

Social insurance medicine and
the challenge of bringing together
research, teaching and the field of practice



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Welcome!



THE LAME CAN RIDE,
THE HANDLESS DRIVE CATTLE,
THE DEAF ONE CAN PREVAIL IN BATTLE,
IT IS BETTER TO BE BLIND THAN BURN'T,
WHEN DEAD, ONE IS GOOD FOR LITTLE.

HÁVAMÁL

- A COLLECTION OF OLD NORSE POEMS FROM THE VIKING AGE

EUMASS Scientific Meeting. Friday, June 10th

Time	Theme	Lecturers	Where
1200	Lunch		Kavli Senter, Cantina Ground Floor
13:00	Social insurance medicine and the challenge of bringing together research, teaching and the field of practice. Active session with discussion.	Karen Walseth Hara, Associate professor at the Norwegian University of Technology and Science and medical advisor at the Norwegian Labour and Welfare Administration's Advisory Service in Trøndelag (NAV)	ØHA1 Øya Helsehus, 2nd Floor
13:45	A tour of the Norwegian welfare and benefits system on sickness and health.	Ulf Andersen, Director of the Department of Statistics, The Norwegian Directorate of Labour and Welfare	ØHA1 Øya Helsehus, 2nd Floor
1430	Coffee break		
1445	The Norwegian Health in Work Program <ul style="list-style-type: none"> • Background • Implementation and Operation in Northern Norway • Evaluation Program 	<ul style="list-style-type: none"> • Johnsen, Stian Kersenboom. Senior Advisor, The Norwegian Directorate of Labour and Welfare • Hintringer Franz. University Hospital of Northern Norway (UNN) • Fleten, Nils. UiT The Arctic University of Norway/ NAV Troms and Finnmark. 	ØHA1 Øya Helsehus, 2nd Floor
1545	Social insurance medicine in Norway and the role of physicians	Marit Hermansen, Chief Medical Advisor, The Norwegian Directorate of Labour and Welfare	ØHA1 Øya Helsehus, 2nd Floor
1630	Final Discussion and refreshments		
1700	Guided Tour of Historical Trondheim (Walking Tour)		
	Art Gallery and Dinner		Gubalari

Strategi for fagfeltet Arbeid og Helse

Utkast sist lagret: 09.11.2021 14:22

Arbeids- og velferdsdirektoratet
og Helsedirektoratet

IS-XXXX



Strategy for the field of work and health

November 2021

"Work and health" - what is it?

- A PHENOMENON - how "Work and health" at the individual level function in relation to each other.
- A FIELD - how services, knowledge and competence about the support needed by people with health problems so they manage to participate in work.
- AREA OF AUTHORITY - how the authorities together create a framework and overall structures for both the field and the phenomenon «Work and Health».

But also a field of research and education!

