

23-24 May 2016 SIP Symposium: 'Time for action!'

Working group 1 - Pain as a quality indicator for healthcare

Discussions during the 2016 Societal Impact of Pain (SIP) Symposium will be stimulated through task-oriented working groups, looking at particular areas of EU policy that affect pain care. These working groups will be in charge of making concrete policy suggestions through conclusions papers drafted by each working group following the exchanges held on 23 May. These conclusions will be presented and ratified at the symposium plenary on 24 May 2016.

Please find below background information for [working group 1 - Pain as a quality indicator for health care](#).

Background

Pain is a private, subjective experience that arises in the conscious brain, typically associated with actual or potential tissue damage, or described in terms of such damage. Pain that lasts more than three months is called chronic pain. As it is a subjective emotional sensation, reliable tools are required to facilitate the diagnosis and treatment of pain in clinical practice. Evaluation of whether pain therapy is effective should take patients' expectations and sensations into account.

Equally, because pain is a central element of the patients' experience in many healthcare settings (chronic primary pain, postoperative pain, cancer pain, neuropathic pain, headache and visceral pain), the level of pain can be considered as an indicator of the general quality of a country's healthcare system.

Policy opportunity

Article 8(5) of the Cross-border Healthcare Directive 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 health care services available to citizens, consumers and patients. The implementation of the Directive is now under review by the European Commission, thus opening up the debate on the implementation of Article 8(5).

So 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 provoke 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.

- ➔ **Using national experiences of the (lack of) implementation of Article 8(5) of the Directive will be essential for informing the working group's debate.**
- ➔ **An understanding of, and possible consensus on, the applicability of certain indicators for the measurement of pain is required if member states are to adequately implement Article 8(5) of the Directive**
- ➔ **The next step would be to identify how the Commission can best support member states in addressing potential gaps in implementation.**

European Pain Federation EFIC®
Grensstraat 7, mailbox 3
1831 Diegem, Belgium
Tel : +32 2 251 55 10
Fax : +32 2 251 48 10
Email : secretary@efic.org

www.efic.org



www.facebook.com/EFICorg



Institutional timeline

- European Parliament's own-initiative report on the implementation of the Cross-Border Healthcare Directive – Date TBC - **Opportunity to address gaps in the implementation of the Cross-Border Healthcare Directive**
- Issuance of the Commission infringement package in the implementation of the Cross-Border Healthcare Directive – Date TBC – **Opportunity for the Commission to review the state of implementation of the Article 8(5) of the Cross-Border Healthcare Directive**
- Maltese Presidency of the European Union: January – June 2017 – **The implementation of the Cross-Border Healthcare Directive is expected to be among the Presidency priorities**

Thank you very much for contributing to the activities of this working group. Please try to add your expert perspective on the topic. Focusing your comments on the current EU policy context and political processes will make these conclusions papers more effective for communicating to policy-makers. We of course welcome examples at national level that are likely to be replicable in an EU policy context.

For any questions, please contact Working group 1's Secretary - Mariano Votta, Executive Director, Active Citizenship Network: m.votta@cittadinanzattiva.it.

REFERENCES

- An English explanation of the Italian law 38/2010 on measures to ensure access to palliative care and pain therapy is available here http://www.activecitizenship.net/files/patients_rights/develop-eu-pain-patient-pathways-recommendations/SPIZZICHINO_Bruxelles_28_10_201.pdf
- The cross-border healthcare Directive is available at <http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32011L0024>
- The Expert Panel on effective ways of investing in health's opinion on Cross-border Cooperation is available at http://ec.europa.eu/health/expert_panel/opinions/docs/009_crossborder_cooperation_en.pdf
- The Commission opinion on the implementation of the Cross-Border Healthcare Directive is available at http://ec.europa.eu/health/cross_border_care/docs/2015_operation_report_dir201124eu_en.pdf
- The discussion paper for the 24-25 September 2015 Informal meeting of Health Ministers in Luxembourg concerning "The Cross-Border Healthcare Directive: Stocktaking two years after transposition" is available at http://www.eu2015lu.eu/en/actualites/notes-fond/2015/09/24-25-info-sante/Backgroundpaper_Cross-border-Healthcare_Informal-Health-Council_Luxembourg_.pdf