



The Presidents
Presentation of
EUMASS
&
Insurance Medicine and
International Cooperation

Brussels
6:th of March 2015
Gert Lindenger



The European Perspective

- About 500 million people are affected in Europe by Social Insurance more or less financed by the public communities.
- Social Insurance Agents' decisions are to a certain extent based on common methods and a common base of European knowledge.



What is EUMASS?

- The **E**uropean **U**nion of **M**edicine in **A**ssurance and **S**ocial **S**ecurity (EUMASS) promotes experience sharing in the field of insurance medicine. Members consist of national insurance organizations, often public.

EUMASS believes that effective, evidence-based insurance medicine is of great importance. The growing migration of employees within the EU has increased the need for international comparisons of medical services.



EUMASS

(European Union for Medicine in Assurance and Social Security)

UEMASS

(Union Européenne de Médecine d'Assurance et de Sécurité Sociale)

- **Insurance Medicine** makes health related judgments on diagnosis, prognosis and effectiveness of interventions in the context of insurance coverage. This is a crucial activity in health and social care.
- **EUMASS** is an international organisation aimed at increasing the exchange of scientific knowledge and Good Practice in Insurance Medicine between representatives of insurance organisations in Europe.



EUMASS's Objectives

- EUMASS will ensure that private and social insurance physicians practicing in European countries are represented at the international level.
- EUMASS will arrange an international convention every two years in one of its member states.
- EUMASS will promote better standards of assurance medicine in member countries by organizing task forces, while supporting and participating in academic and clinical studies on medico-social challenges, disabilities and relevant areas of public health
- Where appropriate, EUMASS will defend the ethical standards and the role of social insurance physicians



A definition of Insurance Medicine?

- Insurance Medicine is the field of knowledge concerning **functioning, diagnosis, treatment, rehabilitation** and **prevention** of disease and injury, that is **affecting and affected** by various insurances conditions and related considerations and actions of **involved professions**.



Basic Tasks of Insurance Medicine

- Certifying sick leave;
- Promoting return-to-work (RTW);
- Evaluating long-term disability for work;
- Promoting participation of disabled people in society;
- Assessing causality in impairments (e.g. accident);
- Assessing health risks of people applying for insurance coverage (health care; work capacity; life);
- Monitoring the use of health care and social care.



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- EUMASS was established in 1972.
- The Council constitutes it's main body of decisions.
The Council meets three times per year.
- There are usually two representatives from each country at the EUMASS Council.
- The organisation has its office at the University of Leuven, Belgium.





EUMASS Member States



- Belgium
- Croatia
- Czech Republic
- Finland
- France
- Germany
- Hungary
- (Iceland)
- Ireland
- Italy
- Norway
- Polen
- Portugal
- Romania
- Serbia
- Slovakia
- Slovenia
- Sweden
- Switzerland
- The Netherlands
- United Kingdom



EUMASS Executive Board

- President: Gert Lindenger, Sweden
- Vice President: Marjan Rus, Slovenia
- Vice President: Cristina Dal Pozzo, Italy
- Secretary General: Annette de Wind,
The Netherlands
- Treasurer: Jean-Pierre Bronckaers, Belgium



The Scientific Committee

- Doc. Dr. W. De Boer (Chair) Schweiz
- Prof. Dr. F. Falez, Brussel/ Vallonie
- Dr. G. Borgès da Silva, France
- Dr. S. Brage, Norway
- Dr. C. Oancea, Roumania
- DM H.-W. Pfeifer. Germany

Adjunct members: for the duration of 2 years:

- Prof. Dr. K. Alexanderson, Sweden
- Dr. O. Masten-Cuznar, Slovenia
- Dr. T. Tomazic, Slovenia



Activities of EUMASS

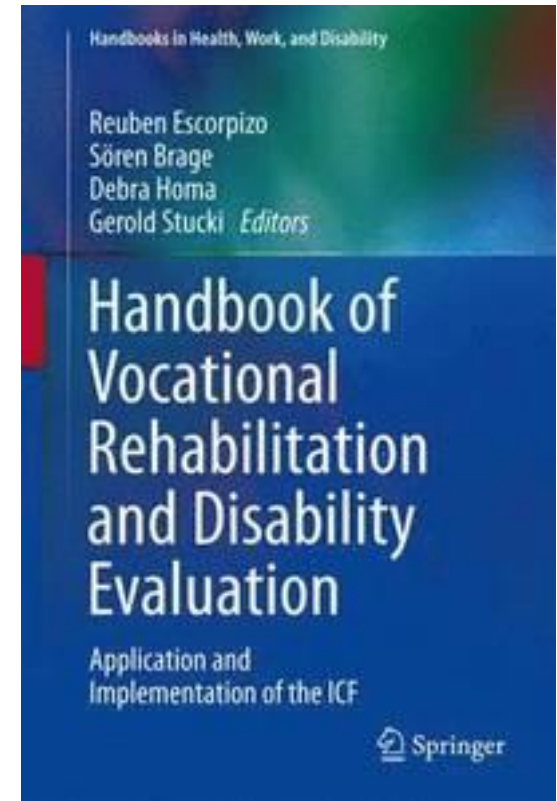
- International congresses usually every second year.
- Scientific symposia's at all Council Meetings.
- Working groups ex.
 - ICF with EUMASS Core-Set, Babylon, Survey of "Managing sick leave in Europe", etc.
- Through the EUMASS Scientific Committee supporting an initiative for a Cochrane Field of Insurance Medicine.



