Center of knowledge in work incapacity : focus on chronic pain and return to work

"EUMASS-meeting"

Brussels 28th February 2020

Decuman Saskia, PhD, head of department R&D, Department of Disability of The National Institute of Health and Disability Insurance, Brussels, Belgium

Content

- Introduction
- Chronic pain & RWT: overview of projects
- Focus on the project of “UZA” university hospital & “Jessa” hospital (Dr Vander Plaetse)
- What is next?
- Q & A

RIZIV

INTRODUCTION

Introduction (1)

- **NIHDI**:
  - Sickness benefits
  - Reintegration initiatives
  - Employees (white, blue collar workers) / unemployed AND independants
  - Not able to work due to private accident/ disease
  - Evaluation work incapacity (< 1 year versus > 1 year) + réintégration plan
  - Medical advisors (+ team)– sickness funds
- **Other regulations (other institutions responsible):**
  - cival servants
  - occupational diseases
  - work accidents

Introduction (2)

- **High rates of work incapacity:**
  - mental disorders
  - MSD
- **Complex**
  - Legislation (federal – regions)
  - Jobmatching (capacities – requirements)
  - Communication
- ⇒ **Initiatives to stimulate RTW**
  - Progressive reintegration
  - Professional re-education

Introduction (3)

- **Offering tools: two levels**

  - **Knowledge**
    - Research
    - Developing tools - guidelines
    - Networking

  - **Education**: implementation of the DM educational framework

- ⇒ **Development**

Introduction (4)

- **Aims**
  - Develop knowledge on work incapacity and re-integration (large).
  - Make this knowledge available.
  - Develop guidelines based on this knowledge.
  - Give input to stakeholders (for policy/education raisons, …).
  - (Inter)national networking

- **Tasks**
  - Organize multidisciplinary working groups.
  - Launch (& finance) studies (calls – study program).
  - Follow-up of the projects (also without financing)
  - Communicate results (incl. implementation support if necessary)

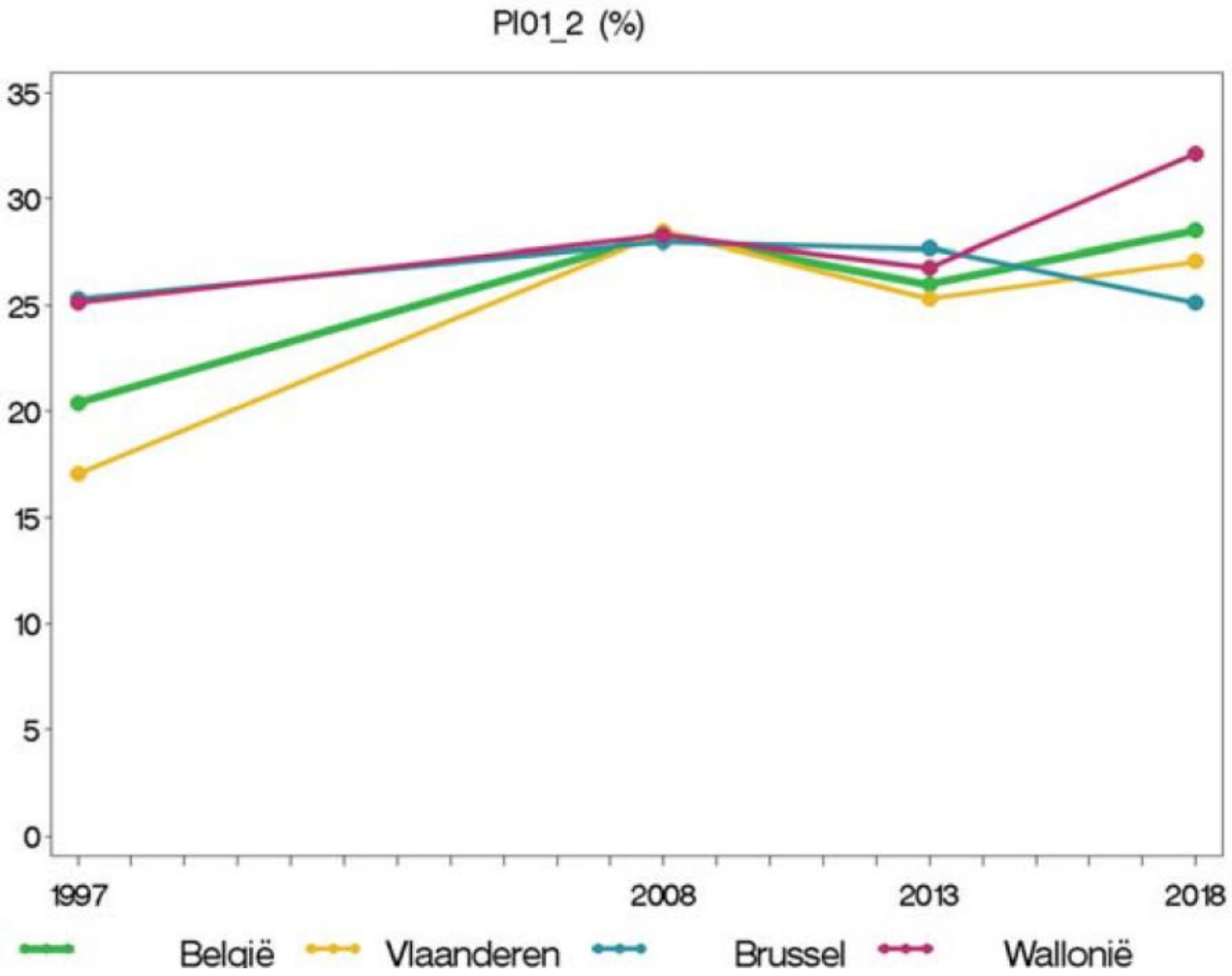
Introduction (5)

