



European Road Map Monitor 2011

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Survey designed and data provided by EFIC EU liaison committee





"THE SOCIETAL IMPACT OF PAIN - A ROAD MAP FOR ACTION":

- finalised at the symposium "THE SOCIETAL IMPACT OF PAIN"
- presented in plenary session 3 & 4 May 2011 in the EU Parliament.
- concrete steps directed at National and EU governments to improve policy making regarding the societal impact of pain in Europe.
- The EFIC board issued a 2 page checklist in order to monitor the implementation of the roadmap on a national level on a yearly basis.

In order to validate checklist as an instrument Grünenthal representatives were asked to answer the same questions.



Method: The questionnaire is divided in 9 blocks with tick boxes and two free texts questions

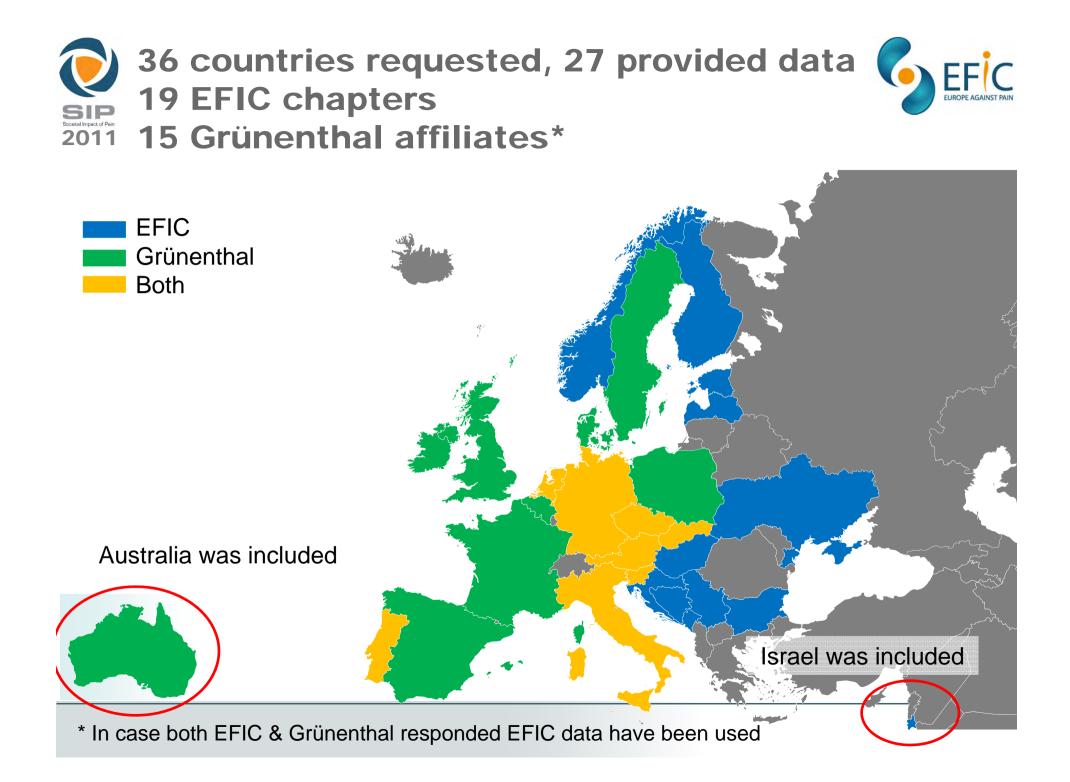


- A platform in place representing all stakeholders
- 1. Acknowledgment that pain should be a top priority
- 2. Activation of patients, their family, relatives and care-givers
- 3. Raising awareness of the medical, financial and social impact of pain
- 4. Raising awareness through education
- 5. Strengthen pain research
- 6. Establish an platform for the exchange, comparison and benchmarking of best practices
- 7. Using the EU platform to monitor trends and outcomes

Additional Questions:

- 1. What are the major achievements in your country?
- 2. What are the biggest/major problems you encounter(ed)?
- EFIC: the questionnaire was sent to the EFIC councillors
- Grünenthal: the questionnaire was send to the local affiliates of Grünenthal

