The Presidents Presentation of

EUMASS

&

Insurance Medicine and
International Cooperation

Brussels
6:th of March 2015
Gert Lindenger
The European Perspective

- About 500 million people are affected in Europe by Social Insurance more or less financed by the public communities.
- Social Insurance Agents' decisions are to a certain extent based on common methods and a common base of European knowledge.
What is EUMASS?

- The European Union of Medicine in Assurance and Social Security (EUMASS) promotes experience sharing in the field of insurance medicine. Members consist of national insurance organizations, often public. EUMASS believes that effective, evidence-based insurance medicine is of great importance. The growing migration of employees within the EU has increased the need for international comparisons of medical services.
EUMASS

(Union Européenne de Médecine d'Assurance et de Sécurité Sociale)

• **Insurance Medicine** makes health related judgments on diagnosis, prognosis and effectiveness of interventions in the context of insurance coverage. This is a crucial activity in health and social care.

• **EUMASS** is an international organisation aimed at increasing the exchange of scientific knowledge and Good Practice in Insurance Medicine between representatives of insurance organisations in Europe.
EUMASS’s Objectives

• EUMASS will ensure that private and social insurance physicians practicing in European countries are represented at the international level.
• EUMASS will arrange an international convention every two years in one of its member states.
• EUMASS will promote better standards of assurance medicine in member countries by organizing task forces, while supporting and participating in academic and clinical studies on medico-social challenges, disabilities and relevant areas of public health
• Where appropriate, EUMASS will defend the ethical standards and the role of social insurance physicians
A definition of Insurance Medicine?

• Insurance Medicine is the field of knowledge concerning **functioning, diagnosis, treatment, rehabilitation** and **prevention** of disease and injury, that is **affecting and affected** by various insurances conditions and related considerations and actions of **involved professions**.

Definition 2006 by The Swedish Insurance Medical Forum
Basic Tasks of Insurance Medicine

• Certifying sick leave;
• Promoting return-to-work (RTW);
• Evaluating long-term disability for work;
• Promoting participation of disabled people in society;
• Assessing causality in impairments (e.g. accident);
• Assessing health risks of people applying for insurance coverage (health care; work capacity; life);
• Monitoring the use of health care and social care.
EUMASS
(European Union for Medicine in Assurance and Social Security)

UEMASS
(Union Européenne de Médecine d'Assurance et de Sécurité Sociale)

- EUMASS was established in 1972.
- The Council constitutes its main body of decisions. The Council meets three times per year.
- There are usually two representatives from each country at the EUMASS Council.
- The organisation has its office at the University of Leuven, Belgium.
EUMASS Member States

- Belgium
- Croatia
- Czech Republic
- Finland
- France
- Germany
- Hungary
- (Iceland)
- Ireland
- Italy
- Norway
- Polen
- Portugal
- Romania
- Serbia
- Slovakia
- Slovenia
- Sweden
- Switzerland
- The Netherlands
- United Kingdom
EUMASS Executive Board

- President: Gert Lindenger, Sweden
- Vice President: Marjan Rus, Slovenia
- Vice President: Cristina Dal Pozzo, Italy
- Secretary General: Annette de Wind, The Netherlands
- Treasurer: Jean-Pierre Bronckaers, Belgium
The Scientific Committee

- Doc. Dr. W. De Boer (Chair) Schweiz
- Prof. Dr. F. Falez, Brussel/ Vallonie
- Dr. G. Borgès da Silva, France
- Dr. S. Brage, Norway
- Dr. C. Oancea, Roumanie
- DM H.-W. Pfeifer. Germany

Adjunct members: for the duration of 2 years:
- Prof. Dr. K. Alexanderson, Sweden
- Dr. O. Masten-Cuznar, Slovenia
- Dr. T. Tomazic, Slovenia
Activities of EUMASS

• International congresses usually every second year.
• Scientific symposia’s at all Council Meetings.
• Working groups ex.
  – ICF with EUMASS Core-Set, Babylon, Survey of ”Managing sick leave in Europe”, etc.
• Through the EUMASS Scientific Committee supporting an initiative for a Cochrane Field of Insurance Medicine.
Participation in literature

- Handbook of Vocational Rehabilitation and Disability Evaluation. Application and Implication of the ICF.

