

Babak Farshchian, Associate Professor, NTNU

Karen Walseth Hara, Associate Professor, NTNU & Coordinating Medical Advisor NAV

karen.w.hara@ntnu.no

+ 47 93016098











Welcome!



THE LAME CAN RIDE,

THE HANDLESS DRIVE CATTLE,

THE DEAF ONE CAN PREVAIL IN BATTLE,

IT IS BETTER TO BE BLIND THAN BURNT,

WHEN DEAD, ONE IS GOOD FOR LITTLE.

HÁVAMÁL
- A COLLECTION OF OLD NORSE POEMS FROM THE VIKING AGO



EUMASS Scientific Meeting. Friday, June 10th

| | <u> </u> | | |
|-------|--|---|------------------------------------|
| 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 Technolopgy 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 Background Implementation and Operation in Nothern Norway Evaluation Program | Johnsen, Stian Kersenboom. Senior Advisor, The Norwegian Directorate of Labour and Welfare Hintringer Franz. University Hospital of Northern Norway (UNN) Fleten, Nils. UiT The Artic 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 |



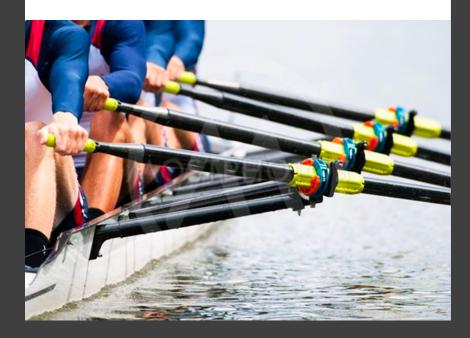


Strategi for fagfeltet Arbeid og Helse

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».

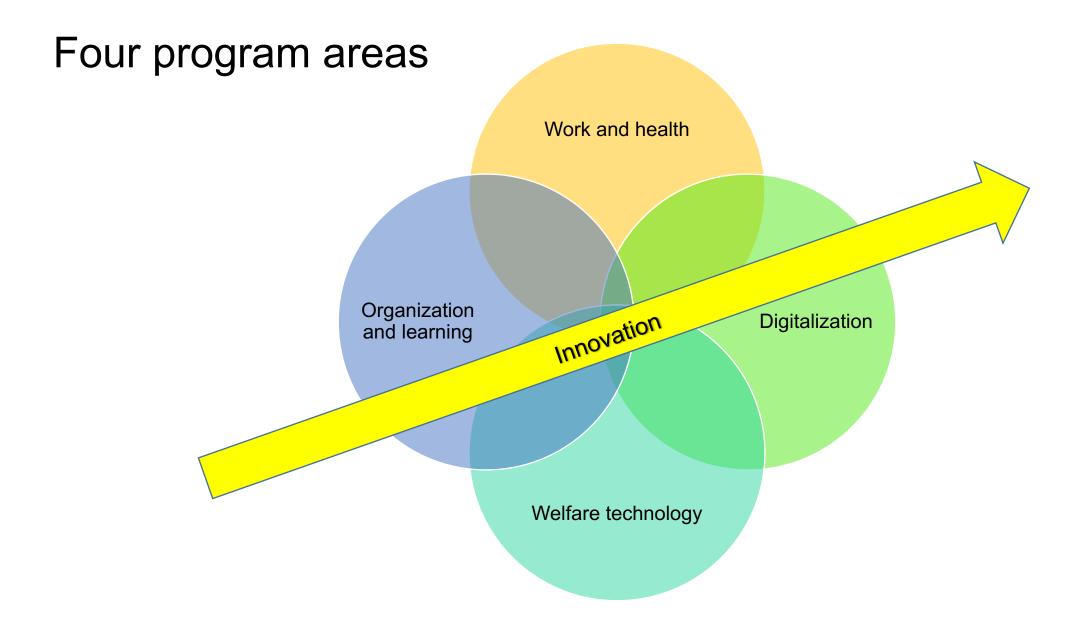


Collaborative Agreement

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

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







Building interdisciplinary environments that can develope 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

Work and health

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"