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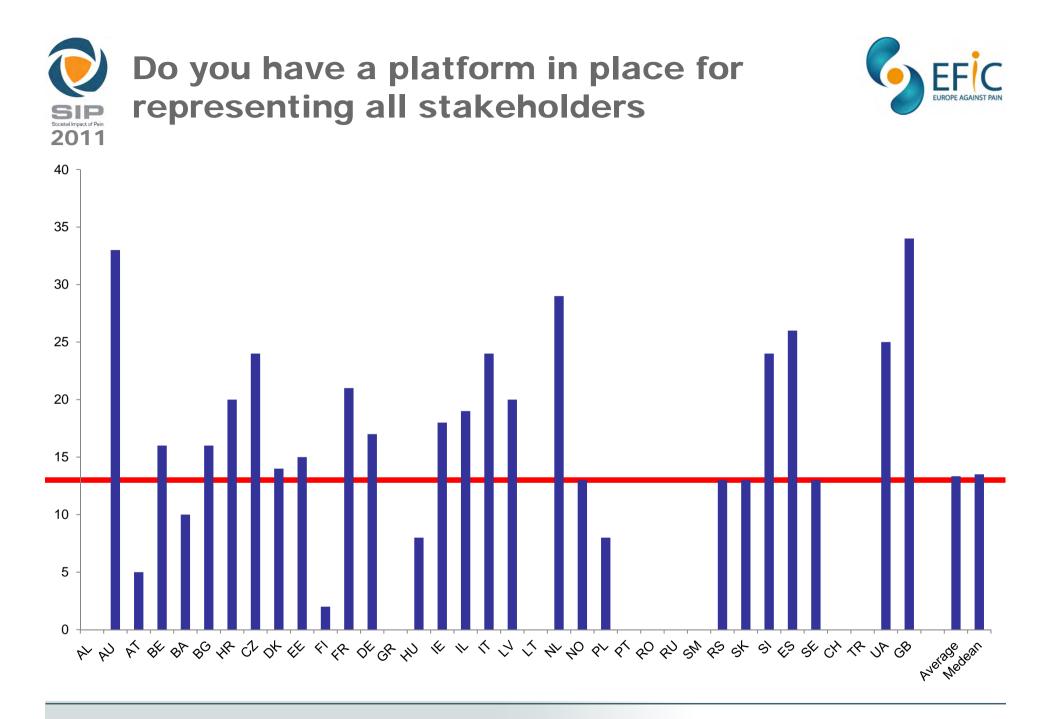
- > The response covers almost al EFIC EU countries
- The instrument gives a first overview on the status of the development of the SIP platform across Europe
- Some questions need to be phrased more precisely (e.g. has a policy been requested by advocacy groups or implemented by authorities).
- Responses reflect the knowledge of the local EFIC councillor, IASP chapter president or Grünenthal manager
- For future exercises we need a consensus finding process at local level integrating all stakeholders represented in the SIP platform at EU level (IASP chapter, professional organisations, patient advocacy groups)





- Including EFIC representation
- Including patient organisations
- Including all national organisations representing pain physicians (e.g. EFORT, OARSI, EAPC, etc.)
- Including nurse organisations
- Including statutory health authorities
- Including pharmaceutical industry
- Including care givers





Large variability.



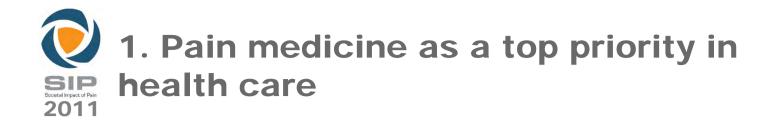




Do you have a platform in place representing SIP? Including patient organisations?