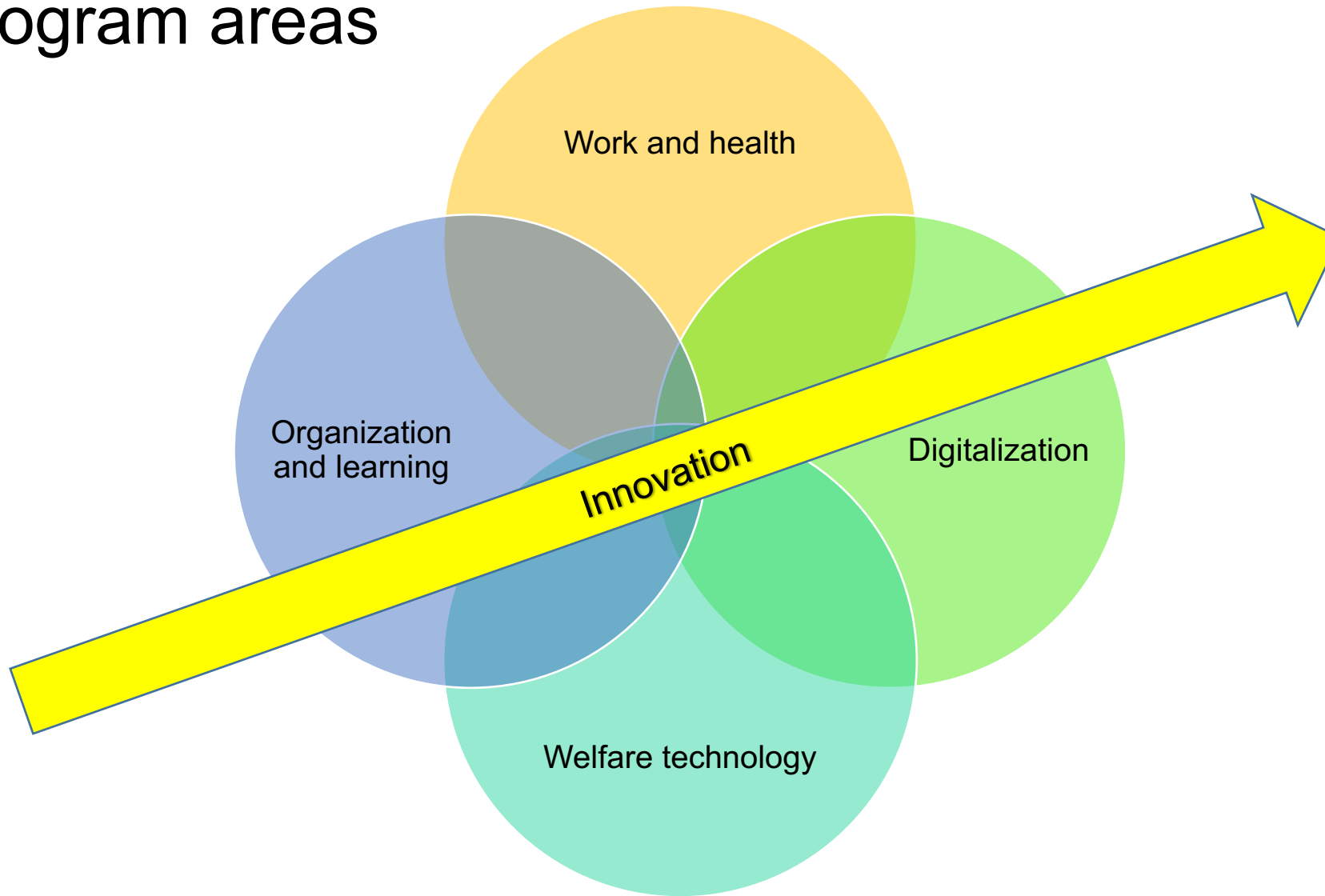
Collaborative Agreement

Long-term strategy for developing and strengthening research, education and competence within the Norwegian Labour and Welfare Services (NAV).

In collaboration, develop **program areas** for research, education and innovation in areas where NTNU has special prerequisites for developing strong, coordinated academic environments relevant to NAV.



Four program areas



Work and health

**Building
interdisciplinary environments
that can develop strong projects:**

Community, group and individual level

Mental health, pain, musculoskeletal
and fatigue conditions

Participation in school and working life
Youth / young adults

Build a health-promoting work environment
Reduce long-term sick leave
Prevent exclusion
Reduce social inequality

Research projects (examples):

- Cross-sectoral video consultations in care pathways for chronic pain
- Sustainable digital transformation
- SmaRTWork - sick leave and artificial intelligence
- Samsnakk - a new model for collaboration. Expert@work (RCT)
- Better sickness absence follow-up – motivational interviewing
- The St. Olavs Study - New Technology and Health (STUNTH)
Quality indicators for the field of work and mental health
- Work participation after back surgery and other neurosurgery
- The "Rapid Return-To-Work" scheme

Red threads => thematic commitment for 2022

1. Digitization
2. Data sharing
3. Innovation
4. Internationalization

Work and health in the health and social sciences educations and other relevant masters. RETHOS

Yes or no to sick leave?

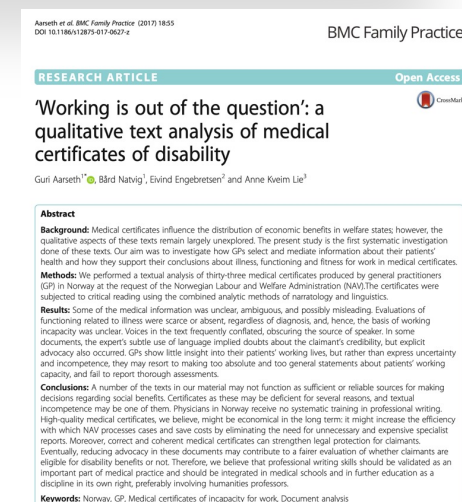


Education in social insurance medicine for sixth year medical students



Systematic training in writing medical certificates

“Certificate of Work Disability”





Changing legislation.