Participation in literature

- Handbook of Vocational Rehabilitation and Disability Evaluation.
Application and Implication of the ICF.

Springer Verlag N.Y., 2015





COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



www.cpme.eu

EUMASS is an Associated Member of CPME (Standing Committee of European Doctors)

- CPME represents national medical associations across Europe, contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.



EUMASS Congresses

- 1976 - Paris - The cost of health care
- 1978 - Amsterdam - The problem of Migrant Workers
- 1980 - Aachen - Alcoholism and sickness insurance
- 1983 - Bruges - Absenteeism
- 1985 - Strasbourg - The Medical Adviser and the Clinical doctor
- 1988 - The Hague - Workplace Rehabilitation and Incapacity for Work
- 1990 - Bremen - The national organisations of sickness insurance and healthcare
- 1992 - Tournai - Problems of Healthcare
- 1994 - Paris - Rationalisation or Rationing
- 1996 - Veldhoven - Standards
- 1998 - London - Seeking Common Ground in Training and Assessment
- 2000 - Gent- Low back pain: Research in Soc. Sec. Medicine: Evaluation in healthcare
- 2002 - Oslo-
- 2004 - Lille-Tournai – Scientific and Practical Aspects of European Medicine
- 2006 - Dublin – The Psychosocial Aspects of Disability and Healthcare
- 2008 - Prague- Chronic diseases – their impact on healthcare and social security, including economical aspects
- 2010 - Berlin- Individualized Prevention and Epidemiology: Modern Medicine
- 2012 - Padova - Social Security Challenges in Europe
- 2014 - Stockholm – Scientific Knowledge and Good Practice in Insurance Medicine and Social Insurance



2005 - London

AADEP

AMERICAN ACADEMY OF DISABILITY EVALUATING PHYSICIANS™

EUMASS-UEMASS

European Union of Medicine in Assurance and Social Security
Union Européenne de Médecine d'Assurance et de Sécurité Sociale



INTERNATIONAL CONFERENCE ON DISABILITY, PARTICIPATION AND THE WORKPLACE

Thursday-Friday, 8-9 September 2005

**Royal Society of Medicine
1 Wimpole Street
London, England**



20th EUMASS 2014 Stockholm



Stockholm 2014 - The Scientific program

- 12 invited plenary lecturers
- 20 parallel sessions
 - 105 different lecturers in the parallel sessions
- 4 Workshops and 1 Round table
- 38 poster presentations, 48 posters total



