

Reintegration and chronic pain: will it work?

Multidisciplinary Pain Center

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Conflict of Interest Disclosure (COID)

Lisa Bernaerts (speaker)

I have no potential conflict of interest to report.

Eline Christiaen

I have the following potential conflict(s) of interest to report:

- ✓ Receipt of grants/research supports: RIZIV-INAMI

- Background
- Principal activity and purpose
- Method
- Preliminary results
- Conclusion and discussion

Background



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- Topic: reintegration of chronic pain patients



Largely unexplored

- Health authorities  patient's work field



Minimal or no communication

Principal activity and purpose



Kennis / Ervaring / Zorg

UZA

Project explanation

- Pilot project, realized in collaboration with RIZIV-INAMI
- Duration: 3 years
- Fully integrated
- Personalized
- Innovative
- Focused on pain patients

Bridge between all stakeholders



Internal Ability Case Manager (ACM)

Stakeholders

- Patient and his environment
- Workplace
- Health care providers
- Care and government institutions
- ...



→ Central player = reintegration coordinator or Ability Case Manager (ACM)

- Translation:
legal framework ➡ specific reintegration advice
- ↑ collaboration of the network of stakeholders
- Jobmatching
- Mediator, counselor and confidant for both: **employer and patient**

Purpose

- ACM = added value in larger tertiary hospital setting?

- ↑ chances of work (integration)
- ↓ duration of disability

How?

Using existing government institutions

+

ACM

+

Multidisciplinary approach pain center (MPC)

Method



Kennis / Ervaring / Zorg

UZA

- Qualitative study
- iPad/kiosk waiting room → investigation of:
 - The population in our MPC: general data
 - Their readiness to return to work: questionnaire RRTW

Target group

- Patients with pain-related problems
- Adults between 20 and 60 years old
- Inflow:
 - *acute* (< 3 w)
 - *subacute* (3 w – 12 w)
 - *chronic* (> 12 w)
- Whether or not a contractual relationship with employer
- Motivated in reintegration
- Reorientation
- Need for job application training

Patients who are not eligible:


- *Lack of motivation*
- *Not looking for work*
- *Volunteer work*
- ...

→ **Clinical psychologist, no involvement ACM**



Work related questions: ACM

- Primary target group: employees who receive sickness benefit and can't return to their workplace/the labor market without actions, help or support.
- Secondary target group: prevention of disability, avoiding dropout from work due to medical reasons.



Other psychological guidance and support: clinical psychologists PCT

Process RTW program

1) Registration - patient recruitment

→ iPad, questionnaire RRTW

2) Intake

→ IC, questionnaires: RRTW, RTW-SE, WIS-DLV

3) Diagnosis: analysis job requirements and competences

4) Support and guidance

5) Back to work: first working day

6) Follow-up

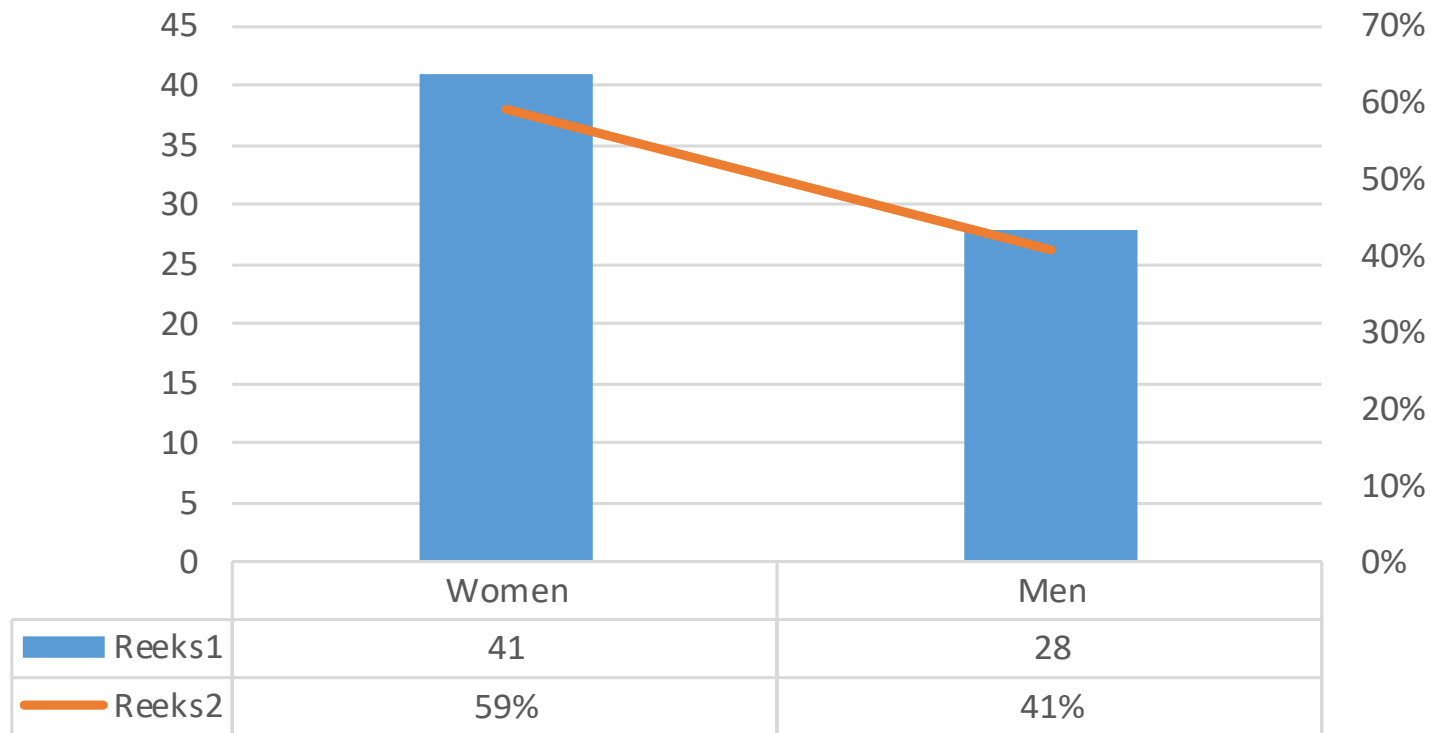
ALWAYS TAILORED TO THE PATIENT !