RETHOS

**Medical students should have
practical training in NAV**



Research

Epidemiologi

Literature reviews

Specific for social insurance medicine: Assessment of functional capacity and work ability, communication between stakeholders, the role of the GP, sickness certification

Towards evidence-based practice:

- Individual Placement and Support (IPS)
- Health in Work (HIA) => will be presented today
- Vocational rehabilitation (several models) => will be presented at the next EUMASS congress

NB! Causality: randomized controlled trials, natural experiments

Preventing falling out of work & creating health promoting workplaces:

- Health in Work (HIA)

Research on the Health and Welfare Services

- Care Pathways that involve the social insurance agencies resources (personell and interventions)

Individual Placement and Support (IPS)



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A Short History of Individual Placement and Support in Norway

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OsloMet–Oslo Metropolitan University

Stig Evensen
Oslo University Hospital, Oslo, Norway

Silje Endresen Reme
University of Oslo

Thomas Knutzen
IPS Norge AS, Oslo, Norway

June Ullevoldsæter Lystad
Oslo University Hospital, Oslo, Norway

Objective: Norway is a high-income and high-cost society with a generous welfare system, and it has the largest mental health–related unemployment gap of the OECD countries. The aim of the current article was to present a short history of Individual Placement and Support (IPS) services to increase work participation in Norway. **Method:** We provide a narrative overview of the developments and research on IPS in Norway, from the introduction of supported employment to recent and ongoing randomized controlled trials (RCTs) investigating the effectiveness of IPS for various target groups. **Findings:** While vocational rehabilitation services in Norway have traditionally followed a train-then-place approach, the introduction of supported employment in the early 1990s led to a range of new initiatives to increase work participation. Early implementations were inspired by supported employment but did not follow the evidence-based IPS methodology. More recent developments include a shift toward evidence-based IPS, and the first Norwegian RCT of IPS showed effectiveness on both work- and health-related outcomes among people with moderate to severe mental illness. Several ongoing trials are currently investigating IPS for new target groups, including chronic pain patients and refugees. **Conclusions and Implications for Practice:** The results suggest that IPS is more effective than traditional approaches to increase work participation, even in the Norwegian context of a high-cost welfare society. IPS has shown effectiveness in severe as well as more common types of mental illness in Norway, and results from ongoing trials will further reveal whether IPS may be expanded to various new target groups.