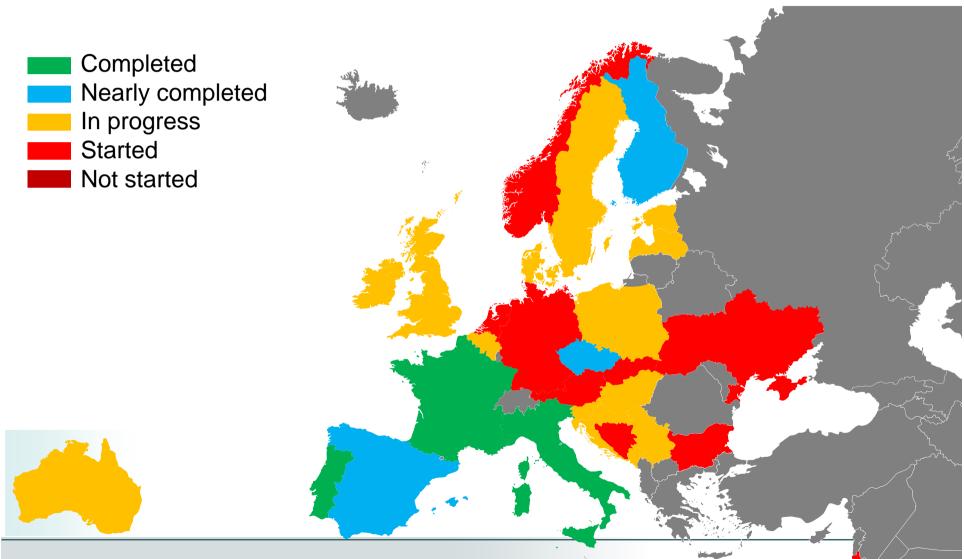


>Acknowledge that pain is an important factor limiting the quality of life and should be a top priority of the national health care system.



Recognition by the authorities of the right of every **EFIC** citizen to have access to adequate pain care 2011 (demonstrated by a regulation or policy)





Little success in spite of 10 years EFIC advocacy.



2. Activate patients, their family, relatives and caregivers through the availability of information and access to pain diagnosis and management



> A national action plan against pain has been launched

A network within the national health system for pain management has been installed











3. Raise awareness of the medical, financial and social impact that pain and its management has on the patients, their family, care-givers, employers, and the healthcare system.



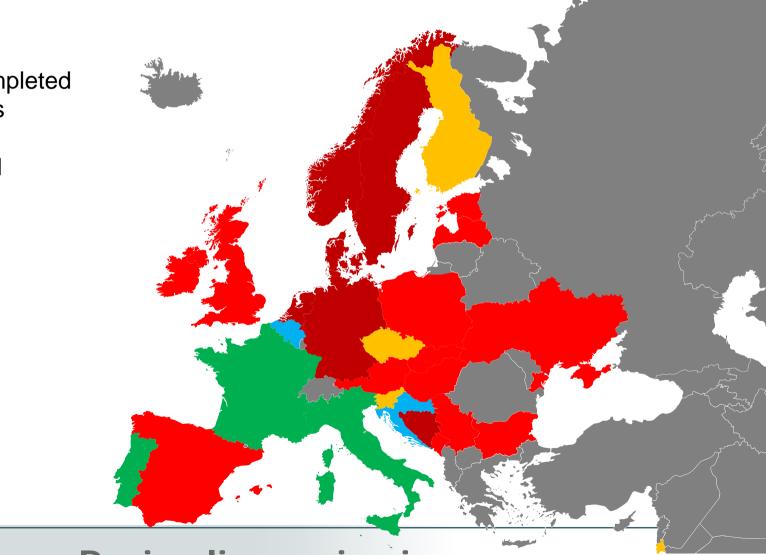
- Pain care is a top priority for the national statutory health care authorities.
- Patient access to pain care (diagnosis, treatment, medication) is sufficiently ensured



Pain care is a top priority for the national C EFIC SIP statutory health care authorities





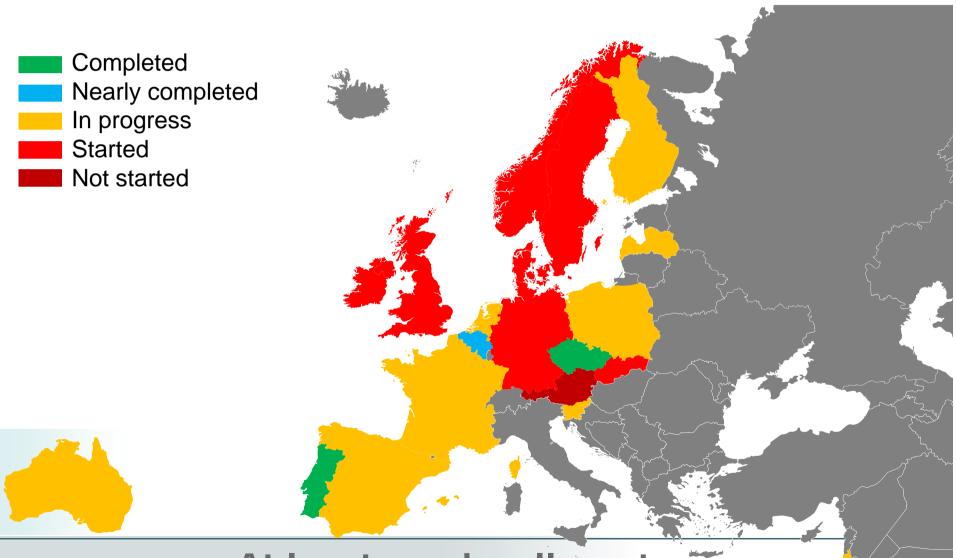


Paying lip service is easy



Patient access to pain care (diagnosis, treatment, medication) is sufficiently ensured





At least reach yellow stage.



