

**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**

by

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Introduction

In 2007 the Norwegian Government initiated a program “Rapid return to work” (RRTW) to facilitate a reduction of the sick leave rate, and Sunnaas Rehabilitation Hospital became an actor by an outpatient clinic (OPC) in Askim municipality, Ostfold County.

I have no potential conflict of interest to report



The main goal

for our project was to return more rapidly back to work all referred patients on long term sick leave due to musculoskeletal and minor mental disorders, and demonstrate the effects of our RRTW-interventions compared with “treatment as usual”.



Five hypotheses

On return back to work
will be presented
with the results later



Material

The main study including 420 consecutive patients referred from the family doctors in Ostfold county, was performed through the year 2008, and January - July 2009.

All patients were employees on long term sick leave due to musculoskeletal and minor mental disorders.



For all interventions:

The brief intervention and multidisciplinary approach was

performed with a clinical examination from physiotherapist, occupational therapist, social workers, clinical psychologist and specialist doctors (occupational medicine, rehabilitation medicine or neurology) through **one day** on an OPC.



The control group was 1260 individuals from the same county matching in age, gender, diagnoses, occupation, ethnicity and place of residence. These were those having “treatment as usual” in the community

The control group was made out of **The national sick leave register (NAV, Ostfold County)** as a matching, stratified, controlled cohort of employees on sick leave due to musculoskeletal and minor mental disorders

The control group individuals were included the corresponding month as those in the study group – to meet the labour market effects of the financial crisis.



Follow-up

After assessment at 6 months sick leave data from the NAV-register was given for both the study group and the control group at follow-up 6, 12, 24, 36 months



Figure:

Number of days on sick leave.

All Norwegians sick-listed in 2012.

N=1.421.384.

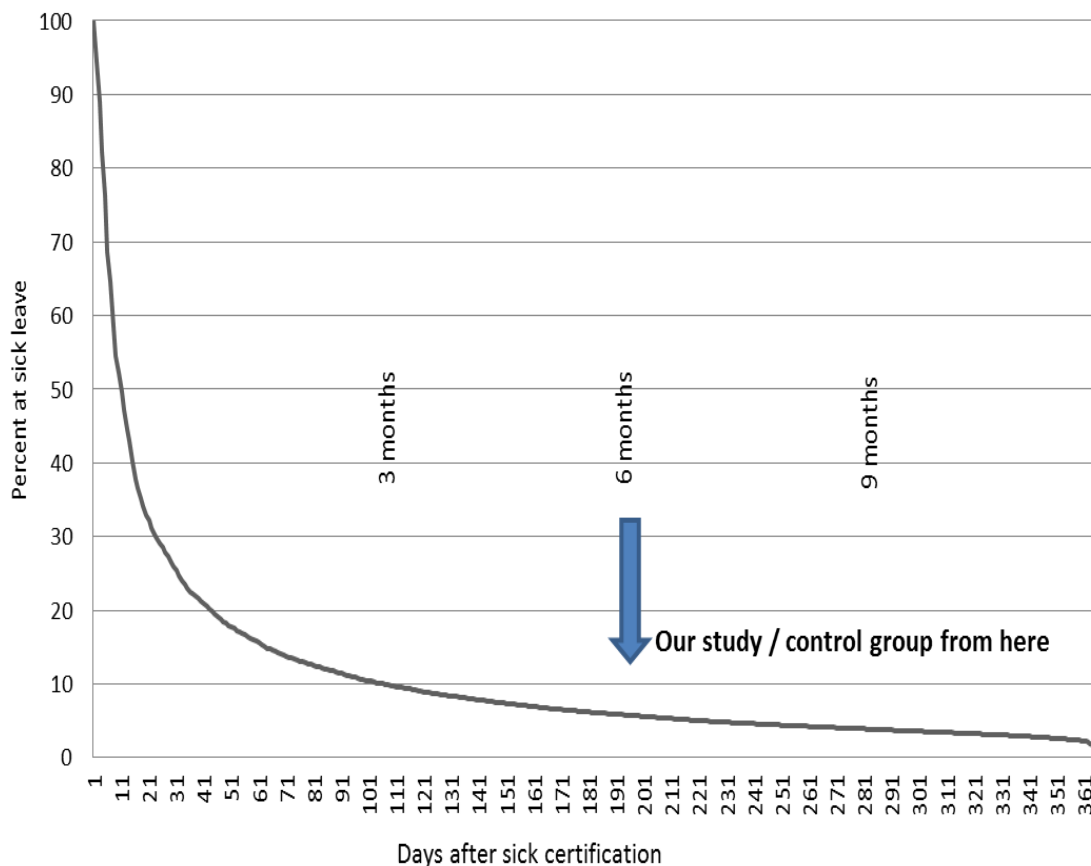
1 month 25 % left

3 months 10 % left

6 months 7 % left

i.e. 93 % back to job

Fig.1. Percent still at sick leave and number of days after sick certification, Norway 2012



Method: Regrouping of the NAV-register

Data from the NAV-register was given for both the study group and the control group in the following categories