Preliminary results



Preliminary results – 07/09/2018

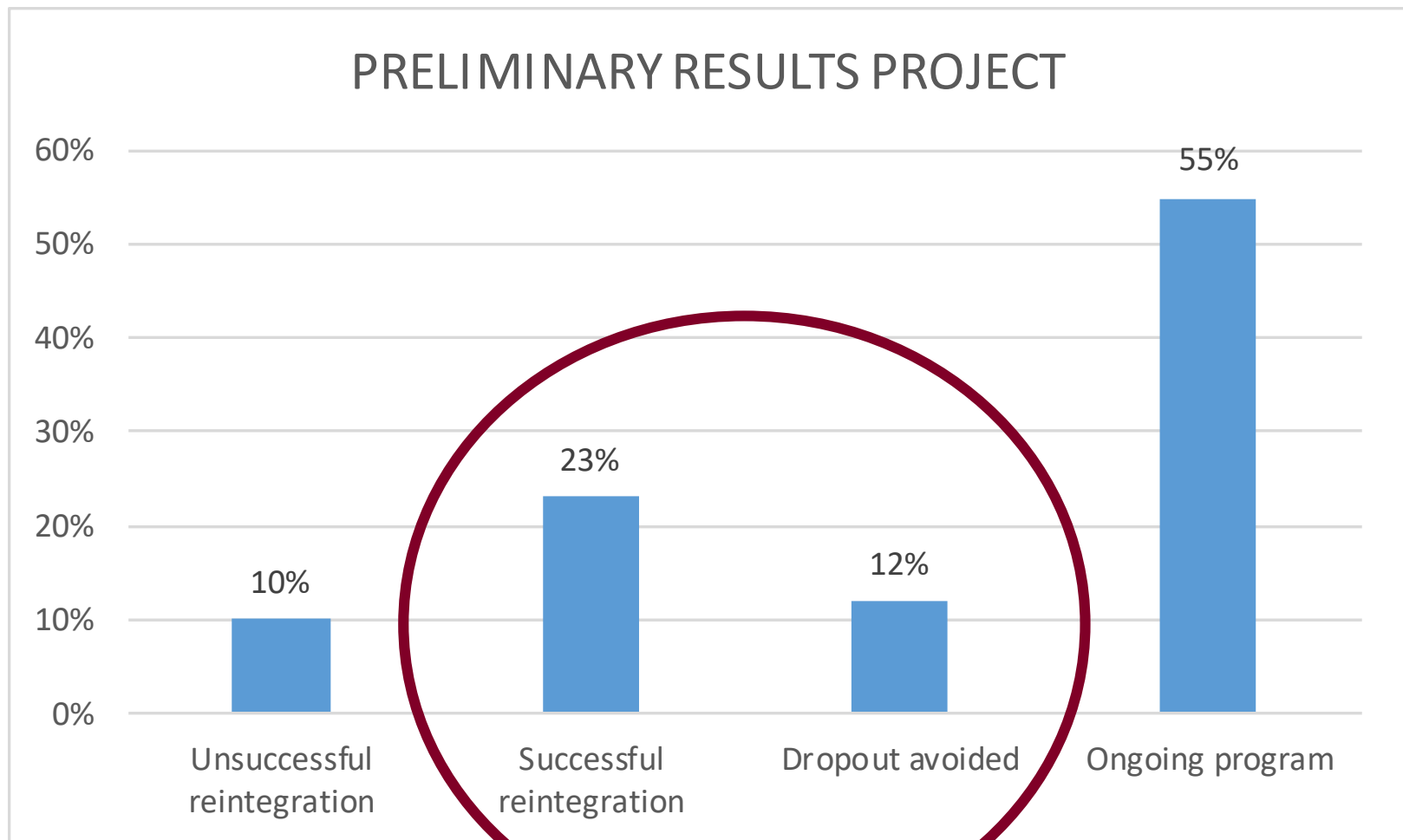
GENDER



Age category: 26 – 60 years

Average age: 44 years

Preliminary results – 07/09/2018



Conclusion and discussion



Level - system:

- Complexity administration
- Interpretation chronic pain
- Inaccessibility stakeholders

Level employer – organisation:

- “What’s in it for me?”

Level patient:

- Chronic pain: ups & downs → stability?
- Anxiety and avoidance of motivated patients
- Financial insecurity

Level project:

- Referral from doctors/psychologists/... to ACM



Added value internal ACM

- Close communication and cooperation with treating care providers
- Multidisciplinary approach
- Better understanding of medical problems → tailored RTW program
- Sensibilisation = prevention: faster referral and reactivation
- Accessible (UZA and PCT are known)
- ACM helps to bridge the obstacles

Thank you for your attention

Questions?

