### EVALUATION OF INTER-RATER RELIABILITY AMONG PHYSICIANS PERFORMING AN ACTIVITY ABILITY ASSESSMENT

#### Pål Lindström MD

Rehabilitation Medicine Occupational Medicine

Susano Rehabilitation Clinic Sweden

EVALUATION OF INTER-RATER RELIABILITY AMONG PHYSICIANS PERFORMING AN ACTIVITY ABILITY ASSESSMENT Pål Lindström EUMASS 2018-10-04: 1

## **AFFILIATION / DISCLOSURE**

Coauthors Jan Sandqvist, Senior Lecturer, Dep of Social and Welfare Studies (ISV), Linköping University Christian Ståhl, Associate Professor, Dep of Medical and Health Sciences Linköping University Gert Lindenger, MD, Medical Advisor, President EUMASS The Swedish Social Insurance Agency

**Funding** The Swedish Social Insurance Agency (SSIA) has no role in analysis and interpretation of the data

No conflict of interest to report

### Assessments has to be equal and fair

- Variations not acceptable in subjective complaints (MUPS)[2]
- Systematic review<sub>[1]</sub> concluded low to moderate reproducibility among assessing medical expense
- Higher reproducibility when experts used a standardised evaluation procedure
- **Research** is **limited** in the field, **development and testing** of instrument and structured approaches to improve reliability in evaluation of disability are urgently needed



# THE ACTIVITY ABILITY ASSESSMENT (AAA)

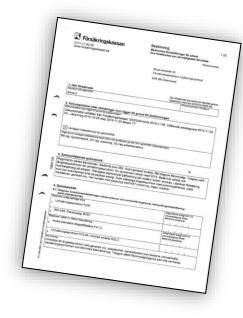
- Designed to secure that eligibility for benefits is assessed in a reliable way, meeting criteria of, ethics<sub>[3]</sub>, equality and equity<sub>[4]</sub>
- Earlier studies<sub>[5,6]</sub> regarding equity and the social validity of AAA; majority of respondents felt involved and experienced a positive response.
- 2018: The only method for assessing work ability in Sweden (>180 days)

