#DigitalHealth

@SIP_PainPolicy

@EU_Health

@eHealth_EU

WELCOME!

How can digitalising health services reduce the societal impact of pain?

The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies. The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical company Grünenthal GmbH is the main sponsor of the Societal Impact of Pain (SIP) platform.

14:00 Welcome

Transparency Register no. 35010244568-04

WELCOME AND INTRODUCTION

Patrice FORGET

Chair of the Societal Impact of Pain (SIP)

Deirdre RYAN

President, Pain Alliance Europe (PAE)

STATE OF THE ART: DIGITAL HEALTH, PAIN ASSESSMENT, AND QUALITY INDICATORS

Esther POGATZKI-ZAHN

European Pain Federation (EFIC), Department of Anaesthesiology & Intensive Care, University of Münster

IMI-PainCare and Patient Reported Outcomes (PRO) uptake by the European Medicines Agency (EMA)

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Intensive Care and Pain Medicine
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Conflicts of Interest declaration: Esther Pogatzki-Zahn

Part of the present presentation relates to results obtained in the Project IMI-PainCare. This project has received funding from the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No [777500]. This Joint Undertaking receives support from the European Union's Horizon 2020 research and innovation programme and EFPIA.

The statements and opinions presented here reflect the author's view and neither IMI nor the European Union, EFPIA, or any Associated Partners are responsible for any use that may be made of the information contained therein.

IMI-PainCare www.imi-paincare.eu

imi innovative medicines initiative efpia www.imi.europa.eu

During the last 5 years, EPZ received received advisory board and lecture fees from Grünenthal GmbH, MSD Sharp & DOHME GmbH, Mundipharma GmbH; Mundipharma International; Janssen-Cilag GmbH; Fresenius Kabi, TAD and AcelRx and from Mundipharma GmbH and Grunenthal for research activities.

EPZ currently receives scientific support from the DFG (currently: PO1319/3-1; PO1319/4-1; PO1319/5-); the BMBF, ERANet LAC (IDN17009), and the Innovative Medicines Initiative 2 Joint Undertaking under grant agreement No 777500 (IMI Pain Care, PI of WP2).

EPZ is board/council member and/or vice chair/chair of several national and international pain and anaesthesia societies and committees including the International Association for the Study of Pain (IASP), Acute Pain SIG of the IASP; European Society Anesthesiology (ESA, past chair of the subcommittee Acute and Chronic Pain and Palliative Medicine Pain Management; member of the research committee), German Society of Pain (German Chapter of IASP), German Society of Anaesthesiology (DGAI, Pain subcommittee) and the Sertürner Society;

EPZ is Deputy Editor – in – Chief of the EJA

Patient – Reported – Outcomes (PRO) – it is the patients view that matters

https://silverlinecrm.com/blog/healthcare/provider/5-reasons-patient-360-matters/

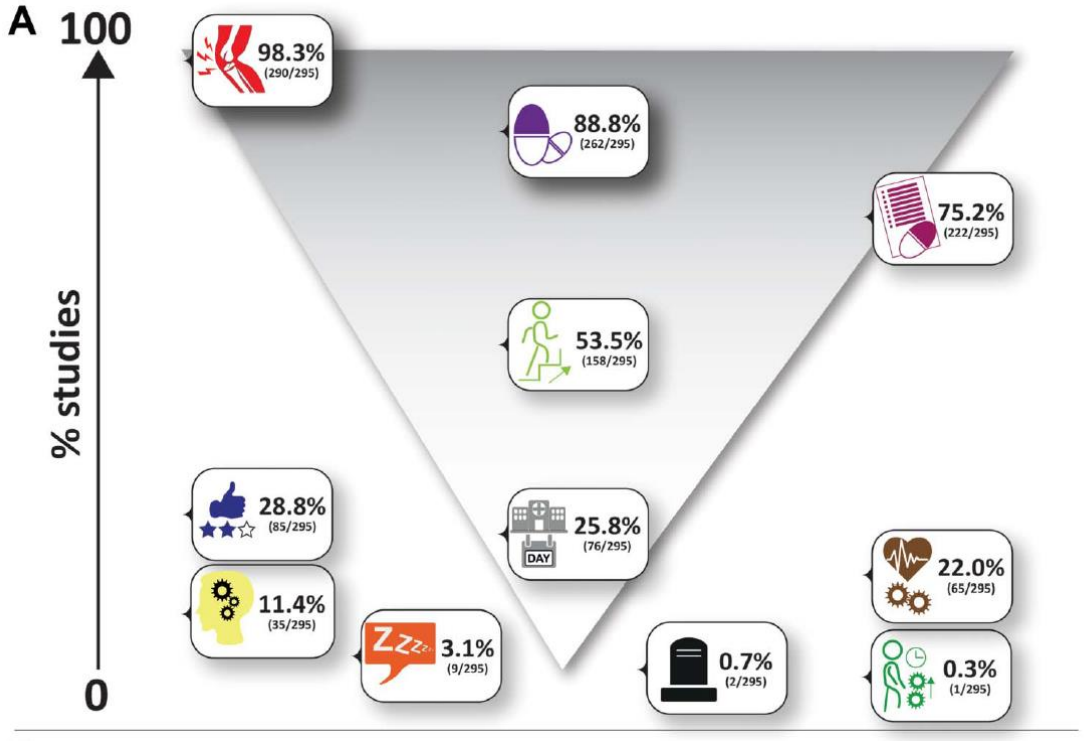
Outcome Assessment in Pain Studies (Postsurgical Pain)

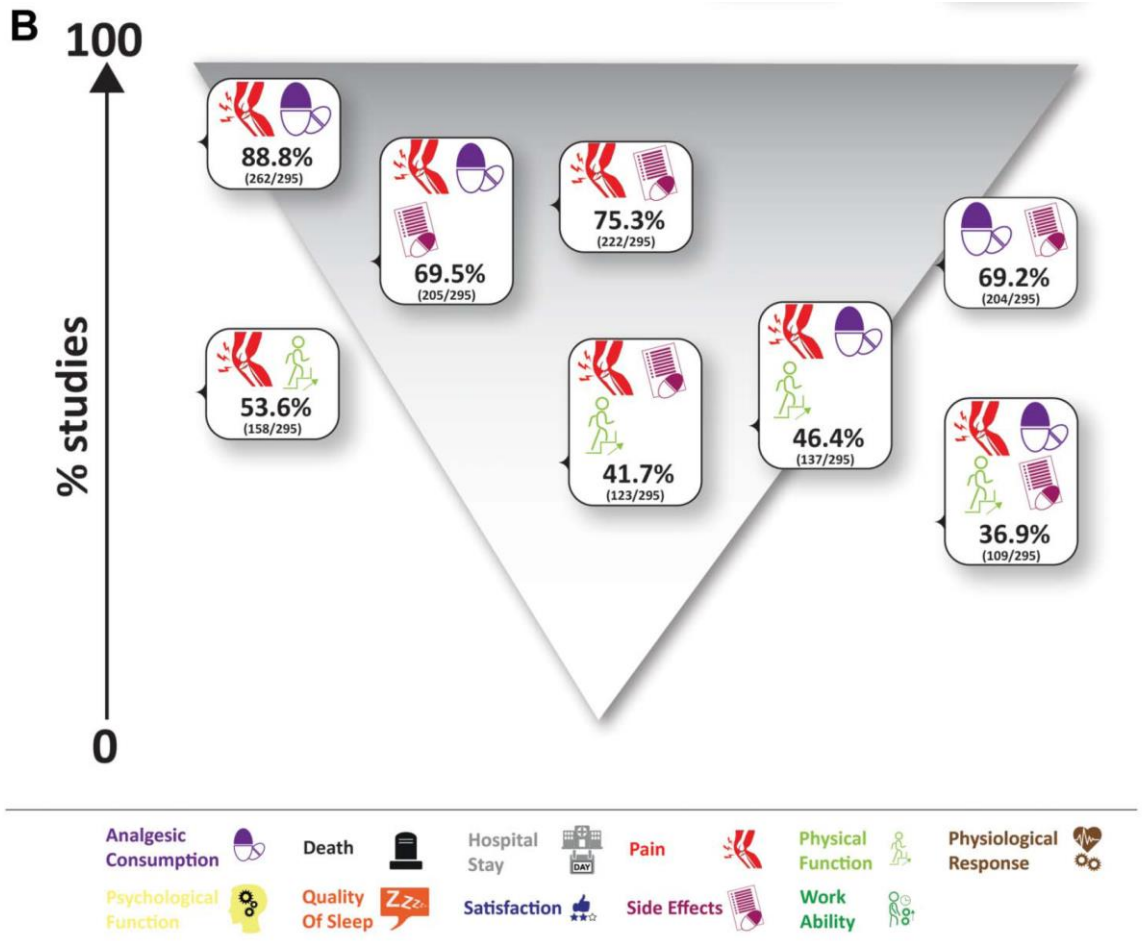
Systematic Review and Meta-Analysis

PAIN

Assessing outcome in postoperative pain trials: are we missing the point? A systematic review of pain-related outcome domains reported in studies early after total knee arthroplasty

