



SIP Belgium framing paper

Societal Impact of Pain (SIP)¹ and Societal Impact of Pain Belgium (SIP BE)

- *The Societal Impact of Pain (SIP) is a unique example of a multi-stakeholder partnership including patients, citizens, healthcare professional organisations, social organisation and industry.*
- *Since its creation in 2009, it has aimed to raise awareness of the relevance of the impact that pain has on society, health, and economic systems; to exchange information and sharing of best practice across EU Member States and to improve policymaking related to pain care. SIP is recognised at the European level and across different countries as a strategic partner.*
- *The platform provides opportunities for discussion for healthcare professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators and budget holders.*
- *The scientific framework of the SIP BE platform, the Belgian chapter of SIP, is under the responsibility of the Belgian Pain Society.*

Preamble

This paper presents the common position of stakeholders from the health & insurance, social, public and employment sectors on the issue of the status of pain in Belgium. It presents existing and possible future policies focusing on the social reintegration of patients affected by pain, with specific attention for the impact of pain on the labour market and employment.

By creating the Societal Impact of Pain (SIP) Belgium, our goal is to make multi-stakeholder policy recommendations to reduce the societal impact of this disease in Belgium.

Chronic pain causes almost 50 percent of all absences from work lasting three days or longer in the EU. It also accounts for 60 percent of permanent work incapacity, and it is estimated that 42% of Belgian families are confronted with its consequences. A health survey conducted in Belgium in 2018 also shows that the average self-assessed pain score increased by 3,6% in the last five years. That percentage had remained stable for the five previous years.¹

As such, pain has a very significant impact on the wellbeing of Belgian citizens and has considerable direct and indirect societal costs. Further, this paper highlights where there are gaps in relation to addressing pain and offers recommendations for policy makers and all other stakeholders to address these identified challenges.

This framing paper calls on societal actors in Belgium to become part of the pain community. The community's commitment is for civil society, health care and health insurance professionals, patient groups and industry representatives to share best practices on flexible work environments for people living with pain. Data will be gathered through surveys on employment and chronic pain to contribute to evidence-based policy-making.

This Framing Document and the associated Call to Action were developed by the Societal Impact of Pain (SIP)² "start-up team" in Belgium and is a tool to convince additional stakeholders to participate.

¹ Sciensano, Gezondheidsenquête 2018, Gezondheid en kwaliteit van leven. Samenvatting van de resultaten, p.17, https://his.wiv-isp.be/nl/Gedeelde%20documenten/summ_HS_NL_2018.pdf

² The "Societal Impact of Pain" (SIP) is an international platform created as a joint initiative of the European Pain Federation EFIC and the pharmaceutical company Grünenthal GmbH. The scientific framework of the SIP BE platform is under the responsibility of the Belgian Pain

The “start-up team” is constituted of the Belgian Pain Society, the Flemish Patient Platform, the National Federation of Independent Health Insurance Funds (MLOZ), the National Institute for Health and Disability Insurance (RIZIV) and Grünenthal.

There are approximately 740 million Europeans³, most of whom will experience an episode of severe pain at some point in their life. For approximately 20%, that pain is chronic – episodic, persistent, or variable. In other words, today 150 million Europeans are living with some form of chronic pain.

Within this context, 23% of Belgians suffer from chronic pain, which is approximately 2,4 million people. The impact of this pain is not limited to people suffering from it directly, as 42% of Belgian families are confronted with its consequences.⁴ This is above average, as it is the fourth highest number in Europe⁵. Yet when it comes to policies in place to handle pain adequately, Belgium scores below average. 55% of Belgian chronic pain patients indicate their pain symptoms are not managed adequately, compared to the European average of 38%⁶.

1. What is pain?

Pain is an “*unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.*”⁷ It can be acute but can also persist to become chronic; it also can be a symptom as well as a disease in itself.

Acute pain is pain of recent onset and limited duration due to injuries, illness, or because of surgical interventions, e.g. post-operative pain, acute headaches, strain trauma and burns, fractures, activated arthritis and dental pain⁸.

However, persistent or recurrent pain lasting longer than 3 months is defined as chronic pain. The 11th Revision of the International Classification of Diseases (ICD-11) classifies chronic pain in seven categories based on biopsychosocial factors and the severity of pain: chronic primary pain, chronic cancer pain, chronic postsurgical and posttraumatic pain, chronic neuropathic pain, chronic headache and orofacial pain, chronic visceral pain and chronic musculoskeletal pain.⁹

Simply said, pain can have many causes, can come in different forms and durations, and in many cases becomes part of daily life. For this project, we define pain as any pain that has an impact on people’s work, regardless of whether this pain is a symptom or a disease, or if it is chronic or acute.

