpful).
- Canadian provincial and territorial (P/T) health systems are under strain, with challenges related to primary-care access and long wait times standing in the way of facilitating improvements for those who need access to chronic-pain support.
- Workers' compensation systems were originally established with the sole purpose of creating a mechanism to support injured workers, meaning any restrictions in coverage threaten to undermine the 'grand bargain' outlined by the Meredith Principles (with some participants arguing that workers' compensation now resembles an insurance industry).
- Equity-deserving groups need to be considered – within a broader social determinants of health framing – across all components of the problem, elements for addressing it and implementation considerations, given the unique journeys that those from different genders and ethnocultural, socio-economic, and geographical/regional backgrounds experience in relation to accessing support for chronic pain across the workers' compensation system, the healthcare and social-care system, the private insurance/employee-benefit system, and the employer/worker support system.

When deliberating about the specific components of the problem as outlined in the evidence brief (see the figure below), participants suggested two specific ways to improve how things were framed:1) expanding the concept of the three systems described in the evidence brief (i.e., workers' compensation system, healthcare and social-care systems, and private insurance/employee benefits system) to four systems by including employers and worker representatives, given their vital role in ensuring access to chronic-pain supports for injured workers; and 2) pointing to what we can learn from international experiences more regularly (with some participants pointing to the integrated approaches to workers' compensation taken in Australia and the U.K. as helpful starting points).



Participants also raised points that related to the four specific aspects of the problem outlined in the evidence brief, raising several key points that are detailed below.

In discussing the first component of the problem (that a growing number of Canadians live with chronic pain, and individuals who develop it after a work injury experience significant burden) participants raised two specific issues:

- there is a lack of reliable data related to injured workers with chronic pain that can be used by decision-makers to understand the extent of challenges and to inform planning and policy development (e.g., no data in the annual reports released by the Association of Workers' Compensation Boards of Canada about claims related to chronic pain)
- there are well-known challenges with linking events in the workplace to the subsequent development of chronic pain, as well as concerns related to underreporting of chronic pain by workers, which make it difficult to know the true extent of the problem.

When discussing how the unique needs of injured workers with chronic pain are often overlooked (the second component of the problem), participants raised three main concerns:

- we lack plain-language resources to help workers and their employers better understand chronic pain, the importance of preventative measures, and how systems of support operate (including the workers' compensation system, healthcare and social-care systems, and private insurance/employee benefits systems), and don't invest enough in educational outreach to these groups
- care for injured workers with chronic pain isn't designed in ways that enable them to juggle treatment, rehabilitation, and work-related demands once they're back on the job (and some participants suggested workers are expected to access these services outside of working hours)
- there are barriers to accessing preventative measures, and broken P/T health systems that compound this challenge (e.g., lack of access to primary-care providers).

Participants spent a significant amount of time discussing inequities that exist with respect to different types of workers' access to and coverage of chronic pain support (the third component of the problem), and raised two broad issues that weren't explicitly covered in the evidence brief. These included:

