



**SIP**

Societal Impact of Pain

**2017**

**Structured Cooperation  
between Health Care  
Systems tackling the  
societal impact of pain!**

# Addressing the societal impact of pain in Switzerland

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# Disclosure Statement of conflict of interest in the context of the subject of this presentation



**Within the past 12 months, I or my spouse/partner have had following financial interest/arrangement(s) or affiliation(s)**

- **Support for travel** **yes**.....
- **Honoraria for lectures** **yes**.....
- **Honoraria for advisory board activities** **none**.....
- **Participation in clinical trials** **none**.....
- **Research funding** **none**.....
- **Financial shares and options** **none**.....
- ..... ..

# The situation in Switzerland



- The awareness for chronic pain as a disease in it's own right is very small.
- Pain medicine is not a recognised speciality.
- As a consequence there is no national structure or strategy, but a broad variety of pain treating units.
- Only interventional pain procedures and inpatient multimodal treatment receive special reimbursement.

Reasons to be depressed?

No!

(At least there is chocolate and cheese!)

# Facts and figures



- Slowly politicians realize the enormous burden of chronic pain.
- Of course on the first hand they see the direct costs.
- As monthly premium for health insurance is rising annually insurance companies and workers compensation become aware of the problem.
- Due to the lack of important data (such as ICD-10 diagnosis) the amount of cost for treatment of chronic pain is unknown.
- But there are more and more figures which describe the problem.

# 16% of Swiss population are affected

## Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment

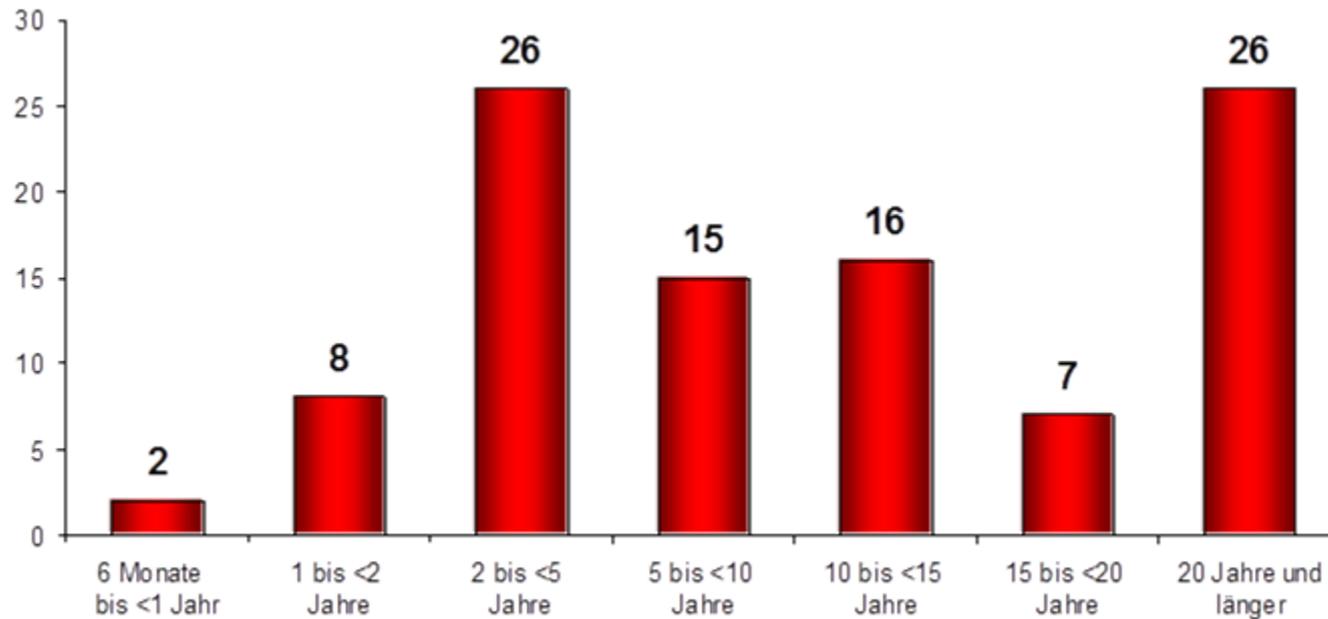
Harald Breivik , Beverly Collett, Vittorio Ventafridda, Rob Cohen, Derek Gallacher