<u>Group</u>	<u>NAV-category</u>	<u>Contents of patient category</u>
<u>Group 1</u>	<u>10.12.20</u>	<u>Full time in the labour force</u>
	<u>13.14.15.</u>	
<u>Group 2</u>	<u>16.17.20.24</u>	<u>Part-time in the labour force and part-time on long-term benefits</u>
<u>Group 3</u>	<u>30. 34. 35. 40</u>	<u>Outside the labour force, not permanent</u>
<u>Group 4</u>	<u>50</u>	<u>Outside the labour force, permanent disability pension</u>
<u>Group 5</u>	<u>Else</u>	<u>Unknown for labour market authority</u>

Results: The patients had been on sick leave for 6 averagely months when they were referred to the OPC, (R 0-36)

Age:	Median:42 years	(SD 10,4)
Gender	Male: 31%	Female: 69 %
	Study group	Control group
Not - Norwegian	18 %	12 %
Diagnoses		
F-psychiatric	10.2 %	11.1 %
M79 Gen musc/skel	30.0	6.6
M – else	47.4 %	82.3 %
All else	12.6 %	0 %

Occupation: The study- and control-group

The patients had been on sick leave for 6 averagely months when they were referred to the OPC, (R 0-36)

Occupation		Study-group N=420=100 %	Control-group from NAV. N=1.260=100 %
1	Managers	1	5
2	Professionals	2	3
3	Technicians and associate professionals	9	15
4	Clerical support workers	11	9
5	Service and sales workers	29	32
6	Skilled agricultural, forestry and fishery workers	2	1
7	Craft and related trades workers	18	10
8	Plant and machine operators and assemblers	12	13
9	Elementary occupations	16	9
10	Not known		3

The influence of brief multidisciplinary intervention one day studied more accurate

To study the stream and transition of NAV categories over the years all who were in labour force at 6 months assessment were included. The rest were excluded from the follow-up analyses.

That left 262 (62%) in the **study-group** and 1011 (80%) in the **control-group**.

The results were as follows:

Hypothesis 1

“A brief intervention as a collective multidisciplinary clinical investigation and assessment over one day, increases the chance to get back to the workforce 6, 12, 24 or 36 months after assessment, as compared with a matched control group receiving “treatment as usual.””