4. Raise awareness of the importance of prevention, diagnosis and management of pain amongst all healthcare professionals, notably through further education



- Pain medicine and care has been introduced as mandatory teaching subject in curricula for physicians, psychologists, nurses and other care professionals.
- > An educational programme on pain pathophysiology for the general public ("pain is real") has been launched.

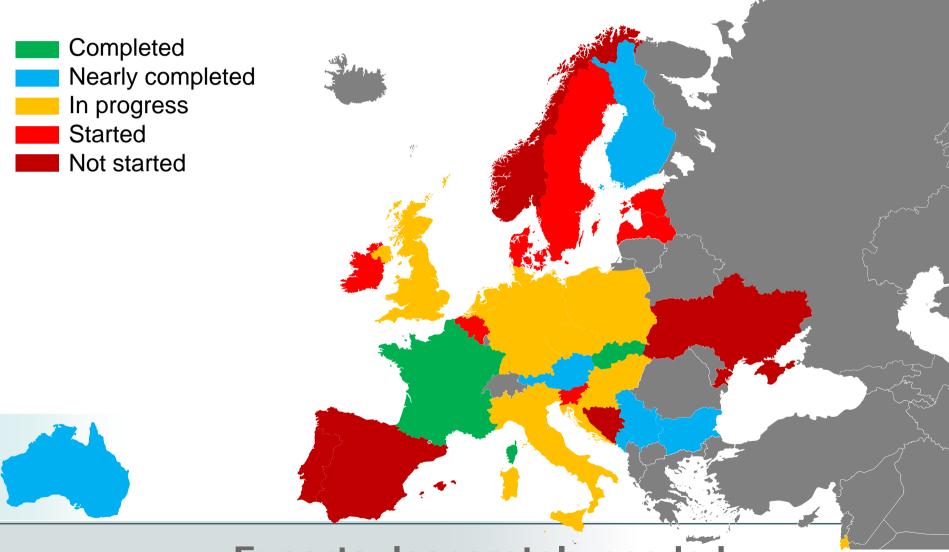




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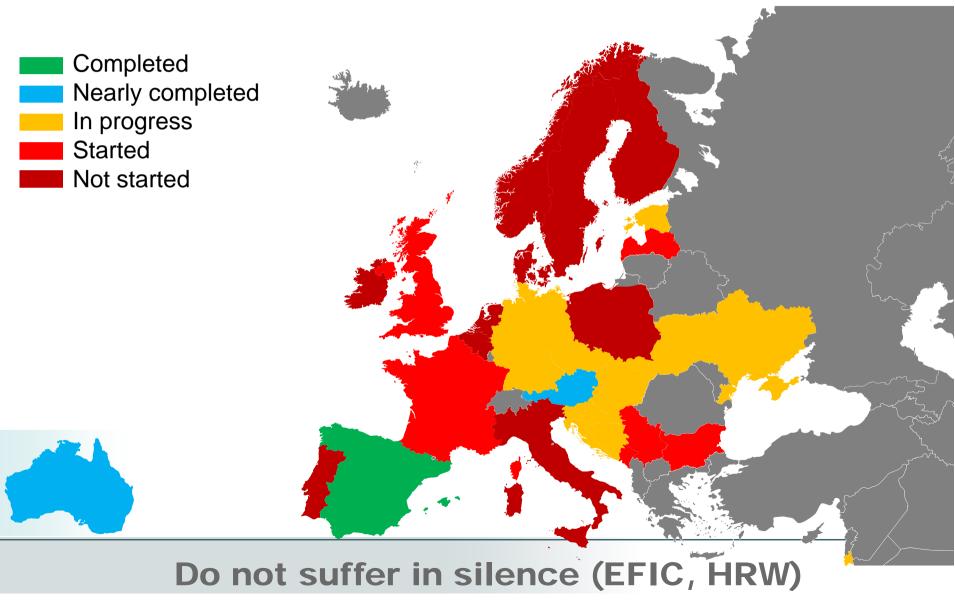
in curricula for physicians, psychologists, nurses and other health care professionals



Experts desperately needed.

