



EUMASS - UEMASS

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

XXIth EUMASS Congress, Ljubljana, June 9-11, 2016

President's report

Dr Gert Lindenger, EUMASS President

Dear colleagues,

We have now reached the last part of 21st EUMASS Congress, that has been a cooperation with the 4th International Congress of Medical Assessors here in Slovenia.

I would like to thank the Slovenian Organising Committee and the EUMASS Scientific Committee for having done a tough and challenging job.

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 experience.

Since the year 2000 the statutes of EUMASS require that the President must produce a report at the end of his/her term, which is 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.

The first challenge I would like to address is 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, but this is not always so easy to use in practice.

Where should one draw for instance in this model the line between the insurers justified need for information and the privacy of the claimant? Is it a good thing to create risk assessing models that predict who is at risk for long-term disability and hence knowing who needs the help to



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RTW most, but at the same time be able to refuse reimbursement because the main obstacle might be psychosocial and not medical?

The second challenge I would like to address is the migration. During the last years, news in Europe has been dominated by large migration and great numbers of refugees, due to war and economic crises. In some European countries it has put a lot of strain on society, where it comes to arranging descent housing, to get extra resources to public health care, to adapt the education system and also recently the social security systems got involved. Hence also raising new questions of how this will affect Insurance Medicine.

Different opinions have risen whether to apply a more humanitarian or humanistic point of view. Is the best way to give humanitarian aid as a financial social security benefit, thus risking to create a dependence, or to apply a more humanistic point of view and aim to support the development of an autonomous independent and self-supporting life. For the single individual success in adapting is often connected to the level of education. This becomes a more evident problem when there are no jobs available for those that are non-skilled workers and lack education. In Sweden the General Director of the public Employment Agency recently stated that Sweden is now facing a situation with a permanent 50% of jobseekers that will never be able to meet the Swedish job markets requirements. Being long-term unemployed is a well-known risk factor for non-wellbeing and possible disease.

I suspect that many of the European Social Security schemes are created for other circumstances than the conditions that the systems are facing now. So as our former president pointed out in his speech 2014 - We must actively contribute to try to reduce tensions in Europe.

The previous Congress in Stockholm

The 20th EUMASS Congress was held in Stockholm September 11-13, 2014. The congress was supported by the Swedish Social Insurance Agency. The main theme was "Scientific Knowledge and Good Practice in Insurance Medicine and Social Security". The lectures and meetings took place at the congress facility of Hotel Clarion Sign in the center of Stockholm, and the Stockholm City Hall, mostly known for the Nobel price festivities.

The organisers together with the EUMASS Scientific Committee had arranged an extensive congress program. There were 12 plenary presentations covering among other issues challenges to social security due to physicians' sickness certification, Evidence-based duration and return to work guidelines, research on return to work processes, disability evaluations and responsibilities for the employer.

There were 105 parallel session and 48 posters sessions. CME credits were given for participation.

After the Stockholm congress the Organising Committee produced a scenario in a flow chart, with text explanations, to describe the process of arranging a EUMASS congress. This is to facilitate and professionalise the process of planning a congress every second year.



EUMASS - UEMASS

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The congress was attended by 556 participants from 23 countries and therefore the most well attended congress up till then. The evaluations showed that the congress scored high in terms of content.

EUMASS has had a standing scientific committee since 2010, and the work of this committee, in collaboration with the organisers and the EUMASS Council, has contributed to this positive development.

The Council meetings

The EUMASS council has met six times since September 2014. The first meeting was held in conjunction with the Congress in Stockholm in 2014. Thereafter, meetings were held in Brussels in March 2015 and 2016.

In Prague, the 5 - 7 of June 2015, the Council was hosted by The Czech Social Security Administration, and in Nürnberg in October 2015 the meeting was hosted by the Institute for Employment Research (IAB).

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

In connection with Council meetings which are always held on Saturdays, EUMASS has continued the tradition of having a scientific program the preceding day. These meeting have been well organised and have given deeper insights into current issues of the organising country, as well as 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 between the council meetings. In this period, work has been done in preparing the revision of the website, internal regulations.

The Scientific Committee

EUMASS is still in a process of changes in the direction of increased professionalism. Since 2012, W. de Boer has been the chair of the Scientific Committee and he was reelected in 2014. The committee has also included Prof. Dr. F. Falez, Belgium, Dr. G. Borgès da Silva, France, Dr. S. Brage, Norway, Dr. C. Oancea, Romania, DM H.-W. Pfeifer, Germany. Adjunct members for the duration of 2 years: Prof. Dr. K. Alexanderson, Sweden, Dr. O. Masten-Cuznar, Slovenia and Dr. T. Tomazic, Slovenia.

The Scientific Committee has done extensive work with respect to planning the Slovenian Congress, including developing abstract criteria, abstract evaluation, program, and selection of plenary speakers and moderators. The Scientific Committee has also judged requests for scientific cooperation with EUMASS, and started to plan the program for the 2018 Congress in Maastricht.