	Försäkringska	assan	
	www.forsakringskassan.se	Bedömning Medicinska förutsättningar för arbete Den försäkrades syn på mölliohere	
		medicinska förutsättningar för arbete Den försäkrades syn på möjligheter till arbete	1 (
		ayn på möjligheter till arbete	
		Person	
		of Sakringeles	
		Försäkringskassans inläsningscentral 839 88 Östersund	
	1. Den försäkrade		
	Fornamn och efternamn Anna A		
1	Printa A	Prot.	
	2.0.1	Den försäkrade ska styrka sin identitet genom legitimation med för (SGSF 8 2000s 28. Personnumerer	
	Dokumentation eller	een orosäkrade ska styrka sin identier genom legitimation med foto (SOGP'S 20005-20) Personnummer (12 sillior)	
	Dokumentation echail grund for both	egementer met des (1952) Personnummer (1952) Personnummer (1952) Personnummer (1952) Personnummer (1953) Personnummer (1953) Pers	
-	XX, Lakarintyg 2015-10-28 resp 2015	ringskass	
	20 resp 2015	5-11-25 läkare XSAM-karta 2015	
	1 Mars	Utilatande at	
	Utvidgad undersökning har genomfor Ange typ av utvidgad undersökning	ts ach profession på den som genomför undersäkningen ), DD leg arbetsterapeut	
	Ange typ av utvidgad undersörung sant namn o BB leg, fysioterapeut, CC leg, psykolog	rts	
	apeut, CC leg. psykolog	och profession på den som	
		serverson arbetsterapeut	
illar	mårnkvarvarande brist på psykisk energ mående, generell oro, Har kontakt med	som IBS. Aven penarell smärta, fått diagnos fibromyalgi. Tidigare vant m. Nu sjukskniver sedan sept 2015. Baskriver stress och je. Aven påtasjlga ångestsymtom med svimningskänsta, yrset, sykolog med KBT-liniktning. Ingen medicin.	
4. Sj 4.1. D	ukdomsbild	yoong med KBT-Inriktning, Ingen medicin, Ingen medicin,	
4. Sj 4.1. D	ukdomsbild lagnos, funktionsnedsättningar (obser en en ubstansintag	y Sour Med KBT-kniktning. Ingen med svimningskansta, ysset.	
4. Sj 4.1. D 94 1. Utn	ukdomsbild Iagnos, funktionsnedsättningar (observat ser enigt bekräga intyg attninnas	voorgi med KBT-ansktning. Ingen medicin: tioner och undersökninget.	
4.5) 4.1.0 54 Diaproi	ukdomsbild lisgnos, funktionsnedsättningar (observat mit substansintag ler erligt beförlige infig hattningssyndrom F430	v song med KBT-inniktning. Ingen medicin.	1
4.5) 4.1.0 54 0000000 1. Utn 1. Utn	ukdomabild lisgnos, funktionsnedsättningar (observat mit substansintag ler enligt beändiga infog nattningssyndrom F430 KSS Fährom	tioner och undersökningsfynd), behandling/rehabiltering	1
4.5) 4.1.0 54 0000000 1. Utn 1. Utn	ukdompbild Ileanes, funktionsnedsättningar (observat mit substansintag er entigt beärdigs infog athringssyndrom F430 KKSS. Fikhromyalgi M797	toner och undersökningsfynd), behandling/rehabilterring	1
4.5) 4.1.0 54 0000000 1. Utn 1. Utn	ukdompbild Ileanes, funktionsnedsättningar (observat mit substansintag er entigt beärdigs infog athringssyndrom F430 KKSS. Fikhromyalgi M797	tioner och undersökningsfynd), behandling/rehabilitering	
4.5) 4.1.0 54 0000000 1. Utn 1. Utn	ukkdomsbild Hannas, havitanamadaathiningar (observa) mit subaranninga er vegi taakinga inkig taathingasyndrom F430 KSB. Fibromyaligi M797 usikan nu utaka unakatking usikan nu utaka unakatking bilandare Angasettaatana su	tioner och undersökningsfynd), behandtling/rehabittering Disproskid erigt (20:10 Disproskid erigt (20:	
4.5) 4.1.0 54 0000000 1. Utn 1. Utn	ukkdomsbild Hannas, havitanamadaathiningar (observa) mit subaranninga er vegi taakinga inkig taathingasyndrom F430 KSB. Fibromyaligi M797 usikan nu utaka unakatking usikan nu utaka unakatking bilandare Angasettaatana su	tioner och undersökningsfynd), behandtling/rehabittering Disproskid erigt (20:10 Disproskid erigt (20:	
4.5.0 4.1.0 Diagnosi 1. Utn 1. Utn 1. Andra 2. Utmatt 2. Utmatt Kommentar	ukdomsbild Isenos, hustikaanskattiningar (observat Imit substantingar) sattiningssyndrom F430 Staff (Staff) (MT97) uistik ni uideal underskilling bilandade ängestillistand F41,3 hingssyndrom F43,8A, Kronisk servat	tioner och undersökningsfynd), behandling/rehabiltering	
4.5.0 4.1.0 Diagnosi 1. Utn 1. Utn 1. Andra 2. Utmatt 2. Utmatt Kommentar	ukdomsbild Isenos, hustikaanskattiningar (observat Imit substantingar) sattiningssyndrom F430 Staff (Staff) (MT97) uistik ni uideal underskilling bilandade ängestillistand F41,3 hingssyndrom F43,8A, Kronisk servat	tioner och undersökningsfynd), behandling/rehabiltering	
4.5.0 4.1.0 Diagnosi 1. Utn 1. Utn 1. Andra 2. Utmatt 2. Utmatt Kommentar	ukdomsbild Isenos, hustikaanskattiningar (observat Imit substantingar) sattiningssyndrom F430 Staff (Staff) (MT97) uistik ni uideal underskilling bilandade ängestillistand F41,3 hingssyndrom F43,8A, Kronisk servat	tioner och undersökningsfynd), behandling/rehabiltering	
4.5.0 4.1.0 Diagnosi 1. Utn 1. Utn 1. Andra 2. Utmatt 2. Utmatt Kommentar	ukdomsbild Isenos, hustikaanskattiningar (observat Imit substantingar) sattiningssyndrom F430 Staff (Staff) (MT97) uistik ni uideal underskilling bilandade ängestillistand F41,3 hingssyndrom F43,8A, Kronisk servat	tioner och undersökningsfynd), behandling/rehabiltering	
4.5.0 4.1.0 Diagnosi 1. Utn 1. Utn 1. Andra 2. Utmatt 2. Utmatt Kommentar	ukdomsbild Isenos, hustikaanskattiningar (observat Imit substantingar) sattiningssyndrom F430 Staff (Staff) (MT97) uistik ni uideal underskilling bilandade ängestillistand F41,3 hingssyndrom F43,8A, Kronisk servat	tioner och undersökningsfynd), behandling/rehabiltering	
4.5.0 4.1.0 Diagnosi 1. Utn 1. Utn 1. Andra 2. Utmatt 2. Utmatt Kommentar	ukdomsbild Isenos, hustikaanskattiningar (observat Imit substantingar) sattiningssyndrom F430 Staff (Staff) (MT97) uistik ni uiteka underskilling bilandade ängestillistand F41,3 hilingssyndrom F43,8A, Kronisk servat	tioner och undersökningsfynd), behandling/rehabiltering	
4.50 4.1.0 000000 1, Utn 2, UBS 1, Andra 2, UBS 1, Andra 2, Utmatt 2, Utmatter 1, Andra 2, Utmatter 1, Andra 2, Utmatter 1, Andra 2, Utmatter 1, Utmat	ukdomsbild Isenos, hustikaanskattiningar (observat Imit substantingar) sattiningssyndrom F430 Staff (Staff) (MT97) uistik ni uiteka underskilling bilandade ängestillistand F41,3 hilingssyndrom F43,8A, Kronisk servat	tioner och undersökningsfynd), behandling/rehabittering tioner och undersökningsfynd), behandling/rehabitteringsfynd), behandling/rehabitteringsfynd), behandling/rehabitteringsfynd), behandling/reha	

