Workshop 3

Pain – Numbers, facts and figures

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SIP

Societal Impact of Pain

Workshop 3: Pain – Numbers, facts and figures

Chairman	C. Silviu Buşol (Member of the European Parliament)
Secretary	A. Berquin (Belgian Pain Society)
Moderator	R. Langford (British Pain Society)
Reporter	M. Johnson (RCGP)

The presentations (1)

The European commission´s approach on health determinants	**Jürgen Scheftlein** European Commission, DG SANCO C4-Health Determinants
Pain, facts and money	**Lieven Annemans** Interuniversity Centre for Health Economics Research - Belgium
Valencia: A pilot project in narcotic electronic prescription	**María Moreno Mas** Subsecretario Conselleria de Sanitat Valenciana
What does the bugetholder know?	**Gottfried Endel** Hauptverband der Österreichischen Sozialversicherungsträger

The presentations (2)

Good practices Indicators for pain treatments: first results in Spain	**Pedro J. Saturno Hernández** WHO Adviser on Quality, UNICEF Consultant on Quality, University of Murcia - Harvard University
Citizens and pain: "100 Città contro il dolore" a project for the sensibilization of Italian citizens	**William Raffaeli** Scientific Foundation ISAL (Istituto Scienze Algologiche)
Pain and musculoskeletal disorders in MORSE	**Ingemar Petersson** MORSE, Musculoskeletal Research Center, Sweden

The presentations (3)

Pain care in Germany in international comparison	**Hildegard Bossmann** DIMDI Germany **Dieter Korczak** GP Forschungsgruppe - Institut für Grundlagen- und Programmforschung

Background/Summary

- Why « Numbers, facts and figures» are needed?
  - *Collective investments in public health programs need to be justified and monitored on the basis of relevant and credible sets of indicators*
- For which purpose?
  - *Descriptive data about prevalence, costs (direct & societal), practices, outcomes, etc*
  - *Evaluation of interventions and practices*
  - *Improvement of quality of care*
- About what kind of data? *Clinical, social, economic*
- To demonstrate what? *Awareness of (chronic) pain as a stand alone disease, Unmet needs, trends and achievements, etc*
- To communicate with which target groups?
  - *General public, health professionals, payors, public agencies, decision-makers*

Discussion

- Different types of information are needed to monitor the current extent and quality of chronic pain management at regional or national level
- Are existing data available at hospital or community levels relevant for the evaluation and monitoring of chronic pain management? *Very partially (prescription data??)*
- Health indicators in the domain of chronic pain should be specifically designed –Need for specific approaches *(surveys, registries, secondary analysis of reimbursement database, process analysis, patient-reported and functional outcomes!)*

Discussion

- Examples show that impact of interventions is measurable

- National projects should be co-ordinated, e.g. under the umbrella of EC FPs.

- Pain is felt to be relatively under-addressed in the EC research activities

Consensus

- **Public health authorities, payors, patients and other stakeholders need a set of indicators for:**
    - Monitoring the extent and the quality of chronic (and acute) pain management
    - Measuring the associated costs (direct and societal)
    - Assessing the impact of different programs (educational for physicians, clinical guidelines, networking of professionals, etc)
    - Evaluating the unmet needs (financial barriers, lack of facilities, access to recommended care, etc) and their economic and social consequences
    - Definition of treatment of supply
- **Each jurisdiction should implement and develop an adequate information system in accordance with local constraints and resources:**
    - Specific Registries (ex: the MORSE project, PAIN OUT)
    - Repeated community surveys (ex: PRIME, DIMDI)
    - Reimbursement database (ex: Spain, Austria)