

KELA - SII Supporting through times of change

”Our mission is to secure the income and promote the health of the entire nation and support the capacity of individual citizens to care for themselves.”

Ilona Autti-Rämö
Medical Director



From a pension institution to the Social Insurance Institution (Kela)

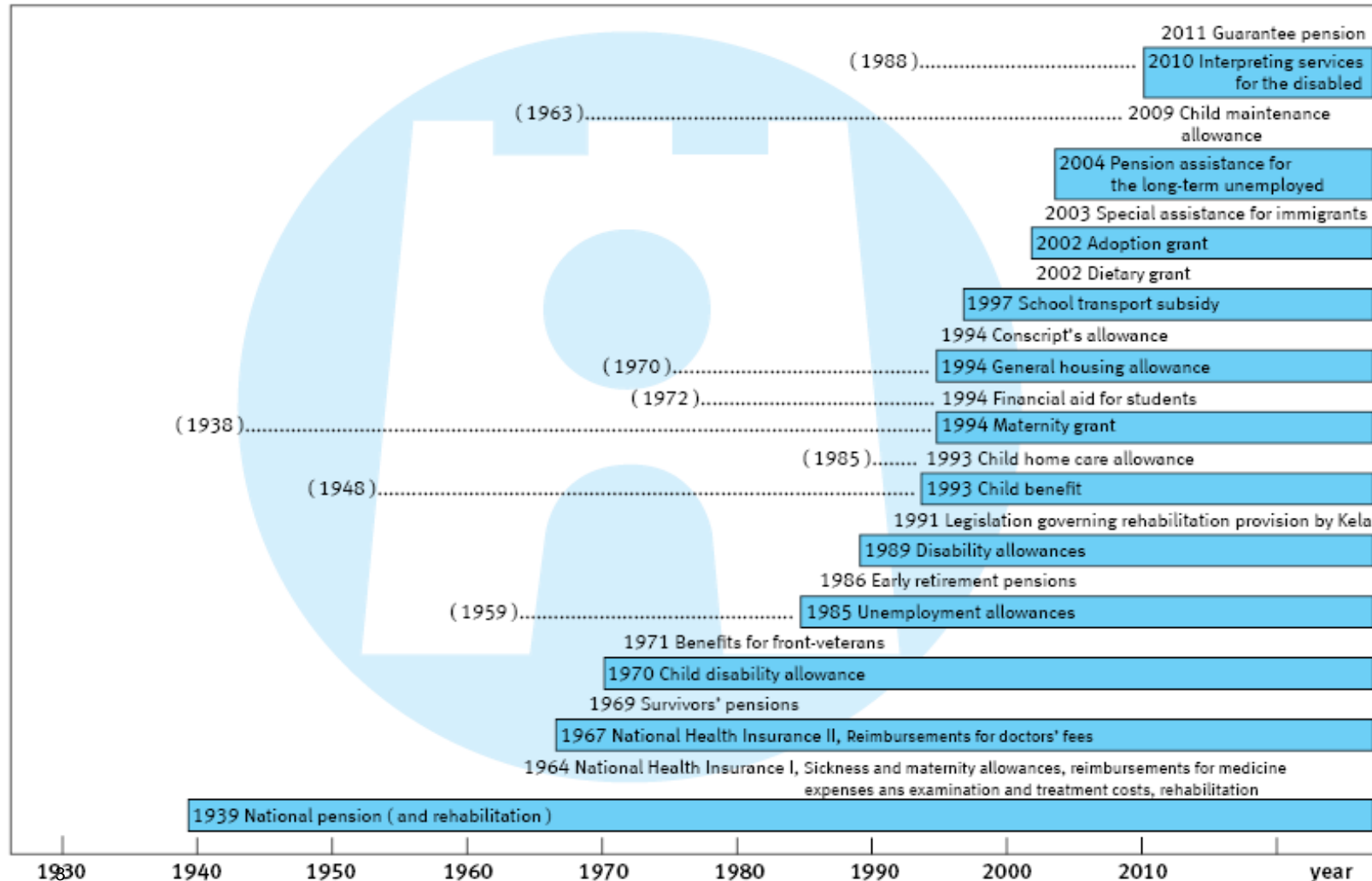
- **Founded in 1937** to handle old-age pensions
- The age limit for the old-age pension was 65 years in 1937.
 - The average life expectancy at that time was only 53 years for men and 59 years for women. The equivalent numbers today are 77 years and 84 years.

District agent Kajjansinkko from Kansaneläkelaitos making a surveillance visit to widow Miina Eriksson's home in Lappee (1950).