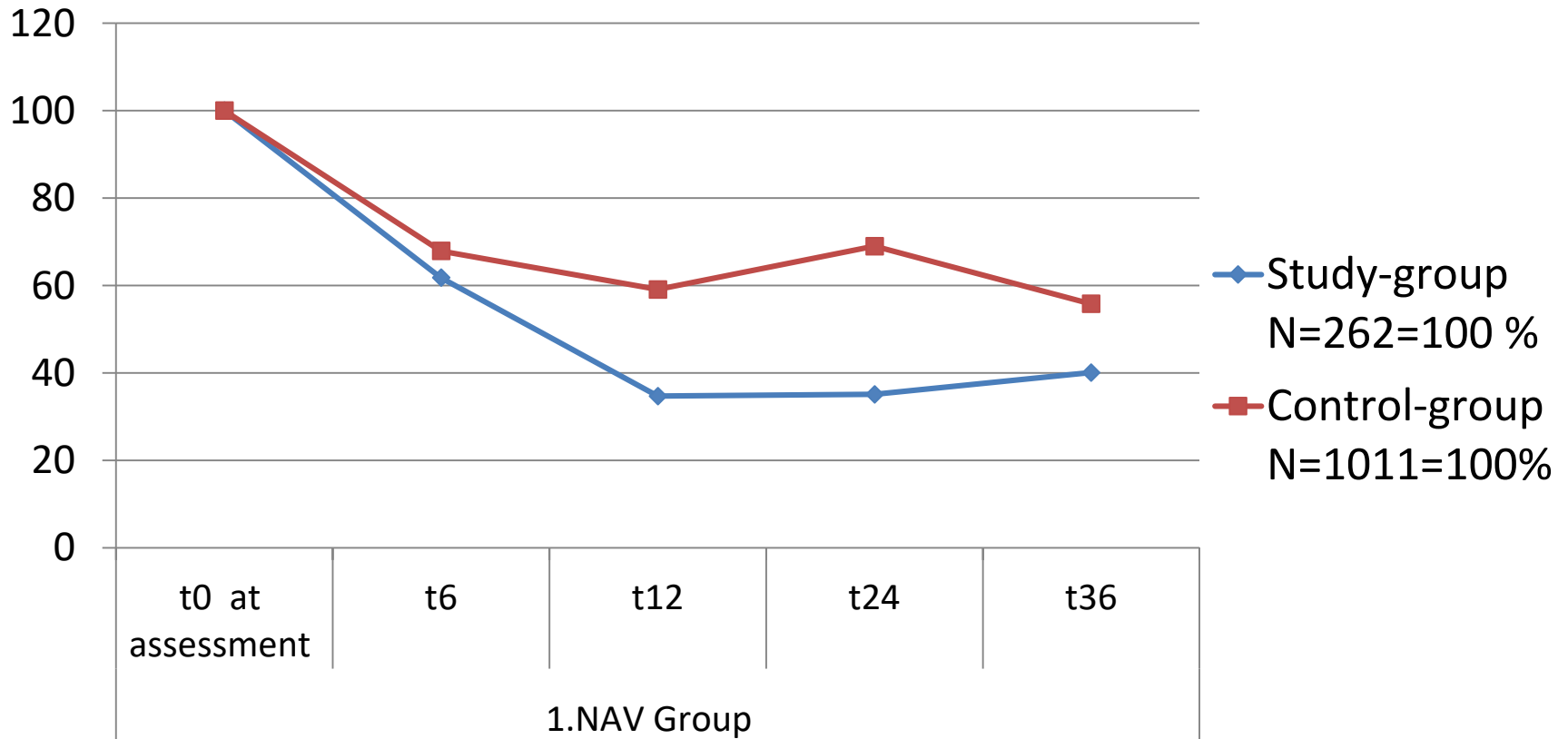
This hypothesis was not confirmed

- Less return to labour force in intervention group
- Temporary more part time job
- More outside labour force – not permanent %

Results Hypotesis 1

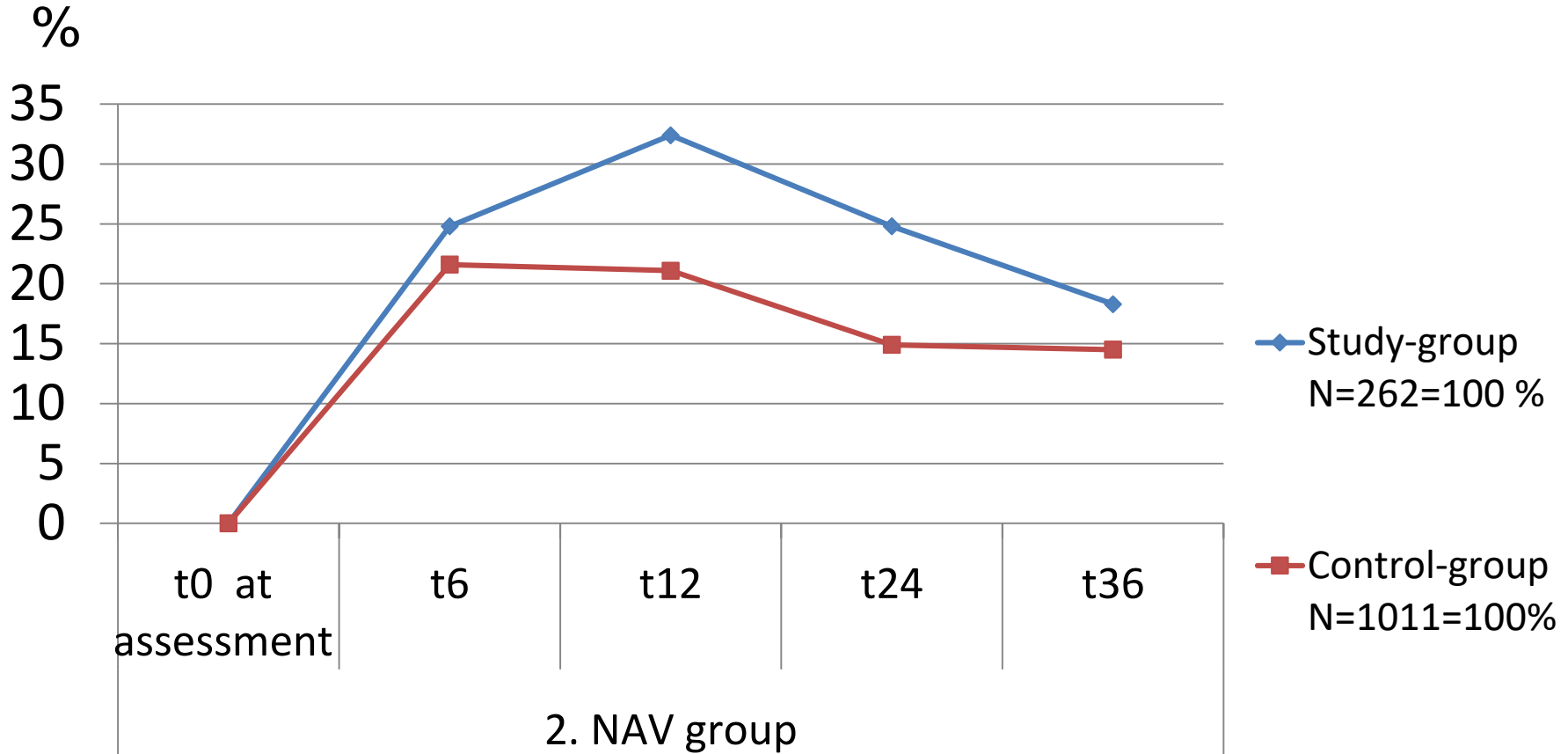
A separate study of the NAV Group 1, the group in the labour force at assessment time t0 and follow-up