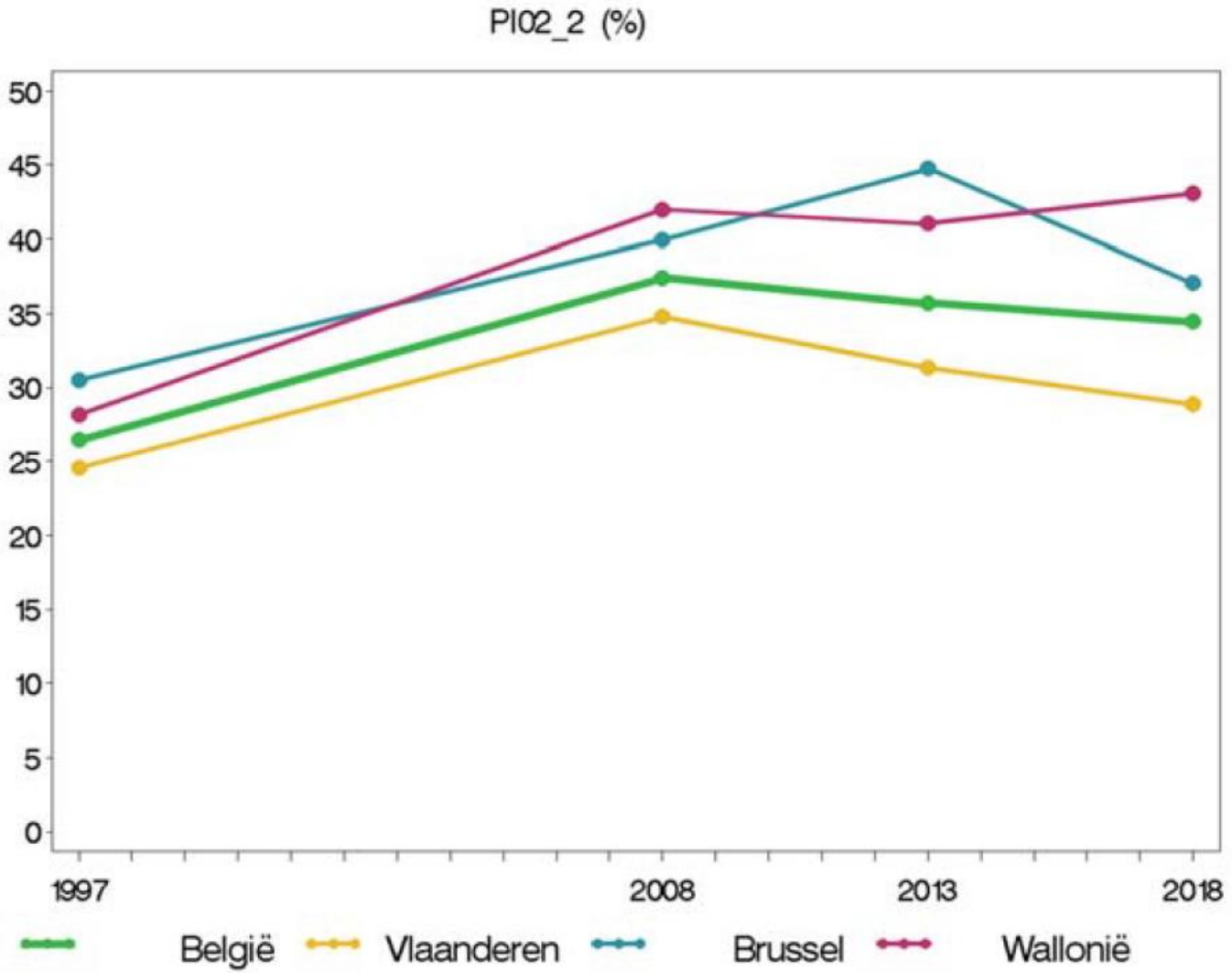
- **Organisation**
  - Daily
    - Department of Disability Benefits of the NIDHI
    - Scientific coordinator – coordinating logistics
    - Support by multidisciplinary team (MD, OT, P, economist/datamanager)
  - Formal
    - Meeting 3-4 times a year
    - Stakeholders:
      - NIHD
      - Insurance companies
      - Employers – trade unions
      - Universities
      - ‘Experts’
    - Secretary = daily coordinator
    - President: Dr P Berkein