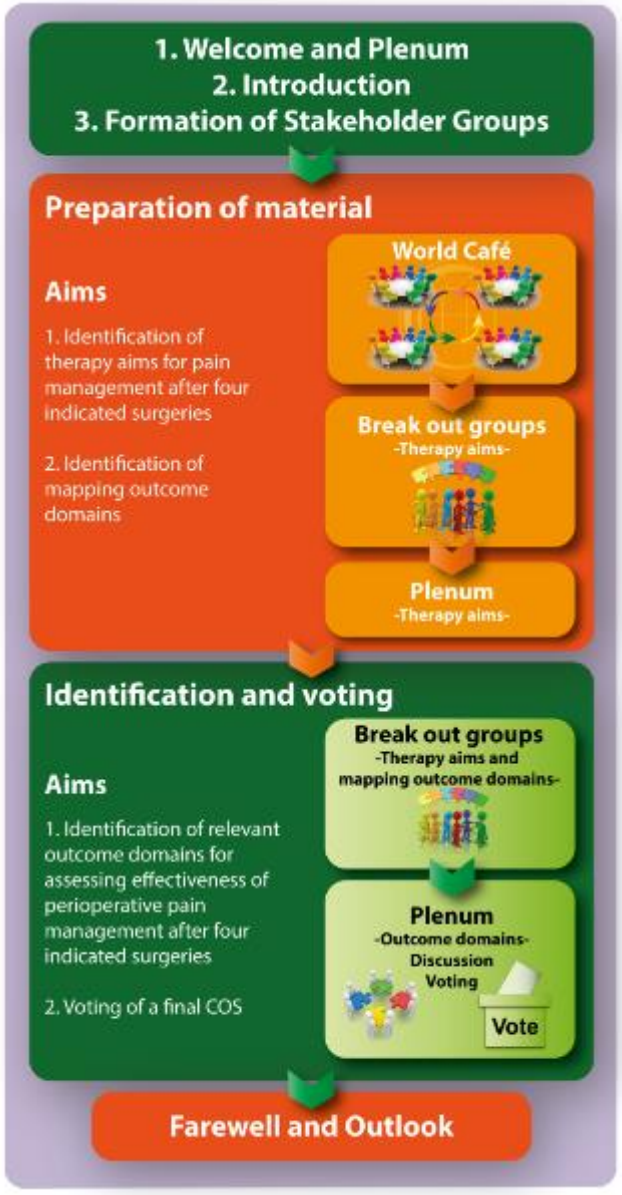
Stephan Bigalke[a,b], Timo V. Maeßen[a], Kathrin Schnabel[a], Ulrike Kaiser[c], Daniel Segelcke[a], Christine H. Meyer-Frießem[b], Hiltrud Liedgens[d], Philipp A. Macháček[e], Peter K. Zahn[b], Esther M. Pogatzki-Zahn[a,*]





Bigalke et al, PAIN 2021;162(7):1914-1934.

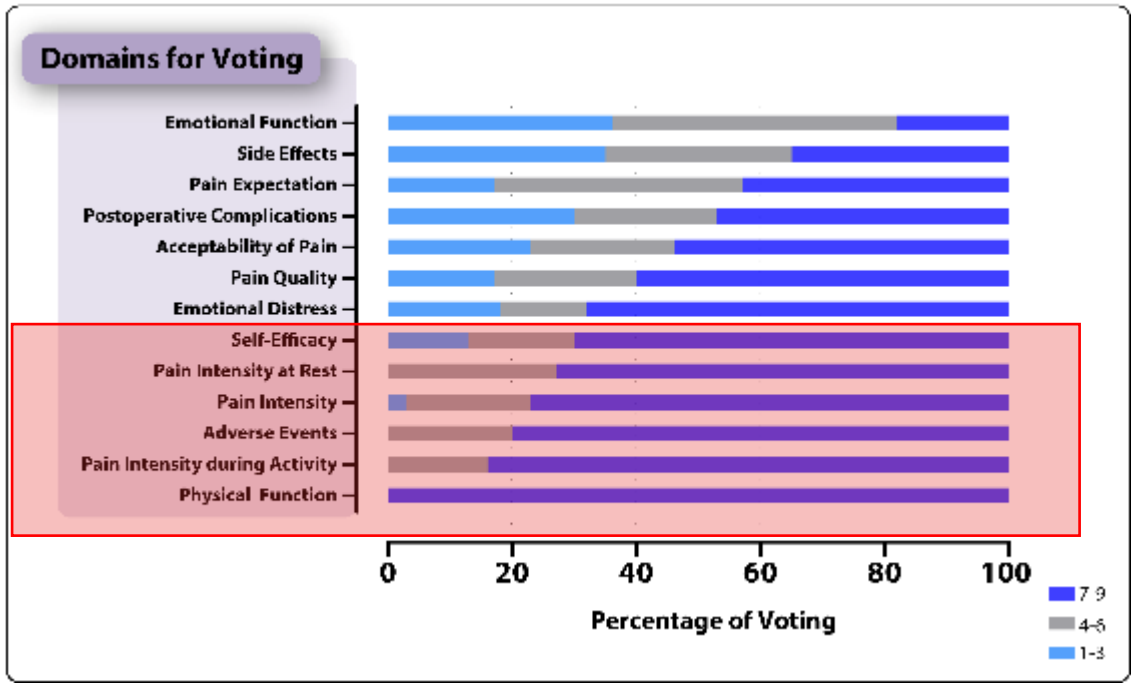
Consensus of PROs to be assessed in clinical trials after surgery



Panel member:
9 stakeholder groups:

Anesthesiologists
Pain Specialists
IMI Group (clinical)
surgeons
clinical psychologists
physiotherapists
HTA/PRO experts and Regulatory experts
Pain Nurses
IMI-EFFPIA (pharmacists)

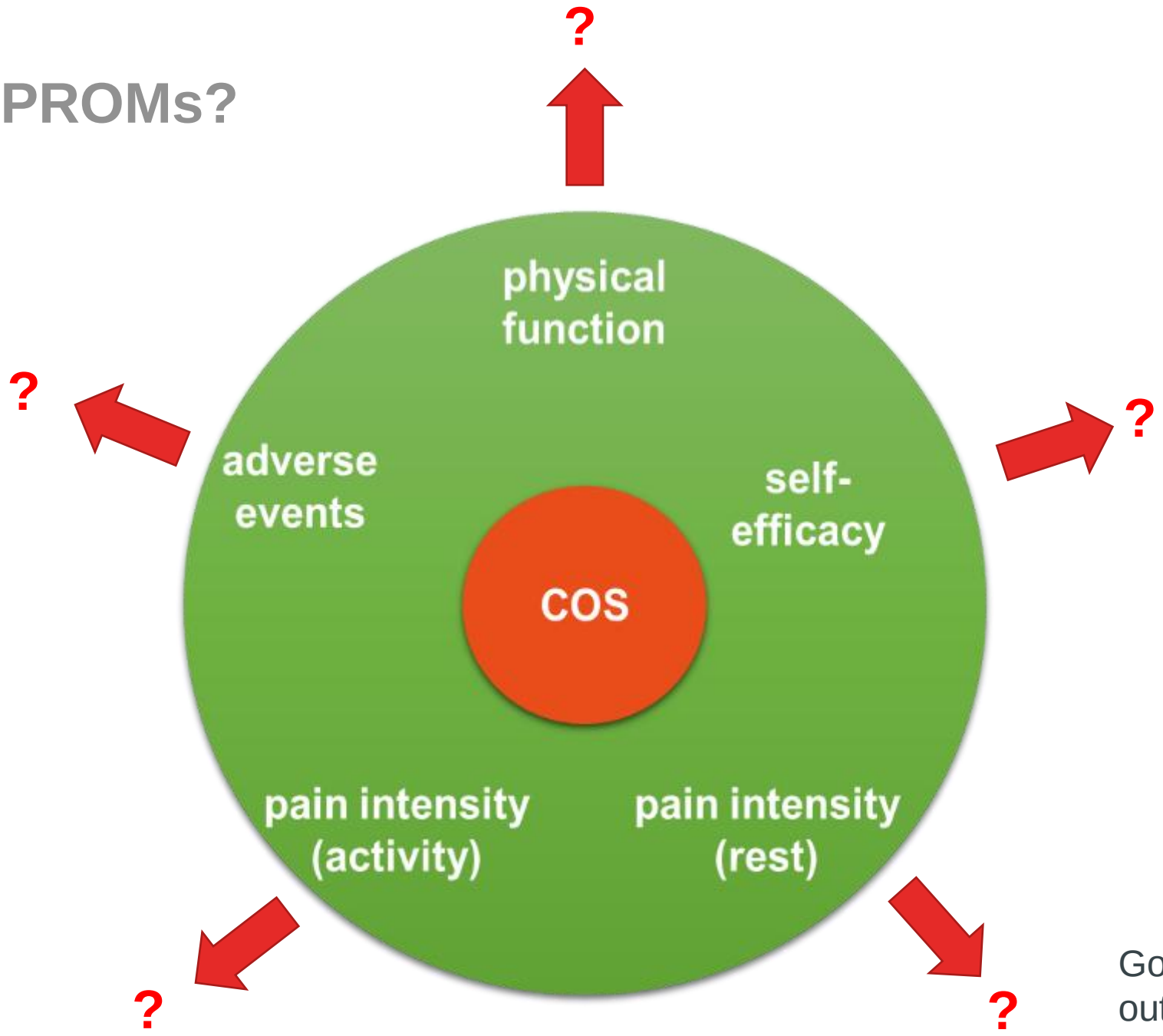
Patient representatives
4 participants / group



EU/IMI Horizon 2020Grant #777500

Pogatzki-Zahn et al, PAIN 2021;162(11):2717-2736.

PROMs?