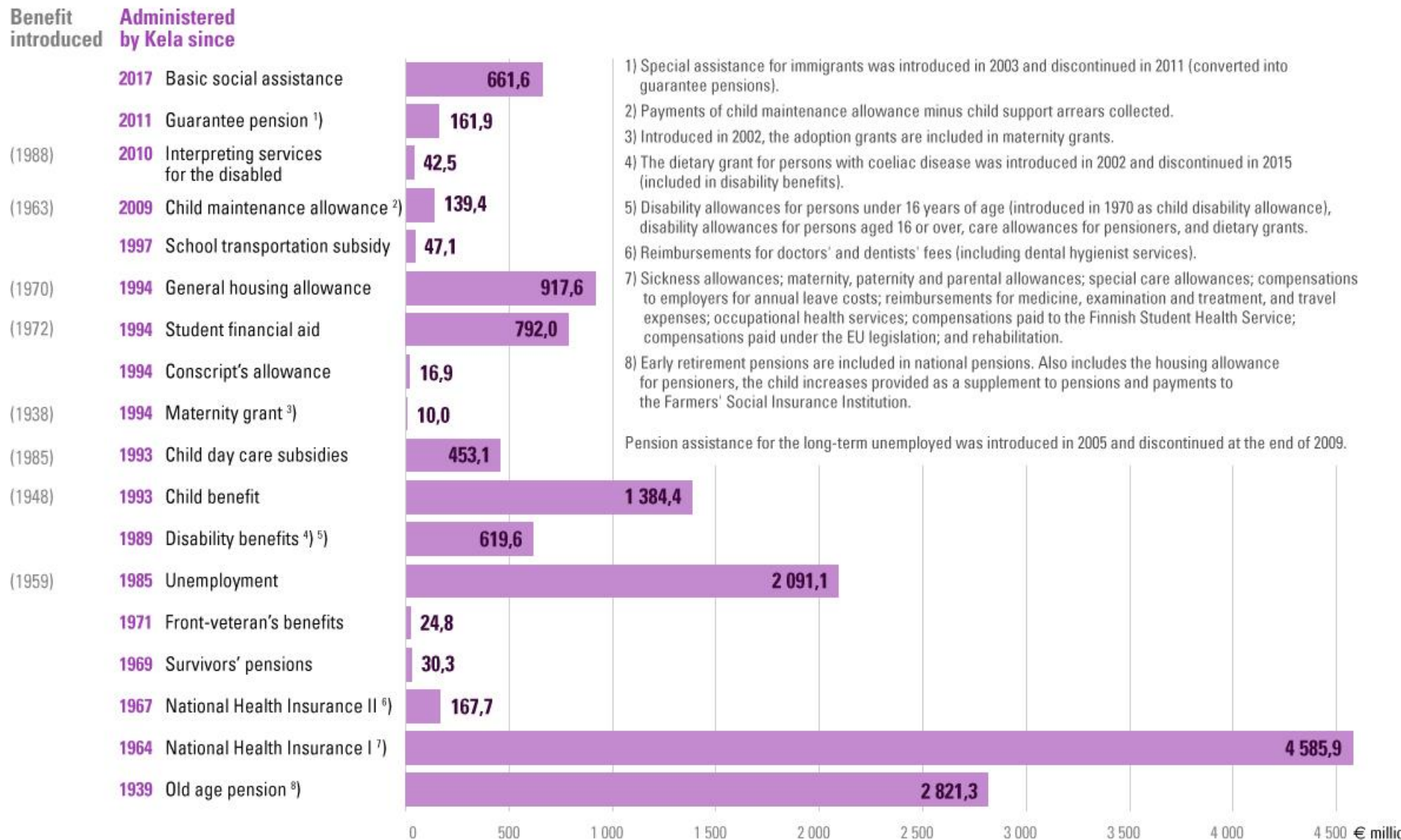
Benefit schemes administered by Kela

Benefits schemes administered by Kela: 1937 to present



Original year of introduction of benefits subsequently assigned to Kela is in brackets

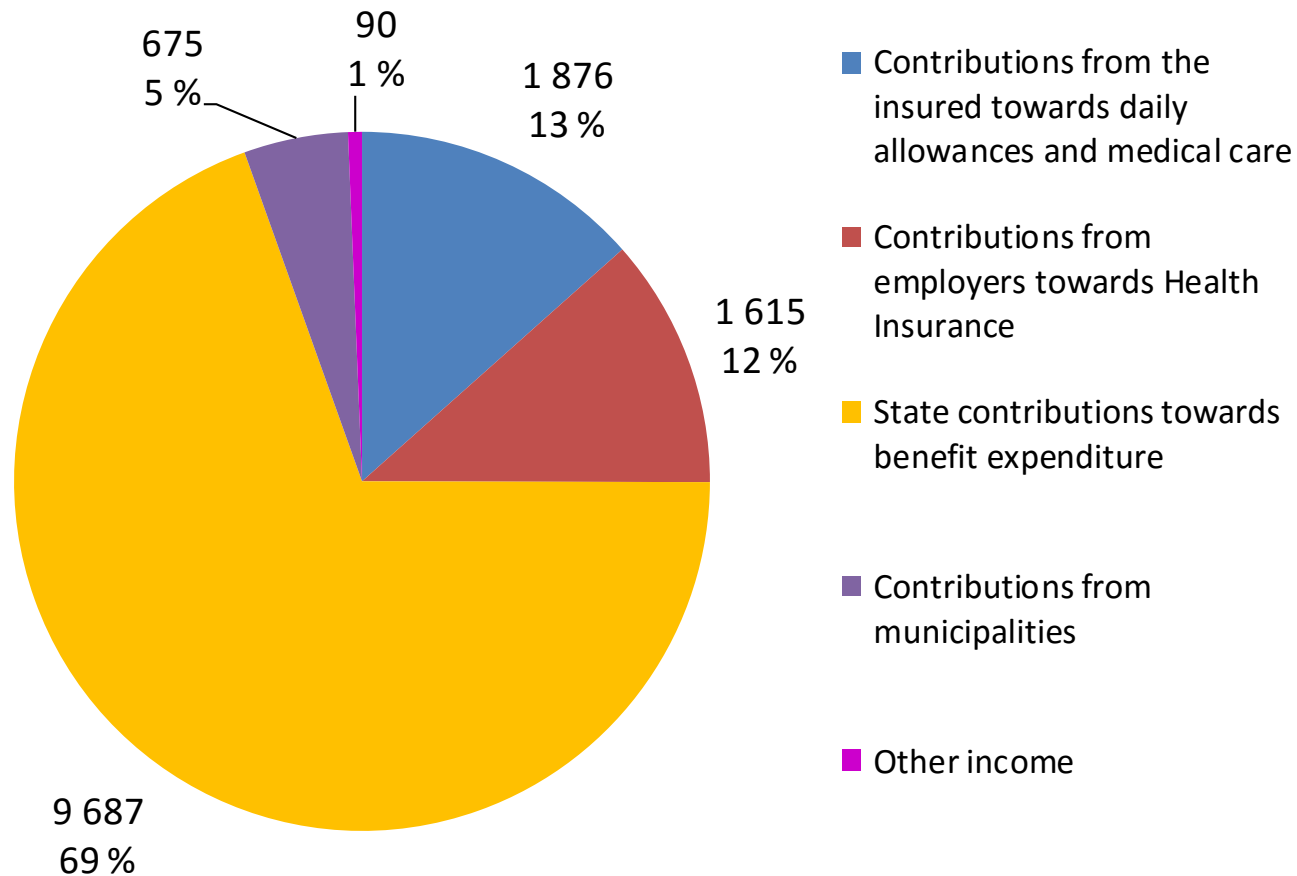
Benefit schemes administered by Kela from 1937 to the present (with benefit expenditures in 2015)