The weakest link

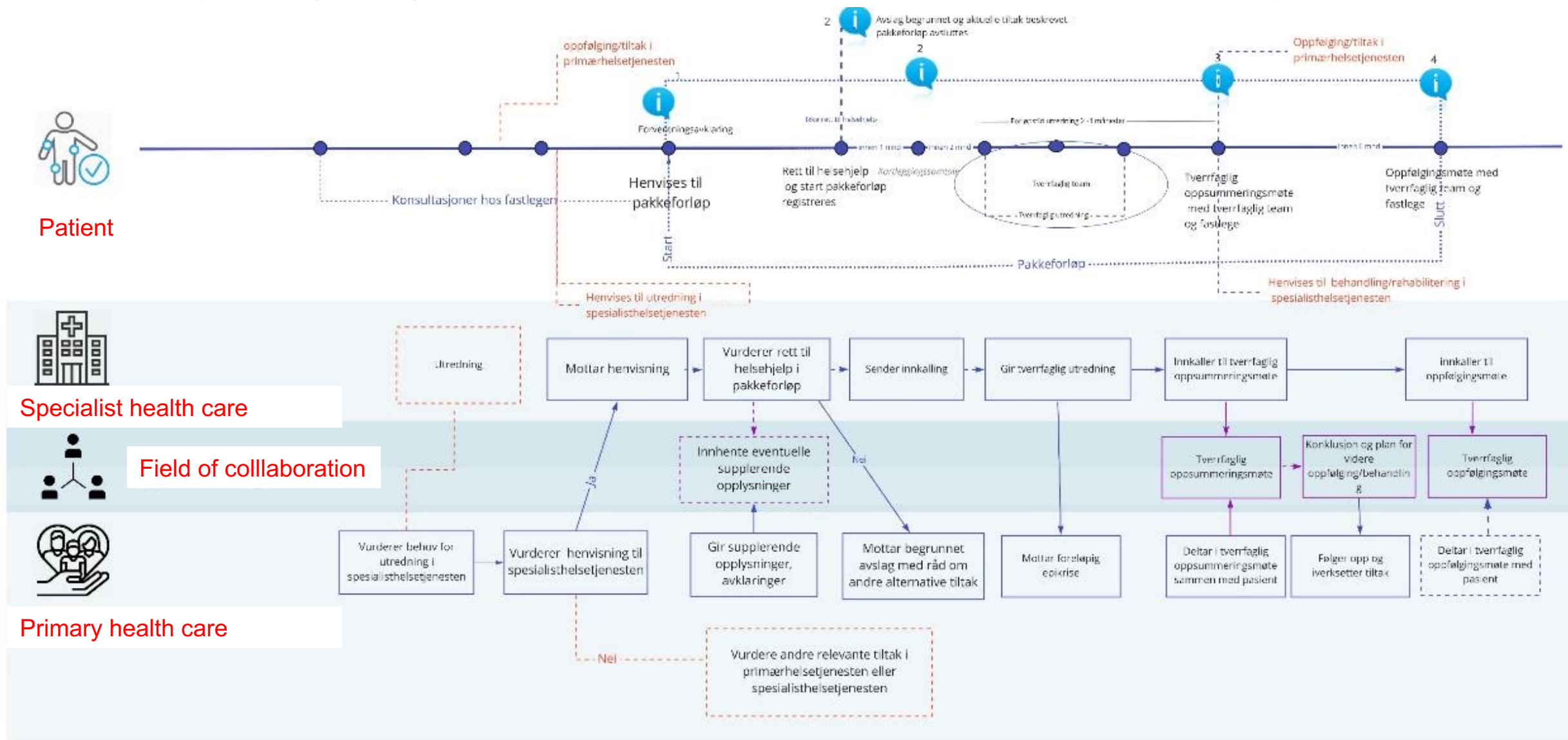
Cross-sectoral collaboration

"It is clear that the system is not designed for cross-sectoral cooperation and that cohesive services face many obstacles along the way"

