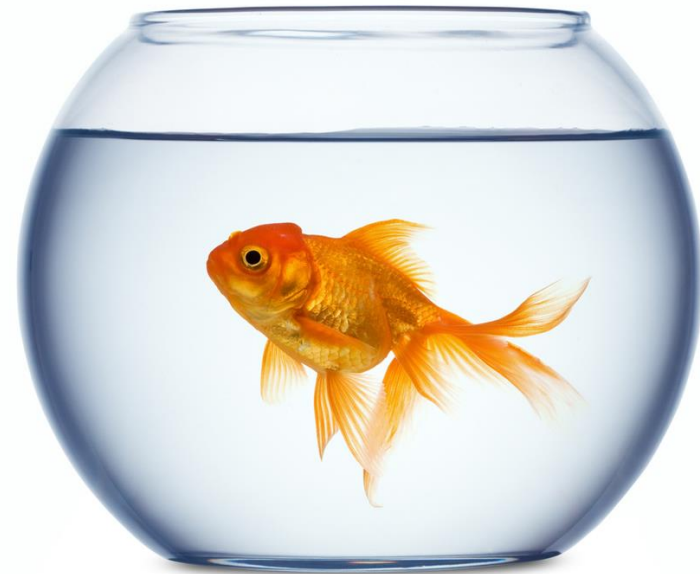




Interaction and friction between Health Care and Work Incapacity.