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IMI-PainCare

imi innovative medicines initiative efpia

EU/IMI Horizon 2020Grant #777500

Goal: Consensus on measurements for each outcome domain best suited for assessment of pain-related outcome early after surgery

Table 2. Examples of existing core outcome set recommendations for patient-reported outcome in chronic pain conditions

Name of initiative References	Condition Intervention Scope of application Location	Core outcome set – domains	Core outcome set – measurement instruments	Involvement of patients
IMMPACT [24,25]	Chronic pain No specific Clinical trials International	Pain Physical functioning Emotional functioning Participant's ratings of global improvement Symptoms and adverse events, and Participant's disposition	11 Point (0–10) numerical rating scale of pain intensity Usage of rescue analgesics Categorical rating of pain intensity (none, mild, moderate, severe) in circumstances in which numerical ratings may be problematic Multidimensional Pain Inventory Interference Scale or Brief pain inventory interference items Beck depression inventory or Profile of mood states Patient global assessment of change Passive capture of spontaneously reported adverse events and symptoms and use of open-ended prompts Detailed information regarding participant recruitment and progress through the trial, including all information specified in the CONSORT guidelines	Not for domain and measurement instruments
Low back pain [26,27]	Nonspecific low back pain No specific Clinical trials International	Physical functioning Pain intensity Health-related quality of life Number of deaths	Oswestry Disability Index version 2.1; 24-item Roland Morris Disability Questionnaire NRS (0 no pain/10 worst pain) in a week recall period for average pain Short form health survey 12; 10.item PROMIS Global Health Number of deaths	Yes
VAPAIN [31]	Chronic pain Interdisciplinary multimodal pain therapy Effectiveness studies and daily record keeping International	Pain intensity Pain frequency Emotional wellbeing Physical activity Satisfaction with social roles and activities Productivity (including absenteeism and presentism) Patient perception of treatment goal achievement Health-related quality of life	In preparation	Yes
Fibromyalgia/ OMERACT [29]	Fibromyalgia No specific Clinical trials International	Pain Tenderness Fatique Patient global Multidimensional function Sleep disturbance	Not recommended because of lack of evidence/psychometric properties of corresponding measurement instruments	Yes
COMPACT [30]	CRPS No specific All forms of research studies International	Pain Disease severity Participation and physical function Emotional and psychological function Self-efficacy Catastrophizing Patient's global impression of change	*Intensity* (worst, average, least): Numeric Rating Scale and PROMIS-29 Profile (version 2), *Neuropathic components*: Short-form McGill Pain Questionnaire-2 (SF-MPQ2); *Interference*: PROMIS-29 Profile (version 2); *Others*: EQ-5D-5L *Severity*: CRPS severity score; *Experience*: CRPS symptoms questions *Physical function/social participation*: PROMIS-29 Profile (version 2); *Others*: EQ-5D-5L *Anxiety, depression, fatigue, sleep*: PROMIS-29 Profile (version 2); *Suicidal ideation*: PROMIS suicidal ideation question; *Others*: Others: EQ-5D-5L Pain Catastrophizing Scale Pain Self-Efficacy Questionnaire Patient Global Impression of Change	

COS of PROs and PROMs for chronic pain trials:

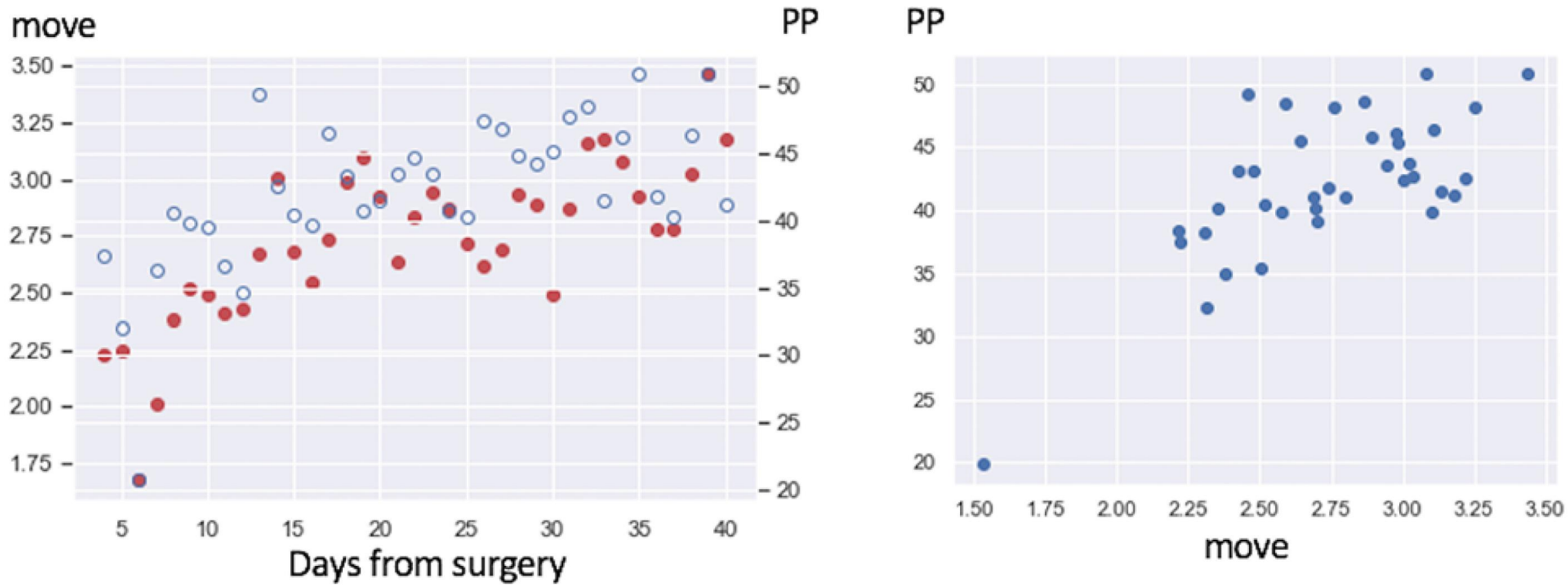
Common PROs/ domains:
- Pain (intensity/severity)
- Physical functioning
- Some form of emotional functioning
- (Adverse Events)

Common PROMs:
- NRS (0-10), but….
- Physical functioning: no overlap
- Some form of emotional functioning
- (Adverse Events): no overlap

Pogatzki-Zahn et al. Curr Opin Anaesthesiol. 2019;32(5):616-622.

Next Steps: Operationalization of PROMs?

Smartphone GPS signatures of patients undergoing spine surgery correlate with mobility and current gold standard outcome measures



Boaro et al,. J Neurosurg Spine. 2021;35(6):796-806..

Next steps: Alignment and acceptance of PROs and PROMs for their use in clinical trials (EMA/FDA) and real world

https://integrate-pain-domain-meeting.com/summer-pain-domain-meeting/

Thanks to …

Hitrud Liedgens, Grünenthal

Ulrike Kaiser, Dresden

Winfried Meissner, Jena

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- POETpain (Prävention operations-bedingter anhaltender Schmerzen durch Einführung eines perioperativen „Transitional Pain Service“)
- EU/EFPIA/Innovative Medicines Initiative Joint Undertaking (IMI-PAIN-CARE); Grant #777500
- PO1319/3-1; (DFG Einzelantrag)
- PO1319/4-1 (DFG-FOR2690)
- PO1319/5-1 (DFG-FOR2690)
- BMBF/ERaNETLac (ELAC2015/T07-0713)
- BMBF IncMeta (P-KS2019-046)
- Pog2/027/20

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STATE OF THE ART: DIGITAL HEALTH, PAIN ASSESSMENT, AND QUALITY INDICATORS

Winfried MEISSNER

European Pain Federation (EFIC), Department of Anaesthesiology & Intensive Care, University Hospital FSU Jena

PROs as quality indicators and best practices from PAIN OUT

Winfried Meissner
Dept. of Anesthesiology and Intensive Care
Jena University Hospital

Disclosures

- Research: EU, DFG, BMBF, Pfizer, Mundipharma, Grünenthal
- Speaker / Advise: Grünenthal, Mundipharma, Ethypharm, Spectrum Therapeutics, Northern Swan, Kyowa, TAD