%



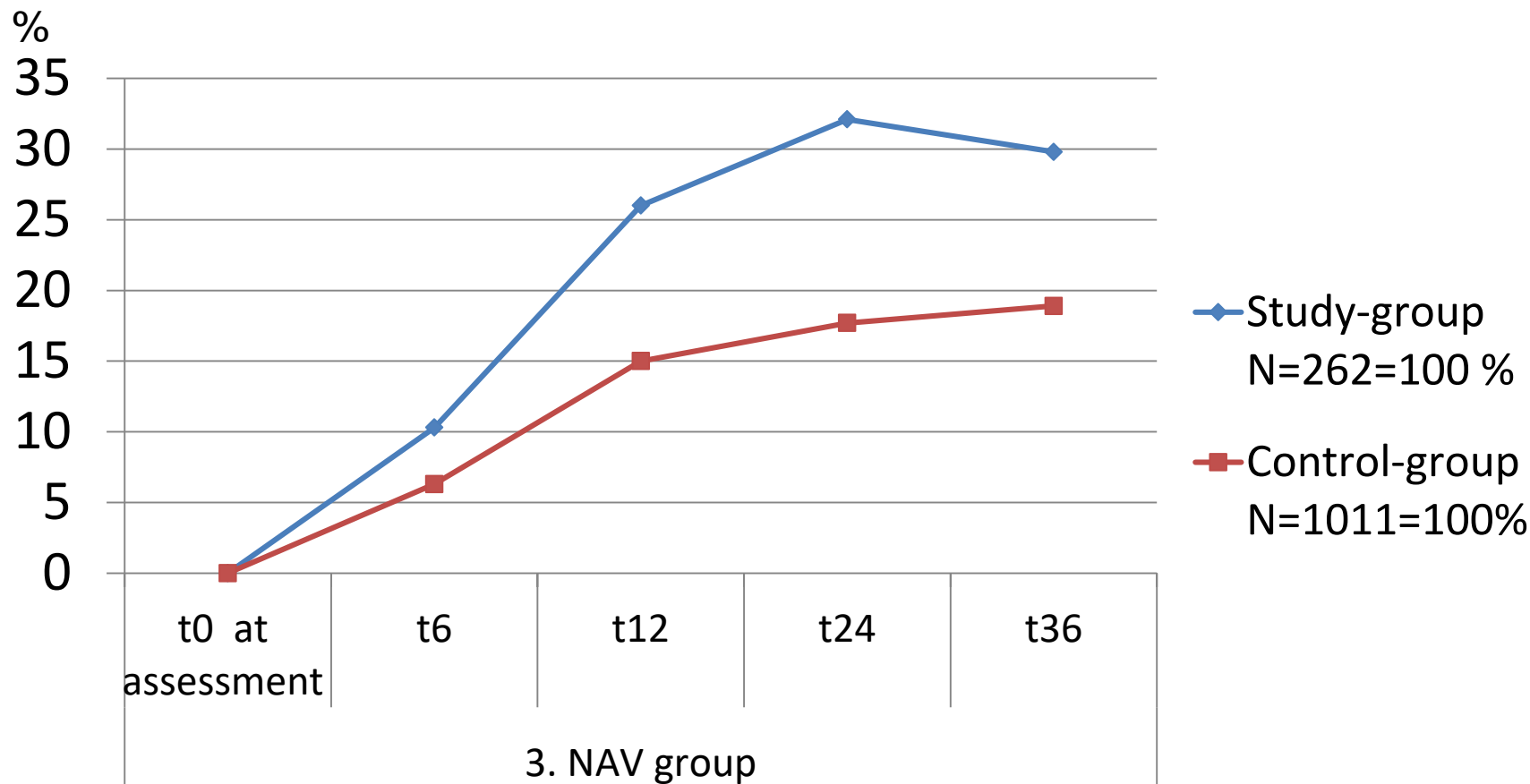
Results Hypotesis 1

A separate study of the NAV Group 2, part time in the labour force with social benefits, coming from NAV Group 1. Percent.



Results Hypotesis 1

A separate study of the NAV Group 3, outside the labour force—not permanent, coming from NAV Group 1. Percent.



Hypothesis 2

“A multidisciplinary intervention for a clinically selected part of the intervention group, based on cognitive and coping-based principles over several weeks, will increase the chances of getting back to the workforce.”

