2018

EUMASS Congress 2018 Maastricht

Building Bridges Between Science and Practice

Abstract Book

Dear participants,
Welcome to the 22nd EUMASS Congress and the 10th Dutch International Congress on Insurance Medicine in Maastricht!

Chers Participants,
Bienvenue au XXIIe Congrès UEMASS de Médecine d'Assurance et le 10me Congrès International Néerlandais de Médecine d'Assurance à Maastricht!

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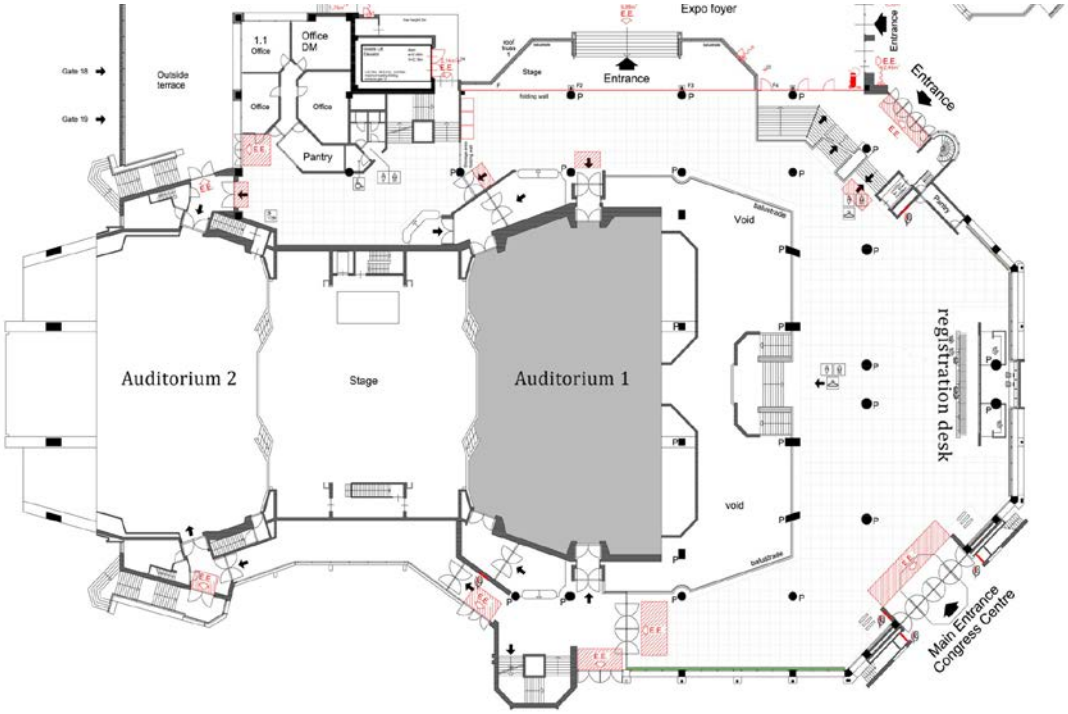
Ground plan of the conference rooms on ground floor

Ground plan of the conference rooms on the first floor



DETAILED PROGRAMME

Thursday 4th October 2018

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14.45 – 15.20	Indicator based Performance Measurement in German Hospitals Presenter: dr. Klaus Doebler, DE	p.26
15.20 - 15.50	Indicator based Performance Measurement in England Presenter: dr. Keiko Toma, GB	p.27

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An interactive workshop
Moderator - ass. prof. dr. Jan Hoving, NL

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Parallel session - Disability evaluation and management
Moderator - David Charles Randolph, MD, PhD, US

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DETAILED PROGRAMME

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Parallel session - Return to work - A
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Parallel session - Disability evaluation and management
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Parallel session - Return to work
Moderator - François Latil, MD, FR

Parallel session - Disability evaluation and management
Moderator - drs. Annette De Wind, NL

Parallel session - Sick leave risks
Moderator - prof. dr. Sandra Brouwer, NL

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DETAILED PROGRAMME

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11.30 – 12.10	Science and practice: a two-way traffic prof. dr. Sandra Brouwer, NL	p.161
12.10 - 12.40	EUMASS President's Report Gert Lindenger, MD, President of EUMASS, SE EUMASS Congress 2020, Basel Andreas Klipstein, MSc, Head of Medicine and Disability Management, AEH Center of Occupational Health AG, CH	
12.40	Closure of the Congress	

Poster Sessions Thursday – Saturday

Theme: Sick leave certification

Theme: Return-to- work

Theme: Disability evaluation and management

Poster Presentations

Theme: Health care monitoring

Subtheme: E-health and telemedicine in insurance medicine

Subtheme: Big data

Subtheme: Ageing working population

Subtheme: Other

Poster Presentations

Bridging research and practice: a European perspective

prof. dr. Angelique de Rijk - Department of Social Medicine, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht University, The Netherlands

Background

Given the rapidly globalizing research community, cross-country comparisons have not received much attention. International conferences are perfect places for comparing and understanding differences between countries, in order to draw Lessons from other countries and to improve our own practices. Social insurance medicine is by definition rooted in national policies and taking place within social contexts. There is a need for a framework to perform cross-country comparisons of work disability, labor participation and social insurance expenditures in a systematic way. This framework should also be useful to judge the transferability of interventions and policies to other countries.

Methods

Simple research collaboration between two countries, in this case Belgium and the Netherlands, has served as a springboard for developing a framework for cross-country comparisons of work disability and labor participation. Next, education of medical students on cross-country differences in social insurance has been a source to further develop the framework. Finally, the framework was elaborated and refined by review of literature.

Results

New institutional theory serves as the basis of the framework. The theory conceives institutions as 'rules and norms that give society its order and structure.' Institutions cover 1) official legislation; 2) norms and values; and 3) informal, hidden rules. Country differences in relation to work disability, labor participation and social insurance expenditures relate to differences at these three levels. Moreover, labor market characteristics differ.

Conclusions

This new framework supports social insurance practitioners and researchers across Europe to learn from each other by systematic cross-country comparisons. It will be discussed how we best could continue with cross-country comparative research in order to improve the practice of persons with work disabilities in our countries.

Uniting work and health in return-to-work programs for people with mental health problems

prof. Silje Reme - University of Oslo, Norway

Background

Mental illness constitutes a substantial burden of disease. Relative to many other disabling illnesses, it disproportionally affects individuals of working age, and is a major cause of rising disability benefit expenditures.

Methods

In two large randomized controlled trials, the effectiveness of uniting psychological treatment and vocational rehabilitation was evaluated. The model of vocational rehabilitation was Individual Placement and Support (IPS), while the target groups in the studies were people with common mental disorders, and people with moderate/severe mental illness, respectively.

Results

Both studies demonstrated significant and robust effects on work participation, even in the long-term follow-ups. Besides from effects on the primary outcome of work participation, the studies also demonstrated significant effects on health and well-being.

Conclusions

Uniting evidence-based models of vocational rehabilitation and mental health treatment appears to be a promising response to the increasing challenge of work disability due to mental health problems.

How to measure and monitor harm to patients in healthcare organisations?

prof. dr. Philippe Michel - Université Saint-Étienne, France

Background

Over the past 20 years there has been a huge volume of data collected on medical error and harm to patients, many tragic cases of healthcare failure and a growing number of major government and professional reports on the need to make healthcare safer. There is now widespread acceptance and awareness of the problem of medical harm, and considerable efforts have been made to improve the safety of healthcare. At international level, the World Health Organization launched a patient safety alliance in 2004, the European Union published guidelines in 2009, and most developed countries have established national patient safety initiatives.
But if we ask whether patients are any safer than they were 20 years ago, the answer is still elusive. What we currently measure is not how safe healthcare systems are now but how harmful they have been in the past.
Professor Charles Vincent proposed, on behalf of the Health Foundation, a measurement and monitoring of safety framework that brings together a number of conceptual and technical facets of safety, based on evidence from a range of sources (published research, public data, case studies and interviews), both from within healthcare settings and from other safety critical industries. The framework highlights five dimensions to consider for measuring and monitoring patient safety:

- Past harm: this encompasses both psychological and physical measures.
- Reliability: this is defined as 'failure free operation over time' and applies to measures of behaviour, processes and systems.
- Sensitivity to operations: the information and capacity to monitor safety on an hourly or daily basis.
- Anticipation and preparedness: the ability to anticipate, and be prepared for, problems.
- Integration and learning: the ability to respond to, and improve from, safety information

Medical Judgment and Cognitive Pitfalls

prof. dr. Johan Braeckman - Universiteit Gent Vakgroep Wijsbegeerte en Moraalwetenschap, Belgium

Issue

Most people think they know how to think rationally. Most of us believe we have good reasons and arguments for our opinions and beliefs, and we tend to be sceptical about belief systems that are exotic or strange from our perspective. However, research shows that clear and critical thinking is much harder than we presume. Some people even are so 'critical' that they reject everything that science has to offer. Clearly, something went wrong. But all of us are vulnerable for mental infection with bad, pseudo-scientific and superstitious ideas.
In this lecture we discuss the psychology behind our gullibility and naïvité, focusing on medical judgment and errors. Why are we prone to mistakes? What are the psychological mechanisms that make it so hard to avoid irrational thinking?
We explain the psychological and cognitive dynamics that lead to mistakes and discuss how we can avoid making them.

An integrated tool for evaluating the French mandatory quality indicators used for hospital improvement, public disclosure and regulation: development and test Results

prof. dr. Philippe Michel - Université Saint-Étienne, France

Background

Quality indicators (QI) are mandatory in French hospitals for quality improvement, public disclosure and regulation goals. After a decade of use, the French National Authorities for Health set up a task force to evaluate these QI. The goal was to provide a decision of withdrawing, revising or continuing their use. This was implemented through a tool evaluating the performance of QIs according to each of the three goals.

Methods

Using a modified Rand/UCLA Method, the appropriateness of these criteria was checked for evaluating the indicators according to the three goals. The indicator's Results collected the previous years were analyzed; the scientific soundness of the indicator development was reviewed; hospital workers, health authorities, employees and patients were interviewed. This integrated tool was tested on ten national process QIs

Results

Three major experiences were studied, the Qualify method from the BQS institute in Germany, the Dutch Appraisal of Indicators through Research and Evaluation method, and the method developed for AHRQ by UCSF-Stanford. Among the fourteen retrieved potential criteria, 12 were selected for the evaluation of QIs for regulation: Relevance (Importance of the quality characteristic; Benefit/ability to take Results based decisions ; Potential risks / Side effects), Feasibility (Understandability of the indicator; Barriers to Implementation ; Delays related to data production), scientific soundness of the indicator , and current metrological performance . Among these, 11 were selected for hospital improvement and 7 for public disclosure. Applied to the ten QIs, it was recommended withdrawing four of them and modifying or suspending the six others.

Conclusions

No fully comprehensive and suitable assessment tools were found in the literature. This integrated tool proved to be operational, relevant and effective as the recommendations were endorsed by the health authorities: The four QIs were suppressed, and the others have been or are currently in a process of modification.

Indicator based Performance Measurement in German Hospitals

dr. Klaus Doebler - MDK Baden-Württemberg, Germany

Issue

The German National Indicator System for hospitals will be presented.

Description

Originally the data collection was designed for the purposes research, benchmarking and peer review by regional initiatives from scientific societies in obstetrics, general and cardiac surgery in the 1970´s.
During the 1990´s more medical specialities were included and most regions in Germany established agencies funded by health insurers.
Parallel to the introduction of bundled payment the system became mandatory for all German hospitals in 2001. Mandatory public reporting started in 2006. In 2017 the use of indicator Results for hospital planning was established by law. Pay-for-performance shall be introduced presumably in 2020.

Results

Currently 239 quality indicators are in use for 29 medical areas.
The indicators are developed by a National independent scientific institute based on a standardized methodology.
Data collection is based on standardized electronic data sets to be documented by the hospitals.
The use of administrative data from health care insurers will start in 2018. Patient survey are planned to be included in the near future.
For all indicators reference ranges are defined. Results outside of these ranges are analyzed by expert groups. If necessary interventions for improvement are put in effect.
All indicator Results are used for public reporting on hospital level. Indicator Results are used for hospital planning for 11 indicators from gynecology and obstetrics.

Lessons

An evolution of quality indicator use from scientific purposes to regulatory measures over several decades can be observed in Germany.
Although indicator specifications and methodological concepts were continuously improved a controversial discussion over regulatory measures based on indicator Results intensified.
Transparency on quality in German hospitals was improved. Rising methodological requirements for regulatory use demand longer time frames for developments and so restrain the introduction of new topics.

Indicator based Performance Measurement in England

dr. Keiko Toma - Provider analytics manager Strategic Intelligence and health analytics Care Quality Commission London United Kingdom, United Kingdom of Great Britain and Northern Ireland

Background

The Care Quality Commission (CQC), England's independent regulator of health and social care, uses qualitative and quantitative data to monitor quality to encourage improvement and promote a shared view of quality across the providers, regulators, and commissioners.

The CQC acts as an independent regulator of health and adult social care in England. It ensures that health and social care services provide people with safe, effective, compassionate and high-quality care.

Methods

Between 2013 and 2017, the CQC carried out comprehensive inspections of all acute, mental health, community, and ambulance NHS trusts, independent hospitals, and standalone substance misuse services. A wide variety of quality was found across England. The services of the providers are registered, monitored, inspected and rated, using indicators of quality of care. Five fundamental key questions have to be answered and provided with ratings: are the services safe, effective, caring, responsive and well-led. The CQC is committed to developing a single shared view of quality across providers, commissioners, and regulators. Using the CQC insight monitoring tool, hospitals are expected to monitor their performance locally, to benchmark their performance nationally, and to improve care for patients. Both cross-sectional and time series analysis are being used to assess risk and to measure deviation of observed values from an expected value.

Results

Evidence from our work shows that a good predictor of the overall quality of care a provider delivers is how well-led they are. Insight is generated from algorithms that can be used to make more confident decisions, allowing the time between inspections to be increased without reducing the effectiveness.

Conclusions

The indicators are statistically robust and reliable, and are used to start conversations about the clinical effectiveness of a unit.

How to read a Cochrane Review

ass. prof. dr. Jan Hoving - Academic Medical Center, University of Amsterdam, The Netherlands
ass. prof. Emilie Friberg, PhD - Karolinska Institutet, Sweden
prof. dr. Regina Kunz - University Hospital Basel and University of Basel, Switzerland
Regine Lohss, MSc - University Hospital Basel, Switzerland
dr. Frederieke Schaafsma - VU University Medical Center - Amsterdam Public Health research institute - Department of Public and Occupational Health - The Netherlands
Rebecca Weida-Cuignet, MSc - University Hospital Basel, Switzerland
dr. Bert Cornelius, MD, PhD - Academic Medical Center, University of Amsterdam, The Netherlands
prof. dr. Sandra Brouwer - University Medical Centre Groningen, The Netherlands
Adrian Verbel - EbIM Research & Education, Switzerland

Issue

Cochrane's mission aims to make healthcare decisions get better. By conducting systematic reviews Cochrane contributed to transform the way decisions on health are made. Systematic reviews attempt to identify, appraise and synthesize research evidence that meets pre-specified eligibility criteria to answer a medical question.

Description

Practitioners in insurance medicine have reported difficulties navigating through Cochrane reviews which often are extensive documents. However, it is rarely necessary to read a full Cochrane review to find research evidence for a medical decision. Understanding the structure of a review and knowing where to look for the relevant information can substantially shorten the time to find the answer.
Cochrane Insurance Medicine strives to enable professionals in insurance medicine to use Cochrane reviews for decision making.

Results

This workshop offered by Cochrane Insurance Medicine takes the participants through a Cochrane review, explains the methodology of a systematic review and how to read the findings. It guides to the relevant parts needed for decision making and demonstrate how to apply the Results to a case.

Lessons

Participants will learn about the type of questions that can be answered with a Cochrane review. They will learn how to rephrase a specific question arising from the insurance setting into a question that can be answered by scientific literature. They will master the skills to navigate through a Cochrane review and to gather the information relevant for decision making. This way decisions and judgements in the field of insurance medicine can become more evidence-based.

Effectiveness of Graded Return to Work after Multimodal Rehabilitation in Patients with Mental Disorders. A Propensity Score Analysis

dr. Marco Streibelt - German Federal Pension Insurance, Department of Rehabilitation, Germany
dr. Wolfgang Bürger - fbg – Research and Consulting in Health Care, Germany
dr. Karen Nieuwenhuijsen - Academic Medical Center, Coronel Institute of Occupational Health, Amsterdam Public Health Research Institute, The Netherlands
prof. dr. Matthias Bethge - University of Lübeck, Germany

Background

Graded Return to Work (GRTW) is a useful strategy to bring chronically ill persons gradually back to coping with a full work load after a longer period of sick leave. Several studies showed for patients with somatic diseases that GRTW increases the probability of RTW. Patients with mental health disorders showed less encouraging Results. This study aims to determine the effect of GRTW on longer-term occupational participation in persons with common mental disorders.

Methods

The data was extracted from a larger study into the effectiveness of GRTW in the context of multimodal rehabilitation on behalf of the German Pension Insurance (GPI). Patients with chronic mental disorders in a clinical rehabilitation setting were included. Questionnaires at the start of a multimodal rehabilitation and 15 months later were provided. Balanced groups (GRTW, noGRTW) were formed by propensity score matching based on 27 covariates. The primary outcomes were the RTW status at follow-up and the number of days on sick leave during follow-up.

Results

From 1,062 data sets (GRTW: 508, noGRTW: 554), 381 pairs were matched (age: 47.8 years; 78% female; 65% affective disorders, 28% neurotic or somatic disorders). At follow-up, 88% of the GRTW group had returned to work compared to only 73% of the controls (RR = 1.22, 1.13 to 1.31). The mean sick leave duration during the follow-up period was 7.0 weeks in the GRTW group compared to 13.4 weeks in the control group ($p < .001$). Additional explorative analyses showed that these effects were only observed in patients with an unsure or negative subjective RTW prognosis.

Conclusions

GRTW in addition to a multimodal rehabilitation is effective in enhancing successful work participation in people with chronic mental disorders. GRTW after multimodal rehabilitation is particularly suitable for patients with a negative subjective RTW prognosis.

The return to work status one year after vocational retraining as a proxy variable for long term income trajectories?

dr. Christian Hetzel - Institute for Quality Assurance in Prevention and Rehabilitation, Germany
dr. Marco Streibelt - German Federal Pension Insurance, Department of Rehabilitation, Germany

Background

Vocational retrainings (VR) in the context of vocational rehabilitation are lengthy and expansive interventions. The question is whether the return to work (RTW) 12 months after VR can be a proxy variable for long term income trajectories.

Methods

Based on register data of the German Pension Insurance (Scientific Use File SUFRSDLV09B) fixed-effects-regressions were calculated to measure the effect of VR (n=20.291 from 2002 to 2009) on the annual mean daily income in each of the 3 years after VR compared to initial level prior to VR and depending on the RTW.

Results

The mean difference for the daily income was about -20 € per day. For persons being employed prior to the VR a loss of income up to 50 € per day was measured. Persons being unemployed prior to the VR increased their daily income up to 30 €. Moderate to large effects of the RTW could be measured (d=0.52 to 1.33).

Conclusions

The RTW 12 months after VR seems to be a good representation for long term income trajectories. Therefore, it can be recommended as an indicator for outcome quality of VR.

From evidence to practice: improving work participation outcomes by work-related medical rehabilitation in patients with chronic musculoskeletal diseases

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Miriam Markus - University of Lübeck, Germany
dr. Marco Streibelt - German Federal Pension Insurance, Department of Rehabilitation, Germany
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Background

In Germany, work-related medical rehabilitation programs were developed for patients with musculoskeletal disorders to improve work participation outcomes. Randomized controlled trials have shown that return to work rates can be increased by about 20 points compared to common medical rehabilitation programs. Since 2014, the Federal German Pension Insurance has approved several work-related rehabilitation departments to implement these new rehabilitation programs. Our study was launched to assess the effects of work-related medical rehabilitation under real-life conditions.

Methods

Participants received either a common or a work-related medical rehabilitation program. Propensity score matching was used to identify controls that were comparable to work-related medical rehabilitation patients. Effects were assessed by patient-reported outcome measures 10-months after completing the rehabilitation program.

Results

We included 1282 patients (mean age: 52.4 years; 75.3% women). Work-related medical rehabilitation increased stable return to work (OR = 1.42; 95% CI: 1.02 to 1.96) and self-rated work ability (b = 0.38; 95% CI: 0.05 to 0.72) compared to common medical rehabilitation. Participants of work-related medical rehabilitation had also less depressive symptoms and fear of movement, and they reported better self-management skills. Subgroup analyses showed that the effect on stable return to work depended on the prior risk of not returning to work and the dose received as rated by the participants. Only persons with a high initial risk of not returning to work and a high dose received benefited from work-related medical rehabilitation. In this subgroup, i.e. high risk and high dose received, the absolute risk difference was about 20 points in favor of work-related medical rehabilitation.

Conclusions

Implementation of work-related medical rehabilitation in German rehabilitation centers affected work participation outcomes. Our effectiveness study showed that the Results from randomized controlled trials can be also achieved under real-life conditions. However, effectiveness is moderated by the population reached and the dose received.

Diagnostic Accuracy of a Screening Instrument predicting future RTW chance of Patients with chronic diseases. Overview of the existing Evidence

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prof. dr. Matthias Bethge - University of Lübeck, Germany

Background

The effectiveness of rehabilitation depends on the individual non return to work (RTW) risk. Therefore, a risk score (SIMBO) was developed to predict the future RTW chance supporting the referral management.

Methods

The data of 4 cohort studies including were integrated. In all these studies the SIMBO was measured at admission of the inpatient rehabilitation. The outcome was defined as the occurrence of problems in the return-to-work (RTW) process 3 months after rehabilitation. All Results were weighted regarding gender and diagnosis group for the whole German rehabilitation population in 2015.

Results

Data from 2,422 patients out of nine different disease groups were included. In these groups between 9% and 47% reported critical RTW events in the follow-up (total: 35.2%). The area under curve (AUC) criteria laid between .844 and .899 (total: .891). The standardised mean differences in the SIMBO score between patients with and without a critical RTW event was 1.22 to 1.48 (total: 1.43).
Sensitivity and specificity rates varied depending on the chosen threshold. Using optimal thresholds they ranged from 74% to 93% as well as 72% to 87%. The identification of critical RTW events could be increased threefold due to the SIMBO.

Conclusions

Up to now, this is the strongest evidence regarding the diagnostic accuracy of a screening instrument to detect RTW problems after rehabilitation. Based on this the SIMBO can be used as generic screening identifying patients having a need for an intensified rehabilitation strategy.

Implementing the German model of work-related medical rehabilitation: Did the dose delivered of work-related treatment components increase?

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Christian Gerlich - University of Würzburg, Germany
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Background

Work-related or vocational treatment components are an essential part of rehabilitation programs in order to support return to work and work participation of patients with musculoskeletal disorders. In Germany, a guideline for work-related medical rehabilitation was developed to increase work-related treatment components. In addition, new departments were approved to implement work-related medical rehabilitation programs. The aim of our study was to explore the state of implementation of the guideline's recommendations by describing the change in the dose delivered of work-related treatments.

Methods

The treatment dose of work-related therapies was compared for two patient cohorts with musculoskeletal disorders. The first cohort participated in a common medical rehabilitation program in the second half of 2011 before the implementation of the work-related medical rehabilitation departments. The second cohort joined a work-related medical rehabilitation program in the second half of 2014 after the implementation of the new departments. Patients of the cohorts were matched one-to-one by propensity scores.

Results

We included data of 9,046 patients. The mean dose of work-related therapies increased from 2.2 hours (95% CI: 1.6-2.8) to 8.9 hours (95% CI: 7.7-10.1). The mean dose of social counselling increased from 51 to 84 minutes, the mean dose of psychosocial work-related groups from 39 to 216 minutes, and the mean dose of functional capacity training from 39 to 234 minutes. The intraclass correlation of 0.67 (95% CI: 0.58-0.75) for the total dose of work-related therapies indicated that the variance explained by centers was high.

Conclusions

Dose delivered of work-related components was increased. However, there was a discrepancy between the guideline's recommendations and the actual dose delivered in at least half of the centers. It is very likely that this will affect the effectiveness of work-related medical rehabilitation in practice.

Complex Regional Pain Syndrome: Treatment Outcomes

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Background

Complex Regional Pain Syndrome (CRPS) remains highly controversial, with over 100 names and almost as many diagnostic criteria. Differential diagnosis rarely seen in clinical records. CRPS is almost never seen outside of a compensation seeking scenario. CRPS is a default diagnosis with no proven pathophysiologic process, no validated diagnostic studies, and no "true positives". The differential diagnostic process is rarely discussed in published literature. This diagnosis often generates multiple invasive pain management interventions with minimal clinical effectiveness. This presentation will address these shortcomings and provide a discussion on clinical conditions far more likely to explain this presentation.

Methods

This is a historical cohort study design utilizing deidentified data from a large statewide database, 01/01/2000 to 06/10/2011. All subjects are identified through ICD9 diagnoses and CPT codes. Outcomes studied included temporary or permanent disability, spinal cord stimulator implant/revision/removal and death.

Results

927 subjects are identified with a diagnosis of CRPS. Ninety-three patients (10.6 %) are permanently disabled. Three hundred fifty patients (39.9%) are temporarily disabled. Thirty-one subjects (3.3%) are dead. Only one of the 927 subjects had received the most basic workup for a painful extremity. One hundred thirty-six patients (14.7%) had spinal cord stimulator (SCS) implants. Thirty-five patients (25.7%) with SCS removal.

Conclusions

In this study, individuals provided an assessment of CRPS are not exposed to a basic differential diagnostic process which would rule out more common and treatable conditions. The above disability and invasive pain procedures can be minimized with appropriate diagnostic evaluation. The appearance of CRPS as an assessment should pose a warning to health care providers to perform a thorough evaluation of the patient to rule out treatable causes of complaints.

Return to work in patients undergoing SCS implantation for chronic pain: a systematic review and meta-analysis

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Background

Chronic pain has a substantial negative impact on work-related outcomes, which support the importance of interventions to reduce the burden. Spinal Cord Stimulation (SCS) has been demonstrated to efficiently cause pain relief in specific chronic pain syndromes. The aim of this review was to identify and summarize evidence on the incidence of returning to work in a chronic pain population who underwent spinal cord stimulation.

Methods

A systematic literature review was performed by two independent reviewers, including studies identified from PubMed, EMBASE, SCOPUS and Web of Science (up till October 2017) for publications reporting return to work after SCS. Risk of bias was assessed using a modified version of the Downs & Black checklist. Where possible, we pooled data using random-effects meta-analysis. The study protocol was registered prior to initiation of the review process (PROSPERO CRD42017077803).

Results

Fifteen full-text articles (total sample size: 2.835) were included. Risk of bias was scored low to high. Nine trials provided sufficient data and were judged similar enough to be pooled for meta-analysis on binary outcomes. SCS intervention Results in a higher prevalence of patients at work compared to before treatment (OR: 2.48, 95% CI 1,56 to 3,93, $p < 0.001$, $I2 = 58\%$).

Conclusions

Unless supplementary high-quality studies provide different evidence, Spinal Cord Stimulation may be effective in returning to work in patients with specific chronic pain syndromes.

A practical guide to evaluate adults with Whiplash Associated Disorder (WAD) I/II in insurance medicine.

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Background

Whiplash Associated Disorder (WAD) is induced by a sudden hyperextension-hyperflexion movement of the cervical spine that is caused by an acceleration-deceleration mechanism. The Quebec Task Force classification describes WAD I/II as neck complaints with pain, stiffness and/or tenderness combined with musculoskeletal signs. Despite the description as minor pathology, WAD I/II is considered to be an important cause of personal and professional disability and is associated with a considerable cost and production loss.

Issue

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Methods

An electronic search was performed in 3 online databases of scientific literature (Medline, Embase, The Cochrane Library) using MeSH-terms.
Search strategy was limited to (systematic) reviews, meta-analyses, guidelines, randomised controlled trials and clinical studies of the last 10 years (2007-2017).
The studied population was limited to adults (> 18 yr) with trauma related neck pain without neurological, structural or anatomical lesions (WAD I/II).

Description

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The studied population was limited to adults (> 18 yr) with trauma related neck pain without neurological, structural or anatomical lesions (WAD I/II).

Results

This guide is designed to support insurance company medical advisers in their task to evaluate and to accompany the patiënt towards an early return to work after WAD I/II.

A flowchart was designed to support the evaluation process by recognizing clinical, psychological and work-related alarm signals for delayed recovery. When problematic recovery is detected, this guide suggest validated tools to perform a problem-oriented anamnesis and clinical examination, including risk analysis, in order to (re)direct the patient towards appropriate specialised help and to establish an (early) return to work.

Conclusions

Implementation of this guide allows the medical advisor to anticipate on possible delayed or prolonged recovery, to prevent chronification of pain, and to ensure a swift reintegration into employment in order to avoid sick leave and permanent disability.
The anticipating role of the advising practitioner can benefit the individual patient and society by preserving personal well-being and preventing personal and economic damage.

Differences in self-rated and assessed limitations between patients with MUPS and other diseases

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Background

Medically Unexplained Physical Symptoms (MUPS) are associated with long term sick leave for which physicians have to assess limitations and sick leave. Self-reported limitations of patients with MUPS are comparable with self-reported limitations of patients with other well-known diseases. However, the sick leave assessment for MUPS may be more difficult in the absence of objective medical symptoms, and as a consequence limitations may be under estimated. The main purpose of this study is to measure any differences between the self-assessed limitations of patients with MUPS or other diseases and the limitations as assessed by the physician.

Methods

A study was conducted with patients sick-listed for two years, who are eligible for a benefit from the Dutch Social Security Agency. Patients were included if they had at least a score over five points in the Patient Health Questionnaire (PHQ-15). First, they answered a questionnaire about their perceived health, and after three months they received the sick leave assessment of the insurance physician. Next, we established whether the insurance physician diagnosed the patient with MUPS or with another diagnosis based on a pre-arranged list of diagnoses. We will compare the Results of the questionnaires with the outcome of the sick leave assessment, and assess if there are differences for patients with MUPS or with other diseases.

Results

We have collected questionnaires and sick leave assessments of 2593 participants. A number of 444 participants were diagnosed with MUPS and 2053 with other diagnosis. For 367 participants with MUPS and 1701 participants with other diagnosis, insurance physicians have assessed sick leave. We expect the Results of the analysis in the first half year of 2018.

Conclusions

Outcome of the comparison between self-assessed limitations of patients with MUPS or other diseases and the limitations as assessed by the physician are expected in the first half year of 2018.

Evaluation of inter-rater reliability among physicians performing an activity ability assessment.

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Gert Lindenger, MD - Försäkringskassan, Sweden
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Background

The Swedish Social Insurance Agency (SSIA) has developed a standardized method for Activity Ability Assessment (AAA) to manage the complexities of assessing general work ability. It is based on self-reports, combined with examinations by physicians, and, if needed, occupational therapists, physiotherapists and/or psychologists. The AAA is used nationally and is from 2018 planned to be the only method of extended assessments within the SSIA. A central element in developing the AAA was to secure that eligibility for benefits is assessed in a reliable way, meeting criteria of both equality and equity in claim assessment. Earlier studies regarding equity and the social validity of AAA points in that direction (Friberg E 2015) (Ståhl et al. 2017). However a recent international systematic review regarding inter-rater reliability evaluation of disability (Barth et al. 2017) concluded that research on the reliability of medical evaluations of disability for work is limited and that there is high variation in judgments among assessing professionals. Hence, the aim of this study is to assess the inter-rater reliability among a group of physicians using the AAA assessment tool.

Methods

In the planned study, 20-40 physicians independent of each other will assess eight different groups of graded activity descriptors included in the AAA, corresponding with the original EUMASS ICF core-set for permanent incapacity. The basis for their assessment will be four written case examples, complemented with associated film sequences. After data collection, the inter-rater reliability (level of agreement) will be investigated by using statistical analyzes.

Results

The study will generate valuable information about physicians' agreement in assessment, i.e. inter-rater reliability, when using the new method Activity Ability Assessment (AAA).

Conclusions

The study will explore Methods for improving inter-rater agreement.

Current knowledge on the impact of cancer and work in self-employed: a systematic literature review

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prof. dr. Linda Sharp - Professor of Cancer Epidemiology; Institute of Health & Society, Newcastle University, United Kingdom of Great Britain and Northern Ireland

prof. dr. Angela de Boer - Coronel Institute of Occupational Health, The Netherlands

prof. dr. Alain Paraponaris - Professor of Economics, Aix-Marseille Univ., CNRS, EHESS, Centrale Marseille, GREQAM, Marseille, France & ORS PACA, Southeastern Health Regional Observatory, Marseille, France and Observatoire Régional de la Santé Provence-Alpes-Côte d'Azur, France

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prof. dr. Steffen Torp - Professor of Health Promotion; University College of Southeast Norway,

Background

For self-employed people the impact of work incapacity due to cancer is relatively specific and not so well known. Current research focuses mainly on salaried workers. This study gives an overview of the current scientific literature for work related outcomes and experiences for self-employed cancer survivors.

Methods

The databases PUBMED, PSYCINFO and Google have been checked from 2006 onwards. The search string consisted of a Boolean AND-operator combining the words “work”, “cancer”, and “employment”. Two investigators evaluated the eligibility for the articles. The evidence level was assessed using the Johns Hopkins University Evidence Level and Quality Guide.

Results

The keyword search resulted in 522 hits. Only 23 (n= 23/522; 4%) articles met the inclusion criteria. 17 studies were assessed having an evidence level 3. 4 studies were assessed having an evidence level 2.
S.E. reported a lower overall health and a lower quality of life compared to salaried workers. S.E. are a heterogeneous group with country-specific social security linked to different types of S.E . The five years post diagnosis play a crucial role in occupational change regarding self-employed. The risk of seizing their work activities peaks at year 4. At year 2, fewer self-employed are at work when compared to salaried workers. Less time off work combined with a lower work ability is mediated by a negative financial change.

Conclusions

Research towards S.E. and the impact of cancer on work-related outcomes is limited and if studied S.E. are mostly researched in the sideline. They are dealing with barriers with regards to occupational change and work ability and are impacted by their financial burden and social network. Tailored research is needed to find unique contributing factors so tailored support can be offered.

Supporting employers during return-to-work of employees with cancer; development of an online intervention using the Intervention Mapping approach

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dr. Corine Tiedtke - Department of Public Health & Primary Care, KU Leuven, Belgium
prof. dr. Bernadette Dierckx de Casterlé - Katholieke Universiteit (KU) Leuven, Belgium
prof. dr. Monique Frings-Dresen - Academic Medical Center, The Netherlands
dr. Sietske Tamminga - Academic Medical Center, The Netherlands

Background

Employers play an essential role during the return-to-work (RTW) of employees with cancer and are, in The Netherlands, legally responsible to facilitate RTW for at least two years. Adequate employer support might be the missing link for RTW of employees with cancer. The purpose of this project is to optimise RTW of employees with cancer, by supporting employers.

Methods

The Intervention Mapping approach was used to develop an online intervention targeting employers. Firstly, a needs assessment was conducted based on (1) interviews with Dutch employers (N=30) on their role and needs during RTW of employees with cancer, (2) a systematic review on perceived employer-related barriers and facilitators for work participation of employees with cancer, and (3) a Delphi study with employees with cancer (N=29) and employers (N=23) to select the most important employer-actions for successful RTW of employees with cancer. Secondly, objectives were specified and practical strategies were chosen based on interviews with eHealth experts (N=8).

Results

Employers require tailored support during different RTW phases: (1) disclosure of cancer, (2) employee's treatment, (3) RTW plan and (4) actual RTW. A plurality of barriers and facilitators were identified, synthesised and then prioritised into the most important employer-actions, e.g. 'communicate', 'support practically' and 'access work ability'. Subsequently, a supportive online toolbox for employers was developed, consisting of 'to-the-point' tips and interactive videos, to support employers with these most important employer-actions, aiming to optimise RTW of employees with cancer.

Conclusions

By involving diverse stakeholders during its development, the online toolbox is expected to fit employers' needs and be feasible in practice. Whether the intervention contributes to a successful RTW of employees with cancer will be evaluated using a pilot-RCT with ±85 pairs of employer/employee with cancer. Insurance physicians should be aware of the key role of employers in supporting labour participation of cancer survivors.