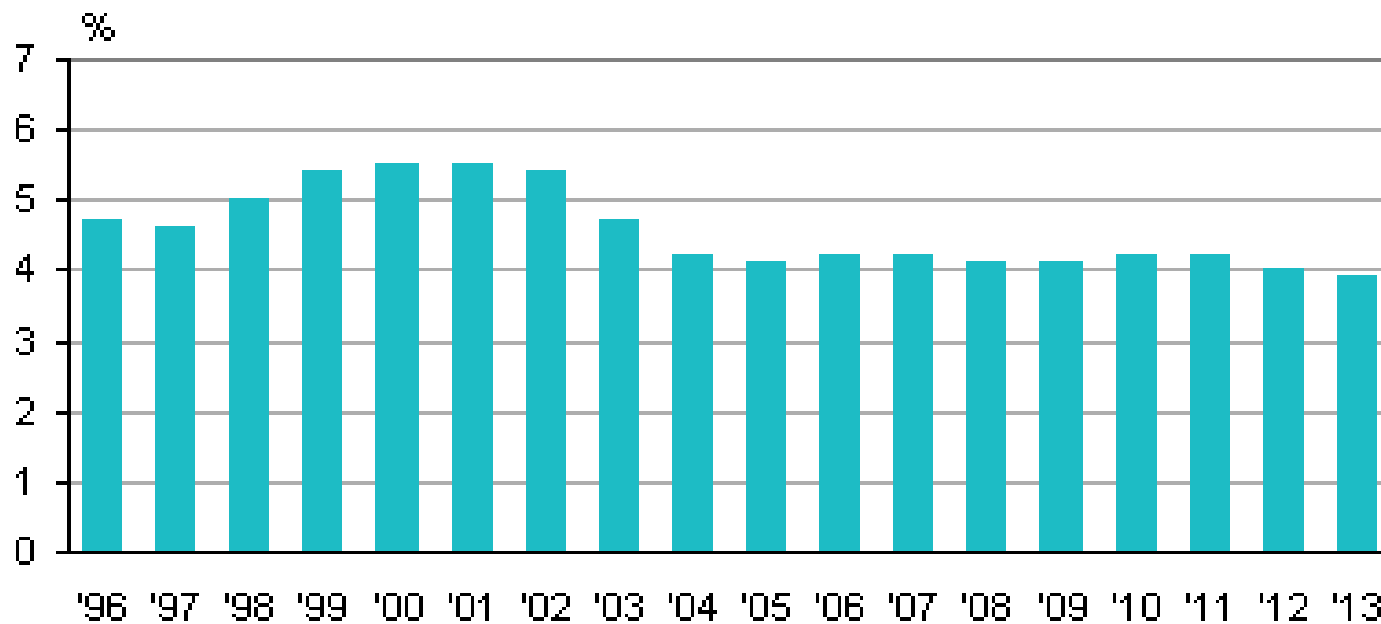
Chiel Bos, MD

EUMASS

Stockholm , September 2014



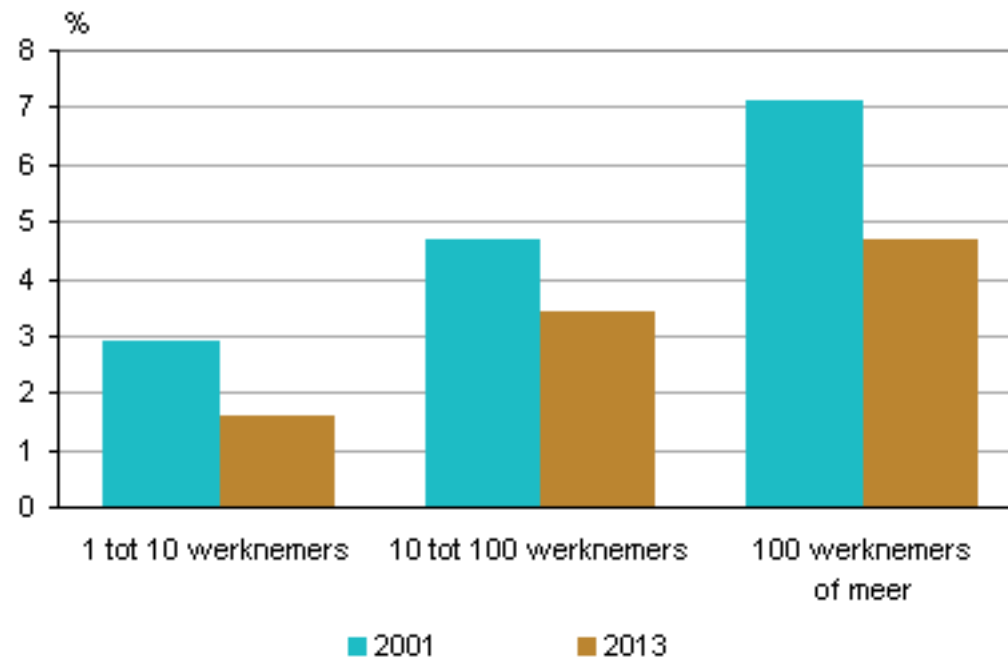
Sickleave percentage in The Netherlands



Bron: CBS



The smaller the company the lower the sickleave:
Treatment and individual orientated reintegration