European Journal of Pain 10 (2006) 287–333

The present survey has documented that chronic pain is common in Europe, that chronic pain affects negatively many aspects of quality of life, and that patients with long lasting pain experience a multitude of negative attitudes and distrust from health care providers, from colleagues, families and acquaintances.

Chronic pain of moderate to severe intensity occurs in 19% **[Switzerland 16%]** of adult Europeans, seriously affecting their daily activities, social and working lives.

- On average people affected by chronic pain suffer for more than **7.7 years**
- Every fourth (26%) has pain for more than 20 years



### Angaben zur Dauer der Schmerzen

Survey of chronic pain in Europe: Prevalence, impact on daily life, and treatment  
Harald Breivik, Beverly Collett, Vittorio Ventafridda, Rob Cohen, Derek Gallacher  
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## Fit for Work –Swiss

**Analysis of musculoskeletal diseases and the swiss labour market  
„Erkrankungen des Bewegungsapparats und der Schweizer Arbeitsmarkt“  
Tatiana Quadrello, Stephen Bevan, Robin McGee 2010**

- **Direct costs:** medical treatment as prevention, diagnostics, treatment, rehabilitation and long term nursery.
- **Indirect costs:** reduced work capacity leading to low productivity, loss of workforce, familiar limitations, loss of tax amount, need for social welfare.
- **Immaterial costs:** psychosocial burden with low quality of life, as there are stress at the workplace, economic pressure, familiar burden and suffering. (WHO Scientific Group, 2003).



## The study put a flashlight on the amount of money spend each year:

- More than 7'000 CHF per person per year are spent for musculoskeletal diseases, Rieker (2007)
- In 2006 more than 1,6 billion CHF were spent by accident insurance (private and work place accident) for musculoskeletal diseases, (Commission des statistiques de l'assurance-accidents LAA, 2008).
- Due to incapacity for work based on low back pain and neck pain swiss economy lost 2.5 to 3 billion CHF, Eidgenössische Koordinationskommission für Arbeitssicherheit (EKAS).
- Costs for job related musculoskeletal diseases are estimated about 4 billion CHF without direct medical treatment costs, SECO (Läubli und Müller, 2009).

# Study initiated by the Federal Administration for Health Departement for national prevention program

Zürcher Hochschule  
für Angewandte Wissenschaften



POLYNOMICS



Universität  
Zürich<sup>UZH</sup>

## Die Kosten der nichtübertragbaren Krankheiten in der Schweiz

## The cost of non-communicable diseases in CH

Simon Wieser<sup>1</sup>, Yuki Tomonaga<sup>2</sup>, Marco Riguzzi<sup>1</sup>, Barbara Fischer<sup>3</sup>, Harry Telser<sup>3</sup>,  
Mark Pletscher<sup>1</sup>, Klaus Eichler<sup>1</sup>, Melanie Trost<sup>3</sup>, Matthias Schwenkglenks<sup>2</sup>

<sup>1</sup>Winterthurer Institut für Gesundheitsökonomie, ZHAW

<sup>2</sup>Institut für Sozial- und Präventivmedizin, UZH

<sup>3</sup>Polynomics

16.03.2015 <http://www.bag.admin.ch/themen/medizin/00683/index.html?lang=de>

**In 2011 non-communicable diseases (NCD) created 80.0% of all health related expenses of CHF 64.6 billion, with 51.1% for seven selected NCDs and 28.9% for the other NCDs.**

**Among the selected seven NCDs the costs for cardiovascular (CHF 10.3 billion) and musculoskeletal diseases (CHF 8.7 to 11.4 billion) play a major role, followed by psychic disorders, cancer, copd, dementia and diabetes.**