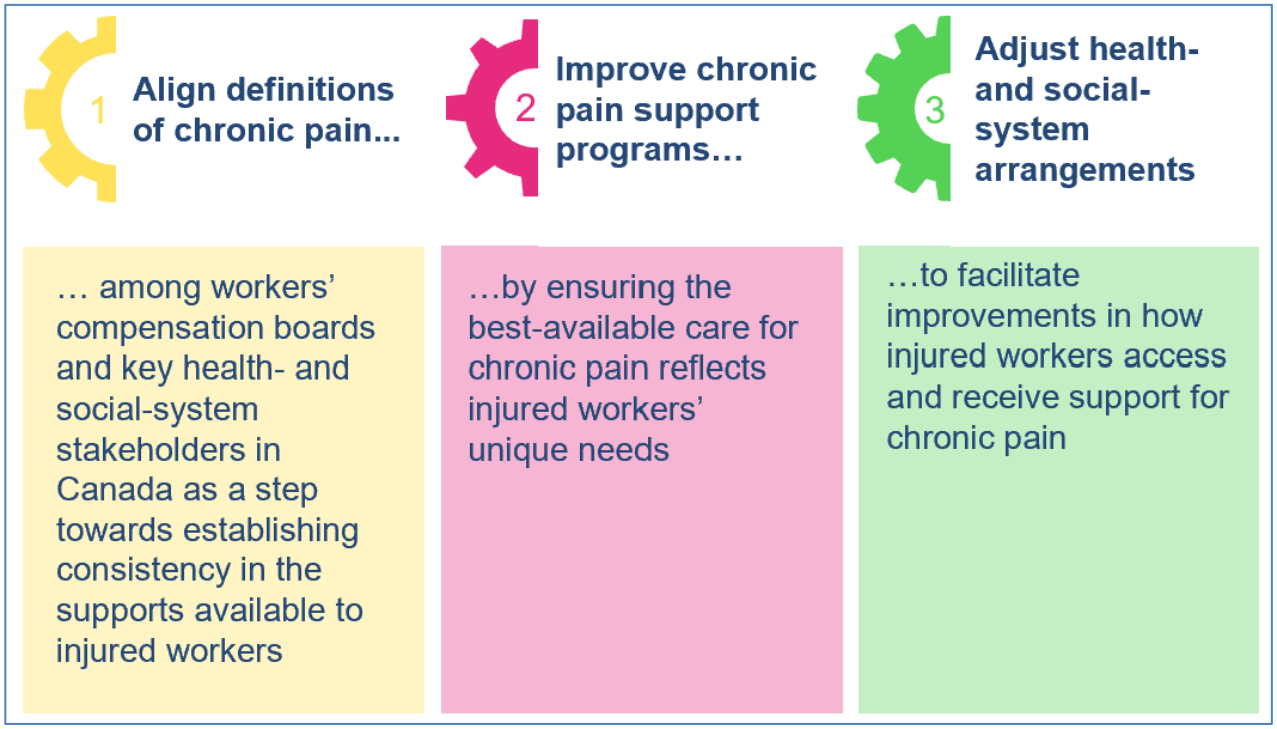
- workplace culture can contribute to workers' reluctance to report injuries and chronic pain; it can normalize underclaiming and/or claim misrepresentation and can create fear about employment status (particularly among temporary workers, many of them newcomers to Canada and for whom English or French may not be their first language), with several contributing factors:
  - individual-level stigma that frames workers suffering from chronic pain as 'complainers, drug seekers, and maligners'
  - internalized 'self-stigma' that can create a sense of discouragement about reporting injuries and submitting claims
  - role-based beliefs that position certain types of occupations as having to 'work through' pain (e.g., health professionals)
  - workplace environments (including but not limited to those that are non-unionized or part of the 'gig economy') that leave workers feeling unsupported and vulnerable (and, in some instances fearing reprisals for reporting an injury)
  - positions that don't include private benefits, leaving workers to pay for many required services out of pocket
- gender, culture, and age create differences in how pain is experienced and how support for chronic pain can be accessed that can also contribute to inequities.

Participants raised several points when discussing the fourth component of the problem – workers' compensation policies for chronic pain vary significantly across Canada – which included:

- there are shared legislative and regulatory characteristics across P/Ts that make decisions about chronic pain particularly challenging, regardless of the jurisdiction; for example:
  - challenges establishing presumptive clauses for chronic pain (with several participants indicating that the focus really should be on a lack of compensation and benefits for chronic pain for workers more broadly)
  - regulatory environments that focus on traumatic injury, disability, and functional impairment

    - the separation of workers' compensation systems, healthcare- and social-care systems, and private insurance/employee benefits systems has created a divisive and often confrontational environment
- there are many differences across P/Ts that contribute to variation in the supports injured workers with chronic pain can access, including:
    - the extent to which health systems have addressed universal challenges such as wait times and access to primary-care providers
    - the documentation required as part of an assessment and claims process for chronic-pain support (which in some cases is done by a workers' compensation board (WCB) and in others by an individual's primary-care provider)
    - the scope of covered products and services
- the ICD-11 definition of chronic pain is useful for informing clinical decision-making processes, but may present uncertainty in the context of the adjudicative processes required to process workers' compensation claims for chronic pain (e.g., challenges linking both primary and secondary chronic pain to a specific workplace event or injury, particularly given the complex, multi-faceted, and highly individual nature of the condition)
- workers lack coverage for the full range of support they may need because workers' compensation policies, healthcare and social-care systems, as well as private insurers limit what products and services are 'in scope'
- there are perverse incentives – which are sometimes created by workers' compensation policies, experience rating regimes, and rebate systems – that may lead to claims suppression by employers
    - e.g., experience rating regimes that reward employers for reporting fewer injuries and submitting fewer claims and workers compensation policies that may inadvertently discourage rehabilitation when compensation is tied to functional limitation
- there is a lack of pan-Canadian leadership to coordinate conversations and drive efforts to improve the situation.