This hypothesis was not confirmed



About the influence of
extra multidisciplinary intervention

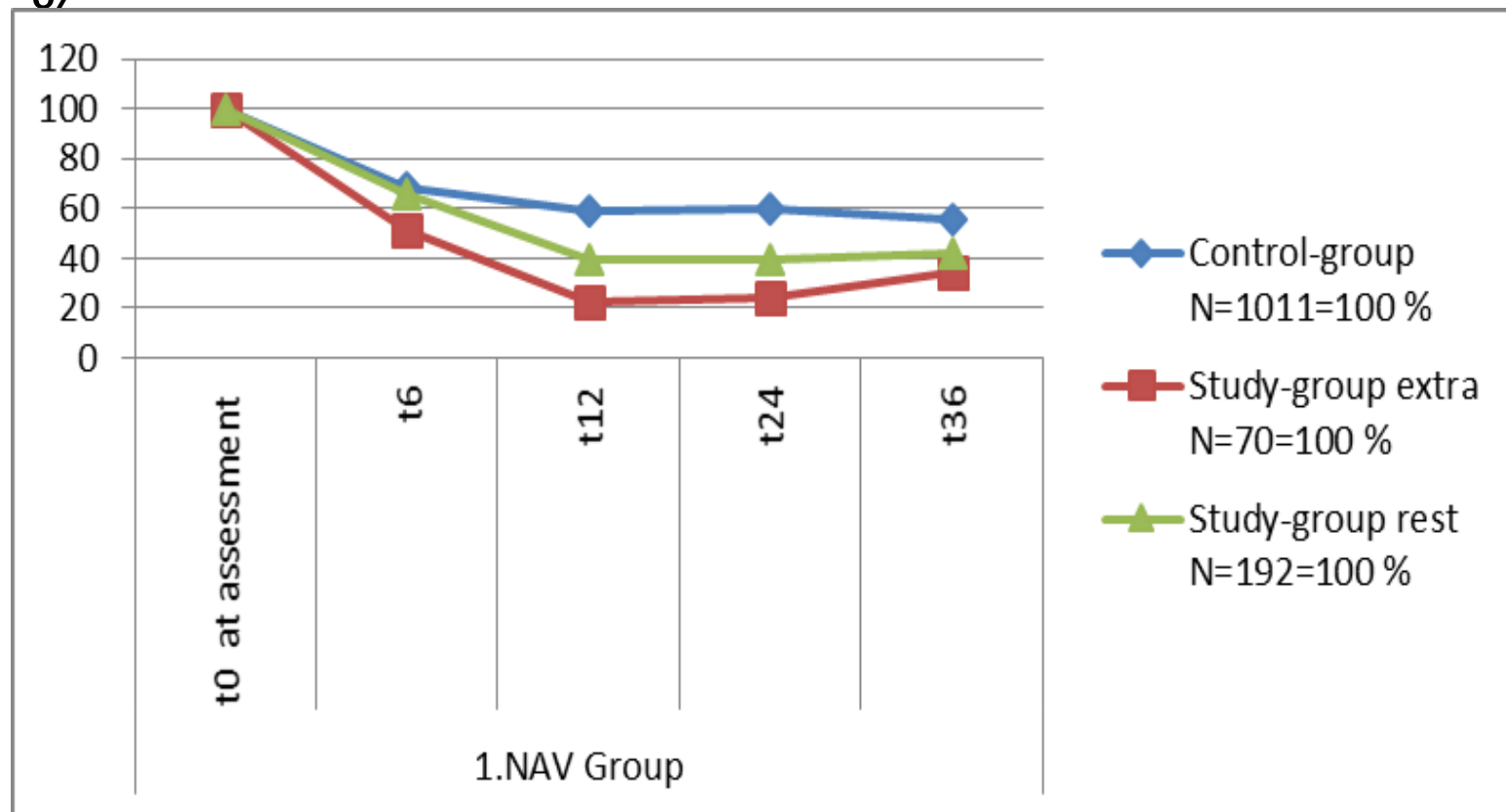
**An extra multidisciplinary intervention of four weeks
was given to a clinically selected part (N=100) of
the study group**

And those who were in the labour force at 6 months
assessment (N=70) were included in the follow-up
analyses.

Results Hypotheses 2

Extra intervention group compared with the rest of study group and control group, NAV group 1, for those belonging to labour force, full-time in labour force. Percent.

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Hypothesis 3

“The study group intervention reduces the chance of transition into disability pension status as compared to the control group.”