CHRONIC PAIN AND RETURN TO WORK: OVERVIEW OF PROJECTS

Overview of projects (1)

- **Target group:**
  - Pain centers
  - people on work disability
- **Importance**
  - High rates of work disability due to MSD with (chronic) pain as one of the major disabling functions (ICF).
  - Also present in patients suffering from other disease such as cancer.


PI01_2 (%)
35
30
25
20
15
10
5
0
1997
2008
2013
2018
België
Vlaanderen
Brussel
Wallonië


PI02_2 (%)
50
45
40
35
30
25
20
15
10
5
0
1997
2008
2013
2018
België
Vlaanderen
Brussel
Wallonië

Overview of projects (2)

- **Content/ focus**
  - "Early" intervention: acute versus chronic pain
    - Acute: pain reduction – participation
    - Chronic: participation – pain reduction
  - Focus on activity level – importance of functional capacity evaluation
  - Tailored approach
  - Intensive case management

Overview of projects (3)

- **Content/ focus**
  - "Communication with involved partners
  - Focus on link between different sectors
    - "Health"
    - "Work"
    - "Social security": medical advisors of the sickness funds
    - Link with the principle "early intervention".

Overview of projects (4)

- 4 projects – different focus – common recommendations
- 2 studies are finalized

FOCUS ON THE PROJECT OF “UZA” UNIVERSITY HOSPITAL

"UZA" UNIVERSITY HOSPITAL (1)

- Aim:
  - Prevention of drop-out
  - RTW
  - ↑ collaborations between stakeholders within and out of the hospital
- Methodology
  - Cohort study
  - Several questionnaires
  - Focus on referral
    - Case management (profile – team member) (ICF)
  - Progressive re-integration

"UZA" UNIVERSITY HOSPITAL (2)

- N=133
  - Working, N=16
    - **Drop out was avoided, N=15**
    - Still in FU, N=1
  - Not working, N=117
    - **Re-integrated into the labour force, N=63, 54%**
      - Work incapacity, N=18
      - Work disability, N=30
      - Unemployment, N=10
      - Other, N=5

"UZA" UNIVERSITY HOSPITAL (3)

- Non - successful
  - Motivation
  - Treatment on going (side effects)
  - Extra psychological support is needed
  - Fear – avoidance (study Pr Vlaeyen)
  - Low/high educated
- Successful
  - **Case management – "short" FU**
  - **During "normal" consultation – questionnaires in waiting room**
  - Working ≠ end point of FU

FOCUS ON THE PROJECT OF “JESSA” HOSPITAL (DR VANDER PLAETSE)

RIZIV PROJECTS CHRONIC PAIN: JESSA HOSPITAL

M. VANDER PLAETSE, MULTIDISCIPLINARY CENTRE FOR CHRONIC PAIN EUMASS INT SYMPOSIUM BRUSSELS, FEBRUARY 28TH. 2020

Identification of influencing factors for succesful Return To Work (RTW) in chronic pain:

Development of a screeningtool.