Factors of importance for work (dis)ability during the two years after breast cancer surgery? – a content analysis of women's open answers

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Background

Work has been shown to be one of the most important aspects in life, among women in working ages diagnosed with breast cancer (BC). This highlights the importance of knowledge about factors that these women rate as important for their return to work process to avoid unnecessary sickness absence.
The aim was to gain more knowledge on factors that women experience as being of importance for sickness absence and work during the first two years after a BC surgery.

Methods

Inclusion criteria: Women, who had undergone primary BC surgery, aged 20–63 years, living in Stockholm, and literate in Swedish. Exclusion criteria: Known distant metastasis, pre-surgical chemotherapy, and/or a previous BC diagnosis.
Of the 749 women 464 answered an open ended question about the most important factors, good and bad, that had been of decisive importance for how they had been able to work/not work at two years after surgery. Content analysis were used to identify nine themes, with none to six sub-categories.

Results

Most often aspects of health and wellbeing were mentioned followed by support and encounters. Another common mentioned factor was flexibility and adjustment. Many statements were also concerning factors such as the woman's own attitude or own characteristics, or occupational situation or work characteristics. Other aspects mentioned were feelings in relation to, or consequences from working. Less often rehabilitation, having recovered or taking care of oneself were mentioned. Economy, other life events, or changes in life-situation were the least mentioned factors of importance.

Conclusions

A wide variety of factors mentioned by the women. Most have been recognized in previous studies but in this comprehensive analysis some of the factors are shown to be more important than others to very many women.

A mimic randomised controlled trial to evaluate a hospital based return-to-work intervention for breast cancer patients

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Background

Patients confronted with breast cancer (BC) at working-age frequently encounter questions regarding the consequences of illness and treatment on their professional life. Evaluating interventions that take place both in hospital and workplace is complex, literature recommends to pilot first in order to test the feasibility of the design and to optimize the intervention. This protocol describes the design of a mimic randomised controlled trial (RCT), combined with the process and qualitative effect evaluation of a hospital based intervention focusing on supporting BC patients' return to work (RTW).

Methods

Female BC patients, employed at time of diagnosis, will be included in the first month after diagnosis; randomly assigned to either the hospital based RTW intervention group (n=40) versus care as usual (CAU) control group (n=40). Primary outcomes are return to work, duration of absence and quality of life (QoL). Outcomes will be assessed at three time points: 1) at baseline (after inclusion prior to randomisation), 2) 6 months later and 3) 9 months later. Trial registration: SMEC/ MEC-KULeuven S58213 dd.03/07/2015; MEC JessaHospital (study 15.96/onco15.15 dd. 31/08/2015).

Results

The design addresses both effect- and process-evaluation, using quantitative and qualitative Methods for both evaluation types. This approach enables to address the practical feasibility of the study, to gain insight how to set-up a large scale RCT and to improve the intervention. Using purposive sampling, topic-interviews with patients from both groups will investigate patients' evaluations of their RTW trajectory (process evaluation) and outcome (effect evaluation). Process evaluation will include focus groups with involved healthcare workers and their time-registration.

Conclusions

This design is the first to evaluate an intervention taking place in hospital and workplace, combining effect and process evaluation using various Methods. Studies on the effectiveness of RTW-interventions in in-patients are important for insurance medicine. The outcomes offer insight in interaction between health care and work disability.

Women's experiences of encounters related to work with healthcare after breast cancer surgery and its association with sickness absence; a prospective two-year follow up

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Background

Breast cancer (BC) is the most common cancer among women, and up to half of those diagnosed are of working age. In previous studies we found that women with BC value paid work as an important part of their lives. Positive work related encounters with healthcare professionals has shown to promote return to work (RTW) among sickness absentees in general. More knowledge is however needed on encounters and its association with sickness absence (SA) in women with BC. Aim was to explore if women received work related encounters by healthcare professionals during the first year after BC surgery, and if this was associated with SA during the second year after surgery.

Methods

A prospective cohort study on 690 women aged 24-63 year having had a first BC. Survey-, medical- and register data were used. Descriptive statistics and adjusted logistic regression (age, birth country, educational level, self-rated health, surgery, treatment) with 95% confidence intervals (CI) were used.

Results

A higher proportion of those with less advanced cancer and/or surgery and with hormone or radiotherapy was "encouraged to work", while a higher proportion of those with more advanced cancer and/or surgery or with chemotherapy were "encouraged to be on SA". The women who got "advice and support regarding work" had less SA days. Those "encouraged to work" had less SA days when adjusting for sociodemographic and baseline self-rated health (OR 0.5 (95%CI 0.3-0.8)) and those "encouraged to be on sick leave" had more SA days when adjusting for sociodemographic factors (OR 1.6 (95%CI 1.1-2.4)). Overall more than 50% of the women had experienced encounters related to work.

Conclusions

This first explorative study of associations between encounter related to work and SA indicates that such encounters might be of importance.

Chronic musculoskeletal pain, depression/anxiety, and disability pension: a common liability behind?

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Background

Chronic musculoskeletal pain affects over 20% of the adult population and is the most common cause of severe, long-term, physical disability and a substantial burden to both individuals and societies. Further, the increasing trends in depression and anxiety are currently of great concern globally. The knowledge of the factors involved in the progression from chronic pain conditions and depression/anxiety to work incapacity is still scarce and may be due to complexity and long-term effects of both groups of disorders. The aim of this study was to examine the overlap between genetic and environmental factors contributing to depression/anxiety, chronic musculoskeletal pain, and disability pension (DP).

Methods

The study sample included 47 995 twins born in Sweden 1935-1985. Information on self-reported depression/anxiety and chronic musculoskeletal pain was obtained from surveys conducted 1998-2002 and 2004-2005 and data on DP were obtained from the National Social Insurance Agency. Individuals were followed until end of 2013. Common genetic and environmental influences to depression/anxiety, chronic musculoskeletal pain, and DP were estimated by applying structural equation modeling.

Results

The prevalence of depression/anxiety was 7%, of chronic musculoskeletal pain 48%, and for DP due to any diagnosis 9%. Multivariate model-fitting analyses showed that 67% of the covariance between depression/anxiety and DP were explained by common genetic factors. The covariance between chronic pain and DP was explained by genetic factors up to 92%. The genetic correlation between depression/anxiety and DP was 24%, and 56% between chronic musculoskeletal pain and DP. Unique environmental influences overlapped by 12% between depression/anxiety and DP, and 7% between chronic musculoskeletal pain and DP.

Conclusions

The overlap between factors contributing to covariation between depression/anxiety, chronic pain, and DP seems primarily due to common genetic factors.

Evaluations of the project «Rapid Return to Work». A controlled cohort study and three-year follow-up for persons with musculoskeletal and minor mental disorders.

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Background

A total of 420 long-term sick-listed employees were included continuously in a controlled study of the effects of “brief intervention” given as a one-day multidisciplinary intervention. The patients were referred from the family doctor for a period of one and a half year to a "Rapid return to work" clinic under Sunnaas Rehabilitation Hospital. Patients had been sick-listed 6 months.

Methods

The multidisciplinary team consisted of a medical specialist, psychologist, physiotherapist, occupational therapist and social worker. NAV and employer did not participate in the intervention. Patients were compared to a matched control group (n=1260) with “treatment as usual” and all followed for three years. Endpoint data was from NAV's registry of sick leave.

Results

The Results on return to the labour force were not as good as expected. A one-day multidisciplinary assessment did not lead to a higher return to labour force than “treatment as usual” in the long term, regardless of diagnoses. An extended treatment for a selected group did not lead to higher return on labour force. This may indicate that the intervention group had more challenges than the control group. It was more in the intervention group than in the control group who went over to part-time work, and in particular to temporary benefits or disability pensions. A proportion of patients who slipped away from the NAV system were identified and linked to rehabilitation activities. The comprehensive short-term intervention was perceived as useful and beneficial to the patients.

Conclusions

A brief multidisciplinary intervention of one day did not improve retur to the labor force compared With treatment as usual

Inpatient multidisciplinary occupational rehabilitation reduces sickness absence in patients with common musculoskeletal complaints and mental disorders: a randomised clinical trial.

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prof. Ottar Vasseljen - Norwegian University of Science and Technology, Norway
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Background

Musculoskeletal complaints and common mental disorders are the main causes of occupational disability. This study aimed to compare sickness absence and health related outcomes of Inpatient Multidisciplinary Occupational Rehabilitation (I-MORE) with an outpatient Acceptance and Commitment Therapy (O-ACT) intervention. Patients with different diagnoses were mixed within ACT-based treatment groups in both interventions.

Methods

The study design was a randomized clinical trial with parallel groups. Potential participants were individuals on sick-leave for 2-12 months with a sick-leave diagnosis within the musculoskeletal, psychiatric or unspecific categories of ICPC-2 identified in the Norwegian Labor and Welfare registry. I-MORE consisted of a 3½ week inpatient program with ACT sessions, physical exercise and work-related problem solving (n=86). O-ACT consisted of weekly 2½ hour outpatient group-ACT sessions over 6 weeks plus three individual sessions (n=80).

Results

After one year of follow-up, patients randomized to I-MORE had 32 fewer sickness absence days compared to O-ACT (median 85 (IQR 33-149) versus 117 (IQR 59-189) days, p=0.034). There were no clinically meaningful differences in self-reported health or health related quality of life. The hazard ratio for sustainable return to work was 1.9 (95% CI 1.2- 3.0) in favour of I-MORE.

Conclusions

The I-MORE program may be recommended for patients on sick-leave due to musculoskeletal complaints or common mental disorders. Cost effectiveness needs to be assessed. Long term follow-up is needed in order to assess whether entry into permanent disability benefits can be prevented.

Effect and costs of an intensive return to work program for patients with recent sick leave due to musculoskeletal disorders

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prof. dr. Sjef van der Linden - Maastricht University Medical Center, Deptartment of Internal Medicine, Division of Rheumatology, The Netherlands

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drs. Nico Wolter - Maastricht University Medical Center, Departement of Internal Medicine, Division of Gastroenterology and Hepatology, The Netherlands

prof. dr. Annelies Boonen - Maastricht University Medical Center, Departement of Internal Medicine, Division of Rheumatology, The Netherlands

Background

To explore effects and costs of a 4-weeks intensive multidisciplinary program combined with spa-elements in persons with recent sick leave due to musculoskeletal disorders (MSKD) when compared to usual care.

Methods

Participants were matched for age, gender and type of MSKD to subjects from an occupational database and were followed from first day of sick-leave till 6 months after the program. Days sick-leave and hazard of work resumption were compared by bootstrapped independent sample t-test and Cox-regression respectively. Program costs per working day gained were calculated. Within the program-group, healthcare costs, EuroQol-5D (EQ-5D) and EQ-VAS 6 months before and after the program were compared.

Results

111 program-participants were evaluated (mean age 47(±9.9) years; 77(69.4%) women). Total days sick-leave were 58.2 (±34.4) in the program-group and 75.5 (±39.8) in UC-group (p=0.002). At 20 days sick-leave the hazard curves on work resumption of both groups crossed, and thereafter the hazard of work resumption in program-participants was significantly higher [HR 1.60 (95%CI:1.22-2.11)] compared to UC. Program costs were €6,172/patient, resulting in €356 per working day gained. Among program-participants, EQ5D/EQ-VAS improved significantly from 0.57 (±0.26)/56.1 (± 15.1) before the program to 0.70 (±0.22)/ 69.4 (±13.6) and healthcare costs decreased non-significantly from €1,887/patient (±3755) to €1,112/patient (±1470) per 6 months.

Conclusions

In patients with MSKD on recent sick leave, the intensive multidisciplinary program reduced days sick leave and enhanced return to work. Extra program costs seem to be further offset by improvements in health and healthcare costs.

Developing practice-oriented education in insurance medicine and student-centered learning activities in real-life social security settings

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Karen Walseth Hara, MD - Norwegian University of Science and Technology (NTNU), Norway

Background

Insurance medicine is taught in all medical schools in Norway. International (1) and national reforms (2) advocate introducing a system- and practice-based approach to medical education. The aim was to collect feedback from students on their experience with practice-oriented learning in real-life social security settings.

Conclusion: The students preferred learning activities in social security medicine that gave them an opportunity to practice the skills they will need after graduation as medical practitioners. Student-centered learning activities in real-life social security settings are recommended further developed.

Issue

Insurance medicine is taught in all medical schools in Norway. International (1) and national reforms (2) advocate introducing a system- and practice-based approach to medical education. The aim was to collect feedback from students on their experience with practice-oriented learning in real-life social security settings.

Methods

An evaluation at a medical school in Central Norway (NTNU) with an uptake of 135 students each year. An interprofessional team of educators with both medical and non-medical Backgrounds worked together with students and social security authorities to revise the traditional plenary teaching. Student-centered learning activities were added, including both on and off campus contact with medical and non-medical social security advisors. Oral and written feedback from individual, group or plenary sessions were collected throughout the project period from 2015 – 2017.

Description

An evaluation at a medical school in Central Norway (NTNU) with an uptake of 135 students each year. An interprofessional team of educators with both medical and non-medical Backgrounds

worked together with students and social security authorities to revise the traditional plenary teaching. Student-centered learning activities were added, including both on and off campus contact with medical and non-medical social security advisors. Oral and written feedback from individual, group or plenary sessions were collected throughout the project period from 2015 – 2017.

Results

In their feedback, the majority of the students stated that they found training in professional writing of medical texts and application of these in a social security context as well as team-based learning in the social security setting the most useful. Students especially appreciated direct feedback from experienced social security practitioners on how real-life social insurance problems could be solved.

Conclusions

Conclusion: The students preferred learning activities in social security medicine that gave them an opportunity to practice the skills they will need after graduation as medical practitioners. Student-centered learning activities in real-life social security settings are recommended further developed.

Lessons

The students preferred learning activities in social security medicine that gave them an opportunity to practice the skills they will need after graduation as medical practitioners. Student-centered learning activities in real-life social security settings are recommended further developed.

Evaluation of a training in 'Disability assessment in patients without objective findings'

dr. Jerry Spanjer - Dutch Social Security Office, The Netherlands

Issue

Disability assessment in patients with diseases without objective findings is difficult and leads to interdoctor variation. Research on the subject 'limitations in working hours in medically unexplained physical symptoms' was published in the Dutch journal 'Tijdschrift voor Bedrijfs- en Verzekeringsgeneeskunde'. This research was presented on the EUMASS Congress 2016. Based on this research, a one-day training was developed on the topic of 'disability assessment in patients without objective findings'. Imporant parts of the training are: 1. discussing the difficulties in the assessment 2. discussion based on case reports (written report, video and a report of a personal case) 3. presentation of research into the subject and 4. instruments to collect information and how to assess that information are discussed.

The aim of this study is to evaluate this training.

Description

Methods: A total of 52 insurance physicians of the Dutch Social Security Office followed the training in 2017. After completion of the training a questionnaire was taken. The questionnaire consisted of 12 statements on which the physicians could score on a 10-point scale and 6 open-ended questions.

Results

A total of 47 out of 52 physicians (90%) completed the questionnaire. The training is experienced as a meaningful, relevant and practice-oriented day. On the whole, the day is valued with 8+ on a 10-point scale. The physicians especially appreciate discussion with their colleagues and reflection on their own point of view on the matter. They indicate that due to the training they got more tools and knowledge in assessing disability when patients have no objective findings.

Lessons

The physicians that followed the training indicate that they appreciate the reflection on their point of view on disability assessment in patients without objective disease. In addition, the physicians say they get more tools for this assessment and that their knowledge about the topic is increased.

Implementation of the Disability Management training program in Belgium : steps taken

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dr. Laurence Paquier - Medical docter National Institute of Health and Disability Insurance, Belgium
prof. dr. Lode Godderis - KULeuven, IDEWE external service for prevention and protecion at work, Belgium
drs. Marie-Claire Lambrechts - PhD-student KULeuven, Belgium
mr. François Perl - National Institute of Health and Disability Insurance - General director department of Benefitis, Belgium

Issue

In 2014 the National Institute of Health and Disability Insurance (NIHDI) obtained the license from the National Institute of Disability Management and Research (NIDMAR) in Canada to organize in Belgium the disability management (DM) training (25 modules) and certification.

Description

A public call was launched for experts to give the training who had practical experience in DM, a broad network, sufficient teaching competences and a scientific Background. A consortium responded to the call and the involved experts adapted the original modules from NIDMAR to the Belgian context and made the necessary updates. The examination committee of the NIHDI worked with an experienced test agency to adapt the international exam and organize the certification in Belgium. Participants can be certified as Certified Return to Work Coordinator (CRTWC) and/or Certified Disability Management Professional (CDMP).

Results

At this moment 122 students (58 in the first year and 64 in the second year) participated in the training. The students differ in Background, level of knowledge about return to work, practical experience, place of work, … The curriculum was already completed twice. During and after the first year, the necessary adaptations were made based on the feedback of the students, the teachers and the NIHDI. The training material is available in both Dutch and French. 42 persons participated to the exam, 27 of them took the CRTWC exam and 15 the CDMP exam. 25 participants passed the exam (18/27, CRTWC and 7/15 CDMP). An alumni association will be launched for those who completed the training and want to meet on a regular basis to exchange knowledge and expertise.

Lessons

Since 2016 the DM training is organized in Belgium and a heterogeneous group of 162 people participated during year one and two. The certification exam was organized once and 25/42 participants succeeded.

Feasability of the training program 'Acquired Brain Injury and Return to Work' for Insurance Physicians

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Wikeshkoemar Ramnarain Singh, BSc - Academic Medical Center (AMC), The Netherlands
prof. dr. Haije Wind - Academic Medical Center, department Coronel Institute of Occupational Health, Amsterdam Public Health research institute, The Netherlands
prof. dr. Monique Frings-Dresen - Academic Medical Center, The Netherlands

Background

A training programme for insurance physicians (IPs) is developed to implement new knowledge concerning acquired brain injury (ABI) and the return-to-work (RTW)-process, embedded in a guideline. The aim is to evaluate the feasibility of the training programme.

Methods

Feasibility was operationalized as limited efficacy, acceptability and implementation of the 'ABI and RTW' training programme. Limited efficacy was evaluated through knowledge assessments at baseline (T0), after studying the guideline (T1) and after attending the training programme (T2). Knowledge test items combined 'true-false', 'multiple-choice' and 'open-ended' questions in the context of a realistic written case scenario. IPs' performance was assessed based on a scoring document. Sum scores of the knowledge tests were analysed by non-parametric Friedman and Wilcoxon signed-rank test. Acceptability was studied asking IPs to indicate whether they (strongly) agreed or (strongly) disagreed with eight statements. Answers were analysed by descriptive statistics (SPSS). Barriers and facilitators of implementation according to IPs were obtained by open-ended questions and categorized (MAXQDA).

Results

51 IPs participated. Median knowledge scores increased significantly over time and between time points: from 16 (T0) to 21.0 (T1), $p<0.00$ and 32 (T2), $p<0.00$. According to respondents the content of the training program was relevant (N=46 of 47), clear (N=43 of 44) and all 44 IPs responding intended to use new knowledge in practice. IPs reported e.g., 'utility' and 'training' as facilitators of and e.g., 'readability' as barriers to implementation of new knowledge.

Conclusions

This study demonstrated that the 'ABI and RTW' training program was feasible: it resulted in significant knowledge increase of IPs. According to IPs the training program was acceptable. The program can be implemented in IPs' daily practice, addressing barriers reported by IPs.

Solution-focused communication skills training in sickness absence counselling of sick-listed workers without an employment contract

dr. Jolanda van Rijssen - Dutch Institute of Employee Benefit Schemes (UWV), Research Center for Insurance Medicine, AMC-UMCG-UWV-VUmc, The Netherlands

Background

For professionals who are supposed to help, guide, or advise other people, effective communication is of great importance. Adequate communication skills are essential for delivering good care. Sick-listed workers without a permanent employment relationship, e.g. temporary agency workers and unemployed workers, are at higher risk for prolonged work disability compared to sick-listed employees. It is therefore important to use the most appropriate communication strategies in sickness absence counselling. Literature suggests that communication strategies that do not focus on problems, but that instead assist in finding solutions, may facilitate earlier return to work. Therefore, the aim of this study was to develop a training course in solution-focused communication for sickness absence counsellors of the Social Security Agency (SSA) in the Netherlands, who assist sick-listed workers without an employment contract in their return to work process.

Methods

Literature review and expert opinions were used to develop the communication skills training course, in accordance with the steps of Intervention Mapping. Firstly, we performed interviews to identify the needs of stakeholders with regard to solution-focused communication. Secondly, the programme and performance objectives were formulated, and practical strategies were identified that could effect changes in communication behaviour of sickness absence counsellors. Lastly, a programme plan, and an implementation plan were formulated.

Results

We developed a short solution-focused communication skills training for sickness absence counsellors, and an implementation strategy. In 2018 the communication skills training will be implemented for all sickness absence counsellors of the SSA in the Netherlands, and the Results concerning their communication skills will be evaluated.

Conclusions

The practical relevance and feasibility of a solution-focused communication skills training for sickness absence counsellors of the SSA is promising. This approach in communication is important for professionals in many different countries, and with Intervention Mapping the training course can be tailored to specific local practices.

The puzzle of functional disorders: history, controversies and current science

ass. prof. dr. Ian Baguley - Westmead Rehabilitation Hospital, Australia

Background

Functional Neurological Symptoms Disorder (FNSD) is a new terminology that encompasses a range of neurological disorders that have no known organic substrate. The FNSDs include pseudoseizures, "conversion" disorders, fixed dystonias and non-organic paralysis, amongst other conditions. FNSDs are not rare, with research suggesting that 3-6% of patients attending neurologists have a disorder classified under the FNSD umbrella. The lack of a definitive diagnostic test also means that patients with factitious disorder and somatoform psychiatric disorders can inadvertently be grouped within the FNSDs.

FNSDs are common in younger age groups, and while many people improve with conservative treatment, chronic disability is particularly common in the motor forms of FNSD, for example, 40% of motor FNSD patients demonstrated significant long term disability 5 years post onset in a meta-analysis of over 10,000 patients.

The aetiology of FNSD is thought to be psychogenic in origin. Research shows that prior sexual abuse increases the relative risk of FNSD threefold. Acute and/or chronic stress is also associated with the onset of symptoms in many studies. People with FNSDs often present as being highly anxious, intense or highly driven individuals. These observations have led to the conservative treatment approach of physical rehabilitation alongside psychological/psychiatric input. However, genetic studies suggest a familial predisposition to developing FNSD, and physical injury is a commonly reported pre-onset feature. Yet other conditions (such as myofascial and complex regional pain syndromes) have all the hallmarks of FNSD but are not considered to lie within that category.

This talk will present a structured overview of the recognised forms of FNSD, present the current evidence regarding the aetiology of the disorders and look at how assessors can attempt to differentiate the FNSD's from factitious disorders and secondary gain.

Personal Factors and their relevance for Rehabilitation Medicine

prof. dr. Wolfgang Seger - President of the Health Advisory Board of the Federal Rehabilitation Council in Germany, Germany

Issue

The alloction of diseased, injured or disabled persons to rehabilitation as well as the choice of adequate and promising procedures are basically focussing on the Bio-Psycho-Social Disease Model. Personal Factors play an essential part to describe an individual`s functioning and to inhibit or facilitate the outcome of rehabilitation.

Methods

A working group of the German Society for Social Medicine and Prevention (DGSMP) compiled a list of Personal Factors with relevance in Social / Insurance Medicine by expert consensus. The approach required unanimity in decision-making. Factors included needed to be as comprehensive, universal, neutral, user-friendly, relevant, unequivocal, definitive in their focus and non-discriminatory as possible.

Results

The aim was to have in mind a list of Personal Factors as Background information to identify their potential influence when assessing an individual`s functioning. They may have an impact adjusting appropriate and potentially successful rehabilitative interventions, or to avoid unsuitable procedures from the onset, with substantial effects on the aspired outcome level of participation. To include individuals into the assessment and communication process of Personal Factors will further help to promote the idea of activating personal resources to overcome participation restrictions and to facilitate involving them in all aspects of their disabilities explicitly and transparently, and not in a hidden manner. This allows a claimant to understand a medical report, and formally object if he deems a statement or decision by the expert or deciding body to be unwarranted.

Lessons

Personal Factors are crucial to choose suitable interventions and to reach the goal of the highest degree of participation. Using Personal Factors is inevitable, feasible, practicable and not time consuming to follow the Bio-Psycho-Social Disease Model accurately and adequately.

Interventions to reduce sickness absence in depressed people (belongs to proposed workshop mental health and work disability; Suijkerbuijk and Nieuwenhuijsen)

dr. Karen Nieuwenhuijsen - Academic Medical Center, Coronel Institute of Occupational Health, Amsterdam Public Health Research Institute, The Netherlands

Background

Depression in workers is commonly associated with sickness absence. Interventions to reduce absenteeism include work-directed and clinical interventions. A systematic review of the literature was undertaken to assess the effectiveness of these interventions.

Methods

A sensitive search strategy was conducted including the Cochrane CENTRAL, MEDLINE, EMBASE, CINAHL and PsycINFO databases. We included randomised controlled trials (RCTs) and cluster RCTs of work-directed and clinical interventions for depressed people that included sickness absence as an outcome. Meta-analyses were conducted to synthesize the effects of interventions deemed sufficiently similar. We used the GRADE approach to assess the quality of a body of evidence regarding the primary outcome category of the comparisons addressed in the review.

Results

We included 23 studies, involving 5996 participants with either a major depressive disorder or a high level of depressive symptoms. We found moderate quality evidence that a work-directed intervention added to a clinical intervention reduces sickness absence (SMD -0.40; 95% CI -0.66 to -0.14; 3 studies) compared to a clinical intervention alone. The clinical interventions involving antidepressant medication comparisons yielded inconsistent Results. We found moderate quality evidence based on three studies that telephone or online cognitive-behavioral therapy was more effective in reducing absenteeism than usual primary or occupational care (SMD -0.23; 95% CI -0.45 to -0.01). We found low quality evidence that enhanced primary care did not reduce absenteeism, based on two studies (SMD -0,02; 95% CI -0.15 to 0.12). One study provided high quality evidence that a structured telephone outreach and care management program was more effective in reducing sickness absence compared to usual care (SMD - 0.21; 95% CI -0.37 to -0.05).

Conclusions

Work-directed interventions added to the clinical care have the potential of reducing sickness absence in depressed workers, but the number of studies evaluating these types of interventions is still limited.

Negative perceptions about return to work in sick-listed unemployed and temporary agency workers with psychological problems (belongs to the workshop Nieuwenhuijsen-Suijkerbuijk)

drs. Yvonne Suijkerbuijk, MD - AMC, Coronel Instituut, Kenniscentrum Verzekeringsgeneeskunde, The Netherlands

Background

Mental disorders are highly prevalent and often lead to unemployment and work disability. Return to work expectations and perceived health often found to be prognostic for future work participation. A previous study identified three types of attitudes towards return to work and health among sick-listed unemployed and temporary agency workers with psychological problems. More insight on how to recognize these negative perceptions and attitudes can be used by professionals for the identification of workers at risk for long term sickness absence.

Methods

This focus group study aimed to investigated if and how professionals working at the Dutch Social Security Institute: the Institute for Employee Benefits Schemes (UWV) recognize negative perceptions and attitudes in sick-listed unemployed and temporary agency workers. The participants were recruited through managers of UWV. A thematic analysis was conducted using MAXQDA software.

Results

Four focus group sessions of 5-6 professionals working at UWV were held throughout the Netherlands between November 2017 and January 2018.

Conclusions

Results are expected in the second quarter of 2018.

Cochrane Insurance Medicine (CIM) and EUMASS: a Workshop: • CIM and EUMASS: How can insurance physicians benefit, • Knowledge Translation, • Alert system/Push service

ass. prof. dr. Jan Hoving - Academic Medical Center, University of Amsterdam, The Netherlands
Rob Kok - NVVG, The Netherlands
prof. dr. Regina Kunz - University Hospital Basel and University of Basel, Switzerland
dr. Frederieke Schaafsma - VU University Medical Center - Amsterdam Public Health research institute - Department of Public and Occupational Health - The Netherlands
Adrian Verbel - EbIM Research & Education, Switzerland

Description

This workshop consists of 3 presentations.

Results

1. Cochrane and CIM: what is it and how can IPs benefit?
Presenter Jan Hoving
Presentation: We provide an overview about Cochrane and what we do at Cochrane Insurance Medicine. The presentation includes Results of a recent survey on the information needs of insurance physicians, ongoing collaboration with other groups, such as Cochrane Work, sharing information about our newsletters and Cochrane Corners, opportunities for collaboration with EUMASS, and share opportunities to contribute to Cochrane.

2. Knowledge translation - What is it and how can we benefit? Cochrane strategy 2020.
Presenter Regina Kunz
Presentation: Knowledge translation (KT) is becoming more popular given the information overload for professionals. Institutions across the world, including Cochrane, are looking for ways to help professionals digest evidence from the medical literature more efficiently. Cochrane has developed a knowledge translation strategy that can also provide insight in KT strategies for professionals attending EUMASS and institutions in the field of insurance medicine. In this presentation, we will share Cochrane's most recent developments on KT and its relevance to insurance medicine.

3. Can we keep insurance physicians up to date with the evidence using an email alert?
Presenters Frederieke Schaafsma & Rob Kok
Presentation: It is a challenge to keep up with the medical literature. Using a list of key publications from CIM, and with the help from a librarian, we developed an electronic email alert. This 'insurance medicine' email alert provides weekly or monthly abstracts of recently published journal articles with relevance to insurance medicine. During the workshop we do not only present the alert(s) but also deal with some of the challenges in developing the alert.

Lessons

A discussion will follow each presentation and includes Lessons learned.

The impact of motivation in return to work after work disability

Charlotte Vanovenberghe - KULeuven, CM, UGent, Belgium
prof. dr. Anja Van den Broeck - Faculty of Economics and Business, KU Leuven, Belgium
dr. Emelien Lauwerier - UGent, KULeuven, Belgium
prof. dr. Lode Godderis - KULeuven, IDEWE external service for prevention and protecion at work, Belgium
prof. dr. Marc Du Bois - KULeuven, Belgium

Background

In Belgium, work disability involves a yearly cost of roughly 7 billion euro's. The rising number of chronically work disabled people and the rising amount of psychological diagnosis, asks for a shift from a biomedical to a biopsychosocial approach of work disability. There's increasing research on motivation in psychology. Both the Selfdetermination Theory (SDT)and Motivational Interviewing have proven to be scientifically relevant in other domains. There have nog yet been implemented in the context of the evaluation and guidance in work disability and Return to Work (RTW). Hypotheses are following: There's an interpersonal difference in motivation to RTW within the group of work disabled people (1). There's an association between motivation and time before RTW (2). The implementation of Motivation Interviewing by the social security physician and his/her interdisciplinary team has an impact the quality of motivation within the work disabled (3). The augmentation in the quality of motivation is related to a faster en more sustainable RTW (4).

Methods

There are two phases in this research. Hypotheses 1 and 2 (based on SDT) are being adressed in the first phase. A exploratory cross-sectional survey research will be performed. Variables are motivation (BPNSFS; single question;MAWS), Quality of life (SF-36v2), Depression (PROMIS), diagnosis (ICD10) and sociodemographic variables. Regression analysis from motivation on RTW will be performed (next to validity testing an t-testing). Hypotheses 3 and 4 are being adressed in the second phase. A RCT comparing Motivational Interviewing to CAU will be performed in two diagnostic groups.

Results

Literature review on motivation in RTW shows very few (quantitative) research and no research in Belgium. Literature shows promising Results for the implementation of the Selfdetermination Theory and Motivational Interviewing in other domains. The implementation of both in the context of work disablity is new.

Conclusions

The study design is innovative and promising.

Motivational interviewing in long-term sick absence: design of a randomized controlled trial with mixed Methods

Vegard Foldal, PhD - Norwegian University of Science and Technology, Norway
prof. Egil Fors, PhD - Norwegian University of Science and Technology, Norway
Martin Inge Standal, PhD Candidate - Norwegian University of Science and Technology, Norway
prof. Roger Hagen - Norwegian University of Science and Technology, Norway
prof. Roar Johnsen - Norwegian University of Science and Technology, Norway
ass. prof. Marit Solbjør - Norwegian University of Science and Technology, Norway
ass. prof. Chris Jensen, PhD - National Center for Occupational Rehabilitation, Norway
dr. Lene Aasdahl - Norwegian University of Science and Technology, Norway

Background

Returning to work after long-term sick leave is a process where the worker may experience different levels of self-efficacy and motivation, which may be necessary for return-to-work (RTW). Motivational interviewing (MI) is a client centered and directive counselling style that elicit behavior change by helping people resolve ambivalence. A previous study evaluating the effect of MI on RTW suggests an effect for sick listed workers with musculoskeletal complaints. This paper intends to describe the design of a randomized controlled trial that aim to evaluate the effect of MI on RTW among sick listed workers regardless of diagnoses.

Methods

A randomized controlled trial with parallel group design, with a mixed Methods approach. Eligible participants are employees between 18 and 60 years who have been sick listed for 8 weeks, with a current sick leave status of 50-100%.
Participants are randomly assigned to a MI intervention or one out of two control groups (250 per group, n=750). The MI intervention consists of two MI sessions offered by caseworkers at the Norwegian Labour and Welfare Administration (NAV). The comparative arms consist of a usual care group and a group that receives two extra sessions without MI content. The primary outcome measure is total number of sickness absence days during 12 months of follow-up, obtained from national registers. Secondary outcomes include time until full sustainable return to work, self-efficacy and workability. In addition, a health economic evaluation, a feasibility study and qualitative studies will be performed as part of the project.

Results

Ongoing recruitment. Study design will be presented.

Conclusions

This will be the first trial evaluating the effect of MI on RTW in a social security setting. Findings will potentially be important for policy makers, clinicians and other professionals` practical work.

Does evidence-based knowledge impact Swedish Government policy of return-to-work?

Jan Lidhard - Ministry of Finance, Sweden

Issue

The system of managing return-to-work in Sweden is complex and problematic. It is very sensitive to changes in attitudes. Absence due to sickness varies substantially in time. These variations are found almost principally among patients with common mental disorders. The causes are not sufficiently known.

Description

Three areas of evidence-based knowledge are compared to recent Government policy: 1. The biopsychosocial model 2. Work focussed health care
3. Participation of workplace.
Government policy emerges from recent plans of action, bills and other official statements. Also some previous policies are to a certain extent examined.

Results

The main result of the comparison is that evidence-based knowledge in these three areas only to a very limited extent has impacted Government policy.
The reason for this is discussed. Other motives for current Government policy are described and discussed. What perspectives are prevalent?

Lessons

The National Board of Health should be responsible for compiling evidence-based knowledge of return-to-work. This knowledge should be integrated in existing guidelines for treatment of disorders. The Board should also be responsible for actively distributing and promoting evidence-based knowledge, in close co-operation with the Swedish Government.
Further discussion: To what extent is evidence-based knowledge implemented and practiced in spite of absence of relevant Government policies? Are there other ways to let evidence-based knowledge make its way into the political arena?

Sickness absentees' experiences of encounters with and health care; differences between women and men.

ass. prof. Emilie Friberg, PhD - Karolinska Institutet, Sweden
prof. Kristina Alexanderson - Karolinska Institutet, Sweden

Background

It has previously been shown that how sickness absentees experience encounters with healthcare can be of great importance for their return to work, either as a promoting or a hindering factor. The aim of this study was to investigate if experienced encounters with healthcare differed between sickness absent women and men, and if this impacted on their ability to return to work.

Methods

In 2013, a questionnaire was sent to a random sample of 17,500 of all who had a sick-leave spell ongoing for 4-8 months, response rate 52%. Register data were added. The comprehensive questionnaire included detailed questions about positive and negative encounters with healthcare, and whether the encounters had promoted or hindered return to work. Odds ratios (OR) with 95% confidence intervals (CI) were calculated using logistic regression.

Results

Among the 8941 included sickness absentees the vast majority, among both women (96%) and men (94%) responded that they had had positive encounters with healthcare. Women had OR: 1.4 (95% CI 1.1-1.7) of having experienced a positive encounter with healthcare compared to men, when adjusting for age, education, and country of birth. Women also had higher OR (1.2, 95% CI 1.1-1.4) for having experienced negative encounters, compared to men. In general, positive encounters were experienced as promoting and negative encounters to have hindered return to work. There were however, statistically significant differences between women and men in experiencing that positive encounters had hindered and in that negative encounters had promoted ability to return to work.