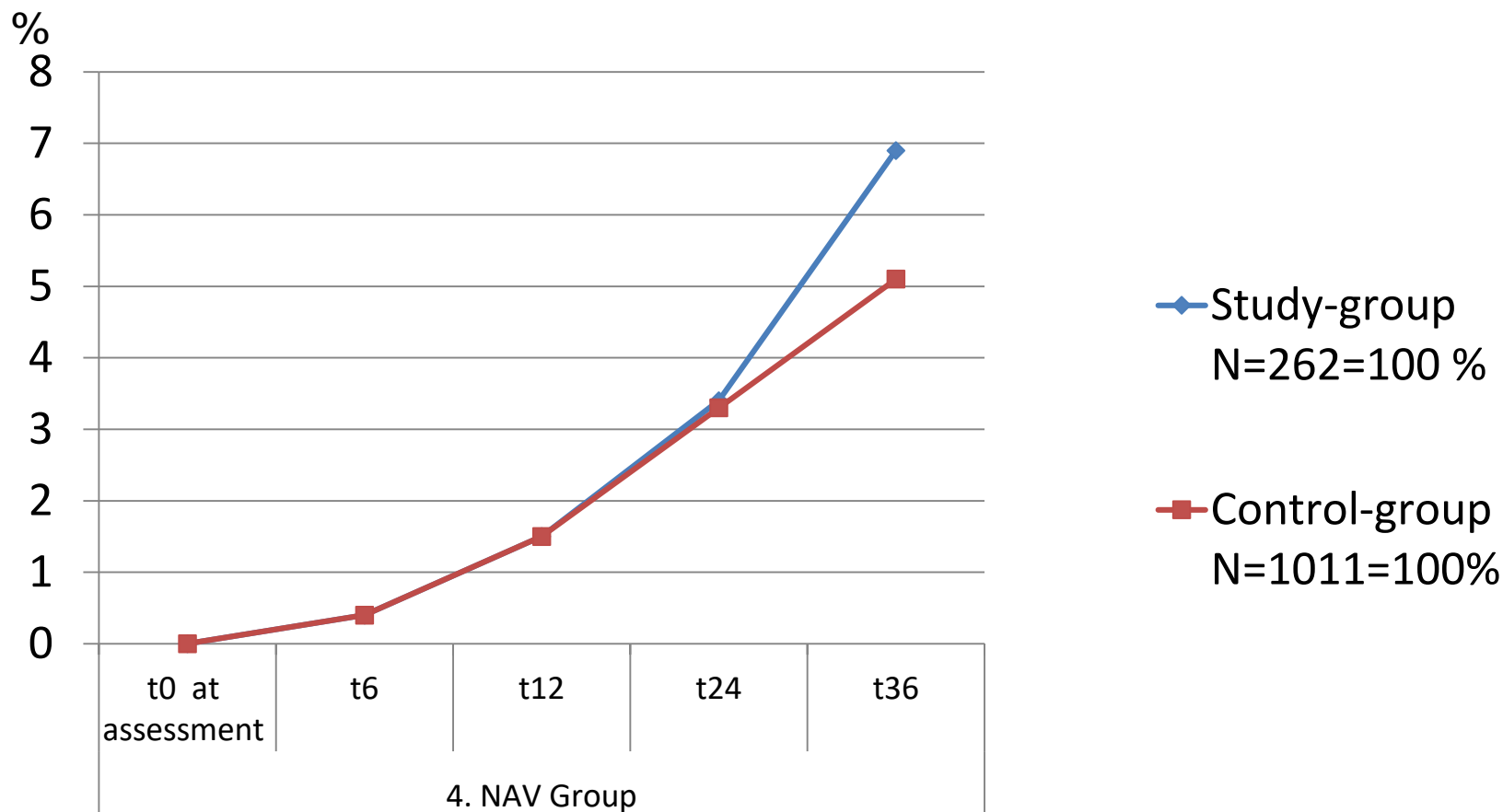
This hypothesis was not confirmed

- But extra intervention postponed the decision



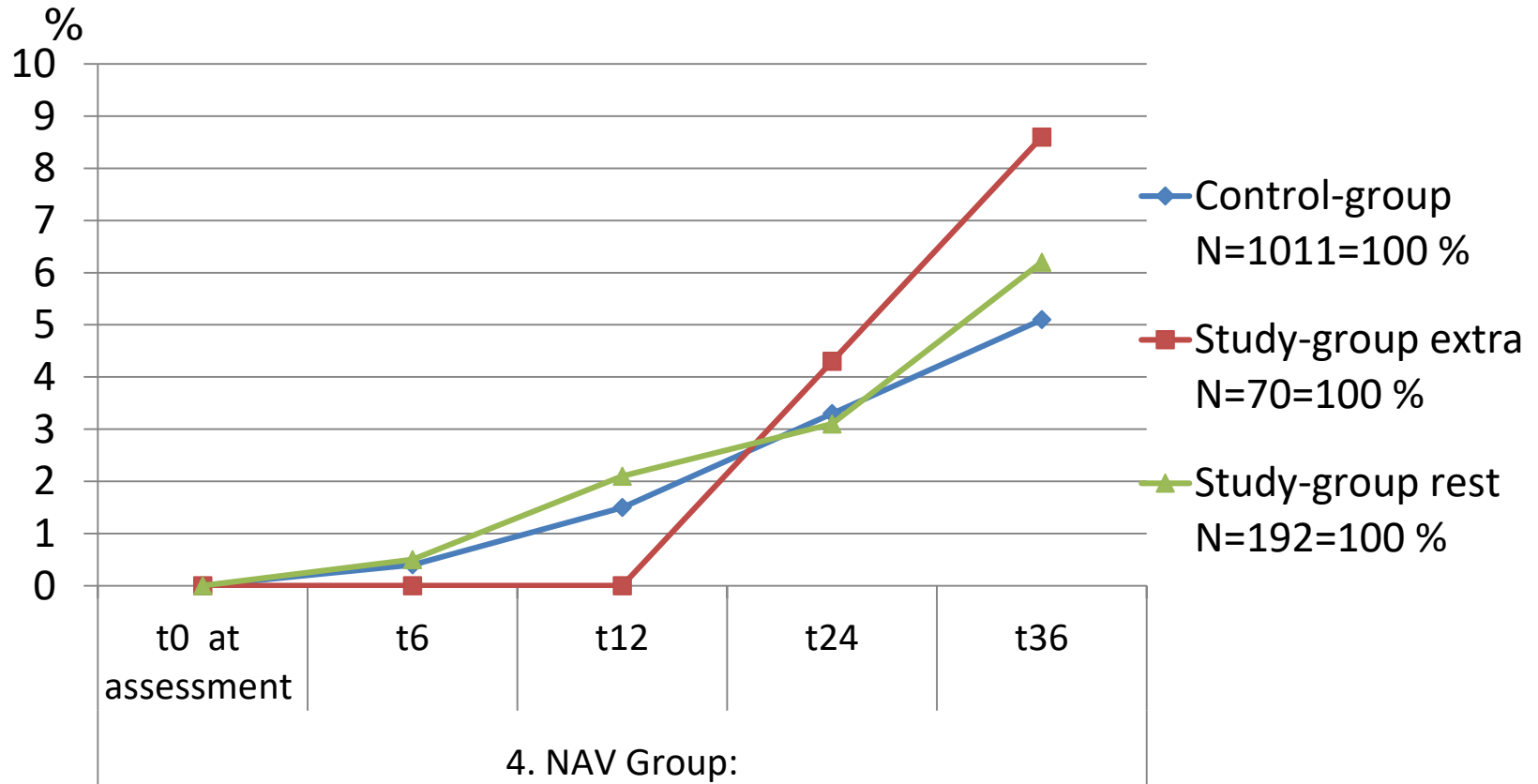
Results Hypotesis 3

A separate study of the NAV Group 4, outside the labour force with permanently disability pension, coming from NAV Group 1. Percent.



Results Hypotesis 3

A separate study of extra intervention group compared with the remaining part of the study-group and control-group. NAV Group 4 permanently outside the labour force/disability pension. Percent.



Hypothesis 4

