Quality of evaluation of work disability

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Summary

This PhD thesis addresses the evaluation of work disability as practiced in the Netherlands under the Work and Income according to Labour Capacity act (WIA) and the Act on Work Disability for people who became handicapped in their youth (WAJONG), both successors of the Dutch WAO and AAW acts. Chapter 1 describes how these evaluations are performed and why they are worth studying. WIA and WAJONG are implemented by the Institute for Employee Benefit Schemes (UWV). Social insurance physicians (SIPs) and labour experts work for UWV in performing the disability evaluations and advising the administration on whether to pay (a full or partial) benefits and advising claimants about their possibilities for work. Such evaluations greatly impact individual claimants whose immediate social and economic positions depend on these evaluations. Taken together, the evaluations and benefits also have a large societal impact.

However, doubt exists about the quality of the evaluations among both claimants and SIPs. Considering the many reforms of scheme and organisation of the past decades, this doubt is understandable. The evaluations, largely based on interviews with claimants, are susceptible to subjective influences. However, it is surprising that so little is known about the evaluations and their quality. For this reason, the following questions are addressed:

1. What is the object of the evaluations of long-term work disability?
2. What is the quality of these evaluations?
3. How can the quality of the evaluations of long-term work disability be controlled?

The question of what is actually being assessed can be approached in different ways. SIPs agree that they evaluate working capacity, but they disagree on the precise definition of working capacity and whether that is all they evaluate. This uncertainty is quite reasonable, as the legal criterion of work disability is rather abstract: “being incapable, as a consequence of direct and medically certifiable illness or defect, to earn at least 65% of what a comparable healthy person can earn in usual work”.

One approach to this problem can be found in the WHO’s model of the International Classification of Functioning and Health (ICF), a model of the consequences of disease. In the ICF, illness, impairments, and restrictions of activities and participation are classified in relation to personal and environmental factors. Apart from the legal criterion of work disability, other legal provisions are relevant for the evaluations. These provisions have given rise to professional guidelines from the Tica of the 1990s. The Health Council of the Netherlands has, by another approach, identified four aspects in evaluating work disability: the socio-medical history, the actual functional capacity, the actual treatment and coaching of the claimant, and the prognosis. This fits with the legislation and the opinion
that work disability is a process that is considered from the perspective of a policy goal of promoting participation in work. Yet another approach is the handicapped role as described by G. Gordon. This is an extension of the sick role as stated by T. Parsons. This approach puts the action of the individual at a central position. A person who cannot work normally because of illness or defect can claim a partial exemption and compensation but is also obliged to strive for recovery and to account for his/her situation. The question about the quality of the evaluation of something as unspecific and immeasurable as work disability has hardly been studied. Usually, the quality requirements are left to the evaluating experts themselves, which is the case in the field of work disability; however, thus far experts have not explained their concept of quality and whether that concept works in practice.

The problem of quality control brings up the question of who is concerned with the evaluations. In a script model of evaluation, Hofstee describes in universal terms the parties concerned with an individual evaluation. For work disability, the script can be operationalised and the concerned parties, apart from the claimant and the assessor, are at minimum the disability agency (UWV) and the professional group of evaluators.

Using these approaches, six studies have been performed, both in the Netherlands and elsewhere, and are described in this thesis. Chapter 2 describes how the work disability evaluation is organised and how its quality is controlled in fifteen countries. This analysis was performed using a literature study, a questionnaire, and visits. Legal criteria turn out to be quite comparable among countries, but there are considerable differences in how their application is organised. Quality control is, in general, indirect and implicit. Chapter 3 discusses the reasoning of SIPs in the case of an elderly construction worker who claims work disability. This study was done using focus groups and a written case, followed by a questionnaire in larger groups of SIPs in four countries. The grounds that the SIPs use proved to fit with the handicapped role and a requirement for a fair trial. There was good agreement about how to assess functional capacity but much less agreement on the question of what can be asked from a claimant before permanent disability can be accepted. Chapter 4 describes the operationalisation of work disability of SIPs in thirteen countries and the guidelines that exist for their evaluations. These topics were studied using a questionnaire completed by central medical advisers of institutions of social insurance and interviews in the countries where the guidelines were said to be used. Four countries use officially prescribed guidelines that are either medical or procedural. The medical guidelines support the evaluation of the handicapped role; the procedural guidelines support the fair trial. Chapter 5 tests the scientific development of medical guidelines in Germany
and the Netherlands using the AGREE instrument, which is a tool that can be used to assess the quality of guideline development. Thus far, the AGREE instrument has been used mainly in the clinical domain, but it is applicable for SIP medical guidelines as well. The guidelines that were tested are sufficient in several aspects, but not in terms of stakeholder involvement, rigour of development, and editorial independence.

Chapter 6 describes the three Dutch protocols for disability evaluation interviews. This work is based on literature about the protocols, interviews with those who drafted the protocols, and literature discussing the assumptions that the protocols are based on. The protocols are compared with regard to what they suggest should be discussed during the interview and how the interview should be conducted. In both aspects, the three protocols prove very similar, but they show differences in the prescribed strictness of application and the need to activate the claimant during the interview, apart from assessing his/her functional capacity.

Chapter 7 describes the adherence of Dutch SIPs to the interview protocols, using a questionnaire study of 150 physicians. All do use a protocol of some form, either published or of their own making. There is no significant relation between being trained and following a particular protocol. Over eighty percent of the respondents agreed on the topics that constitute the handicapped role.

Chapter 8 summarises the results and comments on the methodology used. The actual practice of disability evaluation is not studied in this thesis. In addition, attention is focused on ordinary first assessments and not on re-assessments or especially complex cases. Procedural (and to a lesser degree medical) guidelines are probably used more often than found in these studies.

The conclusion is that evaluations of work disability assess how well the claimant fulfils the handicapped role. This complies with legal and policy goals as well as the medical views, for instance, of the SIPs. Furthermore, striving for a fair trial is an important criterion of the evaluations and complies with application of a law. The definition of quality and its operationalisation is, first, up to the experts. In several countries, experts have been active in quality control. It is obvious that the definition of quality is not solely determined by experts: their contractors and the claimants can influence this measure. Much can be gained by quality control. One recommendation is to challenge and facilitate the experts to assume more responsibility. The experts can draft and improve medical and procedural guidelines, and further develop effective interviewing practices and medical case law. This all depends on a proper scientific grounding, as the professional debate has been fraught with considerations rather than empirical findings.