Agenda

1. Background
2. Aim
3. Method
4. Results
5. Discussion
6. Strong and weak points
7. Conclusion
8. Recommendations

1. Background

- High prevalence of chronic pain
- Impact of chronic pain:
  - patient and surrounding people
  - socio-economic impact (direct and indirect costs)
- Rise in work incapacity
- Timing!

2. Aim

- Designing rough version of a screeningtool
- Quick identification of influencing factors for RTW
- Supporting clinical practice
- Objectivation
- Communication: clarity in information and approach
- **User friendliness is crucial!**

3. Method

- Short study of literature
- Qualitative investigation: Nominal Group Technique (NGT)
  - NG1: influencing factors
  - NG2: FCE
  - NG3: exclusively for GP: influencing factors
- Development of tool: ad hoc advices of experts
- Evaluation clarity and user friendliness: 25 patients (MCCP)

4. Results

- **Literature study:** predictors with highest level of evidence:
  - positive expectations
  - high selfefficacy
- **Nominal Groups:** big variation;
  - expectancy most important factor
- **Designing screeningtool**

4. Results

- Defining **factors to gauge**, structured and divided in 9 categories:
  - Own expectancy
  - Pain intensity
  - Physical capacity
  - Psychological Factors
  - Coping
  - Kinesiophobia
  - Social support
  - Subjective workload
  - History of absenteeism

- Incorporation of categories in **screeningtool**

4. Results

Screeningtool design: 2 phases

- **Phase 1**: demografic data; selfreport
  - Expectancy, selfefficacy, willingness
  - Physical activity pattern (selfreport + 30sSTS)

- **Phase 2**: selfreport; other factors
  - OMPSQ
  - 3 questions on social support

4. Results

Results Phase 1:

Naam	835142
Geboortedatum	17-02-1983
Leeftijdscategorie	36-45
Geslacht	vrouw
Opleidingsniveau (afgerond)	lager onderwijs
Arbeidscontract?	ja
Arbeidsongeschikt sinds?	5-6 maanden

Belasting job	fysiek belastend

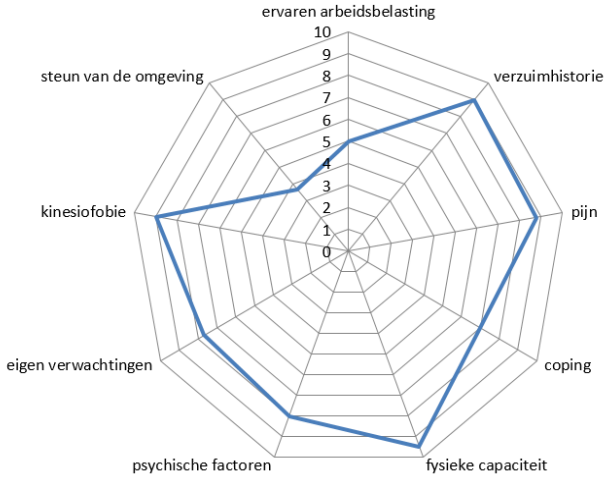
Vraag 1: Verwacht u binnen de 2 maanden terug te kunnen gaan werken bij uw huidige werkgever (evt. in een andere functie)?	NEE
Vraag 2: Welke van volgende uitspraken is naar uw mening het meest op u van toepassing als u denkt aan uw oude functie bij uw h	nu, geheel niet
Vraag 3: Bent u bereid, gezien uw gezondheidstoestand, binnen 2 maanden terug aan het werk te gaan bij uw huidige werkgever? *(evt. mits aanpassingen zoals hulpmiddelen, aangepaste werktijden, ...)*	NEE
Vraag 4: Bent u bereid, gezien uw gezondheidstoestand, binnen 2 maanden terug aan het werk te gaan bij een andere werkgever? *(evt. mits aanpassingen, zoals hulpmiddelen, aangepaste*	NEE
Vraag 5: Hoeveel dagen per week doet u gemiddeld een matige inspanning (zoals bijvoorbeeld een stevige wandeling waarbij u wel	2
Vraag 6: Hoeveel minuten doet u per dag gemiddeld een inspanning op dit niveau?	30,0
A. Tussentotaal vraag 5	60,0
Vraag 7: Hoeveel dagen per week doet u gemiddeld een zware inspanning (zoals bijvoorbeeld een stevige wandeling waarbij u niet	0
Vraag 8: Hoeveel minuten doet u per dag gemiddeld een inspanning op dit niveau?	0,0
B. Tussentotaal vraag 7	0,0
TOTAAL A+2xB:	60,0

IN TE VULLEN DOOR DE HUISARTS

leeftijd	36	jaar
STS-30	10	herhalingen

normen voor 30sec STS bij chronische pij
nog te bepalen...

