



EUMASS - UEMASS

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

XXII:th EUMASS Congress, Maastricht, October 6-8, 2018

President's report

Dr Gert Lindenger, EUMASS President

Dear colleagues,

We have now reached the last part of 22st EUMASS Congress. This congress has been made possible through the collaboration between EUMASS, the Dutch Association for Insurance Medicine (NIVG), the Dutch Association of Medical Advisors in Private Insurance (GAV) and the Scientific Association for Insurance Medicine in Flanders (WV), who has made this event possible in combination with the Dutch International Congress on Insurance Medicine 2018 (VG-dagen 2018.)

I would like to thank these organizations and a special thanks to their representatives in Organising Committee and the EUMASS Scientific Committee for having done a tremendous tough and challenging job in organising this event.

I am very pleased to have shared together with you all an excellent congress experience and lots of interesting presentations and discussions with colleagues.

This successful congress has been made possible only through all participant's efforts and openness to share their experiences.

Since the year 2000 the statutes of EUMASS require that the President must produce a report at the end of his/her term, which should be presented at the end of the congress. As you all know EUMASS is an organisation aimed at increasing the exchange of Scientific Knowledge and Good Practice in Insurance Medicine between representatives of insurance organisations in Europe. This is done as a main task for EUMASS by organizing a congress every second year is, but EUMASS also have other tasks.

In this report I will make some comments and, also address some challenges that we currently face.

At the last congress in Ljubljana 2016 I brought up as one challenge, my concerns of the ongoing increase of mental illness or perhaps of mental non wellbeing, rather than mental disease. The border between these conditions is sometimes difficult to draw and there are strong lobbying groups trying to medicalise non-evidence based conditions. More and more the biomedical approach seems insufficient to explain the increase of mental non wellbeing. Instead the biopsychosocial model seems to give more plausible explanations. Now in 2018 it seems more pertinent than ever to develop new tool for better understanding of how other factors than only the biomedical disease affects sick listing. To quote a well-known colleague - Sir Mansel Aylward



EUMASS - UEMASS

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said in 2013 "How people think and feel about their health problems determine how they deal with them and their impact."

Another challenge I would like to address is that several Social Insurance Agencies have started to explore how computers with Artificial Intelligence can read and interpret sick notes/certifications through recognition of patterns. How smart and how fair can these systems be made? Will this mean that the number of Social insurance Officers and Decision Makers can be decreased?

The third challenge I would like to address, as at the last congress 2 years ago, is migration. During the last few years Europe has had a large migration and great numbers of refugees, due to war and economic crises. The new question was raised of how this would affect Insurance Medicine. We can now see that in some European countries this has put a quite a strain on society. Many of the European Social Security schemes are created for other circumstances than the conditions that the systems now are facing. We now see that a number of migrants have had difficulties to adapt and integrate in their new country. But if this is because of a medical condition or other factors is not always easy to evaluate. So still in many places integration is not quick and tension has increased. We still need to actively contribute to try to reduce tensions in Europe.

A completely other challenge I would like to address is international crime. Or rather international crime has tried to address EUMASS. Someone have been falsifying email addresses of EUMASS Council members and e-mails has been sent, at several occasions, to our EUMASS treasurer, presenting a fabricated invoice, trying to look like it was from our Norwegian members association. But of course with the payment ending up at completely different place.

The previous Congress in Ljubljana

The 21th EUMASS Congress was held in Ljubljana at June 9-11, 2016. The congress was in cooperation with the 4th International Congress of Medical Assessors in Slovenia.

The main theme was "Research, education, and practice in insurance medicine and social security". The lectures and meetings took place at the congress facility of Hotel Union in the center of Ljubljana.

The organisers together with the EUMASS Scientific Committee had arranged an extensive congress program. There were 12 plenary presentations covering among other issues challenges as to possible 'side effects' of being sickness absent and the role of physicians in return to work in different countries.

There were 105 parallel sessions 27 workshops and 40 posters. Addressed topics were Return to work, Sick leave, Sick leave certification, Disability, Disability evaluation, Monitoring/risk management in healthcare and Developments in healthcare,. CME credits were given for



EUMASS - UEMASS

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participation.

The congress was attended by 660 participants from 24 countries and therefore the so far most well attended congress. The evaluations showed that the congress scored high in terms of content.

The Council meetings

The EUMASS council has met seven times since June 2016. The first meeting was held in conjunction with the Congress in Ljubljana in 2016. Thereafter, meetings were held in Warsaw in the autumn of 2016. In 2017 Council meetings were held in Liege in February, Helsinki in June and in Zagreb in September. In 2018 Council meetings were held in Halle in Belgium in March and in Reykjavik in June, there hosted by the Icelandic organisation VIRK.

The meetings have been attended by 20-30 Council members each time and by observers and invited guests. These meetings have been most satisfying.

In connection with EUMASS Council meetings, which are always held on Saturdays, EUMASS has continued the tradition of having a scientific program the preceding day. These meetings have been well organised and have given deeper insights into current issues of the organising country, as well as of international research in our field.

The Executive Board

The Executive Board has had its own meetings, usually in connection with the Council meetings. There has also been a need for additional Executive Board meetings which has been held through Skype.

