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

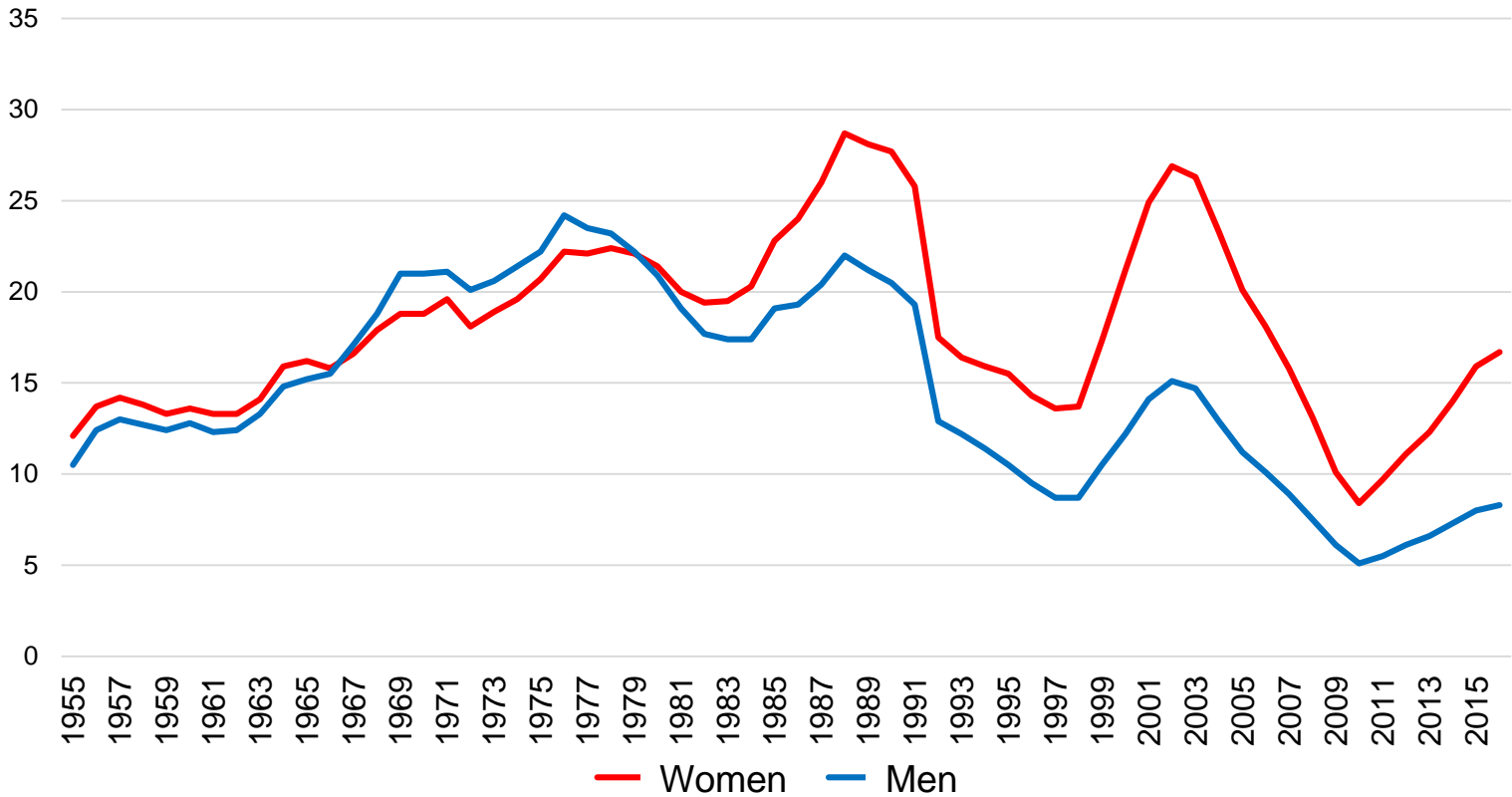Karin Starzmann,

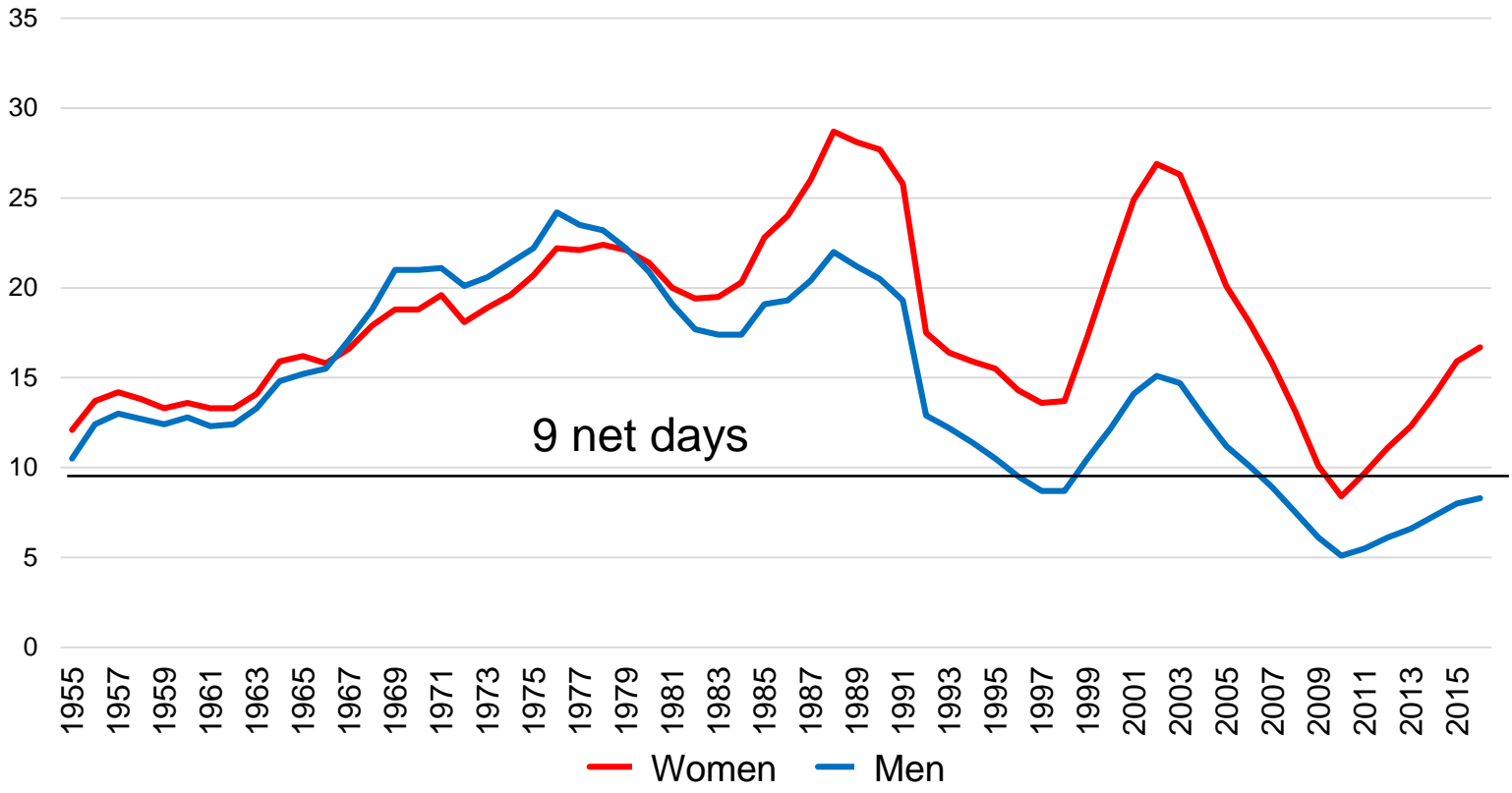Per Hjerpe, Kristina Bengtsson Boström

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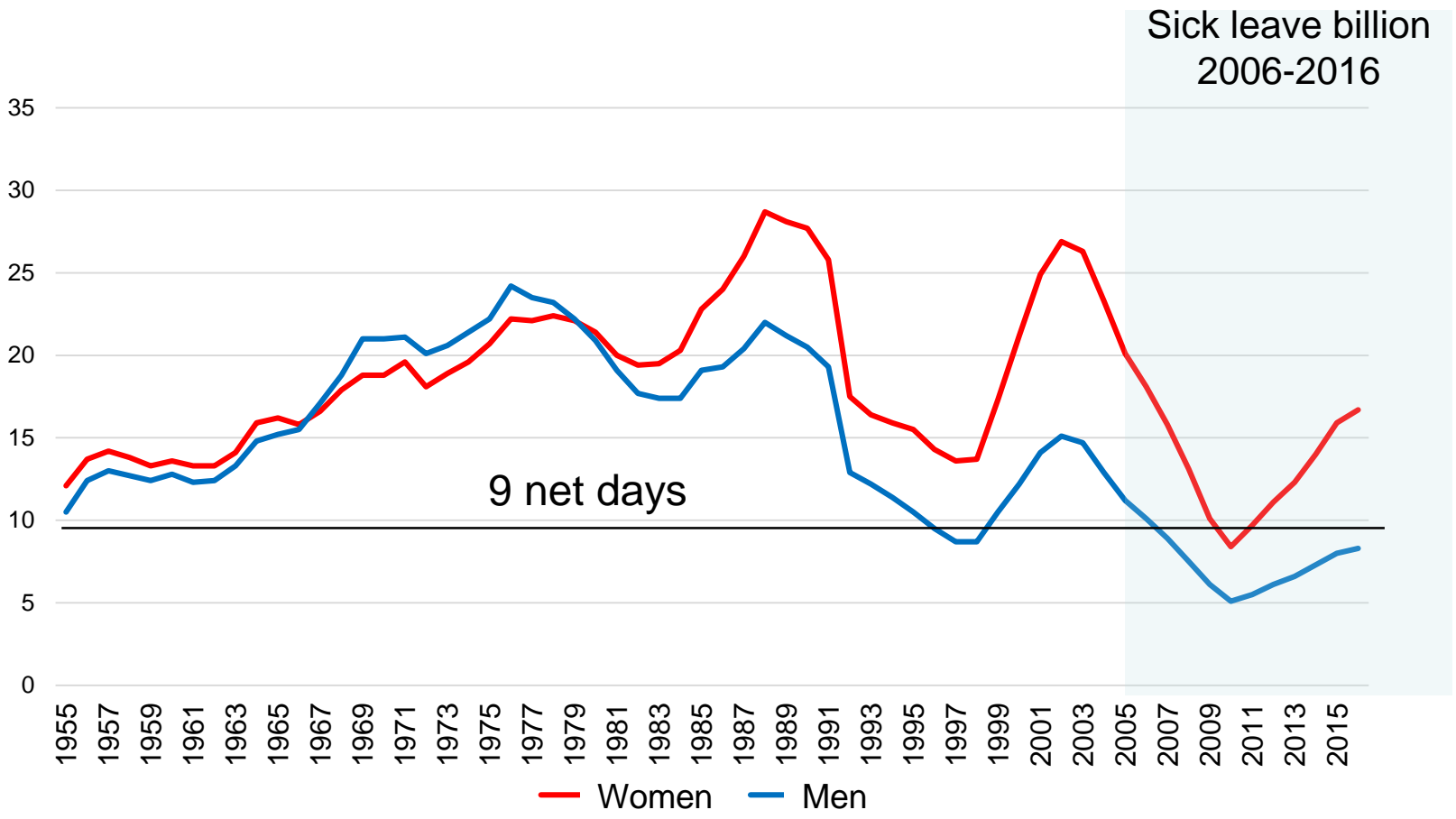
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Disclosures

- No

Number of paid net days for sick leave in Sweden

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Background

One billion a year to the county councils 2006 - 2016:

Intended to improve sickness certification and rehabilitation locally
- Education to physicians
- Medical decision support for sick leaves
- Management system for sick leave and rehabilitation
- Rehabilitation coordinators at hospitals and PHCC
- Electronic sick leave certificates
- Standardized evaluations of the patient around day180 in the sick leave (AFU)

PHCC; Primary Healthcare Centres

Background

- Symptom diagnosis as a quality marker in a earlier study
  - Skåner Y et al. Quality of sickness certification in primary health care: a retrospective database study. BMC family practice. 2013;14:48.

- Medical decision support for sick leaves
  - Sick leave for symptom diagnosis should not extend 2 weeks

Background
Symptom diagnosis frequency at a PHCC from Ineras Certification Service