Bron: CBS



Conclusion

The results are not bad
still improvements to be made





Different worlds

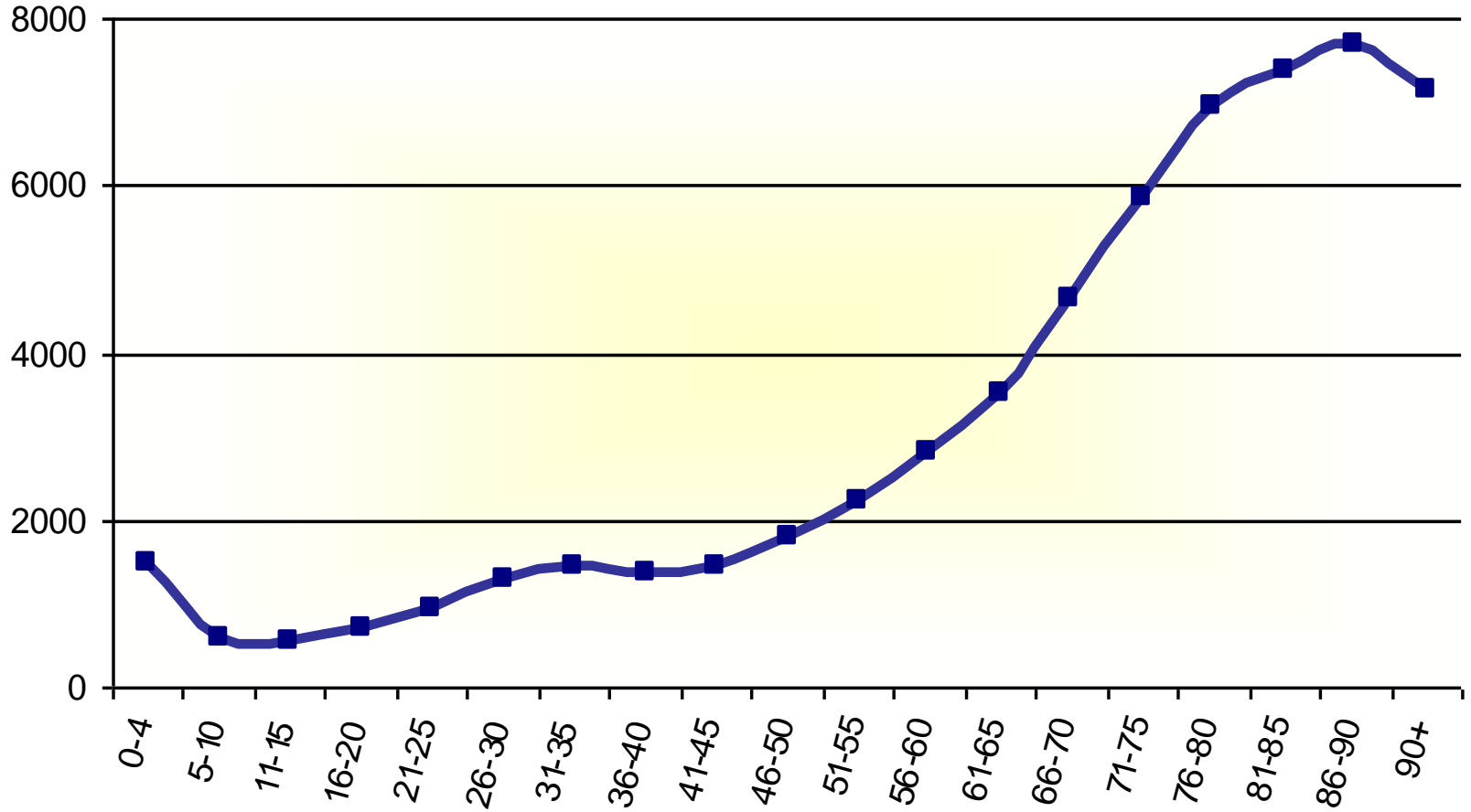
- Diagnosis and treatment, sick leave certification and evaluation of work disability are very differently organised in different countries.
- In the Netherlands these functions are separated and carried out by treating doctors, occupational health physicians (OPs), insurance physicians (IPs).
- All these work for different institutions and are paid from different sources



Separation of treatment, certification and disability evaluation

- Ever since 1864
- For reasons of trust in treating physician, equity of access to care, privacy and autonomy of patients
- Is more complex, more expensive, in need of smooth cooperation
- Health care is far away from the labour market

