



**EUMASS**  
European Union of Medicine  
in Assurance and Social Security



# From research to evidence-based practice in social security: results and challenges within the Belgian context

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# Content

- RDQ
- DM and research: some figures
- Examples evidence-based practice & challenges
- Conclusions

# RDQ

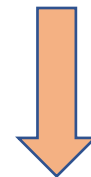


- Direction within the disability benefits department
- Responsible for organising the DM-training and certification (licence NIDMAR) and daily (scientific) coordination of the center of knowledge (included meetings with [social] partners).
- Responding to questions of the Minister of social affairs and health for topics related to our missions.
- Support to and communication with other directions
- Multidisciplinary team



# DM

	Year 1: 2016-2017	Year 2: 2017-2018	Year 3: 2018-2019	Year 4: 2019-2020	Year 5: 2021	Year 6: 2022
<b>Total</b>	60	66	68	35	105	134
<b>Social insurance companies</b>	23	6	3	9	81	127
<b>Other</b>	37	60	65	26	24	7



**Guidelines multi-disciplinarity**



**RTWC**

# DM

	<b>CRTWC</b>	<b>CDMP</b>	<b>TOTAL</b>
<b>Dutch</b>	55/84 (65%)	24/37 (65%)	79/121 (65%)
	2/4	2/3	4/7
	55/80 (69%)	24/34 (71%)	79/114 (69%)
<b>French</b>	35/53 (66%)	21/29 (72%)	56/82 (68%)
	1/1	1/2	2/3
	35/52 (67%)	21/27 (77%)	56/79 (71%)
<b>TOTAL</b>	90/137 (66%)	45/66 (68%)	135/203 (67%)
	3/5	3/5	6/10
	90/132 (68%)	45/61 (74%)	135/193 (70%)

# DM

- Very heterogeneous group
  - Education
  - Experience
- Within social insurance companies
  - Obligation for non-MD
  - RTWC must be certified
  - Different roles – tasks

# Research

	<b>Finished</b>	<b>Last phase</b>	<b>Data collection phase</b>	<b>Approval of protocol phase</b>
Number of studies	22	2	10	1

# Research

- Communication on results
- Implementation
- Methodology: formalisation of procedures and tools (template protocole)



# Examples evidence-based practice & challenges

- **Level of "assessment/ evaluation":**

- Tools to support medical doctors working within the social insurance company
  - Questionnaire quickscan
  - WD-FAB
  - FCE performed by OT
- Tools to support medical doctors working within the medical department of the disability benefits department of the NIHDI
  - FCE within insured persons with common mental health disorders

- **Level "intervention"**

- Introduction of case management within the social insurance companies
- Implementation study individual placement and support
- Nudging
- Chronic pain - cancer

# Questionnaire quickscan

- **What?**

- Prediction of long term work incapacity + empowerment/sensibilisation
- Literature review + validation study
- 8<sup>th</sup> week