## **ACTIVITY ABILITY ASSESSMENT**

#### **Based on**

- Self-reports
- Examinations and evaluations by physicians
- If needed, extended paramedical testing through predetermined assessment methods used by:
  - occupational therapists
  - physiotherapists
  - psychologists



# ACTIVITY ABILITY ASSESSMENT

### **Physician evaluates:**

- 1. Diagnosis
- 2. Functioning physical and mental abilities
- 3. Activity limitations
- 4. Prognosis
- 5. Are the diseases and their disabilities reflected in a expected way in the capacity profile?

# To be eligible, coherence between:

- Diagnosis
- Functioning abilities
- Activity limitations



# **Capacity profiles**

### **Physical capacity profiles**

- 1. Physical strength and mobility
- 2. Physical endurance
- 3. Vision, hearing, and speech
- 4. Balance, coordination and fine motor skills

### **Mental capacity profiles**

- 1. Features of memory, learning and concentration
- 2. Executive function
- 3. Affective function
- 4. Mental stamina

9. Attivitetsförmågenofil         9. F. Sormågor relaterade till tydska funktion         1. Genömi värde för aktivitetsbegräftnaningar nelatørade till styrka och rörlighet         1. () ingen/obetvdlig       () inatti         () ingen/obetvdlig       () inattivitetsbegräftnaninger relatørade till fysikk uthällighet         () ingen/obetvdlig       () inattivitetsbegräftnaninger relatørade         () ingen/obetvdlig       () ingen/obetvdlig         () ingen/obetvdlig       () ingen/obetvdlig         () ingen/obetvdlig       () ingen/obetvdlig         () ingen/obetvdlig       () ingen/obetvdlig         () ingen/obetvdlig       () ingen/obetvdlig	-
ICP-kod anligt Hylinadsanvianing d 450 d 430 ntration	

# **Capacity profile: Physical strength and mobility**

**Descriptor:** To be able to walk, stand still, to bend, to kneel down, to stretch, to lift and carry objects, to be able to walk for a kilometer, without resting going up two flights of stairs, sitting in the same position for two hours, standing in the same position for one hour, getting up after sitting down. lifting and carrying 5 kg, stretch your arms above

**Activity Descriptors** shoulder height, bend down and pick up objects from Levels of limitations Abilities/limitations ICF Grade (AAA) 3 0 None or light limitations Large limitation: Only with d410 Having great difficulty in maintaining a very great effort able to posture for more than 15 min. Great 1 Light limitation d415 difficulty lifting or carrying more than 3 kg. complete parts of the Unable to perform activities with the arms 2 Moderate limitation descriptor and/or not at all d430 in / above chest height for more than a few to handle certain other d445 3 Large limitation min. Limited ability to lean forward, bend components of the down to floor level. When using stairs the descriptor (including that d450 4 Very large / total limitation time is greatly exceeded compared to the activity causes severe average, needs to hold onto balusters. **d470** Using transportation pain, soreness or stiffness)

### "Top down" clinical decision making

- Client-centered approach
- Global perspective to limitation of functioning abilities [7]

