



EUMASS - UEMASS

European Union of Medicine in Assurance and Social Security
Union Européenne de Médecine d'Assurance et de Sécurité Sociale

XVIth EUMASS Congress, Dublin, Ireland
8 to 10 June 2006
President's Report

Dr Martine Gouello – EUMASS President

Since the Grand Congress in 2000, it has become tradition for the President to submit a report to delegates, presenting the main events of his or her term in office and Council aspirations for the future of EUMASS.

Elected President at the close of the Lille-Tournai Congress in 2004, it is with great pleasure that I present this report to you. But firstly, I would like to remind you of:

THE MISSIONS AND OBJECTIVES OF THE EUROPEAN UNION OF MEDICINE IN ASSURANCE AND SOCIAL SECURITY (EUMASS) LAID DOWN IN THE STATUTES

Created 35 years ago, EUMASS is an association that currently federates national associations of social insurance and assurance physicians from Germany, Belgium, France, the Netherlands, Ireland, Great Britain, Norway, Sweden, Italy, Czech Republic, Hungary, Slovenia, Finland, Iceland and Slovakia.

EUMASS will ensure that private and social insurance physicians practising in European countries are represented at an international level.

1. It will organise an international congress every two years in one of its Member countries.
2. It will promote better standards in assurance medicine in Member countries by organising working groups, and supporting and participating in academic and clinical studies into medico-social problems, disability and relevant areas of public health.
3. Where appropriate it will defend the ethical standards and the function of social insurance physicians.

It therefore organises, through all distribution methods, information exchanges on relevant subjects for the practice and organisation of social insurance and assurance medicine, particularly with the organisation every two years of a Congress in a different country as well as inter-congress working groups.

LILLE-TOURNAI CONGRESS JUNE 2004

This Congress, for which I was the organising President along with F. Falez, has been co-organised for the first time in the history of EUMASS by associations from 2 countries: the Union Française de Médecine d'Assurance et de Sécurité Sociale (French Union of Medicine in Assurance and Social Security/UFMASS) and the Association Scientifique de Médecine d'Assurance Belge Francophone (Belgian French-Speaking Scientific Association of Assurance Medicine/ASMA) on the theme: "Scientific news and practices in European social medicine".

It was a resounding success as 250 participants represented 16 European countries, Canada and the US.

It was of a very high quality both for the speeches given in the Plenary Assembly and for the 52 free lectures enabling exchange on practices in a variety of relevant themes today: professional illnesses and work-related injuries, functional rehabilitation, incapacity to work assessment, patients' rights and medical responsibility, new technologies and professional practices, the quality process and decision-aiding tools, healthcare quality assessment and international and European collaboration. This academic programme was rounded off with a sparkling social agenda involving a memorable Gala evening in Tournai. The congress acts have been distributed on CD Rom and published on the EUMASS website www.eumass.com

Following this congress, a new Board has been established: I have become EUMASS President, Dr Peter Donceel the Secretary General, Dr Annette de Wind the Treasurer and Dr Clement Leech, Vice-President and organiser of the Dublin Congress.

I set myself 3 objectives for my term as President that were approved and carried out with Council members:

- Develop our actions and communication
- Inform international and European bodies about EUMASS and defend the interests of European social medicine
- Expand EUMASS to new members.

I – DEVELOP OUR ACTIONS AND COMMUNICATION: THE RESULTS

1. COUNCIL MEETINGS

During these two years in office, the **Council** and **Executive Board** have gathered on **6 occasions**: in Lille in June 2004 and Prague in October 2004 where we were welcomed by Dr L. Bojicova, the National Doctor of the medical evaluation department of the Czech Social Security Institute. This visit gave us an insight into the Czech Social Security System and the role played by its Medical Department.

2 Council meetings were held in Louvain in June 2005 and February 2006, and in Dublin in June 2005 to prepare for this congress. This initial visit to Ireland was already a sign of the success of this congress. Thank you to Clement, for this magnificent congress.

