

Mobilizing pain care knowledge in Canada

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Norm Buckley and Jason Busse from the Michael G. DeGroote Institute for Pain Research & Care discuss the mobilization of knowledge about the pain environment in Canada, focusing on the role of an ad hoc community-based organization

Since 2016, the Michael G. DeGroote Institute for Pain Research and Care has supported regular meetings of a group known as the '[Canadian Pain Care Forum](#)' – CPCF.

Approximately every quarter, we bring together a wide variety of individuals involved in aspects of pain care, research, education, healthcare delivery, policymaking, and healthcare regulation. An ad hoc group comprised of individuals who see the understanding of pain as important to their work, the CPCF has had a significant impact on the course of pain policy in Canada. It demonstrates the value that can be created by even a small financial and administrative investment in pain-related knowledge mobilization.

The CPCF arose out of the recognition that addressing the opioid crisis required a broad-based and community-oriented approach. It drew on learning from the Canadian Centre on Substance Use and Addiction (CCSA) in its creation of the 'First Do No Harm' strategy in 2013 for addressing Canada's opioid crisis.

The CCSA operates under the principle that all the players must be at the table. This includes not only healthcare representatives, educators of healthcare professionals, regulatory bodies for healthcare, law enforcement, and policymakers from multiple levels of government, but also representatives of the industries that produce substances such as tobacco and alcohol or pharmaceutical companies. So, the CPCF has actively recruited many individuals and organizations that have an interest in or relationship with the world of pain care.

A national strategy for pain in Canada explained

In 2021, the Canadian Pain Task Force released its 'Action Plan for Pain in Canada' - a national strategy for pain, in response to the 2019 call from the Federal Minister of Health, the Honorable Ginette Petitpas-Taylor. There were six overarching goals outlined in the report:

1. Enable coordination, collaboration, and leadership across Canada.
2. Improve access to timely, equitable, and person-centred pain care.
3. Increase awareness, education, and specialized training for pain.
4. Support pain research and strengthen related infrastructure.
5. Monitor population health and health system quality.

6. Ensure equitable approaches for populations disproportionately impacted by pain.
(1)

Health system interventions, government strategic initiatives, and health professional education will primarily meet some of these goals, particularly 2, 4, and 5. However, to achieve the other goals, it is crucial to have communication amongst socially and professionally diverse groups that may not work together routinely. For example, professional society meetings such as [The Canadian Pain Society](#) bring together researchers, educators, and clinicians who are already experienced in, knowledgeable about, and active in pain-related work.

Pain experts must collaborate

However, other groups may need to be made aware of advances relevant to pain. For example, policymakers, professionals in fields like the insurance industry, health professionals not necessarily directly involved in pain care, and regulatory bodies such as those overseeing medical, pharmacy, nursing, and dental education and licensing may not receive the knowledge and information created by those in the pain community. The opioid crisis demonstrates the critical need for collaboration amongst pain experts in various disciplines and professionals in fields such as addiction and mental health, as these groups often do not work in settings that promote the sharing of their unique best practice knowledge.

There is also great interest from law enforcement about the appropriate use of pharmaceuticals that might be diverted or otherwise 'trafficked', and how law enforcement activities might be conducted without damaging care plans for patients.

The first meeting of the CPCF was held on June 17, 2016. Nineteen attendees were mostly in person, with one or two phone-ins. The meeting had been announced, and invitations were sent widely across the country. The CPCF organizing committee included the co-chairs: Dr. Norm Buckley, Director of the Michael G. DeGroote National Pain Centre [NPC] at McMaster University; Dr. Angela Carol, Medical Advisor to the College of Physicians and Surgeons of Ontario; Dr. Rheuven Jhirad, Deputy Chief Coroner for Ontario, and Dr. Ramesh Zacharias, Medical Director of the Michael G. DeGroote Pain Clinic (DPC) at Hamilton Health Sciences. Dale Tomlinson provided administrative support from the NPC and Sonya Altena from the DPC. The NPC provided financial support.

The inaugural presentation described how a pain strategy might be accomplished, recognizing significant work that had already been achieved. Prior work included a national Pain Strategy developed over four years and promoted in 2012 by the Canadian Pain Coalition and the Canadian Pain Society but stalled due to a lack of support from the Federal Government.

[The minutes of the first meeting are available to read.](#)

Attendees offered national representation and a wide range of skills, interests, and roles – law enforcement, patient advocacy groups, medical regulatory bodies, the CCSA, Health Canada, clinical groups, and industry representatives, as well as researchers and educators. They advised that we pursue Advocacy, Education and Research, Treatment guidelines, and improving surveillance through prescription monitoring programs in real-time, as well as reporting of adverse events.

Since the first meeting, topics have included a history of the Canadian Partnership Against Cancer as a template for a pain strategy, updates on pain curricula in healthcare professional education, a history of the 2012 Pain Strategy, and a presentation on the process of informing policy with best evidence. The latter led to the co-sponsoring of [a Deliberative Dialogue on developing a pain strategy, hosted by the McMaster Health Forum.](#)

The dialogue was co-sponsored by the CPCF, the Michael G. DeGroote Institute for Pain Research and Care and the Chronic Pain Network, a CIHR- sponsored national pain research network. The resulting document informed Health Canada’s Opioid Response team in its strategy to address issues for pain, and ultimately was a factor leading to the Canadian Pain Task Force.

We have held 23 meetings in total since 2016. Attendance has varied from 20 to 50 people. We have shifted from an in-person to a hybrid format, and now every meeting is presented as an online conference, a change driven in part by the COVID-19 pandemic that has the advantage of providing ready access for members across the country. Meetings are two hours in length and are held on Fridays at midday (1100-1300 EST). Total membership has risen to 138 individuals representing 95 distinct organizations. We welcome expressions of interest.

Reference

1. Canadian Pain Task Force Report: March 2021 – Canada.ca.
<https://www.canada.ca/en/health-canada/corporate/about-health-canada/public-engagement/external-advisory-bodies/canadian-pain-task-force/report-2021.html>

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