Society. Co-operation partners for SIP BE are the Flemish Patient Platform, the Independent Mutualities and the National Institute for Health and Disability Insurance. The pharmaceutical company Grünenthal GmbH is responsible for funding and non-financial support.

³ Note: data taking from 37 countries, absent in Andorra, Armenia, Azerbaijan, Belarus, Georgia, Iceland, Liechtenstein, Luxemburg, Malta, Monaco, and the Vatican City. & Eccleston, C., Wells, C., & Morlion, B. (2017). European Pain Management. Oxford, UK: Oxford University Press, ISBN: 9780198785750

⁴https://overlegorganen.gezondheid.belgie.be/nl/sites/default/files/documents/federale_raad_voor_de_kwaliteit_van_de_verpleegkundige_activiteit/19068401.pdf%202015

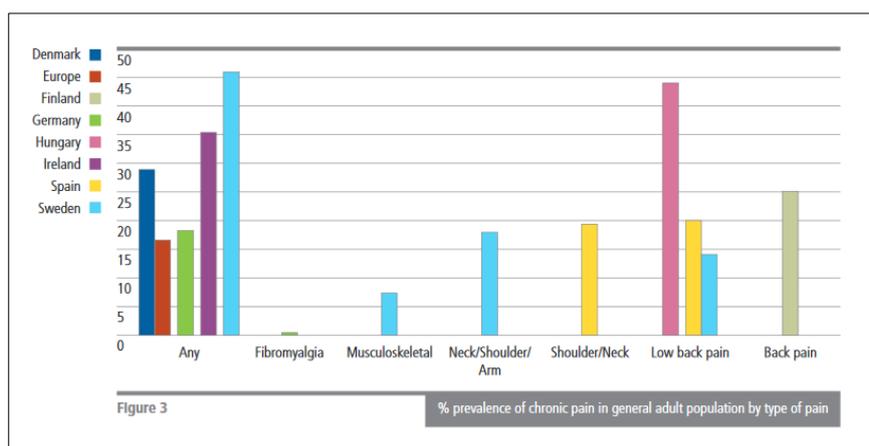
⁵https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/pijnrapportstudie.pdf

⁶https://www.gezondheid.be/index.cfm?fuseaction=art&art_id=8330

⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4450869/>

⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4450869/>

⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4450869/>



Source: Road Map for Action 2014 Road Map Monitor¹⁰

2. The impact of pain on society and the employment of the individual

The prevalence of pain causes a tremendous impact on society in terms of how health and social care resources must be spent.

It can interfere with a person's quality of life and general functioning. People living with pain can experience impairments in attention, control, working memory, mental flexibility, problem solving and information processing speed (Hart, Wade, & Martelli, 2003). In the presence of chronic pain, other dimensions of health (physical, psychological, social) are severely reduced (Elliott, Smith, Penny, Chambers, & Smith, 1999) (Smith, et al., 2001). Additionally, pain is associated with increased depression, anxiety, fear and anger (Bruehl, Burns, Chung, & Chont, 2009).

Pain complaints cause a large proportion of physician visits (Gureje, Simon, & Von Korff, 2001) (Mäntyselkä, et al., 2001) (Koleva, 2005), placing a large burden on clinics and healthcare professionals to treat the increased number of patients in an appropriate manner. As a result, pain places an enormous economic burden on healthcare systems (Eccleston, Wells, & Morlion, 2017).

Pain is one of the major reasons why people exit the labour market prematurely (Saastamoinen, et al., 2012). Musculoskeletal pain causes almost 50% of all absences from work lasting at least three days across European countries and 60% of permanent work incapacity cases. It costs the EU €240 billion a year across all sectors. (Bevan, Reducing Temporary Work Absence Through Early Intervention: The case of MSDs in the EU, 2013).

As mentioned, a 2018 Health Survey in Belgium based on patient self-assessment showed a general increase in pain nuisance. Unsurprisingly, hindrance to quality of life due to pain increases with age: 16,9% of young people raise the issue compared to 35,1% of over 75-year olds. Overall, women (30,4%) indicate more pain hindrance than men (22,7%) and the lower educated have a significantly higher score than the higher educated (38,6% vs. 23,3%). The overall numbers show the self-assessed pain hindrance for the Belgian population has gone up from 23,1% in 2013 to 26,7% in 2018.¹¹

A prior study, on chronic affections amongst which pain, conducted by the Belgian Patient Platform and published in 2014 showed that reintegration in the workforce is not only important on a societal level, it is also what is most sought upon on an individual level. The main conclusions of the study showed that respondents were keen to work, that pain hinders their job performance and that supporting arrangements are not used sufficiently.