Kela's operations – Funding

- **National Pension Insurance Fund**
 - benefit expenditures consist of pensions and disability benefits
 - are funded entirely by the state.
- **National Health Insurance Fund**
 - comprises an earned income insurance component (for example sickness, parenthood and rehabilitation allowances) and a medical care insurance component
 - is funded by employers, employees and the state.
- **General Fund for Social Security**
 - About 86% of the benefits paid out of the General Fund for Social Security are funded by the state and about 13% by local governments (for example child day care subsidies).

Financing of Kela's operations 2013 (EUR, million)



National Health Insurance (NHI)

- The National Health Insurance (NHI) scheme is part of the Finnish social security system. The benefits require an application or certificate made by the caretaking physician
- The NHI scheme provides sickness allowances, partial sickness allowances and parental allowances (compensation for loss of income during incapacity for work)
- The NHI covers for rehabilitation that has been defined by law
- National Health Insurance also covers a share of
 - private doctors' and dentists fees the costs for examinations and treatments prescribed by a private doctor or a dentist
 - medication costs
 - illness-related transportation costs.
- Ongoing national health reform may have a major effect on the role of SII

Basic information on sickness absence in Finland

- Depending on workplace possibility to stay at home with own notice 1-7 days. The contract with your employer (collective agreements) decides when the full salary goes down to e.g. 75%
- The SII starts to pay from day 1+9 -> 300 days
- Usually the first sickness absence certificate/s can be written by any physician.
- At 60 days of detailed description required (mental health earlier)
- The role of OH physician differs bw workplaces. When the 90th day of sick leave approaches the role is same: RTW assesment
- In general large variety in the length of sickness absence recommendations without medical explanation (local/professional)
- Survey 2014/2015: Lack of knowledge on how to determine the length of work related sickness absence, and dis/ability to work
- Generic guidelines on how to determine length of sick leave under construction

Part time sickness allowance

- Part time sickness allowance is intended to allow earlier return to work while not yet able to work full-time
- Employees can make an agreement with their employer to return to work on a part-time basis: not obligatory
- While employed part-time, employees are paid a partial sickness allowance by the Social Insurance Institution
- First law in 2007
 - after 60 days on full-time sick leave, max 72 working days
- Change in law 2010
 - After 1+9 working days (actual 1+10)
- Change in law 2014
 - Max 120 days
 - + some additional clarifications