- **Challenges**

- “Negative context”
- 10<sup>th</sup> week
- Unemployed people?
- Obligation

# WD-FAB

## Part 1 - Adaptation of the WD-FAB for the Belgian context

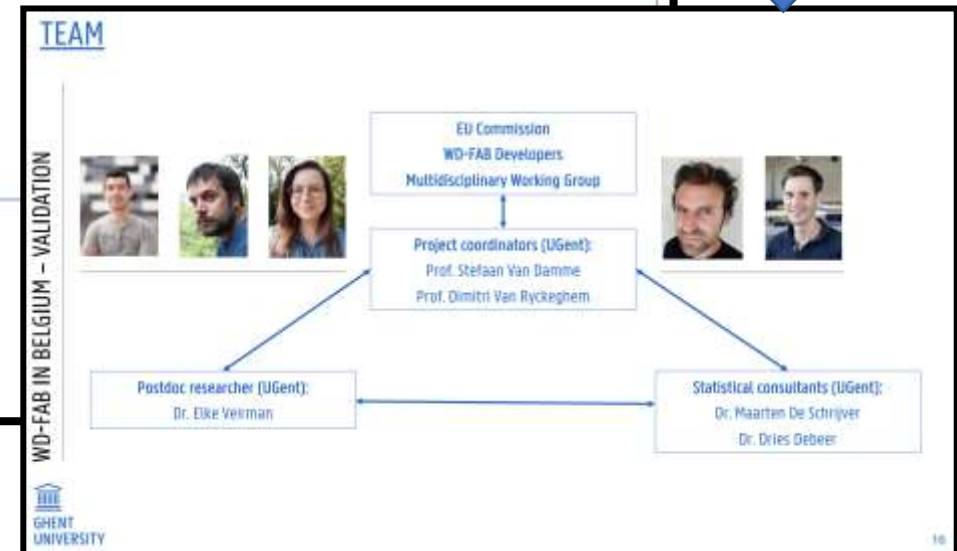
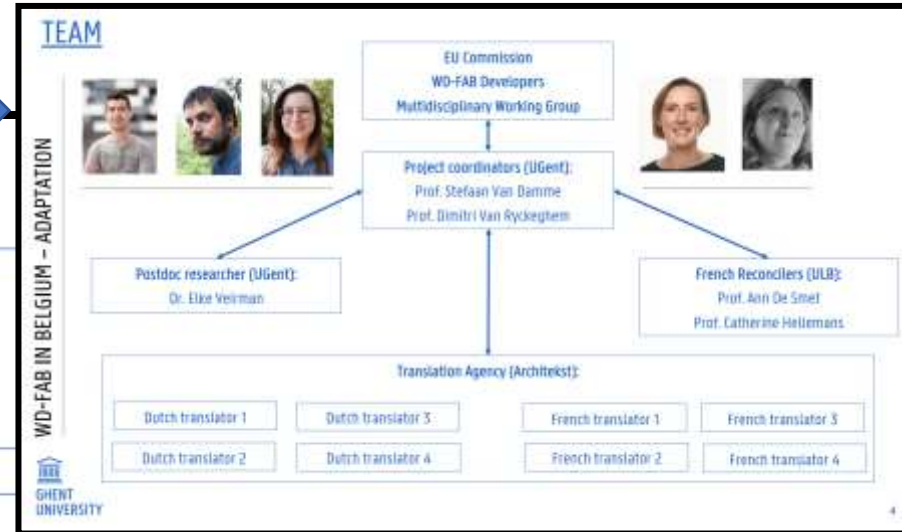
Translation process

## Part 2 - Validation of the WD-FAB for the Belgian context

Lessons learned and recommendations

## Part 3 - Next steps in the validation of the WD-FAB for the Belgian context

Possible avenues



## Target population

- Insured patients on long-term sick leave (i.e., one-year sick leave)
- General population or disability claimants (non-patient population)
- $N = \pm 3000$  participants (per language version)