Aarseth et al. BMC Family Practice (2017) 18:55 DOI 10.1186/s12875-017-0627-z

BMC Family Practice

'Working is out of the question': a qualitative text analysis of medical certificates of disability

Guri Aarseth^{1*}0, Bård Natvig¹, Eivind Engebretsen² and Anne Kveim Lie³

Background: Medical certificates influence the distribution of economic benefits in welfare states; however, the qualitative aspects of these texts remain largely unexplored. The present study is the first systematic investigation done of these texts. Our aim was to investigation who GPs select and mediate information about their patients? health and how they support their conclusions about illness, functioning and fitness for work in medical certificates Methods: We performed a textual analysis of thirty-three medical certificates produced by general practitioner (GP) in Norway at the request of the Norwegian Labour and Welfare Administration (NAV). The certificates were subjected to critical reading using the combined analytic methods of narratology and linguistics.

Results: Some of the medical information was unclear, ambiguous, and possibly misleading. Evaluations of unctioning related to illness amontaneous account was unclearly a indiagnosts, amo possinly insessingly evaluations or unctioning related to illness were scree or absent, regardless of diagnosis, and, hence, the basis of working noncapacity was unclear to vicies in the text frequently conflated, obscuring the source of speaker. In some obcurrents, the experts subtle use of language implied doubts about the claims redability, but explicit to the property of the conflated or the conflated of the conflated of the conflated or advocacy also occurred, GPs show little insight into their patients' working lives, but rather than express uncertain and incompetence, they may resort to making too absolute and too general statements about patients' working capacity, and fail to report thorough assessments.

Conclusions: A number of the texts in our material may not function as sufficient or reliable so decisions regarding social benefits. Certificates as they may be deficient for several reasons, and textual writing decisions regarding social benefits. Certificates as they may be deficient for several reasons, and textual writing incompetence may be one of them. Physicians in Norway receive no systematic training in professional writing. High-quality medical certificates, we believe, might be economical in the long term it might increase the efficient of the control of the contro with which NAV processes cases and save costs by eliminating the need for unnecessary and expensive specialis witch may processed useds and season such as the countries of the countrie important part of medical practice and should be integrated in medical schools and in further education as a discipline in its own right, preferably involving humanities professors.

Keywords: Norway, GP, Medical certificates of incapacity for work, Document analysis





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)



Psychiatric Rehabilitation Journal

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2020, Vol. 43, No. 1, 9–17 http://dx.doi.org/10.1037/prj0000366

A Short History of Individual Placement and Support in Norway

Vigdis Sveinsdottir NORCE Norwegian Research Centre, Bergen, Norway Helen Christine Bull
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.

