

# Academisation of Insurance Medicine in the Netherlands

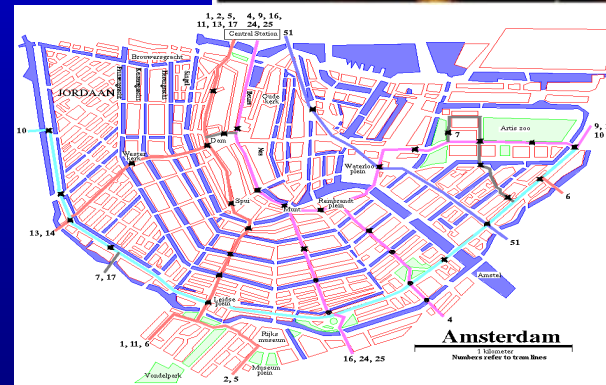
Research Center for Insurance Medicine

Prof. dr. Haije Wind  
Research Center for Insurance Medicine  
Coronel Institute of Occupational Health  
Academic Medical Center, University of Amsterdam



Research Center for Insurance Medicine; cooperation between AMC, UMCG, UWW and VUmc

# Amsterdam...



# Coronel Institute of Occupational Health



Samuel Coronel : (Sr) (1827-1892)

- ± 70 colleagues
- Head of the Department: Prof. dr. Monique H.W. Frings-Dresen
- Research Center for Insurance Medicine (AMC-UWV-VUmc-UMCG)
- Netherlands Center for Occupational Diseases
- People and Work Outpatient Clinic
- Expertise Center for Pre-employment Medical Examinations and Worker's Health Surveillance
- Research on the relation between illness and work



# Program

- Background of Dutch legislation and disability assessment procedure
- Research Center for Insurance Medicine
- Academic Workplaces
- Protocols for Insurance medicine and guidelines for treatment, management and assessment of disability
- Mediprudence
- Future of academisation of insurance medicine



# Background

- Dutch legislation thoroughly adapted in 2004
- Why was it necessary?





# 1990: Ruud Lubbers, prime minister: “Netherlands is ill



- Sickness absence figure:  $> 8\%$
- $> 900,000$  people with a disability pension



# Background

- Dutch legislation thoroughly adapted in 2004
- New legislation: more emphasis on participation,  
less on compensation



# New Legislation

- In case of sick leave: two years of payment by employer
- Employer and employee with support of an occupational physician: maximum effort to achieve reintegration
- Only then, an application for a disability benefit can be processed
- Disability assessment procedure starts with Insurance Physician





# Effect

- Legislation that enforces employers, employees, and OH professionals to take more responsibility in RTW contributed to a significant decrease in sickness absence and disability



# 2011: governmental slogan: 'work, work, work, participation..'



- Sickness absence figure: 4,2%
- 596,000 people with a disability pension
  - 37% mental health
  - 27% musculoskeletal
  - 6% cardiovascular



# Academisation of Insurance Medicine Background

- Report Council for Health Research in 2004
- Insurance medicine in the Netherlands:
  - assessment of work disability not evidence based; based on empiricism – expert based
  - no infrastructure for development of scientific knowledge on insurance medicine



# Academisation of Insurance Medicine

## Background (2)



- Second report:  
Health Council of the Netherlands ( 2005)
- Insurance Medicine has an isolated position
- To promote RTW of long term sick listed workers: all physicians are involved
- Assess, treat, coach. Medical practice in case of sickness absence and disability. Multidisciplinary guidelines
- Development of protocols and ‘mediprudentie’



# Research Center for Insurance Medicine

- Started in 2005
- Collaboration between AMC, VUmc and UWV\*  
\* Institute for Employee Benefits Schemes
- Academisation of Insurance Medicine through an alliance between universities and UWV
- 6 PhD projects for insurance physicians (IP's)
- Appointment of senior researchers (PhD degree)
- Based on an scientific program

(KCVG)



# Research program first period

## 4 Main themes :

- Theme 1: Labour and health: causes and consequences of disability, including the prevention and reduction of disability
- Theme 2: Laws and regulations regarding the performance of the insurance physician
- Theme 3: Quality of the insurance medicine profession
- Theme 4: Insurance medical care research





# Dutch Foundation Institute Gak

- First research projects in 2003
- Scientific program: Insurance Medicine
- Projects
  - PhD projects
  - Post doctoral research projects
- Coordination with program KCVG



# Goal

- Increase knowledge: development of new knowledge based on questions from practice
- Development of instruments for IP's to use in practice
- Improve training and schooling of IP's



# Main research topics

- Disability assessment procedure
- Instrument for IP's
- Interventions aimed at RTW
- Special groups: young disabled, psychological disorders, oncological disorders
- Professionalization IP's



# Some examples

- Evidence-based medicine for insurance physicians: training of IP's in EBM



- Validity and reliability of the Disability Assessment Structured Interview



- Development and evaluation of an implementation strategy for insurance medicine guidelines for depression



# Second period KCVG (2011-2015)

- Development of relevant scientific knowledge for practice and development of tools aimed at employment and reintegration practice
- Education, training and professionalisation of Insurance Medicine
- Innovation in social medical coaching and assessment eg by connecting insurance medicine and curative sector and by multidisciplinary collaboration



# Main themes second period

- Evaluation and implementation of new developed knowlegde eg. Guidelines
- Development of knowlegde on the new competence: treatment and coaching
- Emphasis on participation
- Emphasis on innovation