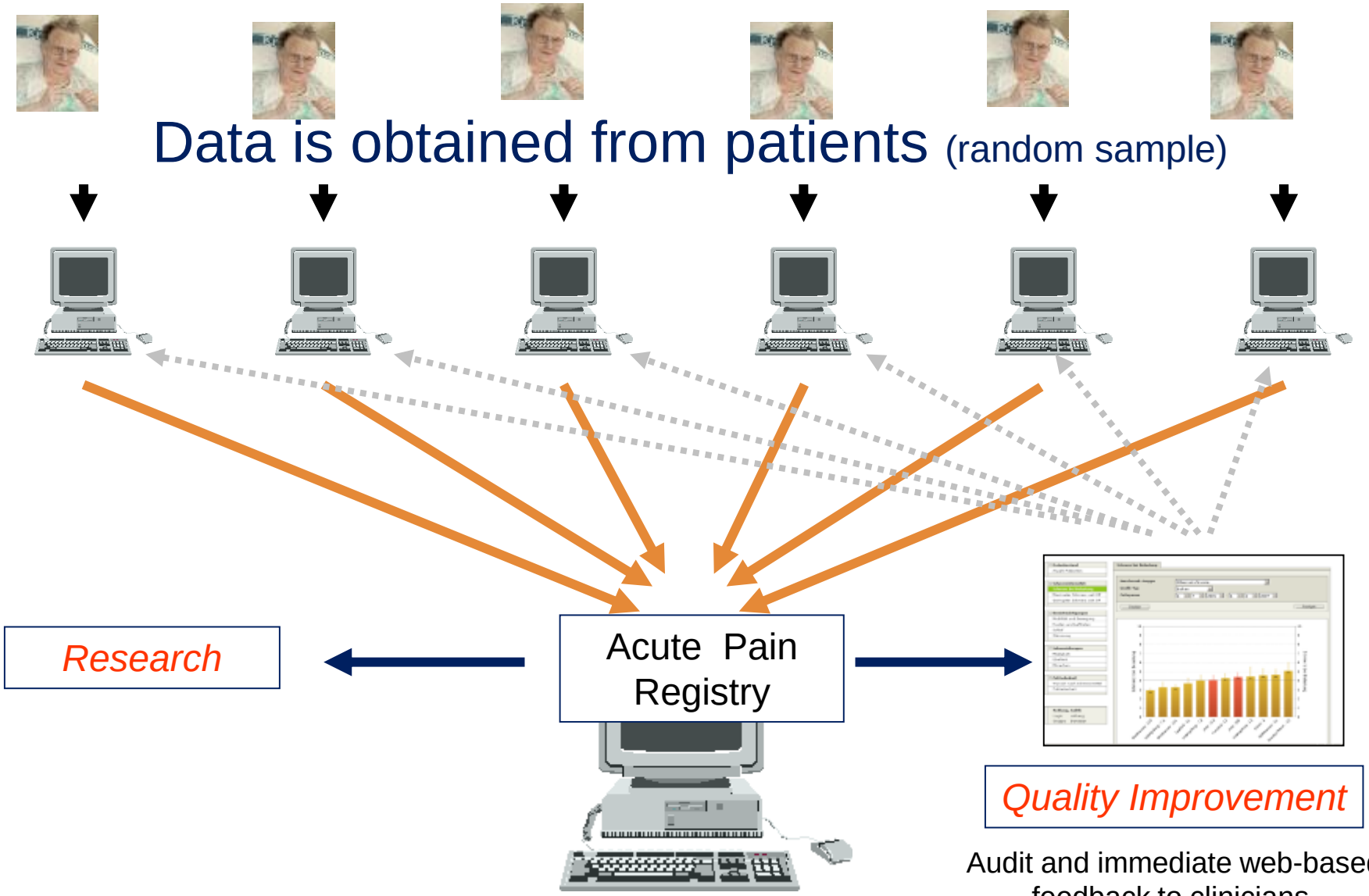
PAIN-OUT

Improvement in Postoperative PAIN OUTcome

- A web-based quality improvement and research network addressing management of post-operative pain.
- Highly standardized assessment of PROs.
- Collaborators in Europe, Americas, Africa, South East Asia.
- Not-for-profit, academic project, coordinated from Jena University Hospital, Germany.

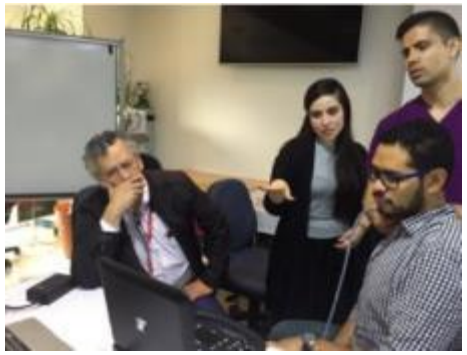
UNIVERSITÄTSKLINIKUM jena

PAIN OUT



PAIN OUT: PDCA networks

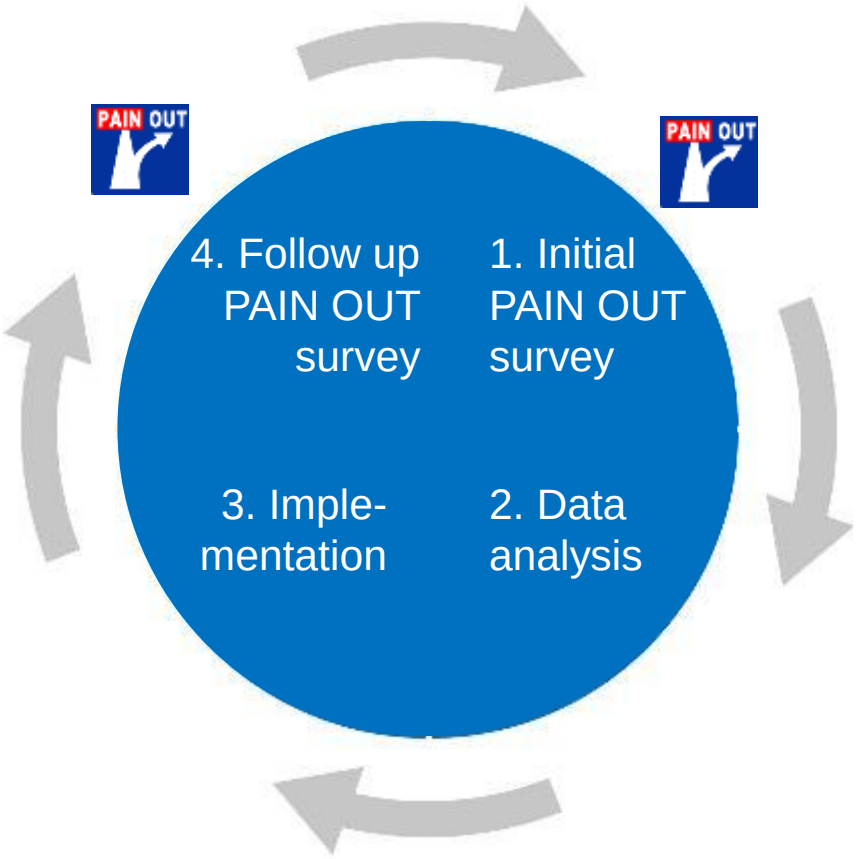
- Mexico I & II
- France
- Ireland
- Spain
- Italy
- Belgium
- Switzerland
- Serbia I & II
- Netherlands
- China a
- China b + Pacific countries
- South Africa I & II
- Brazil



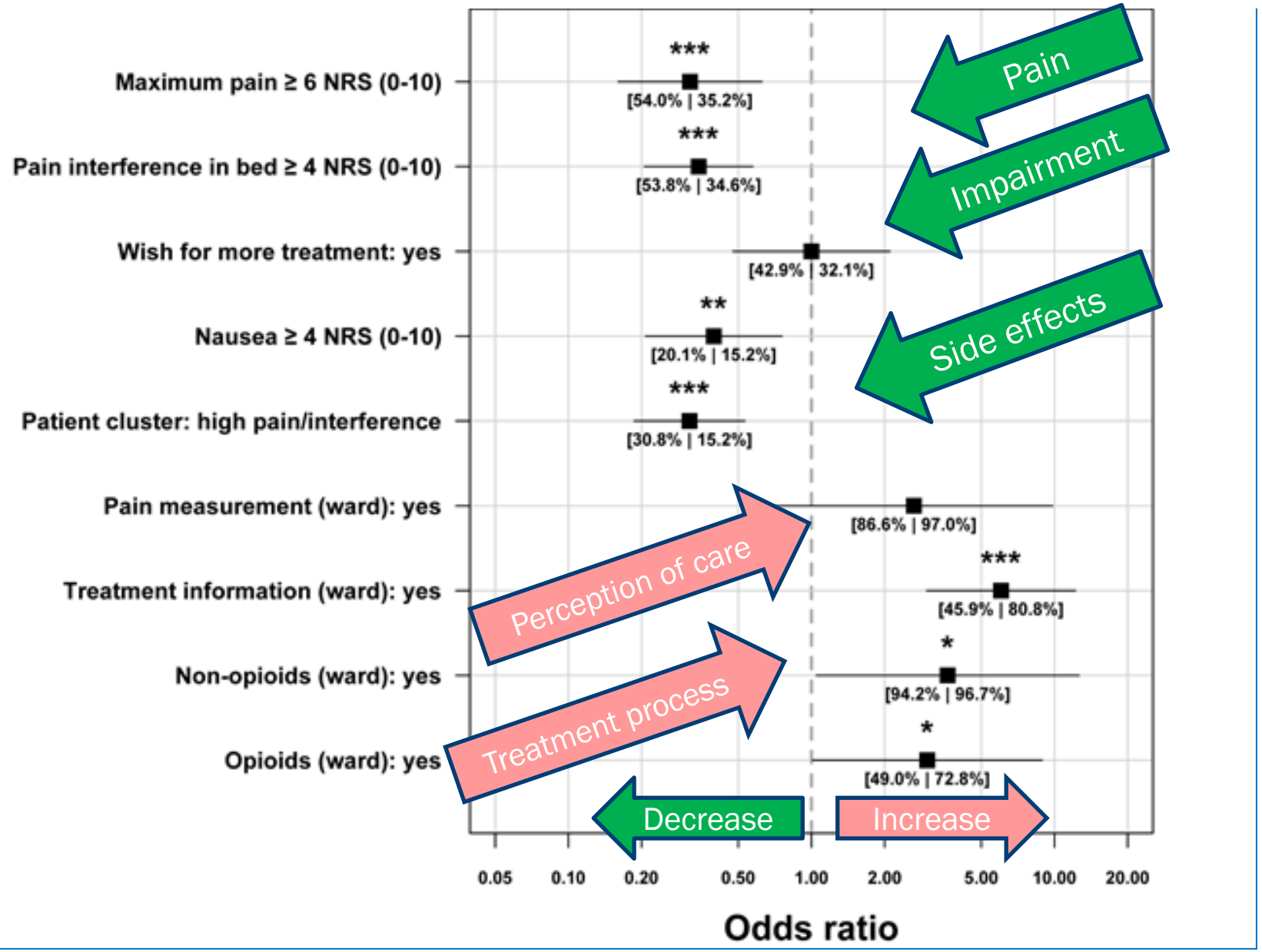
PAIN OUT: The Mexican Network

10 Hospitals in Mexico City, 15 surgical wards.

Network leaders:
Drs Ana Garduño
& Victor Acosta,
Salvador Zubiran Hospital



Odd ratios of parameter differences between initial and follow-up survey



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Comments from Mexican colleagues:

The staff were **surprised** by the results we obtained during baseline showing high levels of pain in our patients …

… some anesthesi… **…eved that they were doing things very…** …or example, some thought that it is unnecessary … use epidural catheters in open abdominal surgery …

Interventions became part of the … Now we are in constant communication wit… …in charge ... We **introduced new protocols** in th… …thopedic surgery, we need to work more in genera…

„Gut feeling ≠ reality!

Change happens!

Summary: Lessons learnt...

