



EUMASS - UEMASS

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

XXth EUMASS Congress, Stockholm, September 11-13, 2014

President's report

Dr Sören Brage, EUMASS President

Dear colleagues,

We are at the end of EUMASS Congress 2014. We have enjoyed ourselves over the last days in stimulating discussions and we have acquired knowledge, deeper insight, and hopefully skills in plenary and parallel sessions. Many of you have shared your ideas and knowledge to develop the evidence base of social insurance medicine and to improve practice in social insurance institutions in Europe. Without your efforts and generosity to share your experience, there would never have been a congress.

To organise a congress every other year is a main task for EUMASS, but we have also other tasks. In this overview, I will make some comments on these, and suggest how we can respond to challenges we will meet in the future.

We are meeting challenges related to the age of the European population. First of all for young persons in Europe who are meeting an unclear future with high unemployment rates, high rates of benefit dependency, and high rates of mental health problems, often combined with poor education and poverty. What can we do to support the young population in their striving for economic self-sufficiency and better health? How should the welfare systems be changed?

The second challenge is for old age, and the strong increase in older persons. Many have shown that the sustainability of welfare benefits is at stake since the proportion of beneficiaries vs. persons in productive employment rapidly increases. Reforms are being done with the aim to make senior citizens stay longer in the work force and to delay their pension age. What are the consequences of these reforms in the pension systems and how do we adjust to that in social insurance medicine?

We also meet a challenge in technology. There are important developments in medical treatment, in supportive aids, in diagnostics, in gene therapy. Social insurance doctors need to adapt to changes in technology and medical knowledge, and learn to take advantage of



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these. What can we do to assist and ease the flow of new knowledge into social insurance medicine?

We certainly also have ongoing political challenges. In our work we have to deal with increasing migration and related issues. We must actively contribute to a building down of tensions in Europe.

The Congress in Padova

The 19th EUMASS Congress was held in Padova June 14-16, 2012 under the leadership of the Congress President, Cristina dal Pozzo. The congress was supported by the National Institute for Assurance of Work Accidents (INAIL), the National Institute for Social Security (INPS) and the University of Padova and was professionally organised by Sistema Congressi. The main theme was “*Social Security Challenges in Europe*”. The lectures and meeting took place in the University of Padova, the City Hall, and the Cultural Centre of San Gaetano.

The organisers together with the EUMASS Scientific Committee had arranged a comprehensive and diversified congress. There were ten plenary presentations covering among other issues challenges to social security due to financial difficulties and demographic changes, research on return to work processes, disability evaluations, and the sustainability of health care. There were parallel session with 85 presentations and 18 posters. CME credits were given for participation.

The congress was attended by over 400 participants from 27 countries and, thus, a very well attended congress. The evaluations showed that the congress scored high in terms of content. In general, the EUMASS congresses are on a rising curve with respect to scientific content and the Padova congress was, in this respect, a part of this development.

EUMASS has had a standing scientific committee since 2010, and the work of this committee, in liaison with the organisers and the EUMASS Council, has greatly contributed to this positive development.

The Council meetings

The EUMASS council has met six times in 2012-2014. The first meeting was held in conjunction with the Congress in Padova in 2012. Thereafter, we have met in Brussels in February 2013 and 2014, where the first one was hosted by the European Social Insurance Platform (ESIP). The Council was also hosted by The Romanian Society of Medical Assessment and Work Capacity Rehabilitation (SREMRCM) at the meeting in Bucuresti in June 2013, by INAIL in Napoli in October 2013, and by the French National Health Insurance Agency for Wage Earners (CNAMTS) for a meeting in Paris in June 2014. The



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meetings have been attended by 20-30 Council members each and with observers and invited guests in addition. The meetings have been most efficient.

In connection with council meetings that always are held on Saturdays, we have continued our tradition of having a scientific conference the preceding day. These conferences have been well organised and have given depth insight into challenges and advantages of the organizing country, as well as top international research in our field.

EUMASS undergoes changes in the direction of increased professionalism, and there has been a need for meetings in the Executive Board, the Scientific Committee, and the working groups, and between these and the Organizing Committees for congresses in connection with the Council meetings.

Three countries have not participated in EUMASS in 2012-14. We very much hope that their absence is temporary, and wish them back into our organisation.

The Executive Board

The Executive Board has had its own meetings in connection with the council meetings. There has also been a need for additional Executive Board meetings between the council meetings. In this period, substantial work has been done in preparing the revision of statutes and development of internal regulations and in developing cooperation with the Scientific Committee and the Organising Committee for upcoming congresses.

The Scientific Committee

In 2012-2014, W. de Boer has been the chair of the Scientific Committee. The committee has also included K. Alexanderson, G. Borgès da Silva, S. Brage, F. Falez, H.-W. Pfeifer, and J. Järvisalo (until 2013). The Scientific Committee has done extensive work with respect to planning of the Stockholm Congress, including developing abstract criteria, abstract evaluation, program, and selection of plenary speakers and moderators. The Scientific Committee has also judged requests for scientific cooperation with EUMASS, participated in the revision of statutes, and started to plan the program for the 2016 Congress in Slovenia.

The Scientific Committee has distributed a questionnaire to all Council members regarding insurance medicine in Europe. The results of this survey will be presented at a later stage.

Working groups

In this period, two working groups have been active.