Costs Health care and Age

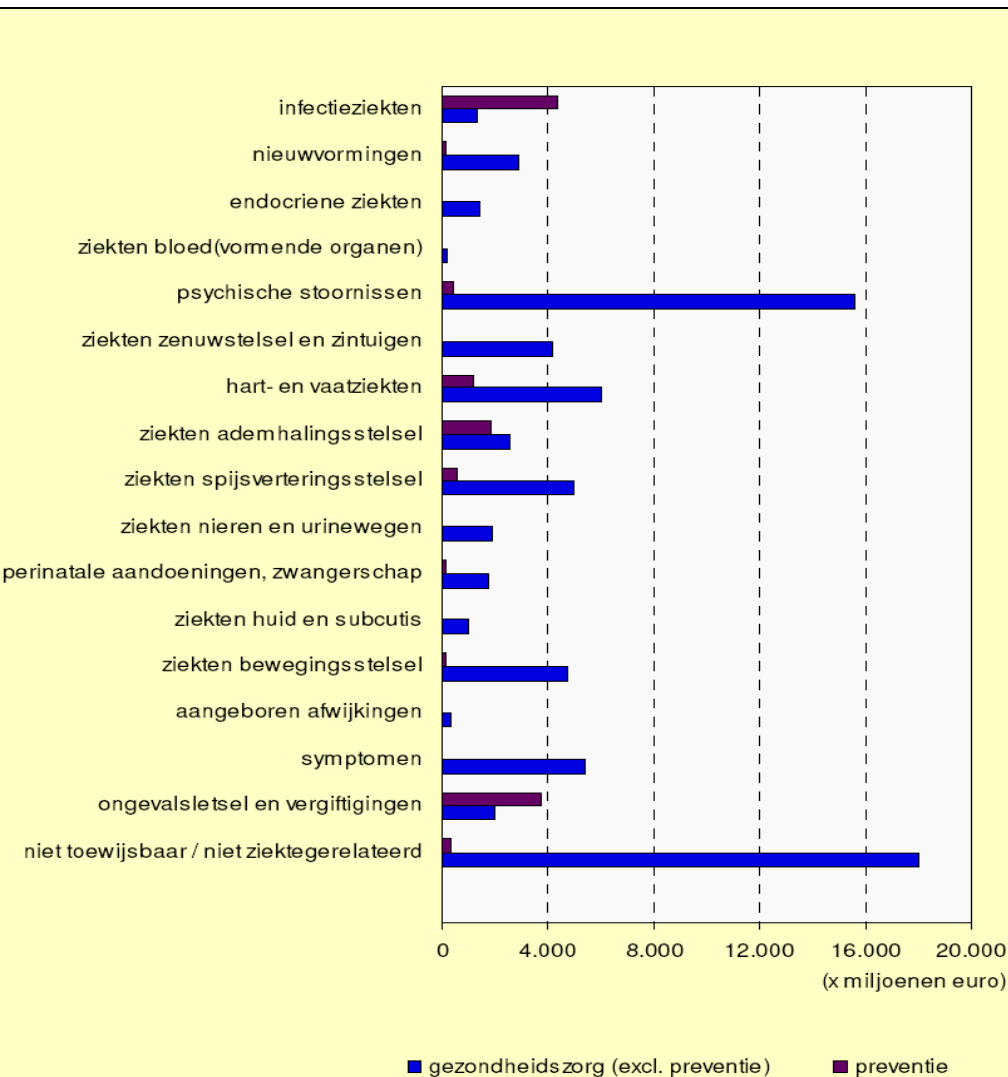




Which means...

- 80% of the costs of health care are made in the last year of everyone's life
- 80% of health care is concentrated on people of 65 years and older
- No focus in special health care on people in working period
- Prevention of work incapacity is a specialised and underestimated area

Money for prevention mainly for infections and accidents



Spending for prevention 13 billion

- Mostly not in care sector
- Mainly
 - supplies for drinking water, sewer system, drainage, waste management, environment (8 billion)
- Small part in health and behaviour
 - Non-smoking, alcohol, food, physical exercise (50 million)

RIVM VTV 2010



Average costs of work absence, disability and treatment (NL)

Complaints	Costs employer	Payment to employee	Treatment	Total costs
Mental	2.069	3.466	8.638	16.494
Cardiovascular	431	557	1.523	2.790
Musculo-Skeletal	3.031	2.411	2.366	9.014
Pulmonary	1.080	129	799	2.072
Total	7.905	6.564	13.325	30.369








Which means...