“Some diagnostic groups have more propensities to return to the workforce or into disability pension than others.”

This hypothesis was not confirmed

Hypotheses 5

“The patients experience the intervention methods as beneficial.”

This hypothesis was confirmed

On av VAS-scale - as median 60 % defined large/larger/very large benefit of the intervention



Results from an unexpected and unknown group

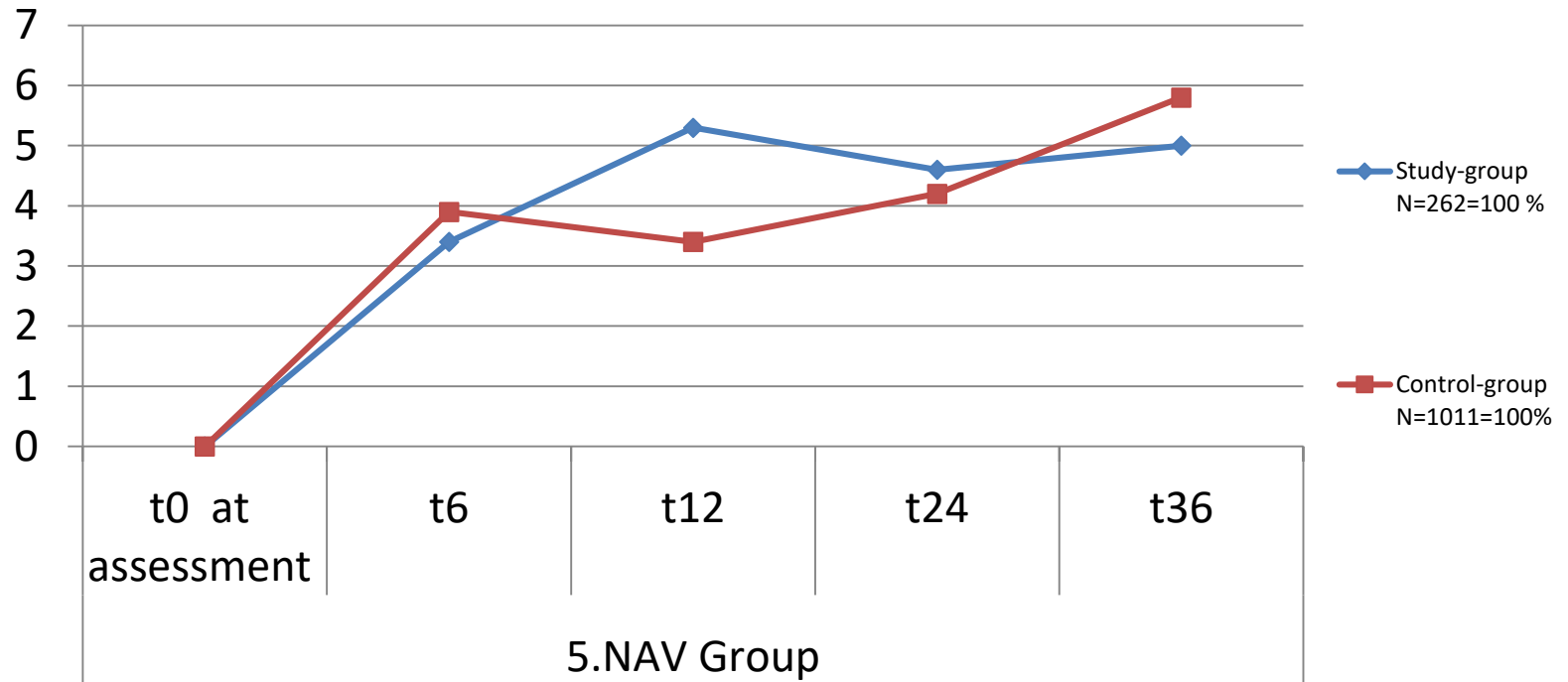
A separate study of the NAV Group 5, unknown/not in official registers, coming from NAV Group 1, all in the labour force group, increased from 0% at t0, to 6 % at t36 - the control group most.

