



SIP

Societal Impact of Pain

2017

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

Working group 3
Impact of pain on labour and
employment

Main findings & recommendations

Main findings (1)

- System barriers : so a supportive policy is needed!
- Vocational rehabilitation is not available for all EU citizens.
- Modified – sustainable – ‘healthy’ – inclusive work is not available for all EU citizens.
- A preventive/ re-integrative approach (role adjustment)
- Silos between health and work policies hinder inclusion of (chronic) pain patients into the workforce.
- We lack a patient-centered approach (e.g. incentives for all parties should be aligned with patients goals)
- Health inequality e.g. unequal and differentiated health systems in the EU
- Involvement of the primary care setting: job retention/ RTW no always a priority.
- A life - course approach is lacking.
- No acknowledgement of the pain problem (invisible).

Main findings (2)

- Policy must recognise that those with chronic pain face multiple challenges (insecurity, low incomes, poor pensions, relationship problems etc.)
- Pain elevates the risk of mental illness (anxiety & depression)
- « Integrated biopsychosocial approach » remains not well implemented (e.g.. funding issues).
- A holistic care combining pharmacotherapy and functional restoration (psychological, physical, social ...) should be a patient right.
- Early intervention improves job retention and reduces the risk of developing comorbid conditions
- Social obligation to guide patients towards realistic participation and professional reintegration.

We recommend...

- The European Commission should increase investment in pain research (basic science, clinical, epidemiological) as a priority in future EU framework programs, and undertake or promote research on presenteeism, involuntary causes of early retirement across Europe. While stimulating collaboration in this field between all stakeholders.
- The European Commission should promote and facilitate the exchange of good practices on pain and workability among all relevant stakeholders in Member States to facilitate the reduction of health inequalities (eg. business cases: good examples from employers).
- The European Commission should promote national information campaigns.
- National governments should invest in technologies to prevent involuntary early retirement and allow workers, that wish to, to continue participating in the workplace.

We also recommend...

- National governments should appoint relevant National institutions (e.g. cross-ministerial working groups) to build bridges between health care, employment, occupational safety, social protection and finance policy systems, to improve the work participation of people with health-related challenges. With the right employer attitudes and workplace adjustments combined with support from public health systems many people living with pain could continue working.
- National governments should invest in interventions which have (work) participation as an outcome in line with patients goals; including early intervention.
- National governments should prioritise vocational rehabilitation (starting point: primary care) promoting focus on work capacity in stead of on disability.
- National governments should promote taking into account mental co-morbidities e.g. through the promotion of health and wellbeing in the workforce.

We also recommend...



- National plans should encourage enforcement of existing national legislation requiring reasonable, flexible workplace adjustments by employers that can help people with chronic diseases stay in work or reintegrate the workforce.
- National governments should develop chronic disease cost-of-illness studies and cost-effectiveness evaluations of interventions (including societal aspects beyond the direct costs on the health system) to support rational decision-making and cost-effective resource allocation.
- Intensive coaching for patients, politicians, HCP's, employers, and for all stakeholders. Employers also need efficient communication including communication with private insurance if applicable.



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