



Presentation from

EUMASS

&

Insurance Medicine and Cochrane

**How can social security/ insurance better
benefit from Cochrane Reviews?**

CIM Satellite at the Coronel
Institute of Occupational
Health. Amsterdam UMC
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EUMASS Vice President
Gert Lindenger

What is EUMASS about?

European Union for Medicine in Assurance and Social Security



EUMASS is an international organisation aimed at increasing the exchange of scientific knowledge and Good Practice in Insurance Medicine in Europe.

**Congress 2018
Maastricht**





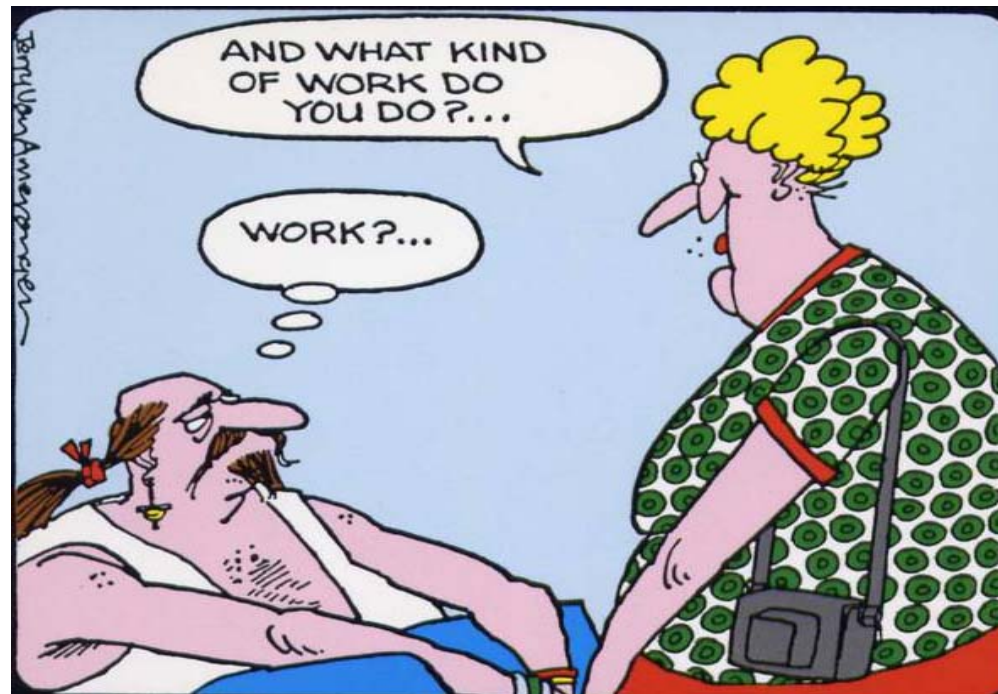
Member States



- Belgium
- Croatia
- Czech Republic
- Estonia
- Finland
- France
- Germany
- Greece
- Iceland
- Ireland
- Italy
- Norway
- Polen
- Portugal
- Romania
- Serbia
- Slovakia
- Slovenia
- Sweden
- Switzerland
- The Netherlands
- United Kingdom



CIM: The Amsterdam Satellite of Cochrane Work group focuses on work participation interventions and work participation outcomes.



This fits well through common interests.



- **A larger basis with more EBM is needed in decisions of claims.**
- **It is of need for assessing work injuries and accidents.**
- **We know too little about the medical boundaries of risks.**
- **EUMASS is also interested in medical practice and research of effective treatment and RTW. This may effect the prognosis in evaluating claims.**



- EUMASS do own research and development through workgroups and different collaborations.

Ex:

- ICF Core-set for assessment of work inability.
- Research Report of Task support, delegation, and shifting in social security assessments in Europe, commissioned by EU/Structural Reform Support Service.





What is the essence of a work disability claim?

- Very few medical conditions will with certainty lead to a completely reduced work ability.
- An assessment of work ability often involves interpretations which includes evaluations of where the limit is drawn for what strains and pressures that should normally be tolerated - what is reasonable for asking a claimant to contribute to his/hers own support?

Decision making is a balance



- How much is depending on strict enforcement of law and regulations...

AND



- How much is and can be based on medical facts and reasoning?