20th EUMASS 2014 Stockholm



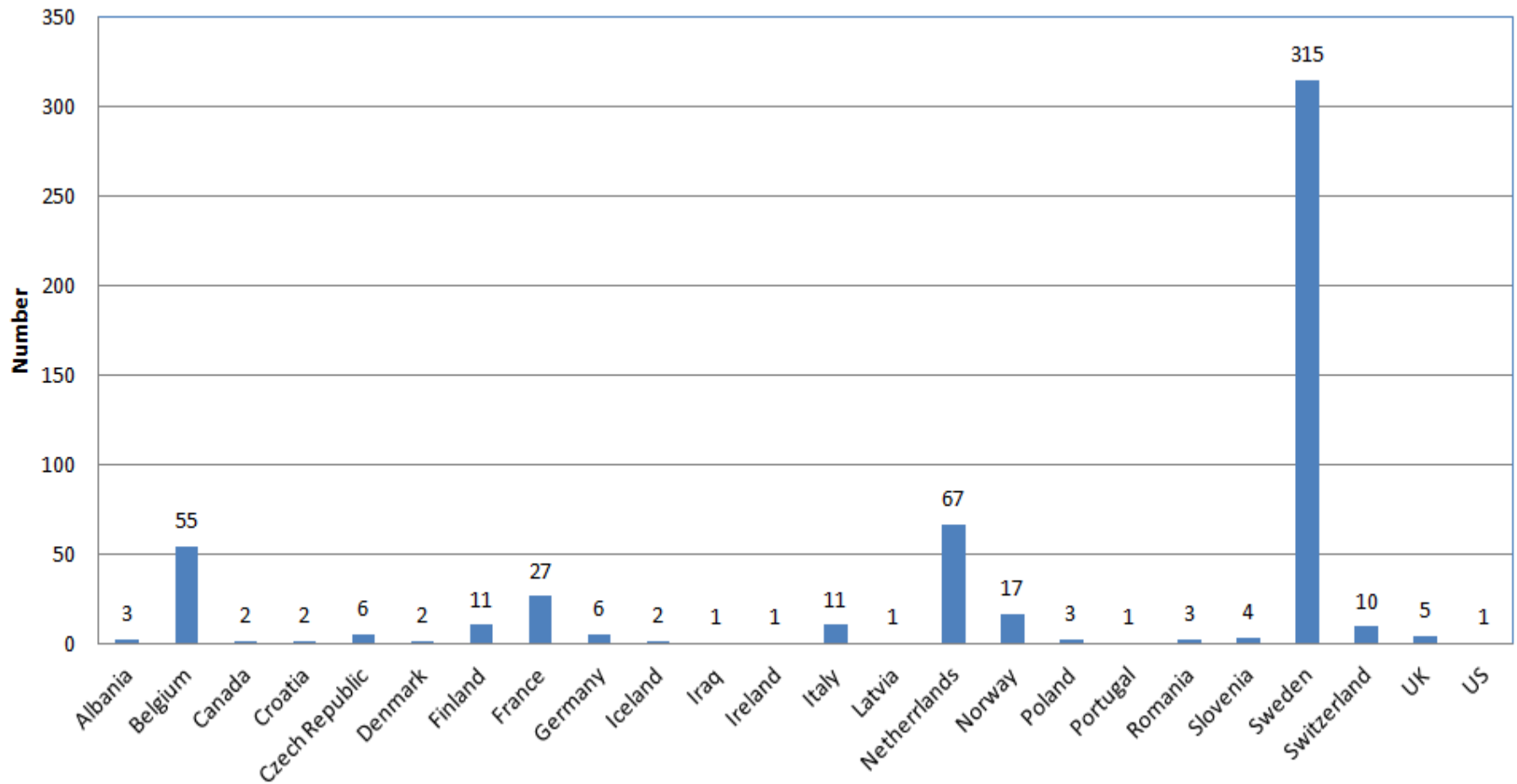
Learning Objectives of the Stockholm Congress

- Learn about innovative methods and scientific advances in the field of insurance medicine, social security, work related disease and adjacent specialties
- Learn about the latest data and emerging trends from studies in Scientific and Good Practice research
- Enhance their knowledge of evidence-based approaches in insurance medicine
- Gain new knowledge on emerging diagnostic and risk-assessment strategies in the management of insurance medical claims
- Enhance practical knowledge and skills by educational activities
- Communicate, collaborate and network with representatives of a large international audience – medical professionals, national insurance societies, and researchers



EUMASS Congress in Stockholm

559 delegates from 23 countries





20th EUMASS 2014 Stockholm



Post Congress Activities in Sweden

- Extensive Congress Evaluation
 - On-line for all delegates
 - Additional internal evaluation for delegates from the Swedish Social Insurance Agency
- Revision of all abstracts for useful information
- Internal mini symposium being filmed
- Producing a Congress process map



Benefits with International Cooperation – What's in it for us?

- Better tools and methods?
For ex: Ideas for Guidelines,
use of ICF assessments of
claims and core-sets in work
ability assessments, risk
assessing?