# Research second period KCVG

- Besides long-term (doctoral studies) also short-term studies
- Coaching in thesis research
- Contribution to education: students, IP's in training
- Presentation of research national and international



# New research

- Continuation of Evidence based Medicine for insurance physicians
- Research on collaboration between Occupational physicians and Insurance physicians
- Development of more multidisciplinary guidelines



# Academic workplace

- A new phenomenon in the Netherlands in insurance medicine
- Classic: work place for clinical disciplines
- Trias Academica: research, education and care research
- Interaction between university and local practice



# Why an academic workplace?

- Substantiate professional acting scientifically
- Implementation of knowledge in practice
- Act more evidence based
- More research aimed at practice
- Leads to better quality of IP performance



**A bridge between science and practice**



# Academic Workplace in Insurance Medicine

- Collaboration between the Academic Medical Centers (AMC, VUmc and UMCG) and offices of UWV
- Questions and problems from practice are presented to the research center
- Results from research are tested and implemented in practice



# Guidelines, Protocols and Mediprudence

- Development of protocols in insurance medicine
- Development of Mediprudence (like jurisprudence)
- Development of 3-B guidelines: treating, coaching and assessing





# Protocols



- Developed by the Health Council:
- 10 protocols: most frequent diagnoses in disability procedures
- Following the four main tasks of IP's in disability assessments :  
assessment of medical history, functional abilities, prognosis and treatment/coaching



# Protocol (2)

- Background information on diagnosis, treatment and prognosis clinically and RTW
- Less information on aspects relevant for assessing limitations and impairments for work
- 10 protocols Health Council  
depressive disorder, adjustment disorder, anxiety disorder, mamma carcinoma, myocardial infarction, chronic fatigue syndrome, chronic non-specific low back pain, lumboradicular syndrome, chronic whiplash syndrome, stroke



# Protocols (3)

- With financial support of Ministry of Health, Welfare and Sport: development of protocols for insurance medicine by the NVVG



- Chronic shoulder complaints, schizophrenia, decompensatio cordis, cancer of the bowel, borderline personality disorder, chronic kidney failure, osteoarthritis of hip and knee, rheumatoid arthritis, chronic obstructive pulmonary disorder, diabetes mellitus, participatory behaviour

- Procedure for updating the protocols has started



# Multidisciplinary guidelines

- Several multidisciplinary guidelines on Occupational Health with relevance for insurance medicine
- Four specific guidelines with focus on work:
  - Multidisciplinary guideline chronic aspecific complaints of shoulder, neck and arm
  - Multidisciplinary guideline HIV and work
  - Guideline Reumatoid Arthritis and work participation
  - Multidisciplinary guideline Acquired Brain Injury and work participation



# Mediprudence



- Like jurisprudence but different .....
- Set of well documented and argued cases
- Example case presentations made by professionals (IP's) with input from Evidence Based Medicine

Over 100 example case presentations



# Mediprudence –situation now

- Development of new case presentations continues
- Implementation scheme
- How to make the case presentations available to the professionals
- How do the professionals value the information?
- Will disability assessments become more uniform and transparent?





# Summary of Academisation in the Netherlands

From 2004 until now

- Building of the Research Center for Insurance Medicine
- Introduction of evidence based medicine in insurance medicine
- Development of protocols and guidelines in insurance medicine based on EBM
- Development of Mediprudence by practicing professionals



# Summary (2)

- Strong increase of scientific research in insurance medicine
- Several IP's took a doctorate (PhD)
- Now two professors in Insurance Medicine (AMC en VUmc)
- Building Academic Workplaces as bridge between university and practice



# Future

- Scientific research in insurance medicine needs to continue
- New knowledge of the relation between disorders and impairments and limitations for work
- New knowledge of interventions to stay at work, return to work
- More collaboration between medical disciplines: development of multidisciplinary guidelines aimed at work participation
- More attention in the medical (treating) sector for the meaning and relevance of work



# Future (2)

- Enhance the scientific basis of disability claim assessments
- Make insurance medicine a full and scientific medical profession
- Ensure that more medical students choose Insurance Medicine for the professional career



# Take home messages

- The Netherlands have made great progress at the academisation of insurance medicine
- But there is still a long way to go.....
- Translate the scientific knowlegde into daily practice requires full attention



# Questions?





**Research Center for Insurance Medicine; cooperation between AMC, UMCG, UWV and VUmc**

# Research topics first period

## AMC

- Evidence-based medicine for insurance physicians: training of IP's in EBM
- Important factors after 2 years of sickness absence in disability assessment by IP's
- Effective interventions for RTW of sick listed temporary workers
- Quality of evaluation of work disability
- Disease orientated work ability assessment in social insurance medicine





# Research topics first period

## Vumc

- Cost-effective intervention for temporary workers with MSD
- Implementation of the protocol Depression among insurance physicians
- Predicting long term and permanent disability and oncologic disorders
- Communication between social insurance physicians and work disability claimants
- Empowerment of disability benefit claimants



# Research topics first period

## UMCG

- Long term disability and psychological disorders: a prospective cohort study with a follow-up of 1 year
- Validity and reliability of the Disability Assessment Structured Interview
- Effective insurance medical intervention in case of ineffective participation behavior at disability applicants
- The assessment of efforts to return to work
- Prognostic factors for work among young disabled

