

Evidence-Based Insurance Medicine:

What are the information needs of the community ?

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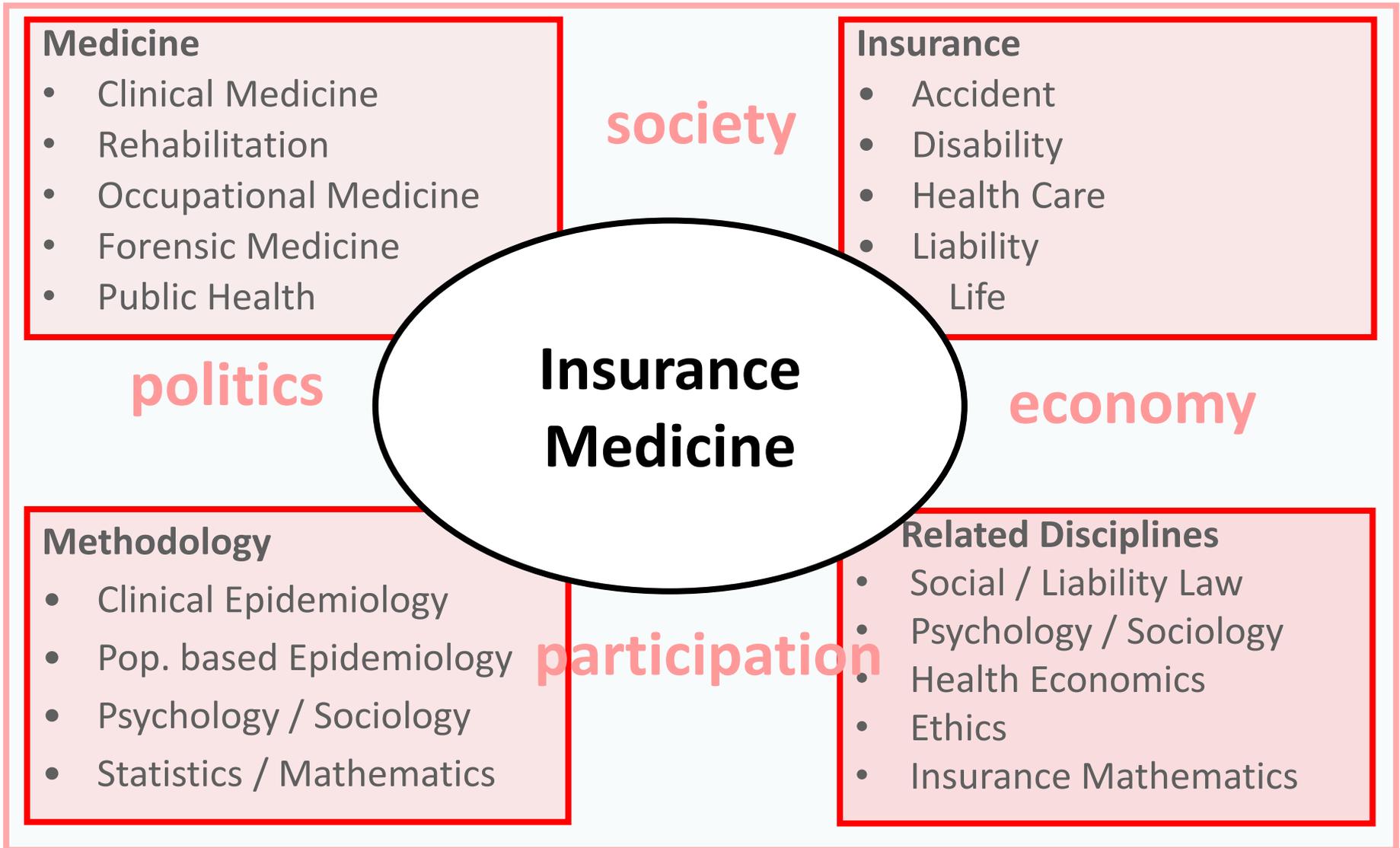
Goal

We want to learn more about your needs ...

Process:

- Presentation: 'Cochrane Collaboration' (in more depth)
- Small group work: needs assessment; potential contributions
- Large group: Discussion and summary

Interfaces of Insurance Medicine (selection)



Knowledge requirements of the Insurance Physician

EUMASS terminology

Clinical Epidemiology - terminology

1.	<p>Assessing the health risks of individuals applying for insurance coverage (e.g. life, work capacity, health care)</p>	<p>Screening</p> <p>Prognosis about future events</p>
2.	<p>Assessing impairments in health</p> <p>Assessing causality (e.g. accident) in individuals</p>	<p>Diagnosis: applying one or several <i>tests</i> to determine a disease, its severity and consequences on function</p> <p>Causality: establishing a causal link between an event and impaired health</p>
3.	<p>Certifying sick leave</p>	<p>Diagnosis of a disease with ‘ability to work’ as outcome</p> <p>Monitoring health status and functioning</p> <p>Prognosis on function and ability to work</p>
4.	<p>Evaluating long-term disability for work and for social participation</p>	<p>Diagnosis with ‘ability to work’ as outcome</p> <p>Prognosis about a person’s health status to improve</p> <p>Interventions that improve health status</p>
5.	<p>Promoting return to work</p>	<p>Interventions that facilitate return to work</p> <p>Diagnosis / prognosis on people who will or will not benefit</p>
6.	<p>Promoting the participation of disabled persons in the society</p>	<p>Interventions that facilitate participation</p>

Can we apply knowledge from research to the individual claimant the same way we apply it to the individual patient?

