The Swedish rehabilitation network

Six Swedish regions/county councils – aim at increased knowledge about effective rehabilitation.

The REHSAM- program started a process

- Interested regions/county councils: started cooperation
- Mutual interests where identified
- Knowledge gaps where identified
- Discussion: what type of knowledge is needed to fill the gaps
- Common problem: how to translate knowledge to practise
- The Rehabilitation network was established

Five areas for further development of the sick leave processes in health care

1. Primary Care (PC): lack of tools to judge if a patient is in danger of long term sick leave
2. PC: lack of tools to measure work ability
3. PC: lack of effective treatment alternatives
4. Sick leave processes are ineffective and are not creating value in every step for patients and society
5. Translation of knowledge to practice takes to long

What type of scientific studies can give us answers?

- Our problem today: in a long perspective (10-20 years) highly selective studies (todays paradigm)can give us some answers but….
- …. we need studies that give us possibilities to implement result faster for example with qualities as:
  - Naturalistic/ in real clinic
  - Whole populations – less selection
  - Geographical spread/multicentre
  - Socioeconomic spread
  - Long follow up
- Conclusion: start clinical, randomised, multicentre studies with simple diagnostic tools and treatment alternatives in a large study population

In short

- Six Swedish regions/county councils responsible for financing health care to about 6 million (67 % of Swedish inhabitants) people has started the Rehabilitation network aiming at:
  - Identify knowledge gaps in this area
  - Identify what type of research models that can give us reliable answers
  - Start studies to enhance knowledge.
  - Effectively transfer knowledge to clinical practice

The network is a strong entity with financial muscles, project leading capacity and profound knowledge of the health care organisation.

Three on-going studies

- REGASSA
  - Psychological problem: mild to moderate symptoms – anxiety, depression and stress
  - Three treatments tested: Internet cognitive behavioural therapy (ICBT)/Physical activity/treatment as usual (TAU9
  - 944 participants
  - One year follow up
  - Closed.
  - Analysing phase.
- SAFARI
  - Psychological problems: light to moderate symptoms – anxiety, depression and stress
  - Four treatment arms: Workplace intervention (WI), Acceptance and Commitment Therapy (ACT), both and TAU
  - 359 patients randomised.
  - 79% women
  - Average age 46
  - Inclusion closed June.
  - Treatment closes September.
- Work up - already presented

REGASSA – implementation perspective

- Mutual problem: Health care, purchaser organisation, scientists together identified a lack of diagnostic and therapeutic tools for these groups of patients.
- Naturalistic design based on local organisation, remuneration system etc.
- Local Health Therapy Assessment (HTA) organisation responsible for implementation in every county council.
- Local Implementation strategies now developed
- However: many new technologies are in pipe line – physical activity and internet CBT - not top priority?
- We need support with:
  - Financing of implementation activities
  - National Medical programs taking our results in consideration
  - National bodies (SoS, SBU) giving support to our efforts to implementate results
- Our next goal: to establish if physical activity and ICBT are effective therapeutic methods in clinical practise
- Prerequisite: programmed implementation – long term assessment (HTA)

SAFARI- implementation perspective

- Health care, purchaser organisation, scientists together identified a lack of diagnostic and therapeutic tools for these groups of patients.
- Naturalistic design
- Studying relatively simple (easy to learn) methods (ACT – six sessions and/or – workplace intervention (WI) - three sessions)
- What organisation is responsible for workplace interventions???
- We need to clarify:
  - Responsibility for WI
  - Financing WI (Phase 5 studies)

What have we learnt?

- Difficult to finance Good Clinical Practise (GCP) studies (multicentre RCT) in large populations in todays system.
- Large multicentre RCT studies - prerequisite for conclusive results
- Health care financers must take great responsibility in this type of studies.
- You can´t have the lab-paradigm if you want to do studies like REGASSA, SAFARI and WORK-UP.
- Science financing authorities are not used to handle this type of studies.
- Naturalistic design.
- Communication channels essential. (ex suicide threats)
- Plan, plan, plan, plan.
- Meet, meet, meet, meet
- Patience, patience, patience, patience
- Adjust, adjust, adjust, adjust, adjust, adjust
- REHSAM has started to pave a new road - study design, implementation!!!