2. EUMASS/AADPEP

After the Lille-Tournai congress, a partnership has evolved with the representatives of the **American Academy of Disability Evaluating Physicians** with a view to exploring two common fields:

- The development of standards for evaluating disability
- Training programmes and criteria for certifying physicians who evaluate disability.

This partnership came together in **September 2005** through an **international conference in London** during the UK Presidency of the European Union on "disability evaluation, returning to work and rehabilitation". This conference was attended by European doctors and members of the AADPEP, Americans as well as Brazilians, Australians and New Zealanders.

Paul Stidolph has just presented this highly successful event to you. I would like to use this moment to thank him and David Randolph for this outstanding conference, this partnership and these enriching exchanges.

Over these two days, speakers from various European countries and the US have compared their respective approaches to disability and handicap evaluation and functional rehabilitation.

They have all seen a rise in the number of work stoppages and invalidity pensions in Western society. Diverse causes contribute to this phenomenon: a reduction in industrialisation, reduction of the job market, ageing of the population, obsolete regulations, unsuitable funding, failure of employers and patients to take responsibility, inadequate prevention and education of doctors and patients, etc.

But there was a consensus between all the participants from a diversity of backgrounds, all closely involved in evaluation, regarding the possibility of preventing incapacity to work and managing it better.

Recommendations are based on the following specific observations:

- Every effort must be made to improve the image of work, a source of income for families. Enhancing its appeal will need its relational dimension and motivational aspects to be exploited to the full. Severely disabled persons who have become reintegrated into working life often have a higher quality of life than patients suffering from common illnesses whose compensation seems wholly excessive.
- Promotion of techniques of prevention, education and rehabilitation. E.g.: the British programme "Pathways to work".
- Promotion of the ability that remains instead of the capacity that has been lost.
- It is essential to improve synchronisation between the different actors: the State, employers, patients, medical officers, occupational doctors and social workers.

- Initial and continuing education for general practitioners and specialists should also cover social medicine. Some European countries have in fact created Chairs of Social Medicine in their Universities giving doctors an approach to healthcare that is not just individual but also collective.
- IT usable data reference standards should be used as they are in Great Britain and the Netherlands.
- It is already compulsory to take account of "evidence based medicine" in Great Britain.
- All participants were in agreement that the evaluation of capacities to work and rehabilitation should make greater use of scientific data and a patients' approach on the basis of the "bio-psycho-social" model as many work stoppages have a significant social component.
- Research is necessary to test and harmonise decisions.
- Classifying incapacity may facilitate communication in terms of evaluation and research. At present, the only international classification to take account of function and environmental factors is the ICF, but a great deal of work is required to adapt the tool.
EUMASS will coordinate this research.

3. INTER-CONGRESS WORKING GROUP ON THE ICF

The other major focus area over the last two years that will continue after this congress concerns the use by disability evaluating physicians of the **International Classification of Functioning, Disability and Health (ICF)** which is a new classification established by the WHO (<http://www.who.int>) since 2001. It is distinct from the ICD insofar as it describes health-related states viewing the person as both an individual and a social being. The ICF has been designed to serve different disciplines and sectors. It is used by sectors such as Assurance and Social Security.

Drs Freddy Falez and Sören Brage have coordinated an inter-congress working group whose objective is to select a range of items for evaluating disability on the basis of reproducible and precise methods.

This working group has so far conducted 2 of the 3 stages: the drafting of national lists of items, and then during a consensus meeting, the compilation of a core of items that EUMASS member organisations have in common.

The 3rd stage will involve the practical testing of the selected items to validate their relevance for the day-to-day functions of the Medical Officer. You will be informed of the results of this 3rd stage at the Prague Congress in 2008.

I would like to thank Sören and Freddy for coordinating this EUMASS working group so efficiently, whose initial results have just been presented to you.