Conclusions

The Results suggest that most women and men on long-term sick leave had experienced positive encounters from healthcare. Women had higher OR for having experienced positive as well as negative encounters compared to men.

The labour market trajectories of individuals experiencing medical incapacity to work in Belgium

Esmeralda Gerritse - Free University of Brussels (ULB), Belgium
prof. Robert Plasman - Free University of Brussels (ULB), Belgium
prof. Ilan Tojerow - Free University of Brussels (ULB), Belgium

Background

In recent years, a steady increase in the social expenditure on disability and sickness cash benefits has been observed in Belgium. The rise in expenditure has been associated with an increase in the number of individuals experiencing medical incapacity to work (MIW). To improve the knowledge of the trends, we need to have a clear view on the labour market dynamics of this pool of people and on their profiles, so to be able to then design specific programs for their reintegration.

Methods

A sample of the individuals having entered MIW in the period 2005-2009 has been randomly selected and followed for the two years before and three years after. A Sequence Analysis approach has been implemented to build the trajectories; first we use the Optimal Matching Analysis to calculate the distance between the individual sequences and then the Ward Clustering to group them into the main ideal-types. Lastly, a Logistic Model has been developed to study the factors influencing these paths.

Results

We identified the three main typologies of trajectories: employment – short term MIW – employment, followed by around 70% of the individuals, employment – long term MIW, around 18%, and unemployment – MIW – unemployment. Through the logistic regression, we then analysed which socio-demographic characteristics influence the probability to follow each specific path. We observed that the individuals not returning on the labour market are most likely to be women, those aged 30 or more and the ones living in the Brussels region.

Conclusions

The professional programs and targeted policies aimed at reintegrating these MIW individuals on the labour market should focus on the identified categories, as they constitute the most fragile groups, so to be tailored in an effective way.

Multi-stakeholder dialogue for priority setting in research

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mr. Yves Dario - Senior project leader King Baudouin Foundation, Belgium
mrs. Bénédicte Gombault - Senior project leader King Baudouin Foundation, Belgium
dr. Laurence Paquier - Medical docter National Institute of Health and Disability Insurance, Belgium
mr. François Perl - National Institute of Health and Disability Insurance - General director department of Benefitis, Belgium

Background

Yearly, the Center of knowledge in work incapacity of the National Institute of Health and Disability Insurance (NIHDI) launches a study program to set the priorities of research in the upcoming year. In 2017 the Center collaborated with the King Baudouin Foundation to test a novel methodology for setting priorities in research. It was the first time in Belgium that 3 pilot projects were launched to test this methodology. The set-up of the study program on work incapacity of the NIHDI was one of these pilot projects.

Methods

Through a structured 3-way procedure, stakeholders were invited to enter dialogue. In a first step, all stakeholders were questioned in a total of 14 focus groups (each group representing one kind of stakeholder) to come to research topics. In a second step, these topics were reformulated into research questions and a pre-selection was made based on the competences of the Center of knowledge. In a third and last step, a multi-stakeholder workshop was organised to select the top ten research questions.

Results

The first step resulted in 44 topics and the second step finally produced a list of 19 questions. During the last step a consensus was reached on the top ten research questions. The top three research questions address the education of professionals involved in the field of work incapacity, the broadening of the “group TRIO” (a project already existing in Belgium, promoting concertation between general practitioners, medical advisers, and occupational physicians), and the importance of disability case management.

Conclusions

The Center of knowledge will use these output to develop projects in the department and to launch calls for research projects.

Exploring the construct 'inability to work full time': a qualitative study from the physician and patient perspective

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Background

Chronic diseases are often associated with reduced energy level and activity limitations. For workers with chronic diseases this may lead to limited work performance diminishing the number of hours they are able to work. These workers may eventually claim disability benefit. The assessment of the Inability to Work Fulltime (IWF) is an important part of the work disability assessment procedure. Although the IWF outcome has important consequences for disability benefit allowance, studies on IWF are lacking. The aim of this qualitative study is to explore the construct IWF by two perspectives: physicians and patients. The main research question was: 'What does the construct IWF entail?'.

Methods

Semi-structured interviews were held with ten physicians involved in work disability assessment and nine expert staff members of patient organizations in the Netherlands, exploring views, knowledge and experiences. The interviews lasted to 90 minutes, were audio-recorded and transcribed verbatim. Themes were explored by means of open and thematic coding.

Results

Physicians and patient representatives described the concept IWF as difficult and multi-interpretable. Both stakeholders defined IWF as the limited ability to sustain working activities for a number of hours, without adverse health effects and sufficient time and energy left for activities outside work. IWF may be influenced by many different factors that may change over time, such as medical (e.g. effect of treatment), personal (e.g. age), and work-related factors (e.g. work-load). Whether a work-load is considered normal is determined by societal norms, taking into account individual abilities and individual circumstances. Stakeholders described no general upper limit of the ability to work a number of hours per day and per week. This limit is personal and individual.

Conclusions

Stakeholders seem to be unanimous in their definition of IWF. They both see IWF as a dynamic concept, difficult to define, and influenced by many health-related personal and contextual factors.

The transition from acute to chronic pain: from a physiological and clinical perspective – impact on work ability

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Madeleine Jonsson - Regional Insurance Medicine Centre, Sweden
Iréne Lund - Karolinska Institute, Sweden

Issue

Pain is an adaptive sensory experience necessary to prevent further bodily harm, the transition from acute to long standing pain is not adaptive and Results in the development of a chronic clinical condition with associated problems affecting work capacity. How this transition occurs has been the focus of intense study for a decade. The focus of the current presentation is on changes in neuronal plasticity as well as the role of immune cells and glia in the development of chronic pain from an acute condition. Also, associated changes are addressed with a focus on work ability.

Description

Pain is an extremely complex experience that demands the recruitment of an intricate set of central nervous system components including cortical and subcortical areas involved. It also comprises neural circuits that process the motivational-affective dimension of pain including the reward circuitry to pain suffering, including the nucleus accumbens, ventral tegmental area, and the medial prefrontal cortex; with especial attention dedicated to the evaluation of neuroplastic changes affecting these structures found in chronic pain syndromes.

Results

Charactersitic of chronic pain is activity in the frontal and prefrontal cortex as well as the sensory cortex. On the other hand, long -standing pain is characterized by activity in limbic structures and related changes transforming pain from being a sensory experience to an emotional. Also, a series of reactions are triggered resulting in the activation defense mechanisms reulting in loss of deep sleep, increased intake of carbohydrtes, social isolation and mode fluctuations. Also, pain may be interpreted in the form of danger and avoidance affecting work ability in a much more general fashion then just the pain.

Lessons

A better understanding of how chronic pain develops at a mechanistic level can aid clinicians when assessing ability to work

Measurement of Pain in patients undergoing ability to work assessment - a gender perspective

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Iréne Lund - Karolinska Institute, Sweden

Background

Sensory and pain thresholds change consequently to disturbances associated with ongoing pain. Therefore threshold assessments could be an additional method in the clinical evaluation of reported pain in patients undergoing assessment of ability to work.

Methods

To study the test-retest variability within-day and between-day of such procedures, an instrument producing electrocutaneous stimulation, PainMatcher (PM) (Lund et al. Physiother Theory Pract. 2005 Apr-Jun;21(2):81-92), was used to assess the electrical sensory thresholds (EST) and pain thresholds (EPT) in healthy volunteers and in patients with pain undergoing ability to work assessment
The produced data were considered ordinal and analyzed with rank-invariant statistics with properties of analyzing systematic disagreement, bias, and individual variations (Svensson E. Stat Med. 2012;31:3104-17)

Results

There was a high percentage agreement +/- 1PM value for EST in healthy volunteers and in patients with pain. The minor variability in the EST assessments is possibly explained by a slight bias while the individual variations were negligible between the two occasions.

The percentage agreement +/- 1PM value for EPT was less and varied to a larger degree.The variability in the assessed EPT were unbiased in both groups (healthy subjects and patients) while individual variations were significant among the healthy volunteers but negligible among the patients in pain.

The EST was found to be significantly increased in pain patients compared to healthy volunteers and the EPT significantly decreased in pain patients compared to healthy volunteers.

The individual variation of the responses was greater in the women than in the men.

Conclusions

The Results suggest that measurement of EST and EPT may be an additional tool in the clinical evaluation of pain in patients undergoing assessment of ability to work.

Insight into the most important person-related factors for work participation of employees with health problems according to occupational and insurance physicians

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Background

Although cognitions and perceptions of employees are important for work retention and return to work after sick leave, essential knowledge about taking these person-related factors into account during consultations is lacking. This study provides insight into the importance of person-related factors for work participation and the best ways to gain insight into these factors from the perspective of occupational- and insurance physicians.

Methods

In a survey study 155 occupational- and 56 insurance physicians had to rate the importance of ten different preselected person-related factors (coping, fear-avoidance beliefs, motivation, feelings of control, expectations regarding recovery or return to work, catastrophizing, perceived work-relatedness, self-efficacy, optimism and perceived health) to take into account during consultations on a 5-point Likert scale. If at least 60% of the professionals rated a factor as “very important” or “extremely important”, the factor was regarded as important to take into account during consultations. The physicians were also asked about the ways to get information about these factors during consultations.

Results

The most important factors according to occupational physicians were expectations regarding recovery or return to work and coping. Perceived health was the only factor that was regarded as not important enough to take into account during consultations. The most important factor according to insurance physicians was coping. The factors optimism and perceived health were regarded as not important enough. Most of the physicians (51%) thought that the best way to obtain information about the person-related factors in daily practice was to discuss these factors with patients during consultations.

Conclusions

All of the ten person-related factors were regarded as important to take into account during consultations, except the factors optimism and perceived health. These two factors could be disregarded in further research about person-related factors. Discussing person-related factors during consultations with the employee was perceived as most informative according to the physicians.

Working with depression is experienced as a constant balancing act that includes presenteeism

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Background

In many countries, mental health disorders are the most important reason for work disability. Depression is the main contributor. However, employees diagnosed with depression can still work. An estimated 7-10% of the Dutch working force suffers from depression. Research shows not only increased sickness absence but also increased sickness presence (presenteeism) in employees with depression. Research tends to emphasize the costs compared to healthy employees rather than the advantages of participating in paid work by those with long-lasting medical conditions. The aim was to study how Dutch employees with diagnosed depression experience presenteeism and absenteeism.

Methods

Semi-structured interviews were held with a purposive sample of 13 employees diagnosed with depression, transcribed verbatim and analyzed thematically.

Results

Having depression is experienced as a constant balancing act around three decisions: (1) to seek help for depression or not, (2) to disclose about depression or not, and (3) to be present at work or not. Decisions are made in the context of workplace support. This balancing act is experienced as affecting the depression and work functioning. Presenteeism reflects either ignoring symptoms or a deliberate decision supported by the workplace. Workplace support includes: 1) supervisors creating work adjustments (work structure, content and social environment); 2) occupational physicians advising about work adjustments, and monitoring and supporting the employee.

Conclusions

Workplace support should include both work adjustments regarding structure and contents as well as a positive social environment in order to work with depression. However, this support does not relieve the burden of constant decision-making, nor does it decrease presenteeism. The study sheds new light on presenteeism in persons with long-lasting medical conditions. Insurance physicians could improve the disability evaluation of clients with depression and the management of their trajectory by acknowledging the burden of decision-making and the importance of workplace support.

Psychosocial Work Potential in Patients with Common Mental Disorders - A Comparison before and after Cognitive Behaviour Therapy

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Background

In order to reduce sick leave resulting from common mental disorders (CMD) in Sweden there was an agreement of a so-called Rehabilitation Guarantee in primary care, applied between 2008-2015, which included cognitive behaviour therapy (CBT). It is well known that psychosocial factors such as expectations of work success, balanced lifestyle and support at work are important for mental health and for work ability. There is lack of evidence that CBT in itself leads to reduced sick leave, however, studies indicate that a work-focused CBT can lead to increased work ability. The purpose of this study was to describe work potential before and after treatment with CBT in patients with CMD.

Methods

The study included 108 patients with CMD. The psychosocial work potential of the study participants before and after CBT was identified using the assessment instrument Worker Role Interview (WRI). The sick degree was self-reported by the participants. Data from WRI was analysed with both quantitative and qualitative Methods.

Results

The participants' work potential in most psychosocial factors according to WRI increased significantly. The psychosocial factors “pursues interests”, “work habits”, “daily routines”, and “adapts routine to minimise difficulties” which before treatment hindered the participants had, after treatment, changed so that they supported work capacity or a return to work. Participants described how they had adjusted their activity levels at work and in daily life by using strategies to limit activity, reducing their own expectations, asking others for help, pursuing interests and resting. The patients' sick leave decreased significantly.

Conclusions

A work-focused CBT can lead to increased work ability in patients with CMD. The Results indicate that improved occupational balance can reduce sickness absence.

Trajectories of work disability and unemployment among young adults with common mental disorders

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Background

Labour-market marginalisation (LMM) and common mental disorders (CMDs) are serious and growing societal problems. The aim was to describe trajectories of LMM (both work disability and unemployment) among young adults with and without CMDs and elucidate characteristics associated with these trajectory groups.

Methods

The study was based on Swedish registers and consisted of cases, i.e. individuals 19-30 years with incident CMDs in 2007, and matched controls from the general population without mental disorders 2004-07. Group-based trajectory models were performed describing patterns of LMM before and after the diagnosis, 2004-13. Multinomial logistic regressions investigated the associations between sociodemographic and medical covariates and the identified trajectory groups.

Results

The majority of cases had low levels of work disability (63%) or unemployment (38%) throughout the observation period. These proportions were substantially lower compared to the controls, i.e. work disability (85%) and unemployment (50%). A rather high share of cases followed trajectories of increasing or high levels of either work disability (26%) or unemployment (32%). Remaining patterns were fluctuating or decreasing. While educational level and mental comorbidity discriminated trajectory groups of work disability, education and living area determined differences in patterns of unemployment (R2difference=0.02-0.04, $p<0.01$).

Conclusions

The overarching proportion of young adults with CMDs have low levels of LMM. However, around 30 % of CMD patients display increasing or high persistent levels of either work disability or unemployment throughout the follow-up period. Education, mental comorbidity and area of living are important factors to take into consideration in order to prevent LMM.

The relation between work motivation and work outcomes in people with severe mental illness

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Background

Individual Placement and Support (IPS) is an effective approach to help people with severe mental illness (SMI) who are motivated to work to obtain employment. Previous research outside of Europe, examining motivation in people with SMI enrolled in vocational rehabilitation programs, suggested that the level of motivation is positively linked to work outcomes. We aimed to explore the relation between work motivation and work outcomes in people with SMI enrolled in IPS in the Netherlands.

Methods

Data collected within another study (Scion, 2014) on IPS were used for secondary data analysis. Work motivation was assessed at baseline with a self-reported questionnaire. Outcome measures were the duration until job obtainment during 30-month follow-up, and the duration in the first job obtained. Cox regression and multiple linear regression analyses were performed to analyse whether the level of motivation was associated with job obtainment.

Results

A total of 151 participants were analysed, of which 47% were included in the IPS program. The mean age was 35 years, 74% was male and had a psychotic disorder (57%). The mean motivation score was 2.86 (range 1-4), and 34 % obtained competitive employment within 30 months. Preliminary Results showed no relation between work motivation at baseline and work outcomes (HR 1.3, p=0.5). However, work motivation was positively related to a shorter duration until job obtainment in younger people (17-33 years) than older people (34-62 years) (HR 3.6, p=0.03). Work motivation was negatively related to job maintenance in older people (β= - 1.5, p=0.04). Work motivation was not an effect modifier for the effect of IPS on job obtainment (p=0.83).

Conclusions

The Results suggest that work motivation might be a relevant factor to further explore and to help improve vocational rehabilitation outcomes for people with SMI.

Sickness absence among patients with Attention deficit/hyperactivity disorder (ADHD) and co-morbidity

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Background

This study tries to define categories of patients with Attention deficit/hyperactivity disorder (ADHD) with co-morbid diagnoses in regards to sickness absence.

Methods

Population based cross-sectional patient chart review of people with ADHD, aged 19-29. Activity compensation and sickness benefit, two forms of financial benefit, known as sickness absence, were study's outcome. 4 classes acknowledged using polychotomous class analysis, regarding sickness absence, age, sex and psychiatric diagnoses.

Results

Of 516 individuals, mean age 24 years, 51% male, 5% were recommended sickness benefit and a third activity compensation. Convinced differences found between the different classes. Sickness absence was most common in class 2 (21%), where autism or intellectual disabilities were most common diagnosis. Class 1 (3%) contained only females with personality disorders , Class 3 (33%) equal sex ratio, all with anxiety disorder diagnoses, Class 4 (43%) had low co-morbidity rates. Class 2 contained mainly men. The sickness absence recommendation rate in the respective classes was 100%, 65%, 47% and 15%.

Conclusions

Treatment seeking patients with ADHD is a heterogenous group, regarding comorbidity and sickness absence and indicates that impairment in ADHD is a complex phenomenon. However, treatment seeking ADHD patients can be categorized into clinically relevant groups providing opportunities to structure rehabilitation efforts to the individuals' needs.

Comparisons of All-Cause Mortality of NSAIDs vs. Opiates and Adjuvants: A Historical Cohort Study

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Background

Chronic nonmalignant pain (CNMP) is defined as pain from a non-cancerous origin lasting beyond ninety days. Such complaints are often seen with musculoskeletal conditions. Treatment for these complaints often involves varied pharmaceuticals including NSAIDs, narcotic preparations and/or adjuvant medications. Adjuvant medications may include muscle relaxers, antidepressants, sedative/hypnotics, anxiolytic medications and neuroleptics. Long term safety and effectiveness of these medication combinations remain unclear.

Methods

Cox regression models are used to determine statistically significant risk factors of ACM for patients prescribed NSAIDs only, schedule 2 opiates only (S2), schedule 2 opiates with at least one anxiolytic, sedative, or hypnotic medication (S2 + ASH), schedule 2 opiates with at least one muscle relaxer and/or antidepressant (S2 + MR/AD), and schedule 2 opiates with at least one anxiolytic, sedative, or hypnotic medication and at least one muscle relaxer and/or antidepressant (S2 + ASH + MR/AD). Standardized mortality ratios (SMR) are calculated for all groups.

Results

S2 + ASH + MR/AD group has the highest SMR, 1.74 (95% CI, 1.54-1.97). Similarly, S2 +ASH also has increased SMR, 1.41 (95% CI, 1.06- 1.84). The SMR for these groups increased when daily morphine equivalent dose is greater than 100 mg, SMR 2.07 (95% CI, 1.56-2.70) and 2.20 (95% CI, 1.22- 3.67) respectively.

Conclusions

The use of anxiolytic, sedative/hypnotic, antidepressant and/or muscle relaxant medications with Schedule 2 opiates pose a significant increased risk of ACM. This risk increased 200% (SMR 2.22 (95% CI, 1.84- 2.65) and 2.07 (95% CI, 1.56 – 2.70)) with increasing opiate dose.

Accompaniment to the mastery of prescription OMALYZUMAB in Provence Alpes Cote d'Azur and Corsica in 2017

dr. Jean-Louis Cornille - General social security regime/ DRSM PACAC, France
dr. Gaetano Saba, MCR, DRSM - Caisse nationale d'assurance maladie des travailleurs salariés, France
dr. Jean-Marc Vandendriessche - General social Security régime/ DRSM Franche comté, France
dr. Françoise Ripoll - General social security regime/ DRSM PACAC, France
mr. Bruno Stalla - General social security regime/ DRSM PACAC, France

Issue

Omalizumab (Xolair *) is indicated for severe, unrestrained, unstable IgE asthma and in chronic urticaria, to escape the massive prescriptions of antihistamines. It is prescribed as an exceptional medicine.
This prescription increased by 12 to 15% per month since2016.
In practice, some legal en statutory procedures were not respected. An experiment at the Arles hospital center for the analysis of prescriptions took place in 2016: Results: Decrease of 25% stable in the year, 32 instead of 44 treated patients.

Description

To extend the Arles method in both regions for pneumological and dermatological prescriptions. By analyzing the use of Xolair * in hospitals and prescribers from 2016 to 2017, this has been our goal.
Selection of 11 hospital establishments for pneumology and 4 for dermatology, and
16 pulmonologist prescribers and 9 dermatologists were studied .16 pneumologists and 9 dermatologists prescribing.. Each prescriber was analyzed by the same operator and all of selected patients guaranteeing a mink equity, He produced a comprehensive summary sheet, an analysis of each patient and the annotated requests, validated by a committee of reading.
The accompanying campaign was conducted by the network RPS (health professional relations) with product sheet, recommendations, and profile for each prescriber. The campaign took place from September 2017 to January 2018, the meetings were held in the mode of "medical assistance".

Results

In pneumology, most often it was asthma stage 2 or 3, mixed with Chronic Obstructive Pulmonary Disease, little or no allergic. The basic treatment had not been supplemented by betas two long mimetics and inhaled corticosteroids. The prescriptions concerned non-IgE and non-asthmatic immunoglobulin (systemic disease) or perennial rhinitis pathologies.

Lessons

Results of the study shows a steady reduction 5% every month . Since the recommendations were Issued by the Regional Health Agency, they reproduced the messages of the campaign in every respect.

Support in the practice of the physiotherapy for the dependent elderly in institutions

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Issue

Physiotherapy represents a great point of interest for the French National Health Insurance Company (FNHIC), because of its level and its increase, in which participates the population ageing. More than 10% of the spending is due to physiotherapy realized in institutions accommodating dependent elderly (IADE). Abuses are there easier, given to medical condition of the patients, justifying that the entire expense is covered by the FNHIC. Besides, payment is not based on medical situation, but is made for each provided act, encouraging their inflation.

Description

The most often, physiotherapy needed in IADE is only walking rehabilitation, for which exists a specific rate, represented by a key letter weighted by a coefficient. Frequently, a higher rate is wrongfully charged by the physiotherapists. The 44 IADE presenting the higher expenses per patient, were targeted. There was no correlation between the cost of physiotherapy and the severity of medical condition.
Meetings were organized by a FNHIC's medical adviser in the IADE including usual doctors and physiotherapists. Each professional partner was given the opposable medical guidelines on physiotherapy practice and reminded the appropriate rules of charging according to the type of physiotherapy really provided to the patients.

Results

Physiotherapy activity was compared and analyzed, after queries on the data bases,for a period of 6 months, before and after the action, for the targeted IADE: «IADE-cases» as well for the non-targeted ones: «IADE-witnesses».
The first Results - even though our data base is not totally complete yet - show a significantly reduction of the overcharged acts , much more marked in IADE-cases than in IADE–witnesses, which suggests that our work was effective.

Lessons

To sustain and increase the positive effect of our work, we have to identify the practitioners who did not modify their behaviour to adopt towards them an individual and appropriate action.

Renting a Knee Continuous Passive Motion (CPM) after Total Knee Arthroplasty (TKA) can shorten or prevent post -surgery rehabilitation stay

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Issue

In France, 48% of the patients undergoing a TKA benefit from a rehabilitation centre. The aim of the hospitalisation is to use a CPM which is considered as an effective treatment for helping the patient to recover. It is said, from the purchaser advice, to prevent stiffness, reducing pain and prevent local complications . However, this device is not yet reimbursed by the French health fund when used in out-patients.
The orthopaedic surgeons from the University of Rennes (Britany) believe that 70% of the hospitalised patients in the rehabilitation centre could have the same advantage at home with the Knee CPM under a physiotherapist monitoring.

Description

A post-surgery support service, (PRADO) has been implemented in France for 8 years to improve the recovery and the empowerment after an orthopaedic surgery. Within this program, 14 patients after Knee TKA were selected to test a CPM at home on the supervision of a physiotherapist. A satisfaction survey from the patients was introduced.

Results

The survey was unanimously favourable. The surgeons estimated the Results satisfying. No patient had to be readmitted to the hospital, and no significant complication was reported

Lessons

The PRADO as a home network, improves the relation between the hospitals , the out-patients and the outer health care workers.
The rehabilitation outcome was considered like meeting the international standard .
The early discharge tend to prevent the nosocomial (or other) adverse events.
Patient's empowerment leads to save health personnel ressources.
The implementation of the home- rent-CPM had the least cost of 880€ vs 9700€.
The device looks like adfordable and convenient for an external post-surgery use.

Promoting sustainable return to work: Towards a biopsychosocial and occupation-specific job matching tool for vocational rehabilitation of persons with spinal cord injury

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Background

Sustainable return to work (RTW) requires a good match of a person's capabilities, characteristics and health condition-specific needs with the demands and characteristics of their job. Therefore, job matching (JM) represents a key procedure in vocational rehabilitation (VR). Currently available JM tools, however, tend to lack a comprehensive, biopsychosocial documentation of the key aspects for JM and do not focus on specific occupations. The present study, therefore, aimed at developing and pretesting a biopsychosocial and occupation-specific JM tool by using VR of persons with spinal cord injury (SCI) as a case in point.

Methods

The tool development consisted of a conceptual, content-related and technical part. We applied a multi-pronged study design involving a literature review, a database analysis of jobs performed by persons with SCI using the Occupational Information Network (O*NET) and a focus group study with affected persons. To pre-test the JM tool prototype, VR professionals applied the instrument to current VR clients and recorded their impressions regarding its usability and practicability in semi-structured questionnaires that were finally discussed in group interviews.

Results

The JM tool prototype documents a person-job match based on three dimensions, i.e. stable attributes (e.g., abilities, interests, work values), modifiable attributes (e.g., education, skills, work activities) and needs/supplies (e.g., whether the need for flexible working hours is met by the organization). VR professionals perceived the tool particularly useful for determining suitable target occupations and RTW goals as well as for deriving goal-oriented JM interventions in an interdisciplinary VR setting.

Conclusions

The developed JM tool appears promising as a generic framework for JM in the RTW context and, more specifically, for JM applications in VR of persons with SCI. By facilitating efficient interdisciplinary teamwork and an effective planning and carrying out of goal-oriented VR interventions, the tool could contribute to a more sustainable RTW of persons with disabilities.

Do granted rehabilitation benefits have effect on later disability after vocational rehabilitation?

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Background

VIRK provides nationwide vocational rehabilitation (VR) services in Iceland. People in rehabilitation can apply for rehabilitation benefits (RB) if they are not eligible for sickness pay. It has been documented that the rate of subsequent disability among those assigned RB is high, but whether this applies to those attending VR is not known. This study examines if being assigned RB is a risk factor for disability among participants in VR.

Methods

Participants attending VR at VIRK between January 2010 and April 2017 that had not been assigned disability benefits before admission were checked for disability status and RB status in the registry of the Social Insurance Administration in October 2017. Data on age, sex and time absent from work was collected from Virk´s database.

Results

Of those who had been discharged from Virk (N=4,845) and had been assigned RB (N=3,108), 50% had also been assigned disability pension (DP) (43% of the men, 53% of the women, average age 47 years) but only 18% of those who had never been assigned RB (N=1,737, 15% of the men, 20% of the women, average age 55 years) had been assigned DP. Focusing on the group who had been less than 6 months absent from work (N= 1,845) a large difference in enrollment on to DP was still noted depending on whether they had been assigned RB, but 45% of RB receivers had been awarded DP (N=1,068) compared to 15% of those who had never been assigned RB (N=777).

Conclusions

Being assigned rehabilitation benefits is a risk factor for disability in a population that participated in VR. This holds true even if controlled for time absent from work. Whether this reflects the effect of socioeconomic status on the prognosis of rehabilitation or even some disadvantages of the RB system should be studied further.

Let's WORQ: The value of the Work Rehabilitation Questionnaire (WORQ) in return to work trajectories.

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prof. dr. Michiel Reneman - University Medical Center Groningen, Department of Rehabilitation Medicine, Center for Rehabilitation, The Netherlands

prof. dr. Marcel Post - Center of Excellence for Rehabilitation Medicine, Brain Center Rudolf Magnus, University Medical Center Utrecht , The Netherlands

Ellen Roels, MD - University Medical Center Groningen, Department of Rehabilitation Medicine, The Netherlands

prof. dr. Dominique Van de Velde - Ghent University - Department of rehabilitation sciences and physiotherapy - Occupational Therapy program, Belgium

Background

Vocational rehabilitation aims to optimize work participation and achieve return to work using a multi-professional evidence-based approach. The WORQ is an ICF-based instrument that assesses functioning of individuals engaged in vocational rehabilitation. Recently, the WORQ was translated and cross-validated resulting in a Flemish version (WORQ-VL) and a Dutch version of the WORQ (WORQ-NL).

Methods

The cross-cultural adaption of the original version was performed based on the guidelines from Beaton with attention for congruencies and differences between both versions. 113 individuals with divers pathologies who planned to return to work administered the WORQ in Ghent University Hospital. An exploratory factor analysis was performed to uncover the dimensions. Furthermore, the internal consistency, test-retest reliability and construct validity were tested.

Results

A seven-factor structure was uncovered: 'Cognition', 'Physical', 'Mood', 'ADL', 'Sensory', 'Emotions' and 'Social'. The internal consistency was good (Cronbach's α: 0.95) and subscales (Cronbach's α between 0.74 and 0.90). The one-week test-retest reliability was good (ICC3,1: 0.85). Evidence for the construct validity in terms of convergent and discriminant validity of the WORQ and subscales was provided by the confirmation of 76% of the hypotheses.

Conclusions

The Results on the WORQ – VL and WORQ- NL seem promising and underline the potential of the questionnaire for use in a vocational rehabilitation setting in Belgium and The Netherlands. Future studies are however needed to examine the prognostic value of the WORQ within the domain of return to work.
In the workshop, the psychometric properties will be discussed with attention for underlying components. In addition, the implementation of the WORQ in a vocational rehabilitation setting will be described both at the beginning as end of the rehabilitation process and possibilities will be offered for a try-out of the instrument. The use of the instrument in Insurance Medicine will be discussed.

Improved expectations about length of sick leave during occupational rehabilitation is associated with increased work participation.

dr. Lene Aasdahl - Norwegian University of Science and Technology, Norway
dr. Kristine Pape - Norwegian University of Science and Technology, Norway
prof. Ottar Vasseljen - Norwegian University of Science and Technology, Norway
prof. Roar Johnsen - Norwegian University of Science and Technology, Norway
prof. Marius Fimland - Norwegian University of Science and Technology, Norway

Background

Individuals' expectations about length of sick leave has repeatedly been associated with work outcomes, but it is not known whether changes during rehabilitation is associated with work participation. The aim of this study was to assess changes in participants' expectations about length of sick leave during occupational rehabilitation, and whether the change in expectations was associated with future work participation.

Methods

Cohort study with 9 months follow-up. Sick listed workers took part in one of two randomized controlled trials. Expectations about length of sick leave were assessed with the question "For how long do you believe you will be sick listed from today?" with 6 response options. We assessed change in expectations using a test of marginal homogeneity. Furthermore, linear and logistic regression evaluated associations between changes in expectations and sustainable RTW and work participation days.

Results

During rehabilitation, there was a statistically significant improvement in participants` (n=168) expectations about length of sick leave. During 9 months follow-up, participants with consistently positive expectations had the highest probability of RTW (0.81, 95% CI 0.67-0.95) and the most work participation days (159, 95% CI 139-180). Participants with improved expectations had higher probability of sustainable RTW (0.68, 95% CI 0.50-0.87) and more work participation days (133, 95% CI 110-156) compared to those with reduced (probability of RTW: 0.50, 95% CI 0.22-0.77; workdays: 116, 95% CI 85-148), or consistently negative expectations (probability of RTW: 0.23, 95% CI 0.15-0.31; workdays: 93, 95% CI 82-103).

Conclusions

Expectations about length of sick leave is a strong predictor of RTW. This study suggest that it is possible to improve sick listed individuals' expectations during occupational rehabilitation and that this change is associated with increased work participation. Hence, patients` expectations about sick leave could be useful to assess in the clinic and in clinical trials.

Might goal-focused group-based intervention within the Norwegian Welfare Organisation improve return to work?

prof. dr. Nils Fleten - UiT The Arctic University of Norway, Norway
Tonje Fyhn - Uni Research Health, Bergen, Norway
prof. Toril Helene Tveito - Uni Reserch Health, Norway

Background

Sick leave in Norway is high relative to other OECD countries, and numerous work rehabiliation efforts have been initiated to reduce this. Very few of these efforts have been evaluated for effect.

Methods

In a rondomised controlled trial design a group-based work rehabilitation intervention were compared on work participation, self-rated health, functioning, and quality of life to a controlgroup receiving a membersip card at a local gym. Recruitment was based on self-referral or referral from welfare service caseworkers, GPs, rehabilitation outpatient clinics and employers. Data was collected through surveys (baseline, 3 - and 12 months) and register data. The group-based uintervention -Better together- consists of 12 weekly meetings. During this time, the participants create and follow up an individual action plan for three chosen areas based on a spider diagram template covering nine life domains. Between the meetings, participants wrote a diary of reflection notes used on the next meeting. The process was facilitated by the SMART goal-setting model, non-directive group leadership, and “strength-cards” for identifying each other´s individual strengths.

Results

Age and gender distribution were similar between the 87 persons in interventions group and 65 persons in control group. Preliminary 3 months Results indicate good participation satisfaction in both groups. Improved self-rated health, and reduced subjective health complaints and exhaustions in the intervention-group. Register data on work participation will be available during spring 2018.

Conclusions

Preliminary Results are in favour of the group-based intervention, but a general recommendation for implementation within the Norwegian Welfare Organisation depend on the work participation Results.

Low back pain: Challenges and Promising new directions

prof. dr. Han Anema - VU University Medical Center, The Netherlands

Background

Lower back pain is the leading cause of work disability worldwide. In the Lancet Low Back Pain Series a group of international authors highlighted that patients with low back pain often receive wrong care. In addition to wrong care, that care is also harmful to patients and costs a lot of money mainly due to productivity losses. Keep moving and working is effective and means a significant cost saving for society. Therefore, new pathways for back pain should be developed by integrating curative and occupational health care, and the reimbursement system in care and social security legislation should be adapted. This is necessary to stimulate proper care and guidance to patients. In his talk prof. dr. Johannes Anema will show examples of promising solutions.

When honesty is not the best policy: Symptom Validity test and quality of narratives in the assessment of malingering

drs. Irena Boskovic - University Maastricht, The Netherlands

Issue

Sometimes patients have an external benefit to fabricate or exaggerate their complaints, such as financial or legal incentives (i.e., malinger). The prevalence of such behavior reach non-trivial levels in a medico-legal setting. In this talk, we will focus on the measures that can help in assessing the validity of reported symptoms, known as Symptom Validity Tests (SVTs). Precisely, we will present a recently developed measure that taps into overreporting, the Self-Report Symptom Inventory (SRSI), which has proved to be of a great assistance in detecting those who fabricate or exaggerate their symptoms. Finally, we will also discuss the quality of narratives provided by those who malinger and the cues that could help in the assessment of the veracity of such statements. Our previous studies showed that narratives' length and whether the provided details can be externally validated provide clues for the detection of fabrication. All in all, this talk should provide insight into the most recent scientific findings related to different Methods used in the assessment of malingering.

Gender aspects in insurance medicine

prof. Gunnel Hensing - University of Gothenburg, Sweden

Background

In most countries and work places, women have higher sickness absence than men. In Sweden, women constitute two thirds of those off sick. An expected gendered pattern in sickness absence reflects the distribution of disease with for example a higher proportion men off sick due to injuries. However, also other factors can explain the differences in sickness absence. This presentation builds on recent research in medicine and social sciences. The gendered distribution is most pronounced in countries with high labor market participation in women. In these countries, a selection into the labor market is seen. First, higher proportion men have difficulties entering work life due to disabilities and social behavioral problems. Second, the labor market is horizontally segregated with more women working in education and health and social care sectors and more men working in construction and technical occupations. This leads to different type of exposures of work environment. Differences in salary and benefits follow. Another Issue that might contribute to differences is the responsibilities for unpaid labor in the family and with children. The double burden hypothesis has been tested in some studies but the Results are so far not conclusive. A final important gender aspect in insurance medicine concern the treatment of men and women in the health care and within the insurance system. The concept of gender regimes can be applied and serve as a way to assure gender awareness. In brief, gender regimes are implicit and explicit institutional attitudes, norms and decisions that influence treatment and assessments of work capacity of women and men in health care, insurance systems and at work. Gender aspects in insurance medicine comprise several arenas and reflect a complex web of activities that lead up to the gendered distribution of sickness absence.

