The McMaster Health Forum convened a stakeholder dialogue on the subject of developing a national pain strategy for Canada. With the support of the Michael G. DeGroote Institute for Pain Research and Care in the context of its support for the Canadian Pain Network, which is part of Canada's Strategy for Patient-Oriented Research (SPOR), the dialogue brought together 24 participants – many of whom wore two or more leader, stakeholder and/or researcher ‘hats’ – from across Canada to examine the problem, elements of a comprehensive approach for addressing it, and key implementation considerations.

**Stakeholders’ deliberation about the problem**

Dialogue participants strongly agreed that chronic pain is not being effectively prevented or managed in Canada and agreed with the five features of the problem presented in the evidence brief. In their deliberations about the problem, participants focused in particular on five features of the problem:

1) hasty reactions to the opioid crisis have had unintended consequences for those with chronic pain;
2) uncertainty about how to best position chronic pain alongside the existing opioid crisis;
3) relatively few tools available to support the effective management of chronic pain;
4) little effort to capitalize on lessons from existing strategies; and
5) no widely endorsed leadership to champion change at the policy level.

These five features related directly to three of the five features of the problem presented in the evidence brief.

*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.*
Stakeholders’ deliberation about an approach

In deliberating about the development of a national pain strategy, most dialogue participants expressed support for the short- and medium-term milestones as presented in the four elements of the evidence brief: 1) improve primary-care-based chronic pain management and create/expand interdisciplinary specialty-care teams; 2) reduce the emergence of chronic pain and its sequelae (including opioid-use problems) once it has emerged; 3) diagnose the causes of emerging challenges, test innovations to address the causes, and scale up successful efforts; and 4) create a national coordinating body. While dialogue participants generally agreed with the milestones presented, for each element they noted a number of nuances that should be considered in the development of a national strategy. In addition, dialogue participants identified three cross-cutting themes that should be kept in mind when working through each element: 1) wherever possible capitalize on efficiencies and on lessons learned from others’ experiences; …

Stakeholders’ deliberation about next steps

In deliberating next steps for different constituencies, most dialogue participants agreed with four key next steps: 1) establish and then coalesce behind one group or organization that will act in a leadership role to coordinate efforts and push the strategy forward in the short term; 2) develop a clear set of next steps that both governments and chronic pain stakeholders; 3) actively engage all concerned stakeholders to create a coordinated effort (with extensive buy-in across the country) for implementing the next steps; and 4) pursue activities that can yield quick wins in the short term in parallel, such as public-awareness campaigns and developing processes to leverage existing data for insights about chronic pain, and identifying any challenges that require attention.

Dialogue deliverables

To learn more about this topic, consult our complete set of products, which include: the evidence brief that was presented to dialogue participants before the dialogue, the summary of the dialogue, and the video interviews with dialogue participants.

Products addressing other topics are also available on our website www.mcmasterforum.org. Click on ‘Find evidence>Products’ in the menu.