But the extra intervention group – given most attention from NAV – decreases noticeably, which means that a longer extra intervention works.



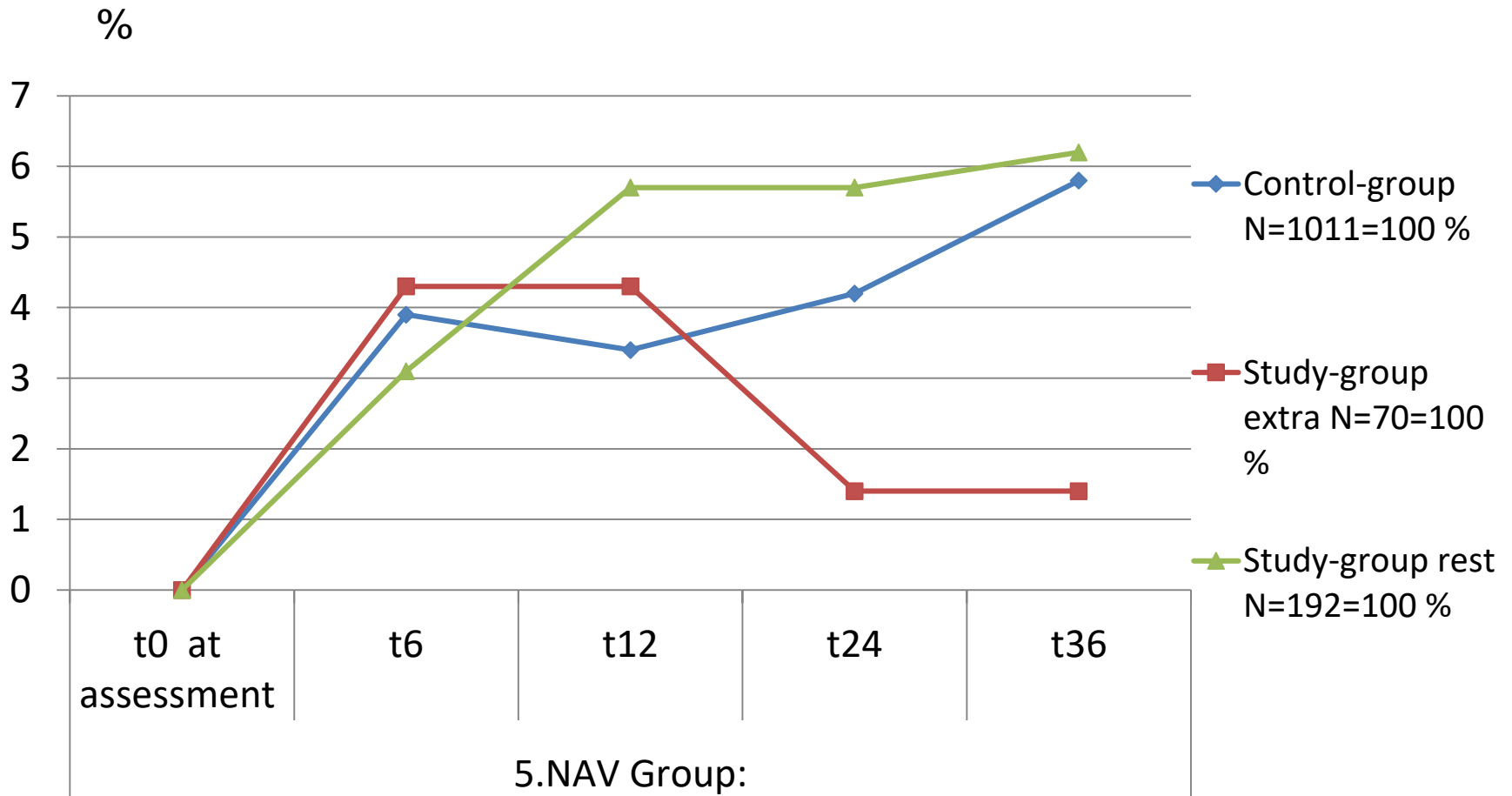
Results

A separate study of the NAV Group 5, unknown/
not in official registers,
coming from NAV Group 1. Percent.
%



Results

The extra intervention group NAV Group 5—unknown and permanently outside the labour force, compared with the remaining part of the study group and control group,. Percent.



To conclude:

A one-day multidisciplinary assessment did not lead to a higher return to work than “treatment as usual” in the long term, regardless of diagnoses.

An extended intervention did not lead to a higher return to work or less disability pension than “treatment as usual” in the long term, regardless of diagnoses. But **a group outside the social system was identified** and included.

The influence from NAV should be considered.

On a VAS-scale more than 60 % of the employees marked the intervention to be very useful.

The regrouping of NAV data was a useful tool.

Thank you for your attention !



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