Removing barriers from work and social participation in older ages. How far can we go ?

ass. prof. Despina Gherman, MD, PhD - The University of Medicine and Pharmacy, Romania

Issue

Beginning with the last decades of the 20th century, biomedical scientists, medical and social policy makers and the general public alike, witnesed a remarkable change in human biology- a marked increase in life expectancy which, in adition to the decrease of birth rates, shifted the age structure of the population towards older people, not just in Europe, but worldwide .

Description

A short rewiew of the morphologic and functional changes related to scenescent process, discussing frailty as a distinct and multidimensional clinical syndrome while revealing the role of the great reserve capacity and the redundancy of some physiological systems in minimalizing the effects of aging.The domains of health that make up the International Classification of Functioning, Disability and Health model are used to appreciate the effects of aging on the individual functioning and social participation.
The analisys of the projection of the statistic data for the next years, shows that by 2060, the share of population aged 65 and over is expected to double in Romania (from 15% to 30 %) while the working age population, aged 20 to 64 is decreasing (with 30% by the year 2060), showing one of the deepest declines in Europe. The comparison between the Member States concerning recent trends in labour forces, provided by the 2018 Aging Report is also discused.

Results

The Romanian Government adopted the National Strategy and the Strategic Action Plan for 2014-2020 that establishe a framework for the promotion of active aging and employment at older ages in Romania.

Lessons

The older population is an underused resource of Romania's economy.
Increased employment among the older population requires a re-assessment of the medicobiological and functional capacity, a change in social and employer attitudes, a review of the current labor market laws and regulations, and of the life-long learning frameworks

Utilization of big data to assess the effectiveness of changes in sickness insurance legislation on work participation

prof. Eira Viikari-Juntura - Finnish Institute of Occupational health, Finland
dr. Taina Leinonen - Finnish Institute of Occupational health, Finland
dr. Kirsti Husgafvel-Pursiainen - Finnish Institute of Occupational health, Finland
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prof. Ilona Autti-Rämö, MD, PhD - The Social Insurance Institution of Finland, Finland
dr. Svetlana Solovieva - Finnish Institute of Occupational health, Finland

Background

In many countries the social security legislation has been changed to support staying at work and return to work (RTW) from sickness absence (SA). However, the effectiveness of such changes is not well known. This presentation will review a set of studies that assessed the effectiveness of the introduction of part-time sick leave in 2007 and an amendment in its use in 2010 on RTW and work participation. Moreover, RTW and work participation will be reported after the so-called 30-60-90 day rule was enacted in 2012, obligating, among others, early notification of prolonged SA (>30 days) as well as assessment of remaining work ability and possibilities to continue working (before 90 days).

Methods

We used nationwide register information on ill-health benefits, as well as employment and unemployment periods. Receivers of partial sickness benefit were compared with propensity-score matched controls of full sickness benefit receivers. For the 30-60-90 day rule, we followed-up (2-10 months) those who had a continuous SA of 30 calendar or 60 compensated days before and after 2012.

Results

Part-time sick leave at the early stage of disability enhanced return to work. Moreover, the proportion of time at work was at a significantly higher level in the part-time than full-time sick leave group. The prevalence of full disability retirement reduced and that of partial disability retirement increased among users of part-time compared with those with full-time sick leave. Work participation slightly increased after a SA of 30 calendar days, but did not essentially differ after 60 compensated days after the introduction of the 30-60-90 day rule.

Conclusions

The use of part-time sick leave enhances return to work and overall work participation, and should be considered, when a person is not able to work full time. The 30-60-90 day rule seems to have affected work participation only little during our follow-up times.

Employer practices and policies to manage and prevent disability

dr. William Shaw - University of Connecticut Health Center, United States of America

Background

Employer policies and practices are a known factor in disability outcomes, and working adults report a wide range of experiences when reporting injuries or illnesses to their employers. This will continue to be a major workplace challenge in countries with an aging workforce, growing prevalence of chronic health conditions, and an increasing proportion of working-age adults requiring individualized accommodation and support.

Methods

In 2015, a multidisciplinary team of 26 international researchers attended a 3-day consensus-building conference in Hopkinton, Massachusetts, USA. The goal was to review the status of research in workplace disability management and prevention, examine its relevance for employer decision-making, compare conceptual or theoretical frameworks, and recommend future research directions. Participation included working group presentations and critiques, discussions with industry consultants and advisors, group interaction and debate, and authoring of a special journal Issue.

Results

The most important workplace factors fell within the domains of physical and psychosocial factors, work organization and support, and worker beliefs and perceptions about their role at work. Evidence from well-controlled study designs show support for job modification, return-to-work coordination, and organizational support, but the scientific literature is focused on individual-level employer support for job accommodation and less on group-level comparisons of administrative procedures and processes. The evidence pertaining to small employers, nontraditional work arrangements, and episodic health conditions is particularly lacking.

Conclusions

Employer-driven efforts to prevent disability in workers with injuries and illnesses are consistently shown to reduce disability costs. To expand the body of evidence supporting employer disability management strategies, future research should include: (a) broader inclusion of workers and workplaces; (b) attention to multilevel influences in the workplace; (c) a focus on social as well as physical aspects of work; (d) earlier employer collaboration; (e) more attention to implementation factors in research designs; and (f) broader assessment of possible outcome domains.

Issues in Development, Validation, and Implementation of the Work Disability-Functional Assessment Battery: Mental Health Scales

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dr. Elizabeth Rasch, PT, PhD - Rehabilitation Medicine Department, National Institutes of Health, United States of America
Alan Jette, PhD, PT - Professor, PhD in Rehabilitation Sciences, Center for Interprofessional Studies and Innovation Professor, Physical Therapy, United States of America
dr. Leighton Chan, MD, MPH - Mark O. Hatfield Clinical Research Center, United States of America

Background

The Work Disability-Functional Assessment Battery (WD-FAB) is a newly developed assessment of work-related functioning. The WD-FAB is a computerized self-report assessment that systematically measures functioning in the areas of Physical Function, Resilience & Sociability, Self-regulation, Communication & Cognition, and Mood & Emotions. Our framework for testing WD-FAB measurement properties has included psychometric testing, construct validation, and functional level development. We provide an overview of Issues, challenges, and advancement of mental health scales of the WD-FAB.

Methods

Studies were conducted to examine 1) WD-FAB concurrent validity with legacy assessments, 2) provider-client agreement in WD-FAB scores, and 3) cut-points and functional levels for score interpretation. Lastly, a stakeholder engagement protocol has been developed to advance the WD-FAB from psychometric development to implementation-directed research activities.

Results

1) 42 clients and 6 providers were recruited to compare WD-FAB vs. legacy work functioning assessments. Provider WD-FAB scores were moderately correlated with legacy assessment scores; client-based WD-FAB scores were not correlated with legacy assessment scores. 2) For the provider-client analysis (N=61 pairs) there was moderate agreement. However, there was systematic difference between therapists and client reports; clients consistently rated their mental health functioning as higher than their therapists. 3) 14 experts participated in a modified-Delphi approach to develop cut-points to establish functional levels to aid in WD-FAB score interpretation. Consensus was obtained to establish functional levels for all WD-FAB scales. From this work, a stakeholder engagement protocol has been developed to advance WD-FAB into implementation phases of research.

Conclusions

Study Results thus far demonstrate both content- and criterion-related validly for use of the WD-FAB to characterize work-related mental health function, providing both psychometric and conceptual foundations upon which to move the WD-FAB from development to implementation phases of research. Overall evidence supports areas of future improvement as well as opportunities for applications such as enhancing return to work interventions.

A comprehensive and efficient functional assessment instrument: The Work Disability-Functional Assessment Battery (WD-FAB)

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Background

The U.S. Social Security Administration (SSA) receives 2-3 million new applications for disability benefits each year. In order to more efficiently assess applicants' functioning, the SSA collaborated with the National Institutes of Health and Boston University Health & Disability Research Institute to develop the Work Disability-Functional Assessment Battery (WD-FAB). The WD-FAB is a self-reported assessment of work-related functioning that is based on the World Health Organization's International Classification of Functioning, Disability, and Health (ICF), with an emphasis on the Activity domain.

Methods

In order to have a comprehensive yet efficient measurement of functioning, the WD-FAB employs both item response theory (IRT) and computer adaptive testing (CAT) methodologies. For the IRT, hundreds of questions (items) were collected and tested in both disability claimant and general working-age populations to develop item pools to cover different dimensions of functioning such as mobility and interpersonal interactions. For each dimension, scores are calibrated to an equal interval score and standardized on a scale with a mean of 50 and standard deviation of 10. Once the scales are established, the CAT algorithm selects items to administer based on a person's previous responses until the score reaches a precision threshold or the maximum number of questions have been administered.

Results

The WD-FAB consists of over 350 items across 8 scales measuring both Physical Function and Behavioral Health: Basic Mobility, Upper Body Function, Fine Motor Function, Community Mobility, Communication & Cognition, Self-Regulation, Resilience & Sociability, and Mood & Emotions. The WD-FAB administers 5-10 items per scale and can be completed in 15-20 minutes.

Conclusions

The WD-FAB is a comprehensive and efficient instrument that was developed using contemporary models of both disability (ICF) and measurement theory (IRT and CAT). The WD-FAB is now ready to be tested in disability assessment settings to establish relationships between functional ability and work demand.

Moving from conceptualization to measurement of whole person functioning in the Work Disability-Functional Assessment Battery

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Background

The Work Disability-Functional Assessment Battery (WD-FAB) is a self-reported measure of functional ability at the whole person level. This instrument was developed within the framework of the World Health Organizations' International Classification of Functioning, Disability and Health (ICF). Items for the WD-FAB were selected based on the Activity domains of the ICF.

Methods

The WD-FAB uses item response theory, where questions (items) are hierarchically ordered according to difficulty, and administered using computer adaptive testing, which selects items for efficient and comprehensive coverage. Potential items for the question pool came from literature reviews, previously existing instruments, and content expert input. We collected responses to the items across a series of calibration studies that included both general working-age and disability claimant populations. We used factor analysis and content expert review to load the items onto WD-FAB content scales. The items for each scale, along with items that did not factor, were coded to the ICF Activity domains. We then analyzed the distribution of ICF concepts across WD-FAB scales based on the item coding.

Results

The final eight WD-FAB scales cover content from five ICF Activity domains. ICF domains factored into multiple WD-FAB scales and WD-FAB scales contain items from multiple ICF domains. For example, the ICF domain Interpersonal Interactions factored into the WD-FAB scales of Self-Regulation, Mood & Emotions, and Resilience & Sociability, while the WD-FAB scale Upper Body Function contains items from both Mobility and Self Care domains. Many items, especially from Self Care, that experts agreed covered important content did not factor into the WD-FAB scales.

Conclusions

The distribution of functioning concepts changes significantly when measured by the WD-FAB verses coded using the ICF. While there are limitations to the factor analyses used, these findings indicate that measurement of whole person functioning is organized differently than conceptualized in the ICF, especially when self-reported.

Evidence of Validity and Future Directions for Implementation of the Work Disability-Functional Assessment Battery: Physical Function Scales

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Background

The Social Security Administration (SSA) funded the development of a self-report measure of work-relevant functioning, the Work Disability-Functional Assessment Battery (WD-FAB). The WD-FAB has computer-adaptive testing (CAT) capability and encompasses 4 Mental and 4 Physical Function scales. Rigorous testing is required to establish sufficient reliability and validity for implementation in disability determination processes. We conducted studies to 1) develop score ranges and descriptions of functional levels for WD-FAB scores; 2) compare the distribution of scores and floor and ceiling effects; and 3) test the validity of the functional levels.

Methods

Study 1: We used empirically-derived IRT-based item maps from a large population sample and a modified Delphi process with 14 disability experts to develop 5 functional levels and descriptions. Study 2: We used data from recent SSA claimants (n=1051) and a general working age US sample (n=1000) to evaluate score distributions and floor and ceiling effects. Study 3: We collected highest exertion level that could be performed as a job for a subsample of the working age sample via self-report. We examined Spearman correlation between WD-FAB physical function level (1-5) and self-reported physical exertion ability level (1-6).

Results

Study 1: Score ranges and descriptions for 5 functional levels were established for the WD-FAB Physical Function scales. Study 2: Claimant score distributions were shifted toward lower scores compared to the working age sample and were statistically significantly different. Study 3: Self-

reported physical exertion ability level demonstrated moderate correlations with WD-FAB functional levels for Basic Mobility (r=0.52) and Upper Body Function (r=0.53) and weak relationship with Fine Motor Function (r=0.38).

Conclusions

We found evidence for validity for the WD-FAB based on these samples, contributing to the evidence base supporting reliability and validity of the WD-FAB for measuring work relevant functioning. Next steps will address implementation in clinical and disability determination settings.

Implementation of the WD-FAB in the field of assessment of work disability in Belgium: a feasibility study

dr. Saskia Decuman - National Institute of Health and Disability Insurance, Belgium

Background

The Belgian NIHDI is responsible for developing re-integration tools for people on sick leave due to a disease or private accident. These tools need to support involved stakeholders, with a priority for the social insurance companies as they are responsible for the recognition of work incapacity and assessment of functional capacity. The tools can be legislative but also contain education and transfer of knowledge based on research. The latter is developed in a structured way by the center of knowledge in work incapacity. For 2018, a feasibility study on the WD-FAB is foreseen

Aim

Analyze if the WD-FAB can be validated as assessment tool to be used by the multidisciplinary team within the social insurance companies

Methods

Step 1 is the launch of a working-group with a representation the NIHDI, social insurance physicians aligned to scientific associations and researchers. The working group will in a 2nd step analyze the items of the WD-FAB. They will decide on face validity. In a 3rd step the potential implementation barriers will be assessed. Afterwards, in the 4th step back-and-forward translation is foreseen including the recalibration. In a 5th step the working-group will propose to the NIHDI a pilot project for assessing reliability and validity. After adaptation in close collaboration with the working group the NIHDI will ask his management committee for approval so the study can be launched.

Results

Currently the first step is in progress and the necessary actions are taking with the developers of the WD-FAB do be able to analyze the items in the 2nd step. The major potential implementation barriers are being analysed. For translation partnership is being sought.

Conclusions

After the feasibility study with the corresponding policy recommendations the NIHDI must be able to take a decision concerning the formal implementation with the Belgian social security syste

Interrater agreement in evaluation of disability: findings from a systematic review.

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dr. Wout de Boer - University Hospital Basel and University of Basel, Switzerland
David von Allmen - University Hospital Basel and University of Basel, Switzerland
Jason Busse - McMaster University, Canada

Background

The decision whether a worker or an employee with health impairments qualifies for disability benefits should be based on reproducible judgements. This review summarizes empirical evidence about the convergence or divergence of the judgments between raters when assessing the same case.

Methods

After an extensive search in electronic databases (4562 references, until 16 March 2016), 23 studies from 12 countries were extracted. Studies were grouped according to context (conducted in a research setting or in an insurance context (i.e. legal decisions as aim of the evaluation). Information about interrater reliability (Kappa, intraclass correlation, percentage agreement), sample characteristics and study quality was extracted.

Results

Interrater reliability in disability evaluation ranged from very high to very low. Higher reliability was achieved in the research setting where standardized instruments were implemented (median ICC = 0.76). However, medical evaluation in the insurance setting ranging from real life evaluations to short paper-cases showed limited evidence for a fair to low reliability among medical experts (median ICC = 0.45).

Conclusions

Considering the long term consequences of the decision about replacement benefits for impaired clients, strategies to increase reliability of expert judgments should receive special attention in order to achieve fair decisions.

Training psychiatrists in functional interviewing: Experiences from the RELY studies

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Background

Within the RELY studies, we developed and tested training and instrument for a structured functional evaluation process in claimants with mental disorders, with the aim of improving the reliability in work disability evaluations. Our training in functional evaluation consists of two key elements: A) "Functional interviewing" and B) "Instrument for Functional Assessment in Psychiatry" (presentation 3).

Methods

We asked psychiatrists to apply the functional evaluation as part of their usual disability evaluation. Functional interviewing is a semi-structured interview guide for psychiatric experts to place the focus on work-relevant capacities and limitations. It follows an agenda of five key topics: 1) Orientation about general regulations, 2) description of last job, 3) claimant's self-perceived capacities and limitations, 4) work-related health complaints, and 5) psychiatrist's summary of discussed information.

Results

We trained a total of 44 psychiatrists and discussed the functional evaluation in formal presentations, small group discussions and role games, based on cases from the experts' own practice. Subsequent to their assessment of real-life claimants with disabling mental disorders, psychiatrists reported to have successively benefitted from our training in functional evaluation.

Conclusions

Training in functional evaluation provided a comprehensive information base about a claimant's employment.

Reporting activity limitations: IFAP, the Instrument of Functional Assessment in Psychiatry and training needs

prof. dr. Regina Kunz - University Hospital Basel and University of Basel, Switzerland
David von Allmen - University Hospital Basel and University of Basel, Switzerland

Background

In RELY, we developed guidance and training for functional evaluation of work disability in psychiatry (presentation 2). Another key element is the "Instrument for Functional Assessment in Psychiatry" (IFAP), which provides psychiatrists with a structured documentation of their judgments on the claimant's work (in-)capacities, following the functional interview.

Methods

The IFAP consists of three sub-instruments. Experts carry out judgements on the basis of mental functional impairments using a set of 12 assorted ICF-items (IFAP 1), and functional capacity impairments in last job (IFAP 2a) and suitable alternative work (IFAP 2b), 13 items each; adopted from the Mini-ICF-APP (Linden 2009). Impairments are rated on a scale from 0 (=no impairment) to 4 (=total impairment). The IFAP ultimately requires a judgement on the claimant's work capacity as percentage value resulting from restrictions in percentage working hours and percentage working productivity, both for the last job (IFAP 3a) and suitable alternative work (IFAP 3b).

Results

We trained a total of 44 psychiatrists in documenting functional capacity judgements using the IFAP. Subsequent to their assessment of real-life claimants with disabling mental disorders, psychiatrists reported that the IFAP was helpful to build a bridge between psychiatric symptoms and functional capacity, and to assess functional capacity with reference to suitable alternative work.

Conclusions

The functional evaluation including the IFAP is a useful supplement to the conventional psychiatric evaluation of work capacity, which is accepted by their users.

The reliability of real life work disability evaluations using the functional approach: The RELY studies.

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Background

Work capacity evaluations by independent medical experts are widely used to inform insurers whether injured or ill workers are capable of engaging in competitive employment. In many countries, evaluation processes lack a clearly structured approach, standardized instruments, and an explicit focus on claimants' functional abilities. Evaluation of subjective complaints, such as mental illness, present additional challenges in determining work capacity. We therefore developed a process for functional evaluation of claimants with mental disorders applying for work disability benefits which complements usual psychiatric assessments.

Methods

To assess the reliability of this approach, we conducted two multi-center reliability studies in real life disability assessment (RELY 1), where 19 psychiatrists trained in functional evaluation assessed 30 claimants with mental illness. Three additional psychiatrists per claimant independently viewed the videotaped evaluations and rated the claimants' functional limitations. Primary outcome measure was the reliability of the claimant's work capacity expressed as a percentage (0% to 100%), secondary outcomes were the reliability of mental functions and functional capacities. We hypothesized that the functional approach will show moderate reliability of psychiatric work capacity evaluation. We repeated the study with 24 psychiatrists and 40 claimants using an identical study design (RELY 2), with intensified training in functional evaluation.

Results

At this workshop, we will present how reliably psychiatrists are in their judgment of work disability in claimants with mental disorders, when using a functional approach. Preliminary Results further suggest a reduction in the variability of psychiatrists' work capacity ratings with high intensity training in functional evaluation.

Conclusions

Low intensity training in functional evaluation for claimants with mental disorders suffers from high disagreement between experts. The substantial reduction of between-psychiatrists' variation by high intensity training in RELY 2 calls for a confirmative randomized trial.

Objectively assessed exposure to shift work characteristics and short sickness absence: a registry study of hospital employees

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Background

Shift work has been linked to an increased risk for several chronic diseases, but less is known about the association with sickness absence. Studies utilizing objective working hour characteristics can provide knowledge on the specific shift work hour characteristics that may associate with sick leave. This study investigated the association of working hour characteristics in shift work with incidence of short (1-3 days) sickness absence.

Methods

The individual-level data were collected from employers' electronic working time records from six hospital districts of the Finnish Public Sector study. The final analytical sample was restricted to the first incidence of short sickness absence (1-3 days, SA) since January 1, 2008, until the end of 2015, and to employees with a shift work contract, n = 14678. 89% were women with the mean age 37.1 years, and 12% worked part-time. Type of shift (morning, day, evening, and night), length of shifts, and short shift intervals (< 11 hours) were calculated from the working time records. Case-crossover study design was utilized to compare working hour characteristics between 7 days preceding SA (exposure window) to 8-35 days before (control window) using conditional logistic regression models for odds ratios (OR) with 95% Confidence Intervals (95%CI).

Results

Night shifts had OR 1.11 (95%CI 1.10, 1.12) for the first incidence of SA, whereas the predictive role of other shift types varied between OR 1.02 and 1.05. Short shift intervals had the likelihood of 1.12 (95%CI 1.11, 1.12) for SA. All the associations remained when controlling for weekday or part-time work.

Conclusions

Even a short 7 days exposure window shows predictive role of night work and short shift intervals for the first incidence of short SA. Sensitivity analyses to evaluate the exposure and control windows will be performed for the conference to confirm these preliminary findings.

A web-based intervention to promote application for medical rehabilitation: Results of a randomized controlled trial

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Background

In Germany, over 50 % of all first-time disability pensioners did not use rehabilitation services before their health-related early retirement. About one third of disability pensioners were not informed on the possibility to claim a medical rehabilitation program. One potential gate for information might be web-based information guides. We developed a web-based intervention to promote application of medical rehabilitation (www.reha-jetzt.de). The intervention included four modules: strengthening risk perception, positive outcome expectancies, self-efficacy and action-planning.

Methods

The effectiveness of the web-based intervention was tested in a randomized controlled trial. Persons aged 40 to 59 years with prior sick leave benefits and regular employment were included. Participants in the control group (CG) received a letter with general information about medical rehabilitation. Participants in the intervention group (IG) additionally received an advice to use the web-based intervention. Access to the webpage was available for 12 months.

Results

Participants (mean age: 51.4 years; 53 % women) were randomly assigned to IG (n = 3,110) and CG (n = 3,111). 4,060 participants (IG = 2,042; CG = 2,018) completed the follow-up questionnaires. We recorded 12 direct accesses of at least 10 minutes duration time per 100 participants of the IG. 375 medical rehabilitations were applied (IG: 49.1%; CG: 50.9%). The rate of applications did not differ between IG and CG (b = -0.01; 95 % CI: -0.03; 0.02). No differences were found in any of the secondary outcomes.

Conclusions

Only a few participants of the IG actually utilized the web-based intervention to inform themselves about medical rehabilitation. The potential availability of detailed web-based information about medical rehabilitation provided by an informal letter did not sufficiently appeal the participants to use this source of knowledge. One potential alternative is to recommend our web-based information guide to patients when a general practitioner or an occupational physician endorses a medical rehabilitation.

Online programs for employees with a chronic health condition to improve work participation (revised version abstract)

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Background

(Re-)entering the workforce or maintaining work is often a challenge for people with a chronic health condition. Online programs can be of support, for example by learning new skills or by learning to cope with the health condition at the workplace. The aim of this study was to determine the characteristics and quality of Dutch online programs aimed at improving work participation of people with chronic health problems.

Methods

We performed a systematic search of Dutch online programs in the Netherlands and Belgium. To determine the characteristics of the programs found, the owner of the program was asked to fill in an online questionnaire. To assess the quality we compared the structure of the programs with a theoretical 'best practice' program on working with a chronic health condition.

Results

The systematic search resulted in 20 Dutch online programs, which are mainly focused on people with a chronic physical or mental health condition. Only two programs focus on people with an intellectual disability. Twelve programs could be tested for quality. Only one program meets more than half of the 17 quality criteria derived from the best practice program (11 criteria); the quality of the other programs was weak (meeting 5-8 criteria). For example, most programs do not offer possibilities to fine-tune the content of the program with the Background, preferences or support needs of the user (tailoring) and to exchange experiences with other users.

Conclusions

There appears to be a large difference between the best practice program and the structure of the tested programs. To really support working with a chronic health condition, it is important that the online programs also pay attention to motivation, self-efficacy and learning new skills. More research is needed to determine whether there is a need for online programs for people with an intellectual disability.

A dialogue based workplace intervention - social insurance officials' and RTW coordinators' experiences.

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Background

Studies have highlighted the importance in tailored plans for persons' on sick leave in the return to work (RTW)-process. The employer's ability to create conditions and adjustments for the person is often crucial. In addition, support from the social insurance system is often required, which implies cooperation with the social insurance agency. A dialogue based workplace intervention (ADA+) has been developed at the Stress Rehabilitation Clinic in Umeå Sweden. A RTW coordinator in health care, guided the employer and the sick listed person in the dialogue creating a plan with solutions to enable RTW. The plan was then sent to the social insurance agency. The aim of this study was to explore what insurance officials' and RTW coordinators' perceive as facilitators and barriers in the use of the ADA+ for RTW.

Methods

This study had a qualitative study design. Five focus groups were conducted, four with, in total, eleven officials at the Swedish Social Insurance Agency, and one focus group with three RTW coordinators. All of them had experiences from ADA+. The focus groups were analysed with qualitative content analysis.

Results

The insurance officials and the RTW coordinators reported several advantages of a plan that had been established through ADA+. The intervention model creates structure in the preparation of the plan which guide the manager in supporting the person's RTW. The insurance officials meant that the use of ADA+ often had a prospective approach and clarified how part-time sick leave in combination with work would be performed. However, there were important prerequisites before realising the plan. It had to be synchronized with the rules of the insurance and with the medical certificate, and should preferably be implemented at an early stage of the sick leave.

Conclusions

The intervention ADA+ may be a structural and supportive tool when designing sustainable RTW plans.

Returning to work after long-term incapacity: Face-to-face surveys by a health insurance fund

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Background

In the past few years, the Belgian media has been reporting about the sharp increase in the number of long-term sick people and rising costs of sickness benefits. A reform of the reintegration of long-term sick people to get them back to work, is being considered.
The Christian health insurance funds, the largest health insurer in Belgium, organised a survey in 2016 among incapacitated members.
The research objective was to examine how incapacitated people themselves evaluate their chances of returning to work.

Methods

The target group were incapacitated people: CM members who have been on sick leave for at least 1 year. The survey was conducted through face-to-face contacts with 498 incapacitated people at their place of residence. The sample of respondents was revised so that it was representative of the population of CM incapacitated members.

Results

The study showed that the chances of returning to work for long-term sick people were not very favourable. 59% did not feel able to ever return to work. Only 8% contemplated returning to work in the future. 32% is negative about their chances of returning to work or has no idea what the future will bring. The Results are more hopeful among the youngest, in the early years of incapacity for work and among the higher educated.

Analysis of the Results provided important aspects for a successful return to work: transversal support for long-term sick people by the health insurance fund, the development of sufficient structural work adjustments to facilitate work resumption and the cooperation of employers.

Conclusions

This study shows that the trajectory for returning to work should start as soon as possible. However, the fact that some people can no longer work because of their state of health, should be taken into account as well. Society should be able to accept that.

Anatomy of professional discretion in social security medicine

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Background

In the welfare states, groups of professionals have been delegated responsibility to exercise professional discretion (or judgment) in implementing the welfare state's policies and laws concerning the citizens as individuals. Analysis of the concept of discretion has shown that it has two aspects: i) a space of freedom for exercising it according to some standards, defined by authorities, and (ii) the way of reasoning in circumstances of indeterminacy (1). de Boer et al. have analyzed the grounds used in arguments in medico-legal reasoning, based on Toulmin's model of practical reasoning (2). The aim of this study is to analyze the arguments of social security certificates in which discretion may be used.

Methods

The study uses Toulmin's model of argumentation in analyzing a material of 86 social security certificates written by psychiatrists and psychology specialists in a mental health clinic. The model displays three basic components in reasoning: (1) a conclusion/claim, (2) the data that are used as premises and (3) the warrant that justifies the cognitive step from data to the conclusion (1).

Results

The Conclusions are always value-laden or normative concerns about what should be done in the patient's/claimant's situation. The warrants used are different kinds of work (dis)ability models, and sometimes also stated ethical and legal concerns. What is described as data is heavily dependent on type of work (dis)ability model used.

Conclusions

The basic components in the anatomy of discretion in social security certificates are value-laden Conclusions, some data and one or more warrants. There is a close relationship between the data that are chosen and which warrant is used.

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Assessment of prognosis by physicians working in the field of disability evaluation: a qualitative study

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Background

Assessment of prognosis including improvement of work functioning is challenging and research on this topic is lacking. To make this process more explicit, the following research question was formulated: Which aspects and considerations, difficulties, needs and potential solutions, affecting the prognosis assessment by physicians, working in the field of disability evaluation, can be identified?

Methods

In-depth, semi-structured individual interviews were conducted with 20 physicians working in the field of disability evaluation at the Dutch Social Security Institute (UWV). Verbatim transcripts were independently analysed by two researchers until data saturation was achieved and significant themes emerged.

Results

Aspects and considerations affecting the prognosis assessment consisted of medical themes including nature and severity of disease, the role of treatment, course of the disease, and medical evidence. In addition, patient-related and physician-related aspects were distinguished. Patient-related aspects as the patients' work perspectives, coping or recovery behaviour and physician-related aspects as awareness of the physicians' own role and reflection on empathy for clients and ethical considerations were deemed to be important. Difficulties described by physicians were assessment of complex diseases , applying prognostic evidence to the individual and lack of time when seeking for prognostic evidence. Needs and solutions formulated by physicians, were continuous education, better collaboration with medical specialists and/or labour experts and the use of prognostic tools like checklists, apps or internet applications to incorporate evidence on prognosis.

Conclusions

Physicians identified several medical and patient-related aspects, elucidating the process of prognosis assessment. A variety of difficulties were reported and physicians expressed their needs for further support. Future research could focus on development, efficacy and feasibility of training, prognostic tools, guidelines, collaboration with labour experts or information exchange with medical doctors in different specialties

Updating the Evidence on Functional Capacity Evaluation Methods: A Systematic Review.

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Methods

A systematic literature search in nine databases. The resulting articles were screened based on predefined in- and exclusion criteria. Two reviewers independently performed this screening. Included studies were appraised based on their methodological quality.

Results

The search resulted in 20 eligible studies about nine different FCE Methods. The Baltimore Therapeutic Equipment work simulator showed a moderate predictive validity. The Ergo-Kit (EK) showed moderate variability and high inter- and intra-rater reliability. Low discriminative abilities and high convergent validity were found for the EK. Concurrent validity of the EK and the ERGOS Work Simulator was low to moderate. Moderate to high test-retest, inter- and intra-reliability was found in the Isernhagen Work-Systems (IWS) FCE. The predictive validity of the IWS was low. The physical work performance evaluation (PWPE) showed moderate test-retest reliability and moderate to high inter-rater reliability. Low internal and external responsiveness were found for the PWPE, predictive validity was high. The predictive validity of the short-form FCE was also high but need to be further examined on several psychometric properties. Low discriminative and convergent validity were found for the work disability functional assessment battery. The WorkHab showed moderate to high test-retest, inter- and intra-rater reliability.

Conclusions

Well-known FCE Methods have been rigorously studied, but some of the research indicates weaknesses in their reliability and validity. Future research should address how these weaknesses can be overcome.

Key factors to elicit claimants' perceived fairness in the disability evaluation

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Background

Media frequently report about claimants evaluated for disability benefits who felt treated unfairly by the medical expert. It is unclear whether the claimants' experience represents a common problem. A variety of instruments assess patients' satisfaction in medical settings, though they are inappropriate for disability evaluation settings. Therefore we developed and validated a questionnaire assessing the satisfaction and perceived fairness of claimants within the evaluation process.

Methods

Four experts drafted a preliminary 48-item questionnaire on claimants' perceived fairness, based on a questionnaire from the Dutch Disability Insurance. To measure construct validity, we included two scales of the "Kölner Patientenfragebogen" (KPF) (Pfaff 2003) and the "Satisfaction with Life Scale" (Diener 1985). The expert completed a 3-item-questionnaire to allow comparison of their answers with the claimants' statements. For validation, we recruited claimants and experts from four assessment centres. The claimants' responses were subjected to a factor analysis discovering underlying factors.

Results

305 claimants (female 62%; mean age 47.4 years) and 465 experts returned their questionnaire. On a 7-point-scale, claimants expressed satisfaction with the evaluation (mean=5.7). Experts perceived the evaluation slightly fairer (mean=6.0) compared to claimants (mean=5.7) ($p=0.01$). Claimants' satisfaction with the evaluation correlated positively with the KPF-scales 'confidence in physicians' ($r=0.69$, $p<0.01$) and negatively with 'bullying of patients by physicians' ($r=-0.49$, $p<0.01$). No correlation existed between 'overall satisfaction with life' and 'satisfaction with the evaluation' ($r=0.09$, $p=0.13$), indicating 'satisfaction with the evaluation' as an independent construct. Factor analysis revealed four domains including 16 items: interview style of expert, behaviour of expert, information of claimant by expert and emotional aspects (Cronbach's $\alpha=0.91$).

Conclusions

Our questionnaire highlights key topics about perceived fairness with high relevance for claimants receiving disability benefits. The questionnaire needs to undergo a final validation using a new claimant sample. For nationwide use in different countries, the questionnaire has to be translated.

Current challenges and the need for functioning-based documentation in work-related assessments of the Swiss accident insurance: A stakeholder analysis

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Background

The eligibility determination process of the Swiss accident insurance (Suva) involves several complex assessments to establish whether claimants' suffer from impairments and work-related limitations that are causally linked to their accident and thus covered by the insurance. To ensure a fair and transparent eligibility determination and an effective and efficient return-to-work process, such work-related assessments should be comparable and comprehensibly describe the claimant's work capacity and its determinants. A comprehensive ICF-based standard that focuses on the documentation of injury-related restrictions in work participation intuitively shows a potential to ensure a comprehensible, comparable and efficient eligibility determination. As a pre-study for the development of such a standard, the present study aimed to analyze main challenges and the need for functioning-based documentation in the Suva eligibility determination process.

Methods

The study applied a qualitative design. Semi-structured expert interviews with the main stakeholders involved in the process (i.e. complex-case officers, case managers, insurance and vocational rehabilitation physicians, orthopedists, general practitioners, lawyers and social security judges) were conducted and thematically analyzed.

Results

A total of 43 interviews were carried out. Challenges were mainly reported regarding standardization (e.g. incomplete medical reports and missing job profiles), comprehensibility (e.g. black box between injury-related impairments and work capacity), objectivity (e.g. difficulties in objectifying work-related consequences of complex impairments like pain) and efficiency (e.g. insufficient management of process interfaces). A functioning-based standard reporting work participation in the light of standardized job profiles was deemed particularly promising for improving the comprehensibility and validity of work-related assessments and for ensuring an efficient eligibility determination process.

Conclusions

Functioning-based documentation appears beneficial to address current challenges in the Suva eligibility determination process. While this finding represents a solid basis for developing a functioning-based standard, the involvement of key stakeholders in the tool development is crucial to ensure its applicability and cross-disciplinary acceptance.

Physician's work with sickness certification in Sweden

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Background

For many physicians, sickness certification is a common task and how they handle such tasks often has great influence on the life situation of patients and others. Moreover, some physicians regard sickness certification as a work environmental problem.
The aim of this study was to study physician's experiences of sickness certification of patients.

Methods

A questionnaire about sickness certification practices was in 2017 sent to the 34,600 physicians in Sweden, working in clinical settings with patients of working ages. Response rate: 54%. The 133 questions covering tasks, problems, competence, resources, support, collaborations, experiencing this as a work environmental problem, etcetera.