The 30-60-90 rule

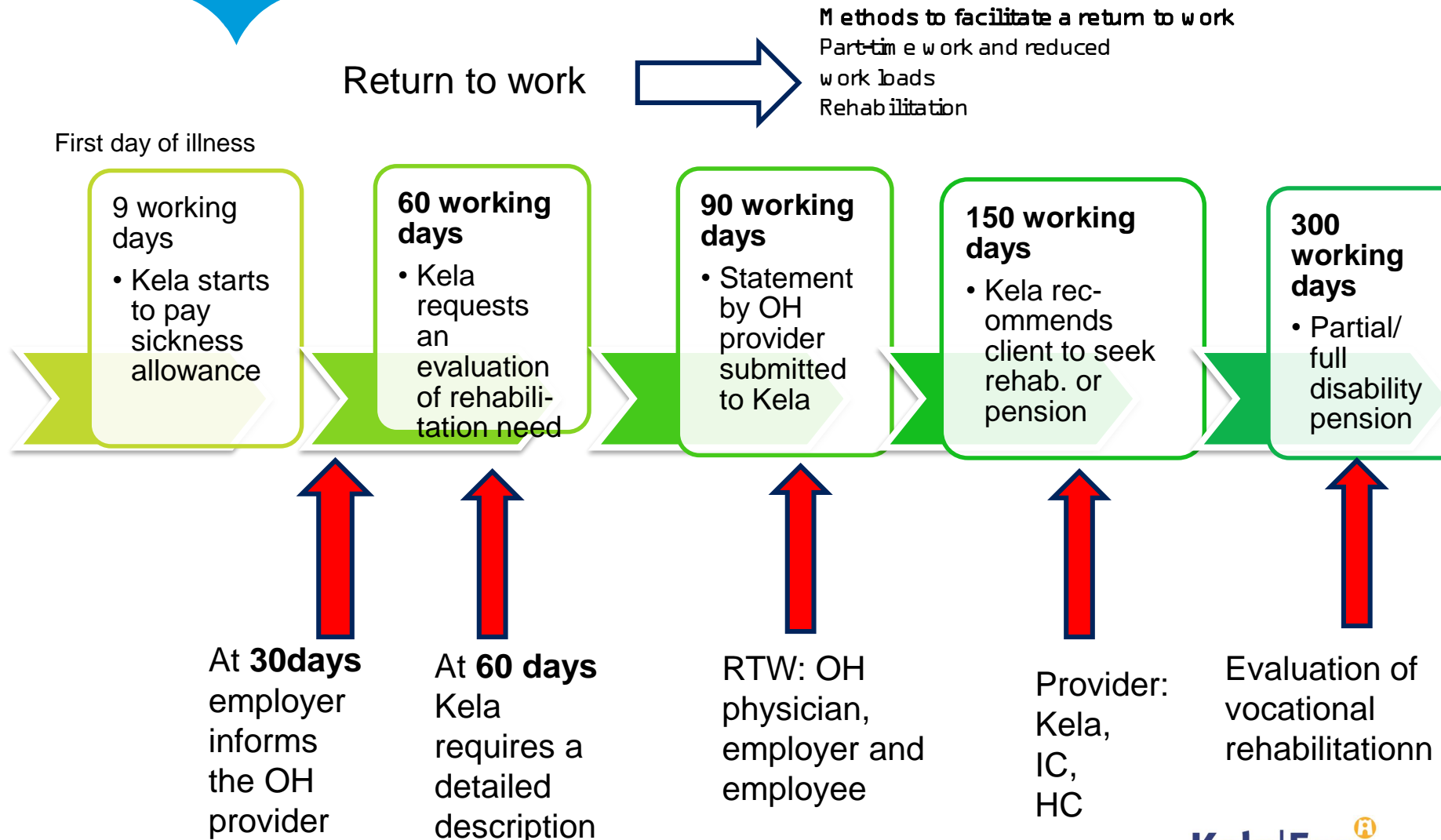
- Occupational Health Act

- The employer must notify the occupational health services at the latest when the employee has been off work due to illness for **30 days**