- Most of the identifiable costs in mental complaints
- Very low investment in prevention on mental complaints
- Mental complaints mostly under age of 65 years



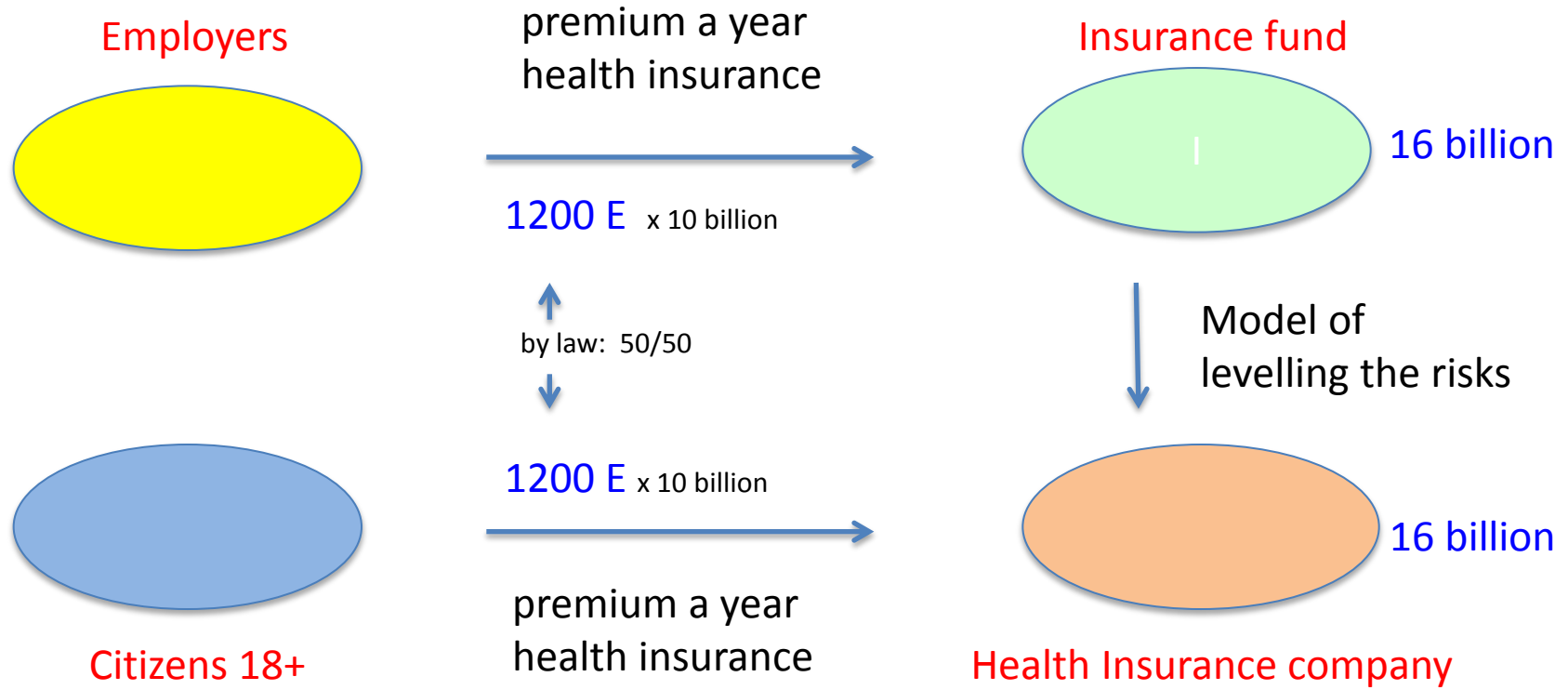
Frictions on the the way to results

Frictions in Structure	Frictions in Culture	Frictions in Practice
<p style="text-align: center; font-size: 2em;">€ ↔ €</p>		<ul style="list-style-type: none"> -Unfamiliar with guidelines about cooperation -Hard to find each other about the same worker/ patient
<p style="text-align: center; font-size: 2em;">+ €</p>		<ul style="list-style-type: none"> - High turn over in OPs and IPs - Hard to reach: time/ availability
		<p>No financial compensation for cooperation</p>
		<p>Unfamiliar with the borders of each others territory</p>