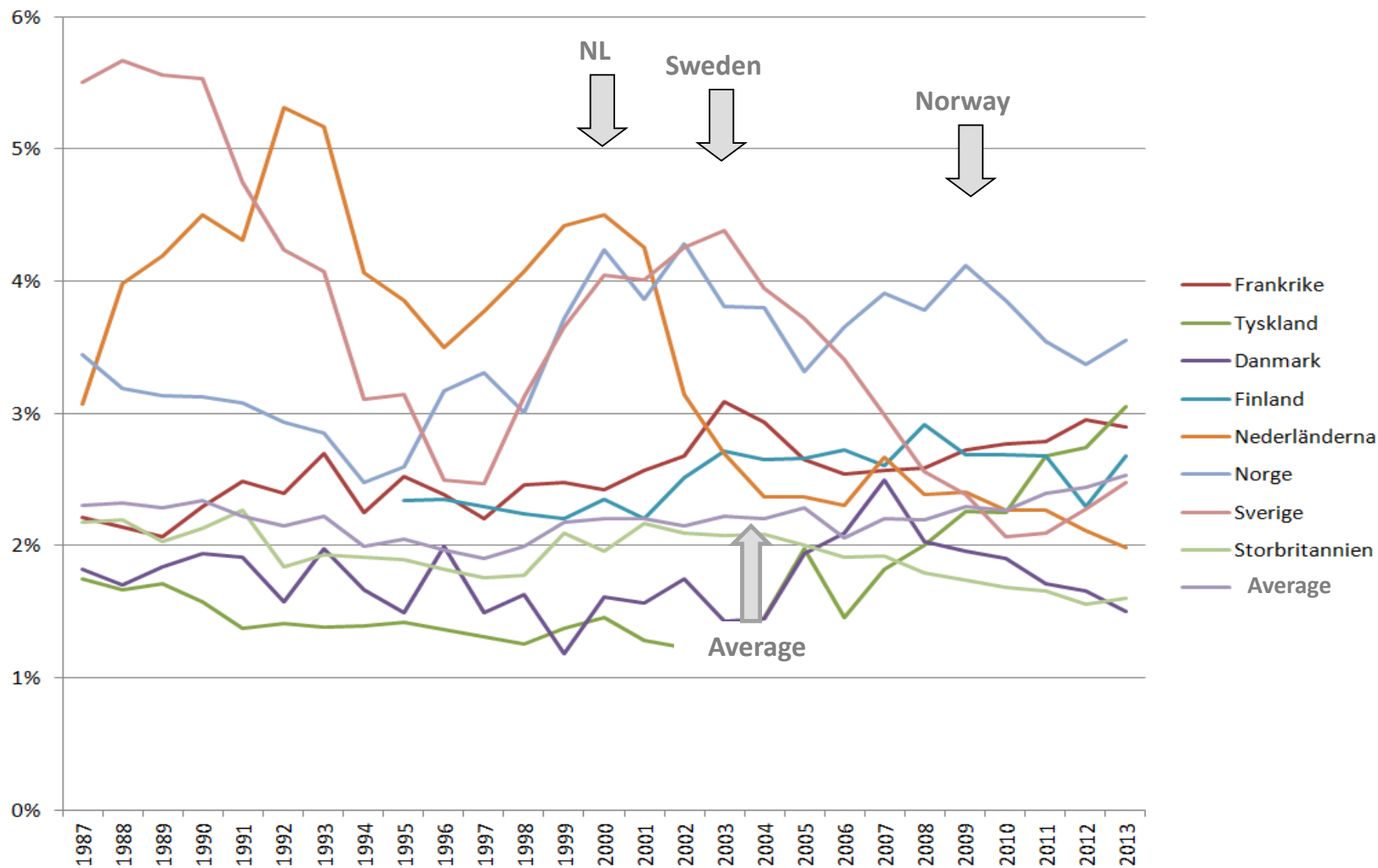




Development of sickness absence compared with other countries

Developpement de congé de maladie comparé aux autres pays

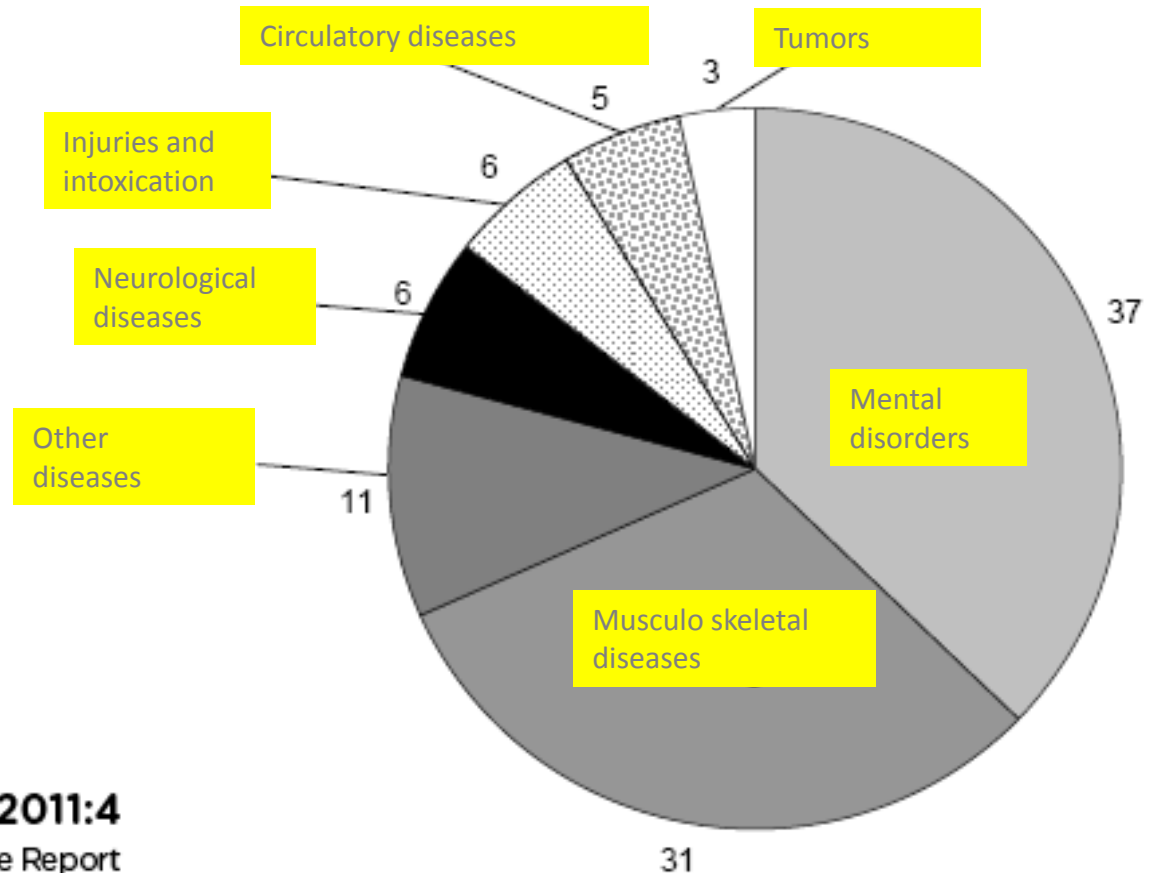
(From – Eurostat)