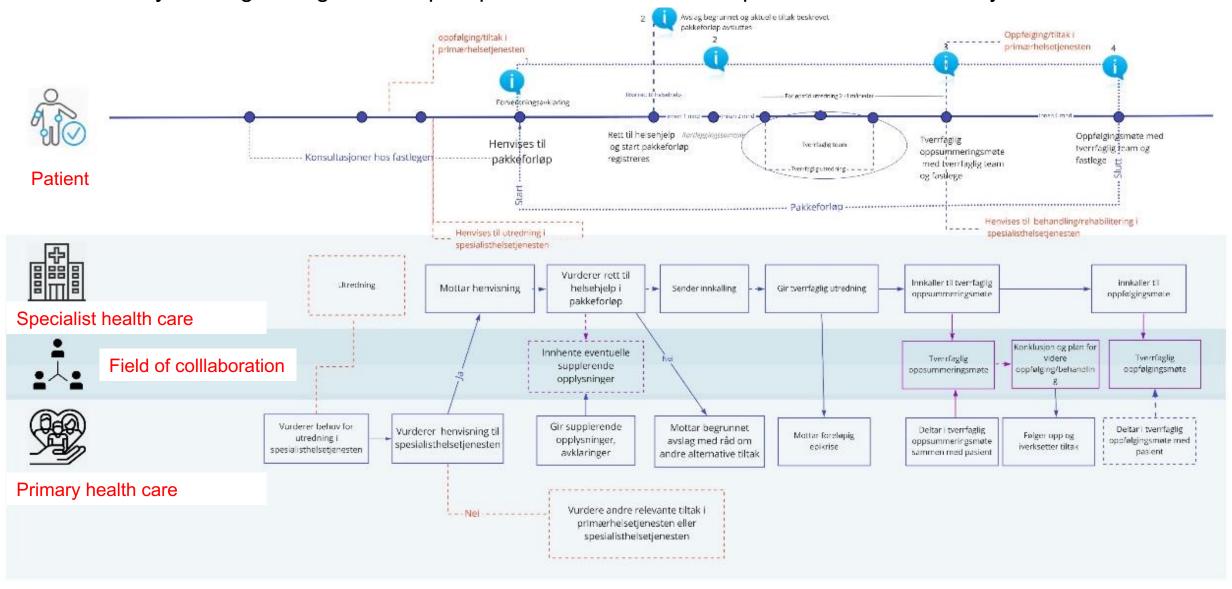
The weakest link

Cross-sectoral collaboration

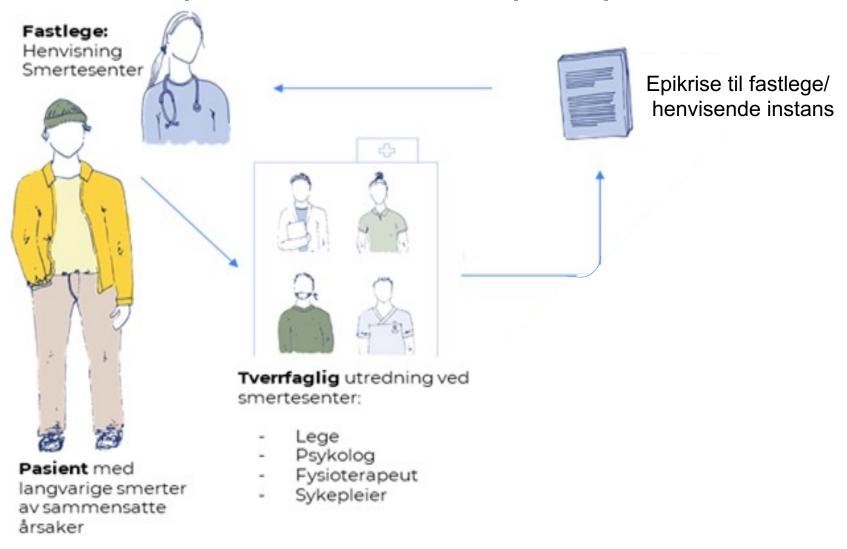
"It is clear that the system is not designed for cross-sectoral cooperation and that cohesive services face many obstacles along the way"