Barriers

1. Organizational
2. Legal
3. Cultural
4. Economic

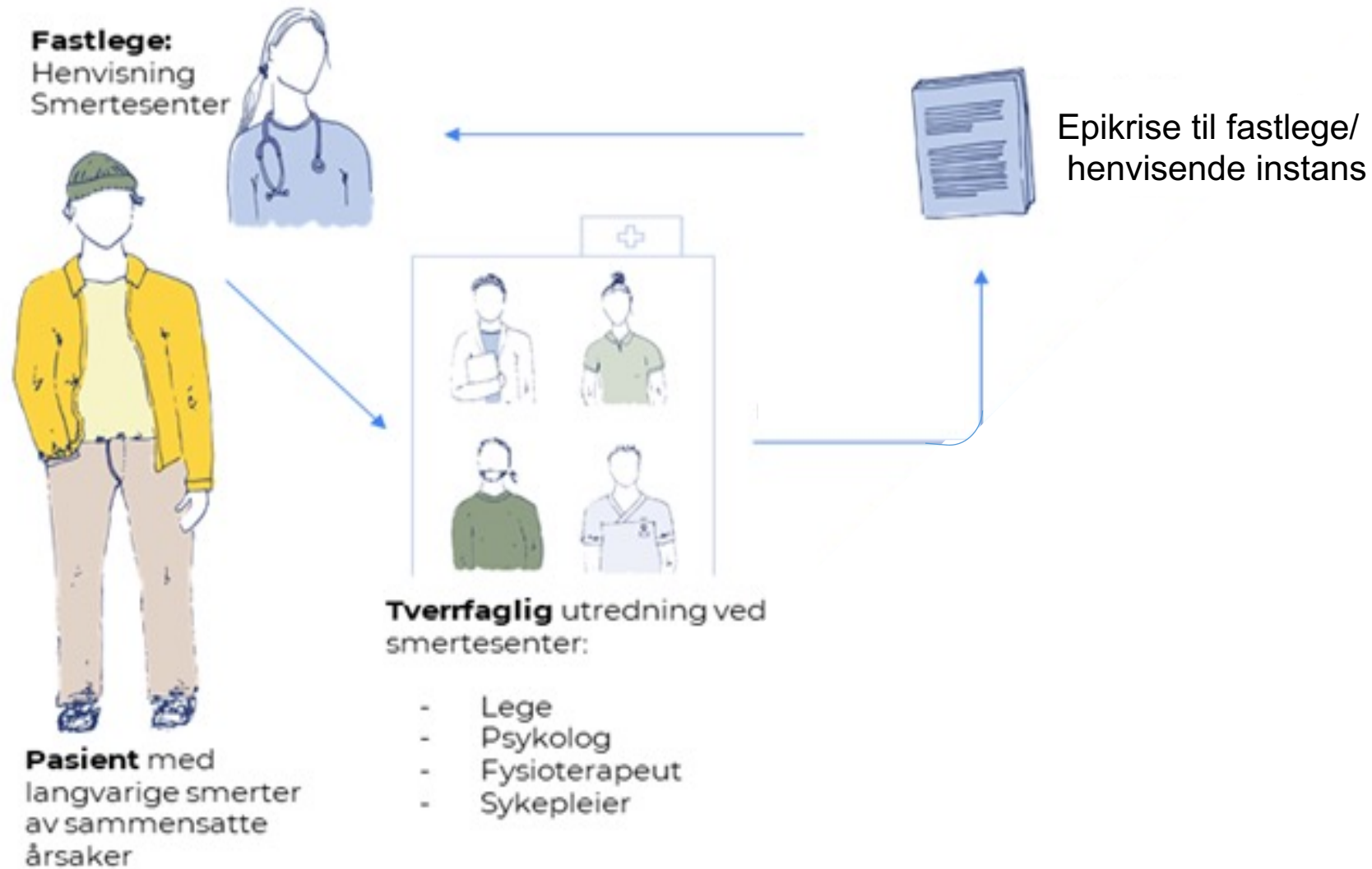
Care Pathway for long lasting and complex pain conditions. To be implemented from January 2023



