Work ability assessment of employees on long term sick leave in insurance medicine

Sánchez Mendoza, P.M.

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The impact of long-term sick leave
Long-term sick leave is a recognised socio-economic and socio-medical problem in most Western countries (1-4) with significant consequences for societies, organisations and individuals. Long-term sick leave has substantial financial consequences due to workers’ compensation, productivity losses, medical expenses, rehabilitation costs and additional costs for vocational rehabilitation programs (5). For the individual worker, long-term sick leave may result in a weakened financial position, social isolation and exclusion from the labour market (6-10). In addition, long-term sick leave has potential adverse effects on individuals, such as depression and low self-confidence (11-13).

The importance of early work reintegration has been acknowledged, and research shows that work may have favourable effects on health, well-being and the social environment (14-17). Workers on long-term sick leave have a poor prognosis for returning to work and, depending on the social-security system, many employees on long-term sick leave ultimately receive a disability pension (18-25). Previous episodes of sick leave increase the risk of long-term sick leave and disability pension (26,27). After a two year absence, the probability of returning to work is small (28).

Defining long-term sick leave
Literature shows that there is no consensus about the definition of long-term sick leave, which makes it difficult to make comparisons between the results of studies. For instance, some authors define long-term sick leave as medical certified sick leave longer than six months (29), 90 days or longer (30-35), longer than 28 days (36,37), 8 weeks or longer (38,39), three weeks or longer (40-42), two or more weeks (43-45), longer than 9 days (46-47), longer than seven days (48) and longer than three days (49). These variations in the definition of the length of sick leave are mainly due to differences in social security systems, legislations and case definition across countries (50-52). Referring to the length of sick leave in consecutive days, months or years instead of just using the terminology “short-term, mid-term or long-term sick leave” could be a way to bring more uniformity in this research field.
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In this thesis, we define long-term sick leave as sick leave lasting for at least 18 consecutive months. The choice of this cut-off point is based on the Dutch sick leave insurance scheme. The Work and Income Act (53) stipulates that individuals on sick leave can claim disability benefits after 2 consecutive years of sick leave. The studies in this thesis are focused on sick leave between 18 months and two years.

Measures to reduce work disability
Governments in western countries have recognised the great impact of long-term sick leave on society and have taken a number of measures in the last decades of the last century to enhance work participation of sick listed employees and reduce work disability rates (50). For instance, employers have to take more financial responsibility in the work reintegration of sick listed employees, and companies are increasingly aware of the importance of taking measures to improve the work environment to prevent sick leave. Although measures promoting work reintegration have partially succeeded in reducing disability rates, long-term sick leave is still a substantial problem in many countries, e.g., in the Netherlands.

Many efforts have been made in the Netherlands the past 10 years to reduce the number of employees receiving disability benefits, including new social legislation, and the Dutch government stresses the importance of work for all people. Since the implementation of the Law on Gate keeping Disability Insurance in 2002 and the Work and Income (Employment Capacity) Act in 2006 (53), both employers and employees are responsible for work resumption during the first two years of sick leave, and employers are obliged to pay at least 70% of the employees’ salaries during the first two years of sick leave.

The WIA was preceded by the Disability Insurance Act (WAO) (54), which was the national work legislation until January 2006. The WAO legislation resulted in large numbers of people receiving work disability benefits. According to the WAO legislation, employees on sick leave could claim disability benefits after one continuous year of sick leave. The new WIA legislation has stricter criteria for work disability and is focused on the residual functional capacities of the employee, rather than on his/her incapacity. The WIA has two aims: to promote work reintegration and to protect the income of employees who are unable to work due to incapacity caused by a medical condition. After the introduction of the
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WIA Act in 2006, the number of new disability claimants was reduced considerably compared to the number of disability claimants during the WAO-period (55). Despite these measures, the magnitude of social benefits due to long-term sick leave is still considerable. For instance, in 2011, more than 138,000 people received disability benefits according to the Work and Income Act in the Netherlands, in 2012, more than 161,000 received disability benefits, and in 2013, approximately 185,000 disability pensioners are expected (56).

Work ability assessment of employees on long-term sick leave in the Netherlands

Most employees on long-term sick leave who request disability benefits suffer from chronic diseases with functional impairment and need medical treatment, surgery or rehabilitation. When employees suffer from a medical condition, work resumption is expected within months, however, the return to work is often delayed, with long-term sick leave and chronic work disability as a result. For instance, 33,400 employees stayed on sick leave for at least two years in the Netherlands in 2012. Those employees who do not return to work within two years undergo work ability assessments and constitute the study population for this thesis.

In the Netherlands, financial compensation for long-term sick leave and disability benefits are granted on the basis of reduced ability to perform paid work due to a disease or an injury. According to the Dutch Social Security System, a worker on long-term sick leave can obtain a disability pension after two years of continued sick leave (53). The requirement for disability benefits is a physical or mental capacity to work that is permanently reduced by at least 35% due to a medical condition. Insurance Physicians (IPs) assess the work ability of employees on long-term sick leave according to standard assessment procedures, including guidelines and/or specific disease protocols (57-60). During a work ability assessment, IPs investigate whether and at which level the medical condition hinders the individual’s ability to perform paid work. IPs should justify their decision based on medico-legal arguments.