Results

Of all physicians, 78% sickness certified patients and the majority (92%) of them stated this being an important task. Also, 87% stated that it is important to focus on patient's return to work. A third stated not having enough competence in insurance medicine. The Swedish sick-leave guidelines were used by the majority and also experienced as facilitating and leading to higher quality of sickness certification. The task experienced as most problematic was to access whether a disease or injury that had led to limitation of function also led to reduced work capacity of the patient. Other problematic Issues were to handle the two roles at the treating physician and the medical expert giving information to others, and to manage prolongations of sick-leave spells imitated by another physician. General practitioners experienced problems in sickness certification tasks to the largest extent. In spite of the many interventions initiated in Sweden regarding sickness certification in the last decade, Results did not differ much from those of our previous surveys.

Conclusions

Physicians, and especially general practitioners, want higher competence in insurance medicine as well as more administrative resources and support to handle those tasks. This is the, so far, largest survey of physician's sickness certification practices.

Sick leave certifications in Saxony. A retrospective analysis of routine data of the Medical Service of German Statutory Health Insurance

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Background

The evaluation of ongoing sick leave certifications (SLC) is a central concern in socio-medical assessment of Medical Service of German Statutory Health Insurance providers (MDK). The MDK is assigned by the statutory health insurance funds to evaluate the medical data of insured persons and to Issue a recommendation of the appropriateness of SLC. MDK-physicians evaluate SLC on the basis of peer-review instructions and derive a recommendation on the appropriateness. The aim of this study is to analyse the number of socio-medical incomprehensible SLC and regional variations in the occurrence of SLC.

Methods

A retrospective analysis of expert assessments for SLC was conducted for routine data of the MDK Sachsen. The analysis contains data from 01.01.2016 to 30.06.2017. We analysed gender and age specific the continuance of SLC, the length of inability to work and regional variations in the exhibition of SLC. Additionally, a systematic evaluation of the earning capacity at risk was carried out.

Results

7,795 SLC were reviewed during the investigation period by MDK. 3,854 SLC are concerned to women and 3,939 to men. The average age is 49years (Range (r): 16-75years; female: 49years (r: 17-65years), male: 49 years (r: 16-65years)). The duration of the submitted SLC was on average 185 days (r: 1-1,103days). In 11% (n=903) of the SLC the reason was socio-medical incomprehensible and a resumption of activity was recommended. The earning capacity at risk was present in 29% (n=2,298) of the submitted SLC. The number of SLC differs between five regions. The majority of SLC were processed in the Leipzig region (n=2,072; 26%).

Conclusions

The Results show that only for a small part of SLC the socio-medical relevance is incomprehensible. However, the duration of the inability to work is partly long, which increases the socio-medical assessment of the appropriateness of SLC by the MDK.

An analysis of long-term sick leave in Slovenia

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Background

Sick leave is a temporary absence from work due to illness, injury, treatment and other reasons. In contrast with other EU member countries, Slovenia has no legally prescribed limit for temporary incapacity for work, therefore long-time absentees are a social problem from health, economic, welfare and other perspectives. The numbers of long-term absentees have been increasing in the last years. Possible reasons for the increase can be the increase in the number of employed persons, the ageing of workforce and consequently higher morbidity of active workforce, presenteeism in the past years of economic crisis, longer procedures for medical diagnostics and treatment, and other factors. Regular monitoring of absenteeism is a prerequisite for its management.

Methods

In our article we introduce a retrospective analysis of long-term absenteeism, with special focus on temporary incapacity for work of insured persons, lasting more than 3 years.

Results

On 30 September 2017 there were 899 persons (477 men and 422) on sick leave more than 3 years (4.17% of all absentees), the numbers increased proportionately with age. The most common reason for long-term absence was illness (82.3%), followed by injury outside work (8.9%) and work injuries (5.6%). The most common reasons for long-term absence in men were diseases of musculoskeletal system and connective tIssues (30.1%), recovery after injury or poisoning (28.6%), neoplasms (8.9%), circulatory diseases (8.9%) and mental and behavioural conditions (7.2%). In women these were diseases of musculoskeletal system and connective tIssues (35.1%), neoplasms (16.9%), recovery after injury or poisoning (15.3%), mental and behavioural conditions (10.5%), and neuromuscular diseases (5.6%).

Conclusions

A long-term solution to the problem of prolonged absenteeism is possible with the legal limitation of its duration, the introduction of professional rehabilitation and return-to-work. In professional rehabilitation, we should focus on the most common diseases, as stated in the Results of our analysis.

Governance of the sickness certification process in health care

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Issue

Since 2006 there has been agreements between the Swedish Government and the County Councils regarding the sickness certification process. 2018 is supposed to be the last year. Since lack of governance and accountability in health care were identified problems reported before the first agreement actions for improvement has been required in the agreements. The federation of county councils has initiated a project in order to support the regions governance regarding insurance medicine after the agreement.

Description

A survey regarding the current situation has been accomplished and 21 facilitators in different county councils have been interviewed. The interviews were conducted out of a semi-structured theme guide. Out of the Results measures are taken to improve the governance on both national and regional levels.

Results

The facilitators report:
- Low status and low priority for the work with insurance medicine on all levels in the health care organization.
- Problems in recruiting medical advisors in the field.
- Need for national support.
- Counties that have integrated insurance medicine in the knowledge organization report a higher status for the field and less problems in recruiting medical advisors.

Lessons

A closer integration of insurance medicine to the knowledge organization seems to be important in order to higher the interest and status in health care for the mission regarding sickness certification. Focus should be on patient needs and quality in the field based on patient security Issues in order to higher the interest.

Management of sick-leave patients through a preliminary questionaire to save medical ressources

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Background

Shortage in insurance doctors in some Europeans countries has led to various experiences such as hiring nurses, physiotherapists, or psychologist, as a first line assessment of the patient's health. We present a model of preliminary survey to avoid from consulting. The aim was to save physician resource, when not directly involved in advice or disability assessment, without side effect of the method such as lost sight of patient, longer sick-leave, or any other adverse Issue.

Methods

The objective was to compare from 120 days sick-leave data obtained from questionnaires sent to patients (n= 91), versus routine recorded examination of absence related to sick leave in the statutory independent-workers health fund (n = 100) on a 3 years period.. The one page questionnaire ought to consist of occupational , medical and social (income) parts. The questionnaire group was studied by the physician according to the medical data and the previous examination generally postponed. However, Without questionnaire return, or if the answer was meaningless, the patient was asked to attend.
Main outcome was the number of consulting per patient through the whole sick-leave period.
The secondary outcomes were sick-leave length, outcome in disability, social request.

Results

The return rate of the questionnaires was 79%. The consulting rate was 0.46per patient in the questionnaire group and 0.73 in the control group ($p<0.001$). The mean sick leave duration was 224 ± 159 days in the questionnaire group and 250 ± 156 days for the control group (NS as expected). The questionnaires were contributory enough to support a medical advice in 82% of the patients. .

Conclusions

We demonstrated the interest of using a questionnaire before examination to save physician resource, here measured by consulting rate, and determine the best moment of the primary consulting. We detected no side effect in any of the fields explored.

Beyond medical treatment after minor motor vehicle crash injury: perceptions of insurance company case managers

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Background

Musculoskeletal disorders after minor motor vehicle crash injuries (MSD-MV) are common and in some cases, medical treatment offers little relief. Case managers (CMs) play a critical role in the recovery process due to their interaction with various stakeholders and longer-term perspective. It is likely that they have useful insights about intervention effectiveness. Little is known about CMs perceptions especially as it relates to helpful and unhelpful treatments for MSD-MV.

Methods

Semi-structured interviews were conducted to explore the perspectives of insurance company CMs in Australia and the USA (N=40). A purposeful sampling strategy was adopted. Participants were asked: "What do you believe are good or bad interventions for recovery?". A framework analysis was applied to extract codes and develop overarching themes. Two co-authors performed the interviews, and six co-authors were involved in the data analysis

Results

CMs talked about particular types of interventions, as well as components that could be found across a variety of interventions. Aggressive treatment – too much, too early, multiple specialties, surgery, overmedication, non-evidence based treatments focused on rest, prolonged work-absence certification, and diverging agendas of stakeholders were all perceived as unhelpful for recovery. Legal representation, in addition to excessive health care, was also perceived as detrimental. Staying active, performing home-based activities, resuming work after injury and allowing time to heal were perceived as enhancing recovery. The following overarching components emerged: treatment approach and intensity, timeliness of interventions, building positive recovery expectations, support of return-to-work, communication between stakeholders, and the influence of social context such as family and employer.

Conclusions

CMs demonstrated clear and detailed perceptions of key psychosocial and contextual Issues influencing recovery from MSD-MV. In particular, their perceptions regarding overarching treatment components, has the potential to be informative to a wide variety of treatment providers. Integrating CMs perceptions into established treatment programs may result in improved recovery outcomes.

Optimization and validation of Weer-Werk, a return-to-work program including Disability Case Management

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Background

Research has shown the importance of focusing on returning to work early in the rehabilitation process of people with several chronical diseases or conditions. Weer-Werk is a recently developed intervention program that focuses on work-oriented rehabilitation of people with complex neuromotorical conditions or amputations within Flanders, Belgium. The program involves a Disability Case Manager, who facilitates returning to work in cooperation with the patient and his family, doctors and caretakers, the patient's employer, and other stakeholders. In order to implement it into practice, the intervention protocol needs to be optimized.

Methods

This article aims at optimizing and validating the Weer-Werk protocol. First, several steps in the protocol were refined, using interviews with different stakeholders, and a clear description of the entire intervention program was attained. Next, eight cases of people who experienced a stroke, and started Weer-Werk within the rehabilitation center of Jessa, Herk-de-Stad, Belgium, were observed throughout the intervention process. Finally, observations of the cases were matched with the steps as described in the protocol.

Results

The Weer-werk protocol was optimized and described within 15 steps. Up until now, one person went through all 15 steps of the Weer-Werk intervention. Eighty-five percent correspondence was found between observation of the steps completed, and the steps as described in the Weer-Werk protocol. Although correspondence is high, it should be noted that several steps occur simultaneously instead of chronologically. Furthermore, step 15 does not appear to be the end of the intervention program as the Disability Case Manager continues to follow up patients after returning to work.

Conclusions

Preliminary Results show high correspondence between the optimized Weer-Werk protocol and the eight cases effectively undergoing this program. The validated intervention protocol will be used in a controlled trial study aimed at investigating intervention effects on return to work, quality of life, and related outcome variables.

The use of a dialogue based work place intervention (ADA+) for return to work – from employer perspectives.

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Background

Stress-related diseases and exhaustion disorder are major reasons for sick leave and reduced work ability. Health care providers need to involve the workplace and the employer in the return to work (RTW) process. From employer perspectives, this study explores how a dialogue based work place intervention (ADA+) can support the return to work process.

Methods

Individual semi-structured interviews were conducted with 16 employers (10 women and 6 men) who had an employee on sick leave because of exhaustion disorder. The employer and the employee participated in a dialogue based work place intervention which was guided by a RTW coordinator in health care. The intervention aimed to promote dialogues between the parties involved and find solutions to enable RTW. The interviews were analyzed according to Grounded Theory.

Results

The Results highlight variations in the employers' perceptions of ADA+, for example due to their supervisory experience, their relationship with the employee and various organizational factors ADA+ filled different voids depending on individual employers' needs and confidence in the RTW process. ADA+ facilitated tangible adaptations and defined the parts' responsibilities along the process. The intervention enhanced employers' knowledge about prerequisites for RTW, for example regarding diagnosis, legislation and rehabilitation. It gave 'ripples on the water' as it strengthened the employers' preventive approach towards all employees at the workplace.
A continuous and open dialog between employer and employee is found to be key in the RTW process. In case of trouble in the process, frequent follow-up were seen as necessary, parallel to the RTW coordinator's neutral and unbiased support by mediation, knowledge and focus on the goal.

Conclusions

From the employer's perspective, ADA+ can support the RTW process with tangible adaptations and knowledge regarding the process. I could also define responsibilities between the actors in the rehabilitation.

Employers' return to work experience of employees with cancer: A complex communicative pathway

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Background

Employers play a crucial role in achieving return to work (RTW) for cancer survivors. We aimed to provide insight in Dutch employers' experience and their needs for support in the RTW-process.

Methods

We interviewed thirty employer representatives (medium and large for- and non-profit organizations) to investigate their experience with employees, diagnosed with cancer. For analysis, we used a Grounded Theory approach.

Results

Supporting employers with cancer is experienced as a complex, decision-making, and phased communicative pathway. In addition, employers regard the pathway demanding because of various dilemmas (balancing both the employer's and the employee's interests). We distinguished two types of approaches to support employees with cancer: a business-oriented (based on employers interests) and a care-oriented (based on employee needs) approach. Variation in experiences and approaches related to differences in organizational structure, and employer and employee characteristics. Employers expressed needs for information, communication and decision-making skills to better support cancer survivors.

Conclusions

Dealing with an employee with cancer is demanding and challenging. The existing legislation on RTW did not offer all the support the employer needed. Supporting them by providing information and training their decision-making and communication skills could help the interviewed employers in supporting their employees. Theoretically, an informative tool should be developed.

Perceived employer-related barriers and facilitators for work participation of cancer survivors: a systematic review of employers' and survivors' perspectives

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Background

Cancer survivors consider return-to-work (RTW) a key aspect of cancer survivorship. Employers are important stakeholders in the RTW process, but also express a need for support. To develop interventions for employers, a deeper understanding of the role of employers during RTW of cancer survivors is required. The objective of this study is therefore to identify employer-related barriers and facilitators for work participation of cancer survivors, from the perspective of both employers and cancer survivors, and to synthesise these to understand their perceived consequences.

Methods

A systematic review of qualitative studies focusing on employers' and cancer survivors' perspectives on the work participation of cancer survivors was performed. Four databases (MEDLINE, EMBASE, PsycINFO, Business Source Premier) were systematically searched, and the quality of studies included were assessed using the CASP checklist. Perceived barriers and facilitators were extracted and synthesised using an adjusted version of the RDIC model, to conduct a content analysis.

Results

Five studies representing the employers' perspectives and 47 studies representing the cancer survivors' perspectives were included. Employers perceived barriers and facilitators related to support, communication, RTW policies, knowledge about cancer, balancing interests and roles, and attitude. Survivors perceived barriers and facilitators related to support, communication, work environment, discrimination and perception of work ability. The synthesis found that employers' willingness to support can be understood by perceptions they have of the survivor, goals of the employer, and national and organisational policies. Employers require knowledge about cancer and RTW policies to be able to support survivors.

Conclusions

This review identified a plurality of and a large variety in perceived employer-related barriers and facilitators for work participation of cancer survivors, which can be understood to be related to both employers' willingness and ability to support. There is a need for RTW interventions targeting employers, with the aim of enhancing sustainable work participation of cancer survivors.

Restoring confidence in working life – experiences of supportive guidance in the return to work process after stress-related exhaustion

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Background

Sick leave due to stress related mental health problems has, since 2010 increased in Sweden, and exhaustion disorder (ED) is one of the most common diagnosis. This places new demands on rehabilitation and collaboration between healthcare and working life. Interventions that involve the workplace facilitate the return to work (RTW) process. A RTW coordinator in health care is a new competence to implement interventions that organize such collaborations. This study aimed to explore experiences from persons with ED, who participated in a dialogue based work place intervention (ADA+).

Methods

Semi-structured group interviews were conducted with 15 participants (13 women and 2 men), who were recruited from the Stress Rehabilitation Clinic in Umeå, Sweden. All persons were diagnosed with ED and participated in a 12-week-rehabilitation program where ADA+ was included. The group interviews were analyzed with Grounded Theory.

Results

The experiences of participating in ADA+ entailed an empowering and health promoting process that encouraged the participants to take steps forward in the RTW-process. The structured setup and supportive guidance from the RTW coordinator was central in this process, a process that entailed a change from being in an emotionally exposed situation to experience personal growth and empowerment. The common dialogues and planning, with the RTW coordinator and the employer, contributed to experiences of increased participation and shared responsibility in the RTW-process. In addition, ADA+ seemed to transfer knowledge and change attitudes among the employers and colleagues at the workplace, which makes it easier to promote health.

Conclusions

ADA+ is supportive and health promoting in the RTW-process. The structured setup and personal guidance from a RTW coordinator encouraged participants' to feel safe and to progress in the RTW-process. In addition, ADA+ contributed to improved collaboration, increased knowledge and changed attitudes. Implementation of ADA+ early in the RTW-process may thus have prerequisites for a sustainable RTW.

Return to work in patients with Exhaustion Disorder. Behind the scenes

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Background

The sick-leave periods for patients with stress-related exhaustion tend to be long-lasting. Return to work (RTW) in this group of patients is a complicated since poor work environment has been found to be a major contributor of the problem. Data presented here has been extracted from a unique register including former patients with stress-related exhaustion, previously treated at a specialist clinic in Sweden. Here we explore circumstances related to return to work in these patients, seven years after initially seeking care for their exhaustion.

Methods

Two-hundred and one patients (61%) of a total of 329 eligible patients had responded to the seven years follow-up questionnaire and among those 176 (88%) reported they were not on sick-leave. Self-reports were used to explore sick-leave, return to work and changes in work situation.

Results

Eighty four percent of the patients (n=147) not on sick-leave reported that they were working. However, 11% had changed work-place, 19% had changed work-task, and as many as 27 % had changed both work-place and work-task. Among those still working in the same place doing similar work, 15 patients reported that they worked less hours than previously. Thus, all together only 32% of all patients with previous stress-related exhaustion report that they have returned to the same work situation.

Conclusions

Only one third of patients with stress-related exhaustion have returned to the same work-environment. Thus, majority of the patients have, for different reasons, either changed work-place, work-task and/or are working less hours. This raises the importance of discussing the work-place both as a plausible contributor to the stress-related problems but also Issues related to the RTW process. Further analysis will contribute to a greater understanding of the underlying factors of why only one third of the patients return to the same work situation.

Development and evaluation of a care pathway to support return to work of employees with burnout

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Background

Burnout is a work-related mental health problem and may cause long-term sickness absence. The aim of this study is to develop and assess the effectiveness of a multidisciplinary care pathway that supports return to work in sick listed employees with burnout.

Methods

Based on a systematic literature review we made a first draft of the care pathway. During focus groups we discussed this draft with professionals (i.e. insurance physicians, general practitioners, psychologists, occupational physicians and psychiatrists) and optimised the care pathway based on their recommendations. Next we will conduct a cluster randomised trial (CRT) to evaluate the effect of the care pathway on the duration of sick leave due to burnout. After the CRT we will interview professionals and employees who participated in the care pathway to identify possible barriers and facilitators to implementing the care pathway.

Results

We finished the systematic review and the focus groups. The systematic review showed that (partly) organisation-oriented return-to-work interventions have a positive effect on return to work. The focus groups revealed that professionals find it difficult to differentiate between burnout and other mental health problems (e.g. depression). They also have different opinions on burnout treatment (e.g. quick referral to a psychologist or not, complete rest at the beginning of the sickness absence or not). Furthermore, the role of the different stakeholders during the return-to-work process isn't always clear for professionals.

Conclusions

Considering the Results of the systematic literature review and the focus groups, we think the following elements are essential in the care pathway: involvement of the workplace (e.g. consultation with supervisor), cooperation between a general practitioner and a psychologist to correctly diagnose burnout, referral to a psychologist in the first month after the sickness absence started and efficient communication between all stakeholders.

International comparison of work capacity evaluation in a social security setting.

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Background

Nowadays the focus within social security is moving towards promotion of work reintegration since being able to work is key to economic self-sufficiency and social standing. This new focus requires an integrative assessment approach gaining insight in remaining work capacity of persons and the demands workplaces pose. Despite the more prominent focus on work reintegration, little is known about how countries assess remaining work capacity and successively how job match is obtained. The current study aims to describe and compare currently used work capacity assessments and successive steps taken to achieve job match across a variety of OECD countries.

Methods

In November 2016 a survey was conducted among researchers in the field of social security from the Netherlands, Iceland, Finland, Sweden, Denmark, United Kingdom, United States and Australia. The questionnaire focused on the context and content of the work capacity assessments. To gain insight in how job match between a person's work capacity and available work is achieved, a follow-up survey followed in February 2018.

Results

All countries conduct multiple work capacity assessments with different aims and outcomes. Large differences of included dimensions in the assessment across countries were identified. Most countries focus mainly on physical and functional performance, while some have a more multidimensional approach also including adjustments on job content, work environment and social environment. The majority of the assessments are conducted by medical doctors. These preliminary Results will be completed with the findings on how job match is achieved.

Conclusions

The current overview demonstrates a large variety in work capacity assessments across countries. Some countries are moving towards a more multi-dimensional assessment, incorporating environmental and occupational factors in addition to individual's functional limitations, reflecting the general trend for a holistic focus in the assessment of work capacity, integrating the barriers and facilitators for work resumption.

Biopsychosocial predictors and trajectories of work participation after occupational rehabilitation of participants with mental and somatic disorders. A cohort study

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Background

Group-based transdiagnostic occupational rehabilitation programs including participants with mental and somatic disorders have emerged in clinical practice. This study aimed to investigate trajectories for (re)entry to work in a diagnostically heterogeneous sample of sick-listed participants after completing occupational rehabilitation.

Methods

A cohort of 212 participants aged 18 – 69 on long-term sick leave (> 8 weeks) with chronic pain, chronic fatigue and/or common mental disorders was followed for one year after completing a 3½-week rehabilitation intervention based on Acceptance and Commitment Therapy. Self-reported, clinical and registry data were used to study the associations between predefined biopsychosocial predictors and trajectories for (re)entry to competitive work (≥ 1day per week on average over 8 weeks). Generalized estimating equations analyses was used to investigate trajectories.

Results

For all biopsychosocial subgroups (re)entry to work increased over time. Baseline employment, graded sick leave and higher expectation of return-to-work (RTW) predicted higher probability of having (re)entered work at any given time after discharge. The odds of increasing reentry over time (statistical interaction with time) was weaker for the group receiving work assessment allowance compared with sickness benefit (OR =0.92, p = 0.048) or on graded sick leave compared with full sick leave (OR 0.77, p < 0.001), and higher for those reporting a poor economy versus not (OR 1.16, p = 0.010) or reduced emotional functioning compared with not (OR 1.11, p = 0.012). Health factors did not differentiate substantially between trajectories.

Conclusions

Work participation after completing a transdiagnostic occupational rehabilitation intervention was investigated. Individual and system factors related to work differentiated trajectories for (re)entry to work, while individual health factors did not. Having a mental disorder did not indicate a worse prognosis for (re)entry to work following the intervention. Trials within occupational rehabilitation are recommended individualized with attention to work factors and to lesser extent by diagnostic group.

Big Data and the Future of Insurance Medicine

dr. Nicky Hekster - IBM Watson Health, The Netherlands

Background

Technology has advanced in such a rapid way and has fundamentally changed our lives, that the world's per-capita capacity to store information has roughly doubled every 40 months since the 1980s. As of 2012, every day 2.5 exabytes (2.5×1018) of data are created. These developments are captured under the name Big Data, a generic term for data sets that are so large or complex that traditional data processing applications and systems are inadequate and unable to extract essential information. Next to structured data, the larger part of the data is unstructured - free text, videos, photos, speech, etc.. In the ecosystem of healthcare, much of these types of data have traditionally been produced in large quantities by all the stakeholders.
Today however, promising technological developments from data analytics and in particular artificial intelligence yield new ways to glean knowledge and insights from Big Data. For example, one will be able to use it to detect statistical life expectancy trends, based on large-scale population-based data collected over the long-term. It also enables us to identify and quantify key factors affecting mortality and longevity, such as lifestyle choices, medical conditions and medical interventions, seen in the light of chronic diseases and their treatments. Pharma companies can use real world evidence data to develop drugs more precisely and rapidly. Last but not least, patients also have plenty of opportunities to generate their own data with wearables and apps at their disposal. The big challenge lies in gathering insights from the complexity of all data. Under the name Watson, IBM has created an open technology platform, which now and in the future brings data together and makes Medicine more precise and personal. In this lecture, the above developments will be treated, some examples will be given of applications.

Small fiber neuropathy: from symptoms to treatment

dr. Janneke Hoeijmakers - MUMC Afdeling Neurologie, The Netherlands

Background

Small fiber neuropathy (SFN) is a peripheral neuropathy characterized by neuropathic pain and autonomic symptoms. It is a debilitating condition with a great impact on quality of life and leads to substantial health care costs. Neurological examination and standard nerve conduction studies are usually normal, since the large nerve fibers are not affected. The diagnosis is based on the clinical picture in combination with an abnormal intraepidermal nerve fiber density in skin biopsy and/or abnormal temperature sensation in quantitative sensory testing. Various conditions are associated with SFN, such as diabetes mellitus, vitamin B12 deficiency, immunological disorders or sodium channel mutations. If possible, causative treatment of an underlying condition is started. However, in 50% no associated condition can be found. In these idiopathic cases, or when causative treatment fails, pharmacological neuropathic pain treatment with antidepressants, anticonvulsants or opioids is usually first choice. Unfortunately, pain relief is often inadequate with severe side-effects. In some cases, a pain rehabilitation program can be considered to optimize daily functioning. In this presentation the challenges of the diagnostic process, pathophysiological mechanisms, and treatment of SFN will be discussed.

Neuro-Pain: nationwide implementation of a digital platform for multidisciplinary screening, treatment and long-term follow-up of chronic pain patients

prof. dr. Guy Hans - Antwerp University Hospital (UZA), Belgium

Issue

Chronic pain remains a difficult to treat medical entity. For some neuropathic pain conditions neuromodulation is a valuable therapeutic option. However, scientific evidence points to the fact that psycho-social comorbidities can negatively impact the effectiveness of neuromodulation. Proper patient selection is therefore essential. In addition, neuromodulation should be part of a multifactorial approach focused on a functional re-integration of the patients. Long-term follow-up with objective and functional outcome parameters is mandatory.

Description

Some chronic neuropathic pain conditions, such as failed back surgery, that are resistant to other pharmacological and interventional therapeutic approaches could be treated by neuromodulation (implant of a spinal cord stimulator). Recently, a fundamental reform of the reimbursement procedure for neuromodulation was executed in Belgium. All patients will be entered in a nationwide digital platform where the process of patient selection, medical screening and psychological evaluations are centralised. The long-term follow-up of these patients will also be centralised in this digital platform. The implementation will not only optimise proper patient selection, indentify the presence of possible yellow and blue flags, prevent medical shopping but will also result in a full and continuous cooperation between the hospital care team with the primary care physician, the occupational physicians and the insurance physicians. Social security will have a continuous insight in the progress of the care pathway for each patients, optimising the interaction between these physicians and the hospital care teams.

Results

During the workshop the aspects of development and implementation will be addressed and Results of the implementation will be presented.

Lessons

E-Health and telemedicine could play an important role in the centralisation of care for chronic conditions, such as chronic pain. Such approach allows a fully multidisciplinary approach to these medical conditions, bringing ALL care givers (with a therapeutic relation, but also from an insurance perspective and work-related) together around the patient.

Reintegration and chronic pain: will it work?

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Lisa Bernaerts - Antwerp University Hospital (UZA), Belgium
dr. Saskia Decuman - National Institute of Health and Disability Insurance, Belgium
prof. dr. Guy Hans - Antwerp University Hospital (UZA), Belgium

Issue

Reintegration of chronic pain patients is a topic that has remained largely unexplored. So far, there is minimal or no communication between health authorities and the patient's work field.
This pilot project, realized in collaboration with RIZIV/INAMI, aims the implementation of an integrated, personalized and innovative reintegration process for pain patients, where the internal ability case manager (ACM) functions as a bridge between all the stakeholders in order to facilitate and stimulate communication and cooperation.
The primary goal is to increase the chances of work reintegration and to reduce the duration of disability, by using the existing government institutions within a more optimized application in combination with the multidisciplinary approach in pain centers (MPC). Furthermore, we explore the added value of an ACM in a larger hospital setting.

Description

This qualitative study starts by investigating the population in our MPC and their readiness to return to work. Patients, between 20 and 60 years old who are motivated to work, are eligible for a return-to-work program.

Results

Preliminary Results show already the added value of an internal ACM in three domains: (1) avoiding dropout from work (prevention of disability), (2) counseling and re-directing patients to the labor market and (3) guiding, supporting and coordinating the reintegration of the patient at his employer. The fact that the ACM is also a part of a multidisciplinary team ensures patient's sensitization to work as well as an efficient reactivation and a personal tailored support, leading to a sustainable reintegration. In addition, the ACM helps to correct the pain misinterpretation to the stakeholders.

Lessons

It becomes apparent from these preliminary findings that an ACM in a hospital setting is an added value, both for patients and society. It may lead to much higher motivation and faster reactivation. Given the initial stage of the project, further research is necessary.

A medical ethics for social security having patient's welfare and social justice as goals

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prof. (retired) António Barbosa da Silva - Ansgar University College and Theological Seminary, Norway

Background

Some social security systems, e.g., the Norwegian one, combines the clinician's and the expert's role. The purpose of this study is to discuss how ethical aims of these two roles relate to each other.

Methods

International literature on normative medical ethics for social security was reviewed and systematized on the basis of recognized medical ethics.

Results

The study found five medical ethical principles as primary. The principle of human rights is an overriding principle. The second principle is justice. It contains both a formal aspect and a material aspect consisting of criteria for what should be equalized in a distribution of benefits and burdens. The formal principle makes the demand to be professional in a perspective of impartiality. The material criteria of social justice consist mainly of compensatory and distributive/redistributive criteria of justice besides the legal rule of law. The third principle is beneficence, according to which sometimes paternalism may be justified. The fourth principle is nonmaleficence. The clinician should avoid to harm the patient by not intervening in ways that could damage his/her ability to work. The fifth principle is autonomy. A three-step clinical shared decision making model is presented for use in follow-up of sick-listed people.

Conclusions

It is possible to reconcile the ethical goals of the clinician and the welfare state if one takes into consideration that both use almost the same ethical principles and that their ultimate goal is the same, namely the patient's well-being. Arenas of possible conflicts are: i) the inevitable paternalism of the welfare state and the patient's autonomy. Paternalism should as far as possible yield for a shared decision making, ii) the welfare state's goal of social justice. This goal makes demands to the role of an expert to go beyond the clinical perspective of sympathy to a perspective of impartiality.

Evidence-based medical assessment in insurance medicine: Vision or declared goal? Content: This interactive workshop aims to gain a better understanding of the specific medical questions and problems that experts encounter during evaluations. The findings will feed into a framework of evidence-based medical evaluations.

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ass. prof. dr. Jan Hoving - Academic Medical Center, University of Amsterdam, The Netherlands
dr. Wout de Boer - University Hospital Basel and University of Basel, Switzerland
prof. dr. Regina Kunz - University Hospital Basel and University of Basel, Switzerland

Background

A recent international survey (n=777, EbIM et al. 2016) about "knowledge requirements of insurance physicians" revealed that nearly all of the respondents considered evidence-based medicine as 'a tool' with high potential to improve decision-making in insurance medicine. One third reported on daily situations, another third on weekly situations where the respondents experienced a need for more evidence on medical Issues. Nevertheless, the survey did not collect detailed information on the type of questions that the physicians encountered and the specific situations where the questions arose. In the workshop, we would like to find out what kind of insurance-medical knowledge professionals need in individual situations.

Issue

A recent international survey (n=777, EbIM et al. 2016) about "knowledge requirements of insurance physicians" revealed that nearly all of the respondents considered evidence-based medicine as 'a tool' with high potential to improve decision-making in insurance medicine. One third reported on daily situations, another third on weekly situations where the respondents experienced a need for more evidence on medical Issues. Nevertheless, the survey did not collect detailed information on the type of questions that the physicians encountered and the specific situations where the questions arose. In the workshop, we would like to find out what kind of insurance-medical knowledge professionals need in individual situations.

Methods

In plenary and small group work the participants will learn to develop clinical, searchable "PICO-questions" (Patient-Intervention-Comparison-Outcome) for specific problems that arose from their professional setting. They will discuss their views on and attitudes towards an evidence-based assessment, facilitating and impeding factors of implementing an evidence-based assessment in their own environment and their perceived needs about training in evidence-based medicine.

Results

Learning objectives of our workshop:

- Raise awareness of own needs for knowledge relating to specific problems in the professional setting

- Practice a technique to identify specific medical problems that are amenable to an evidence based approach (phrasing of a question)
- Recognize the type of the underlying problem such as screening, diagnosis, causality, prognosis, intervention
- Reflect on the implication of the answer for one's own decision making.

Conclusions

The aim of the workshop is to gain a better understanding of the specific questions and problems that medical experts experience during their work. This should serve as a basis to make medical assessments more evidence-based and to define minimum requirements for implementation.

A Telephone based coaching for long term of sick leave patients

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Marie Helene Conde, France
Dangeard Severine, MD - Securite sociale - Independants Agence d'Ile de France, France

Background

Shortage in insurance doctors in some Europeans countries has led to experiences such as hiring nurses, physiotherapists, or psychologist, as a first line assessment of the patient's state of health. We present a model of follow-up contact by phone to save medical consulting .

Methods

A prospective study was implemented from routine sick-leave control process of the statutory independent-workers health fund.
Inclusion criteria: The first consulting was planned between 3 to 12 months of a first sick-leave according to the expected disability. After the consultation, the patient was informed that the second medical check-up should be held through a phone call from the doctor. The doctor planned the phone call at the moment when he would have examine again the patient. The exclusion criteria were psychiatric or auditory disability, or patient needing a close assessment of their disability.
The primary outcome was the avoided consultation, defined by a phone call collecting all the informations needed for medical and social assessment.

Results

We included 53 patients; 15 returned to work before the scheduled date for a call; 26 had a phone call instead of the consulting as foreseen; 10 had a failed or incomplete call and were asked to attend; 4 turned out to be unreliable . So one in two of the included patients could be efficiently managed by a phone call . Compared with the flow of sick-leave patients the phone managed patients represented a third. Variations among advices from the 3 doctors involved in the survey were tested and turned out not to be significant.

Conclusions

The phone following up does exist for backcountry patients, it has been implemented in Ile de France a high density area, with success and satisfying receipt from the customer. It turned out to be a good way of saving medical ressources.

Symptom diagnoses in the sickness certificate predict lower quality of the sick leave process. A retrospective study of medical records in Sweden

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Background

The objective was to investigate whether symptom diagnoses in sickness certificates predict lower quality of the sick leave and rehabilitation process compared with specific, disease-related diagnoses.

Methods

Retrospective study of computerised medical records and texts from sickness certificates from 2013-2014. Setting: Primary health care in Sweden. Subjects: Patients on sick leave with symptom diagnoses (SD), n = 222, and controls with disease-specific diagnoses, n = 222, in the sickness certificate. The main outcome measures were presence of rehabilitation plans, number of certificates that were renewed by telephone, duration of sick leave, diagnostic investigations, and information on body function and activity limitation according to the WHO International Classification. Health care utilisation the year before

Results

There was a small proportion of patients with planned rehabilitation in both groups. More SD patients than controls had their sick leave prolonged by telephone (23% vs. 15% p = 0.038). SD patients had shorter sick leave periods than controls (116 vs. 151 days p = 0.018). More X-rays and ultrasounds were performed in the SD group compared with the control group (32% vs. 18%, p < 0.001). During the year before the sick leave, SD patients visited physicians at primary health care centres more often than the controls (82% vs. 68%, p <0.001). The certificates were incomplete to a greater extent for SD patients than for controls, (56% vs. 44% p = 0.008), with fewer objective findings regarding medical status and impairment of functioning (24% vs. 45%, p < 0.001). Conclusion. Symptom diagnoses in sickness certificates can be used to assess the quality of the sick leave and rehabilitation process and as a marker of increased health care utilisation.

Conclusions

Symptom diagnoses in sickness certificates can be used to assess the quality of the sick leave and rehabilitation process and as a marker of increased health care utilisation.

Tackling fraud against the health insurance system

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Issue

Fighting fraud and any kind of undue payment constitue a priority for our welfare system so as to assure its longevity. This policy has to be performed in a very specific environment because of the large number of persons targeted - 60 million patients, thousands of medical actors- besides the countless medical acts performed annually (about 500 million)

Description

During the last decade, we have intensified and professionalized our action to deter all the actors of the system from breaking the rules. The strong commitment of our entire network along with nation- wide awareness programmes have contributed to detecting and putting a halt to any kind of frauds.