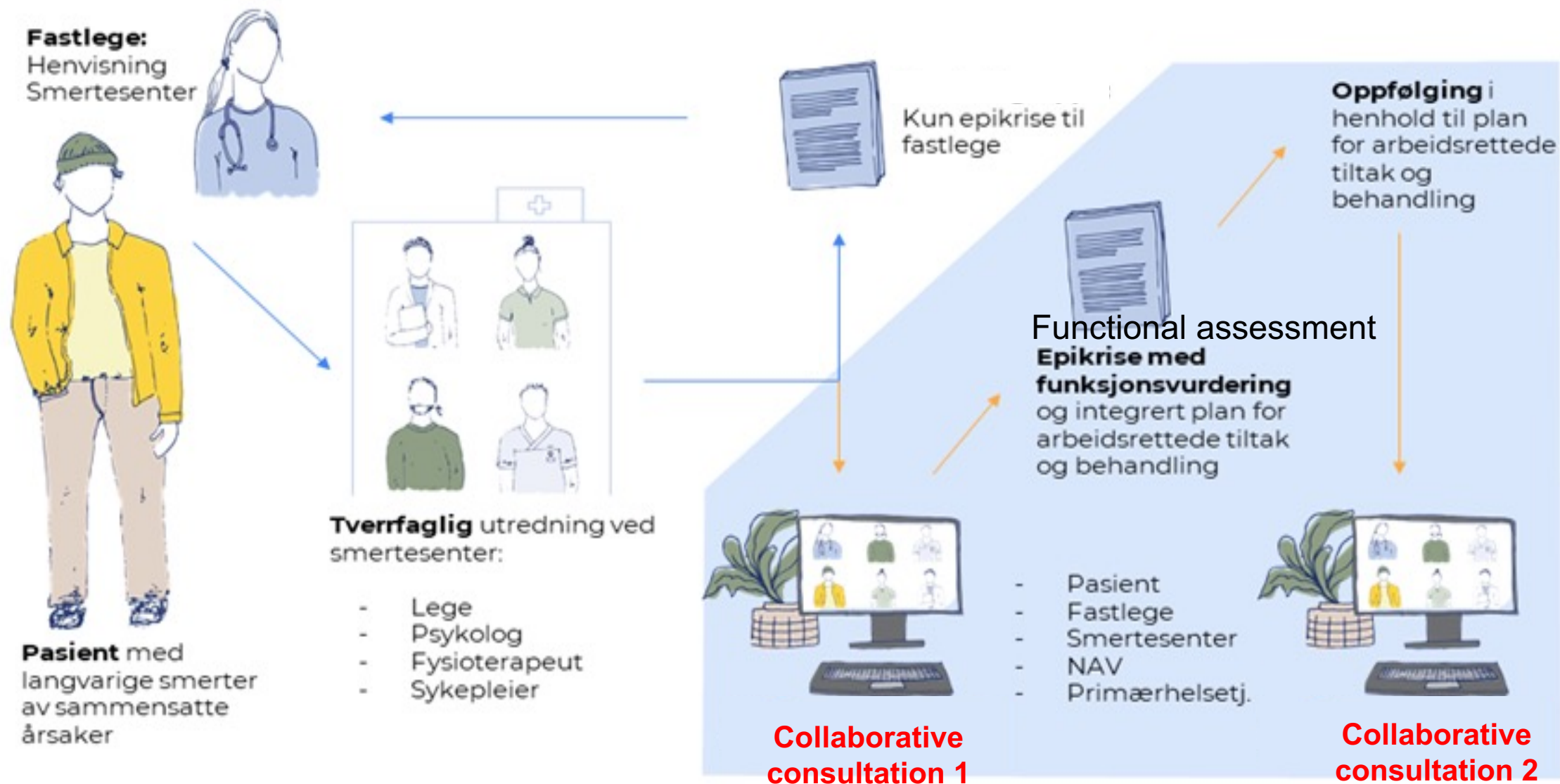
What is missing?