4. Results



Results Phase 2:

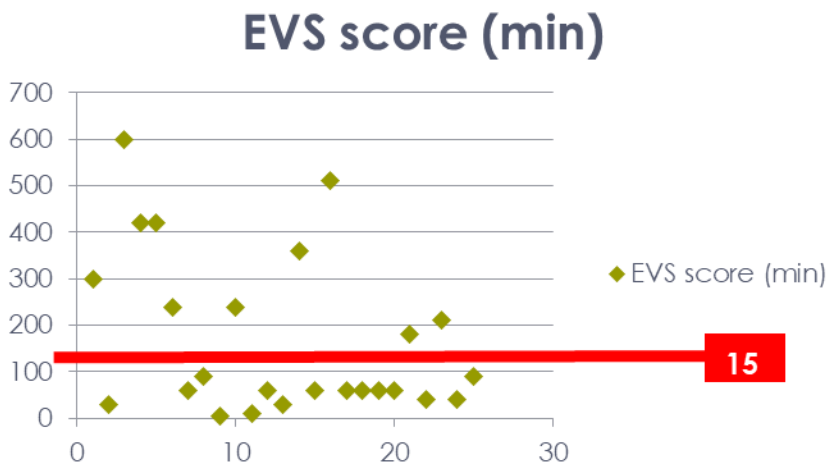
RESULTAAT ÖREBRO MUSKULOSKELETAL PAIN SCREENING QUESTIONNAIRE

177

(enkel te interpreteren wanneer alle vragen zijn ingevuld)

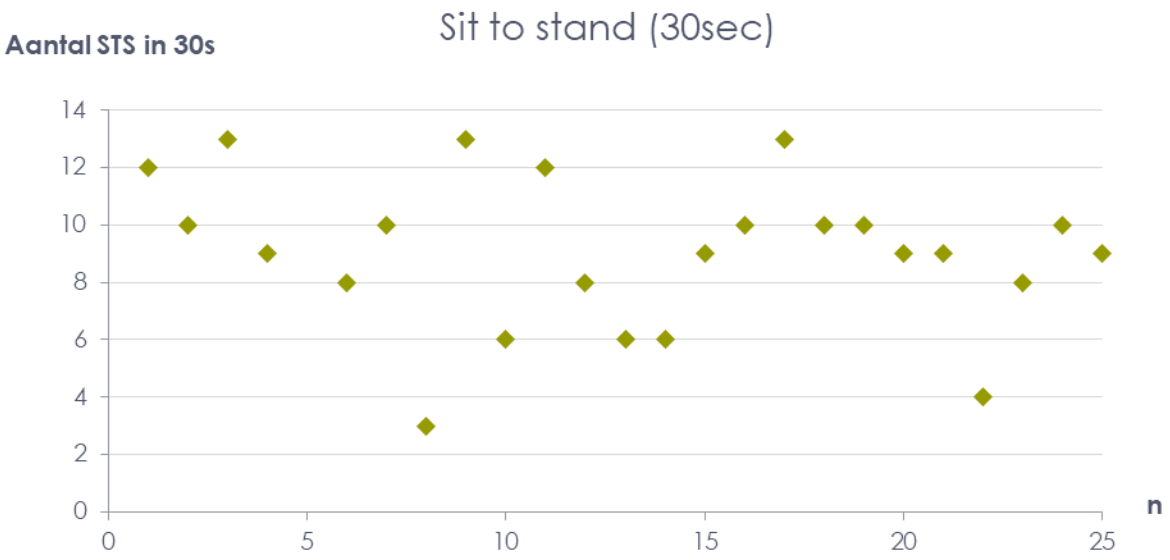
4. Results

25 patients:



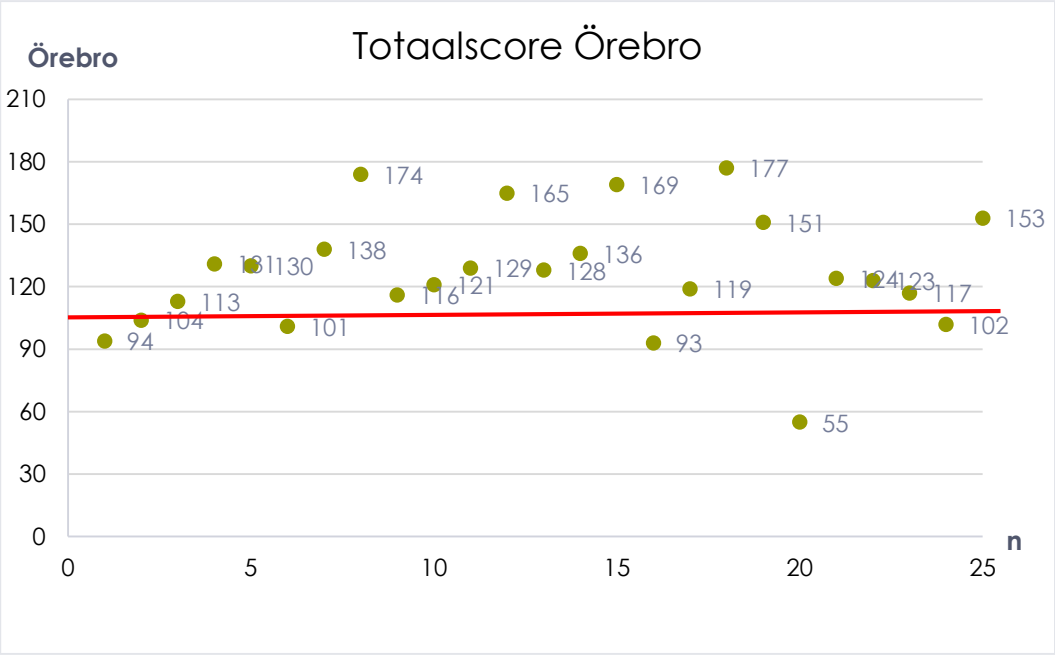
4. Results

25 patients:



4. Results

- **25 patients:**



5. Discussion

- **Power of the screeningtool: enhancing clarity in communication**
  - Between actors
  - Towards patient
- **Offer individual support towards RTW**
- **Results shown in phases**: stresses importance of factors with strongest level of evidence
  - Phase 1: expectation, willingness RTW; EVS, 30sSTS
  - Phase 2: other factors

5. Discussion

- **Results shown in phases**:

  Phase 2: OMPSQ: only investigated in (sub)acute pain;
  Constructvalidity 3 questions support of boss, colleagues,...

  Display phase 2: rename categories?

5. Discussion

- Possible additional items
  - Evaluation of given advice MD concerning RTW
  - Item “sleep”
  - Closing question: “Are there other possible reasons for work incapacity (medical, psychological, social,...)?”
- 25 patients: <6 months work incapacity
- Timing use screeningtool (2 months)+ who?
- Link with advice towards RTW traject vs keeping focus on clarity and user friendliness (communication tool)

5. Strong and weak points

Strong

- Communication support
- Clarity
- Visual representation
- Based on validated questionnaire (OMPSQ)

Weak

- Nominal groups: heterogenity in answers
- Constructvalidity for several questions
- No totalscore, no cutoff scores, no weighing factor with actual type of job
- No input of patients in designing rough version of tool

6. Conclusion

Result study Jessa Hospital:

- Rough version of a screening tool
- Objectivation of influencing factors for RTW
- Helps professional in accompanying patient towards RTW
- Clarity in communication
- Visual representation
- User friendliness

7. Recommendations

General:

- Predictive value?
- Implementation: timing, who?
- Added value: is working with the tool better than without?

7. Recommendations

Content:

- Constructvalidity of some questions
- Linking EVS result with general healthcounseling
- OMPSQ: determine cutoff in chronic pain; evaluate on other painsyndromes
- Determine standard data for STS30sec in chronic pain
- Visual representation: categories?
- Weighing factor with actual type of job

7. Recommendations

Practical:

- Electronic availability (patient/HCP)
- Attractive design
- Appearance in e-Health Hub

WHAT IS NEXT?

RIZIV

Q & A

maaiken.vanderplaetse@jessazh.be
saskia.decuman@riziv-inami.fgov.be