- PRO-based feedback on quality is convincing („it‘s the patient‘s voice“) and effective
- Digital tools are helpful in quality improvement efforts but personal contact remains important
- You can learn not only from the best!
- QI: not only pain intensity!
  - Functional interference
  - Intensity of pain / intensity of treatment
  - Composite Scores
  - Generic QI prefered over procedure-specific QI

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The team:

Ruth Zaslansky

Claudia Weinmann

Marcus Komann

Philipp Baumbach

And many more:

J Rothaug, A Goettermann, S Mescha, Germany
R Chapman, USA
N Rawal, R Backstrom, Sweden
D Fletcher, France
M Puig, Spain
R Langford, Dr K Ullrich, UK
C Konrad, U Stamer, Switzerland
M Schwenkglenks, Switzerland
T Volk, Dr A Kopf, Germany
E Pogatzki-Zahn, Germany
L Fodor, Romania
S Brill, Israel
Y Leykin, Italy
C Engel, Germany
R Taylor, UK
H Gerbershagen, Utrecht
I Buchholtz (TAKWA), Germany
…

German Society of Anesthesiology (DGAI, BDA)
German Society of Surgery (DGCH, BDC)
AK Akutschmerz der DGSS
International Pain Registry – IASP
ESA, EFIC, APS
Grünenthal, Pfizer, Mundipharma

German Ministry of Health
European Commission (EC)

PAIN OUT: Lessons learnt

People like it simple:

- Web access
- Graphic elements, “dash board”
- Comparison with ownself vs. with other sites
- Only few generic quality indicators – but which ones?

PAIN OUT: Lessons learnt

Learning from each other:

- Digital exchange works but personal interaction and local leader is important!
- “Real life” data more convincing than RCTs – specifically PROMs: “It’s the patient’s voice…”
- You can learn not only from the best!

PATIENT PERSPECTIVES ON DIGITAL HEALTH

Deirdre RYAN

President of Pain Alliance Europe (PAE)

PERSPECTIVES FROM MEPS

MEP Sirpa PIETIKÄINEN (EPP, Finland)
Co-chair of the MEP Interest Group on Brain, Mind and Pain (BMP) – *Video message*

MEP Susana SOLIS PEREZ (RE, Spain)
Member of the European Parliament Special Committee on Artificial Intelligence in a Digital Age (AIDA), and Panel for the Future of Science and Technology (STOA) – *Video message*

PERSPECTIVES FROM THE COMMISSION, MEMBER STATES, AND STAKEHOLDERS

Jerome DE BARROS

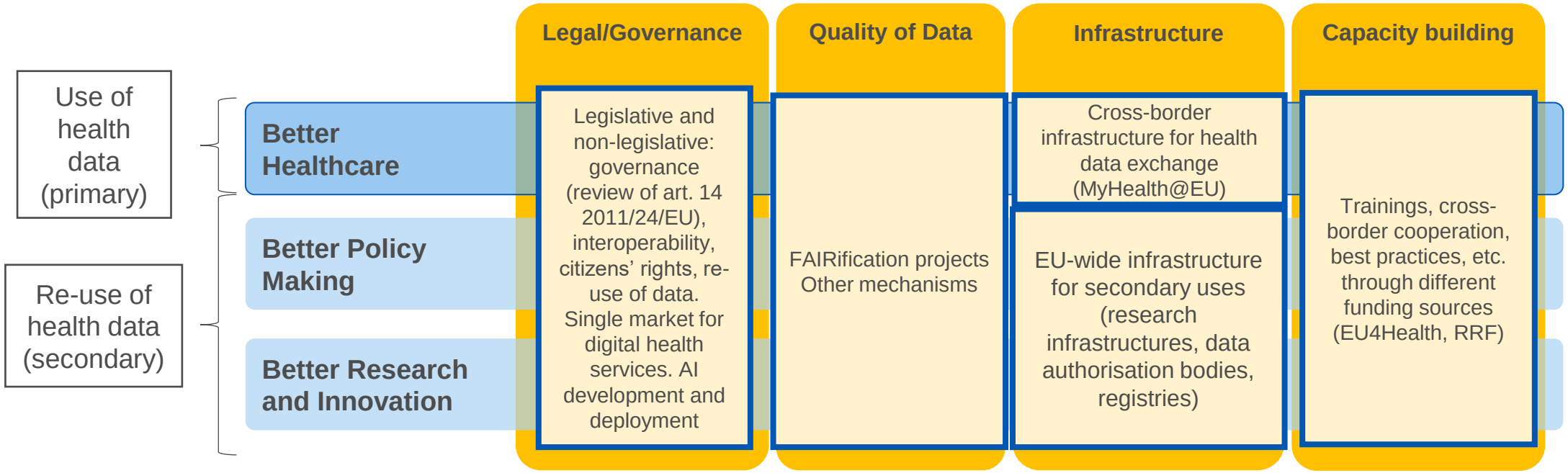
Policy Officer, Unit B3 – European Reference Networks and Digital Health, DG SANTE, European Commission

European Health Data Space

Jerome de Barros, Policy Officer

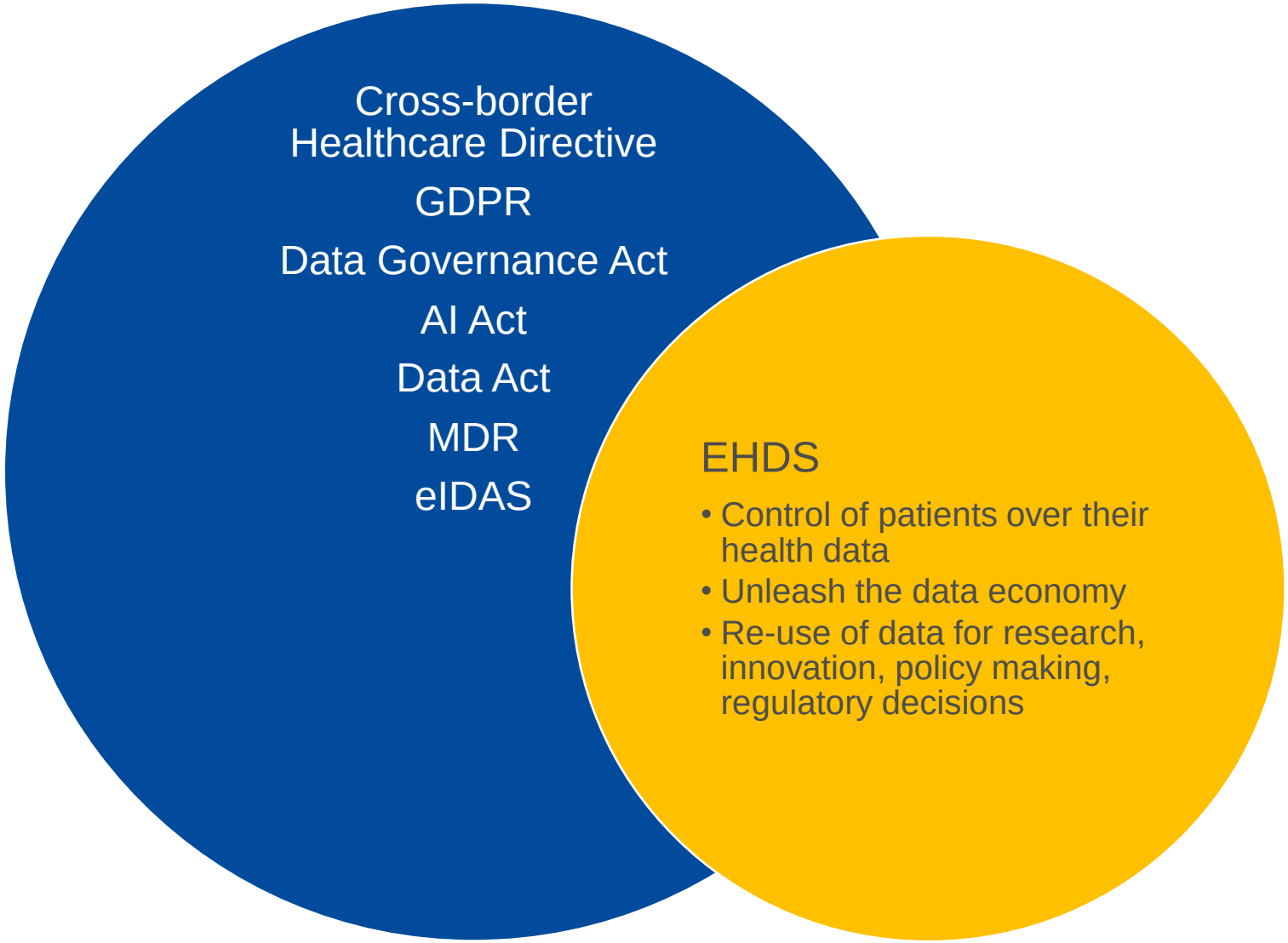
Primary and secondary uses of health data

- Timely and simplified *exchange of* and *access to* health data for different use cases:
  - Healthcare provision, access and control of patient over their data, (cross-border) exchange of health data;
  - Digital health services (including telehealth and m-health);
  - Research (eg on cancer, rare diseases, COVID-19 etc), pharmacovigilance, public health, policy making



European Commission

EHDS: articulation within EU regulatory framework



Main problems

Individuals have difficulty accessing and controlling their health data

Healthcare professionals have difficulty accessing health data

Providers of digital health services and products face barriers

Policy makers and regulators cannot easily access health data

Limited innovation takes place on the basis of health data

European Commission

What are the objectives?

Empower individuals to control their health data

Foster a single market for digital health services and products

Ensure interoperability and security of health data and a level playing field for manufacturers

Unleash the power of the health data economy

Ensure a consistent and efficient framework for the reuse of health data for research, innovation, policy-making and regulatory activities

Access to health data in digital format

Today, a large number of EU citizens and healthcare professionals cannot access health data in a **digital format**. Data are often available in paper, or only a limited set of data categories are available in digital format.