Springer Verlag N.Y., 2015
EUMASS is an Associated Member of CPME (Standing Committee of European Doctors)

- CPME represents national medical associations across Europe, contributing the medical profession’s point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.
EUMASS Congresses

- 1976 - Paris - The cost of health care
- 1978 - Amsterdam - The problem of Migrant Workers
- 1980 - Aachen - Alcoholism and sickness insurance
- 1983 - Bruges - Absenteeism
- 1985 - Strasbourg - The Medical Adviser and the Clinical doctor
- 1988 - The Hague - Workplace Rehabilitation and Incapacity for Work
- 1990 - Bremen - The national organisations of sickness insurance and healthcare
- 1992 - Tournai - Problems of Healthcare
- 1994 - Paris - Rationalisation or Rationing
- 1996 - Veldhoven - Standards
- 1998 - London - Seeking Common Ground in Training and Assessment
- 2002 - Oslo-
- 2004 - Lille-Tournai – Scientific and Practical Aspects of European Medicine
- 2006 - Dublin – The Psychosocial Aspects of Disability and Healthcare
- 2008 - Prague- Chronic diseases – their impact on healthcare and social security, including economical aspects
- 2010 - Berlin- Individualized Prevention and Epidemiology: Modern Medicine
- 2012 - Padova - Social Security Challenges in Europe
- 2014 - Stockholm – Scientific Knowledge and Good Practice in Insurance Medicine and Social Insurance
2005 - London

INTERNATIONAL CONFERENCE ON DISABILITY, PARTICIPATION AND THE WORKPLACE

Thursday-Friday, 8-9 September 2005

Royal Society of Medicine
1 Wimpole Street
London, England
Stockholm 2014 - The Scientific program

• 12 invited plenary lecturers
• 20 parallel sessions
  – 105 different lecturers in the parallel sessions
• 4 Workshops and 1 Round table
• 38 poster presentations, 48 posters totally
Learning Objectives of the Stockholm Congress

• Learn about innovative methods and scientific advances in the field of insurance medicine, social security, work related disease and adjacent specialties
• Learn about the latest data and emerging trends from studies in Scientific and Good Practice research
• Enhance their knowledge of evidence-based approaches in insurance medicine
• Gain new knowledge on emerging diagnostic and risk-assessment strategies in the management of insurance medical claims
• Enhance practical knowledge and skills by educational activities
• Communicate, collaborate and network with representatives of a large international audience – medical professionals, national insurance societies, and researchers
EUMASS Congress in Stockholm
559 delegates from 23 countries
Post Congress Activities in Sweden

- Extensive Congress Evaluation
  - On-line for all delegates
  - Additional internal evaluation for delegates from the Swedish Social Insurance Agency
- Revision of all abstracts for useful information
- Internal mini symposium being filmed
- Producing a Congress process map
Benefits with International Cooperation – What’s in it for us?

• Better tools and methods? For ex: Ideas for Guidelines, use of ICF assessments of claims and core-sets in work ability assessments, risk assessing?
Development of sickness absence compared with other countries

Developpement de congé de maladie comparé aux autres pays

(From – Eurostat)
Diagnoses and sicklisting

Percentage of different diagnosis for sick listed in Sweden

- Circulatory diseases
- Tumors
- Injuries and intoxication
- Neurological diseases
- Other diseases
- Mental disorders
- Musculo skeletal diseases

Socialförsäkringsrapport 2011:4
Social Insurance Report
Number of persons on sick leave in Sweden for different ICD-10 diagnosis oct 2004 – dec 2012

Women

Psychosocial

Musculoskeletal problems

2004-2012
What constitutes "public health" problems today?

Less serious mental non well being... Musculoskeletal disorders and cardiac/pulmonary disorders.

- Limited objective signs of illness?
- Largely subjectively perceived problems?
- Often associated with psychosocial problems

Prof. Gordon Waddell
Royal Society of Medicine, London September 2005.
• Rehabilitation is a concept that has been developed for severe and well-defined conditions, like after traffic accidents or for Multiple Sclerosis.

• This does not function in the traditional sense of the kind of increase in illness that we now face, i.e. diffusely defined mental malaise.

Prof. Gordon Waddell
Royal Society of Medicin,
Motivation to RTW (return to work) seems to decline as times pass.
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%

After Sir Mansel Aylwards
UK research, Amsterdam 07-11-2013
Number of persons on sick leave in Sweden for different ICD-10 diagnosis oct 2004 – dec 2012

Men
RTW Guidelines: A Comparison between UK and Swedish RTW Guidelines.