Employers pay half of the health insurance in The Netherlands

(= premium related, plus biggest part - 50 billion- is income-taks funded)



Total 32 billion



Financial risks sickness absence

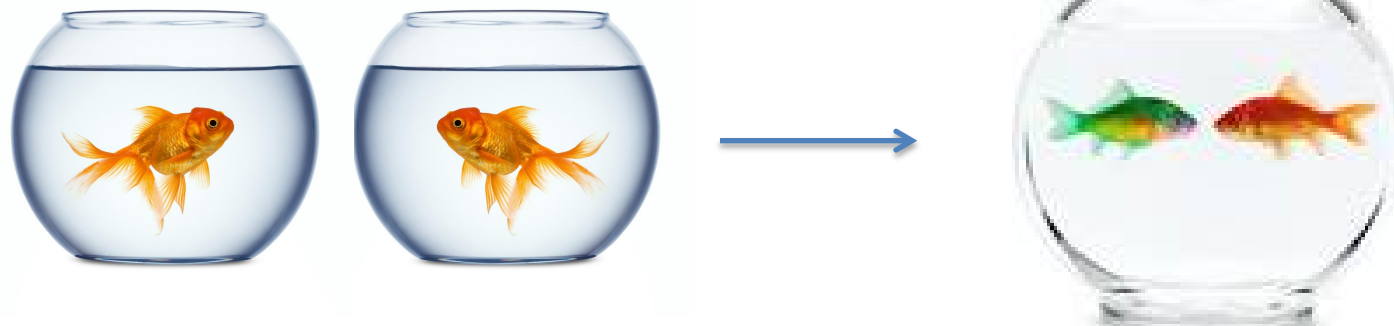
- The Employer
 - obliged to pay the normal income during sickleave for 2 years
 - employer/ wage insurance : → financial risk
- The Employee
 - wants quality treatment : → no direct financial risk
 - indirect: - financial risk after 2 years,
 - risk of losing job
- The Doctors in health care
 - treating the patient/employee → no financial risk



Common goal: Treatment of quality and in time with the aim to return to work



How about it?





Everyone's own piece of interest






Savings by effective interventions

Interventions	Savings in millions Euro	Savings by	Cost for
Treatment + focus back to work in most mental complaints	942	Employer	Health care insurance
Screening + prevention absence work from depression	987	Employer	Health care insurance
Adaptations work in case of musculo-skeletal complaints	586	Employer	Employer
Total	2.661		



Solutions and directions

Solutions in Structure	Solutions in Culture	Solutions in Practice
OP can refer an employee directly to specialist health care (instead of to the GP as the only portal to healthcare)	Common understanding: The way back to work is important in the process of healing	Digital early warning system between OP, employee, GP. Non-medical version for employer, Insurance-company.
More possibilities for initiatives for the market in health care and social care.	Sharing results of research and knowledge of IP's, OP's, GP's, insurance comp's, employers, employees	Recent in the Netherlands: A large OHS (Occupational Health Service) did buy a hospital to improve the acces and to make connection between both worlds.
Early prevention programs in cooperation with OP, GP, I,P assurance companies and government		-Package deal with wage insurance companies about prevention, sick-leave, accessible treatments, connection to healthcare



Conclusions and recommendations

- Saving 3 billion €
- Personalised prevention. Discussion: informed consent as a solution for privacy problem
- Doctors, open your horizon. Discussion: education and cooperation
- Templates for employers. Discussion: contribution of the employer
- Quick acces to healthcare. Discussion: equity of acces
- E Health tool, employee in the lead. Discussion: privacy, partners, equity of acces

No more costs, but better use of existing possibilities



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Chiel Bos

chiel@bosadvies.net