

Workshop ICF in assessment of disability for work

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What we propose as workshop

1. Introduction of theme and presenters
2. Share some thoughts about assessment of disability for work and ICF
3. A common concept of disability assessment?
4. ICF in disability assessment in The Netherlands
5. ICF in disability assessment in Romania
6. Invitation to the audience: apply the concept in your assessment
7. Wrap up: what did we learn?

Let's share some thoughts



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Medical decision making in Romanian disability assessment

Dr. Corina Oancea
Insurance physician

Typical process: Long term incapacity for work – INVALIDITY PENSION

- **People need to apply** personal claim
- **Treating physician** - provides complete, updated medical reports, **recommends transition to invalidity pension (severe conditions, extended sick leave, poor rehabilitation prognosis)**
- **Social worker** may be needed for information on previous work
- **SIPh** performs - **own evaluation** based on the medical and functional criteria endorsed at national level) and **decides** the degree of the incapacity for work; only moderate and severe impairments entitle the claimant for an invalidity pension

Assessment

□ Professionals - SIPh (some 150 in 41 districts)

- postgraduate education in social insurance medicine (independent medical specialty, 4 years of residency) is required
- analyses the medical documents and makes his own clinical examination
- work capacity evaluation
- decision making- the claimant is entitled or not for the invalidity pension

□ The assessment process

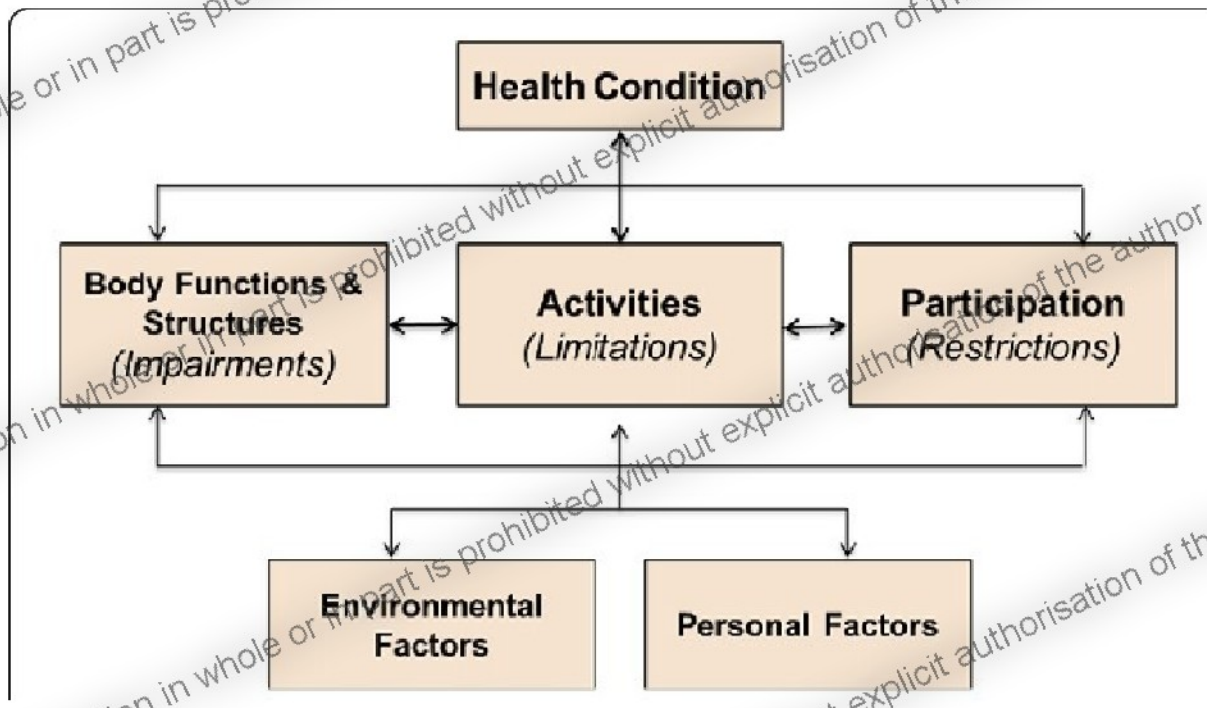
- usually assessment in person, 20 minutes on average
- desk assessment is also possible if the case is clear and for reasons of lack of staff
- INEMRCM (the head office) carries out verifications in person and on file.
- medical tests are asked for and can also be carried out at INEMRCM
- hospital admission for one or several days for evaluation (NOT for treatment)

About the concept of legal disability for work

- Loss of working capacity is determined on the basis of loss of functional capacity (based on impairments) expressed in a percentage according to the national tables.
- Example 1:
- Example 2:

Three categories:

- Category I – total loss of working capacity and in need of personal assistance for activities of daily living
- Category II – total loss of working capacity, no need of personal assistance for activities of daily living
- Category III – loss of at least half of working capacity, the person being able to perform a professional activity for at most half of the full working time



Medical decision making in Dutch disability assessment

Dr. Wout E.L. de Boer
Insurance physician (retired)

Focus disability assessment

- There are many schemes; here we address the main scheme: WIA
- There are many protocols and process instructions that apply; here we focus on the decision making of the insurance physician and the labour expert