¹¹ Sciensano, Gezondheidsenquête 2018, Gezondheid en kwaliteit van leven. Samenvatting van de resultaten, p.17, https://his.wiv-isp.be/nl/Gedeelde%20%20documenten/summ_HS_NL_2018.pdf

¹¹ Sciensano, Gezondheidsenquête 2018, Gezondheid en kwaliteit van leven. Samenvatting van de resultaten, p.17, https://his.wiv-isp.be/nl/Gedeelde%20%20documenten/summ_HS_NL_2018.pdf

Indeed, 79% of respondents that are not working are keen to work and 55% are ready to train for a different function. Respectively 58% and 70% indicated diminishing their work time or stopping altogether was based on the recommendation of their doctor, while 53% indicate to have strong or very strong pain nuisance to perform their job. More importantly, three quarters of respondents indicate they have received no supporting measures to find another job or keep their current one.¹²

A study conducted by the University of Leuven named “Quick Scan” assessed the workforce re-integration possibilities of employees having been unable to work for two months. This survey showed that pain and the pain estimation by the patient are important factors in the decision to go back to work.

These results highlight the importance and willingness of re-integration of pain patients into the workforce, and the emphasis that should be put on finding the right policies in Belgium and abroad.

3. Existing policies relevant to pain

Chronic pain is considered one of the main causes of disability, with considerable negative effects on productivity at work and influencing national social protection budgets. As showed by the Pain Alliance Europe survey on chronic pain 2017, chronic pain patients across Europe are concerned not only about inequalities in access to treatments but about the lack of comprehensive legislation and policies, which is increasing the burden of the pain itself while considerably reducing quality of life.

Among key European milestones, article 8(5) of the EU Directive on the application of patients’ rights in cross-border healthcare (2011/24/EU)¹³ foresees that an objective assessment of ‘*the degree of the patient’s pain*’ must be used to assess the right to cross-border healthcare. Indicators are therefore needed in Member States to set criteria for granting access to cross-border healthcare and to compare the quality of healthcare services available to citizens, consumers, and patients. The implementation of the Directive is now under review by the European Commission, thus opening the debate on the implementation of Article 8(5). Thus far, the transposition of the Article has not been discussed in the successive reports on the implementation of the Directive. This opens a window of opportunity to raise debate within the EU Institutions and expert organisations on the need to develop indicators for pain measurement as part of the implementation of the Directive.

Belgium has started several projects focused on the multidisciplinary approach of pain handling, featuring a liaison function in hospitals as well as “Multidisciplinary Pain Teams” for chronic pain.

The organization and funding of chronic pain management by public authorities began in Belgium about 10 years ago. Several successive pilot projects have been set up, evaluated and adapted. Nowadays, three types of teams are collaborating in network: (a) in every general hospital, an algological multidisciplinary team is devoted to the information and education of caregivers; (b) 35 multidisciplinary centres for chronic pain treatment offer a biopsychosocial approach to patients suffering from subacute or chronic pain; (c) 13 teams specialized in paediatric pain have a function of caregivers’ sensitisation and education about pain in children.

In 2009, one of the pilot programs was named “priority to the chronically ill!”. It featured the creation of an “algological function” in hospitals, people with a liaison function who sensitize the caregivers, oversee the follow-up and create the overall pain policy of a hospital. The main objective was to better the life quality of chronic pain patients considerably.¹⁴ Amongst the conclusions, a recurrent comment was the lack of knowledge with first-line actors to assess and treat the different types of pain. Since 2011, all general hospitals in Belgium have included an algological function in their staff.

¹² “Rapport Survey: Chronische aandoening en werkgelegenheid”. Vlaams Patiëntenplatform. 2014. Pp 1-27

¹³ <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32011L0024>

¹⁴ https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/pijnrapportstudie.pdf p.95

Another project was the creation of the Multidisciplinary Pain Teams, the objective being early implementation of biopsychosocial treatment models. The project allowed for the hiring of psychologists to support the existing pain structures, and one of the conclusions was that the pain courses followed by doctors and psychologists were very different, pointing to a lack of common references.¹⁵ This project has resulted in the above mentioned 35 multidisciplinary centres for chronic pain treatment. On an academic level, all medical students have a mandatory 15 hours of pain treatment training since 2016.