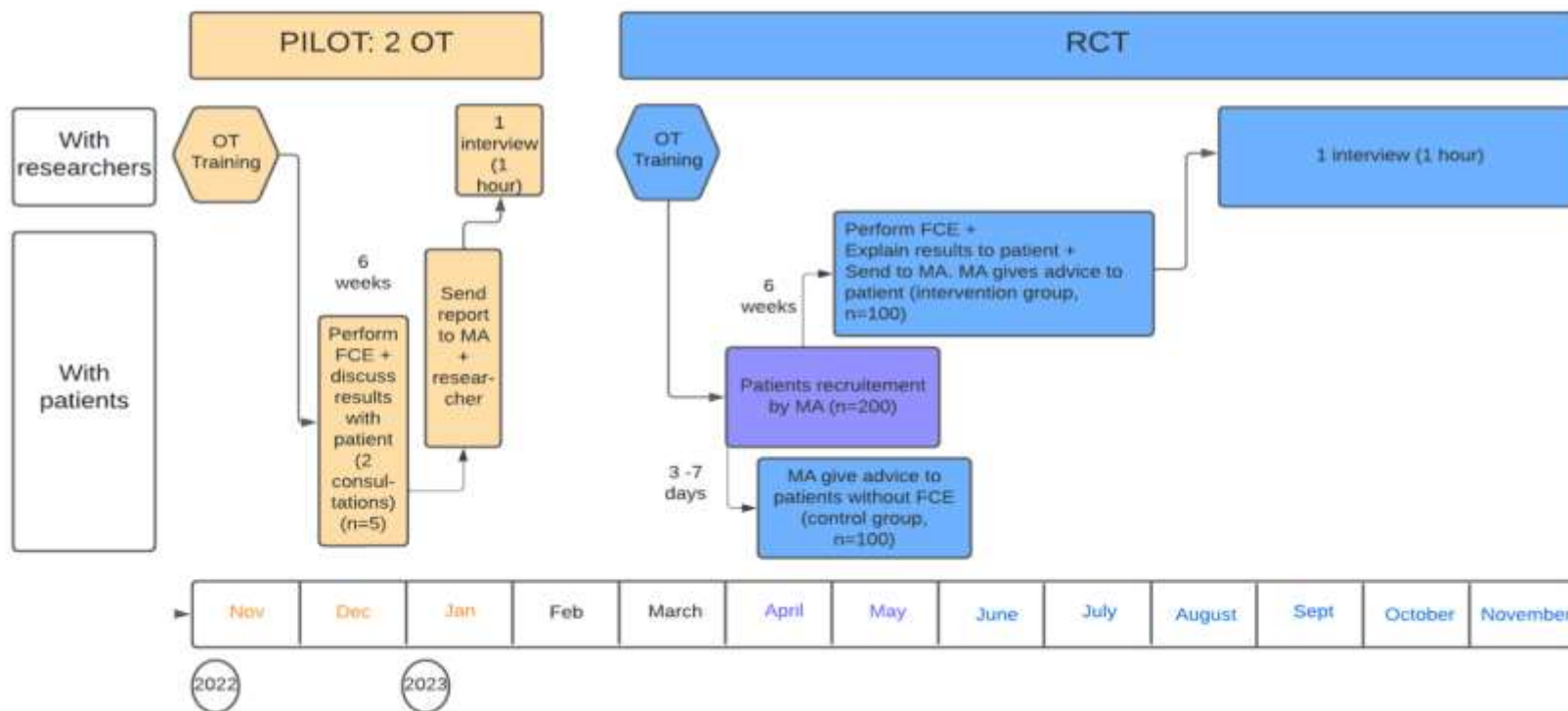
Recruitment by National Institute for Health and Disability Insurance

### **Challenges:**

- Voluntary participation of participants
- Long duration

# FCE FLOW OT

## Tijdslijn studie



# FCE OT

- **Challenges**

- Medical advisor – RTWC
- Work load: measures taken
- OT: new way of working
  - Testing
  - Template

# FCE common mental disorders

- **What?**

- MD disability benefit department NIHDI
- Assessment of functional capacity in patients with depression, burn-out, anxiety...

- **Challenges**

- Tools developed in/for other contexts (e.g. practice of clinical psychologist)
- Link with work incapacity
- Translation to daily practice of medical advisor

# Case management within social insurance companies

- **What?**

- CRTWC
- Routing foreseen in legislation
  - Referral by medical advisor
  - Spontaneous demand of patient to see the RTWC

- **Challenges**

- Limited number
- Range of "possible" tasks
- New way of working: medical advisors – non MD – CRTWC: who does what?





# IPS

- **What?**

- RTC
- Inclusion by medical advisor – psychological disorders (no spontaneous resumption)
- Place-and-then-train

- **Challenges**

- Implementation through agreements between federal state and regions
- Measurement on fidelity (quality)
- Long term support to sites: which model is sustainable?

# Nudging

- **What?**

- A nudge "information on partial work resumption"
- Send with the letter on entrance in work disability (> 1 year sick leave)

- **Challenges**

- Insured person has to take several actions with insecure outcome
- Already one year on work disability

# Chronic pain - Cancer

- **What?**

- Pilot projects in different multidisciplinary (pain) centers (recognition – convention)
- Role of general practitioner – questionnaire on prediction of long term incapacity - case management – link between health care and work - ...

- **Challenges**

- Formal implementation
  - Financing?
  - No formal report on initiatives on RTW
  - No "consequences" not having this as "outcome" for treatment/ guidance.
  - From basic support (department level) to case management (hospital level)

Questions?