The work and welfare services!

Care for patients with complex pain conditions as of **today**



Care Pathway for patients with complex pain conditions in 2023





SUSTAINABLE DEVELOPMENT GOALS



How does digitalization affect sustainability?

- Is the digital technology itself sustainable?
 - What affordance does the technology have?
 - Example: Predictive diagnosing algorithms.
 - Example: Chatbots.
 - Remember: IT is often used for increasing efficiency, and less often to increase social capital in services.
- Is the digitalization process sustainable?
 - Are the right people involved in the digitalization processes?
 - Are the involved people trained in what they are supposed to do?
 - Does the involvement lead to any change? And in case, which change?

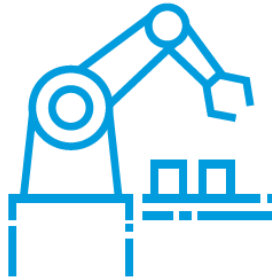
Is the digital technology itself sustainable?



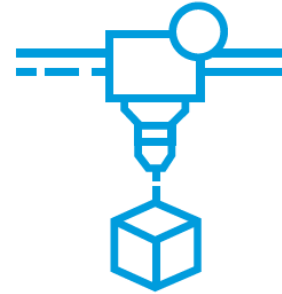
Monitoring



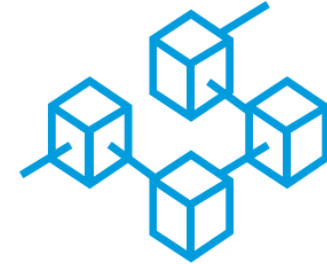
Augmented and virtual
realities



Robotics



3D printing



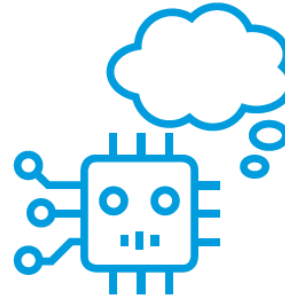
Blockchain



Internet of Things



Big data

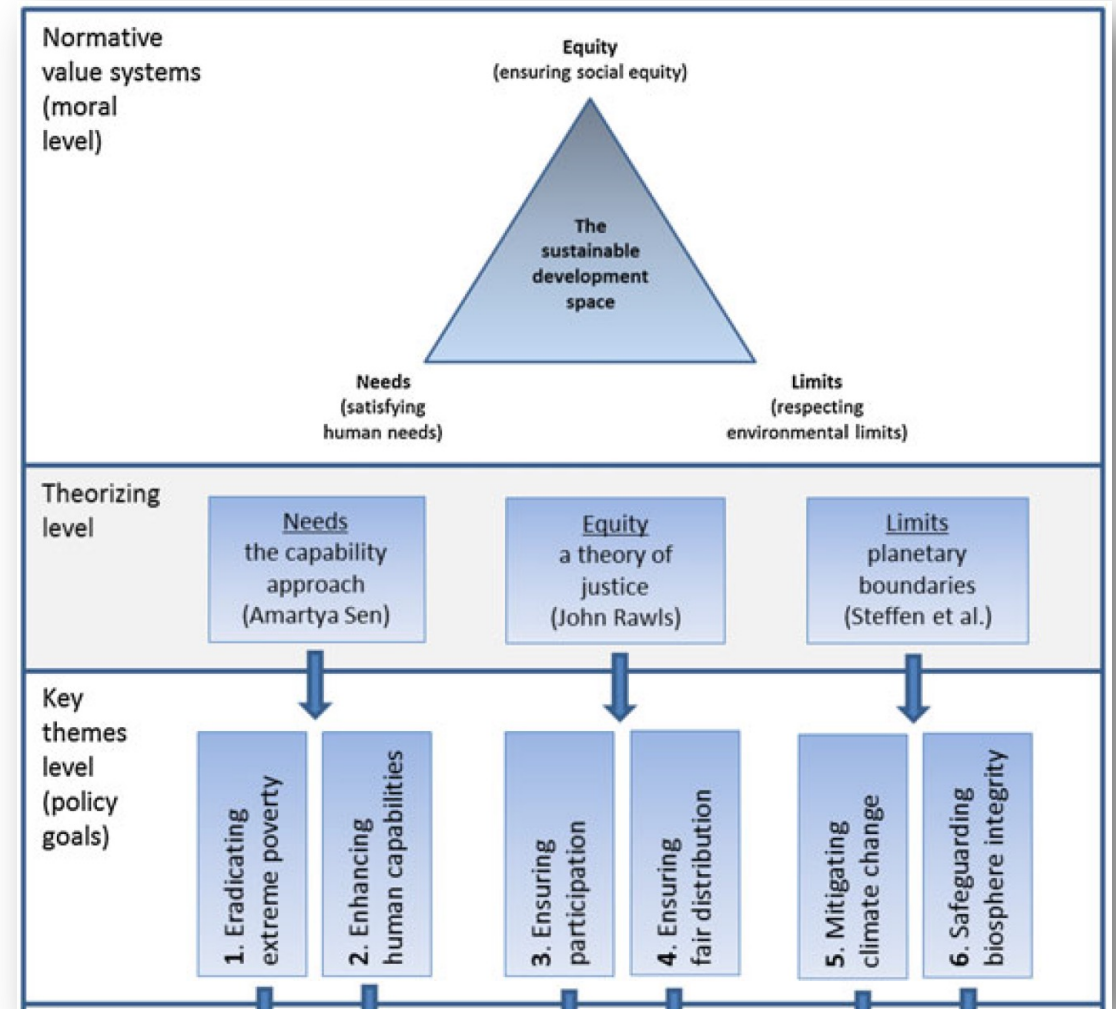
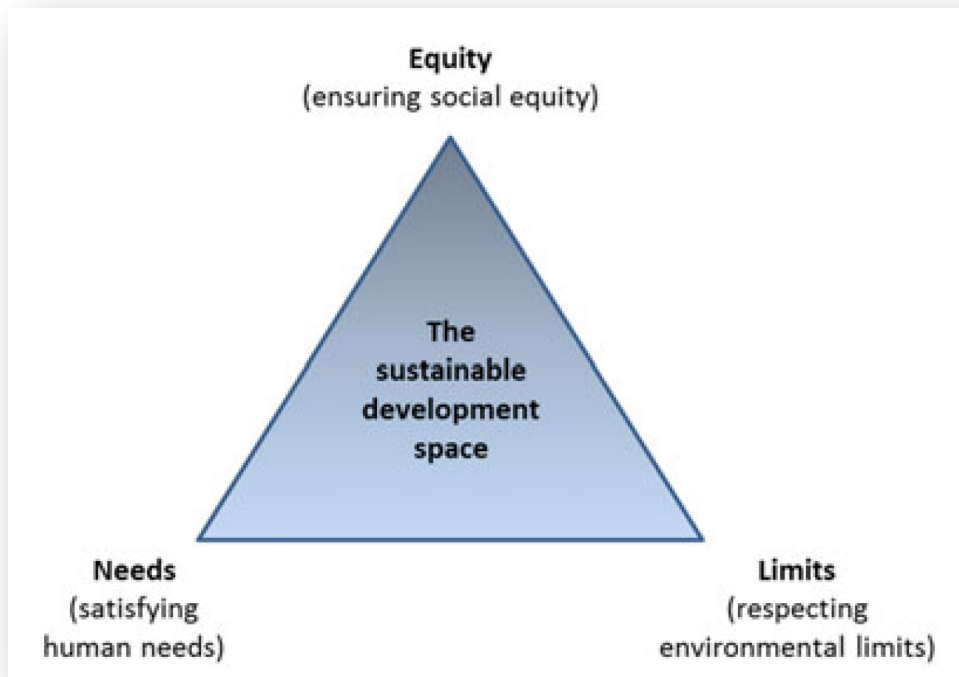


