



Working Group 1 - Pain as a quality indicator for health care

SIP 2016 policy recommendations

Context

Directive 2011/24/EU of the European Parliament and of the Council on the Application of Patients' Rights in Cross-border Healthcare grants European citizens the right to access treatment in another EU member state, if required. Article 8 paragraph 5 of this Directive foresees that an objective assessment of 'the degree of the patient's pain' must be used to assess the right to cross-border healthcare.ⁱ

Pain is a central element of the patients' experience in many healthcare settings (chronic primary pain, post-operative pain, cancer pain, neuropathic pain, headache and visceral pain). However, pain does not yet feature in the World Health Organisation's International Classification of Diseases, contributing to the lack of consensus on how to measure pain.ⁱⁱ

Pain, along with heart rate, blood pressure, respiratory rate, and temperature can be considered a fifth vital sign of life. As a result, all hospital accreditation institutions should demand the assessment and re-assessment of pain on a regular basis in all patients, both hospitalised as well as in ambulatory care.

Patients across Europe remain largely unaware of the short-term and long-term consequences of undertreated pain symptoms and are yet to become active participators in the treatment of their pain during hospitalisation (self-assessment of pain, joining forces together with the nursing and medical staff in order to optimize the analgesic treatment).

There are currently no comprehensive pan-European figures outlining the impact of pain on society.ⁱⁱⁱ However, investigators in various countries have begun to compile information of this nature, which illustrates the magnitude of the burden pain has on society.

Quality indicators for the measurement of pain are needed to set criteria for granting access to cross-border healthcare, in member states. Quality indicators are usually based on quantifiable routine data. Patient-reported outcomes are rarely used as quality indicators, and therefore the limitations of this data need to be kept in mind.

Quality indicators could focus on 'structure' understood as the availability of dedicated personnel; 'processes' defined by the use of regular pain assessments, protocols and treatments, prevention of complications, and patient involvement or 'outcome' defined by pain intensity, pain reduction, functional impairment, side effects, perception of care, duration of stay, costs, or long term consequences.

Quality indicators could have a wider application, allowing for a comparison of the quality of health care services available across Europe. Evaluating organizational improvement in pain management performance depends on this measurement. Although several studies exist on pain levels in some EU

The scientific framework of the "[Societal Impact of Pain](#)" (SIP) platform is under the responsibility of the [European Pain Federation EFIC](#)[®]. Cooperation partners for SIP 2016 are [Pain Alliance Europe \(PAE\)](#) and [Active Citizenship Network \(ACN\)](#). The pharmaceutical company [Grünenthal GmbH](#) is responsible for funding and non-financial support (e.g. logistical support). The scientific aims of the SIP symposia have been endorsed by a large number of international and national pain advocacy groups, scientific organisations and authorities.



member states, a quality benchmark (like the European Core Health Indicators - ECHI) is not available for consumers and patients causing a large gap in knowledge.^{iv}

A full implementation of a standardised approach to the assessment of pain is indeed an indicator of the quality programme of a healthcare institution.

Policy recommendations

- The European Commission should investigate the implementation of Article 8 paragraph 5 of Directive 2011/24/EU to assess whether patients are able to access treatment based on the ‘the degree of pain’ experienced.
- The European Commission should follow up on commitments^v made by national governments at the informal Council of EU Health Ministers in Milan, 22 September 2014, by using quality indicators on pain management to facilitate the sharing of best practice.
- If not already done, national governments should review their national legislation implementing Article 8 paragraph 5 of Directive 2011/24/EU to ensure it fully meets their commitments under EU law.
- National governments should make the organisational changes required to ensure that patients are granted their rights in full, including establishing quality indicators to set criteria for granting access to cross-border healthcare.
- National governments should establish an official committee, including the involvement of civil society organisations, to assess the state of implementation of Directive 2011/24/EU in their member state.
- National governments should prioritise pain care within basic medical training, the education of nurses, and all healthcare providers
- The European Commission and national governments should initiate pan-European and national patient education programmes and information campaigns in order to create public awareness of the short- and long-term consequences of undertreated pain symptoms during hospital stay, reduce the stigma and increase self-management.
- National governments should establish programmes through which hospitals can acquire technical modalities, including eHealth solutions, to facilitate the assessment and re-assessment of pain in hospitalised and ambulatory patients.
- The European Commission and national governments should set clear a framework on how to promote the assessment of pain, how to facilitate the creation of national and pan-European data registries and hence the exchange of experiences and creation of international guidelines.
- National governments should establish strategies on the implementation of recording of pain assessment while dedicating sufficient financing to the modalities required by hospitals and healthcare institutions for this purpose, and should ensure that health records, including electronic health records pay due regard to pain.

ⁱ Directive 2011/24/EU of The European Parliament and of the Council of 9 March 2011 on the application of patients’ rights in cross-border healthcare

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ⁱⁱ World Health Organization, International Statistical Classification of Diseases and Related Health Problems 10th Revision

ⁱⁱⁱ Ceri Phillips, Chris Main, Rhiannon Buck, Mansel Aylward, Gwenllian Wynne-Jones, Angela Farr. Prioritising pain in policy making: The need for a whole systems perspective, Health Policy 88 (2008) 166–175.

^{iv} Directorate-General for Health and Food Safety, ECHI Data Tool, available here:

http://ec.europa.eu/health/indicators/indicators/index_en.htm.

^v Press release - Summary of the conclusions of EU Health Ministers meeting in Milan - Palliative care and pain therapy, fight against Ebola, innovative drugs and cancer prevention: <http://italia2014.eu/en/news/post/conclusioni-informale-salute/>