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

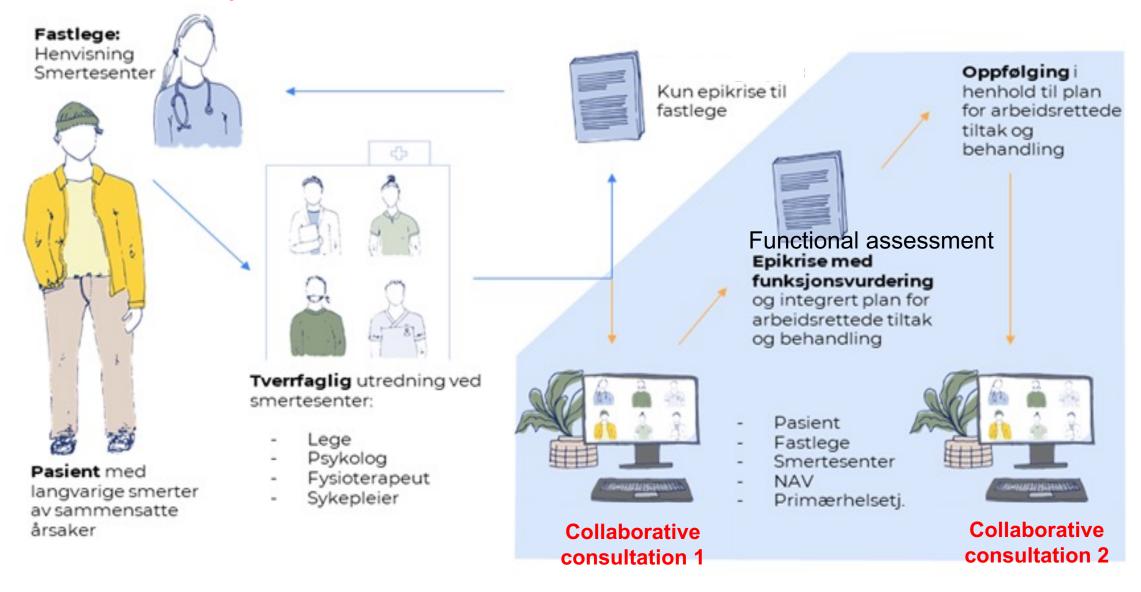


Care for patients with complex pain conditions as of today





Care Pathway for patients with complex pain conditions in 2023



SUSTAINABLE GEALS





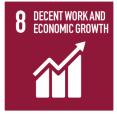






























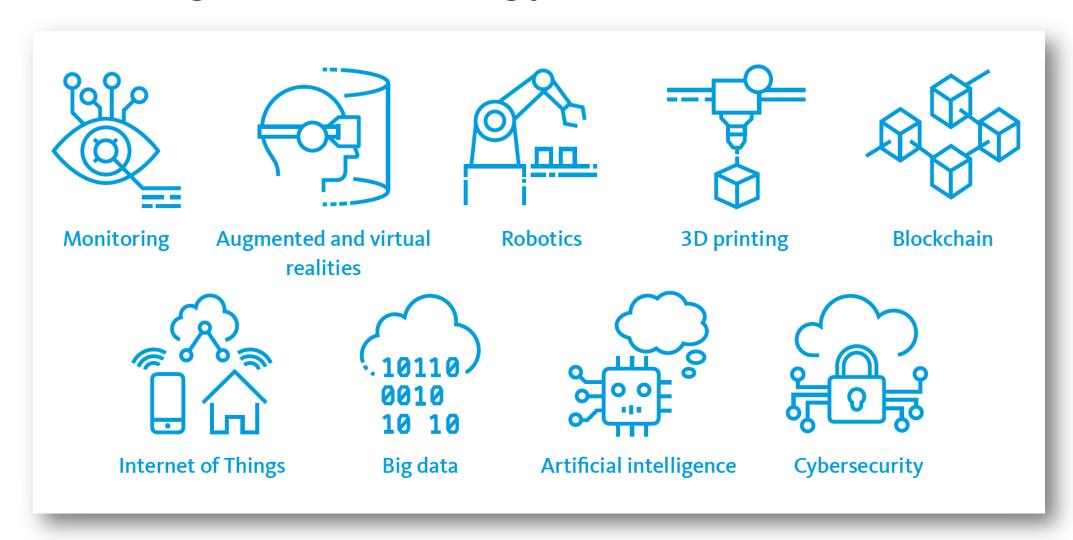


How does digitalization affect sustainability?

- 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?