Insurance Physician

- experience of pt. care
- experience from assessments
- societal values

Evidence from research

Individual pt or claimant

- risk or prognostic factors
- functioning as experienced by the claimant
- values & preferences

'Does it match?'

- direct evidence
- indirect evidence

Who is the Cochrane Collaboration?

- international non-profit and independent organisation
- making up-to-date, accurate information about the effects of healthcare available worldwide
- production of systematic reviews
- dissemination through the The Cochrane Library

Cochrane –Fields:
 Communicate between actors and stakeholders
 e.g. Primary Health Care, Rehabilitation
 ? Insurance Medicine ?

**Cochrane Collaboration
 Steering Group**

Cochrane Centres
 Canada, Switzerland,
 The Netherlands,
 Nordic Countries

Entities / Units

Systematic Reviews
 The Cochrane Library
 52 Review Groups

Methodsgroups
 Screening, Diagnosis,
 Prognosis

Review Group
 Musculoskeletal
 171 SRs

Review Group
 Depression
 380 SRs

Stakeholders

- **Policy Maker** – Contractors, e.g. insurers
 Politicians, lawmakers
- **Users in Social security** – Insurance Physicians, Case-managers,
 General Practitioners, Social Insurance
 Officers, lawyers, judges, Pat. Groups
- **Guideline makers** – Medical societies
- **Research** – Researchers, financiers

Main CRGs of relevance to IM

Key Groups

- Occupational Safety and Health Group;
- Effective Practice and Organization of Care Group
- Public Health Group;
- Prognosis **Methods Group**
- Screening and Diagnostic Tests Methods Group

Other Fields

- Primary Health Care Field;
- Rehabilitation and Related Therapies Field
- Neurological Field;
- Consumer Network;

Other Groups:

- Back Group
- Bone, Joint, Muscle Trauma Group;
- Injuries Group;
- Movement Disorders Group;
- Musculoskeletal Group; Depression, Anxiety and Neurosis Group; Pain, Palliative and Supportive Care Group;
- Consumers and Communication Group;
- Schizophrenia Group;
- Developmental, Psychosocial and Learning Problems Group;
- Drugs and Alcohol Group;
- Skin Group;
- Stroke Group;

Workplace interventions for preventing work disability (Review)

van Oostrom SH, Driessen MT, de Vet HCW, Franche RL, Schonstein E, Loisel P, van
Mechelen W, Anema JR



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[Child health](#) (1736)

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Malaria diagnosis and treatment



Malaria prevention and control



World No Tobacco Day



Cochrane Evidence

EDITORIALS

[When trial authors write Cochrane Reviews: competing interests need to be better managed](#)

Merav Kliner & Paul Garner

[Large evidence base, small effects: motivational interviewing for alcohol misuse in young adults](#)

Marina Davoli & Laura Amato

COCHRANE CLINICAL ANSWERS NEW

Practical evidence for healthcare decision making

COCHRANE LEARNING

Education based on evidence

Cochrane Journal Club

Join the discussion

COCHRANE CENTRAL REGISTER OF CONTROLLED TRIALS (CENTRAL)

 [Search for trials](#) **Issue 8 of 12, August 2014**

[Link to Known Issues regarding CENTRAL](#)

BROWSE OTHER RESOURCES

The Cochrane Library has a wide range of resources:

[All Cochrane Library databases](#)

 [Other Reviews \(DARE\)](#) **Issue 3 of 4, Jul 2014**

 [Methods Studies](#) **Issue 3 of 4, Jul 2012**

 [Technology Assessments](#) **Issue 3 of 4 Jul 2014**

 [Economic Evaluations](#)

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[Motivational interviewing for alcohol misuse in young adults](#)

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[Time course for blood pressure lowering of dihydropyridine calcium channel blockers](#)

[Monitoring of stimulated cycles in assisted reproduction \(IVF and ICSI\)](#)

[Culturally appropriate health education for people in ethnic minority groups with type 2 diabetes mellitus](#)

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[Systemic corticosteroids for acute exacerbations of chronic obstructive pulmonary disease](#)

Workplace interventions for preventing work disability (Review)

van Oostrom SH, Driessen MT, de Vet HCW, Franche RL, Schonstein E, Loisel P, van
Mechelen W, Anema JR



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A B S T R A C T

Background

Work disability has serious consequences for all stakeholders and society. Workplace interventions are considered appropriate to facilitate return to work by reducing barriers to return to work, involving the collaboration of key stakeholders.

Objectives

To determine the effectiveness of workplace interventions compared to usual care or clinical interventions on work-related outcomes and health outcomes; and to evaluate whether the effects differ when applied to musculoskeletal disorders, mental health problems, or other health conditions.