Alongside this working group, F. Falez was in charge of coordinating the work of the Thematic Group: "Medical Expertise" of the French-speaking Partnership Network (Belgium, France, Canada) of the French WHO Collaborating Centre for the ICF with the same objectives:

- studying this Classification to assess the possibilities of using it for medical expertise, in terms of both private insurance and social insurance and judicial expertise,
- if there is a positive response to the first objective, proposing methods for using the ICF in expertise in medicine; (creation of a group of items according to the objectives of the expertise ["core sets"], grading of degrees of deficiencies and disabilities, etc.),
- assessing the extent to which the approach to disability proposed by the ICF will influence concepts currently used in terms of medical expertise.

Two meetings have already been held in Paris as well as an ICF presentation conference in December 2005.

4. OTHER INFORMATION AND EXCHANGE MEASURES

- During the different Council meetings, we were able to hear a presentation on disability evaluation given by the Hungarian Health Insurance Authority and the first results of their use of the ICF, a presentation of the Social Security Reforms in Sweden and Germany and we exchanged views on the various changes and European Directives (E.g.: Directive on services),
- EUMASS Council members took part in comparative studies on the evaluation of lumbar pains and migrants,
- Documents were exchanged on the role of general practitioners in prescribing work stoppages and the recommendations of good practice that were handed out to them,
- The Franco-Belgian inter-congress working group (2004-2006) looked into lumbar pains and the application of good practice standards regarding work stoppage and prescription of healthcare.
- A working group project was conducted by Dr Wout De Boer to carry out a taxonomy of medical evaluations of

permanent disability

5. COMMUNICATION

WEBSITE: eumass.com or uemass.com

All our thanks goes to Paul Treacy for improving access to and the running of this site. Your know-how has been indispensable! Thanks to you, it has become a dynamic and interactive website.

All contributions would of course be welcome and should be sent to Paul Stidolph and Freddy Falez.

The content in our website is of great interest, and I invite you to consult it. You'll find the acts of the various congresses, information about Social Security systems and their medical services, research publications and links through which you can contact the social protection associations of our countries.

The content can be enriched further, however, and it could become a real portal for our social protection schemes.

At this congress, Dr Georges Borges Da Silva spoke freely on the establishment of an internet research engine for healthcare actors in France.

Why is this research engine needed? New health risks are emerging and the demand for collective health protection is on the rise. Decision-makers are prompting us to set up monitoring, alert and expertise systems as well as systems to improve our knowledge. Their primary objective was to establish the first tool of documentary research and digital information exchange for the exclusive use of actors in healthcare and risk management. Its indexing scope is initially in French, but it will develop in a few months to encompass the indexing of English websites to make it a community tool in which we will make progress by participating in increasing collective knowledge. For this, we could propose the indexing of new sites.

If requested, Dr Georges Borges Da Silva may introduce possibilities of targeting other geographical areas and other countries.

This project will be presented at the next EUMASS Administrative Council meeting with a view to determining the necessary conditions for integrating this portal on our website for free.

PUBLICATIONS:

The acts of the Dublin Congress will feature on our website and the presentations will probably be included in joint EUMASS/AADep **publications** as well as the Revue d'Assurance Maladie Française.

INFO MAIL OF EUROPE:

At the end of 2005, the first issue of "**Info Mail of Europe**" was sent to Council members. This quarterly newsletter that I write touches on the major European dossiers regarding health, healthcare and Health Insurance.

6. REVISION OF THE STATUTES

During the Council meeting on 25 February 2006 in Louvain, certain articles of the Statutes were revised:

Articles 4 and 9: Members of national organisations other than doctors are not considered as ordinary members but are automatically accepted as associate members.

Article 10: The Council is made up of doctors representing the national organisations constituting EUMASS.

Article 16: In the Executive Board, there are now 1 or 2 Vice-President(s)

Article 18: If the President is absent, the oldest Vice-President shall take on his role.

7. FINANCIAL ACCOUNTS

Without a minimum amount of money, we would have no future. You will all have a clear understanding of the key role played by our Treasurer, Annette de Wind, who has reliably managed our finances provided by contributions from our members and who offered administrative assistance for us. Thank you Annette.