To correctly assess the capacity to work, IPs should investigate factors associated with sick leave during work ability assessments. According to the Health Council of the Netherlands, the assessment of the ability to perform work after two years of sick leave should encompass social medical history, functional capacities, current treatment and prognosis.
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(61). In daily practice, however, the work ability assessment of employees on long-term sick leave is focused on functional capacity, indicating that IPs should fill out a report with a standard assessment and a functional-capacity list after performing work ability assessments (61).

Previous research in Insurance Medicine

The economic, policy and legal aspects of work disability have been a topic of research since the 90’s (62), however, research on insurance medicine is in an early phase. In contrast to other specialties in medicine that have a strong research tradition, insurance medicine is new to evidence-based practice. To illustrate this, the first Dutch guidelines for Insurance Medicine were developed and implemented between 2005 and 2009 at the Dutch Institute for Employee Benefit Schemes, which introduced evidence-based practice in insurance medicine (57-60). The last few years, many efforts have been made to optimise the evidence base of social-insurance medicine in the Netherlands. Disease-specific protocols are now available for diseases for which disability pensions are frequently granted, for example myocardial infarct, low back pain, chronic fatiguesyndrome and breast cancer (57-60). Research on the object and the quality of the evaluations of work disability has been performed recently (63). Different methods to help IPs obtain information from the employee have been studied (64,65). Most methods are largely based on the workers’ perceptions of their own capacities and disabilities. Functional-capacity evaluation (FCE) has also been investigated as a source of complementary information for work ability assessments (66). Research on employees with depression and acute coronary syndrome provided information on prognostic factors for work ability assessments for sick leave lasting at least 12 weeks (67), however, research on sick leave lasting longer than 18 months is still scarce, which means that the scientific basis to perform further research on long-term sick leave still needs to be developed. The studies presented in this thesis address work ability assessments of employees on sick leave for 24 months, regardless of their disease, as the assessments are performed in the Netherlands.

Developing a method to assess the work ability of employees on long-term sick leave

This thesis is focused on factors relevant to the work ability assessment of employees on sick leave for at least 18 months. For this purpose, a methodology must be developed that helps to clarify the relationship
between the factors and the work ability assessment. The aim of this method is to clarify which steps IPs must follow to assess the factors associated with long-term sick leave during work ability assessments.

Figure 1 shows the 3-step method for work ability assessments of employees on long-term sick leave. The employee is the main actor and presents disorders, affected body structures, and restricted activities related to his/her medical condition. There is an interaction between the IP and the employee during the work ability assessment, in which the IP plays a crucial role.

The rationale behind this method is that there are two groups of factors involved in long-term sick leave:

1. Factors liable to hinder work.
2. Factors liable to promote work.

Factors from group 1 may lead to chronic work disability in people on long-term sick leave.
Factors from group 2 may promote a return to work among people on long-term sick leave.
3-step method for the work ability assessment of employees on long-term sick leave

1. Employee on long-term sick leave
   -IP performs medical assessment of disorder or disease, functions, structures, activities, participation
   -Interaction IP-client

2. Factors liable to inhibit the return to work
   -IP assesses factors that tend to hinder or promote the return to work

3. Provides advice to help tackle obstacles and promote the return to work

Factors liable to promote the return to work

Chronic work disability

Return to work

Work ability assessment of employees on long-term sick leave
Figure 1. Three-step method for the assessment of work ability of employees on long-term sick leave showing the crucial role IPs can play by assessing factors that hinder or promote work participation. Based on ICF, Dekkers-Sánchez et al, 2008 (68,69).

The proposed method contains the following steps:
1. Step 1 represents the work ability assessment as currently performed in the Netherlands.
2. In step 2, IPs assess the factors that hinder or promote work.
3. In step 3, IPs provide individualised advice to employees to reduce the factors that impede the return to work or stimulate the factors that promote the return to work.

In the next chapters, the results of the research studies in this thesis will show which factors belong to each group.

Objective of the thesis
The aim of this thesis is to contribute to the improvement of the work ability assessment of employees on long-term sick leave by insurance physicians. For this purpose, knowledge about factors associated with long-term sick leave will be gathered. The generated knowledge about factors related to long-term sick leave will be used to develop a tool aimed to improve the quality of work ability assessments by IPs of employees on long-term sick leave.

Research questions
The following research questions have been formulated:
1-Which factors hinder or promote work participation of employees on long-term sick leave?
2-Which factors that hinder or promote work participation should be taken into account during the work ability assessment of employees on long-term sick leave?
3-Is it feasible to implement a checklist to assess factors relevant for work ability in the daily practice of Dutch insurance physicians?
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Outline of this thesis
The first research question is investigated from different perspectives, including the international literature (chapter 2), from the perspective of employees on long-term sick leave (chapter 3), and the perspective of vocational-rehabilitation counsellors (chapter 4). The second research question is answered in Chapter 5 with a nationwide Delphi study under registered Dutch insurance physicians. The third research question is answered in Chapter 6, which describes the implementation study for the “checklist of factors relevant to work participation”.
In Chapter 7, the main research findings are summarised and discussed, and recommendations for practice and research are made.

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