Search methods

We searched the Cochrane Occupational Health Field Trials Register, CENTRAL, MEDLINE and EMBASE (EMBASE.com), and PsycINFO databases (to November 2007).

Selection criteria

We included randomized controlled trials of workplace interventions aimed at return to work for workers where absence from work because of sickness was reported as a continuous outcome.

Data collection and analysis

Two authors independently extracted data and assessed risk of bias of the studies. Meta-analysis and qualitative analysis (using GRADE levels of evidence) were performed.

Workplace interventions for preventing work disability (Review)

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Main results

We included six randomized controlled trials (749 workers): three on low back pain, one on upper-extremity disorders, one on musculoskeletal disorders, and one on adjustment disorders. Five studies were rated as having low risk of bias for the sickness absence outcome. The results of this review show that there is moderate-quality evidence to support the use of workplace interventions to reduce sickness absence among workers with musculoskeletal disorders when compared to usual care. However, workplace interventions were not effective to improve health outcomes among workers with musculoskeletal disorders. The lack of studies made it impossible to investigate the effectiveness of workplace interventions among workers with mental health problems and other health conditions. A comparison of a workplace intervention with a clinical intervention, in one study only, yielded similar results for sickness absence and symptoms for workers with mental health problems.

Authors' conclusions

As a result of the few available studies, no convincing conclusions can be formulated about the effectiveness of workplace interventions on work-related outcomes and health outcomes regardless of the type of work disability. The pooled data for the musculoskeletal disorders subgroup indicated that workplace interventions are effective in the reduction of sickness absence, but they are not effective in improving health outcomes. The evidence from the subgroup analysis on musculoskeletal disorders was rated as moderate-quality evidence. Unfortunately, conclusions cannot be drawn on the effectiveness of these interventions for mental health problems and other health conditions due to a lack of studies.

PLAIN LANGUAGE SUMMARY

Workplace interventions for preventing work disability

Six randomized controlled trials involving 749 workers were included in this systematic review. In five studies the workers had musculoskeletal disorders and in one study they had mental health problems. The results of this review show that there is moderate-quality evidence to support the use of workplace interventions to reduce sickness absence among workers with musculoskeletal disorders when compared to usual care. However, workplace interventions were not effective to improve health outcomes among workers with musculoskeletal disorders. Considering all the types of work disability together, the results showed low-quality evidence that workplace interventions are more effective than usual care in reducing absence from work because of sickness. Unfortunately, no conclusions could be drawn regarding interventions for people with mental health problems and other health conditions due to a lack of studies. In conclusion, care providers could implement workplace interventions in guiding workers disabled with musculoskeletal disorders if the main goal is return to work.

What Cochrane could contribute to insurance medicine

- International network, not for profit, collaborative
- Infrastructure and rules
- Aims for high quality evidence and transparency
- Established methodology
- Tool for disseminating reviews: The Cochrane Library
- Registry for primary studies: CENTRAL
- Recently developments: Systematic reviews on diagnostic accuracy and prognostic studies
- **Applicable knowledge useful to stakeholders**
- Non-exclusive: everybody with the necessary skills can contribute
- Contribute to work attractiveness and professional pride (*Kok, 2014*)

What knowledge that the Cochrane Collaboration could contribute do stakeholders need?

1. Where do you experience a need for medical knowledge in your daily work?
2. Where do you get the knowledge you need?
3. Which are the most urgent topics that need to be addressed (? and solved?)
Where to start, when using the tasks of the insur. physician
4. What do you know about eb-medicine? What would you want to know?
5. What contributions would be feasible from stakeholders like you?
6. What do you think is needed to make an international CFIM-Field work? (

What do insurance physicians do?

1. **Assessing the health risks** of individuals applying for insurance coverage (e.g. life, work capacity, health care)
2. **Assessing impairments and causality** (e.g. accident) in individuals
3. **Certifying sick leave**
4. **Evaluating long-term disability** for work and for social participation
5. **Promoting return to work**
6. Promoting the **participation** of disabled persons in the society
7. Monitoring use of health care and social care

How can the community contribute to the Cochrane Field Insurance Medicine?

Stakeholders

- ... are content experts in insurance medicine
- ... express their evidence needs and priorities
- ... educate their local work environment about evidence-based insurance medicine and Cochrane Collaboration

Active contributions (examples)

- ... by screening references
- ... by hand-searching national journals
- ... by organising workshops
- ... by becoming a reviewer



WANTED

Studies in any language about the agreement on expert judgments in insurance medicine

Unfortunately, research on the reliability of experts' judgments on disability or sickleave is scarce. In order to increase transparency in this important area, we want to perform a systematic review on studies assessing expert agreement in disability judgments. Any study in your archive, in your folder of unfinished business, in your unpublished reports is very welcome. If you know a colleague with a study in this field, we would be interested in contact details.

Year: from 1980 until today

Disorder/disease: no restrictions

Type of study 'participants': case vignettes, video-taped cases, any other type

Language: any language

Your gratification: you will be mentioned in the acknowledgements

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