II – INFORM INTERNATIONAL AND EUROPEAN BODIES ABOUT EUMASS AND DEFEND THE INTERESTS OF EUROPEAN SOCIAL MEDICINE

1 – EUROPEAN HEALTH POLICY FORUM

The objective of the European Forum is to unite organisations representing actors in healthcare with a view to ensuring that the healthcare strategy is open, transparent and responds to public concerns. It must enable the organisation of consultations and exchanges of views and experiences regarding a wide range of subjects and contribute to implementing and following up specific initiatives.

The European Health Policy Forum (EHPF) is, in accordance with the response given by the Commission to public consultation on the creation of the forum at the beginning of 2001, one of the elements of a triad including an Open Forum and, in the future, a Virtual Forum.

The Open Forum has expanded the work of the EHPF to a larger group of stakeholders including approximately 300 participants. It holds one plenary session in the morning and three parallel sessions run and organised by NGOs in the afternoon.

In January 2006, the Health and Consumer Protection Directorate General of the European Commission accepted the participation of EUMASS in the EHPF.

The last meeting took place in November 2005 and outlined the European programme in terms of health and consumer protection for the period 2007-2013.

The next meeting will be held in Brussels in 2007.

2 – APPLICATION OF EUMASS TO THE STANDING COMMITTEE OF EUROPEAN DOCTORS (CPME)

The CPME is the European expert representing all doctors. It is the EU's sole representative and is consulted in this capacity on any matter relating to health, healthcare and professional practice. Examples: quality of healthcare, patients' safety, mobility of healthcare professionals, continuing professional development, access to information, new public health strategy of the EU, Directive on services, working hours, European regulations, cross-border cooperation, the European Health Insurance Card, Health Cards, e-health, etc.

The CPME is composed of the National Medical Associations or equivalent and different European medical associations. Its objective is to promote the highest standards in terms of medical practices and training with a view to improving the quality of healthcare for European citizens.

Our European association of social insurance and assurance doctors unites doctors, general practitioners or specialists by training, with specific modalities of practice that are complementary to the doctors currently making up the CPME. At a time when Europe is seeking to promote its European social model and social protection has become a matter of key importance, our association can bring the CPME its network and knowledge of health systems and a medico-social and economic emphasis on the subjects dealt with in the European Union.

For all these reasons, EUMASS sought to become an associate organisation of the CPME. An official request was made in March 2006, which will be examined by the CPME Council in June 2006. If the latter agrees to the request, it should then be approved by the General Assembly in October 2006.

III – EXPAND EUMASS TO NEW MEMBERS

We are delighted to have received applications from 2 national organisations: the Italian Istituto Nazionale Previdenza Sociale (INPS) and from Portugal. These will be presented to the next Council meeting which will make a decision on their request after taking their role and missions into account.

CONCLUSION

As you can see, these 2 years of Presidency have been rich and enriching in terms of exchanges of good practices and on the relationship level, with tangible results for each one of us and for our institutions. It is thanks to the work and passion of all our Council and Executive Board members that we have been able to carry out all these measures. I would like to thank them on your behalf, particularly the Secretary General Pr Peter Donceel who has given me his support over these 2 years.

But life continues with a significant work programme for the next two years. We invite other European countries to join us as we have created an unparalleled network of communication and exchange in social insurance medicine. We provide a service with a potential for medical officers, researchers and national organisations. The Council members bring talent and commitment to develop EUMASS, which has the trust of our decision-makers for the benefit of European social protection.

This programme will be carried out by the new Executive Board which was appointed at the last Council meeting in February 2006:

President: Dr Clement Leech

Vice-President: Dr Liliana Bujicova who will organise the next congress in Prague in 2008

Vice-President: Freddy Falez

Secretary General: Dr Annette de Wind

Treasurer: Pr Peter Donceel

It is with a great pleasure and pride that I present to Dr C Leech this President's medal and ask him to assume his new function as EUMASS President. Congratulations.