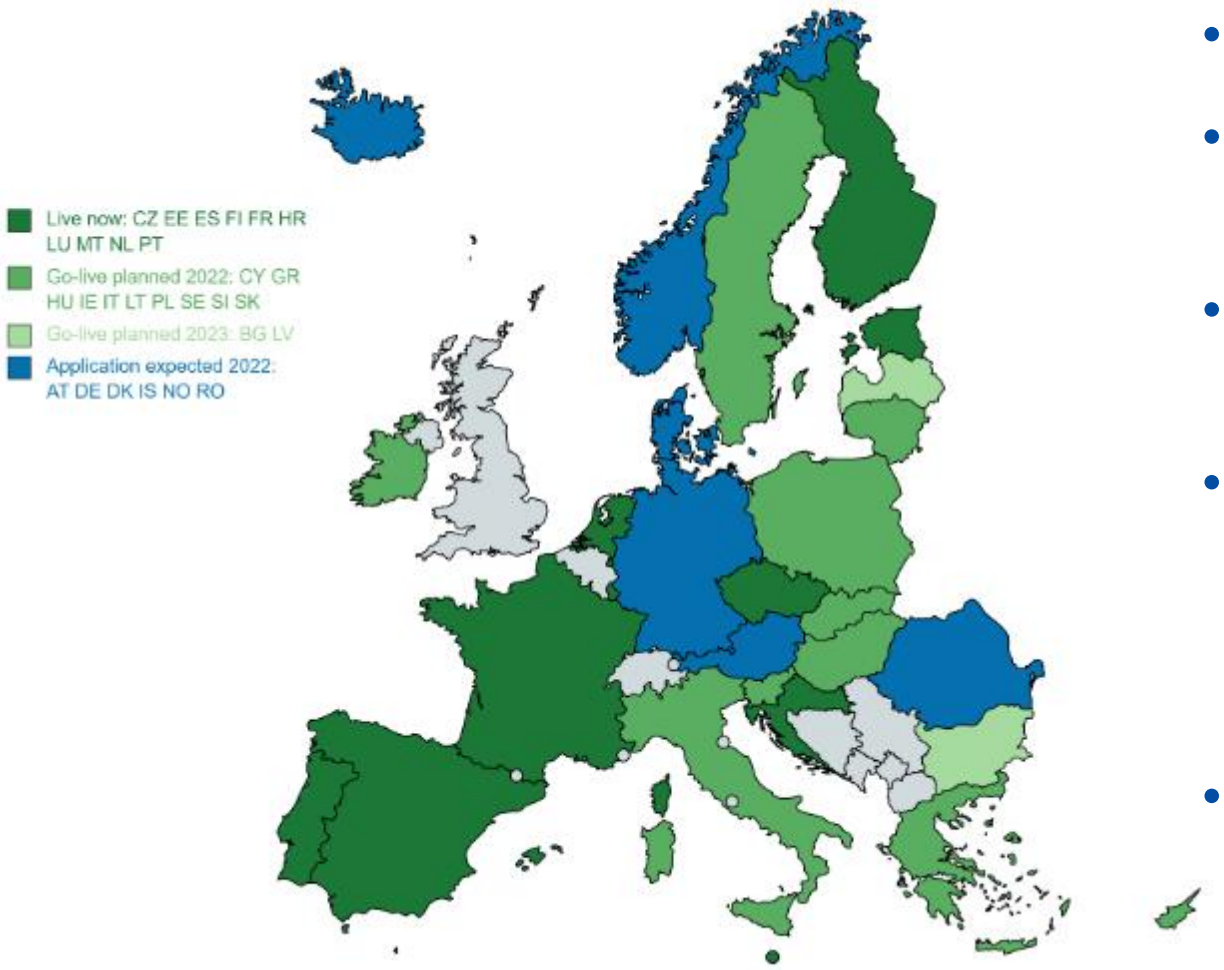
Interoperable health data

Health data is collected in such a way, that **the format is different** everywhere. This makes it impossible to understand the meaning of health data in different contexts. Therefore, interoperability standards are required to **promote wider use and portability**.

Tools and infrastructure

Member States organise health data access through different means. Some member states have patient or professional **portals** at the level of healthcare provider, region or nation, while others have apps or **personal data space** solutions. Also, registries of who should have **access** are also local, regional or national solutions. The Commission set up **MyHealth@EU infrastructure** to facilitate cross-border exchange of health data.

MyHealth@EU



- Currently 10 Member States are live
- The number of connected Member States will grow rapidly in the years ahead
- Currently there are 2 services: Patient Summary and ePrescription
- This is being expanded to include Medical images, Lab results, Discharge letters, Rare disease data and other health information categories
- A Pilot will explore Patient Access to their health data in MyHealth@EU

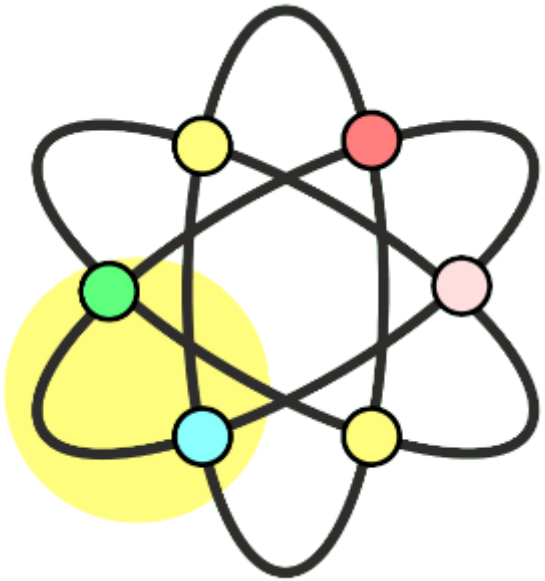
European Commission

Primary use of health data

- The legislative proposal will focus on a number of areas:
- Expanding the rights of citizens to **access** and **portability** of health data
- Strengthening the eHealth **governance**
- Expanding the **MyHealth@EU** services
- Promoting **interoperability** of health software solutions (including EHR, apps, medical devices)

Secondary use in the EHDS

Reuse of health data by researchers, policy-makers and industry



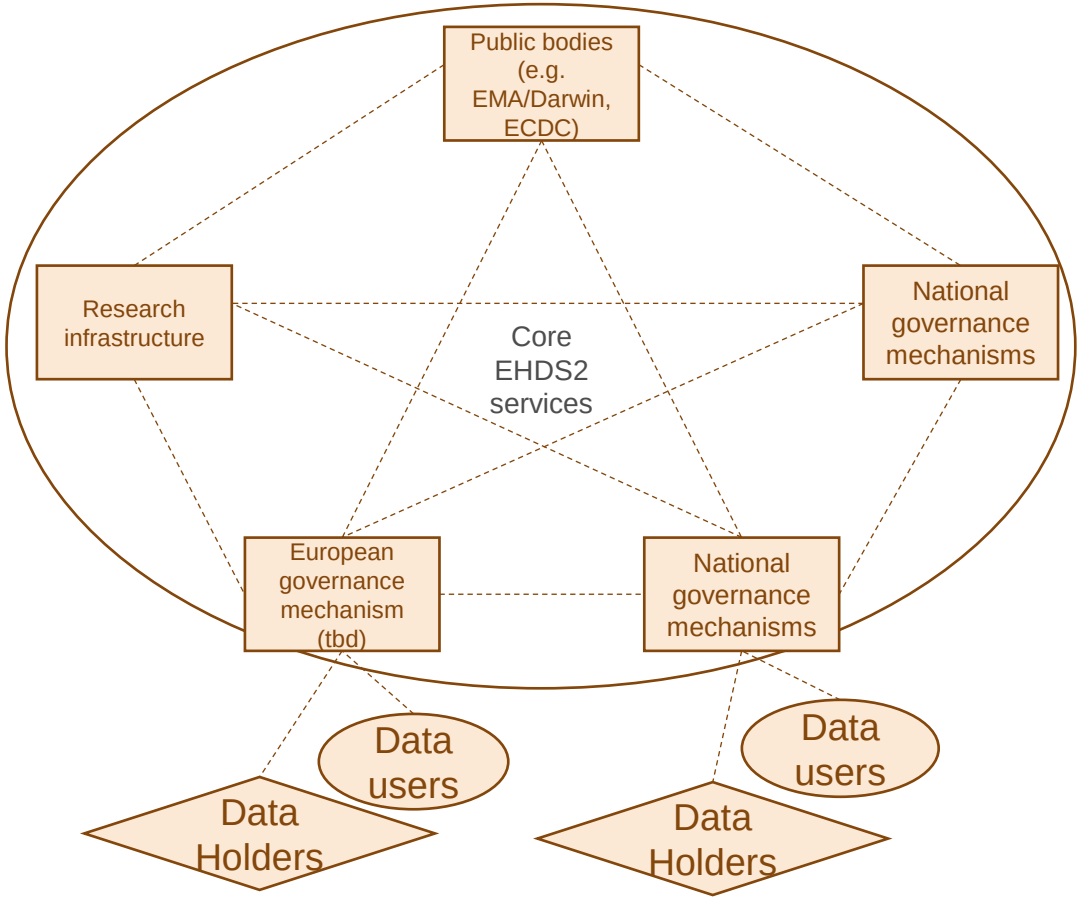
Rules, protocols and governance

Health data from patients and healthcare professionals

Granting researchers, policy-makers and industry access to health data across borders in an interoperable, digital format

European Commission

Access to data for research, innovation and policy making



- Creating a **network of nodes** as entry points into EHDS
- Nodes can be National **Data Authorisation Bodies** or European stakeholders (EMA, ECDC, Research Infrastructures)
- Rules are in place **governing the access** to health data (interoperability, data quality, privacy, security)
- Examples at national level are established in **Finland, Denmark, France and Norway**

