

VALIDATION OF THE EUMASS CORE SET IN SOCIAL INSURANCE

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Abstract

Introduction

In western countries, people who are unable to work because of ill health can receive a benefit if return to work turns out to be impossible. The legal rules require them to file a claim and undergo a disability evaluation. Western social security systems share principles, but they have developed independently in each country. However, definitions and legal criteria are more or less different [1] therefore procedure and accomplishment of the disability evaluation is realised differently in each country [2]. Critics across Europe have pointed to the lack of quality and transparency of the evaluations [3–5] the heterogeneous presentation of the findings in the medical reports being one of the criticisms. For transparency, comparative analysis, and data exchange, and universal definitions are crucial. The International Classification of Functioning, Disability and Health (ICF) might prove to be useful by providing a common point of reference for conceptualizing disability [3], which could help medical examiners to report in a more standardised way[4, 6].

For disability evaluation the EUMASS working group on ICF developed the EUMASS Core Set (ECS) [7]. The ECS consists of 20 ICF categories (five body functions and 15 activity / participation). So far this core set has not been tested empirically.

In six countries we explored if the ECS includes enough categories for disability evaluation and if the medical examiners are satisfied with usefulness and sufficiency of the ECS.

Furthermore we explored if applying the ECS requires medical examiners to collect additional information.

Methods

Medical examiners in six European countries were asked to fill out the ECS in individual first claims in 10 consecutive cases in their every day practice. They were asked to fill in the core set and to note if they missed any categories. They were also asked to state if they found the core set sufficient and useful to assess functional ability, degree of disability, and work incapacity of the claimant and to indicate if they needed additional information to be able to fill out the core set.

We used descriptive statistics to describe the respondents' and claimants' characteristics, frequency of ICF Codes and missing ICF codes in total, grouped by diagnoses and, countries. We analysed differences of usefulness and sufficiency of the ECS between countries and main diagnosis with the non-parametric Kruskal-Wallis-Test.

Results

48 medical examiners from six different countries assessed 509 claimants (269 female, 240 male) with the ECS. Main diagnoses were diseases of the musculoskeletal system and connective tissue (155), mental and behavioral disorders (123), and neoplasms (57). All 20 categories of the ECS were used. The categories *pain* (79%), *handling stress and other psychological demands*, *lifting and carrying objects* (73%) were listed as a problem, the categories *watching* (87%) and *listening* (89%) as no problem. In 34 cases the medical examiners missed categories (mainly mental functions). In 65% of all cases the medical examiners found the ECS sufficient and in 70% useful. However, there are significant differences between countries (sufficiency $\chi^2=58.8$, $df=5$, $p<0.001$; usefulness $\chi^2=40.5$, $df=5$, $p<0.001$). Sufficiency of the ECS between diagnoses was different too ($\chi^2=32$, $df=18$, $p=0.022$). (*Degree of disability and work incapacity are currently being processed.*) Moreover the medical examiners missed time perspective and causal relationship in the ECS. In 92 cases they used additional sources such as functional capacity evaluation and psychological testing. Environmental and personal factors were hardly missed.

Discussion and Conclusion

In our explorative study the ECS appears to be generally sufficient and useful. Rigorous testing within countries would be needed to establish the value of the ECS in a specific country. It can be supplemented with mental functions to reach an even higher sufficiency. It is remarkable that environmental and personal factors were hardly missed.

Differences between countries, concerning sufficiency and usefulness of the ECS may be due to differences in organisation of disability evaluation. Time perspective and causal relationship cannot be reproduced with the ECS.

It needs to be tested if functional incapacity express all activity limitations that claimants experience as operationalised in the ECS. However, the ECS is a promising instrument to promote transparency and international comparison.

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