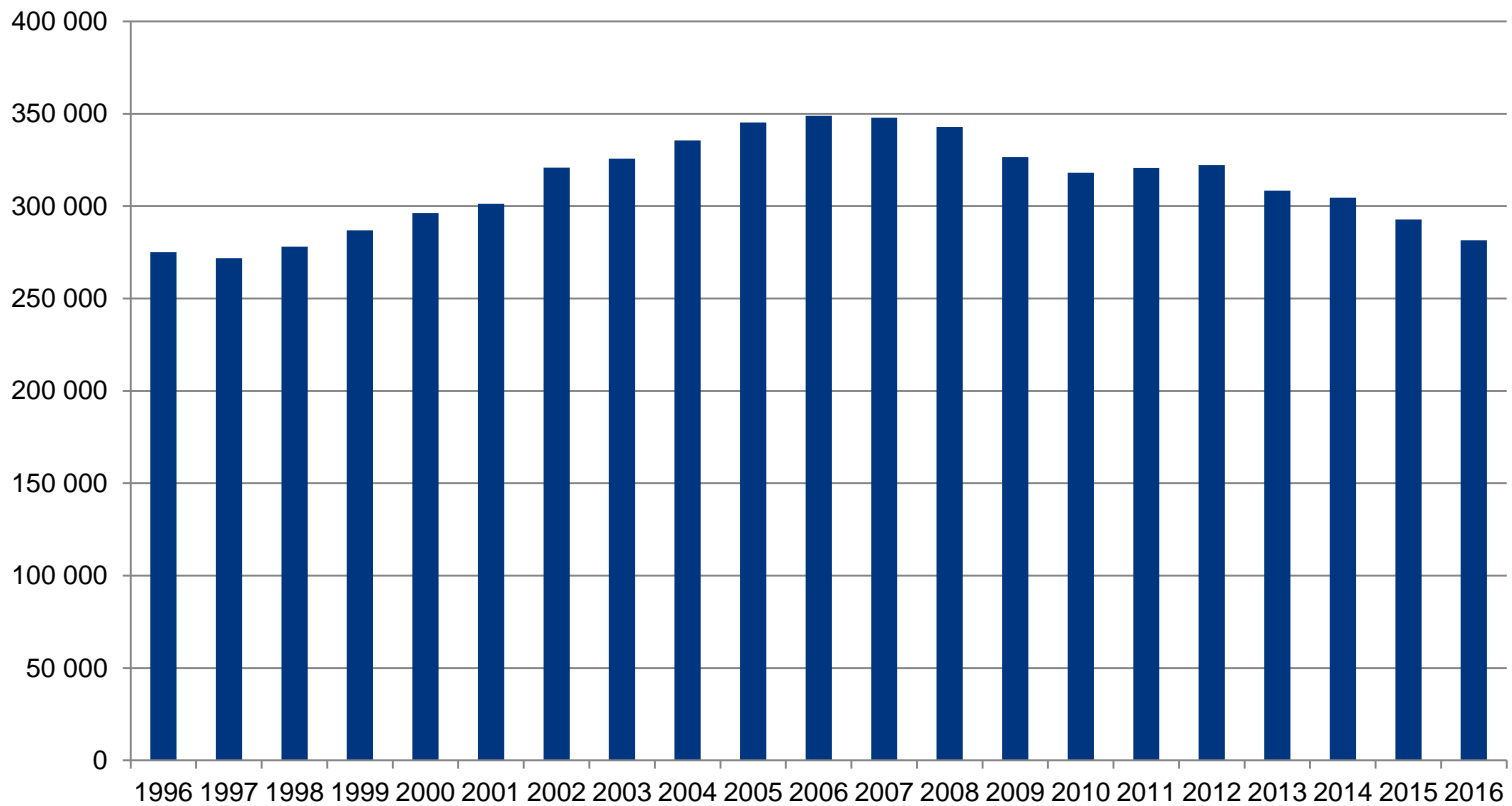
- Social Insurance Act

- The sickness benefits must be applied for within **60 days** of the beginning of the disability. **At 60 days** a detailed description of the medical situation with planned interventions
- The possibilities of the employee to continue working must be assessed at the latest when the employee has received sickness benefits for **90 days**
- Occupational Health Act: Assessment made by OH physician: estimate of the employee's possibility to return work within the limits of his/her working ability (assessment made in cooperation with the employer and the employee **prior 90th day**)
- The Social Insurance Institution (SII) can discontinue the payment of the benefits if an assessment is not performed within the timeframe of **90 days**
 - - some clarifications

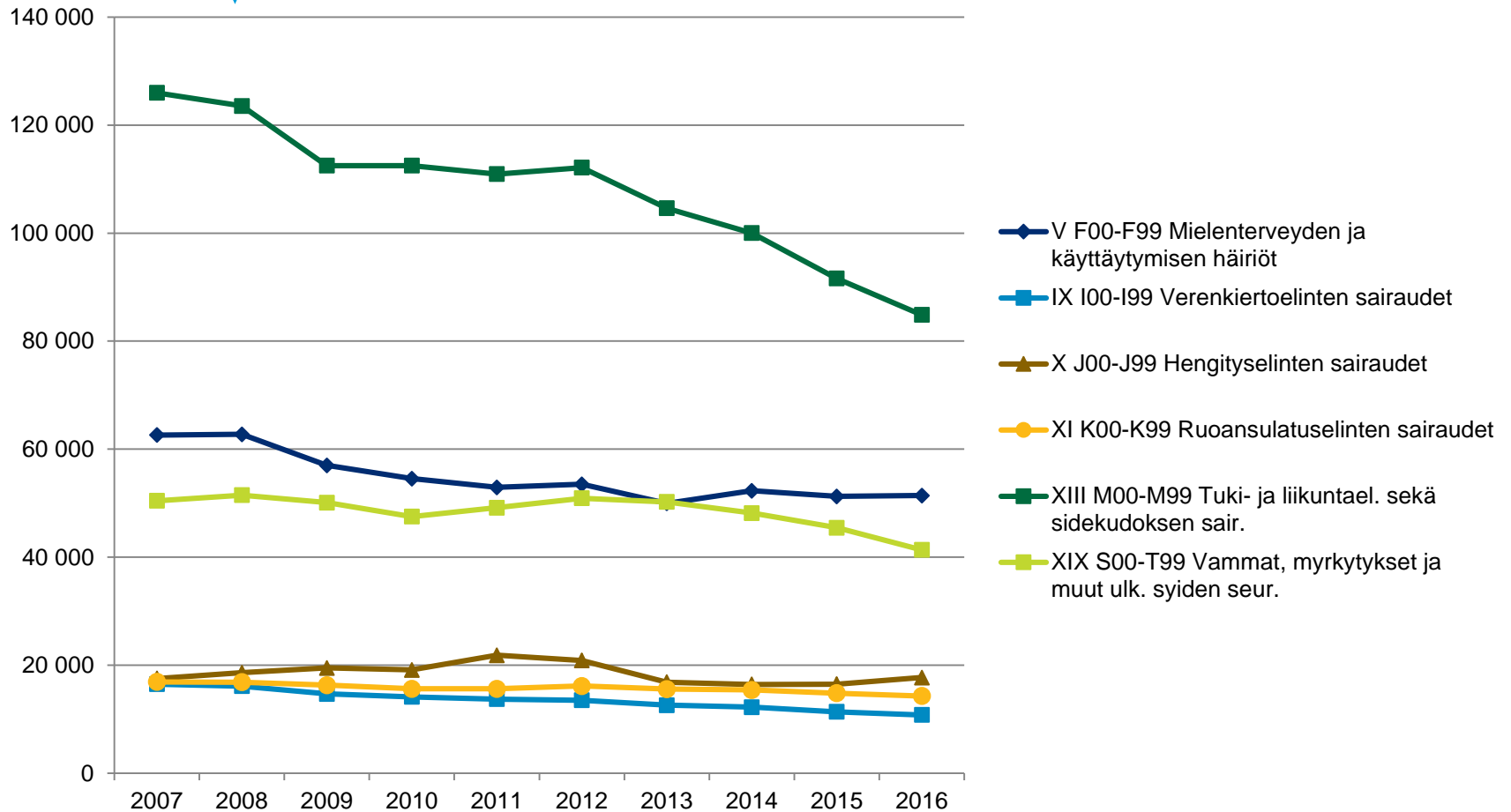
Prolonged sickness absence: 30-60-90-150-300 rules