TEHDAS

- On the secondary use of health data, the Joint Action TEHDAS has also published different recommendations:
- WP5: Report on barriers to cross border data sharing and potential governance mechanisms
- WP6: Report on regulating data quality
- WP7: Report on the user journey
- WP8: Literature review on data altruism, consent and access
- Please find the reports here: Results - Tehdas

Secondary use of health data

- The legislative proposal will focus on a number of areas:
  - Expanding on the existing **infrastructure** in Member States (Health Data Authorisation Bodies) Introduce a European infrastructure
  - Promoting **interoperability** and **data quality**
  - Strengthening the **legal base** for the re-use of health data

Studies

The EHDS legislative proposal is being drafted on the basis of input from:

- Public Consultation (May-July 2021)
- Study on the Assessment of rules in Member States on health data
- Study on the Interoperability of digital health systems in Member States
- Study on the use of Real World Data
- Study on regulatory gaps (to be published)
- Study on the Infrastructure options (to be published)
- Study on the Impact Assessment (to be published)

- ms_rules_health-data_en.pdf (europa.eu); https://ec.europa.eu/newsroom/dae/redirection/document/79897 Digital health data and services – the European health data space (europa.eu) Study on the use of real-world data (RWD) for research, clinical care, regulatory decision-making, health technology assessment, and policy-making - Publications Office of the EU (europa.eu)

Projects

EU4Health funds a number of relevant projects to further expand the European digital health infrastructure

- A pilot project to allow **patients access** their health data in MyHealth@EU
- **Expansion of MyHealth@EU**, both by allowing more Member States to establish National Contact Points and by expanding the amount of services
- A pilot project to understand the potential of a European **network of National Health Data Access Bodies** collaborating on secondary use of health data

Next steps

- The next steps for the EHDS legislative proposal is to have approval from the Commission internally
- We expect the proposal to be published in the coming weeks
- If you have questions, don’t hesitate to reach out: Jerome.de-barros@ec.Europa.eu

Thank you

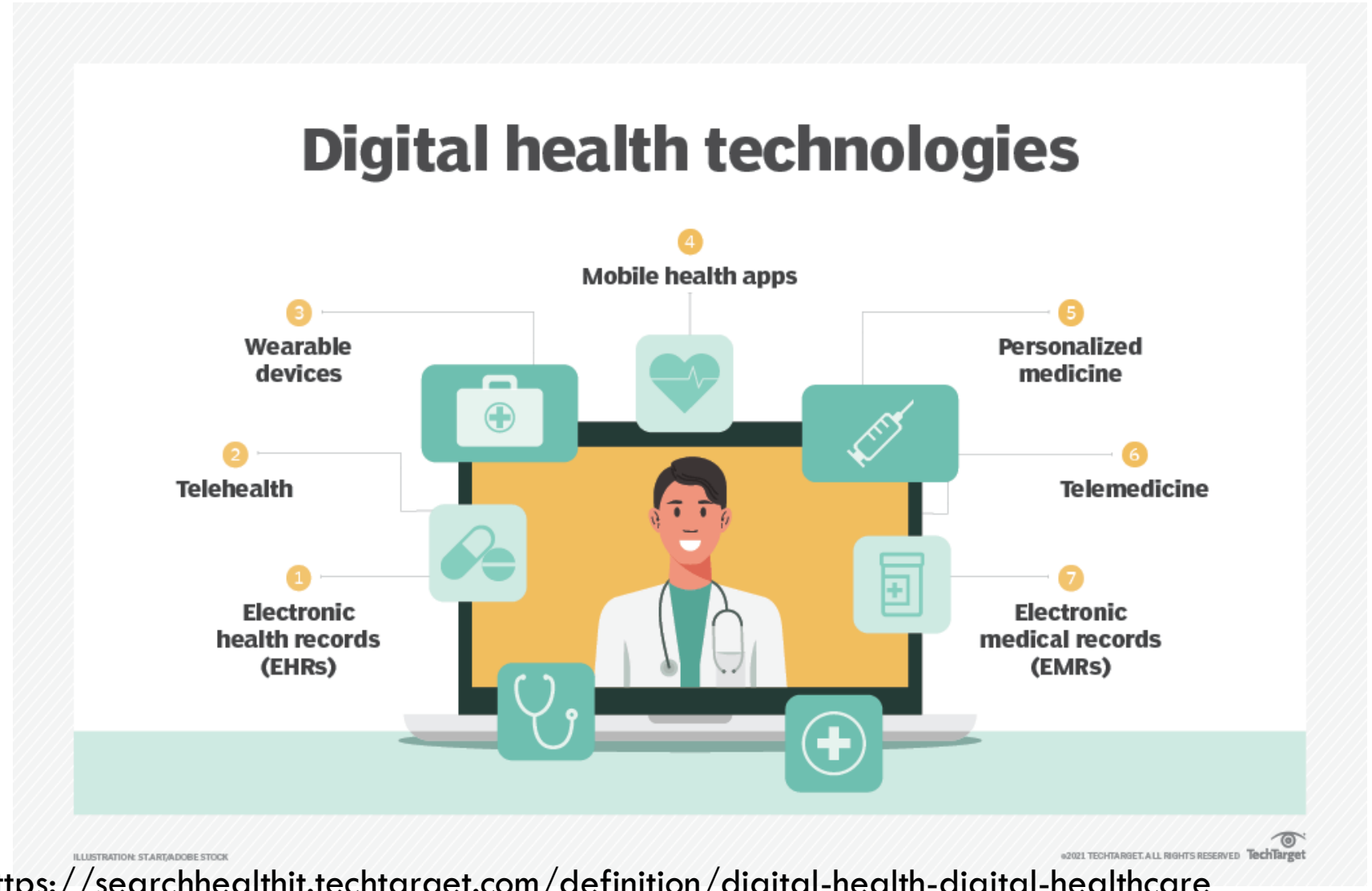
European Commission

Gertrude BUTTIGIEG

SIP Malta, and Chair of the Malta Health Network

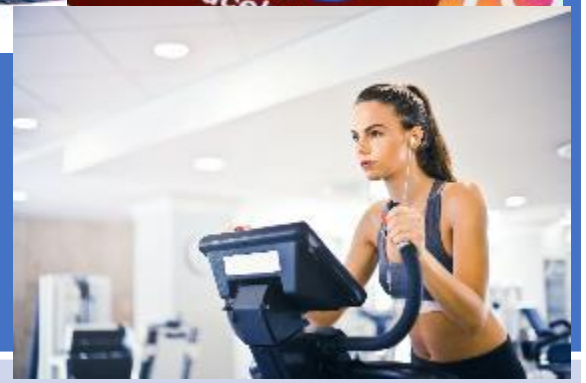
DIGITAL HEALTH – A PATIENT PERSPECTIVE

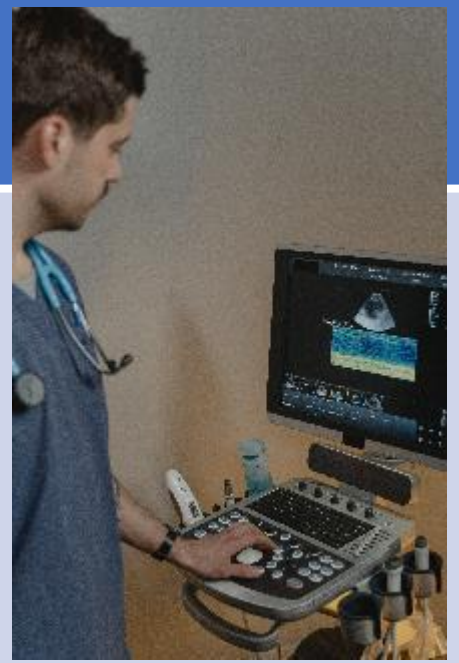
Gertrude A. Buttigieg
(Chairperson MHN/ SIP Malta)



Source: https://searchhealthit.techtarget.com/definition/digital-health-digital-healthcare

Various Digital Health Technologies





MHN MALTA HEALTH NETWORK

DIGITAL HEALTH — A PATIENT PERSPECTIVE PLUS 1

Improved patient records through eHealth Records which bring together reports, results and other information useful for patient

ePrescriptions where used save on time & money & facilitate Cross Border Healthcare

Telemedicine facilitates access for situations where face-to-face encounters are difficult to arrange.

Telehealth infrastructure facilitates access eg in long-distance health care.

DIGITAL HEALTH — A PATIENT PERSPECTIVE PLUS 2

Reliable websites & Social Media as a means of gathering information, raising awareness & finding support

Mobile health APPs assist in self-monitoring and accessing information e.g. apps for fitness, nutrition, blood–pressure/heart rate monitoring, smoking cessation etc

Wearable devises help in self-management by keeping records of temperature, glucose levels, smartphone-based pacemaker devices, pain monitoring etc.

Various ways of communication e.g. reminders allow to decrease missed appointments and saves on DNA

DIGITAL HEALTH – A PATIENT PERSPECTIVE

MINUS

In eHealth records who ‘owns’ & has access to the data? What about informed consent?

ePrescriptions not working everywhere

Information over internet may be mistaken for a patient-healthcare provider encounter – may delay intervention or be damaging

Various levels of IT literacy & digital health literacy may be a disadvantage for the patients

What about data protection when using APPs? Privacy and security standards may vary from country to country – need to have models focused on value and quality of care for patients.

Different systems which code data differently give rise to interoperability issues – difficulties with COVID green pass!

A COLLECTION OF COMMENTS

Research Carried out in 2020 by ASLP on the experience of practitioners and clients about their experience of tele-practice gave the following comments

- Positive comments re. online sessions – no effect on quality of service provision in most cases
- Technological difficulties e.g. poor internet connection
- Challenges met by elderly who might be unaccustomed to using technology
- Opportunity for indirect intervention especially for clients with poor attention maintenance and seating tolerance – zoning in on the quality of parental input
- Frequency of intervention was still limited in some cases

DIGITAL HEALTH — A PATIENT PERSPECTIVE

INTERESTING

The quick growth of various aspects of digital health e.g. Telemedicine, personalised devices and Mobile Health apps over the past 2 years of COVID has pushed the fast-forward button which will certainly not have a rewind!