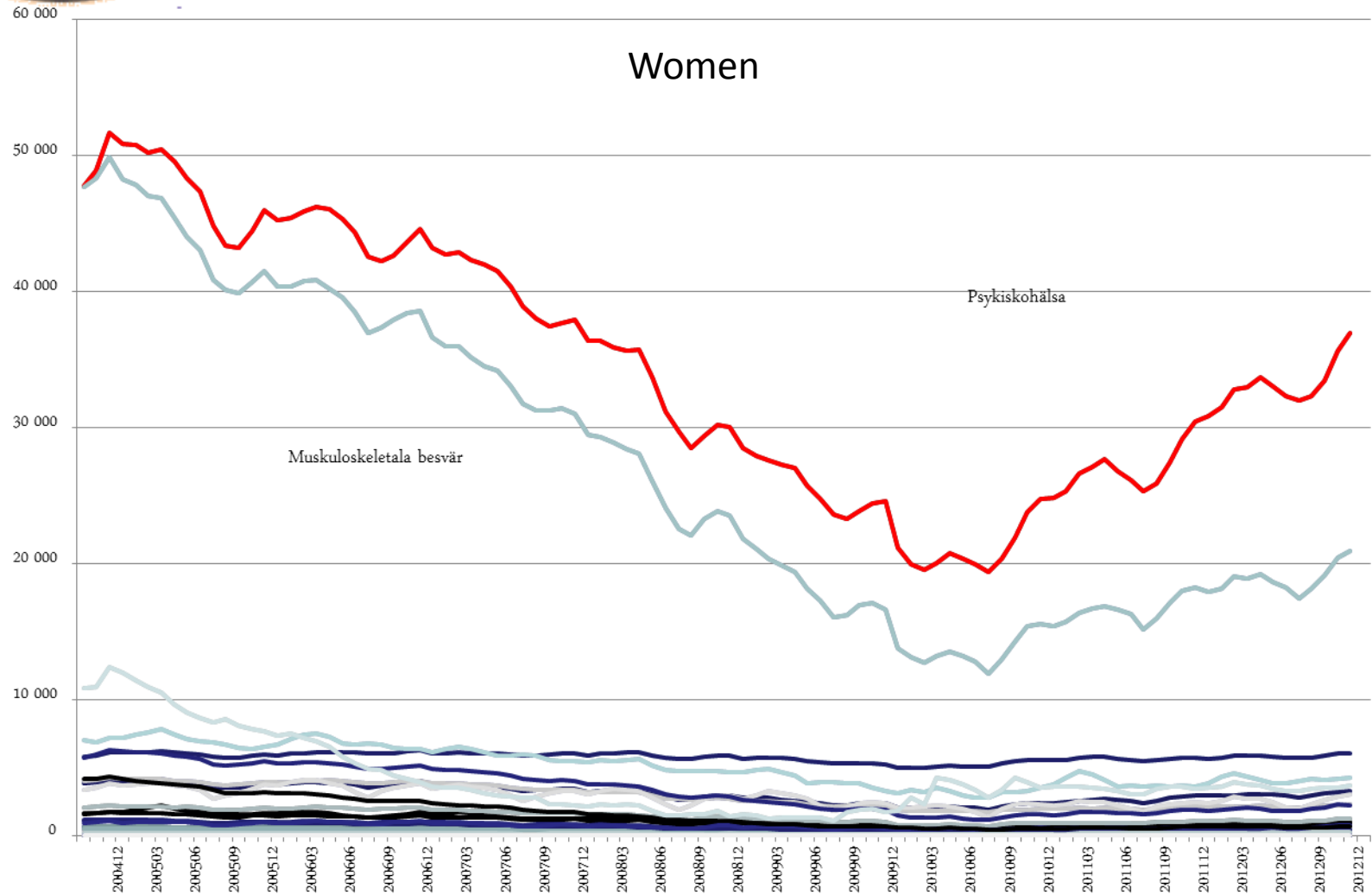
Diagnoses and sicklisting

Percentage of different diagnosis for sick listed in Sweden





Number of persons on sick leave in Sweden for different ICD-10 diagnosis oct 2004 – dec 2012





What constitutes "public health" problems today?