A new paper published in 2019

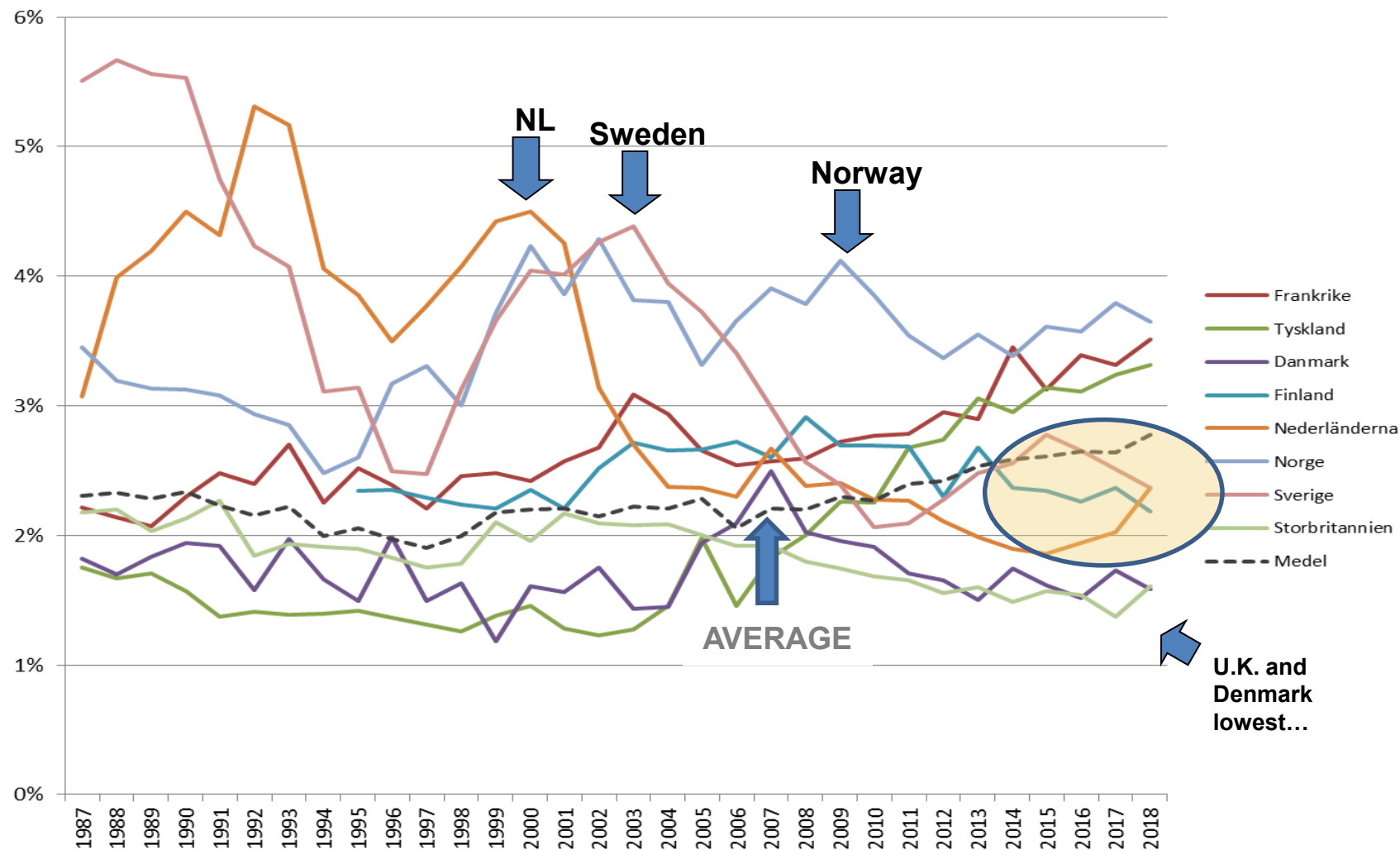
"Culture and Rule of Law in Swedish Sickness Insurance"



- Detailed data on twenty appeals of denials of sickness cash benefits between 2005 to 2008 and 2015 to 2018 are contextualised with 20:th century history, previous research, government oversight reports, media coverage, and interviews with jurists across the field.
- The thesis shows how the management of sickness benefit was misaligned. The legislation is vague and neither medical examinations, the assessment of work ability nor the Swedish Social Insurance Agency's assessment of evidence and justification of decisions are adequately structured.

Sick leave in 8 European countries

Percent of employed persons 1987- 2018.



Source: EUROSTAT Labor Force Survey

A geographic east to west gradient of increasing mental non-wellbeing



Sick listed for mental problems...



- The use of mental problems fitted with a sometimes obscure diagnose, that should be treated into nonexistence, seems to be the basis for the ongoing development...



Motivation to RTW (return to work) seems to decline as times pass...

*MORE
EBM
NEEDED.*

100 %

After 3 weeks
92% believes
themselves
that they will
be on a
temporary sick
leave.

"Window of Opportunity"

Increased reorientation
towards non participation

1

3

6

9

12 month



Increased mortality from sick-leave?



*MORE
EBM
NEEDED.*

Sick leave is not risk-free:

Measured after 1 year, when corrected from deaths related to the diagnosis for which the person has been on sick leave.