Digital Health may provide a more sustainable health care in an era of growing demands and shortages of funds, time and healthcare professionals. E.g. Mental Health Services as reported by Jacqueline Sperling (Clinical Psychologist, faculty of Harvard Medical School, McLean Hospital) where online intensive group therapy for children with Anxiety and OCD were found as effective as face-to-face sessions.

Digital Innovations can help in improved

- Diagnosis
- Therapeutic/Intervention options
- Time saving & increase access for homebound persons
- Research

DIGITAL HEALTH

—

A PATIENT PERSPECTIVE

FOOD FOR THOUGHT

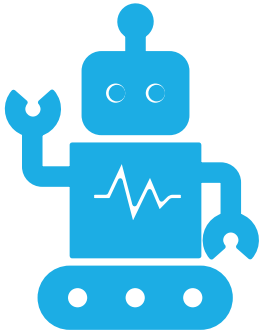
Digital era is here to stay so we have to find ways of making the best use of it – new developments such as Block Chain and Artificial Intelligence to be explored. Important that patients & carers are considered as active partners along the whole process

Recognition of the importance of Digital Health by WHO: Global Strategy on Digital Health 2020-2025.

The EU recognises the importance of Digital Health with budgets devoted to research and development of eHealth in its broadest dimensions including Digital technologies such as 5G mobile communication, artificial intelligence and supercomputing which offer new opportunities to transform the way we receive and provide health and care services. They enable innovative approaches to independent living and integrated health and social care.

Ethical issues to be considered e.g. – when medical robots are used who is responsible for mistakes, they make example in surgery, the hospital, the developer or manufacturer, the doctor who used the robot … Who?

Digital Health implemented in a way that respects patients' choices, capacity and willingness to participate in shared decision making.



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THANK YOU

PERSPECTIVES FROM THE COMMISSION, MEMBER STATES, AND STAKEHOLDERS

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The Global Connector for Digital Health

European Connected Health Alliance

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About ECHAlliance

WHO

Member Organisation (900+ organisations)

Companies, policy-makers, research orgs, health & social care providers, patient groups, insurance, procurers, government ministries

20,000+ experts / professionals

Not for Profit Organisation

Registered in Ireland and in the UK

WHERE

Global reach across 78 Countries and 4.6 billion people

International Network of 70+ Digital Health Ecosystems

(200+ ecosystem gatherings a year)

WHAT

Connecting the dots

Network of Geographical & Thematic Health Ecosystems

Comms & networking

Supporting our members

Global Events

Funding/ Tenders

Become a member of ECHAlliance

- Boost your network
- Join Working Groups
- Make Direct Connections
- Funding and Tender
- Collaboration in Funded Projects
- Access our Ecosystems
- Promote your organisation
- Discount on Events
- Speaking Slots Opportunities

Ecosystems

...bring together a permanent community of stakeholders to develop a joint health agenda, aiming to address and find common solutions to regional health challenges

Match Need and Solution

The main benefit of working together in an Ecosystem is the multiplier effect of collaborating in our International Network of Ecosystems.

Ecosystems:

- **break down silos,**
- **transform healthcare delivery,**
- **create economic growth**

Our International Network of Ecosystems

ARGENTINA

AUSTRALIA – Melbourne

BELGIUM – Brussels
BELGIUM – Flanders

BRASIL NEW 2021

BULGARIA NEW 2021

CANADA – Quebec

CHILE

CZECH REPUBLIC

CROATIA NEW 2021

DENMARK – Southern Denmark
DENMARK – Scandinavia Nordic Health 2030 NEW 2021

ENGLAND – Manchester
ENGLAND – North West Coast
ENGLAND – London
ENGLAND – Yorks/Humber
ENGLAND – South West Coast

ESTONIA

FINLAND – Oulu
FINLAND – Ostrobothnia
FINLAND – South Ostrobothnia
FINLAND – Kuopio
FINLAND – Central Finland
FINLAND – Helsinki

FRANCE – Bretagne
FRANCE – Hauts-de-France NEW 2021
FRANCE – Nice
FRANCE – Normandy NEW 2021

GERMANY – Hess
GERMANY – Nuremberg
GERMANY – Rheinland

GREECE – Athens

HUNGARY – West Hungary NEW 2021

INDIA NEW 2021

ISRAEL NEW 2021

ITALY – Treviso

LITHUANIA

MALTA

MEXICO

NETHERLANDS - Friesland
NETHERLANDS - Health Valley NLW 2021

NORTHERN IRELAND

NORWAY - Smart Care Cluster
NORWAY - Health Tech Cluster

POLAND NEW 2021

PORTUGAL – SHAFE Portugal
PORTUGAL – Digital Health Portugal
PORTUGAL – Health Cluster Portugal

REPUBLIC OF IRELAND

ROMANIA – Transylvania
ROMANIA – South West Oltenia NEW 2021

SERBIA

SCOTLAND – Highlands & Islands
SCOTLAND – Scottish Digital Health and Care Ecosystem

SLOVENIA

SPAIN – Extremadura
SPAIN – Valencia
SPAIN – Galicia
SPAIN – Catalonia
SPAIN – Basque Country

SWEDEN – North Sweden Life Science Ecosystem
SWEDEN – Health & Welfare Technology Ecosystem

URUGUAY

USA – New York

WALES

Moldova Ecosystem

Iceland Ecosyste m

6th English Ecosystem - Leeds

6th Spanish Ecosystem

Japan IPARK Ecosystem

Thematic Ecosystems

Permanent Dedicated Platform/Repository + Social Media Communities

Webinars/ Networking and Events

ECHAlliance

Networking, policy exchange, funding and collaboration across borders

Health and Gender

Life Sciences

Continence

Telemedicine and Health Inequalities

Health Procurement

Digital Health Data

Medicines Optimisation

Integrated Care

Digital Health & Wellbeing

Mental Health

Housing and Health

Skills for Health

Our EU Projects

Digital health and data policies

Digital Health Europe

Health management and safe medication

Gravitate Health

beamer

Smart cities

PULSE

Participatory Urban Living for Sustainable Environments

Skills for health and care workforce

DISH

AI for health and wellbeing

smartwork

Brainteaser

Demographic change and healthy living

WE4AHA

PROJECT ValueCare

EU_SHAFE Interreg Europe

GATEKEEPER

The Digital Health Society

A multi-stakeholder initiative

The Digital Health Society (DHS) is the data arm of ECHAlliance

Share

Share Insights on Harnessing the Potential of Data

Reflect

Reflect on Health data Governance

Mobilize

Mobilize the European Health Data Space

contact: dhs@echalliance.com

www.thedigitalhealthsociety.com

RESPONSES FROM THE AUDIENCE / Q&A

15h30-15h45: Responses from the audience / Q&A

SYNOPSIS & RECOMMENDATIONS

Patrice FORGET

Chair of SIP

16h45-16h55: Synopsis and recommendations

HIGH-LEVEL SUMMARY FROM **BREAKOUT SESSION 1 – UPTAKE OF PATIENT REPORTED OUTCOMES BY REGULATORS**

1. Implementation of ICD-11 & ICF by all EU MS for the digitalisation of healthcare services

2. PROMs need to be related to the ICD-11 diagnosis/condition - like disease specific PROMs (if available) and be validated

3. Pain as a quality indicator assessment by the use of PROMs, e.g. pain intensity and functioning as a COS (pain is subjective) to be used in clinical trials & real life

4. Patient- and clinician-friendly digital tools for health services and health & digital literacy – participation of patients at every step

16h45-16h55: Synopsis and recommendations

HIGH-LEVEL SUMMARY FROM **BREAKOUT SESSION 2 – LEARNING FROM EACH OTHER AND EXCHANGING BEST PRACTICES IN DIGITAL HEALTH**

1. Promote the alignment of best practices for assessment and management from in-person care to digital health spaces (e.g. interdisciplinary and multimodal)

2. Establish standardised measurements throughout electronic medical recording and patient reported outcomes

3. Accommodate patients' expectations, assess patients' needs, plan proper and timely treatment plan to inform different stages of digital care

16h45-16h55: Synopsis and recommendations

HIGH-LEVEL SUMMARY FROM **BREAKOUT SESSION 3 – DIGITAL HEALTH LITERACY**

1. Foster the infrastructure for digital health literacy for all, including patients and HCPs, by including them in the development process of the systems, to ensure it covers their needs

2. Support the training and education of HCPs and patients and organisations, in order to contribute to the continued development of digitalisation of healthcare services/systems

3. Allocate adequate resources and funding for digital health literacy, to close the digital skills gap, and to address the importance of early and late learning

4. Ensure plain language, appropriate media, and that all materials are reviewed by patient groups

CLOSURE

Deirdre RYAN

President of Pain Alliance Europe (PAE)

THANK YOU!

An event report is available on our website:

https://www.sip-platform.eu/events/save-the-date/sip-digital-health-event-31-03-2022

Download our Position Paper on Digital Health:

https://www.sip-platform.eu/resources/sip-positions/digital-health-and-pain-policy

Contact details: jamie.wilkinson@efic.org

17h00

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The 'Societal Impact of Pain' (SIP) platform is a multi-stakeholder partnership led by the European Pain Federation EFIC and Pain Alliance Europe (PAE), which aims to raise awareness of pain and change pain policies. The scientific framework of the SIP platform is under the responsibility of EFIC and the strategic direction of the project is defined by both partners. The pharmaceutical company Grünenthal GmbH is the main sponsor of the Societal Impact of Pain (SIP) platform.

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