Less serious mental non wellbeing...

Musculoskeletal disorders and cardiac/pulmonary disorders.

- Limited objective signs of illness?
- Largely subjectively perceived problems?
- Often associated with psychosocial problems



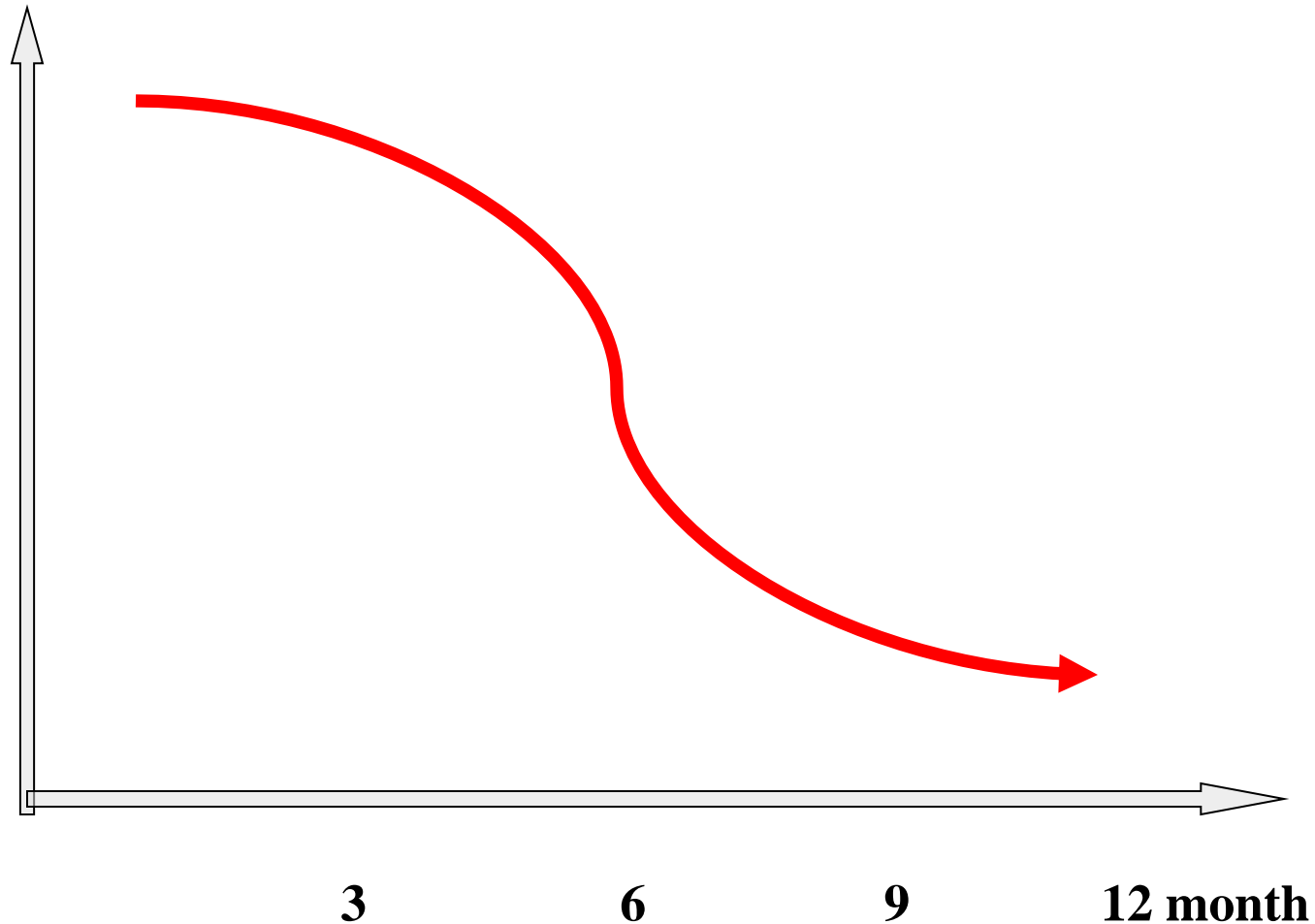
- Rehabilitation is a concept that has been developed for severe and well-defined conditions, like after traffic accidents or for Multiple Sclerosis.
- This does not function in the traditional sense of the kind of increase in illness that we now face, i.e. diffusely defined mental malaise.

Prof. Gordon Waddell
Royal Society of Medicine,
London September 2005.