Results

Our method to tackle fraud is based on detection, investigation, and legal actions. This is done through the analysis of our database by our statisticians supported by the expertise of our medical advisers or from reported cases.
The investigation is first led in the wards then in the field by the staff of Health care Insurance like medical advisers who assess the coherence of the pricing and invoicing of the treatments in relation with the patient's disease. The goal is to evaluate any discrepancy, either intentional or not, and to file and compute all the elements constituting prove of fraud.

Lessons

According to the seriousness of the fraud, legal actions are decided upon proven fraud cases by our lawyers and medical staff taking into consideration the amount of all the undue payments : filing a complaint in a court of law, conventional action or financial penalty. In 2016, 245 million euros were paid unduly. An increase of five percent compared to the previous year. Our challenge is to improve the detection of abnormalities proving the fraud using for some complex cases innovative Methods such as data mining and big data

Early workplace dialogue in physiotherapy practice improved work ability at long-term follow-up - WorkUp a randomised controlled trial in primary care (Clinical trial NCT02609750)

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Background

Workplace involvement in rehabilitation for patients with musculoskeletal pain may improve work ability. A workplace dialogue with the patient and the employer (Convergence Dialogue Meeting, CDM) is a model aimed at helping the patient, the care giver and the employer to support work ability and return to work. Our aim was to study the effect on work ability when adding a workplace dialogue according to CDM in physiotherapy practice for pain patients in primary care.

Methods

We conducted a prospective pair wise cluster randomised controlled trial (Clinical trial NCT02609750) in primary care involving 20 rehabilitation units with one year follow-up. Patients in working age with acute/subacute neck and/or back pain who have worked more than four weeks last year and not currently on sick leave or with short sick leave (≤ 60 days) the previous year and at risk for sick leave were included (n=352). All patients received structured physiotherapy. The intervention was addition of dialogue with the patient and the employer focusing on the pain problems in relation to work and on possible or already conducted workplace adjustments to support stay at work or return to work if on sick leave. Work ability (working at least four consecutive weeks at follow-up) was the main confirmatory outcome, assessed by a weekly short text message question on sick leave days last week.

Results

Work ability was significantly higher in the intervention group (108/127, 85 %) compared to the reference group (127/171, 74 %) (p=0.02). The intervention almost doubled the odds of having work ability at one year follow-up also after adjustment for baseline quality of life (OR 1.85, CI 1.01-3.38).

Conclusions

An early workplace dialogue in addition to structured physiotherapy improved work ability considerably at one year compared to physiotherapy only.

Reasonable accomodation in the workplace in Italy: new policy and role of Workers' Compensation Authority (INAIL)

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dr. Anna Colafigli, PhD - Medical Adviser - INAIL Padova, Italy

Issue

In 2003 Italy transposed the Council Directive 2000/78/EC in a legislative decree (216/2003) establishing a general framework for equal treatment in employment and occupation for all citizens of the EU with special regard to those victims of discrimination such as people with disabilities.
Moreover in 2009 Italy transposed the UN Convention on the Rights of Persons with Disabilities (2006) in a national Law (18/2009).
Despite the efforts of the national legislators, Italian businesses have turned out to be reluctant to provide reasonable space to promote the return to work of people with disabilities.

Description

To enforce the legislation on equal treatment, the Stability Law 2015 (190/2014) assigned the Workers' Compensation Authority (INAIL) competence in the field of work integration for people with disabilities by means of personalised projects to return to work (own job) or to seek new employment.
The financial burden is at INAIL's expense and no extra costs are due to the State.
The aim of this presentation is to illustrate the new policy, the responsibilities of the stakeholders, with a special focus on the role of the multidisciplinary team (physician, administrative officer and social worker), and the use of ICF in assessing the functional capacity of the worker.

Results

Some projects will be shown in detail.

Lessons

Some organisational Issues and different cultural Background among stakeholders need further improvements.

Predicting future changes in work ability of individuals receiving a disability benefit: longitudinal analysis of self-reported and registration data

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Background

Long-term occupational inactivity is bad for an individual's health, and returning to work is generally associated with a positive effect on the future course of the disease and work ability. Once a work disability benefit has been granted, changes in health may alter its continuing eligibility. Insurance physicians conduct medical re-assessments to determine whether a person's health has improved or deteriorated. Because of the limited time to perform such re-assessments, accurate prognosis of future changes in work disability is important to find the most relevant cases. Therefore, the aim of this study was to investigate whether sociodemographic, work disability benefit, health and functional limitation factors can predict changes in work ability at one-year follow-up.

Methods

The study population consisted of 972 individuals who had been granted a disability benefit after two years of sick leave, with one-year follow-up. Self-reported questionnaire data were linked with registration data collected from Dutch Social Security Institute (SSI) databases. Work ability was measured using the single item question of the work ability index (WAI). Multivariate linear regression analyses were performed to identify predictors.

Results

WAI at baseline, working while receiving the disability benefit, type of disability benefit, and measures of social and physical functioning were the most important predictors for a change in WAI at one-year follow-up. Self-reported and registration data on functional abilities could interchangeably be used in the prediction model with only small differences in model accuracy. The model classified around 66% of the cases correctly, with the positive and negative predictive value almost equal.

Conclusions

Health- and work-related factors predicted changes in work ability at one-year follow-up. Accurate predictions of future changes in work ability can help insurance physicians to improve their assessment of prognosis, thereby making planning of re-assessments more efficient.

High levels of sick leave and disability pension during the 5 years before spontaneous subarachnoid hemorrhage

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Background

Spontaneous subarachnoid hemorrhage (SAH) is a catastrophic disease in individuals who often perceive themselves as healthy. Even so, people could be exposed to factors associated with higher risk for SAH. In the present study we explored the pre-SAH health situation as measured by number of days of sick leave (SL) or disability pension (DP) the 5 years preceding the year of the SAH. The aim was to investigate if SAH patients had signs of high illness, in terms of SL and DP, already before the SAH.

Methods

A retrospective cohort study was conducted, including all 3243 individuals living in Sweden who had a first SAH when aged 17-64 years in 2005-2010. We analyzed their number of SL and DP days in the five years before the SAH, using register data. Also, risk of death within three years was analyzed, adjusting for sociodemographics.

Results

Median age of those with a SAH was 52 years (IQR 45,58), 57% were women, 47% had a bleeding from an aneurysm, and 25% died in the following three years. Women had significantly more SL days as well as DP days compared to men the 5 years pre-SAH. Linear regression showed that mortality within the follow-up period was best predicted by a model consisting of the variables bleeding source, age, and of DP days before the SAH incident.

Conclusions

SAH affects relatively young persons, who are seemingly healthy. However, those in the cohort had more SL- and DP-days than the general population of Sweden of those ages. Thus, our Results show that this group had higher illness, measured by SL- and DP-days during the 5 years before the . This should be further explored in order to increase the understanding for the SAH disease.

Who returns to work after a coronary heart disease event? Results from the EUROASPIRE IV study

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Background

Coronary heart disease (CHD) can lead to loss of workability and early retirement. The aim of this study is to investigate return to work (RTW) and its associations in patients with stable CHD based on data from the EUROASPIRE IV survey (European Action on Secondary and Primary prevention through Intervention to Reduce Events).

Methods

EUROASPIRE IV is a cross-sectional study carried out in 24 European countries in 2012-2013 through self-administered questionnaires, structured interviews and biophysical measurements. Patients participated in the survey 6 months to 3 years after the recruiting event (CABG, PCI, infarction). Sociodemographics, discharge- and self-reported medical history were analysed. To evaluate mental distress, health-related quality of life and physical capacity, the 'Hospital Anxiety and Depression Scale' (HADS), 'HeartQoL' and the 'International Physical Activity Questionnaire' (IPAQ) were applied.

Results

Out of the 3278 employed participants, the majority (71.4%) returned to work with a small increase in part time employment (12.6 versus 7.3%).
The two main reasons for non-RTW were age (52.9%) and heart disease (35.3%).
Patients in the RTW-group (2339) were significantly younger, more highly educated (33.3 vs 21.0 %), predominantly treated with PCI (63.0 versus 57.6 %) and were more physically active (high IPAQ: 49.9 versus 42.0 %). The employed group displayed lower median scores on the HADS questionnaire (anxiety: 4.0 versus 5.0; depression: 3.0 versus 5.0) and higher scores on the HeartQoL instrument (2.37 versus 2.29).
Through a logistic model significant higher odds for RTW were found in younger patients, higher education, PCI, lower depression and higher HeartQoL scores.

Conclusions

After undergoing a CHD event only three out of ten patients failed to return to the workforce, displaying worse sociodemographics (age, education) and more invasive treatment.
Attention towards health promotion, improved quality of life and focus on mental factors (anxiety, depression, motivation) could help facilitate and sustain RTW.

Interventions to promote work participation after ischaemic stroke: a systematic review

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Background

Stroke has devastating individual and societal consequences. Despite the potential beneficial effects of professional reintegration, only a disappointingly low proportion of patients successfully re-engage in professional activities after suffering from ischaemic stroke. The purpose is to map all contemporary evidence regarding interventions aiming to promote return-to-work after ischaemic stroke.

Methods

We performed a systematic search according to Preferred Reporting Items for Systematic Review and Meta-Analyses guidelines and searched five reference databases using dedicated controlled vocabulary and free words. The search included records in English, French, Dutch, German and Spanish without limitation regarding the date of publication. Prospective trial registers and grey literature were also searched. We executed backward and forward reference searching via the reference lists of all relevant papers and exploration of citing articles. Only interventions to promote work participation in adult patients diagnosed with ischaemic stroke were included. The study protocol was registered prior to initiation of the review process (PROSPERO CRD42017077796).

Results

Preliminary Results of the search performed on 31/10/2017 yield 444 records of which 174 were duplicates. Backward and forward reference searching resulted in 808 unique records. Eleven articles were retained for full-text analysis and two met the selection criteria. A controlled before-after study without randomisation showed beneficial effects of intravenous thrombolytic treatment in patients with moderate to severe acute ischaemic stroke. A retrospective study with low methodological quality also reported improved vocational outcome of an outpatient rehabilitation program in patients with mild to moderate ischaemic stroke in the previous 6 months.

Conclusions

There currently is insufficient evidence regarding the effectiveness of interventions to promote return-to-work in patients with ischaemic stroke, though intravenous thrombolytic therapy has shown beneficial effects and there are indications that rehabilitation programs may also be advantageous.

Work disability and quality of life in Romanian patients with inflammatory bowel disease (IBD)

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Issue

Crohn's disease and ulcerative colitis are chronic diseases which causes physical and psycho-social consequences. The purpose of this study is to assess the impact of inflammatory bowel disease (IBD) on health-related quality of life (HRQOL) and on work disability.

Description

The study was conducted in Bucharest, in the National Institute of Medical Assessment and Work Capacity Rehabilitation, between 1st of March 2017 and 1st of December 2017. 52 patients with Crohn's disease and 28 with ulcerative colitis with a degree of disability or leave sick were interviewed in this period. The enrolled patients were filled in the inflammatory bowel disease questionnaire (IBDQ-32) and a multivariate regression analysis collect socio-demographic , psychological and clinical data. Inflammatory Bowel Disease Questionnaire -32 consists of 32 items which are grouped into 4 subscales: gastrointestinal symptoms, systemic symptoms, emotional function and social function. The scores are graded from 1 (the worst) to 7 (the best) for each category making the minimum possible scores 32 and the maximum 224. Also, there were measured the subscores of each subscales (emotional function:12-84, gastrointestinal symptoms:10-50, systemic symptoms:5-35 and social function:5-35)

Results

Work disability, female patients, increased disease activity, number of relapses, patients requiring psychological support, corticosteroid treatment and hospitalization rate were significantly associated with a lower IBDQ-32 scores. Biological treatment positively influenced the health-related quality of life.

Lessons

IBDQ-32 offers a holistic view of the patient in the context of the disease, environment, tailored therapy, vocational and occupational counceling. Also, the questionnaire highlights the severe forms of disease and disability as consequence.

Does sick leave due to mental disorders increase the risk of mortality and morbidity? : a prospective twin study

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dr. Lisa Mather - Karolinska Institutet, Sweden

Background

Sick leave due to mental disorders is an increasing public health problem, and more knowledge is needed about what potential consequences this may have. By using a matched analysis of twin pairs we can adjust for the familial factors shared by the twins, which is genetics and shared environment. The aim of this study was to investigate if sick leave due to mental disorders increased the risk of mortality and inpatient care, independent of familial factors.

Methods

This study was register based and contained 5007 twin pairs where one twin had a spell of sick leave due to a mental disorder reimbursed by the National Social Insurance Agency 2005-2013, and the twin sibling did not. Both twins had to be alive, living in Sweden and not on disability pension at the start of the follow up to be included. The start date of the first incident sick leave spell was the start of follow up for both twins in the pair. Twins were followed in the nationwide cause of death and national patient registers, and censored for emigration, death and inpatient care in the analysis using inpatient care as an outcome. End of follow up was 31 December 2013. Conditional cox proportional hazard models controlling for familial factors were used to calculate hazard ratios (HR) with 95% confidence intervals (CI) and analyses were stratified on sex.

Results

During follow up, 3751 individuals had inpatient care and 129 died. The risk for inpatient care was HR 1.93 (95% CI 1.69-2.21) for men and 1.39 (1.28-1.52) for women. The risk for death was HR 3.00 (95% CI1.75-5.15) for men and 0.89 (0.56-1.42) for women.

Conclusions

Sick leave due to a mental disorder indicated an increased risk of inpatient care for men and women and premature death for men, independent of familial factors.

Sleep disturbances as risk factors for future sickness absence

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Background

Sleep disturbances are associated with several adverse health outcomes, but little is still known about the association between sleep disturbances and sickness absence. The aim of this study was to investigate sleep disturbances as risk factors for future sickness absence, also adjusting for confounders including familial factors (genetics and shared environment).

Methods

A cohort study where baseline data on sleep disturbances (disturbed sleep, non-restorative sleep, KSQ sleep quality index, short- and long sleep duration) and covariates were collected from 6902 Swedish twins who answered a questionnaire in 2004-2006. Individuals were followed up for sickness absence in the National Social Insurance database until 2013. Data were analysed on the whole sample and also stratified on sex using logistic regression analyses. Conditional logistic regression analysis was used on 234 twin pairs to adjust for familial factors. The Results are presented as odds ratios (OR) with 95 % confidence intervals (CI).

Results

Poor sleep quality was associated with future sickness absence after adjustment for sociodemographic, lifestyle, and health status confounders, OR=1.24 (95% CI:1.15-1.33). Short (≤6.5h) and long (≥9.5h) sleep duration was associated with sickness absence after full adjustment (OR=1.28, 95% CI:1.06-1.53 and OR=1.43, 95% CI:1.12-1.83, respectively). No significant associations were found for non-restorative sleep or disturbed sleep, and no sex differences were found. The ORs of the conditional analysis, including 234 twin pairs, for sleep quality and short sleep duration were lower than in the analyses of the whole sample, and ORs were no longer statistically significant.

Conclusions

Poor sleep quality, short- and long sleep duration seem to be associated with future sickness absence. No clear sex difference was found but familial factors seem to have an influence on the associations between sleep quality, short sleep duration and sickness absence, but not on the associations between long sleep duration and sickness absence.

The Quickscan to Assess Risk of Long-Term Sickness Absence: A Cross-Sectional Validation Study

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Background

Over the last decade, disability pension due to psychiatric and musculoskeletal disorders have increased in Belgium.
In this project, we developed a screening tool for risk of long-term sickness absence, consisting of multiple predictors of sickness absence. We aimed to study the reliability, the construct and criterion validity.

Methods

A cross-sectional survey study was conducted in patients and occupational physicians in Belgium. The questionnaire used to assess patients' risk of long-term sickness absence contained items about work-related, function-related, work-life-interference related and person-related factors. The questions were gained from existing validated questionnaires and based on categories from literature review. The occupational physician provided an estimation of the patient's possibility to return to work. Reliability was measured using Cronbach's alpha. The fit of the models was evaluated using CFI, NNFI, RMSEA, SRMR and the $\chi 2$ difference test. Principal components analysis evaluated the construct validity of the studied scales, while path analysis examined interrelationships between explanatory variables (the questionnaire) and the outcomes (estimation of the physician) using software package AMOS 24.

Results

Thirty-six occupational health physicians and 276 patients participated in the study. The reliability was satisfying (α>07), for all scales except for perfectionism (α=.616). All four initial hypothesized models fitted well the data and demonstrated a better fit compared to the other alternatives. Criterion validity test showed the following nine predictors significantly (p<.10) related to the estimation of the occupational physicians; physical workload (ρ=.001), social support from colleagues (ρ=.012), social support from management (ρ=.091), job demands (ρ=.016) development- and learning opportunities (ρ=.014), return-to-work needs perception (ρ<.001), return-to-work perception (ρ=.047), health perception (ρ= .032), and the work-life-interference factor (ρ<.001).

Conclusions

The questionnaire is a clinically reliable and valid instrument, and might therefore be useful in a Belgian context to make a first estimation of the sick listed patients who might benefit from a rehabilitation program.

Type of employment and sickness absence: a prospective Swedish twin study

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Background

Sickness absence is increasingly becoming a major public health and economic problem in many countries. The aim of this study was to investigate whether employment status such as temporary or part-time employment increased the risk of sickness absence while controlling for genetic and shared family environmental (familial) factors. Differences between men and women and across employment sectors were also explored.

Methods

This is a prospective twin study based on data from 21,105 twins born in Sweden between 1959 and 1985. The participants completed a survey in 2005 with follow-up of sickness absence, using register data from the Social Insurance Agency, until the end of 2013. Logistic regression was used to assess the association between employment status and sickness absence presented as Odds Ratios (OR) with 95% Confidence Intervals (CI).

Results

Temporary employment had higher odds of sickness absence (OR=1.2 95% CI=1.0-1.4) compared to permanent full-time employment. Both part-time employment (OR=0.8 95% CI=0.7-1.0) and being self-employed (OR= 0.8 95% CI=0.6-0.9) had lower odds of sickness absence. Stratifying by gender showed lower odds for part-time (OR=0.8 95% CI=0.7-0.9) and self-employed women (OR=0.7 95% CI=0.5-0.9), while men in temporary employment had higher odds (OR=1.3 95% CI=1.0-1.7). Temporary workers employed by county councils (OR=1.7 95% CI=1.0-3.0) and municipalities (OR=1.4 95% CI=1.0-2.0) had higher odds while part-time workers in the private sector had lower odds of sickness absence (OR=0.8 95% CI=0.6-0.9). Familial factors were not found to be a confounder in the association between employment status and sickness absence.

Conclusions

Employment status is associated with sickness absence with temporary employment being a risk factor while both part-time employment and being self-employed seem protective. The association varies between women and men and across employment sectors. The mechanisms behind these associations remain unclear and need further study.

Predictors for long-term sickness absence in self-employed

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Background

Self-employed represent a substantial portion of the current workforce in the Netherlands. Previous Results question the generalizability of evidence about work disability prevention and re-integration from employees to the population of self-employed. More knowledge about predictors of sickness absence of self-employed is needed to develop evidence based underwriting criteria for disability insurance and preventive actions in case of increased risk for work disability. The aim of this study was to examine predictors of long-term sickness absence among self-employed.

Methods

Historic registerdata of N=19.174 self-employed from a private disability insurer were collected (maximum of 37 years follow-up), including age, gender, insurance characteristics (insured amount, deferment period, medical clauses), occupational class, diagnosis and sickness absence. Sickness absence was defined as filing a sickness absence claim (yes/no) and duration in calendar days. Regression analyses were used to identify predictors for occurrence of sickness absence and Cox regression for duration.

Results

A total of 21.7% self-employed claimed one or more sickness absence periods. The incidence rate for any sickness absence was 32.79 per 1000 personyears, with highest sickness absence due to musculoskeletal disorders, mental/behavioral disorders, and wounds/fractures. The median duration of a sickness absence period was 7.8 years. Women (OR=1.38) and blue-collar workers (OR=2.52) had higher risks for the onset of long-term sickness absence. Being older at start follow-up resulted in lower risks for onset (OR=0.49, >49years) and higher risks for longer sickness absence duration (OR=1.41).

Conclusions

Our Results provide insight into occurrence and predictors of sickness absence in self-employed. Further research in self-employed is needed to study the importance of the well-known health- and work-related predictors for sickness absence. To include such factors, studies should go beyond registry data, as these predictors are often not registered by insurance companies. Moreover, registrydata are limited to claiming behavior and do not provide insight into real absence behavior.

Overuse of surgery : acting for pertinence

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dr. Philippe Perez - CNAM DRSM Centre Val de Loire, France

Issue

A Ministry of Health's publication shows disparities of recourse for acts of surgery in France. Some territories in the Centre Val de Loire region are involved in overuse for three acts, gastroplasty, thyroidectomy and cholecystectomy. Beyond the costs generated, this raises the problems of pertinence of these acts and safety of patients.

Description

From the 6-years data, hospitals with a significant part of activity are targeted. For these hospitals it is decided to conduct "pertinence dialogues" with each team of surgeons. These dialogues are conducted by a Health Insurance physician and a Regional Health Agency one's. They aim to promote the recommendations of the High Authority in Health (HAS), to act the excess of recourse to surgery and thus to identify the factors likely to explain this excess of recourse with the surgical teams. In the suites they have to establish a shared action plan.

Results

For gastroplasty : after analysis, the excess of recourse was very weak. Nevertheless, the dialogues identified areas for improvement in the care path: traceability of care in the patient's medical file and information for the family practitioner. For cholecystectomy: failure to comply with the recommendations concerning surgery in case of asymptomatic lithiasis is noted. For thyroidectomy : reports of thyroid echography not complying with the recommendations and difficulties in access for the act of puncture for cytology are identified. Both findings lead to excess operative indications. Action plans and follow-up will be proposed to the hospitals and surgical teams.

Lessons

"Pertinence dialogues" can highlight the need to improve the practice of diagnosis procedures, the access to acts in order to improve the pertinence of the surgical decision. The lack of recognition of the recommendations of the HAS by some professionals sets the limits of this approach.

Focusing of financial medical auditing in Slovenia

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Issue

Health Insurance Institute of Slovenia (ZZZS) monitors realization of the planned volume of health services through billing. The volume of health services is one of the inputs for determining financial medical auditing. It includes medical records reviews to determine compliance of billing with the law, compulsory health insurance rules, General agreement and coding. Since the number of billed health services is huge the Issue was to focus auditing.

Description

Data on the plan and realization of the program for a defined accounting period by type of healthcare activity and providers are monitored. Unexpected trends or major deviations are indicative for additional analyzes and alerts, as in the case of dermatological outpatient clinic in Ljubljana.
Comparison of the realization of the billed services of dermatological outpatient clinic in Ljubljana, according to the plan from 2013 to 2015 showed that the realization was constantly above the plan (index > 116). At the same time the realization of patient visits lagged behind the plan with an index of 90 and less.

Results

An additional analysis of billed services according to the accounting code showed a change in the structure: the first ten most frequently charged services accounted from 81% in 2013 to 89% of all billed services in 2015. The change in the proportion of individual codes in the structure was greater than 10% for four of them and in between 3 and 7% for six of them. Financial medical audit of these selected health care services codes was carried out. Improper billing was confirmed.

Lessons

Monitoring of the realization of the billed health services along with realization of patients visits is important to detect potential billing irregularities. Further structure analysis of billed services is useful to narrow the scope of financial medical audit through focusing.

Confraternal talks impact with general practitioners on the prescription for older adults

dr. Valérie Mauillon - CNAMTS - DRSM de Normandie, France

Issue

10% patients over 75 and patients aged from 66 to 75 years with a chronic disease take more than 10 concomitant drugs. Polypharmacy is a consistent risk factor of adverse drug events for elderly patients. Adverse drug reactions prevention is a national priority in view of quality of life and healthcare system costs increase.

Description

In Normandy, since November 2015, various interventions such as confraternal talks or letters send to general practitioners (GPs) have been examined to optimize medication use in older adults. More than 16 drugs prescriptions were discussed with the family practitioner and a health insurance fund's physician-advisor. In addition, a prescription profile in elderly patients was given to this GP. Recommendations for good practices are also reminded.

Results

10 weeks of physicians prescriptions were studied during one year (from september 2015 to september 2016). 686 general practitioners (GPs) had at least one prescription over 16 drugs and 265 GPs had at least two prescriptions over 16 drugs.
166 confraternal talks or phone calls between health insurance doctors and GPs have been leaded with a medication review. 233 letters have been sent to physicians to improve prescribing. 46% of GPs received a physician-advisor led intervention.
After these interventions, prescriptions drugs number has decreased ($p<0,001$) and the number of GPs having more than 16 prescriptions drugs has also decreased ($p=0,27$).
There is no significant difference between confraternal talks and letters. However, the physicians are more confortable with the confraternal talks to discuss their prescriptions.

Lessons

Confraternal talks continued in 2017 with medication review and profile's delivery. A two years follow-up on these accompanying interventions will be made to optimize drugs prescriptions use for elderly patients.

Medical care following hospitalization for a first acute heart failure episode in 2016 in Paris and its suburbs.

dr. Michel Marty - Medical service National Health Insurance, France

Background

Chronic Heart Failure (CHF) is a highly prevalent disease with a high mortality rate and recurrent hospitalizations. Its treatment requires close collaboration between multiple health professionnals (hospital, GP, cardiologists, nurses, pharmacist….)
Guidelines for management of CHF patients after hospitalization for heart failure were published in France in 2014.
The objective of our study was to describe medical care during the 6 months following hospitalization for a first acute heart failure episode and to measure the compliance with the guidelines.

Methods

As indicators, we used several outcomes such as hospital readmission, admission in emergency unit, mortality, ambulatory clinical follow up (GP, cardiologist, nurses….) and medication regimens during 6 months after hospital discharge.
Those indicators were evaluated at each hospital level and at a geographic level.

Results

Our analysis found out a poor rate of compliance to guidelines (only 26% on average). This emphasizes the fact that improvement of processes is required, especially regarding linkage between hospital and ambulatory care.

Conclusions

In order to improve the compliance to guidelines in CHF management, we implemented three actions which are ongoing: support patient and field health professionals after hospital discharge, feed-back to each hospital on its own Results, and commitment of several hospitals to organize meetings with field professionals (GP, cardiologist, nurses…)
The impact of action taken should be assessed and presented at the next EUMASS meeting.

The use of the French National Health Insurance (NHI) database to perform studies in real-world : an example with the kidney cancer

Nadine Demare - DRSM IDF, France

Background

Several studies have evaluated real-life treatment patterns in metastatic renal cell carcinoma (mRCC) patients, the most common type of kidney cancer, but few have examined the cost of treating patient. The opportunity was given by French National Health Insurance database. Furthermore, there is no published study that evaluated the global cost of mRCC in the era of targeted therapies.

Methods

A retrospective cohort of patients with mRCC treated by a first line targeted therapy was performed from French Health Insurance (NHI) database of Ile de France region. Treatment naïve patients were identified by combining the 10th revision of the International Classification of Diseases (ICD-10) codes and a first prescription of targeted therapies. Descriptive analyses were performed on treatment patterns and patients' characteristics. Progression free survival (PFS) and overall survival (OS) were determined using Kaplan–Meier survival analysis. All healthcare resource use and costs were estimated on a per patient per month (PPPM) basis (€2016).

Results

A little more than 300 treatment naïve patients with mRCC were included, 77% were males and the mean age was 64. The most frequent first-line treatment was sunitinib, the first two lines was sunitinib–everolimus and the first three lines was sunitinib–everolimus–axitinib.
The median OS of the overall cohort was 14.1 months and the median PFS was 8.5 months.
The average cost per patient per month during the follow-up period was €5546, oral targeted therapies accounted for the principal cost.

Conclusions

This study has allowed us to confirm the validity of the NHI database. Patient's characteristics were consistent with previously published studies. It increased our knowledge about the healthcare resource use, the cost of treating patients and real life treatment sequences.

Improve the access to the rights : about the recognisation in occupational disease of the cancers of bladder

dr. Martine Morvan - CNAMTS - Echelon Local du Service Medical de Rouen-Elbeuf-Dieppe, France

Issue

In France, according to the projections realized by the INVS , the incidence of the cancer of bladder is increasing : 12000 new cases /year. The professional factors are the 2nd cause after the tobacco and the regulations plan a financial repair by the Health insurance in conformance with the occupational diseases. A first study, realized in 2003 in Normandy, had showed that by looking for systematically a professional origin, 5,5 % of the cancers of bladder were actually recognized (N=16 in 2003 vs 10 cases from 1997 till 2002). In front of this report of sub-declaration of this pathology in occupational disease, this experiment was generalized in 2008.

Description

The period of observation extends from 2008 till 2017. Upon receipt of the protocol of care concerning the long-term affections, a professional exposure is looked for by filling of a questionnaire allowing to establish the professional program and to estimate the importance of the exposure. In case of very likely professional origin, the insurant is informed. With his agreement, a mail is sent to his doctor suggesting him establishing an initial medical certificate, completing an occupational disease claim made by the patient.

Results

On the decade, in region Normandy, 10 158 subjects asked for an ALD for this pathology. 527 declared an occupational disease and 318 (5, 2%) cases were recognized. We observe an increase of the cancers of bladder (min: 663-Max: 1320) as well as an increase of the statements and the recognitions (Min: 14-Max: 43). In 2017 we counted 1320 cancers of bladder among which 70 declared and 32 recognized.

Lessons

In Normandy, the method of intervention of the health insurance allowed 5, 2 % of the patients to reach their rights for repair in conformance for the regulations of the occupational disease.

Musculoskeletal disorders and work capacity in portuguese navy

dr. Moisés Henriques - Navy Medicine Center - Navy Research Center - Portuguese Navy, Portugal

Background

Musculoskeletal disorders (MSDs) represent the main cause of absenteeism; factors related to work activity are very relevant in the aetiology of MSDs.
The purpose of this study was to measure the prevalence of MSDs in the Portuguese Navy population and the prevalence of negative influence on work capacity due to MSDs.

Methods

Observational, descriptive, cross-sectional study based on the Portuguese Navy population with access to its institutional email network. Digital questionnaire construction based on the Nordic Musculoskeletal Questionnaire. Answers were collected between January 8 and January 31, 2017. The prevalence of MSDs was calculated regardless of and by body segment; the same was done for prevalence of negative influence on work capacity due to MSDs.
As to the statistical inference of the prevalence, this was calculated using the 95% confidence interval corrected for the population size.

Results

There were a total of 872 different questionnaires (8.9% of the population; 11.1% of the respondents were female, and 73.6% had reached the age of 35 or older in 2016). The prevalence of MSDs in the Portuguese Navy population, regardless of the body segment, was 85.2% (95% CI, 82.9–87.5) in 2016. The corresponding estimated prevalence of restrictions on work capacity due to MSDs was 45.8% (95% CI, 42.6–49).
The three body segments with the highest prevalence of MSDs were lower back, knees and neck. Those with the highest prevalence of restrictions on work capacity were lower back, knees and shoulders.

Conclusions

The prevalence of MSDs in the Portuguese Navy is noteworthy; nonetheless it is similar to the prevalence in the Royal Norwegian Navy. The prevalence of restrictions on work capacity due to MSDs is also significant.
Future studies should focus on identifying the aetiology of the MSDs and measuring the actual impact of MSDs on work capacity and absenteeism.

Medical care complaints: analysis of a Belgian sickness fund

Natacha Badie - Union Neutral Sickness Funds, Belgium
dr. Martine Duyck - Union Neutral Sickness Funds, Belgium
dr. Wim Bailleul - Union Neutral Sickness Funds, Belgium
dr. Katrien Mortelmans - Union Neutral Sickness Funds, Belgium

Background

In Belgium, patients are free to choose their own medical professionals and places of treatment. Patients pay costs upfront and their sickness fund reimburse a portion of the charges.
Sickness funds are non-profit-making, non-commercial organizations, organized according to religious or political alliances. They provide compulsory health insurance, and support patients having a complaint according the received medical care.
The Neutral Sickness Funds handled 845 complaints in 1998-2017.
A law from 2010 created the Medical Accident Compensation Fund to compensate victims of no-fault medical accidents.

Methods

We describe the analyses and the resulting patient advice for all 51 medical care complaint cases handled from August 1th till December 31th 2017.
Analysis was based on examining medical reports, exchanging views with involved medical professionals, consulting scientific information, and counseling medical experts.
Patient advice was 'accept the situation', 'seek juridical justice' or 'ask compensation at the Fund'.
One single physician handled all cases to avoid inter-person variability.

Results

Most complaints (86%) regarded therapeutically interventions perceived as 'unnecessary, inaccurate, complicated, associated with medical error, or without (satisfying) result'. Patients refused to pay the related invoice, and reported musculoskeletal (26%), neurological (26%), dental (16%), gastroenterological (10%) or ophthalmological (8%), or other health damage
11 of 51 (22%) cases, are not yet completely analyzed. For the 40 (78%) cases, the following advice was formulated:

- 44%: refrain from actions because the health damage e.g., resulted from spontaneous pathology evolution or e.g., was known as a classical treatment complication for which the patient had signed informed consent.
- 22%: refer the case to either the professional liability insurer of the health care giver or either the justice of peace (for dental problems).
- 12%: submit the case to the Medical Accident Compensation Fund.

Conclusions

A limited number of complaint cases were referred for no-fault medical accidents compensation.

The societal effects of Trauma

prof. dr. Martin Poeze - Universiteit Maastricht, Vakgroep Algemene Heelkunde, The Netherlands

Background

Trauma is a major health problem, associated with high social-economic costs and accompanied by a major impact on society. In the Netherlands, 80,000 patients are annually admitted to the hospital due to traumatic injuries. Of these patients, 6,000 are admitted due to a polytrauma or multitrauma (defined by the Injury Severity Score ISS>15).

In the Netherlands 57% percent of these multitrauma patients received treatment in a level 1 trauma center (such as the Maastricht University Medical Center+). Over the past years this care has become more centralized in these level 1 centers, which is related to a beneficial effect on the mortality rates.

Methods

These multitrauma patients require a specialized team for the first care and follow up afterwards, including a multidisciplinary approach, in which there is a close collaboration between the trauma surgeons and the other specialists such as the rehabilitation specialist. The primary goal in this approach, from the surgeons point of view, is survival, second by limb preservation and maintenance of function. During the rehabilitation period, afterwards the focus lies not only on function, but also participation. Thus, return to work, is not one of the main goals in multitrauma treatment. However, return to work after injury is important for the patients' wellbeing. However, based on literature, this is often delayed and accompanied by psychological morbidity.

Results

While 600 multitrauma patients are admitted annually to the hospitals in the Limburg region, the outcome with respect to return to work or receiving a disability pension are not know. Therefore, we started a collaboration with the Uitvoerend Instituut Werknemers (UWV) insurance to extend our follow up of our trauma patient beyond the borders of the first cure directed health care and to determine the outcome in relation to return to work or receiving a disability pension. In this presentation, we will discuss the pilot data which used as the fundamental data for our collaboration.

Conclusions

In this pilot, we performed a data analyses on the patients with multitrauma injuries who applied for a disability pension at the UWV to
determine whether the number of patients receiving a disability pension is in line with the incidence of the multitrauma in our region. Furthermore, in this presentation, we will discuss the multitrauma treatment in our level 1 center (using an actual case from the time of injury to present day) in relation to the relevant literature and outcome/ burden of disease in relation to return to work or receiving a disability pension.

The excess of empathy. The importance of indifference in modern society and social relationships

prof. dr. Ignaas Devisch, Belgium

Issue

In a time in which social contrasts and social inequality are coming to the fore, there are loud calls for more empathy. From Barack Obama to Jesse Klaver, many regard the human ability to put ourselves in another person's place as a driving force behind morality and a tried and tested remedy for indifference. But is empathy always good? At the level of personal relationships it is, but empathy is not a miracle cure that will solve all social problems. A degree of indifference is desirable, sometimes a dire necessity.
Indifference is structurally ingrained in our model of society. The entire system of social security is based on the idea that there are far too many of us to know one another personally and help one another. The welfare state as we know it therefore roundly rejects the idea that we must all exhibit mutual solidarity. Anyone wishing to replace this indifference with empathy must understand the demands he or she is making on everyone and the sort of society this could lead to. Imagine that you had to have some level of sympathy with everyone with whom you showed financial solidarity. How far would solidarity reach then?
The questions I would like to set are therefore as follows: might it be that rather than a shortage of empathy there is currently more of an excess? Have we perhaps forgotten why indifference can be useful and even necessary to keep society going? Of course we need empathy. Indifference without any form of empathy is unworkable, but so is the opposite: a certain measure of indifference releases us from the impossible task of continually having to empathise with everyone in life. This indifference, if coupled with a government that aims to distribute its resources fairly, makes society workable.