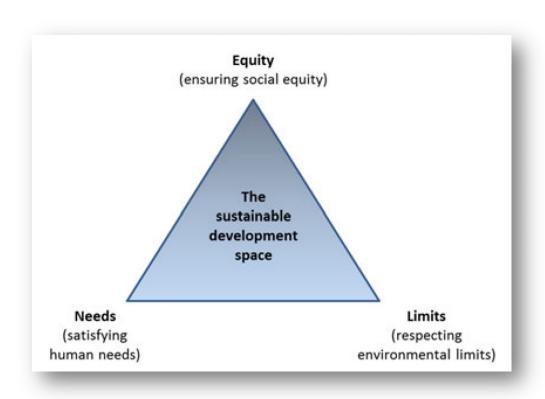


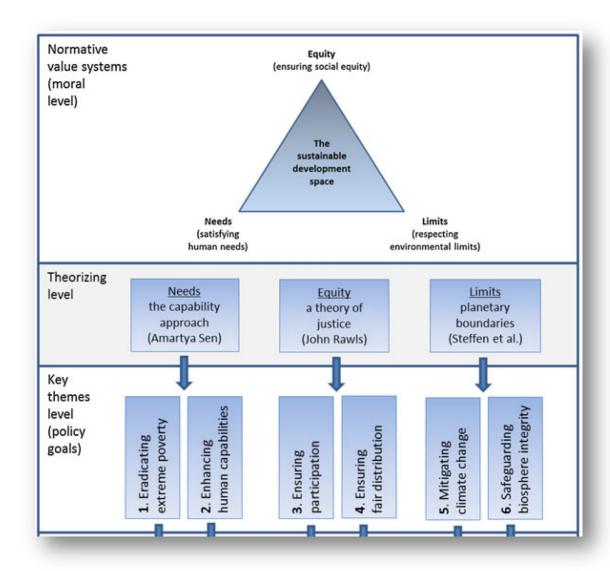
Is the digital technology itself sustainable?





Is the digitalization process sustainable?



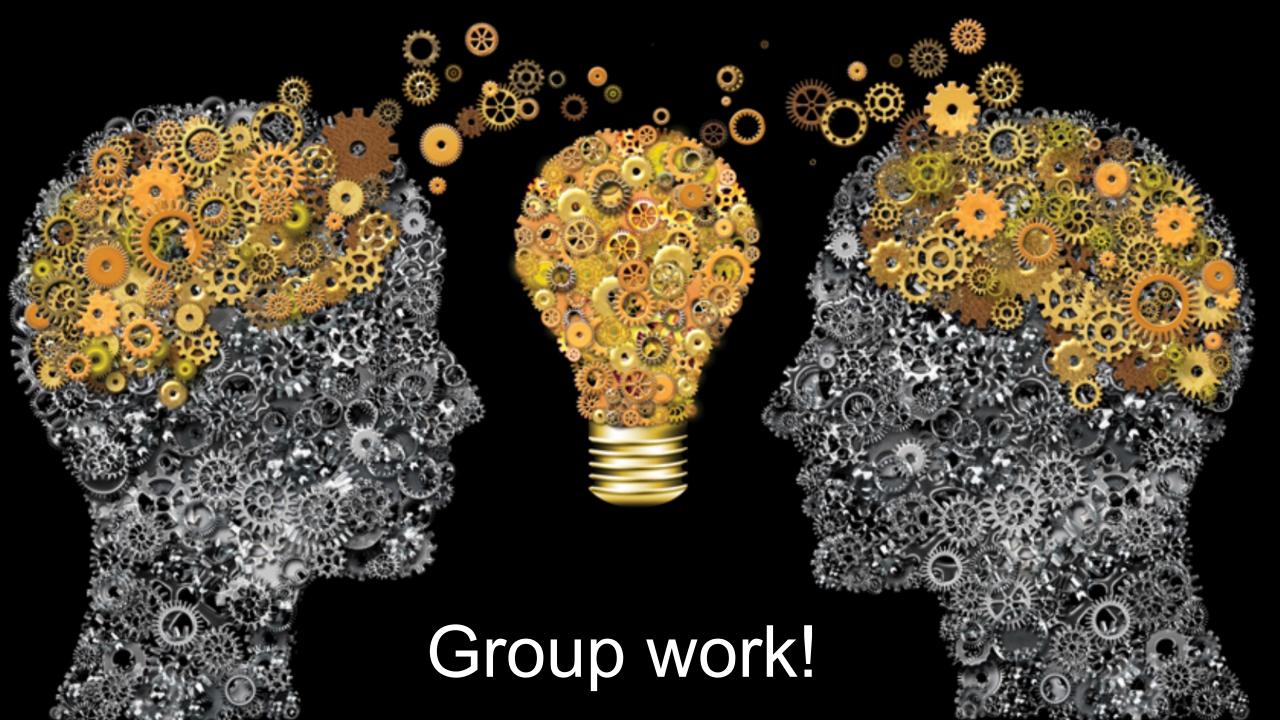




Digitalization is challenging because

- 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 discussion

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

Only as a user?

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