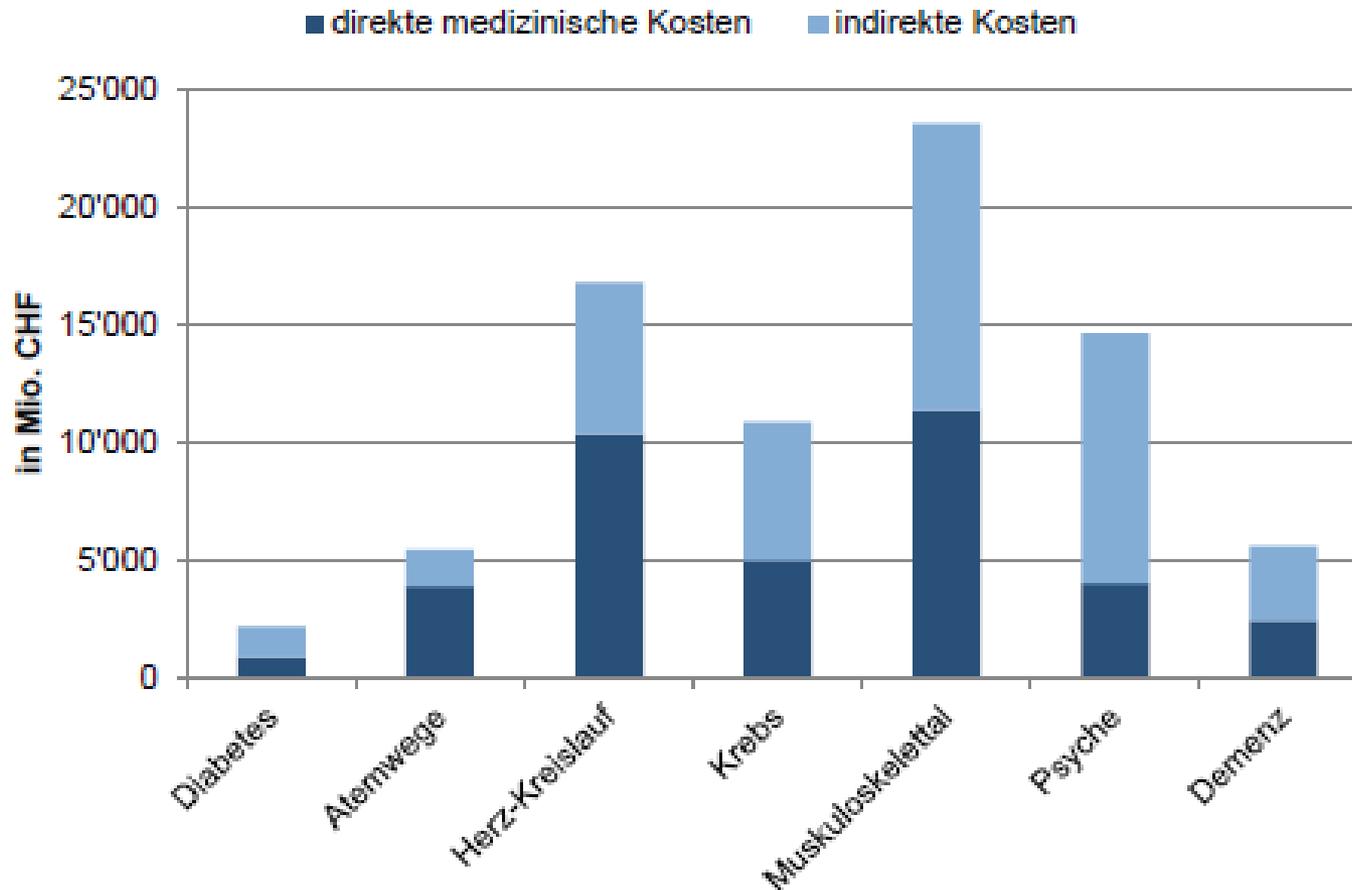
# **A special look on low back pain as one of the most common pain condition**