3.1 Employment and pain

Key political developments at EU level¹⁶ that could offer an opportunity at national level include the 2018 European Parliament Committee on Employment and Social Affairs own-initiative report on “Pathways for the reintegration of workers recovering from injury and illness into quality employment”¹⁷. The report sets out measures that the European Commission and Member States should address to retain and reintegrate workers into the workplace who suffer from chronic conditions or injuries. It further highlights the need for a new approach to ensure patients with pain can be reintegrated in the labour market, taking into consideration the societal and economic impact of pain. A multidisciplinary approach combining efforts from healthcare professionals (e.g. pain education), employers (e.g. implement of reintegration measures) is then required and SIP Belgium is working in this direction.

On an advocacy level, various projects have been started on different levels that have led to concrete action recommendations. Europe-wide, highlighted policy elements are, for example, that the current European and national policy frameworks on employment activation are not adequately targeted to help persons with chronic diseases¹⁸ and that adequate legislation to support patients entering or returning to the workforce are not always in place and lack recognition by the relevant stakeholders¹⁹. Other initiatives try to improve working conditions and support employers to ensure a healthy workforce²⁰, and an MEP Interest Group emphasises the implementing of existing retention, reintegration and rehabilitation actions rather than the creation of next legislation²¹.

4. Employment: recommendations for policy action

Considering the work done by SIP EU and notably the policy recommendations²² of the Joint Statement regarding employment where SIP is calling upon reasonable, flexible workplace adjustments by employers which can help people with pain to stay in work or reintegrate into the workforce, SIP Belgium came up with key policy demands of the Belgian pain community.

SIP EU call on the European Commission to:

- Work together with national authorities to promote policies that reflect the link between pain management/care and employment.
- Support best practices for the inclusion of pain into training tools as well as the development of any policies and recommendations.

¹⁵ https://www.health.belgium.be/sites/default/files/uploads/fields/fpshealth_theme_file/pijnrapportstudie.pdf p.129

¹⁶ For a complete overview of the EU political developments relevant for chronic pain, please refer to the SIP EU framing paper: https://www.sip-platform.eu/files/editor/media/EU%20Initiatives/SIP%20Thematic%20Network/Framing%20paper%20SIP%20-%205112018_for%20website_update.pdf

¹⁷ [http://www.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=&reference=2017/2277\(INI\)](http://www.europarl.europa.eu/oeil/popups/ficheprocedure.do?lang=&reference=2017/2277(INI))

¹⁸ <https://www.path-ways.eu/publication-dissemination/professional-integration-and-reintegration-strategies-for-persons-with-chronic-diseases-and-mental-health-disorders/>

¹⁹ <http://www.eu-patient.eu/News/News/epf-calls-for-equal-treatment-for-patients-in-education-and-employment/>

²⁰ <http://chrodis.eu/>

²¹ <http://efna.net/wp-content/uploads/2017/05/EFNA-Consultation-on-the-European-Pillar-of-Social-Rights.pdf>

²² To know more about the recommendations of the Joint Statement, please read the infographic: <https://www.sip-platform.eu/resources/details/sip-thematic-network-2018-joint-statement>

- Consider recommendations from relevant stakeholders when reviewing current strategies and broaden them to address the needs of patients with chronic diseases and mental health issues in relation to employment policies.

Key policy demands addressed to the Belgian government are:

- to raise awareness on the socio-economic impact of pain
- to work with key stakeholders to promote policies that reflect the link between pain and employment
- to invest in relevant measures to avoid early withdrawal from the employment market and society in general and offering the right support for patients who want to actively re-integrate
- to adopt a transversal approach to avoid silo-thinking
- to create awareness for the need for financial instruments for fundamental, scientific, clinical and epidemiological research on pain
- to create a methodology for the assessment of pain management measures and social reintegration

The objective of the pain community is to translate these policy demands into concrete policy recommendations for the Belgian government. We believe assembling as many relevant organisations as possible and organising effective workshops is a strong tactic to not just highlight problems but also be part of the solutions.

About SIP

The "Societal Impact of Pain" (SIP) is an international platform created as a joint initiative of the European Pain Federation EFIC and the pharmaceutical company Grünenthal GmbH and aims for:

- *Raising awareness of the relevance of the impact that pain has on our societies, health and economic systems,*
- *exchanging information and sharing best-practices across all member states of the European Union,*
- *developing and fostering European-wide policy strategies & activities for an improved pain care in Europe (Pain Policy).*

The platform provides opportunities for discussion for health care professionals, pain advocacy groups, politicians, healthcare insurance providers, representatives of health authorities, regulators and budget holders.

The scientific framework of the SIP platform is under the responsibility of the European Pain Federation EFIC®. Co-operation partners for SIP are Pain Alliance Europe and Active Citizenship Network. The pharmaceutical company Grünenthal GmbH is responsible for funding and non-financial support.

About SIP BE

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