PHCC; Primary Healthcare Centres
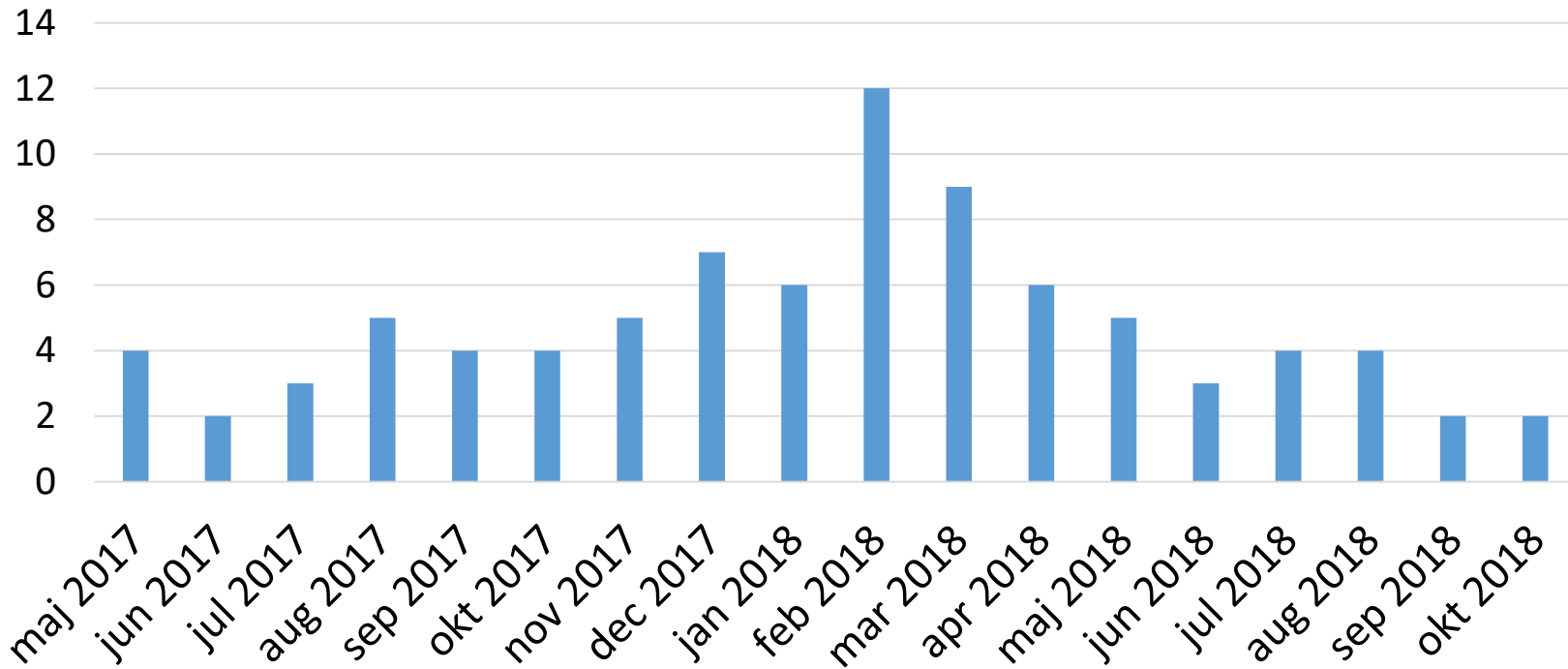
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Aim

To investigate whether symptom diagnoses in sickness certificates predict lower quality of the sick leave and rehabilitation process compared with specific disease-related diagnoses