EUMASS - UEMASS

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

The Scientific Committee has distributed a questionnaire to all Council members regarding return to work (RTW) of people with health conditions and to clarifying the involvement of Insurance Physicians role in this process.

CME accreditation and EACCME

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 that education goals cannot be appraised towards the specialty of Insurance Medicine since it is not recognised by EACCME as a medical specialty.

Working groups

In this period, three working groups have been active.

The Babylon group:

There is a high degree of confusion and uncertainty on the use of terms and concepts in European social insurance. This leads to misunderstanding and slower clinical and scientific progress. The Council has therefore 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 most commonly used terms within insurance medicine have been identified and defined. The definitions are explained in written text in English and are approved by the Dictionary Department of Oxford University Press. After the first test translation into French, the Babylon working group has, as decided at its meeting in Prague in June 2015, proceeded with further languages, namely Czech, Croatian, German, Slovenian and Romanian.

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, and its publication 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 has been completed and the results published in 2014.

Members of the working group have contributed to a textbook "Handbook of Vocational Rehabilitation and Disability Evaluation. Application and Implication of the ICF". The book was published by the Springer Verlag N.Y. in January 2015.

At the EUMASS working group meeting in Nürnberg, October 16th, 2015 it was agreed that in research Ása-Dóra Konradsdóttir, together with de Wout de Boer and Sören Brage, works on the further development of qualifiers for the Icelandic system.

In policymaking and practice it was decided to organise a workshop at this congress in Ljubljana with the aim to describe recent progress of ICF in European Social Security.



EUMASS - UEMASS

European Union of Medicine in Assurance and Social Security
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The working group on ethics:

The objectives of EUMASS-UEMASS state “Where appropriate to defend the ethical standards and the function of insurance physicians”. At the EUMASS Council meeting in June in Prague last year it was agreed that it would be good to discuss what we think in EUMASS is considered to be good ethics.

New members of EUMASS

In 2014-2016, two new associations became members of the EUMASS:

From Poland: the Polish Association of Insurance Medicine (PAIM)

From Iceland: VIRK (The Icelandic Rehabilitation fund).

There have also been contacts with the Austrian organisation PVA (Pensionsversicherungsanstalt), but so far no further result has been achieved.

Representation in CPME

EUMASS is an associated member of CPME (Standing Committee of European Doctors). Four 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 network of individual members in studies and work they are doing for their national organisations.

One example of this concerns possible methods of risk assessing long-term disability and the use of support systems for this purpose. At the Council meeting in Brussels in March 2016 it was decided, on request from Sweden, to conduct a survey, together with the Scientific Committee.

The EUMASS Council is now a supporting organisation of the Cochrane Field of Insurance Medicine (CIM). At the Council meeting in Brussels in March 2015, it was decided to perform a survey of what EUMASS members consider as the most severe needs for evidence based medicine in European Social Security, as feedback to CIM.

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



EUMASS - UEMASS

European Union of Medicine in Assurance and Social Security
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The EUMASS website of is our main communication tool to the outside world. In 2015 it was decided to create a new website. At the same time the web address was changed from www.eumass.com to www.eumass.eu. 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, and on results from working groups.

The statutes and Internal Regulations

With the creation of a standing Scientific Committee, a revision of the statutes was performed in 2014. Internal Regulations were drawn up to describe more into detail the management of EUMASS. In the process of further professionalisation the Internal Regulations can be adapted.

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 Brussels the 5th of March 2016, the following Executive Board was elected by the Council for the period 2016-18:

President: G. Lindenger, Sweden

Vice President: Dr. J.-P. Bronckaers, organiser of the 2018 Congress, Belgium

Vice President: Dr. G. Hart, Poland

Secretary General: A. de Wind, the Netherlands

Treasurer: Dr. A. Bahemann, Germany

At the past Presidential presentation two years ago, Sören Brage urged EUMASS to try to address a number of challenges.

- The problem of young people and unemployment.
- The sustainability problem due to ageing populations.
- Technology improvement,
- The political challenges of migration and mobility

EUMASS will continue to try to influence these problem areas as best as it can, well understanding the vast magnitude of issues that needs to be dealt with.

The world as such has become a better place, especially the last 10-15 years. Of the world's 7 billion population about 50% used to live in real poverty. Despite the gloomy headlines of many newspapers today, due to rapid economic growth in most development countries, a larger group of middleclass has been created and now only 1 out of the 7 billion of the world's



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population can be classified as genuinely poor. This can also be seen in decreasing birthrates as the number of born children per women now is closer to two in countries like India, China and also large areas of Africa.

Better economy usually means better health. This also implements improved Health Care and in the longer perspective also a demand for better Social Security schemes.

In short, despite the media picture, the world has become a better place, meaning that there is likely to be an increased demand on social security, which will set new challenges, so it promises to be an exciting future for EUMASS.