Summary of the deliberation about elements of a potentially comprehensive approach to address the problem



When discussing the first element of aligning definitions of chronic pain, participants raised three considerations:

- establishing 'common principles' related to what we're collectively hoping to achieve is the most important first step (and as noted by several participants, it could be more important than aligning on a definition of chronic pain)
- building awareness about, and giving voice to, injured workers with chronic pain (and the potential negative downstream impacts of maintaining the status quo) is crucial, and needs to target those in government focused on occupational health and safety regulation (e.g., ministries of labour), those working in health and safety associations across P/Ts, and those in research centres that focus on worker health and safety
- health and social supports for chronic pain need to be understood through a preventative continuum that moves from primary prevention (e.g., minimizing the chance of pain arising in the first place), to preventing acute pain transitioning to chronic pain, and lastly preventing chronic pain from becoming entrenched with other comorbidities (e.g., mental health and addictions, physical health, and socio-economic challenges).

When discussing the second element focused on improving chronic pain support programs, participants suggested four priority areas within which action is needed:

- building confidence among a broad range of providers (i.e., beyond family doctors given many Canadians don't have access to one) to provide preventive and ongoing pain management for injured workers with chronic pain, by integrating the requisite knowledge and skills into available continuing education programs (which would avoid the 'competition for curriculum' that exists in undergraduate clinical education programs)
- developing navigation supports or a 'bridging advocate' that helps guide injured workers with chronic pain across the many systems, sectors, and settings they may rely on to access care – and ensure these efforts consider the unique needs of equity-deserving groups (e.g., racialized newcomers in temporary jobs)
- ensuring the association between chronic pain and mental health and addictions is not lost (with some participants noting how important this has been for certain labour organizations and trade unions) in both how it is discussed and in how care is planned and delivered
- integrating chronic pain into ongoing discussions across P/T health systems about how to reform health systems in ways that promote chronic disease prevention and management through a population-health management lens.

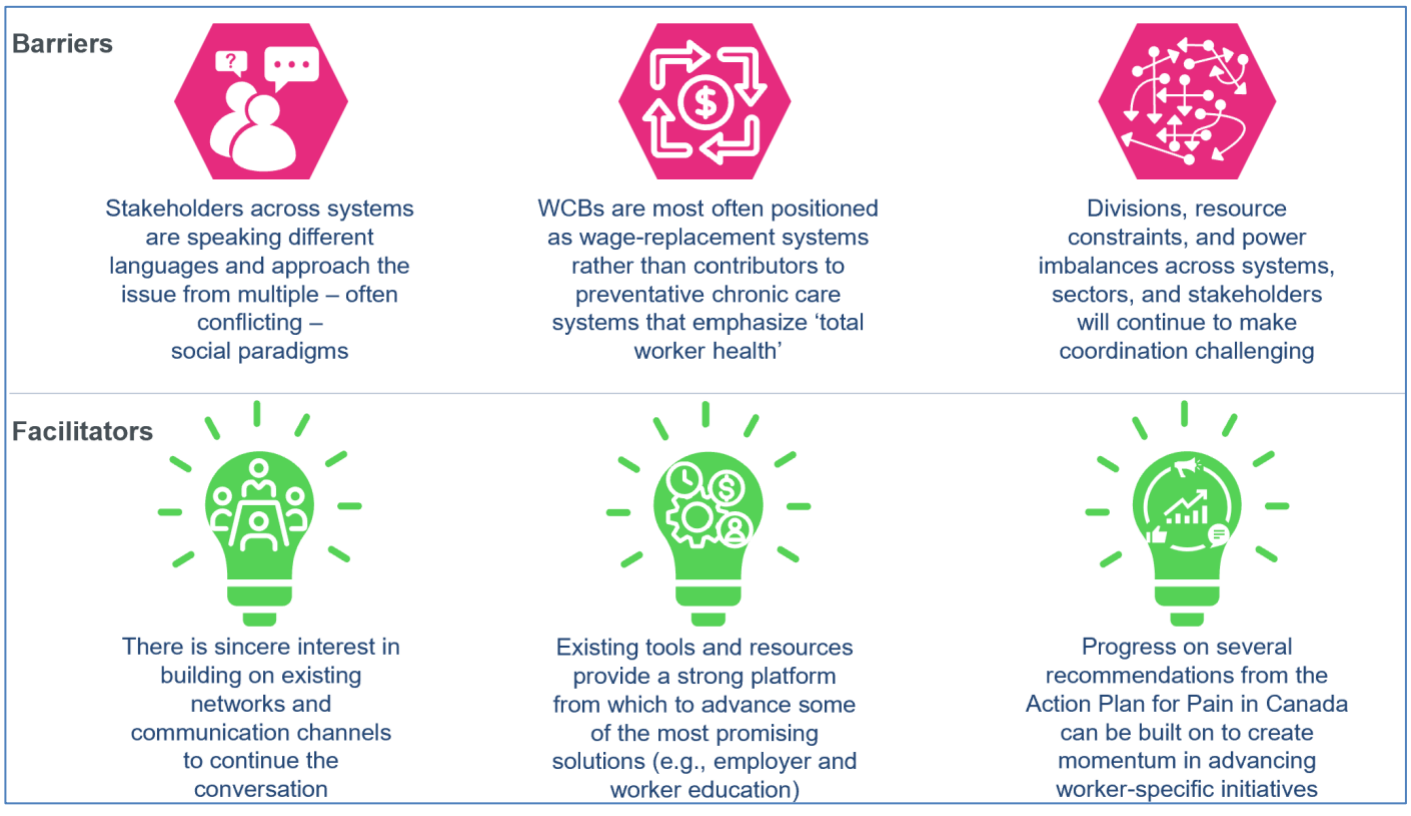
Participants suggested six main efforts that can be considered as part of the third element focused on adjusting health- and social-system arrangements, including:

- supporting culture change among employers to combat stigma and create safer environments where workers can acknowledge and discuss their experiences living and working with chronic pain, and to seek out the necessary supports. For example:
  - developing chronic-pain awareness campaigns and educational outreach targeted at employers and workplaces, facilitated by partnerships between employers, labour representatives and trade unions, WCBs, and chronic-pain specialists
  - creating practical employer- and worker-specific tools and resources to facilitate support for chronic pain, building on promising efforts that have been tested for other conditions and settings (e.g., the Institute for Work and Health's Decision-Support for Communicating about Invisible Disabilities that are Episodic (DCIDE) and Job Demands and Accommodation Planning (JDAPT) tools)
  - making adjustments to occupational health and safety regulations and to WCB policies and programs to account for the many factors that can contribute to chronic pain, and to encourage employers to adopt preventative measures that can reduce the likelihood of injured workers developing chronic pain
- encouraging WCBs to reduce the time it takes injured workers to access preventive measures, by introducing entitlements to early preventative supports for chronic pain in advance of a claim being awarded (or denied), using examples like WorkSafe NB's SUCCEED program, which focuses on early access to mental health supports
- engaging in sustained efforts to build bridges across workers' compensation systems, healthcare and social-care systems, private insurance/employee benefits systems, employers, and organizations representing workers to:
  - promote peer-driven education and exchange of data, tools, and educational resources (e.g., claims data, best practices, and resources like the Power Over Pain Portal)

    - collectively determine what should be included in an essential package of services for workers with chronic pain and identify who can do what differently to make sure they have access to these services
    - ensure existing clinical guidance is tailored in ways that make sense for different stakeholders and clarifies the actions that they can reasonably take to support injured workers with chronic pain
- building on existing approaches used by WCBs, such as experience ratings, to better align employer rewards with improving chronic pain prevention, early intervention, and access to services for injured workers (although participants representing labour organizations voiced strong opposition to the use of experience ratings throughout the deliberations)
- identifying and using the levers available to the federal government to support the alignment of standards for chronic-pain care across Canada (with funding to provinces and territories for health being one example provided)
- addressing the health human resources issues that impact whether Canadian workers can access care for chronic pain (e.g., supply of health professionals, mechanisms to promote peer-to-peer sharing and learning to build capacity for chronic pain supports, and investing in the establishment of multidisciplinary team-based care).

Summary of the deliberation about implementation considerations

While discussing implementation considerations, participants emphasized three barriers and three facilitators to implementing the described actions; these were similar but complementary to those included in the evidence brief (see figure below). The barriers focused on challenges inherent in the historical divisions across key stakeholders working in the workers' compensation system, the healthcare and social-care systems, the private insurance/employee benefits systems, and between workers and employers. The facilitators primarily emphasized opportunities to build on both a collective willingness to address the problems discussed during the dialogue and several existing initiatives that have been viewed as successful (even if not focused specifically on injured workers with chronic pain).



Summary of the deliberation about next steps

Participants identified three next steps that could be pursued by participants of the stakeholder dialogue or the groups with which they are involved.

1) Review and frame key recommendations from the Action Plan for Pain in Canada with workers in mind (while identifying the levers available to decision-makers to drive change).
2) Work collaboratively across systems, sectors, and levels of government to improve data collection, sharing, and use to better support planning and policy development.
3) Build on the convening power of existing organizations (e.g., the Association of Workers' Compensation Boards of Canada, the Canadian Centre for Occupational Health and Safety) to support ongoing discussions among the full range of relevant stakeholders about how to improve policies and programs for injured workers with chronic pain.

Moat KA, Dass R, Whitelaw H. Dialogue summary: Enhancing programs and policies for injured workers with chronic pain in Canada. Hamilton: McMaster Health Forum. 4 & 5 December 2024.

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McMaster University recognizes and acknowledges that it is located on the traditional territories of the Mississauga and Haudenosaunee nations, and within the lands protected by the "Dish with One Spoon" wampum agreement.

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