Method 1

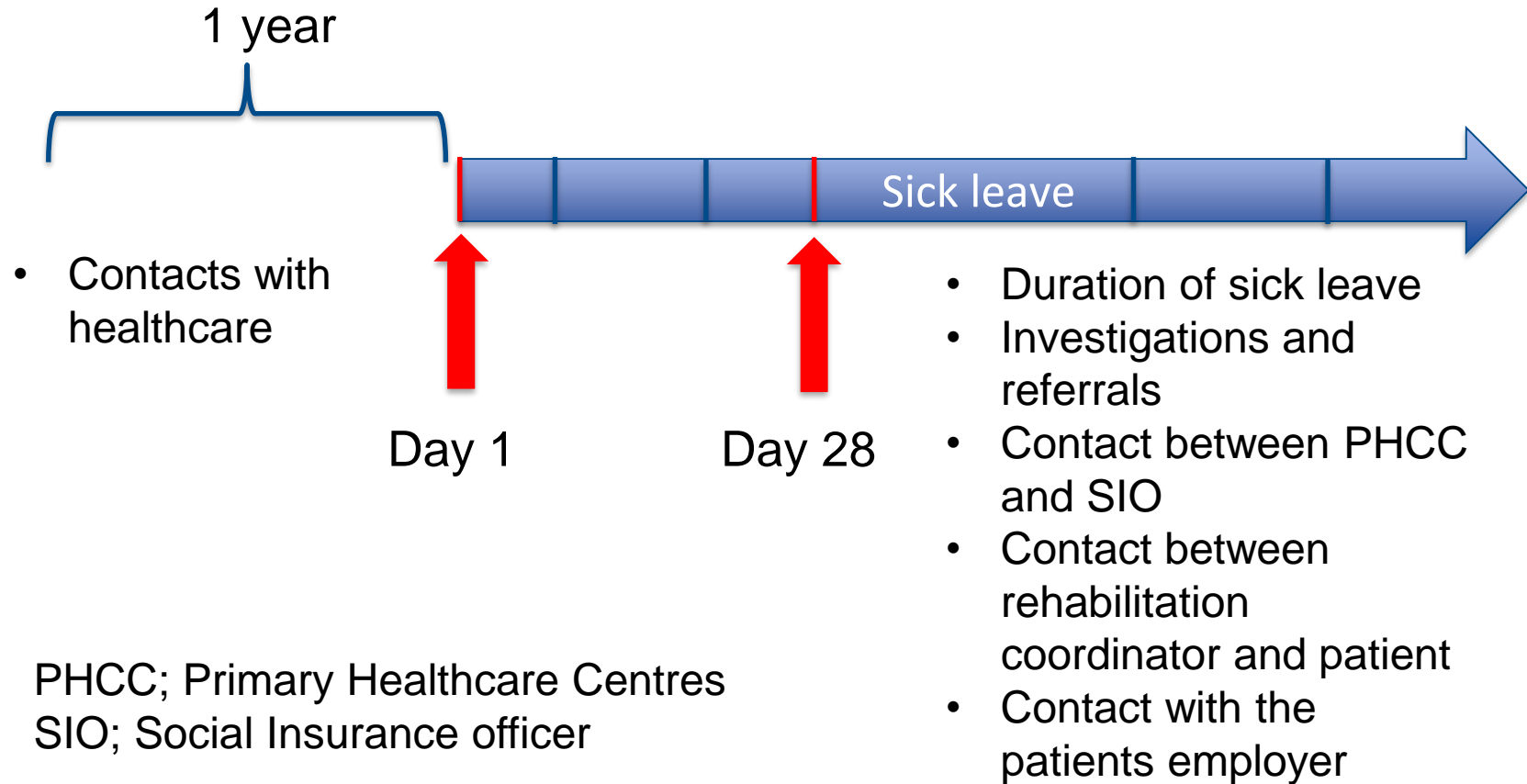New onset sick leave in 2013-2014
>=28 days at PHCC

222 patients with
Symptomdiagnosis RXX.X
Chapter 18 in ICD-10

222 patients
- matched controls
- sex
- age

PHCC; Primary Healthcare Centres

Method 2

1 year

Sick leave

- Contacts with healthcare

Day 1

Day 28

- Duration of sick leave
- Investigations and referrals
- Contact between PHCC and SIO
- Contact between rehabilitation coordinator and patient
- Contact with the patients employer

PHCC; Primary Healthcare Centres
SIO; Social Insurance officer

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Diagnose

ICD-10

Diagnose

DFA-chain

Impairment of functioning
ICF-CY b280, b125

Function

Activity

Activity limitatons
ICF-CY d450

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Result Sick leave

	Symptom diagnosis n=222, f/m 162/60	Controlgroup n=222 f/m 162/60	p
Length of sick leave (days)	116 ± 138	151 ± 171	0.018
Visits to emergency clinics and other healthcare providers (%)	22 %	13%	p<0.009
Contact with coordinator before the sick leave (%)	3 %	4 %	-
Contact with coordinator during the sick leave (%)	4 %	9 %	ns
PHCC had contact with the employer of the patient(%)	0%	0.5%	-
Sick leave rejected (%)	0 %	0.5 %	-
Certified by telephone (%)	23 %	15 %	0.038
X-ray or ultrasound examinations (%)	32 %	18 %	p<0.001
Planned follow-up by physician (%)	16 %	26 %	0.008

Result Certificates

	Symptom diagnosis n=222, f/m 162/60	Controlgroup n=222, f/m 162/60	P
Coherent DFA chain	44%	56%	0.008
Objective evaluation of impairment of functioning	24%	45%	<0.001
Number of described impairments of body functions (ICF-CY)	4.4±2.6 (0-14)	4.5 ±2.5 (0-12)	0.86
Number of described activity limitations (ICF-CY)	1.7±1.7 (0-9)	1.9±1.9 (0-10)	0.28

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Conclusion

- The information on the certificates was insufficient in a greater extent in the symptomdiagnose group

- Patients with symptomdiagnoses consumed more healthcare before and under the sick leave

- Contacts with other stakeholders in the rehabilitation were sparse

- Efforts should be made to engage the employer early to increase the patients´ possibility to return to work

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