

Effects of a randomized experiment aiming to improve the quality of information on doctor's certificates in Sweden

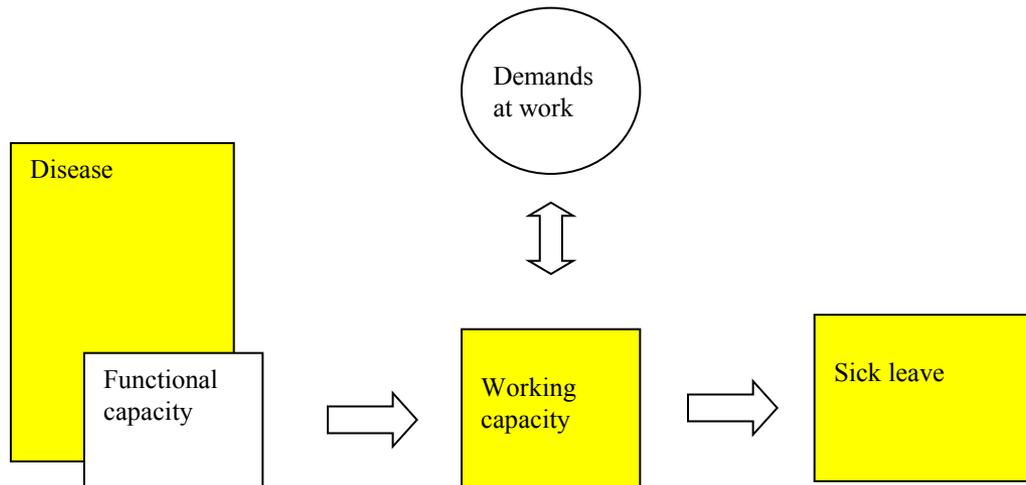
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Background and Concepts

Sickness absence

Two preconditions for receiving sickness benefits in Sweden:
Both disease and inability to work are required.



Alexandersson K, Nordlund A :Scand J Public Health 2004

Disease and functional capacity

- The Social Insurance Agency (SIA) need two different documents as basis for sick leave benefits:
 - A declaration of being unable to work due to disease/illness during a time period (the insured)
 - A medical certificate issued by a treating physician (from day eight)

The formal decisionmaking

- An official at the SIA (not medically trained) independently decides on sickness benefits
- Medical Insurance advisors at the SIA provide expertise and advice on medical matters

Medical certificate

- Important information on the certificate
 - Diagnose in text and code (ICD-10)
 - Status/functional incapacity
 - Limitation of activities
 - Working tasks
 - Degree of inability to work (25, 50, 75 or 100%)
 - Issued time needed on sick leave

Some statistics and problems...

- Spending on sickness and disability pensions 2013
 - Sickness benefits 3 041 milj €
 - Disability pensions 5 205 milj €
 - Health care 25 107 milj €
 - Defense spending 4 953 milj €
- About 0.5 million request for sickness benefit/year
- About 1.2 million medical certificates/year
- Less than half of the certificates shows a lack of quality
- many certificates must be completed by the treating physician
- A majority of all certificates are issued by primary health care doctors

Aim of the study

- The aim of this study was to see whether a letter expressing the needs of the Social Insurance Agency (SIA) to improve the quality of information on medical certificates from Primary Health Care Centres (PHCC) and their intention to carefully examine and contact GP:s when certificates are insufficient would lead to an improvement in the quality of certificates.

The Letter...

“One consequence of this follow-up on medical certificates and the verification of entitlement to sickness benefit is that the SIA staff may intensify its contacts with doctors to request supplementary information. We therefore hope that all doctors who grant medical certificates at the primary health care centre are made aware of this intensified effort.”

Methods

- A randomized controlled trial was set up.
- Twenty municipalities were chosen for “treatment” and 20 were designated “control” municipalities.
- A letter was sent from the SIA to all PHCC:s in the 20 treatment municipalities.
- Information about all new spells during a four week period was collected in all 40 municipalities

Examination of certificates

- Two experienced medical officers at the SIA who were blind to treatment status assessed independently the information in all the 539 certificates issued during the experiment period.

Results

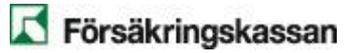
Table 1 The mean of two independent assessments of the information on 539 medical certificates divided into treatment and control municipalities

Insurance doctors assessment	Control	CI 95 %	Treatment	CI 95 %	T-test (T - C)
	%		%		
The functional capacity is not sufficiently described	43	(39 – 48)	51	(47 – 55)	2,588
The patients work tasks are not sufficiently described	15	(12 – 18)	15	(12 – 18)	- 0,060
The disease/symptoms impair functional capacity. This effect on working capacity is not sufficiently described	43	(39 – 47)	52	(47 – 56)	2,774
N = 1078					

Conclusion

- A letter from the SIA to the PHCC informing the physician of the intensified control of medical certificates to determine the patient's right to sickness benefits had the opposite effect. The quality of certificates was significantly poorer in the experiment group than in the control group.

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Thank you for your attention!