Returning to work following surgery
A comparison of English and Swedish return-to-work guidelines
<table>
<thead>
<tr>
<th>Operation</th>
<th>English guidelines</th>
<th>Swedish guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carpal tunnel release</td>
<td><em>Managerial/supervisory</em>: one to two weeks</td>
<td><em>Sedentary work</em>: up to three weeks</td>
</tr>
<tr>
<td></td>
<td><em>Light work/secretarial</em>: two to four weeks</td>
<td><em>Medium heavy work</em>: four weeks</td>
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<td></td>
<td><em>Medium work, manual, cleaner, carer, nurse, check out operator</em>: four to six weeks</td>
<td><em>Heavy work</em>: up to eight weeks</td>
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<tr>
<td></td>
<td><em>Heavy manual work, prison officer, emergency services</em>: six to 10 weeks</td>
<td></td>
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<tr>
<td>Laparoscopic cholecystectomy</td>
<td>10–14 days</td>
<td>One week</td>
</tr>
<tr>
<td>Coronary artery bypass graft</td>
<td><em>Light work</em>: six to eight weeks</td>
<td>Eight to 12 weeks</td>
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<tr>
<td></td>
<td><em>Heavy work</em>: 12 weeks</td>
<td></td>
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<tr>
<td>Lumbar discectomy</td>
<td><em>Seated/light work</em>: four to six weeks</td>
<td><em>Light work</em>: three weeks</td>
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<tr>
<td></td>
<td><em>Heavy work</em>: 12 weeks</td>
<td><em>Heavy work</em>: six to 12 weeks</td>
</tr>
<tr>
<td>Total knee replacement</td>
<td><em>Seated work</em>: six to eight weeks</td>
<td><em>Sedentary work</em>: eight weeks, if</td>
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<tr>
<td></td>
<td><em>Physically active work</em>: up to 12 weeks</td>
<td>knee is without load</td>
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<td></td>
<td></td>
<td><em>Heavy work</em>: up to 16 weeks</td>
</tr>
<tr>
<td>Lung resection</td>
<td>Three to four months</td>
<td>At least two months</td>
</tr>
</tbody>
</table>

*Source: Royal College of Surgeons of England and the Swedish National Board of Health and Welfare.*
Aetiology Disease

Body Functions
- “At organ level”

Activity limitations
- At an “individual level”

Work incapacity

Other limitations

Job tasks
DFA-logic

- **D**: H58.1 Error of illumination
- **F**: Lampbulb broken
- **A**: Darkness...!
ICF:s

For "sick listing"

Disability and Functioning

For residual "work capacity"
# Eumass Core-set for Permanent Incapacity

<table>
<thead>
<tr>
<th>Code</th>
<th>Function</th>
<th>Very relevant</th>
<th>Relevant</th>
<th>Not very relevant</th>
<th>Not relevant at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>b164</td>
<td>Higher-level cognitive functions</td>
<td></td>
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<tr>
<td>b280</td>
<td>Sensation of pain</td>
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<td>b455</td>
<td>Exercise tolerance functions</td>
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<tr>
<td>b710</td>
<td>Mobility of joint functions</td>
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<tr>
<td>b730</td>
<td>Muscle power functions</td>
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<tr>
<td>d110</td>
<td>Watching</td>
<td></td>
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<tr>
<td>d115</td>
<td>Listening</td>
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<tr>
<td>d155</td>
<td>Acquiring skills</td>
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<tr>
<td>d177</td>
<td>Making decisions</td>
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<tr>
<td>d220</td>
<td>Undertaking multiple tasks</td>
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<tr>
<td>d240</td>
<td>Handling stress and other psychological demands</td>
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<tr>
<td>d399</td>
<td>Communication, unspecified</td>
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<tr>
<td>d410</td>
<td>Changing basic body position</td>
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<tr>
<td>d415</td>
<td>Maintaining a body position</td>
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<tr>
<td>d430</td>
<td>Lifting and carrying objects</td>
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<tr>
<td>d440</td>
<td>Fine hand use</td>
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<tr>
<td>d445</td>
<td>Hand and arm use</td>
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<tr>
<td>d450</td>
<td>Walking</td>
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<tr>
<td>d470</td>
<td>Using transportation</td>
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<tr>
<td>d720</td>
<td>Complex interpersonal interactions</td>
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The End