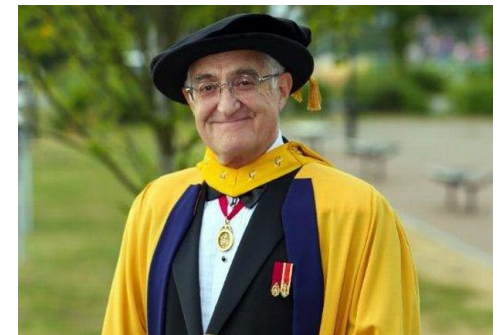
- **Women: 170% increased mortality (RR: 2.7)**
- **Men: 110% (RR: 2.1)**

Negative influence on RTW

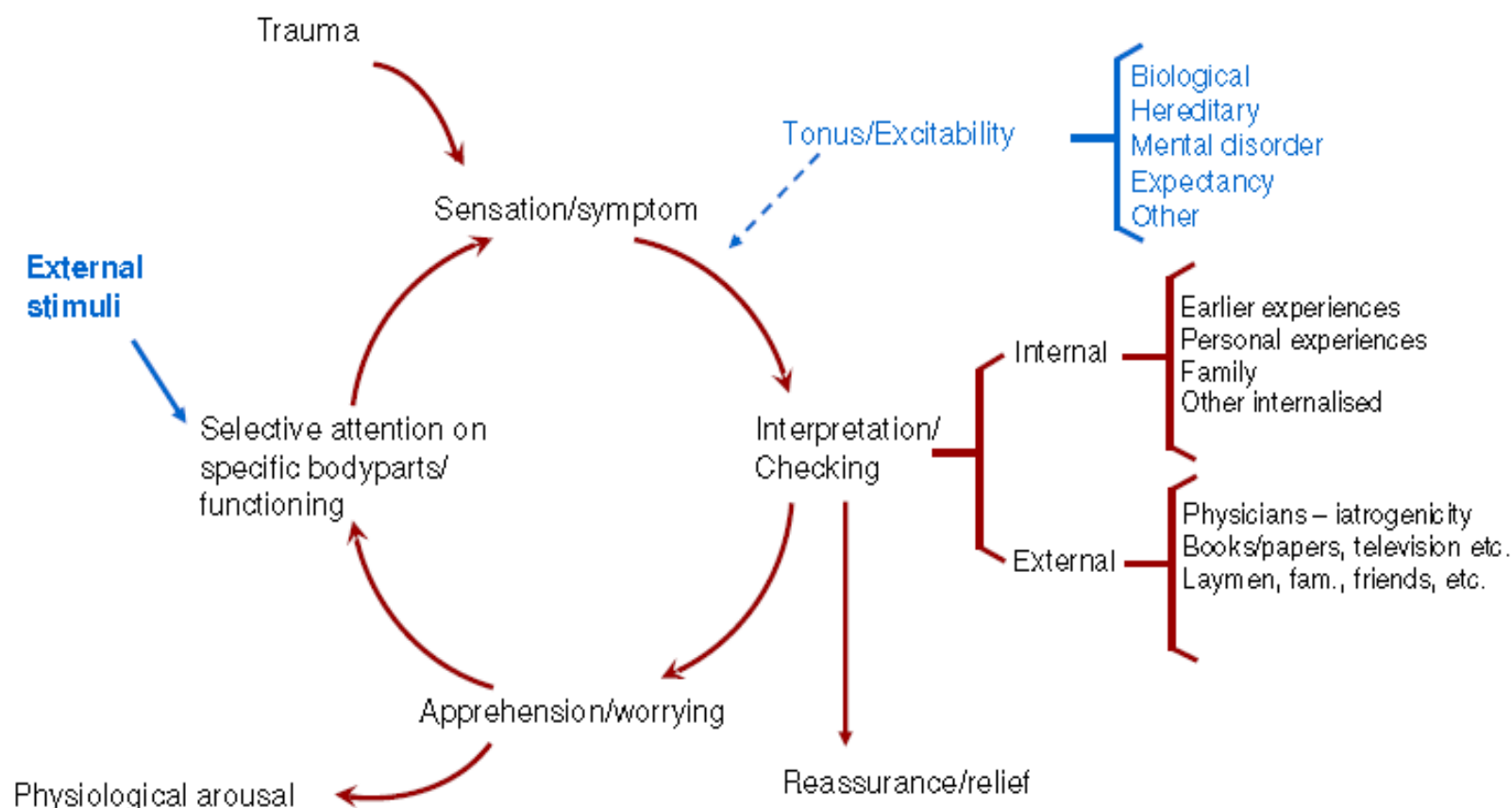


- | | |
|------------------------------------|-----|
| 1. Psychological/cognitive factors | 38% |
| 2. Workplace factors | 32% |
| 3. Social factors | 11% |
| 4. Economic factors | 7% |
| 5. Impaired function... | 3% |