**The indirect costs for low back pain include praesentism, absentism, and early retirement in the study of Wieser et al. [44].**

**Over all the indirect costs for low back pain in Switzerland are estimated CHF 7.460 billion, a big portion is assigned to praesentism (CHF 3.294 billion).**

# The graphs show the leading role of costs for musculoskeletal diseases, where a big part of chronic pain is hidden

Abbildung 7: Vergleich direkte medizinische Kosten mit indirekten Kosten



The Swiss health care system is not optimised to cope with chronic health conditions



# Opportunities for Value-Based Competition

## in Swiss Health Care

Elizabeth Olmsted Teisberg, Ph.D.  
Darden Graduate School of Business  
University of Virginia

*August 2007*

# The Swiss health care system is not optimised to cope with chronic health conditions



## Recommendations

- Recommendation 1: Retain the strengths of the current system that provide a good basis for reform.
- Recommendation 2: **Measure** and report risk-adjusted **outcomes** by **clinical team and by medical condition**.
- Recommendation 3: The federal government should actively support **outcome measurement**.
- Recommendation 4: Hospitals and physician **teams should reorganize care delivery around medical conditions** over the full cycle of care.
- Recommendation 5: Health plans should compete on value and to measure the health and health care outcomes of their membership.
- Recommendation 6: Encourage individual responsibility for health, not cost-shifting to individuals.
- Recommendation 7: Develop comprehensive electronic health records that are owned and controlled by the individual and that enable innovation to improve value for patients.
- Recommendation 8: Open competition on value among all the cantons, and encourage the domestic competition that will enable Switzerland to attract international patients.

Also the swiss health observatory recommends  
new structures



**Schweizerisches Gesundheitsobservatorium**

(Hrsg.)

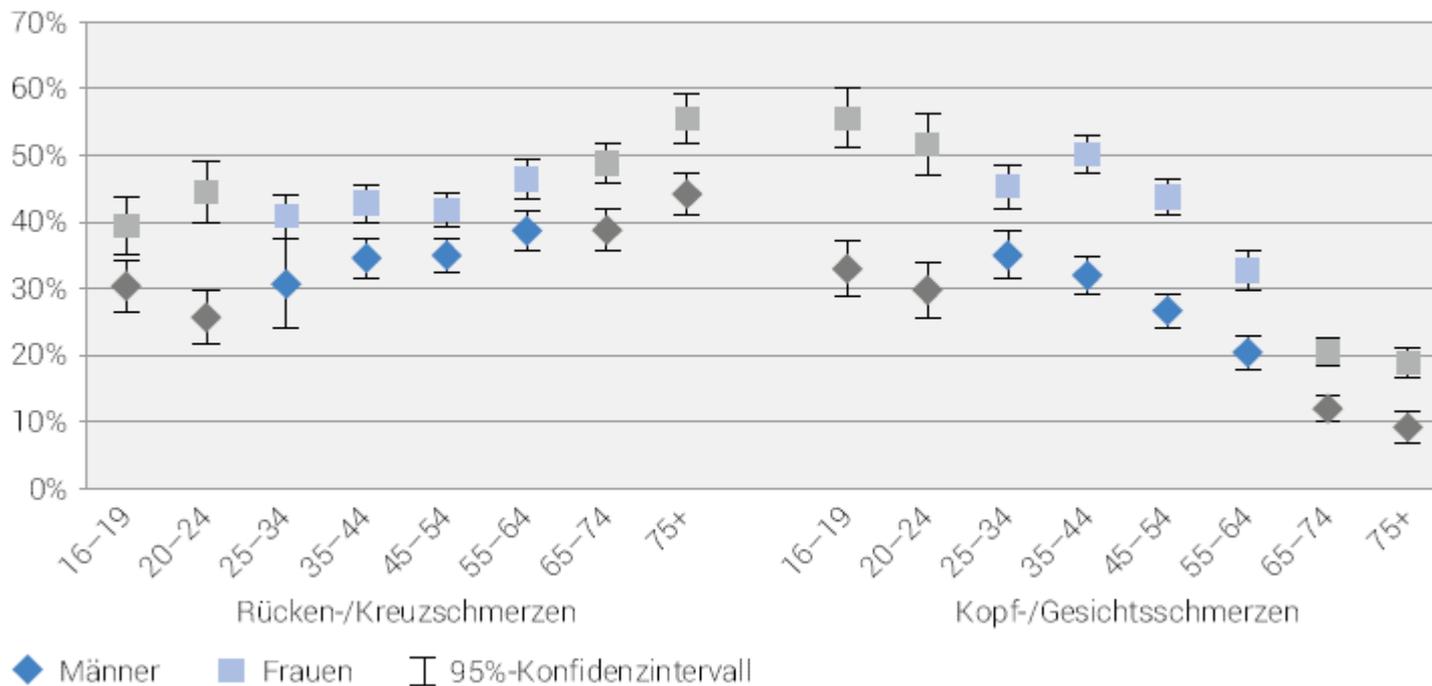
# **Gesundheit in der Schweiz – Fokus chronische Erkrankungen**