100 %

**Motivation to RTW (return to work)
seems to decline as times passess**





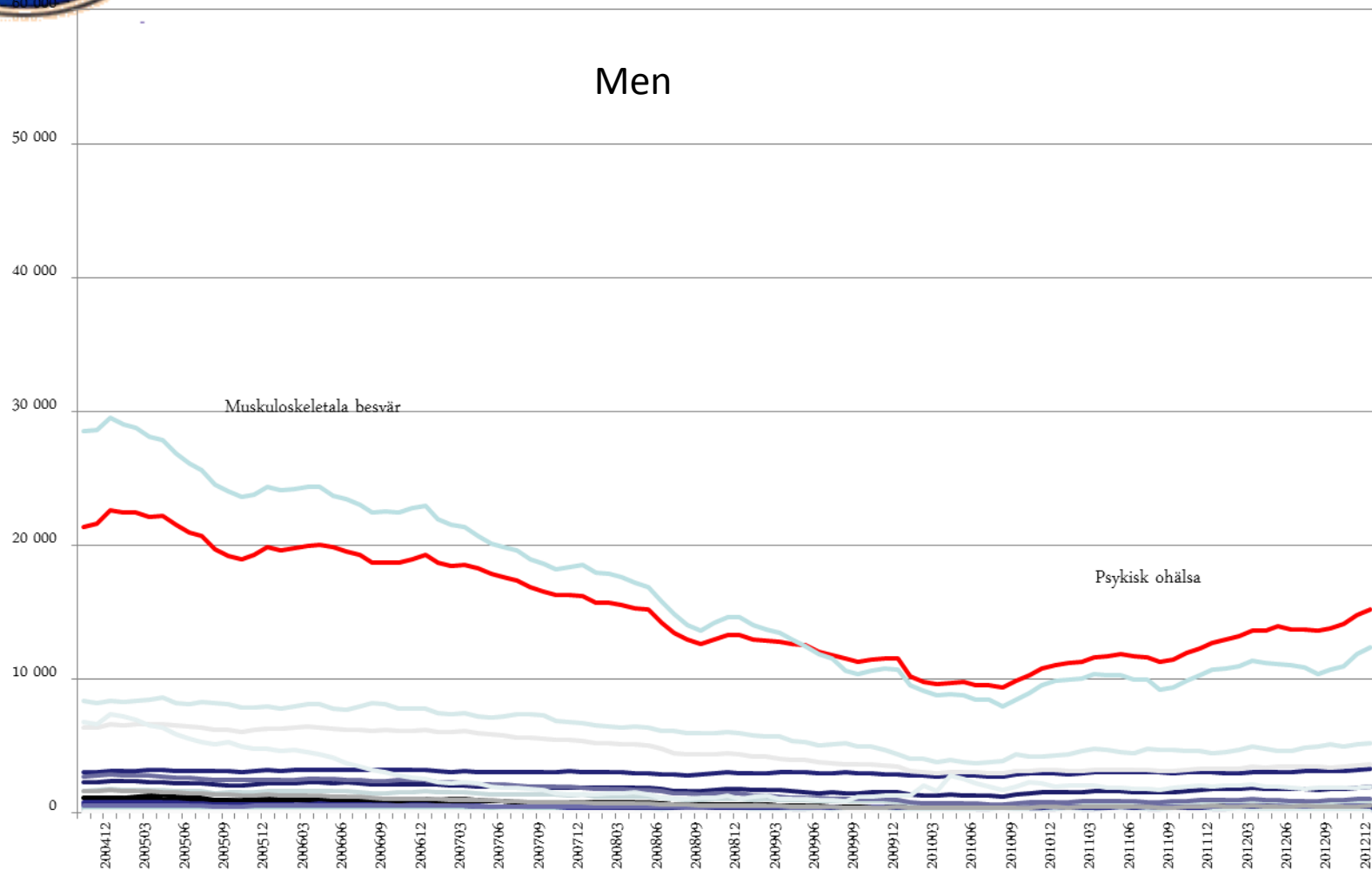
Negative influence on RTW

1. Psychological/cognitive factors	38%
2. Workplace factors	32%
3. Social factors	11%
4. Economic factors	7%
5. Impaired function...	3%

After Sir Mansel Aylwards
UK research, Amsterdam 07-11-2013



Number of persons on sick leave in Sweden for different ICD-10 diagnosis oct 2004 – dec 2012





RTW Guidelines: A Comparison between UK and Swedish RTW Guidelines.