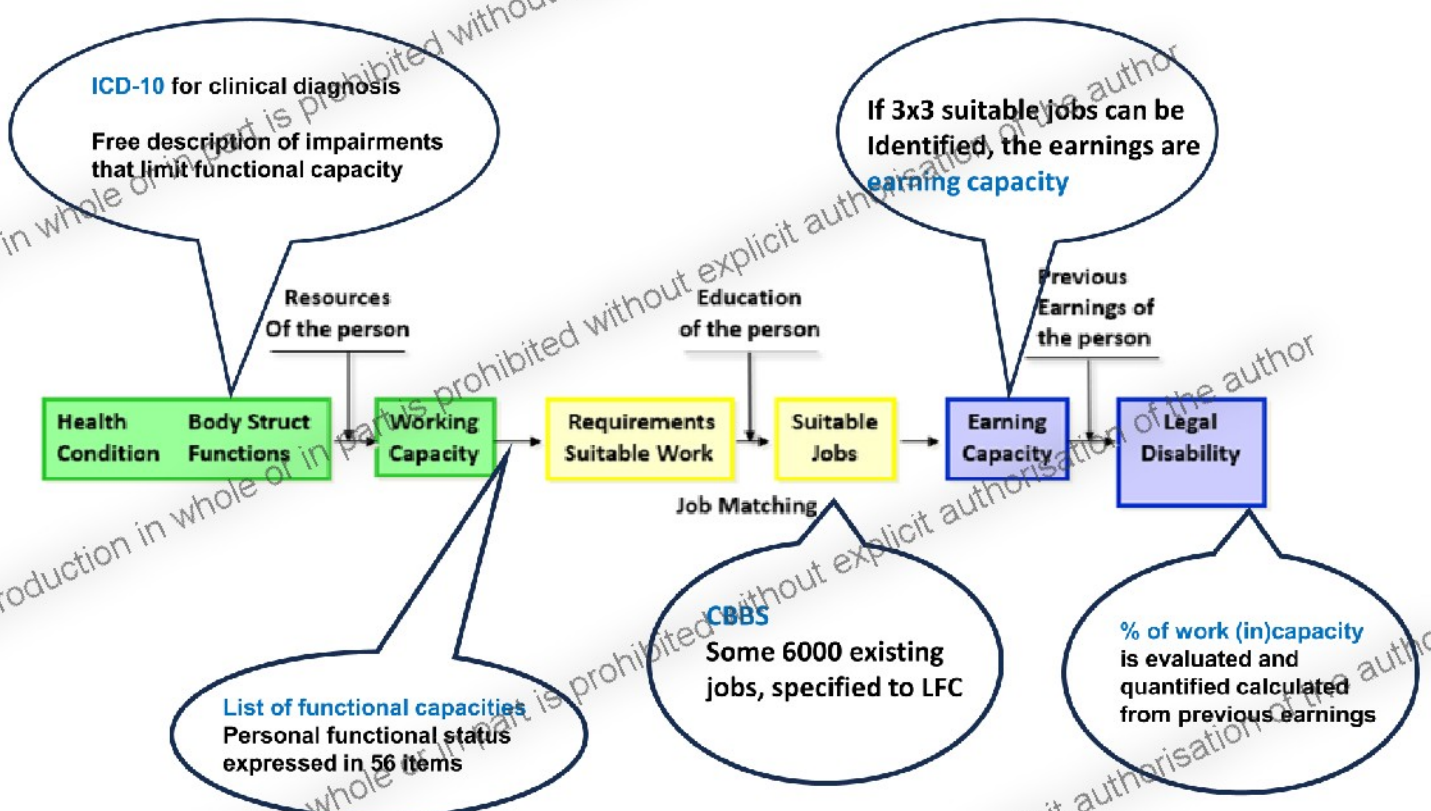
Typical process

- Claimant sends in claim and employer sends in report about period of sick leave and interventions
- Occupational physician describes interventions and possibly information from treating physician
- Social insurance physician (SIPh) assesses claim, health conditions, activity limitations, prognosis, possibility of interventions
- SIPh describes activity limitations in FML: list of functional capacities
- Labour expert tries to identify suitable jobs and earnings in these jobs through the CBBS database
- Loss of earning capacity relative to earlier income $> 35\%$ leads to benefit

Loss of earning capacity

- Loss of earning capacity is calculated from the theoretical remaining earning capacity and the real previous earning
- Example: previous 3000 €; theoretical 2000 €; loss is 1000 € which is 33% which is below the threshold of 35%

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Case cardiology

- Male, 51 years old, from rural area, education level high school
- Team leader in steel industry. Partly supervising, partly heavy lifting and carrying in loud and hot environment.
- Earnings 3500€/ month
- 2021 myocardial infarction with revascularization; PTCA with 1 DES on anterior descending artery for occlusion in proximal segment. ICD I24. Heart failure with LV systolic dysfunction (LVEF = 40%). Hypertension, BMI 30,8

Case cardiology ctd

- **Reduced LV ejection fraction (LVEF= 40%); severe ischemia of the apex and intraventricular sept**
- **Exercise stress testing: no indication for evaluation, direct signs of heart failure with reduced ejection fraction (HFrEF) on resting investigations**
- **Reduced quality of life, high risk of recurrent hospitalization**

Case cardiology ctd

- RO: Functional diagnosis: Moderate functional impairment => Adaptive Incapacity:
 - =>50% => Reduced work capacity 3rd category
- Netherlands Functional diagnosis: Light to medium heavy charge possible. No pressure from high tempo or frequent changes of tempo. Lifting, carrying frequent long stairs etc restricted.
- He could work full time in work as supervisor in different industries 2800€/month with a loss of earnings of 20% => no benefit for work disability.

Invitation to the participants

- Discuss in subgroups (mixed countries) the model to determine which ICF elements are already considered in their medical decision making and which are not.
- Present your findings to the general audience.