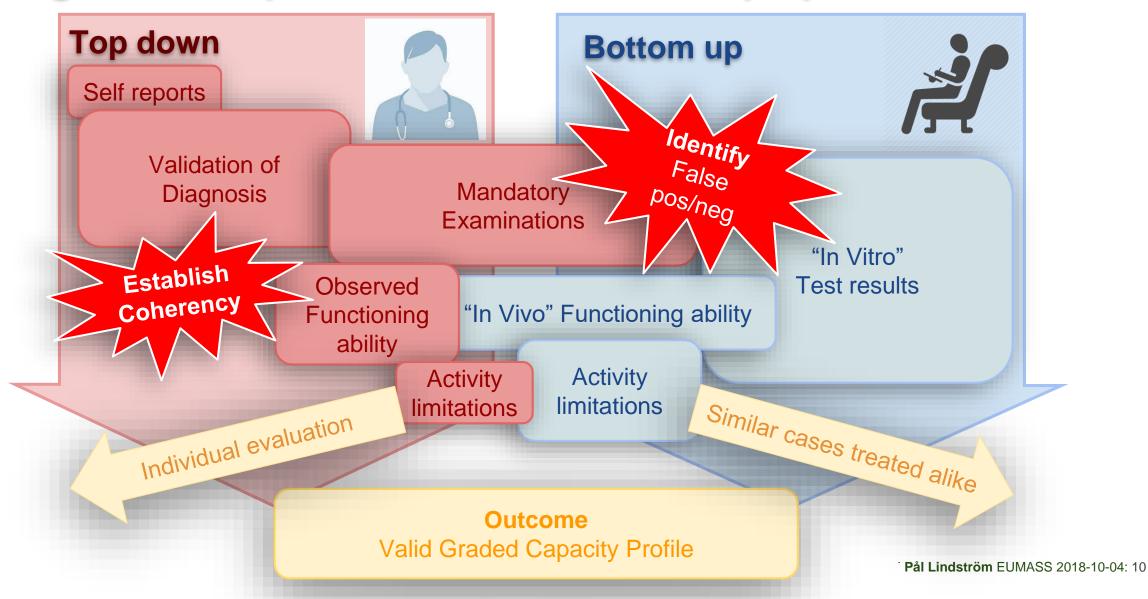
Top down

 Aim: Understand the clinical context, whether he or she can do certain functions, and reasons for an inability to do so

## "Bottom up" process of grading

- Bottom up
- Focuses on the deficits of components of function
- Administered in contrived, standardised contexts [7]

### Integrated "Top down" and "Bottom up" process in AAA



### Planned study of the AAA method

- Aim
  - To assess the inter-rater reliability among a group of physicians using the AAA method.
- Study Method
  - 4 different typical cases: case summaries along with videotaped (20 min) actors.
  - Physician asses: 8 groups of activity descriptors for each case (AAA)
  - **Population:** 20-40 physicians participating in an insurance medicine education

- Outcome
  - Level of agreement of the graded activity descriptors, the inter-rater reliability

### Challenges evaluating a fictive case; observer bias

- Emphasizing the bottom up process; assessing only "in vitro" test result
- Are "in vivo" elements lost that are important to the cognitive decision process
- Reduced/condensed data; increases reliability, decreases the validity
- Future; assess individuals directly rather than relying on proxies such as on functioning<sub>[8]</sub>, or maybe AI will do the job

### **Thank You! Questions/reflections?**

#### References

- 1. Barth J, de Boer WEL, Busse JW, Hoving JL, Kedzia S, Couban R, et al. Inter-rater agreement in evaluation of disability: systematic review of reproducibility studies. BMJ. 2017;356: j14. doi:10.1136/bmj.j14
- Spanjer J. Patients with Medically Unexplained physical Symptoms (MUPS): how many hours can 2. they work? EUROPEAN Union for Medicine in Assuranceand Social Security; Ljubljana, June 2016.
- Lindström P, Busse JW, Friberg E. The need for ethical guidance in the conduct and reporting of independent medical evaluations. EUROPEAN Union for Medicine in Assuranceand Social Security; 3. Ljubljana, June 2016.
- Ståhl C, Seing I, Gerdle B, Sandqvist J. Fair or square? Experiences of introducing a new method for 4. assessing general work ability in a sickness insurance context. Disabil Renabil. 2017; 1-10. doi:10.1080/09638288.2017.1401675
- Ståhl C, Sandqvist J, Seing I. Activity ability assessment, application, experiences and outcomes [Internet]. Swedish social insurance agency; 2017. Report No.: 15. Available: http://www.diva-5. portal.org/smash/record.jsf?pid=diva2:1193896
- Friberg E, Alexandersson K. Sick listed individuals perception of being treated when experiencing a 6. activity ability assessment. Department of Clinical Neuroscience, Division of Insurance Medicine, Karolinska Institutet; 2015 Mar.
- 7. Weinstock-Zlotnick G, Hinojosa J. Bottom up or top-down evaluation: is one better than the other? Am J Occup Ther. 2004;58: 594-599. doi:10.5014/ajot.58.5.594
- Geiger BB, Garthwaite K, Warren J, Bambra C. Assessing work disability for social security benefits: international models for the direct assessment of work capacity. Disabil Rehabil. 2017; 1-9. doi:10.1080/09638288.2017.1366556

#### pal.lindstrom@susano.se

### **Does the physicians assessment matter?**

- The overall results show that AAA as an assessment tool generally is in line with the self-reported ability
- Physicians' assessments in AAA does not predict future sick leave, which the self-reported assessment does

Swedish Social Insurance Report 2017:15 (SSIA)

