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# Insurance medicine in Europe

Wout de Boer, Clairy Wiholm, Søren Brage



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The authors,

Wout E L de Boer, Clairy Wiholm, Søren Brage

state to have no conflict of interest

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# Background

- EUMASS is about insurance medicine
- Insurance medicine is defined differently across countries
- The work many understand by it is labelled differently in many countries
- Professional (*insurance medicine is the part of medicine that....*)
- Organisational (*insurance medicine is what doctors do within or for insurances*)

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# Questions

- Who are the people in our field?
- Who are „we“?
- What is the work that we are doing and that binds us?
- => What then, do we understand by insurance medicine?

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# Methods

- concept development with EUMASS council members (5 tasks and a description)
- questionnaire survey among EUMASS member countries (20)
- group discussions EUMASS council members
- rephrasing of some items
- verifying information
  - with respondents
  - with MISSOC guides

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# Limitations

- We looked at the biggest parts
- We left out:
  - small regulations/ organisations
  - Smaller tasks
  - overhead work, appeal, teaching...
- We concentrated on physicians and on evaluation tasks
- Figures are estimates/ guesses, snapshots in an evolving world

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## Results: replies

- From 16 countries we got information
- (80% countries; 95% pop)
  
- From 15 countries answers were complete
- (60% countries; 89% pop)
  
- Work in the private sector was not always clear
  
- Work in non- work disability was not always clear

# Results: tasks

1. Risk assessment for private insurers (life, health, work-capacity and other): answering the administration's question about the risk of an individual to claim because of existing health conditions (intervention?)
2. Sick leave certification: answering the question from the administration if and to what extent a person is unable to do his/ her work because of health problems (intervention)
3. Disability evaluation (long term) work: answering the question of the administration to what extent this person is able to do any kind of suitable work in spite of health problems (exclude: doctors who provide information but no judgment) (intervention)
4. Function assessments: answering the question of the administration if this person, because of health problems, needs support for functioning in life tasks and if so, what kind of support (intervention)
5. Assessing impairments and causality: answering the administration's question about the existence in a person of health impairments and about the cause of these impairments (intervention)
6. Monitoring health care: answering questions of the administration about prescription behaviour of health care providers (intervention)

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## Results: description

- *The application of medical knowledge and competencies, medical methodologies and medical values*
- *in executing collective arrangements (both public and private) for (potentially) diseased and injured individuals;*
- *arrangements that attenuate or compensate the negative health-related social consequences of disease and disability.*
- *Such negative health related consequences include financial consequences which may be compensated by third parties*

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## Numbers of physicians in insurance medicine...

- Private insurance: below 1850
- Sick leave certification: about 1.1 Million (mainly GPs)
  - 0.5% specialised; nl 100% specialised 5000
- Disability work: 12550
  - > 80% specialised, ch and de about 30%
- Functional assessment: 4000
- Causal determination (occ phys) 2133
- => EUMASS primary target physicians audience 20000

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## Can tasks be carried out by the same doctors?

Is there a reason to suppose that tasks cannot be carried out by the same doctors?

Secondary analysis with restrictions:

Groups of doctors to institution, not individuals or subgroups

Sick leave certification and disability evaluation often only verification of files, sometimes only accident insurance

Task 1	1 Risk assessment	2	3	4	5	6
2	0	Sick leave Certific.				
3	0	CH, CZ, DE, FI, FR, NO, PL, SE, UK	Work Disab. Assess- ment			
4	0	CH, CR, CZ, DE, NO	CH, CZ, DE, NO, SE, UK	Functional assess- ment		
5	?	CH, DE, FI, HU, NO, UK	FR, NO, SE	NO, SE	Impair- ment Causality	
6	0	CH, CZ, DE, FR, HU, IT, NO, SE	FR, NO, SE	DE, NO, SE	FR, SE	Health Care Monitoring

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## Conclusions 1

The six tasks do seem to represent the bulk of the work in insurance medicine

The description does seem to cover this bulk of the work

EUMASS has a challenge in finding the colleagues in functional assessment for non-work and in risk assessment for several insurances

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## Conclusions 2

- Scientifically, the term insurance medicine hardly makes sense: too diverse.
- Professionally, a description of what we mean with insurance medicine could help to find ourselves and others who are near
- A purely organisational perspective goes against professionalism and threatens our supposed independence vis-à-vis the insurances
- Making the tasks and their connections explicit would help professionalising and research
- For this, a bit of distance to our contractors might be helpful