

Topic Overview

Engaging Health System Decision-makers in Supporting Comprehensive Chronic Pain Management in Provincial and Territorial Healthcare Systems in Canada

Stakeholder Dialogue 11 April 2011

The McMaster Health Forum convened a stakeholder dialogue on the subject of engaging health system decision-makers in supporting comprehensive chronic pain management in provincial and territorial healthcare systems in Canada. With the support of a Canadian Institutes of Health Research (CIHR) grant to the Community Alliance for Health Research in Knowledge and Translation on Pain (CAHR Pain), and with additional support provided by the Canadian Pain Summit, the dialogue brought together participants – six health system decision-makers, four patient and professional group representatives, five researchers, and one representative from another stakeholder group – from across Canada to examine the problem, options for addressing it, and key implementation considerations.

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

Deliberation about the problem

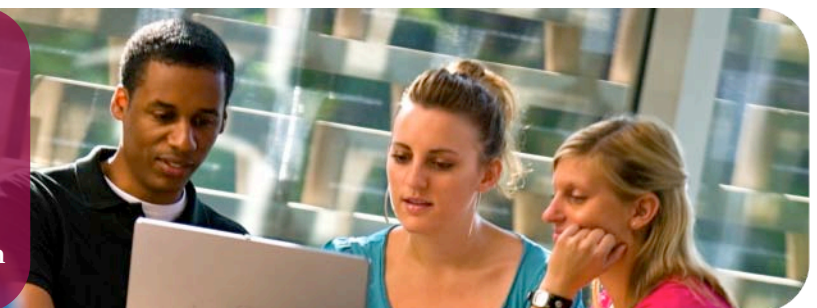
Most dialogue participants noted that the lack of health system decision-maker engagement in supporting comprehensive chronic pain management in provincial and territorial health systems in Canada is largely the result of a lack of awareness of the problem. Several themes related to this lack of awareness emerged during the dialogue: 1) a lack of understanding of chronic pain (which in turn relates to a lack of consensus about what chronic pain actually is, and a lack of data and research evidence about its impact on Canadians and on health systems in Canada); 2) the limited education provided about chronic pain to patients, healthcare providers and health system decision-makers; and 3) a lack of a well documented case for why chronic pain is an issue that health system decision-makers need to focus on (which includes a lack of stories about how chronic pain affects patients' lives, and a lack of documentation of the broader economic impact of chronic pain and of success stories in chronic pain management).



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Participants representing a broad range of health organizations, patient and professional groups, researchers and other stakeholders gather during a McMaster Health Forum event on April 11, 2011

Deliberation about options

Most dialogue participants strongly endorsed the creation of a national multi-stakeholder network comprised of existing organizations and committed individuals who would work collaboratively to raise awareness about chronic pain and increase support for and coordination in comprehensive chronic pain management. Several dialogue participants called for including in the network those involved in chronic disease management, primary healthcare and other domains that have already been prioritized, and that are highly relevant to those living with chronic pain. Most participants thought that an advocacy campaign would be an important function for this network. A number of dialogue participants also endorsed the idea of developing chronic pain policy portfolios within government, and strategic foci within regional health authorities, optimally nested within broader portfolios/foci such as chronic diseases, in order to ensure that there is a clear ‘anchor’ for chronic pain within health systems.

Dialogue deliverables

To learn more about this topic, consult the [issue 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 issue brief or dialogue summary, or to view the video interviews, visit our [website](http://www.mcmasterhealthforum.org) (www.mcmasterhealthforum.org) and click on ‘Products’ along the sidebar.

Deliberation about implementation

Five significant challenges were identified related to implementation: 1) identifying a leadership model; 2) ensuring the capacity and willingness of existing organizations and individuals to engage in creating and sustaining the network; 3) weighing the advantages of working within a small group of provinces and territories to achieve some early wins, versus working across all provinces and territories simultaneously; 4) securing the resources to design, launch and operate the network and any advocacy campaign it develops; and 5) scaling up the efforts to identify and harness data, and produce and synthesize research evidence that supports the work of the network and the content of any advocacy campaign.

McMaster Health Forum

1280 Main Street West, MML-417, Hamilton, ON Canada L8S 4L6
Tel: +1.905.525.9140 ext 22121 E-mail: mhf@mcmaster.ca