Artificial intelligence



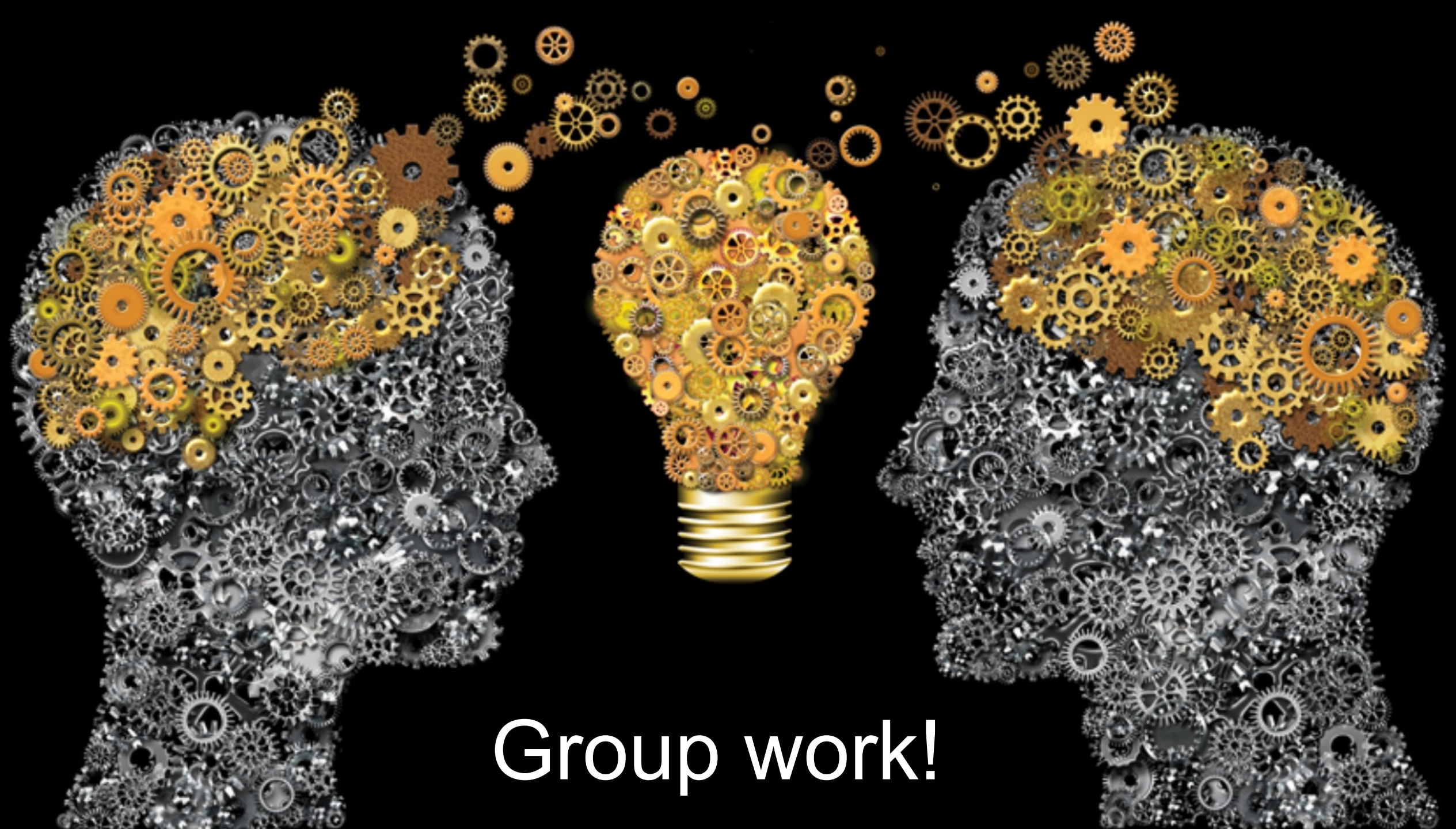
Cybersecurity

Is the digitalization process sustainable?



Digitalization is challenging because

- It is a continuous process and requires continuous investment in resources.
- It affects processes that all of us are involved in.
- Many healthcare professionals are not interested in nor capable to get involved efficiently.
- Long-term impact is difficult to see.
- But can you afford not getting involved?
- And what is the best way of getting involved in sustainable digital transformations?



Group work!

Group discussion

Have you and/your colleagues participated in digitalisation activities in your organization

Only as a user?

Or have you participated in the development and testing of platforms, algorithms, apps or other. For example electronic patient records (EPRs),

Shall we share?

Yes!