An educational programme on pain pathophysiology for the general public ("pain is real") has been launched





5. Strengthen pain research (basic science, clinical, epidemiological) as a priority in EU framework programme and in equivalent research road maps at national and EU level, addressing the societal impact of pain and the burden of chronic pain on the health, social, and employment sectors

Activities by the authorities have been implemented to strengthen pain research (basic science, clinical, epidemiological, implementation research) as a priority in national research road maps addressing the societal impact of pain and the burden of chronic pain on the health, social and employment sectors.



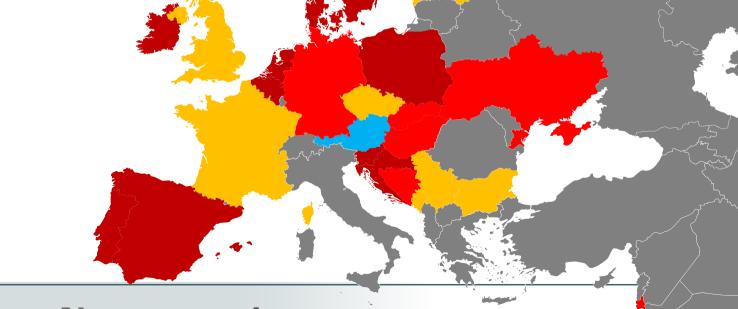


Activities by the authorities have been implemented to **EFIC** strengthen pain research as a priority in national research road maps addressing the societal impact of pain and the burden of chronic pain on the health, social, and employment sectors



Completed Nearly completed In progress Started Not started





No research, no progress



6. Establish an EU platform for the exchange, comparison and benchmarking of best practices between member states on pain management and its impact on society



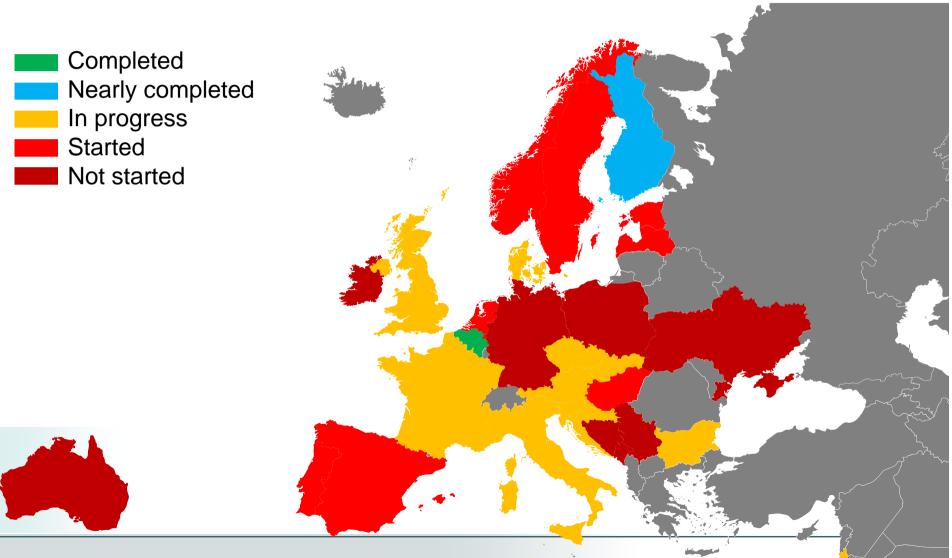
Chronic pain treatment policy ensuring adequate wait times and financing (early diagnosis and secondary prevention) has been implemented.





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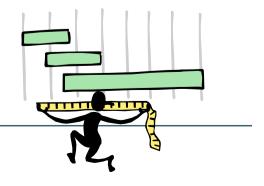


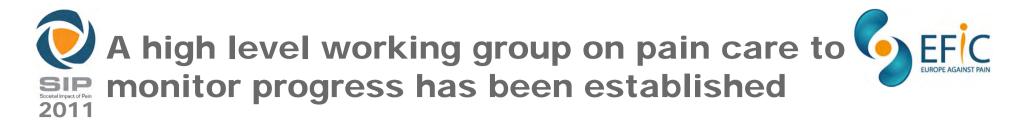
Are our health care systems better than we think?