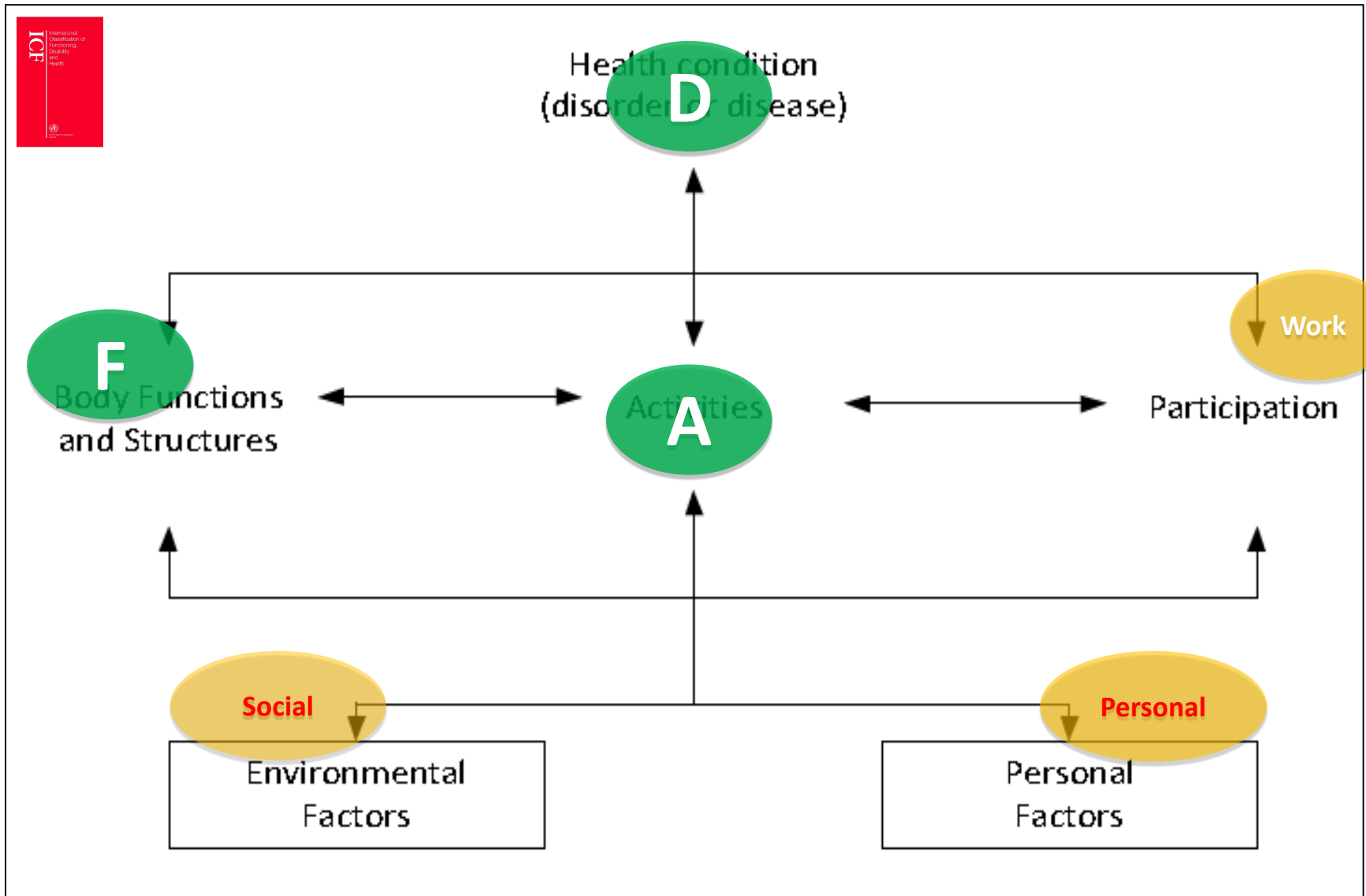
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Symptom perception and illness understanding



Biomedical or a biopsychosocial model?





The "Biopsychosocial" model

- **Biological** refers to the physical or mental health condition.
- **Psychological** recognises that *personal/psychological factors also influence functioning* and the individual must take some measure of *personal responsibility* for his or her behaviour.
- **Social** recognises the importance of the social context, pressures and constraints on behaviour and functioning.



The Psychosocial Dimension



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- How people ***think*** and ***feel*** about their health problems determine how they deal with them and their impact...

A Challenge?



- How to incorporate the biopsychosocial dimensions of a person's perceptions and behavior into research that focuses on work participation interventions and work participation outcomes?



The End