Swedish Government Policy of Sick Leave

- impact of evidence-based knowledge

Jan Lidhard
Former special adviser
Ministry of Finance 1992-2014

jan.lidhard@gmail.com

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System of managing sick leave

- Governmental and universal sickness insurance
- Covers normally 80 % of lost income
- Managed by the Social Insurance Agency (SIA): Legal perspectives
- Sick note after 7 days
- Most physicians employed by county councils
- Guidelines: National Board of Health
- Major problem: Common Mental Disorders (CMD)

Method (1)

- Sick leave is part of health care
- Matter of medical knowledge
- Three areas of evidence-based knowledge are chosen
  - 1. The biopsychosocial model
  - 2. Work-focused health care
  - 3. Participation of workplace
- Focus: Common Mental Disorders (CMD)

Method (2)

- Compared to recent Government documents:

  - Four Budget Bills: For 2015, 2016, 2017 and 2018
  - Two action platforms: 2015 and 2018
  - Government – county councils deal for 2017-18

- Policy of early actions

- A new Government policy is discussed

- A report will be published later this autumn

Results: Overall policy

- Top-down style
- Emphases
  - Late intervention
  - Sickness
  - Certification
- No comprehensive model of evidence-based knowledge
- Sick leave and insurance: Two mixed-up concepts
- Focus on insurance and SIA

Results: Social Insurance Agency (SIA)

- Seen as a central player
- Missing analysis: Which player is crucial?
- Necessity for insurance assessments: Crucial
- Priority: Perspective and interests of agency
- SIA: Severe and almost constant quality problems
- Attitude problems

Results: Other emphases

- Work environment influence
- Responsibility of employers for rehabilitation
- Support during sick leave

Results: Common Mental Disorders (CMD)

- Causing substantial variations in sick leave
- Lack of problematization
- Medicalization of problems other than sickness?

Results: Certification

- Extensive attention to sick notes
- Early notes: Only assessment of patient´s own assessment
- Focus: Note checking by SIA
- No problematization of physician´s role

Results: Responsibility of patient

- Seldom demands on patient
- Patient not responsible for own situation
- No biopsychosocial model applicability

Results: Work-focused health care

- Sick leave part of care? No
- Part-time work and care? No
- Government – county councils deal: Partly significant
- Rehabilitation coordinators: Significant

Results: Participation of workplace

- Employer – union intention declaration: Significant
- Economic support to employers: Significant
- Mandatory employer rehabilitation schemes: Significant
- Work environment focus: Significant

Conclusions (1)

- Mostly a policy of insurance: Consequences of sick leave
- Policy of smorgasbord: Measures without connection
- No analysis of sick leave process
- Policy of avoidance (1): Patient responsibility. SIA problems.
- Policy of avoidance (2): CMD. Physician role.

Conclusions (2)

- Biopsychosocial model: No impact
- Work-focused health care: Very limited impact
- Participation of workplace: More substantial impact
- Evidence-based knowledge: Very limited impact
- No other evidence-based knowledge
- SIA: No significant policy change over time
- Health care: Gradually more important over time

New Government policy (1)

- Most important: To change prerequisites
- National Board of Health: Driving force
- Establish the Governmental perspective
- Establish the medical perspective
- Establish the biopsychosocial model
- Emphasis on work as beneficial in most cases

New Government policy (2)

- Less focus on sickness – more on increasing work ability
- Patient´s own responsibility, with support
- Two separate policies: 1. CMD 2. Well-defined diagnoses
- More of policy on individual level
- Focus on role of physician
- Guidelines and sick notes: New structure and contents
- Change attitudes

Discussion (1)

- Despite of politics: Practice of evidence-based knowledge?
- Scientists: Taking sufficient responsibility?
- Continuous science check on politics?
- If not knowledge driven politics: What is driving?
- Politics: Fear of physician-related issues?
- How to handle unpopular but necessary policy approach?

Discussion (2)

- Increased patient power: Influencing sick leave?
- Diagnosis-focused CMD-approach acceptable?
- Acceptable handling of burnout syndrome?
- More of proven experience in guidelines?
- How to increase medical perspective?
- New ways to influence politics? Competence centers?

Summary (1)

- Now: Mainly policy of insurance
- Now: Mainly policy of avoidance
- Biopsychosocial model: No policy impact
- Work-focused health care: Very limited policy impact
- Participation of workplace: More substantial policy impact
- Evidence-based knowledge: Very limited policy impact

Summary (2)

- Now mainly: Passivity by support to individual
- Goal: Activity through evidence-based knowledge and proven experience
- Goal: Knowledge based on deeper understanding of critical sick leave process
- **More of health care – less of insurance**