7. Use the EU platform to monitor trends in pain management, services, and outcomes and provide guidelines to harmonize effective levels of pain management to improve the quality of life of **European Citizens**

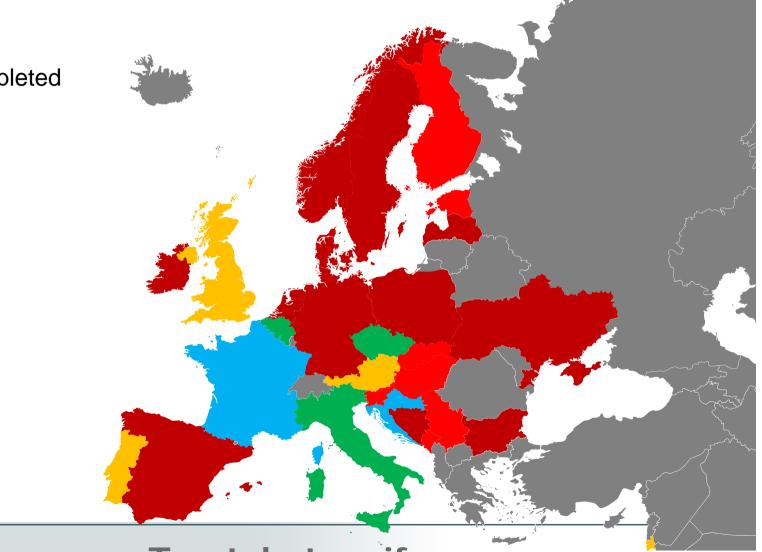


- > A platform for the exchange, comparison and benchmarking of best practices between regional health care authorities on pain care and its impact on society has been established.
- > Chronic pain care plans with adequate wait times and adequate financing (early diagnosis and secondary prevention) have been implemented.
- > A high level working group on pain care to monitor progress has been established.
- > A policy to monitor outcomes of pain care policy has been installed.

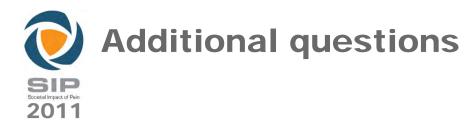








Trust, but verify.





- > What are the major achievements in your country?
- > What are the biggest/major problems you encounter(ed)?



What are the major achievements in your country?



Education:

- > AU: Establishment of pain medicine as a recognised specialty.
- > CZ: Pain care is a separate discipline with its own education.
- DE: Pain medicine mandatory teaching in 19/34 medical schools (curriculum designed by national IASP chapter). Pain medicine as add-on training to all specialties with direct patient contact.

> Patient's right to treatment:

- > DK: The patients' right to treatment within 30 days
- IT: Legge del 15 marzo 2010 No. 38

National action plans against pain:

- > FR: Since 1996, three national action plans for pain. We expect the fourth plan.
- > PT: The National Program for Pain Control testifies to the intention of the health authorities to ensure the best practice in terms of pain treatment.
- > UK: England Parliamentary questions on Pain raised.
- > UK: Northern Ireland National Pain Summit is being organised
- VK: Scotland and Wales have recognised Pain as a disease in it's own right & now getting the finance to follow.

What are the biggest/major problems you encounter(ed)?



> Unclear responsibilities

- > AU: Still struggling with government commitment to effective pain management, with primary barrier proving recognition of pain as a national health priority.
- > DK: Patients end up between the regional responsibilities and the municipal responsibility. Chronic pain by many decision makers is not recognised a s disease of its own right.

Insufficient financing

- > CZ: Insufficient financing. Number of pain specialists is insufficient.
- > UK: Lack of government funding. Apathy by Government as they don't know how to measure pain effectively.

Lack of training of professionals:

- > PT: The lack of pre and post-graduated training for the majority of doctors.
- SW: There are also too few pain centres, which means that many patients do not meet a pain specialist.

Missing epidemiological and health economic data

> IE: NO real up to date data on pain in Ireland.





- >Fill in the gaps
- Include all endorsing partner organisations
- Cross validate data
- Publish current state
- Monitor progress
- Communicate the findings to national and EU governments to improve policy making regarding the societal impact of pain in Europe

Thank you for your attention.

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