The Scientific Committee

EUMASS is still in a process of changes in the direction of increased professionalism. Since 2016, Corian Oancea has been the chair of the Scientific Committee. The committee has also included Dr. I. Autti-Rämö, Finland, Dr. W. de Boer, Switzerland and the Netherlands, Dr. S. Brage, Norway, Prof. Dr. G. Delclos, Spain, Dr. F. Latil, France, Dr. H.-W. Pfeifer, Germany and Dr. A. Vergison, Belgium. Adjunct members for the duration of 2 years Prof. Dr. K. Alexanderson, Sweden, Prof. Dr. M. Du Bois, Prof. Dr. H. Wind, Dr. J. Buitenhuis both from the Netherlands

The Scientific Committee has done an extensive work with respect to planning the Maastricht Congress, including developing abstract criteria, abstract evaluation, program, and selection of plenary speakers and moderators.

CME accreditation and EACCME



EUMASS - UEMASS

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

EUMASS has a specific expert, Dr Lars Goyeryd, appointed in order facilitate the complicated and important application process for approval for CME points through The European Accreditation the Council for CME (EACCME).

CME accreditation is essential for EUMASS Congresses. But a dilemma is still that education goals cannot be appraised towards the specialty of Insurance Medicine since it is not recognised as a medical specialty. EUMASS ha pointed this out to the responsible organisation behind the CME process, EACCME/ UEMS.

Working groups

In this period, three working groups have been active.

- The Babylon group:

There is sometimes a degree of confusion and uncertainty on the use of terms and concepts in European social insurance. This leads to misunderstandings. The Council has therefore earlier endorsed 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 purpose of this project was five fold;

1. to develop a shared understanding of the meaning of commonly used terms across countries represented in EUMASS.
2. to assist new members of EUMASS to understand other countries social security systems and disability assessment schemes, to allow.
3. to allow appreciation of differences in the use of terms in member countries.
4. to allow researchers to be able to compare both similarities and differences when comparing social security systems and disability assessment schemes.
5. To facilitate the writing of abstracts in English on the topic of Social Security, Disability and Insurance Medicine.

The most commonly used terms within insurance medicine have been identified and defined. The definitions are fitted with an explained text in English and are approved by the Dictionary Department of Oxford University Press, with the great assistance of EUMASS former U.K. representative Nerys Williams. After the first test translation into French, the Babylon working group has, , proceeded with further languages, namely Czech, Croatian, German, Slovenian and also Sweden, The Netherlands, Denmark and Norway. A paper concerning this can be read in the TBV Special EUMASS congress edition.

- 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 EUMASS ICF-based core set for disability assessment in 2007, the group has worked with the spreading of ICF in various national settings and with the validation of the core set. The validation study was completed and the results published in 2014.



EUMASS - UEMASS

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

At the EUMASS congress in Ljubljana a contact was established towards the U.S. National Institute of Health concerning their new developed computerized self-report called Work Disability - Functional Assessment Battery (WD-FAB). Several meeting has since then been held concerning possible European tests and use of FAB. Meetings ahs been held in Brussels, Gothenburg and latest now in Prague two weeks ago. The Prague meeting was arranged through the E.U. Commissions Structural Reform Support Unit (SRSS).

- The working group on ethics:

The objectives of EUMASS-UEMASS states that “Where appropriate to defend the ethical standards and the function of insurance physicians”. During the last year a suggestion for what EUMASS could consider to be good ethics was developed with special assistance from Finland and Norway. At the EUMASS meeting in June in Reykjavik this year it was agreed, after a few amendments in the working group, that it could be accepted for EUMASS by a Council decision.

New members of EUMASS

In 2016-2018, new associations became members of the EUMASS:

From Greece: ELIEAKAP - Hellenic Medical Association of Disability, Social Security and Welfare
We also have a new application from Estonia: Eesti Töötukassa – The Estonian Unemployment Insurance Fund

Representation in CPME

EUMASS is an associated member of CPME (Standing Committee of European Doctors). Four CPME meetings have been held, where EUMASS has been represented in the Assembly as well as in the working groups meetings.

External collaboration

The network in EUMASS functions well and is of great importance. Many members benefit from the expertise and networking of individual members in studies and work they are doing for their national organisations.

The EUMASS Council is a supporting organisation of the Cochrane Field of Insurance Medicine (CIM).

EUMASS members has also on request from the E.U. Commissions Structural Reform Support Unit (SRSS) at several occasions functioned as experts at differs workshops, like in Prague and Warsaw.

Also for this event it is a privilege to be able to cooperate with the TBV - Tijdschrift voor Bedrijfs- en Verzekeringsgeneeskunde (Dutch Journal of Occupational and Insurance Medicine), concerning publishing a special edition in English, with contributions of articles from several member countries of EUMASS. Many thanks to TBV for that!



EUMASS - UEMASS

European Union of Medicine in Assurance and Social Security
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Administration

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

Communication

The EUMASS website is the main communication tool to the external world. In 2015 it was decided to create a new website and this is now up and running since two years. 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, results from working groups and latest also a closed module for EUMASS Council members. In the latest year also modules have been added for a congress website, for handling abstract submissions and now also for registrations of congress participants.

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.

The coming years

At the meeting in Reykjavik the 2nd of June 2018, the following Executive Board was elected by the Council for the period 2018-2020:

President: Dr. J.-P. Schenkelaars

Vice President: Dr. A. Klipstein, organiser of the 2020 Congress

Vice President: Dr. G. Lindenger

Secretary General: Dr. A. de Wind

Treasurer: Dr. J.-P. Bronckaers

At last:

Despite that there are a lot of challenges, also for the future of Insurance Medicine, in Europe we can be very grateful to have functioning systems of insurance that covers when a citizen is in need of support because of disease. This may not always be the case in the rest of the world. So let us do our best within Insurance Medicine to make our systems in Europe fair in order to help to preserve these protections. After all we never know when each of us might need it!

EUMASS President
Gert Lindenger