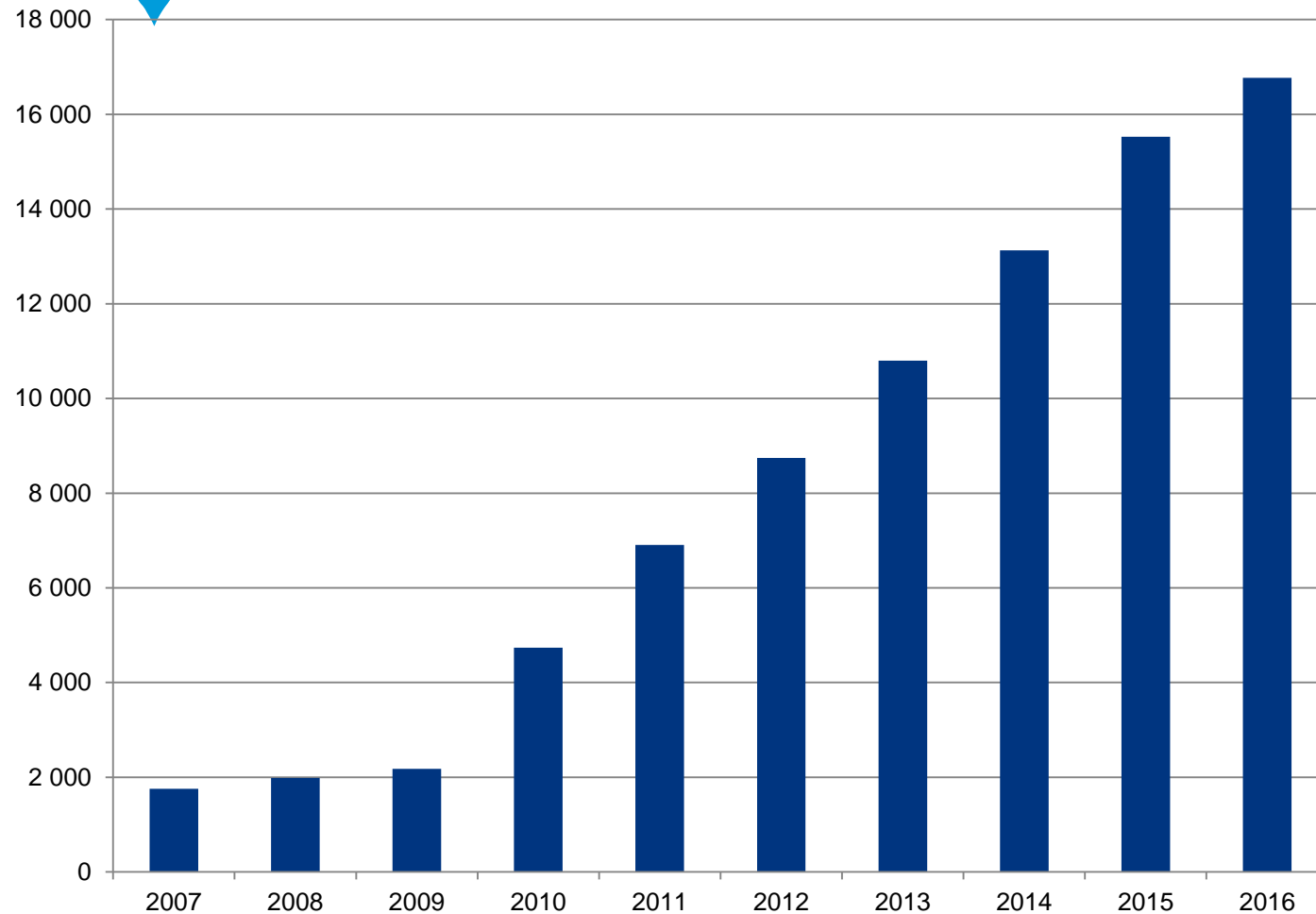
Recipients of sick leave 1996-2016



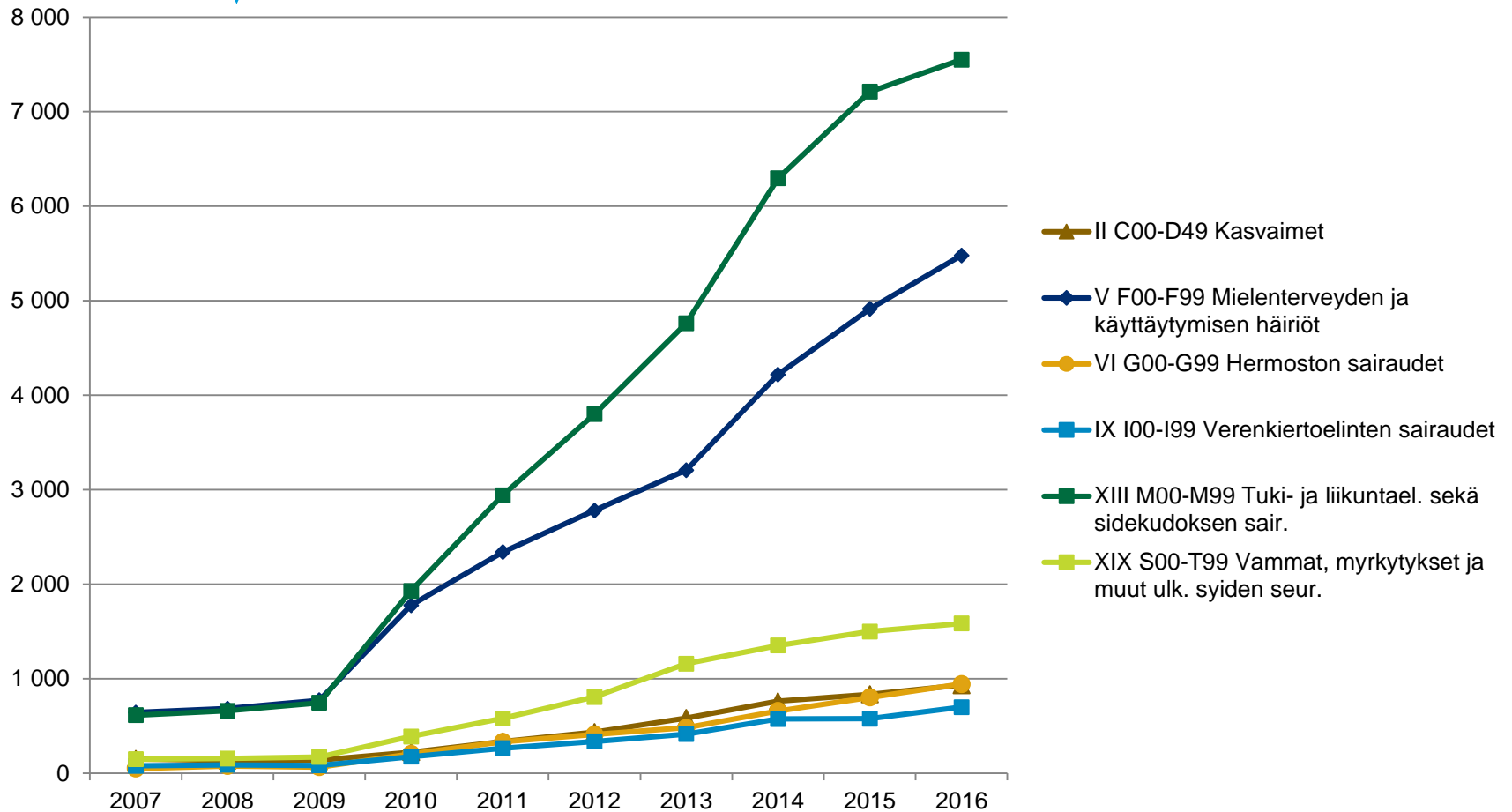