Asthma and exposure to irritants in the workplace: occupational asthma or work-exacerbated asthma?

prof. dr. Benoit Nemery - KU Leuven, Belgium

Issue

Bronchial asthma is a common condition in children and adults. Numerous factors are involved in the causation of asthma. Epidemiological studies indicate that occupational factors contribute (directly or indirectly) to approximately 15% of the prevalence of asthma in adults ("Population Attributable Fraction"). Exposures at work may aggravate/exacerbate existing asthma ("Work-Exacerbated Asthma") or may induce de novo asthma ("Occupational Asthma"). Occupational asthma may be caused by sensitization (allergy) to high-molecular-weight agents (animal, vegetal or microbial proteins) or low-molecular-weight agents (synthetic or natural chemicals, metals) but occupational asthma may also be caused by inhaled irritants without evidence of allergy. Such "Irritant-Induced Asthma" (IIA) may be caused by a single inhalation accident ("acute-onset IIA", also called Reactive Airways Dysfunction Syndrome or RADS) but also by repeated or chronic exposure to irritant compounds (e.g. chlorine-derived agents, cleaning sprays, ...). In individual subjects, irritant-induced asthma may be difficult to distinguish from work-exacerbated asthma. The management of both work-exacerbated asthma and occupational asthma consists in adequate medical therapy and interventions with regard to work. Ideally, substances causing or exacerbating asthma should be removed from the workplace or opportunities for harmful exposures should be minimized by appropriate preventive and protective measures. Relocating the asthmatic worker should only come as a second best option. Workers losing their job because of asthma should receive appropriate compensation, the level of which is difficult to determine because of the variable clinical severity of the disease.

Further reading:

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Insurance medicine: contributions to external quality assurance

prof. dr. Johannes Giehl - Medical service of Statutory Healthcare Insurance, Germany

Background

System-related insurance medicine is a prime example for building bridges between science and practice. As the body of legislation and regulation grows in numerous European countries, system-related social medicine becomes more and more relevant. As a consequence there are important challenges for physicians in our profession. They are illustrated with the example of the external quality assurance.

Methods

External quality assurance is designed and analysed in different institutions: research and teaching, insurance companies and Medical Services, regulatory authorities and working groups. Each of these not just requires profound competence in medical subspecialities, but also in system-related knowledge.

Results

In practice, different social systems require different tasks in external quality assurance to be managed by doctors working in insurance medicine. System-related contributions are presented, also looking outside the own borders in Europe. The tasks related to external quality assurance thereby include the identification of deficits in the health-care system, the allocable prioritization of quality assurance topics and projects, concept-development for quality assurance instruments, interpretation of outcomes, and - in particular - to offer and give advice to hospitals and resident doctors. Last but not least, a prior aim is the achievement and improvement in the quality of care and the capability to give evidence to this improvement in different settings.
Examples will demonstrate, how doctors working in insurance medicine, develop individual concepts of care and agreements, identify volume-outcome-relations through scientific research, analyze Results of data-based external quality assurance concepts, carry out peer-reviews in hospitals and train doctors working in insurance medicine for system advice.

Conclusions

Insurance medicine has widespread tasks and responsibilities regarding the individual case-assessment in the field of medical care, viability and disability. The challenges regarding quality of hospital-, outpatient and rehabilitation care generate numerous fields of activity. To take on these challenges, increasing competence in social medicine is required.

Evidence based insurance medicine in EUMASS countries: a state-of-the-art survey

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dr. Wout de Boer - University Hospital Basel and University of Basel, Switzerland
Søren Brage, MD, PhD - National Insurance Agency, Norway
dr. Bert Cornelius, MD, PhD - Academic Medical Center, University of Amsterdam, The Netherlands
ass. prof. Corina Oancea, MD, PhD - "Carol Davila" University of Medicine and Pharmacy and at the National Institute of Medical Assessment and Work Capacity Rehabilitation, Romania
ass. prof. dr. Jan Hoving - Academic Medical Center, University of Amsterdam, The Netherlands

Background

The evaluation of long-term work disability within insurance medicine has a large impact both on individual claimants and on society. Evaluations of an individual claimant's long-term work disability need to be free from moral bias, individual opinions or the personal benefit of any particular party. In the field of insurance medicine, there is scope for better utilization of evidence especially as it is a prerequisite for fair decisions. The objective of this study is to evaluate in what manner and to what extent scientific evidence is being used in work disability evaluations within EUMASS countries.

Methods

A semi-structured survey email targeting medical advisors in social and private insurance medicine was distributed by email to 3 medical advisors per country through the council members of 20 EUMASS countries. Respondents were asked to provide information on their work experience and use of evidence in disability evaluations.

Results

Responses were received from 29 medical advisors from 12 EUMASS countries. About 90% of responses recognized that all aspects of disability evaluations call for scientific evidence. However, only half of the respondents stated to have systematically searched and appraised evidence over the past month. Sources used for identifying the necessary evidence for individual evaluations were of varying quality. Respondents reported having used various guidelines most frequently, while scientific articles or Cochrane reviews were used less often.

Conclusions

The systematic use of evidence in all evaluations requires that medical advisors are trained to search for, identify and apply the highest quality of evidence in their work. Guidelines for disability evaluations might be good carriers of evidence but they need to be of high methodological quality and incorporate a system of updating the evidence.

Science and practice: a two-way traffic

prof. dr. Sandra Brouwer - University Medical Centre Groningen, The Netherlands

Background

Bridging the gap between research and practice is a continuing challenge. An important challenge is how to build effective collaborations between researchers, professionals and other actors involved. In several countries collaborations between the universities and stakeholders working in the field of Work & Health have been started. The aim of these collaborations is to build a strong knowledge infrastructure, linking practitioners, policy makers, researchers and the education sector. In a two-way traffic relevant research topics relevant are gathered, studies with relevant outcomes are conducted and Results of these studies are disseminated and implemented in practice. In this way the application of evidence-based interventions and Methods in daily practice is improved.
The objective of this keynote is to present how to solve the science-practice gap. Different models/frameworks, designed to increase the uptake of research evidence by ensuring close collaboration between science and practice will be presented and discussed. As an example, the Dutch Academic Workplace Model will be presented representing an integrated and interactive approach with a focus on collaboration between the universities and the professionals working in the field of Work & Health. A number of research studies performed within this workplace will be highlighted to illustrate how science and practice interact. Furthermore, the knowledge transfer models used (e.g. guidelines, evidence-based instruments and interventions) will be presented and the effectiveness of these workplaces will be discussed. Finally, recommendations how to (further) bridge the research-practice gap will given.

Physicians´ competence in insurance medicine

Britt Arrelöv, MD, PhD - Swedish Association of Local Authorities and Regions, Sweden
Gunilla Röjdalen - Swedish Association of Local Authorities and Regions, Sweden
Anna Östbom - Swedish Association of LocalAuthorities and Regions, Sweden

Issue

As certifiers physicians working in the Swedish health care system have an important role in the sick-listing process. After one week of self-certification there is a need for applicants for sickness benefits to show a medical certificate. As a certifier the physician has to combine different roles in the patient consultation. A high quality in assessments of functional ability and activity linked to work, planning for rehabilitation and issuing of certificates requires special competence. Therefore the federation of County Councils have initiated a project regarding support for competence development in insurance medicine. Goals for the project are to ensure that all physicians in Sweden have access to courses fulfilling the requirement for competence and that the education of physicians in insurance medicine in different parts of Sweden are more similar.

Description

Four guides for progression of competence for physicians have been produced. One for basic education at the University, one for physician beginning their clinical carrier, one for physicians during training to become a specialist and one for specialized physicians.
The guides are anchored with administrators and course coordinators at the Universities and in the County Councils.
Web-based courses full-filling the competence goals in the guides are produced and made available for all physicians.

Results

No Results except the guides are to date to be seen. The work is in progress.

Lessons

In order to higher physicians´ competence in insurance medicine a systematic approach with guides supporting progression of educational and tutorial activities during basic education and clinical training are produced to secure quality in the physicians work with sickness certification.

Occupational disability assessments of cross-border workers in Germany and the Netherlands.

drs. Paul Meels - UWV-SMZ-BZ, The Netherlands
drs. Mirjam van Hoof - UWV-SMZ-BZ, Heerlen, The Netherlands
drs. Ron Friesen - UWV-SMZ-BZ, The Netherlands
drs. Anja Lemlijn-Slenter - UWV-SMZ-BZ, The Netherlands
drs. Rosanne Kuipers - UWV-SMZ-BZ, The Netherlands
drs. Eddie Janssens - UWV-SMZ-BZ, The Netherlands

Issue

Sick pay
In Germany, an employer pays the employee's wages for sick leave in the first 6 weeks. Thereafter, up to 18 months, the 'Krankenkassen' take over the payments. Treating physicians and, if necessary, doctors from 'Krankenkassen' assess the occupational disability.

In the Netherlands, an employer pays an employee's wages for the first 104 weeks. The assessment of entitlement is performed by the company medical officer. For sick unemployed persons, this is performed by the medical officer of the Employee Insurance Agency (UWV).
There is a strict segregation between treatment and assessement.

Disability pension
In Germany, with an accrual system, a (former) employee can submit a claim for an occupational disability benefit ("Rente") at any time. The criteria are based on loss of ability to work. This is determined by a independant physician of the Deutsche Rentenversicherung (DRV). The criterion in the disabilty evaluation is loss of workability.
This consequently Results in either full, partial or no benefit.

In the Netherlands, the employee is fully insured from the first working day, without any risk weighting. The sick (former) employee can apply for an occupational disability benefit (WIA) from the UWV after 104 weeks of sick leave. The criterion is: loss of earning capacity. The Dutch insurance agency's medical officer assesses the impairments. This is the base for the determination of the earning capacity by the occupational consultant. The result is either full, partial or no benefit.

Description

Visits and mini symposiums over the past decade have improved insight and understanding between insurance agency's medical officers at UWV Heerlen and several DRV's-Krankenkassen.

Results

This has led to better assessments, which does justice to the spirit of the European Regulation.

Lessons

Cooperation means more then only reports, phone-calls or mailing.
Organising visits, meetings, and symposiums really adds something.

Overview of Cochrane reviews that measure work participation

ass. prof. dr. Jan Hoving - Academic Medical Center, University of Amsterdam, The Netherlands

Background

To decide if an intervention has an effect on a specific outcome, one usually would like to see a body of evidence formed by a number of studies. Systematic reviews have been developed to summarise and synthesize the body of evidence to facilitate decision making. One of the problems in drawing Conclusions on the body of evidence for an intervention is that researchers use different outcomes to measure the same concept. This overview aimed to gain insight in the types and characteristics of work related outcomes and outcome measures and definitions.

Methods

A non-exhaustive overview was performed on Cochrane reviews reporting on interventions that focused on work and measured work related outcomes. We searched the Cochrane database using the following search terms: return to work, work participation, work disability, job loss and vocational rehabilitation. We selected seven Cochrane reviews that both measured a work related outcome and compared different work directed interventions (the primary aim of the intervention was to promote work participation).

Results

Seven Cochrane reviews reported a variety of work participation outcomes including return to work (RTW), sick leave, absenteeism, work status, functional status, productivity or work functioning; outcomes were measured at different follow up times, from a few weeks to 4 years after baseline; definitions or cut points for RTW or sick leave varied; different definitions for work status were used at baseline and follow up. Review authors from Cochrane reviews concluded that there is a need for more standardized ways of measuring work participation, in particular RTW and sick leave.

Conclusions

We think there is a need for a clear and universally agreed core set of outcome measures on work participation that can be recommended for use in Cochrane reviews, and can also be used by researchers who consider conducting a RCT.

Does the insured's sick-leave certificate diagnosis (ICD) correspond to what is determined following a disability evaluation for social insurance?

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Jessica Johansson - Regional Insurance Medicine Centre, Sweden
Maria Andersson - Danderyd University Hospital, Sweden
Marie-Louise Schult - Regional Insurance Medicine Centre, Sweden
Madeleine Jonsson - Regional Insurance Medicine Centre, Sweden

Background

In Sweden physicians are responsible for providing health certificates for the Social Insurance Agency based on the concept of disease (International Classification of Disease, ICD) and related influence on functioning, activity and participation (ability to work).
The physician should clearly document his assessment in the medical certificate and in the medical records. The same applies to the renewal (extension) of the certificates. The extension of a sick-leave should always be based on a new assessment of illness, disability including activity limitation, evaluation of therapy and progress. However, these extensions are not always based on new assessments but are sometimes based on the old examination.
The aim of the current study was to investigate how often the clients/patients' diagnosis – in most determined by the primary care physician - was consistent with the diagnosis found after and disability evaluation for social insurance.

Methods

Two hundred randomly selected clients/patients who underwent a disability evaluation for social insurance during 2016-2017 and the diagnosis (ICD) were found in the original health certificates, were compared with the diagnosis determined after the disability evaluation for social insurance

Results

In 44 of 200 clients (22%) other causes (diagnosis) were correct, and to be the cause of loss of function and activity and work capacity.

Conclusions

Disease is defined as abnormal physical or mental status not related to the normal life process. The physician's task is to express an opinion on the patient's diagnosis (ICD), related to impairment and prognosis. The present Results highlight the importance of a new clinical evaluation before renewing the sick-leave certificate. Also, including the evaluation of present and previous treatments, participation in rehabilitation programs and return to work trials, are crucial. A correct diagnosis (ICD) is not only important for the clients/patients but also for national health policies.

The introduction of a standardized work ability protocol (AFU) by the Swedish Social Insurance Agency

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Marie-Louise Schult - Regional Insurance Medicine Centre, Sweden
Jessica Johansson - Regional Insurance Medicine Centre, Sweden
Maria Andersson - Danderyd University Hospital, Sweden

Issue

The Swedish Social Insurance Agency is responsible for payment of sickness benefit. In order to be able to do so, the social insurance administrators assess an individual's ability to work regardless of his or her illness. After 180 days of sick leave the general rule is that a person is only entitled to sickness benefit if he or she cannot perform any work on the labour market. In order for the Swedish Social Insurance Agency to be able to assess claimants, the agency needs to conduct an investigation to clarify the circumstances that are relevant in each individual case. Good quality assessments are a prerequisite for ensuring that persons who are entitled to sickness benefit receive it.

Description

Recently the Swedish Social Insurance Fund developed a new research model for the assessment of work ability (AFU). The focus of the investigative model is the assessment of the ability to work.

Results

AFU is an insurance medicine assessment that is being carried out by a physician with expertise in insurance medicine. After the initial examination the physician may ask for an additional investigation by a psychologist, physiotherapist and/or occupational therapist. The investigation will result in a new basis in the case - assessment of medical conditions for work. The foundation shall consist of, among other things, a proficiency profile regarding the individual's physical and psychological abilities, as well as the client´s self-reported ability and view of opportunities for work.

Lessons

There are significant advantages with standardized investigations, such as the standardized survey and the standardized statement in AFU. It gives the insurance medicine assessment report a good transparency regarding what is judged and how it is judged.

Demonstration of the National Certificate Services in Sweden

Karin Starzmann, MD - Närhälsan R&D Centre Skaraborg Primary Care, Sweden

Issue

Rising costs for sick leaves is considered as a societal problem in Sweden. The Swedish government has introduced several political investments and tools to decrease the sick leaves and improve the quality in the sick leave and rehabilitation process. One of the tools is the National Certificate Services.

Description

The National Certificate Services, in Sweden, is a service that electronically manage medical certificates, developed by Inera (public owned computer company). The service is free of charge and aimed to simplify and streamline the sick leave process for both the general public and healthcare staff.

Results

This presentation will show how to use the National Certificate Services for evaluation of sick leave statistics. It is possible to follow statistics on sickness certifications (frequencies, duration, diagnosis, physician experience, age and gender) for different levels and parts of the health care organisation.

Lessons

National Certificate Services is a useful tool for manager and decision-maker in health care.

A hospital-based return-to-work-intervention for breast cancer patients

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Issue

A high proportion of breast cancer (BC) patients experience at least temporary changes in work schedules, work hours, wages and a decline in work ability. Aiming to respond to – at date - insufficiently met patient needs, a return-to-work intervention was developed using Intervention Mapping. With the patient's perspective as leading thread, this intervention integrates the personal system of the patient, the health care system, the workplace system and the legislative and insurance system. Including all stakeholders in the RTW trajectory, the intervention aims to support BC patients to bridge the gap between health care and the workplace.

Description

The description of the hospital based Return To Work (RTW) intervention to support BC patients uses the Template for Intervention Description and Replication (TIDieR) guidelines for reporting interventions.

Results

The intervention consists of 5 phases:1) exploring patient's situation; 2) matching abilities and requirements; 3) preparing work-readiness; 4) action planning and; 5) realization / evaluation. The intervention is provided by an occupational therapist (OT), added to the oncological team. Materials developed are: 1) a roadbook/manual for the health care workers (OT and oncological team) including assessment instruments; 2) patient logbook to document the RTW trajectory and to assist BC patients in keeping track of their own process.

Lessons

This intervention bridges healthcare and workplace for BC patients, based on a large amount of international scientific evidence regarding its components. The intervention requires specific professional effort for which an OT was added to the oncological team. Other professionals could potentially perform this case-management task. In employed patients treated in hospitals, the need for early intervention implies that RTW needs to be supported during medical treatment. Such interventions are expected to improve work-ability. However, the intervention as a whole, needs to be evaluated with respect to process and effect

Cardiovascular riskfactors - limitations in work ability assessment

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Issue

Public authorities in European countries are paying increasing attention to the promotion of work ability throughout working life. A basis for work ability assessments is that they can be carried out iminimizing risks associated with the testing itself. Based on this we have developed guidlelines for not initiating (absolute contraindications) and ending (relative contraindications) an ongoing work ability assessment from a cardiovascular risk perspective.

Description

Based on different tests used in exercise physiology and their respective absolute and relative contraindications we have at the Specialist Regional Insurance Medicine Centre, Danderyd University Hospital, Stockholm, Sweden developed guidelines for not initiating or ending an ongoing work ability assessment from a cardiovascular risk perspective.

Results

Absolute contraindications:
Patient history and / or new ECG changes/symptoms indicative of ongoing myocardial process

Relative contraindications:
Reduced overall wellbeing
Daily attacks of chest pain at minimal physical load or at rest
Severe arrhythmias
Angina at rest
Aorta stenosis
Blood pressure> 230 / 120mmHg
Patient expresses the desire to interrupt

Lessons

The best method to monitor work ability in a safe and evidenced based perspective has become a significant Issue in insurance medicine. In order to avoid possible cardiovascular insults during testing new guidellines were developed focusing on when a work ability assessment should not be initiated or when it should be stopped.

Analysis of correctness and efficacy of The Social Insurance Institution (ZUS) rulings on the purpose of vocational retraining.

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Background

Training pension was introduced into the Polish social security system on September 1, 1997. It is granted to a person who has permanently lost the ability to work in his or hers current vocation but after an appropriate retraining may work in another profession.
The aim of this study was to assess ZUS role in vocational activation of people with health problems by issuing rulings on job retraining.

Methods

460 cases were analysed in which in 2009, the doctor or medical commission ruled on advisability of retraining due to the inability to work in the profession.
460 individual cases were analysed - that included case documentation, documentation for determining the right to benefits, correspondence with employment offices.

Results

The analysis of the cases containing a ruling on the advisability of retraining has shown:
- that rulings mainly concerned men (402), the average age of the test group was 38.64 years, most of these were people with basic education (333), and disease entities which were the most common reason for the rulings were the consequences of injuries of upper and lower limbs;
- a small "effectiveness" of the training pension expressing in a number of people who managed retraining - analysis of 460 cases showed that the training pension was granted to 342 people of which 89 people got retrained.

Conclusions

The efficacy of the training pension as a tool for reintegration of people with health Issues is low due to large percentage of incorrect retraining rulings and lack of cooperation between responsible institutions.
Organization and legislative changes as well as improved cooperation between institutions involved in vocational activity are necessary to enhance the efficacy of the pension.

Return to work after carpal tunnel release

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Background

After surgical treatment of carpal tunnel syndrome (CTS), sick leave from most type of work is necessary in order to achieve recovery. Return to work is mainly determined by type of job, but also by other health problems and type of economical compensation system for sick leave.
From a study comparing plaster and bandage following carpal tunnel release in 95 patients, all patients not in retirement were chosen. We aimed to describe length of sick leave in correlation to load demands and how they recovered regarding muscle strength.

Methods

85 patients were divided in three groups depending on work load (1 = low load, 2 = medium load and 3 = heavy load). As no differences were found between plaster and bandage treatment in the main patient sample, this was not further studied here. Grip strength measurements and questionnaires regarding the sick leave were performed before and 2, 4, 6, 8 and 26 weeks after surgery.

Results

Time to return to work after CTS surgery averaged 5,8 weeks (range 0-17; group 1 = 3,3 weeks, group 2 = 5,1 weeks, group 3 = 6,8 weeks). 13 % of the patients asked for extended sick leave and 19% of the patient shortened their sick leave. Average grip strength compared to healthy hand was pre: 95%, w 2: 36%, w4: 65%, w 6: 74%, w 8: 83% and w 26: 103 %.

Conclusions

Time to return to work after surgically treated CTS is correlated to required work load. However, length varied widely and probably caused by many other factors. Patients who could adjust their work were able to shorten the time away from work. We show further that strength is not fully restored even after 8 weeks indicating that patients with very high demands on strength may require even longer sick leave.

ASR of the effectiveness of interdisciplinary cooperation between (para) medical specialists on return-to-work for musculoskeletal disorders.

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Issue

Cooperation between (para) medical specialists may contribute to improved work-related care and timely re-integration of employees with musculoskeletal complaints. To create a better understanding, it was necessary to conduct an up-to-date literature search regarding the effects of interdisciplinary cooperation between (para) medical specialists on return-to-work (RTW) and sick leave days.

Description

The aim of this review was to investigate whether cooperation between (para) medical specialists (including occupational health practitioners and other health care professionals) would contribute to quicker RTW and reduction of sick leave days for (self)-employed workers and unemployed workers suffering from musculoskeletal disorders.
The second aim was to provide more scientific grounds for this subject.

Results

We identified 3193 articles and finally included 6 studies; 4 RCT's and 2 controlled clinical trials, all from the European continent.
We created meta- analysis on 3 and 12 months follow-up periods. The meta-analysis of 5 studies comparing interdisciplinary cooperation with the control intervention, showed no difference in number of people returning to work at 3 or 12 months follow up: OR 0,64 (95% CI: 0,35-1,17) and OR 1,05 (95% CI: 0,57- 1,92) respectively.
The meta-analysis of 6 studies also showed no difference between the interdisciplinary cooperation and the control intervention for days of sick leave: MD on 3 months was 7,26 (95% CI: -15,89 - 30,40) and on 12 months MD was 2,52 (95% CI: -22,74 – 27,79).
We considered the overall risk of bias to be low in 5 of the 6 studies, but in all of them the randomisation and / or blinding were not performed in the right way.
The quality of evidence was considered low, based on these studies.

Lessons

Future and better studies are needed to examine how interdisciplinary collaboration could have a positive effect on RTW and
less sick leave days and to obtain better evidence as well.

Describing the crucial first months of long-term sickness absence: Experiences from the sick listed in a Norwegian context

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Background

Norway has the highest rate of sickness absence in the OECD area. About 20% of all Norwegian sick leave cases last longer than eight weeks and 40% of these cases last more than six months. Long-term sickness absence (LTSA) is problematic due to the economic consequences for society, the well being of individuals and their families. Thus, early return-to-work (RTW) is important.

There is scarce evidence of effective RTW interventions from LTSA. Apart from general practitioner and employer contact there is no structured follow-up of sickness absence in Norway during the first two months of sick leave. The aim of the present study is to explore experiences of sick listed individuals during this two-month period. Through interviews, we ask how they experience their situation, follow-up, work-life, and facilitators and barriers for RTW.

Methods

Semi-structured interviews with sick-listed individuals aged 18-60 years, sick leave status of 50-100% and duration of 2-3 months. Questions prompted participants to describe their sick leave experiences, follow-up, thoughts on RTW, and experiences of talking about sick leave. Interviews transcribed verbatim and analyzed with descriptive phenomenology.

Results

In preliminary Results (n=5) participants describe their situation as having uncertainty about their illness and the welfare system, experiencing job stressors combined with personal-life stressors, and fear of future sickness. Participants generally experience understanding from others (e.g. colleagues, family) while also feeling shame about their situation.

Conclusions

The participants describe complex situations at work and home. Sick leave may help individuals prioritize in their personal life and reduce stressors. Graded leave is experienced as a useful stepwise approach to RTW that help employees normalize their lives and alleviates the feeling of shame and fear of future sickness. More caseworker involvement that may provide information, help the sick listed reflect on their situation, or plan for RTW, is called for by the sick listed.

Cancer in small-sized companies: Employers' return to work experiences

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Background

Return to work (RTW) is important for employees diagnosed with cancer. However, RTW is not obvious because of the experienced side effects of cancer. Consequently, RTW often requires work adjustments and adapted workplace conditions to be successful. Belgian employers, especially from very small enterprises, have few resources to meet the needs and wishes of cancer survivors. What are these employers' experiences and needs in this respect?

Methods

Seventeen owners (one HRM) of small enterprises (various sectors) were interviewed regarding their RTW experience. Three employers had no experience with cancer but other related experience; two had cancer experience related to work in private (close family); two had RTW experience with cancer but in larger enterprises. On reflection, we excluded the education sector. We conducted a thematic analysis and, for reliability, we made a distinction between primary (n=13) (RTW experience with cancer) and secondary interviews (RTW experience without cancer) (n=3).

Results

Four covering themes were discovered. 1) Positive and negative meaning of a small business in relation to long-term sickness absence (working without a policy, solving problems, as a family but company has to survive). 2) Meaning of cancer for the employer (aware of the life threatening disorder, of side effects, and therefore empathizing and giving assistance). 3) Concern and involvement (ensuring replacement, giving the employee elbowroom, providing work accommodation). 4) Communication (informal and unstructured, observe before talking). Further, various employers' needs were expressed.

Conclusions

Small enterprises (<100) differ regarding meeting RTW needs after cancer. Variation was observed in the employers' personal experience and the employee attitudes (before and after RTW). In addition, the business culture and the concrete RTW options varied. In general, small enterprises have specific good opportunities to support RTW, related to the close relationships. However, the main concern of very small enterprises is that they run great financial risks.

Assessment of Work Performance in clients who cannot read - from an occupational therapist perspective.

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Issue

The occupational therapist assessment of work capacity (AFU)involves different tasks like sorting mail, assembling of shelves and computer based administrative tasks. Observations are made with Assessment of Work Performance (AWP)developed by the Social insurance Agency(SA). The AWP-SA is considered appropriate for work ability testing and it has been shown to be suitable for clients with varying problems taking age, gender and ethnicity into account. However, in clients that are unable to read or that have severe difficulty with Swedish the protocol has been shown to have significant shortcomings.

Description

The aim of the present project was to adopt the testing protocol(AWP-SA) to clients that are unable to read or speak Swedish. Instead of sorting letters based on their first and last name, 31 different symbols were used.

The symbols vary in size, color and shape. From a testing perspective, the modified sorting test requires the same degree of accuracy (process skills) and adjustment of body postures (motor skills).

Results

The present study shows that it is possible to modify a test, in this case the sorting of letters test, so that it takes level of education (replacing letter with symbols) into account without losing test specificity and accuracy.

Preliminary Results have been presented to the Swedish Social insurance Agency and has after minor modifications been adopted as general recommendations for assessment of work capacity in illiterates or clients that cannot communicate in Swedish.

Lessons

The result of the study show that the “sorting mail test” may be adopted depending on the educational level of the client. It also highlights the need to adopt and customize testing procedures in some clients to get a better assessment of their true work ability.

Can Late Cancellations and No-shows be Avoided?

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Issue

No-shows and late cancellations from insurance medicine assessments are common and represent a considerable problem in clinical practice. It has previously been demonstrated that social functioning is associated with no-shows and, that personality characteristics and anxiety symptoms differentiate between early and late drop-outs (Jensen et al. 2014). At the Specialist Regional Insurance Medicine Center, the proportion of no-shows and late cancellations (<48 hours) was 9% in 2015 and 11% in 2016. Resulting in time-consuming administration, empty times in staff calendars and extended waiting times. Overall, this Results in financial consequences for the unit, the individual and the community. The purpose of our investigation was to elucidate if the number of no-shows and late cancellations could be reduced by calling the client before the first visit, to inform them about the insurance medicine assessment (a hypothesis supported by findings from a first pilot study carried out in 2016).

Description

Specialist Regional Insurance Medicine Center at the Department of Rehabilitation Medicine Stockholm, Sweden, is carrying out insurance medicine assessments commissioned by the Swedish Social Insurance Agency.

The calls were made by professionals (occupational therapist, physiotherapist or psychologist).

Results

In the group (69 clients) that was contacted before the assessment the proportion of no-shows and late cancellations were 4.3%, while the corresponding percentage was 7.9 % in the ones that not had been contacted (165 clients).

Lessons

The result of the pilot study in 2016 and the study in 2017 suggest that the number of no-shows and late cancellations may be significantly reduced if the client is contacted before the first visit. Based on our findings, pre-visit calls have become a routine. It was generally reported by the clients, that the call had reduced anxiety associated with the insurance medicine assessment.

When and Why are the Social Insurance Administrator´s not Satisfied with IMA?

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Lill Persson Jarl - Specialist Regional Insurance Medicine Centre, Danderyd University Hospital, Sweden

Issue

Insurance medicine assessments (IMA) serve as the basis for social insurance administrators, when determining work ability. The assessment is based on a structured examination aiming to determine diagnosis and related impairments. The assessment reports should be presented in a way that they are easily understood by the client and by the administrator.

Description

To investigate the social insurance administrator´s satisfaction with the IMA reports, a survey was conducted 2016-2017 at the Specialist Regional Insurance Medicine Centre, Danderyd University Hospital, Stockholm, Sweden.

Results

Eighty four percent of the administrators, reported that the insurance medicine assessment reports were written in an understandable manner, and sixty nine percent stated that they were satisfied. i.e. that the assessments had highlighted the diagnosis and specific impairments.
Two main reasons for dissatisfaction was reported out of which one (I) was related to discrepancies between the subjective impairments reported by the patient and hens (his/hers) assessment Results. Also, the social insurance administrators expressed that there was insignificant information regarding what specific activities should be avoided by the client to avoid worsening (II).

Lessons

To improve quality and the social insurance administrator´s satisfaction with the IMA report new guidelines have been prepared focusing on better descriptions of “contraindications”, in other words, what specific activities that should be avoided by the client to avoid worsening. Also, the need of a more in depth reasoning relating to discrepancies between subjective (as reported by the client) and objective (as rated by the assessor) Results is included. Furthermore, we have initiated a quality control procedure involving independent assessment of the IMA report before being submitted to the Swedish Social Insurance Agency in Stockholm.

When and Why are the Clients not Satisfied with the Insurance Medicine Assessment (IMA)

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Issue

Insurance Medicine Assessments (IMA) serve as the basis for social insurance administrators, when determining work ability. The assessment is based on a structured examination aiming to determine diagnosis and related impairments. According to the Swedish Social Insurance Agency guidelines, the evaluation shall be conducted with respect for the insured's integrity and the insured should be able to fully understand the whole assessment.

Description

To evaluate the client's satisfaction with the investigation, a survey was conducted 2016-2017 at the Specialist Regional Insurance Medicine Centre, Danderyds University Hospital, Stockholm, Sweden, involving 232 clients.

Results

Satisfaction:
Eighty four percent of the clients reported that they were satisfied with the information given in the letter from the centre (time schedule etc).
Seventy five percent reported that they were satisfied with the information regarding the IMA examination
Fifty two percent stated that they experienced that they were actively involved in the examination process.
Dissatisfaction:
Main reasons for dissatisfaction were reported to be:
(I) Lack of information in the letter from the centre (36 comments)
(II) The tests used were not adapted to "my impairments" (29 comments)
(III) Negative attitudes of the assessors (22 comments).

Lessons

To improve the quality and the client's satisfaction with the IMA, a number of measures of improvement are under implementation.
1. "Calling up". The client is telephoned and given information about time schedule and the content of the IMA before the first visit to the centre.
2. Information about the IMA on the Online platform "Vårdguiden 1177", multi-lingual, e-health service.
3. Construct an information leaflet regarding the IMA, that should be handed out by the administrators at the Social Insurance Agency

Insurance Medicine and EBM in the Netherlands: a survey

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ass. prof. dr. Jan Hoving - Academic Medical Center, University of Amsterdam, The Netherlands

Background

Evidence Based Medicine (EBM), the systematic finding, appraisal and use of up-to-date research findings to support medical decision-making, has been advocated in several studies within the field of insurance medicine. Despite the potential of EBM its use in daily practice remains unclear. The question of this study is: what is the attitude, knowledge, accessibility and use of EBM by insurance physicians working at the Dutch National Institute for Employee Benefit Schemes (UWV)?

Methods

In this cross-sectional survey, insurance physicians working at several offices of the Dutch National Institute for Employee Benefit Schemes (UWV) were invited to complete an adapted online version of the McColl and Barriers questionnaires. The questionnaires address questions on attitude, awareness and actual use of EBM, and perceptions of barriers to the utilisation of research findings in daily practice.

Results

A total of 113 insurance physicians took part in the survey. Overall the respondents were fairly positive about the use of EBM to improve the quality of insurance medicine. Younger insurance physicians (<35) were somewhat more positive about the use of EBM compared to older insurance physicians. Respondents thought that only a small 'part' of insurance medicine was actually evidence-based. Many respondents were not familiar with commonly used EBM terms. The two most reported barriers for using EBM were that research articles were not readily available and that the available time to practice EBM was limited.

Conclusions

Although physicians are fairly positive about EBM, it is important to address the experienced barriers of insurance physicians to improve implementation and integration of EBM in the future.

Independent Evaluation Service for disability evaluations in social insurance - how to become a LGBTQ-certified healthcare facility

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mr. Thomas Lundeberg - Regional Insurance Medicine Centre, Sweden

Issue

In 2011, Stockholm County Council defined a LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer) policy that is based on three objectives: respectful and professional interaction, competence and visualization. The policy applies both in the role of employer, as a provider of services to patients, customers and users.

Description

Experience and fear of discrimination, violence and harassment due to sexual orientation, gender identity/expressions are more common among people with LGBTQ-identity than the rest of the population. LGBTQ-individuals are at greater risk of suffering from different forms of illness than the rest of the population. Many experiences that they are violated and invisible, for example in meeting with healthcare for disability evaluations in social insurance.
Stockholm county council LGBTQ- policy has a norm critical perspective meaning not to assume that everyone is attracted to the opposite sex or that everyone has the gender they appear to have or want to define their gender identity. The policy has an overall vision that everyone, regardless of sex, gender identity/expressions or sexual orientation should be made visible and be treated with respect and professionalism.

Results

All team members attended a web-based education mandatory for all employees. In order to support healthcare facilities to comply with the LGBTQ-policy requirements, the Stockholm County Council also offers an education that leads to a LGBTQ-certification. The LGBTQ-education with seminars and home assignment, aim to promote a systematic work enhance competence in the LGBTQ-field. The LGBTQ-education leads to a diploma when 95% of all employees have attended the education. All material used for disability evaluation were investigated for compliance to the LGBTQ-policy.
To support this work, seminar on LGBTQ-related themes is offered annually as well as having appointed a manager and team member responsible for ensuring that the work continues and that the knowledge is maintained after completion of the education.

Lessons

Ongoing process.

The FMUQ - a client self-report questionnaire in accordance with the International Classification of Functioning, Disability and Health in disability evaluation for social insurance

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Josephine Granath - Regional Insurance Medicine Centre, Sweden
mr. Thomas Lundeberg - Regional Insurance Medicine Centre, Sweden
Marie-Louise Schult - Regional Insurance Medicine Centre, Sweden

Issue

The International Classification of Functioning, Disability and Health, (ICF) provides a unified, international standardized framework for describing and classifying health and health-related functioning and disability. Based on the ICF core set Sweden, including 18 items, the FMUQ (Forsakrings Medicinsk Utrednings Questionnaire) was developed for self-assessment of functioning in clients undergoing evaluation of work disability in Stockholm county, Sweden.