Returning to work following surgery

A comparison of English and Swedish return-to-work
guidelines





Table 1: recommended return-to-work times

Operation	English guidelines	Swedish guidelines
Carpal tunnel release	<i>Managerial/supervisory: one to two weeks</i> <i>Light work/secretarial: two to four weeks</i> <i>Medium work, manual, cleaner, carer, nurse, check out operator: four to six weeks</i> <i>Heavy manual work, prison officer, emergency services: six to 10 weeks</i>	<i>Sedentary work: up to three weeks</i> <i>Medium heavy work: four weeks</i> <i>Heavy work: up to eight weeks</i>
Laparoscopic cholecystectomy	10–14 days	One week
Coronary artery bypass graft	<i>Light work: six to eight weeks</i> <i>Heavy work: 12 weeks</i>	Eight to 12 weeks
Lumbar discectomy	<i>Seated/light work: four to six weeks</i> <i>Heavy work: 12 weeks</i>	<i>Light work: three weeks</i> <i>Heavy work: six to 12 weeks</i>
Total knee replacement	<i>Seated work: six to eight weeks</i> <i>Physically active work: up to 12 weeks</i>	<i>Sedentary work: eight weeks, if knee is without load</i> <i>Heavy work: up to 16 weeks</i>
Lung resection	Three to four months	At least two months
<i>Source: Royal College of Surgeons of England and the Swedish National Board of Health and Welfare.</i>		



ICF

International
Classification of
Functioning,
Disability
and
Health



World Health Organization
Geneva

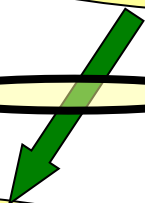
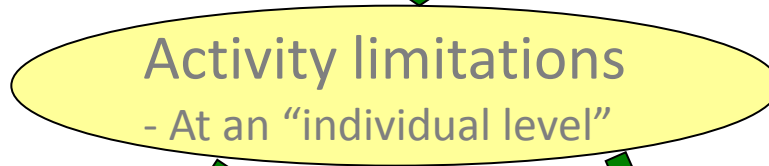
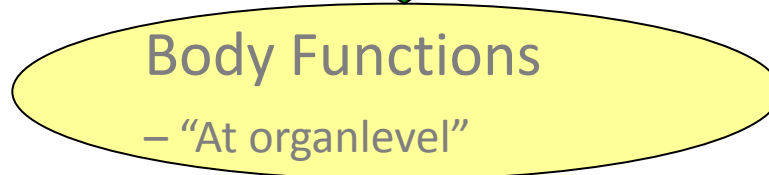


ICD-10

ICF

ICF

Job tasks





DFA-logic

- **D:** H58.1 Error of illumination
- **F:** Lampbulb broken
- **A:** Darkness...!



ICF:s

For "sick listing"

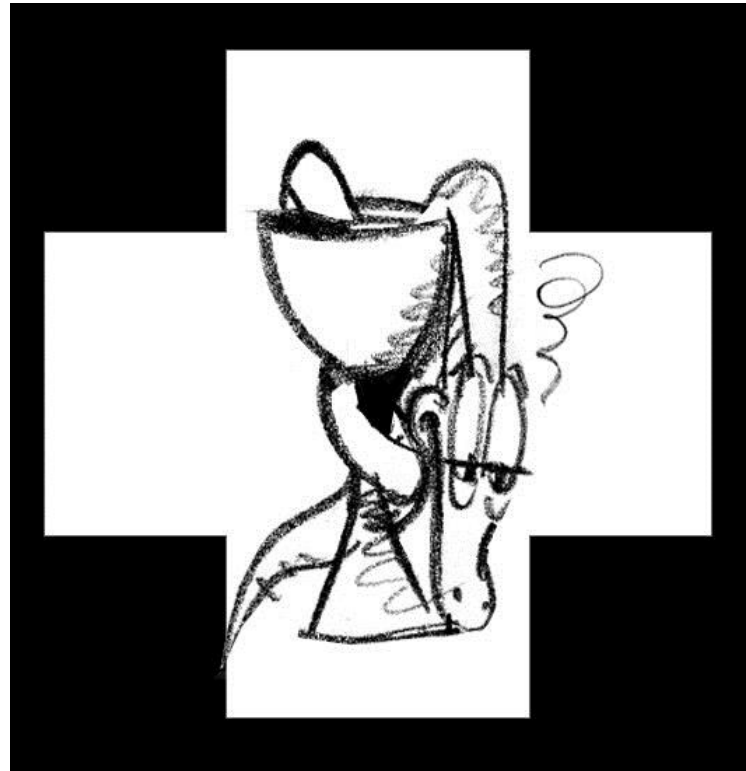
Disability and Functioning

*For residual "work
capacity"*



Eumass Core-set for Permanent Incapacity

	Code	Function	Very relevant	Relevant	Not very relevant	Not relevant at all
b	b164	Higher-level cognitive functions				
	b280	Sensation of pain				
	b455	Exercise tolerance functions				
d	b710	Mobility of joint functions				
	b730	Muscle power functions				
	d110	Watching				
	d115	Listening				
	d155	Acquiring skills				
	d177	Making decisions				
	d220	Undertaking multiple tasks				
	d240	Handling stress and other psychological demands				
	d399	Communication, unspecified				
	d410	Changing basic body position				
	d415	Maintaining a body position				
	d430	Lifting and carrying objects				
	d440	Fine hand use				
	d445	Hand and arm use				
	d450	Walking				
	d470	Using transportation				
	d720	Complex interpersonal interactions				



The End