Nationaler Gesundheitsbericht 2015

Also the swiss health observatory recommends new structures to cope with chronic conditions

## 5.6 Schmerzen

Rücken-/Kreuzschmerzen und Kopf-/Gesichtsschmerzen nach Alter, 2012



Etwas bis starke Schmerzen in den letzten 4 Wochen

Low back pain and headache during the last 4 weeks for men ◆ and women ■ adapted to age, 2012

Also the swiss health observatory recommends new structures



- Prevalence for pain in Switzerland is still high
- It is often a reason to seek medical help
- The health care system should establish treatment teams to cope with chronic conditions, including all necessary health professionals instead of delivering speciality driven health care.

# What can we do with these facts and recommendations?

We should

- Claim recognition for chronic pain as a disease in its own right
- Explain the burden of disease
- Collaborate for better data on health related costs
- Propose efficient, interdisciplinary structures based on IASP recommendations
- Present our data, which give evidence for effective pain treatment as well from the point of the patient, as from the point of the economic data

Do we have examples?

Yes!

# Analysis of patient data, presented to a comprehensive pain centre for first consultation in 2011 (N = 628)

- The average age was 52,8
- People reported on average about 2.5 different pain sites in their body
- They suffered pain since 8.2 year on average ( 1 to 63 years)
- Minimum pain was 4.2, maximum pain 8.4 on average on the NRS (0-10)
- Almost 70 % reported constant pain (with or without pain attacks)
- Depression and anxiety symptoms (HADS) were on average at cut off level
- Quality of life was significantly reduced (SF-12)
- Our target parameter for the outcome analysis was the questionnaire of well being FW-7: a median of 9 was below the cut of point of 10, which shows how deeply pain affects the person in its entire life.
- Over 1/3 received treatments twice a week or more frequently.
- Almost half (48.5%) took more than two pain killer regularly including opioids (and were still in pain!)

Analysis of patient data, presented to a comprehensive pain centre for first consultation in 2011 (N = 628)

How patients were treated:

- Patient were diagnosed and treated by 3,7 different pain specialists in the team (consisting of ten different specialities).
- Only every second received interventional pain treatment, on average 2.4 interventions (nerve blocs, etc..).
- Treatment lasted on average 10,2 months on an ambulatory basis in the majority of cases, after 6 months already in 50 % treatment was finished.

In 2014 we re-questioned a representative sample of patients:

- Pain was significantly reduced after treatment to min. 2.2 and max. 5.2
- 1/3 was free of pain!
- Well being with FW-7 questionnaire was moved to 20.8 (cut off 10).
- The use of medication was reduced significantly.
- The frequency of treatments dropped.

Thank you for your attention



***With greetings from the isle in europe to an isle of europe!***