The Babylon group



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There is a high degree of confusion and uncertainty on the use of terms and concepts in European social insurance. This leads to misunderstanding and slower clinical and scientific progress. The Council has therefore endorsed the start of a working group on nomenclature, called the Babylon Group. The main goal is to facilitate understanding and communication in the field of insurance medicine in Europe. The definitions will be based on international regulations.

The working group on ICF

This group is working with the dissemination of ICF and the integration of the ICF model into national insurance administrations. After the successful development of the ICF-based core set for disability assessment, and its publication in 2007, the group has worked with the dissemination of ICF in various national settings and with the validation of the core set. The validation study has been completed and the results published in 2014.

Of recent developments can be mentioned that INAIL (Italy) has created a standing ICF Committee, and that UWV (the Netherlands) is implementing ICF in a new assessment methodology.

Members of the working group have contributed to a textbook “*Handbook of Vocational Rehabilitation and Disability Evaluation. Application and Implication of the ICF*”. The book has been presented at this Congress and will be published in November 2014.

New members of EUMASS

In 2012-2014, three new associations became members of the EUMASS:

- From Croatia: The Croatian Society for Medical Expertise and the Croatian Institute for Pension Insurance
- From Serbia: The Republic Fund for Pension and Disability Insurance
- From Poland: The Polish Social Insurance Institution (ZUS)

Representation in CPME

EUMASS Council has, since long, realised the importance of international cooperation and of international representation at the European level. In 2013, we therefore applied for associated membership in the Standing Committee for European Doctors (CPME). This organisation includes the national medical societies in Europe and also trans-national associations, like for young doctors and for family medicine. The CPME works in close collaboration with the European Commission, and brings important medical issues to attention at a high level. EUMASS will strive to contribute to the broad expertise that the CPME offers in matters related to medicine and the medical profession in general, and wants to increase the visibility of insurance medicine at a European level, both according to the objectives of EUMASS. Our application was favourably received. By decision in the General Assembly,



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EUMASS is now an associated member. In the future, EUMASS will be represented in the Assembly as well as in the active working groups.

External collaboration

The network in EUMASS functions well and is of high importance. Many members benefit from the expertise and network of individual members in studies and work they are doing for their national organisations. An example of this is the network on sick leave management that many EUMASS Council members have taken part in. The results have been published on the EUMASS website. The paper is called “Professional sick leave: the role and functions of professionals in managing sick leave in different European countries” and describes and analyses sick-leave management in nine European countries.

The EUMASS Council has decided to support the initiative for a Cochrane Field of Insurance Medicine. This initiative originates from the Evidence-based Insurance Medicine Research Group, with researchers from 4 countries. We agree that evidence based insurance medicine is necessary, and if this work is successful, it could prove to be a resource for our congresses and researchers, and facilitate training.

Administration

The secretariat is located in Leuven. We have been greatly supported by Lies van Meerbeek who does an outstanding job to hold this organisation together.

Communication

The website of EUMASS (www.eumass.com) is our main window to the outside world. The site is public, and contains links to other organisations, as well as information on social security medicine in Europe, symposia, presentations both at congresses and otherwise, and on results from working groups.

The website is in strong need of modernization and needs work to be up date. The Council has taken steps to do this, and we hope that the change will take place this autumn.

The statutes

With the creation of a standing Scientific Committee, a revision of the statutes was necessary. Indeed, the statutes were also in need of a general revision. After thorough discussions in EUMASS, the new statutes were adopted at the Council meeting in Paris in June. In addition the Internal Regulations that more in detail describe the running of EUMASS were accepted at the same time.

Finance

EUMASS is in a healthy financial state. Our revenues consist exclusively of membership fees. It is a great advantage to have some means for the website, for the secretariat, and costs for a few designated speakers at congresses and Council meetings.



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The coming years

At the meeting in Paris in June 2014, the following Executive Board was elected by the Council for the period 2014-16:

President: G. Lindenger, Sweden

Vice President: M. Rus, organizer of the 2016 Congress, Slovenia

Vice President: C. Dal Pozzo, Italy

Secretary General: A. de Wind, the Netherlands

Treasurer: J.-P. Bronckaers, Belgium

EUMASS should address the challenges I mentioned at the start.

The problem of young people who never have the opportunity to come into ordinary work needs to be addressed. Whole age cohorts are at risk of never becoming full-valued, self-sufficient citizens. It is absolutely necessary to emphasize the reciprocity of work and health in the support of young persons. It needs to be emphasized in health care, especially in rehabilitation, that work in most cases is beneficial to health. A life outside of the work force can be a health hazard. The ICF recognizes this connection and can be used as a basic framework and model.

The sustainability problem due to ageing populations has consequences on work in social insurance medicine. There are ongoing reforms, including a greater degree of team work, standardized assessments, demands for greater transparency, and restrictions of benefits that need adjustment too. Our role as social insurance doctors is gradually changing. EUMASS, through these congresses and at other meeting-places, can provide discussion arenas where best practice can be discussed and new ideas be collected.

Technology improvement, better medical treatment and more medical knowledge needs to be assimilated into social insurance medicine. Increased cooperation between research centres, and higher demands for evidence based medicine are necessary steps to be taken. EUMASS welcomes the initiative for a Cochrane Field of Insurance Medicine.

The political challenges of migration and mobility cannot be solved within the national borders. They need to be addressed at a European level. EUMASS' initiatives to improve international collaboration are very important and should be intensified further.

EUMASS is a necessary organisation to meet these challenges – by means of active cooperation, evidence based medicine, and a modernization of the welfare systems.