Description

The questionnaire (FMUQ) was based on ICF core set Sweden (”Nivåbeskrivningar, FK 7270) introduced by the Swedish Social Security Agency (Forsakringskassan) to aid physicians in determining degree of impairment. Functioning was rated from 0 (no or minor impairment) - 4 (very big – no functioning) and included the following factors; d110 watching, d115 listening, d155 acquiring skills, d160 focusing attention, d210 undertaking a single task, d220 undertake multiple tasks, d230 carrying out daily routine, d240 handle stress and other psychological demands, d398 communication other specified, d410 changing basic body position, d415 maintaining a position, d430 lifting and carrying objects, d440 fine hand use, d445 hand and arm use, d450 walking, d498 mobility, other specified, d598 self-care, other specified and d798 handle interpersonal interactions and relationships.

Results

FMUQ data from 24 clients that had undergone a multiprofessional disability evaluation were collected before and after the first session. To assess repeatability the scores were compared and were found to be almost identical (> 94%). Also, the factors rated as being big or very big were also found to be the factors upon assessment showing the most significant impairment.

Lessons

The FMUQ is now routinely used in all clients referred for disability evaluation for social insurance reasons.

Assessment of Work Ability from a Physicians perspective in Sweden 2018

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Madeleine Jonsson - Regional Insurance Medicine Centre, Sweden

Issue

The Social Insurance Fund has developed a new research model for the assessment of work ability, activity survey (AFU). The focus of the investigative model is the assessment of the ability to work for such employment work, which is commonly found in the labor market, known as a 180-day trial.

Description

AFU is an insurance medicine assessment that is being carried out by a physician with expertise in insurance medicine. The investigation will result in a new basis in the case - assessment of medical conditions for work. The foundation shall consist of, among other things, a proficiency profile regarding the individual's physical and psychological abilities, as well as the client's self-reported ability and view of opportunities for work.

Results

Moments included in the investigation (circumstances, approach, response):

1. Preparation for the meeting with the client (previous medical reports etc.)
2. Interpreting and Language
3. Clarifying interview and client's view of return to work
4. Basic body examination
5. Psychiatric interview
6. The client's opinion of the doctor's overall assessment
7. The standardized tests, physical examination and self-reported ability is presented in detail.

The physician also considers if there is a need for an extended survey (Psychological, Physiotherapy and /or Occupational Therapy Tests)

Lessons

There are significant benefits with standardized investigations, such as the standardized survey and the standardized statement in AFU. It gives the investigation a good transparency regarding what is being judged and how it is judged. Such transparency and clarity will benefit the client's ability to participate in the investigation and assessment. The standardization also contributes to the possibility of erasing variations in the application. It also creates the conditions for systematic follow-ups, which in turn can support the work of continuous quality improvements in working Methods and routines.

Does grip strength and self-assessed functioning reflect the functional status of the upper extrimity

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Background

Grip strength has been suggested to reflect the functional status of the upper extremity and is commonly used as a test in the assessment of ability to work (AFU). A novel questionnaire of functioning (FMUQ) has recently been introduced at Specialist Regional Insurance Medicine Centre, Department of Rehabilitation Medicine Stockholm (Wiik and collaborators).

Methods

We assessed grip strength on both sides of individuals undergoing AFU using a dynamometer. Also FMUQ was used.
The produced data were considered ordinal and analysed with rank-invariant statistics with properties of analysing systematic disagreement, bias and individual variations (Svensson E. Stat Med. 2012;31:3104-17).

Results

In most individuals undergoing AFU grip strenght varied between 20-30 kg. The smallest change between two measurements expected by measurement error or chance alone was estimated to be 6 kg (Kim et al. Clin Orthop Relat Res. 2014;472:2536-41).
There was a high percentage agreement +/- 1 value for grip strenght as measured with the dynamometer. The minor variability in the assessments could possibly explained by a slight bias while the individual variations were negligible between the two measurements.
There was a high percentage agreement +/- 1 value for grip strenght as measured with the dynamometer and self rated grip strength by the clients.
Also, there was a high percentage agreement between FMUQ and grip strenght as measured with the dynamometer.
In some individuals there was a low percentage agreement between the two measurements. Interestingly, several of these had a very low grip strenght when being assessed. Possilby these findings reflect other factors including upper extremity disease (unilateral) or lack of motivation or malignering.

Conclusions

Our preliminary suggest that self-assessed functioning is a useful procedures in the assessment of work ability. However, data obtained from grip strength tests should be intrerpreted with caution especially in inividuals with a high variabilty or very low strength.

A comparison between client self-assessed impairments compared with objective findings assessed by a multiprofessional team

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Marie-Louise Schult - Regional Insurance Medicine Centre, Sweden
mr. Thomas Lundeberg - Regional Insurance Medicine Centre, Sweden
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Issue

The International Classification of Functioning, Disability and Health (ICF) provides a unified, international standardized framework for describing and classifying health and health-related functioning and disability. The FMUQ (Forsakrings Medicinsk Utrednings Questionnaire) was developed for self-assessment of functioning in clients undergoing evaluation of work disability in Stockholm county, Sweden.

Description

The questionnaire (FMUQ) was based on ICF core set Sweden (”Nivåbeskrivningar, FK 7270) introduced by the Swedish Social Security Agency (Forsakringskassan) to aid physicians in determining degree of impairment. Functioning was rated from 0 (no or minor impairment) - 4 (very big – no functioning) and included the following factors; d110 watching, d115 listening, d155 acquiring skills, d160 focusing attention, d210 undertaking a single task, d220 undertake multiple tasks, d230 carrying out daily routine, d240 handle stress and other psychological demands, d398 communication other specified, d410 changing basic body position, d415 maintaining a position, d430 lifting and carrying objects, d440 fine hand use, d445 hand and arm use, d450 walking, d498 mobility, other specified, d598 self-care, other specified and d798 handle interpersonal interactions and relationships. The client self-assess their impairment using the FMUQ before partisipating in a disability evaluation. The multiprofessional team assess the client using the ICF core set Sweden based on their objective finding after the disability evaluation.

Results

Data from 20 clients that had undergone a multiprofessional disability evaluation were collected. In sixteen the clients self-assessed functioning corresponded to the impairment found in the multiprofessional disability evaluation. Four clients reported significantly severer impairments on their self-assessed questionnaire.

Lessons

The FMUQ is now routinely used in all clients referred for disability evaluation for social insurance reasons. The Results suggest that the self-assessed questionnaire my help in the participation of the client in the investigation and guide the assessor when doing their tests.

Insurance Medicine Assessments in the Swedish Social Insurance System.

Madeleine Jonsson - Regional Insurance Medicine Centre, Sweden
Jessica Johansson - Regional Insurance Medicine Centre, Sweden
mr. Thomas Lundeberg - Regional Insurance Medicine Centre, Sweden

Issue

Swedish Social Insurance Agency (SSIA) is the authority which, on behalf of the Swedish Government and Parliament, investigates, decides and pays a large part of the benefits included in the Swedish social insurance. The insurance is an important part of the social security system and influences GDP. The Swedish Social Insurance Agency pays out more than EUR 20 billion annually, corresponding to six per cent of Sweden's GDP.

Description

The sick-leave process is complex because it involves many different actors; client, employer, SSIA and medical professions. A client is receiving sick benefits from SSIA when the work capacity is reduced because of illness. The medical certificate is written by a physician and reports on the diagnosis, impairment and functioning. SSIA assesses the quality and plausibility of the medical certificate and they make a decision on compensation or support.
In more complex cases there might be a need for a more in depth investigation and SSIA may refer the clients to an Insurance Medicine Assessment (IMA). An IMA provide a comprehensive description of the consequences of the disease for the individual's functioning. The evaluation contributes to the SSIA's decision of the client's work capacity and the possible needs for support. There have been three different types of IMA. Since the spring of 2018, two of these assessments are gradually abandoned in favor of one that are highly standardized and therefore allows for a better base for the work ability assessment and comparison between individuals.

Results

During the period 2015 to 2017 886 clients were referred to Specialist Regional Insurance Medicine Center, Stockholm, for IMA and the most common causes (diagnosis based on ICD) for sick-leave compensation were found to be “Other reactions to severe stress” (F43.8), “Fibromyalgia” (M79.7) and “Post-traumatic-stress disorder” (F43.1), accounting for more than 25 % of the clients.

How to evaluate physical capacity in patients undergoing assessment of ability to work in Sweden

Elin Pella Schennings - Danderyd University Hospital, Sweden
Ulrika Dahlgren - Danderyd University Hospital, Sweden
Caroline Lager - Danderyd University Hospital, Sweden

Issue

The Swedish Social Insurance Agency was in the year of 2010 commissioned by the government to develop new Methods for Assessment of work capacity (AFU). The aim was to secure the quality of the assessments nationwide. The physiotherapeutic assessment instrument is called "Utvidgad Sjukgymnastisk Undersökning av Fysisk Funktion" (USUFF). At the Specialist Regional Insurance Medicine Center, Danderyd University hospital, the USUFF was introduced in 2013. The physiotherapists at the Specialist Regional Insurance Medicine Center, Danderyd University hospital have detected shortcomings in the USUFF.

Description

To systematically describe strengths and weakness in the USUFF;
- Assessed the validity and specificity of the tests included in USUFF.
- Reviewed medical records
- Compared how physiotherapists modify tests in USUFF depending on the clients functioning
- Collected feedback from other physiotherapists that work with USUFF in Sweden

We have systematically compiled the data obtained and presented it to the methodology group at the Swedish Social Insurance Agency.

Results

Condensed summary of possible improvement areas in USUFF:
- Modifying tests depending on functioning
- Add clinical musculoskeletal examination
- Find a procedure that can be used in testing hand strength
- Find a procedure that allows assessment of physical endurance
- Find an alternative to the The Progressive Isoinertial Lifting Evaluation (PILE).

Lessons

The result suggest that USUFF needs to be modified to ensure a valid and reliable testing of physical capacity.

The perceived fairness questionnaire for disability evaluations: a confirmatory factor analysis

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Brigitte Walter-Meyer - University Hospital Basel, Switzerland
dr. Wout de Boer - University Hospital Basel and University of Basel, Switzerland
prof. dr. Regina Kunz - University Hospital Basel and University of Basel, Switzerland
prof. dr. Katrin Fischer - School of Applied Psychology, Switzerland

Background

Media frequently report about claimants who feel unfairly treated in their medical evaluation of work disability. The claimants' experience should be assessed with a reliable and valid instrument; however, the current literature does not reveal a suitable tool. The purpose of the study was to develop an instrument assessing claimants' perceived fairness and to evaluate its psychometric properties in a Suisse claimants' sample.

Methods

The psychometric properties of the questionnaire were examined in a sample of claimants aged between 18 and 65 from four medical assessment centres. We investigated the subscales' internal consistency using Cronbach's α coefficient. To establish construct validity we evaluated the convergent validity using the Cologne Patient Questionnaire ("Kölner Patientenfragebogen", KPF; Pfaff 2003) and divergent validity using the "Satisfaction with Life Scale"; Diener 1985). The factor structure was examined via confirmatory factor analysis (CFA).

Results

A total of 305 claimants were included (mean age= 47.4 ± 11.0 years, 62.0% female), being adequate for calculating a factor analysis. The Kaiser-Meyer-Olkin statistic was above the acceptable level of 0.5. Bartlett's test of sphericity was significant ($p<0.001$). Internal consistency of the instrument was high with Cronbach's $\alpha=0.91$ and ranged between 0.81 and 0.85 for each of the subscales. Our instrument correlated positively with the KPF-scale 'confidence in physicians' ($r=0.69$, $p<0.01$), while no correlation existed with 'life satisfaction' ($r=0.09$, $p=0.13$), indicating that our questionnaire measured an independent construct. Items with poor psychometric properties were removed. The CFA resulted in a 16-item measure subdivided into four domains: interview style of the expert, behaviour of the expert, information of the claimant by the expert and emotional aspects.

Conclusions

Our questionnaire demonstrates psychometrical robustness suited for routine administration in the context of evidence-based disability evaluation. The next step should validate the shortened questionnaire in a new claimant sample.

The use of practical tasks in Insurance Medicine assessment - an Occupational Therapy perspective

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Birgitta Hansson - Danderyd University Hospital, Sweden
Josephine Granath - Regional Insurance Medicine Centre, Sweden
Yvonne Wiik - Specialist Regional Insurance Medicine Centre, Department of Rehabillitation Medicine Stockholm, Sweden

Issue

Specialist Regional Insurance Medicine Centre, Danderyd University hospital, Stockholm, Sweden, carries out assessment of work ability on behalf of the Swedish Social insurance Agency (SA). A new method for assessment of work capacity (AFU) was recently introduced to secure the quality of the assessments nationwide.
The Occupational Therapy(OT) assessments in AFU are based on observations of performances in tasks and on theoretical basis that stems from a OT-model known as Model of Human Occupation (MoHo).

Description

3 tasks - sorting mail, assemble of shelves and administrative task with computer - have been selected, analysed and standardized with Assessment of Work Characteristic (AWC) specifically for AFU.
Performances of clients are evaluated with Assessment of Work Performance-FK (AWP-SA). AWP-SA consist of 14 variables and a 4-degree nominal scale, describing motor skills, process skills and communication- & interaction skills.

Results

The final document describes limitations and endurances in skills based on time of execution, physical mobility e.c.t. Performances is estimated based on efficiencies, appropriateness and quality of Results in tasks.
An occupational therapy report is presented and summarized in the insurance medicine assessment report.

Our clinical experiences of using this tasks indicates some needs of improvements. There are limitations in assessing communication- & interaction skills. Also in assessing clients with limited language skills.

Lessons

Projects of improvements

- new tasks for assessment of communication- & interaction skills
- adapting tasks for clients with limited language skills
- calibrate assessments among occupational therapist assessors

Validation of the Work Disability-Functional Assessment Battery: Physical Function Scales

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Diane Brandt, PT, PhD - Social Security Advisory Board, Washington, United States of America
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Background

To address challenges in the US disability determination process, the Social Security Administration funded the development a self-report instrument covering work-relevant domains of mental and physical functioning, the Work Disability-Functional Assessment Battery (WD-FAB). Item Response Theory (IRT) Methods were used within a rigorous development protocol to create computer-adaptive scales that provide age and gender-standardized scores based on a working-age population sample. The instrument takes 2-3 minutes per scale. In a cross-sectional study, we examined the validity of the WD-FAB initial physical function scales relative to clinician ratings of function and a performance-based functional capacity evaluation, the Physical Work Performance Evaluation (PWPE).

Methods

Patients participating in outpatient physical therapy for musculoskeletal conditions completed the PWPE and 4 WD-FAB physical function scales: Changing & Maintaining Body Position, Whole Body Mobility, Upper Body Function, and Upper Extremity Fine Motor. Physical therapists also answered WD-FAB questions regarding patient's functioning, answering up to 10 items per scale. The PWPE Dynamic Strength, Position Tolerance, and Mobility components provided ratings indicating overall Level of Work ability: 0=Unable to work, 1=sedentary, 2=light, 3=medium, 4=heavy, and 5=very heavy.

Results

Fifty patients participated. The patient WD-FAB scores demonstrated moderate, statistically significant correlations with the provider scores (r=0.49-0.65). Upper Body Function scale scores demonstrated moderate strength relationships with the PWPE ratings. Whole Body Mobility and Changing & Maintaining Body Position scales did not demonstrate statistically significant relationships with the PWPE ratings.

Conclusions

We found evidence for validity for the WD-FAB scales relative to clinician report and varied evidence relative to the PWPE in this clinical sample. Future work should include a more severely limited sample. These Results combined with prior work suggests that the WD-FAB has substantial potential as an assessment of a person's functional ability to work, and possibly other applications such as supporting return to work interventions.

The standardized psychological evaluation of mental functioning in clients undergoing disability assessments in Sweden

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Lisa Lidberg - Danderyd University Hospital, Sweden
Lill Persson Jarl - Specialist Regional Insurance Medicine Centre, Danderyd University Hospital, Sweden
Yvonne Sidén Silfver - Danderyd University Hospital, Sweden
Helena Iacobaeus - Danderyd University Hospital, Sweden

Issue

In Sweden, the Social Security Agency can order standardized assessments of work capacity (AFU). Within that framework it is the physician's responsibility to assess the insured person's functions. However, if physician's have difficulty assessing the nature or extent of mental impairment they can request a psychological assessment.

The psychological assessment consists of several tests, where the Wechsler Adult Intelligence Scale – IV (WAIS-IV) is the core and mandatory in all evaluations. However, many of those undergoing assessment has Swedish as a second language, or may even require an interpreter during formal testing. Non-verbal tests may therefore be chosen to more accurately capture impaired functioning.

Description

The psychologist adapt the evaluation to the physicians referral question. The choice of tests depends, among other things, on expected disability and whether the person examined has language difficulties. Together, these tests give a good picture of intellectual functioning, aspects of learning and memory, and to what extent the person can flexibly adapt his or her behavior according to changes.

Apart from WAIS-IV, the battery consists of:
- Wechsler Memory Scale III (WMS III)
- Delis Kaplan Executive Function System (D-KEFS)
- Rey Complex Figure Test (RCTF)
- Behavior Rating Inventory of Executive Function - Adult Version
- Montreal Cognitive Assessment Basic (MoCA-B)
- Repeatable Battery for the Assessment of Neuropsychological Status (RBANS)

Results

The assessment has a clear neuropsychological perspective. Additional tests may be added if necessary provided they have good psychometric qualities and are clearly described in the report. Currently, the Test of Memory Malingering (TOMM) is evaluated. TOMM is a visual memory recognition test that tests the motivation to perform to the best of ones ability.

Lessons

The assessment is adept at capturing intellectual, cognitive and executive impairments. However, more valid tests are needed to further capture emotional and motivational functioning, especially effort.

Participation-oriented evaluation of work ability: A potential way towards transparency, validity and effectiveness in return to work and disability evaluation

Urban Schwegler, PhD - Swiss Paraplegic Research, Nottwil, Switzerland, Switzerland

Issue

Transparency and validity are major requirements for a fair disability evaluation. Transparent and valid assessments comprehensibly explain why a health condition Results in a particular work (in)ability by reporting a claimant's ability to perform activities of jobs available in the labor market. However, current evaluation procedures in Switzerland leave the relationship between health condition and work ability often like a black box and rarely report on particular demands of jobs, which hampers an efficient and effective return to work (RTW) process.

Description

The UN-CRPD requires states to ensure the work participation of persons with disabilities on an equal basis with others. A comprehensive disability evaluation using the ICF framework and focusing on claimants' participation could induce a shift from simple eligibility determination to an evaluation of claimants' RTW needs that helps optimizing their RTW.
In a current project, we are therefore developing a participation-oriented and ICF-based standard for the Swiss accident insurance (Suva) that comprehensively documents work ability in a particular job. The standard consists of a matching profile that juxtaposes claimants' work functioning with standardized profiles of a pre-injury or candidate job. The matching profile is complemented by two additional profiles on impairments and contextual factors as potential determinants of work ability and targets of RTW interventions.

Results

A current stakeholder analysis with experts of the Suva eligibility determination process suggest a high potential of such a participation-oriented standard for ensuring comprehensible and valid work ability evaluations and an efficient and effective RTW process.

Lessons

Participation-oriented documentation could contribute to a transparent, valid and fair disability evaluation, but also to an efficient and effective RTW promising cost-savings in the long-term. However, establishing a participation-oriented thinking in the Swiss disability evaluation process requires adapting discipline-specific curricula, generating empirical evidence and critically reflecting the current social security law.

Efficient use of Pulmonary Function Tests (PFT)

dr. Marc Bossens - National Institute for Health and Disability Insurance, Belgium

Issue

In Belgium there was an annual increase of number and cost for these tests with 1.5% respectively 3%.
The KCE (national authority) published in 2007 guidelines (KCE-report 60A, Pulmonary function tests in adults) for the use of following PFT:

- spirometry
- lung volumes
- diffusion capacity
- airways resistance.

From those guidelines it appeared that those investigations should be applied selectively in function of the patients' complaints and symptoms. The repetition of those tests must also happen judiciously

Description
To examine if those guidelines are applied and to remedy if necessary

Results

All invoices for PFT were electronically collected and analysed. 426 pneumologists that perform regularly PFT, appeared not to practice according to the KCE-guidelines. They performed the four tests mentioned above in more than half of their patients (whereas according to the KCE maximum three tests should suffice in any clinical situation) or they routinely conducted a specialized examination like airway resistance.
In February 2009 these physicians received a data feedback and a letter exhorting them to review their practice and to adapt to the guidelines.
The MEID measured the impact of this campaign.
There was a reduction of 270,555 tests of PFTs in Belgium during a period of two years following the campaign compared to the two previous years on a total of 3,428,169 tests (decrease of -7.9%).
National expenditure on PFT during the two years previous to the campaign amounted to 108.4 million EUR; expenditure for the two years following the campaign fell to 103.2 million EUR.

Lessons

The MEID prevention campaign had a clear impact:

- a halt in the gradual increase in the number of pulmonary function tests
- savings of 12.3 million EUR over a two year monitoring period when we take account of the natural evolution of the tests

In search of excellence - CARF

mr. Thomas Lundeberg - Regional Insurance Medicine Centre, Sweden
Marie-Louise Schult - Regional Insurance Medicine Centre, Sweden
Madeleine Jonsson - Regional Insurance Medicine Centre, Sweden

Issue

Department of Rehabilitation Medicine Stockholm is CARF-accredited since 2009. A new standard, Independent evaluation services (IES), enabled Specialist Regional Insurance Medicine Center (SRIMC) to participate in the accreditation process for the first time in April 2016.

Description

Founded in 1966, CARF (Commission on Accreditation for Rehabilitation Facilities) is an international, independent, nonprofit accreditor of healthcare providers. CARF currently accredits more than 50 000 programs and services at 25 000 locations. More than 10 million persons of all ages are served annually by 7000 accredited service providers.
CARF's mission is to promote the quality, value, and optimal outcomes of services through a consultative accreditation process and continuous improvement services that center on enhancing the lives of persons served.
A provider earns accreditation by demonstrating conformance to CARF's internationally recognized organizational and program standards. The accreditation process applies sets of standards to service areas and business practices during an on-site survey. The surveyors use a consultative approach during the survey to assist in improving the quality and value of the organization's offerings. Each survey team is selected based upon a match of the surveyors' areas of expertise and the organization's unique needs.
The IES-program consists of 30 different standards and coordinates and facilitates objective, unbiased evaluations based on the following:

- Individualized referral questions.
- Effective and efficient use of resources.
- Regulatory, legislative, and financial implications.
- Relevant communication with stakeholders.

Results

As the first and only provider outside North America, SRIMC earned a three-year accreditation. We met all set standards without any recommendation and received three consultations that would be of value to our business for further development. The consultations addressed areas of risk management, measures of effort and business development to further promote our services and assist in recruiting evaluators.

Lessons

CARF is a valuable tool for quality improvement within the organization.

Volatile organic compounds (VOCs) in exhaled breath as biomarkers for disease screening using deep ultraviolet vacum analysis (DUVA).

mr. Thomas Lundeberg - Regional Insurance Medicine Centre, Sweden
Madeleine Jonsson - Regional Insurance Medicine Centre, Sweden
Iréne Lund - Karolinska Institute, Sweden

Background

The smell of human breath has been used for diagnostic purposes since ancient times. The possibility of using it for detecting diseases has also been investigated for many years. Metabolomic analysis of exhaled breath generally focuses on the quantitative determination of metabolites with low molecular weights. Increases or decreases in levels of these molecules are induced by diverse pathophysiological stimuli, genetic modifications, or environmental factors acting on living systems.

Methods

Changes in the levels of some metabolites in exhaled breath may be warning signs for diseases such as lung cancer, chronic obstructive lung diseases and diabetes etz. Thus, detection of these changes has potential utility for diagnosing, screening, and characterizing the biological pathways of these diseases. Also by detecting changes in quantities (from ppm to less than ppb levels) treatment effects may be assessed.
Therefore, determination of VOCs in exhaled breath is a challenging task, requiring excellent sensitivity and selectivity to detect trace metabolites with the presence of those at higher concentrations.

Results

The present presentation focuses on:
Identification of VOCs produced by biochemical pathways relevant to lung cancers, chronic obstructive lung disease (COPD) and diabetes.
Identification of VOCs produced by biochemical pathways relevant to inflammation
Fingerprint analysis in VOC research for early diagnosis
Determination of specific disease as well as treatment specific biomarkers

Conclusions

As presented The DUVA technique may be one option for the future for disease screening and for the assessment of treatment effects.

A wireless transmission of test Results to medical records during testing of physical capacity

Amanda Jørgensen - Danderyd University Hospital, Sweden

Issue

At the Specialist Regional Insurance Medicine Center, Danderyd University hospital in Stockholm, the physiotherapists use a booklet to collect notes during the assessments of physical capacity. The booklet has 26 pages. After the assessment, the Results are manually transcribed into the medical record. The medical record has no complete structure for where to write down each test and its result, which means that the physiotherapists need to spend a lot of time administrating. Besides being time-consuming, this procedure also Results in the waste of paper.

- Time-consuming due to double documentation
- Environmental perspective; paper is being wasted
- Patient integrity; patient data exists in booklet, outside the medical record system
- Comparison against normative data; is done manually.

Description

Cooperation with the Department of Innovation, Danderyd University Hospital. The Department of Innovation has developed a service for the medical staff in Neurorehabiliation in-patient unit, Department of Rehabilitation Medicine Stockholm, that allows documentation on a tablet. The information is then transferred into the medical record. A similar solution might be possible for the Specialist Regional Insurance Medicine Center. One condition is that the templates for the medical records are adjusted to receive information written on the tablet. Currently there is ongoing work modifying the templates for the medical records. Later, a testing period will be implemented where tablets are used instead of booklets.

Results

There is ongoing work modifying the templates for the medical records.

Lessons

Possible improvements are;

- higher effectiveness; a less time consuming administration enables more assessments
- secure patient integrity
- better from an environmental perspective

Hemodialysis: a study of variations in a French region from French Hospital Discharge Database and National Health Insurance Information system

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Sabrina Matz - Direction Régionale du Service Médical Hauts-de-France, France
Audrey Parent - Direction Régionale du Service Médical Hauts-de-France, France
dr. Françoise Legrand - Direction Régionale du Service Médical Hauts-de-France, France
dr. Claude Gady-Cherrier - Direction Régionale du Service Médical Hauts-de-France, France

Issue

Few people are affected by end-stage renal disease. However, regional variations in the treatment have been identifying, and the annual cost is high. The goal of this study was to identify the variations of hemodialysis in the Upper French region (forms and transport).

Description

A retrospective study has been carried out from French Hospital Discharge Database and National Health Insurance Information system. Patients included had at least 8 reimbursed hemodialysis sessions per month during 3 consecutive months in 2015. They were aged 18 and over and lived in the Upper French region. For each patient, the following data were collected: age, sex, gender, place of residence, hemodialysis modalities and number of sessions, form and number of transports. The analyses have been described by arrondissement (French district).

Results

3645 patients had 496 578 reimbursed hemodialysis sessions and 937 255 reimbursed transports. In-Centre and home self-hemodialysis rate ranged from 4% to 57% in French districts. Most frequent transport modalities were light health vehicle (VSL) and taxi. Transport by ambulance ranged from 12% to 33%. The transports cost on average from 10 086 € to 25 886 € per patient.

Lessons

This study points out important variations in the utilization of hemodialysis and transport modalities, which question on the appropriate healthcare in agreement to the guidelines. It is necessary to study these Results within relation to territorial specificities, characteristics of the population and health care services. An action plan could be implemented to reduce the variations and to improve efficiency of healthcare.

Portuguese navy military age for 15 years, 2001-2016

dr. Moisés Henriques - Navy Medicine Center - Navy Research Center - Portuguese Navy, Portugal

Background

The Portuguese population is ageing because two main reasons: declining fertility rates and increased life expectancy. Ageing rate will increase from 147 to 317 older people per 100 young people between 2017 and 2080.
Simultaneously, a shift in the workforce composition from relatively young to relatively old workers takes place with legal full-time retirement postponement or voluntary decision to hold off retirement and stay employed longer.
The purpose of this study was to evaluate the Portuguese Navy population age evolution during the last 15 years.

Methods

Observational, retrospective, descriptive and analytical study based on the Portuguese Navy population from 2001 to 2016. Data were collected from national Navy yearbooks, namely 2001, 2006, 2011 and 2016. Only permanent staff was analysed. Military were distributed on nine age groups: < 20 years, [20;24] years, [25;29] years, [30;34] years, [35;39] years, [40;44] years, [45;49] years, [50;54] years, [55;59] years and > 59 years.
Age group proportion comparisons between 2001 and 2016 were made using z-test and different p-values were considered.

Results

Portuguese Navy workforce decreased 20.1% from 2001 (n=8130) to 2016 (n=6499). Seeing the age groups proportions, it is not possible to state that there was a trend in any age group.
Age group proportion of [20;24] years, [25;29] years and [40;44] years was significantly lower in 2016 ($p<0.01$), as well for the case of [35;39] years ($p<0.05$) and [55;59] years ($p<0.1$). Age group proportion of [30;34] years and [50;54] years was significantly higher in 2016 ($p<0.01$).

Conclusions

Despite the absence of a clear trend in all age group proportions evolution during last fifteen years, Portuguese Navy workforce is nowadays smaller and less young (age < 30 years).
The workforce ageing imposes important challenges to ensure a prompt military response when necessary and requires significant reforms in institutional health and workplace policies.

Staying at work with a chronic disease: a qualitative synthesis of facilitators, barriers and strategies

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prof. dr. Han Anema - VU University Medical Center, The Netherlands

Background

The number of people in the working population diagnosed with one or more chronic diseases will increase. To be able to support workers with a chronic disease to continue working, it is important to first understand which factors play a role in staying at work. The aim of this qualitative synthesis is to identify facilitators and barriers for workers with a chronic disease and to explore which strategies are used to remain working.

Methods

Four databases were systematically searched for relevant articles: PubMed, Embase, PsychInfo and Cinahl. Search terms related to work, needs regarding staying at work, chronic diseases and qualitative research. Quality assessment was done by using the RATS qualitative research review guidelines. The included articles were thematically analysed with Atlas-Ti.

Results

The search yielded 6,545 articles, 17 articles were included. The preliminary Results show the 3 domains that play a role in staying at work: work environment, personal factors and disease-related factors. For each domain, facilitators, barriers and strategies could be identified. An understanding work environment and a job fitted to the capacities of the worker are facilitators in the work environment. Negative feelings (shame, anxiety and guilt) are barriers in all 3 domains. Keeping a good balance and dealing with change are strategies for the personal and the disease related domain. Whilst disclosure and asking for help are helpful strategies at the workplace.

Conclusions

The Results of this qualitative synthesis show that facilitators, barriers and strategies to continue working with a chronic disease are not limited to the work environment; personal and disease-related factors are relevant as well. These insights are helpful in developing an intervention for occupational health professionals that enables them to support workers with a chronic disease to continue working, maintain productivity and to prevent sick leave and job loss.

Determinants of regional differences in Sickness absence in the Netherlands

prof. dr. Angelique de Rijk - Department of Social Medicine, Care and Public Health Research Institute (CAPHRI), Faculty of Health, Medicine and Life Sciences, Maastricht University, The Netherlands

dr. Willibrord Beemsterboer - UWV, Belgium

Background

Sickness absence (SA) shows regional differences. In the Netherlands, SA was found to be higher in the south compared to other parts. Our research question was: What are the determinants of SA frequency and duration in two different regions in the Netherlands?

Methods

Data were collected on SA among workers in sales and cleaning (region 1 (South-Limburg): 190; region 2 (Utrecht): 131). To exclude effects of age only workers aged 20-40 were included. Variables included: work, individual and health characteristics. Relations were tested with t- tests and regression analyses.

Results

In region 1 and for workers in sales, SA frequency was determined by being less positive about social-medical support, a permanent appointment, more annual visits to the family doctor. For workers in cleaning by higher perceived physical workload. SA duration was determined by permanent appointment, more annual visits to the family doctor, more demotivating factors at home, less positive opinion on one's supervisor. For workers in cleaning, SA duration was explained by better perceived health, female gender , burnout and being less satisfied with private circumstances. For workers in sales and cleaning, SA duration was determined by more annual visits to the family doctor.
In region 2, and for workers in cleaning, SA duration was determined by more autonomy. For workers in sales and cleaning, SA frequency and duration were determined by more autonomy ($p<0.05$ for all tests).

Conclusions

The regional differences in determinants of SA frequency and duration found seem to express socio-cultural differences. The study suggests that regional differences need to be taken into account when developing interventions aiming at reducing SA, these differences need to be taken into account.

Magnetic Resonance Imaging (MRI) of the lower limbs : the relevance of care pathways in the service of regulation

dr. Patricia Vidal - Assurance Maladie, France

Issue

The national inter-schema information system on health insurance (SNIIRAM) analysis makes it possible to assess the relevance of care pathways. Optimize the use of MRI while reducing the average waiting time in oncology is a public health Issue

Description

We mapped the territorial disparities of recourse and studied the conformity of care pathways to 2012 standards of French National Authority for Health (HAS).

A presentation of these Results will be made to the radiologists and prescribing doctors by the Health Insurance during meetings organized by the radiologists on the topic of the relevance of the radiological acts.

Personalized feedback will be provided to each radiologist.

Results

In the Auvergne Rhône Alpes region, lower limbs MRI uptake rates ranged from 4 to 47 per 1000 of population.

Between April 2016 and March 2017, 135 000 patients received lower limbs MRI : 45% of these patients had no radiography or osteoarticular opinion before the MRI and especially 54% had no osteoarticular care following the MRI.

All in all, 29% of the patients had a care pathway that did not comply with the standards (upstream and downstream), representing a potential saving of six millions euros (excluding the daily allowances received by patients awaiting MRI

Lessons

The analysis of care pathways and MRI uptake rates makes it possible to target territories and offer feedback to healthcare professionals that encourage them to position themselves in the justification and choice of the most appropriate examinations. In this context, Health Insurance works alongside professionals to bring relevance into their daily practice.

To capture creative ideas and inspire innovation in Insurance Medicine and Social Security

Sten Månsson - Danderyd University Hospital, Sweden

Issue

Department of Rehabilitation Medicine has for several years cooperated with Stockholm County Council Innovation (SLL Innovation). The purpose has been to support employees to develop their ideas for innovative products, services and work processes.
2016 a project was completed together with SLL Innovation. Fixed routines, formalizations and a hospital management responsibility for innovation were established. This resulted in our unit being awarded with an innovation certification – as the first healthcare unit in the world.

Description

The project consisted of a 1 year contract between us at the Specialist Regional Insurance Medicine Center and SLL Innovation. We committed us to implement projects according to the following criteria:
* 1 project based on ideas from employees
* 1 project based on ideas from clients
* 1 project with an external company
* SLL Innovation educates and provides us with adequate, professional support in managing the projects.
* Innovation ambassadors have been appointed and trained. The ambassador's role includes being contact persons for SLL Innovation and support colleagues who want to develop ideas.
* Managers commit to creating a working environment that promotes and enables innovation.
The contract is evaluated once a year and is approved with renewed certificate.

Results

Ongoing project 2017
* Cooperation with external company regarding the development of digital IT-based platform in insurance medicine assessments.
* Improvement work on the use of digital technology to time-efficient , reduce duplicate writing of assessment notes, documentation and journal writing
* Review of existing digital technology or develop a new "key log program" to be used for the assessment of computer-based observation tasks.

Lessons

Notable advantage how a clear process of managing innovation inspires and increases interest among colleagues and managers.

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Main topics:
- Sick leave certification
- Return-to-work
- Disability evaluation and management
- Evidence-based insurance medicine
- Young people with disabilities
- Ageing working population
- Robotics and rehabilitation
- Education

Target groups:
Physicians, medical advisers and researchers are the main target groups. Other professionals involved in the field of insurance medicine, social security issues and the return-to-work-process are also welcome.

Co-Organisers:

SIM Swiss Insurance Medicine
Interessengemeinschaft Versicherungsmedizin Schweiz
Communauté d'intérêts suisse de la médecine des assurances
Comunità d'interessi svizzera medicina assicurativa

Cochrane Insurance Medicine

Save the date: 17. – 19. September 2020, Basel