New sick leaves 2007->



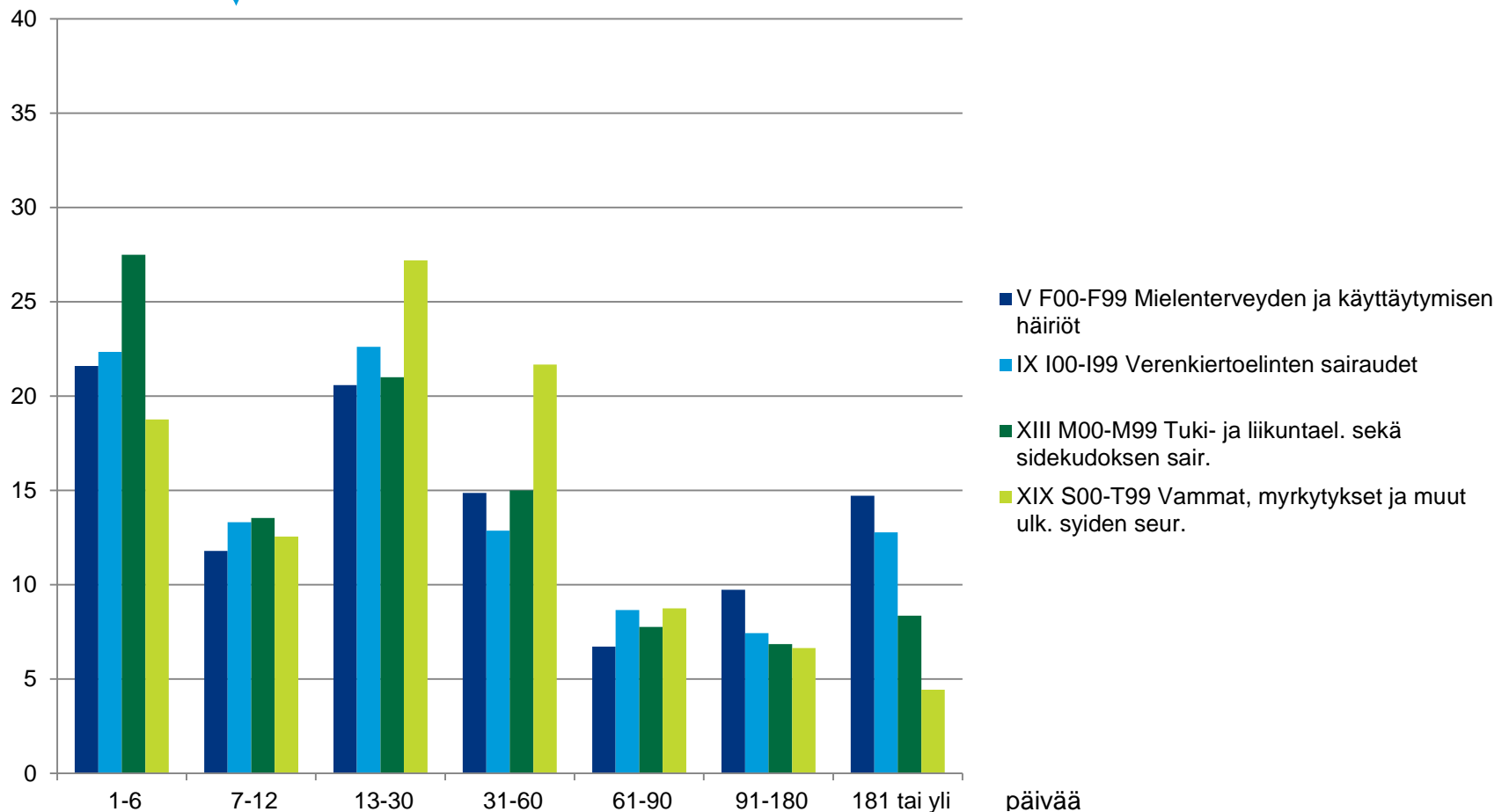
Part time sickleave



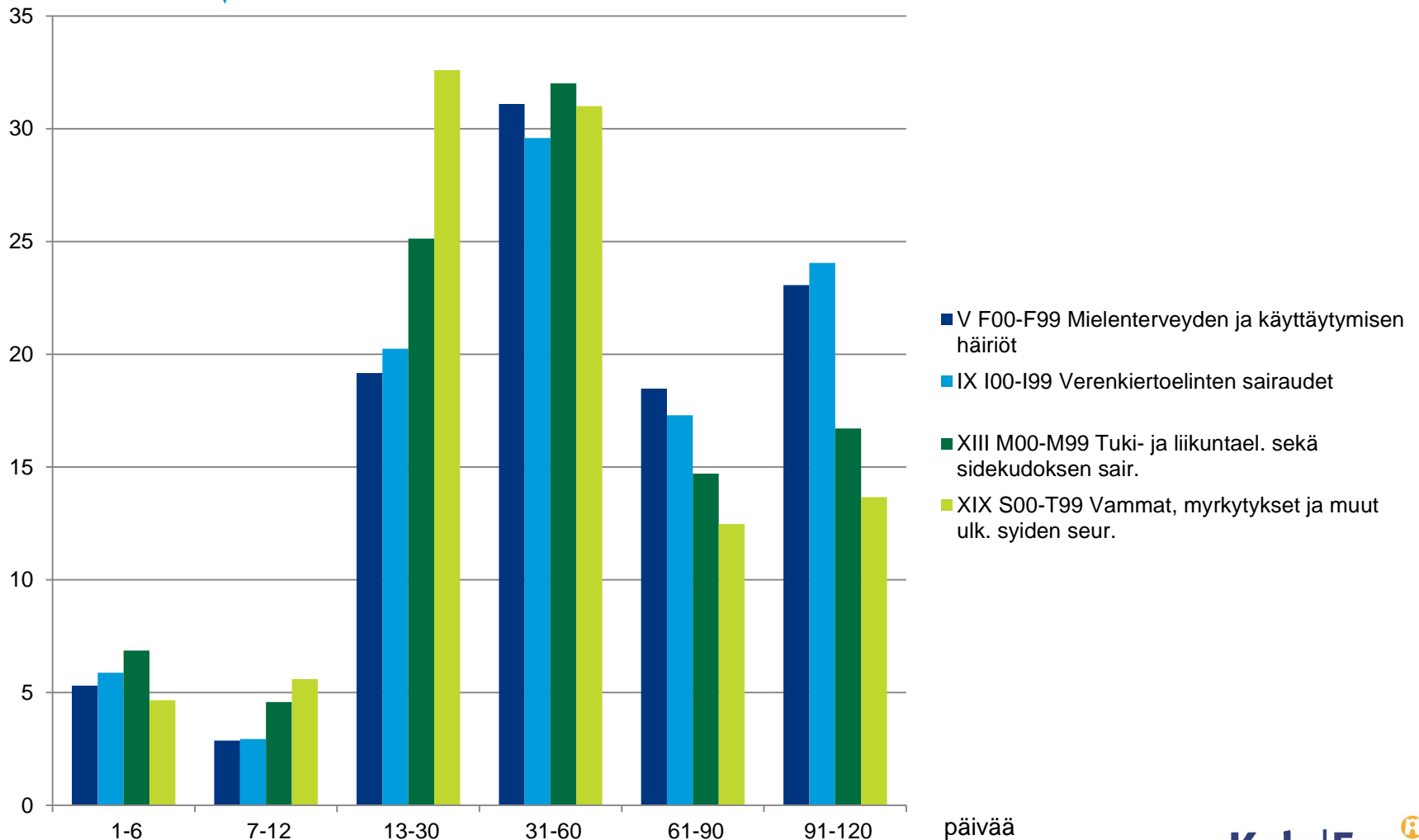
New part-time sick leave



Mean duration of sick leave in various disorder groups (SII allowance)



Mean duration of part time sick leave

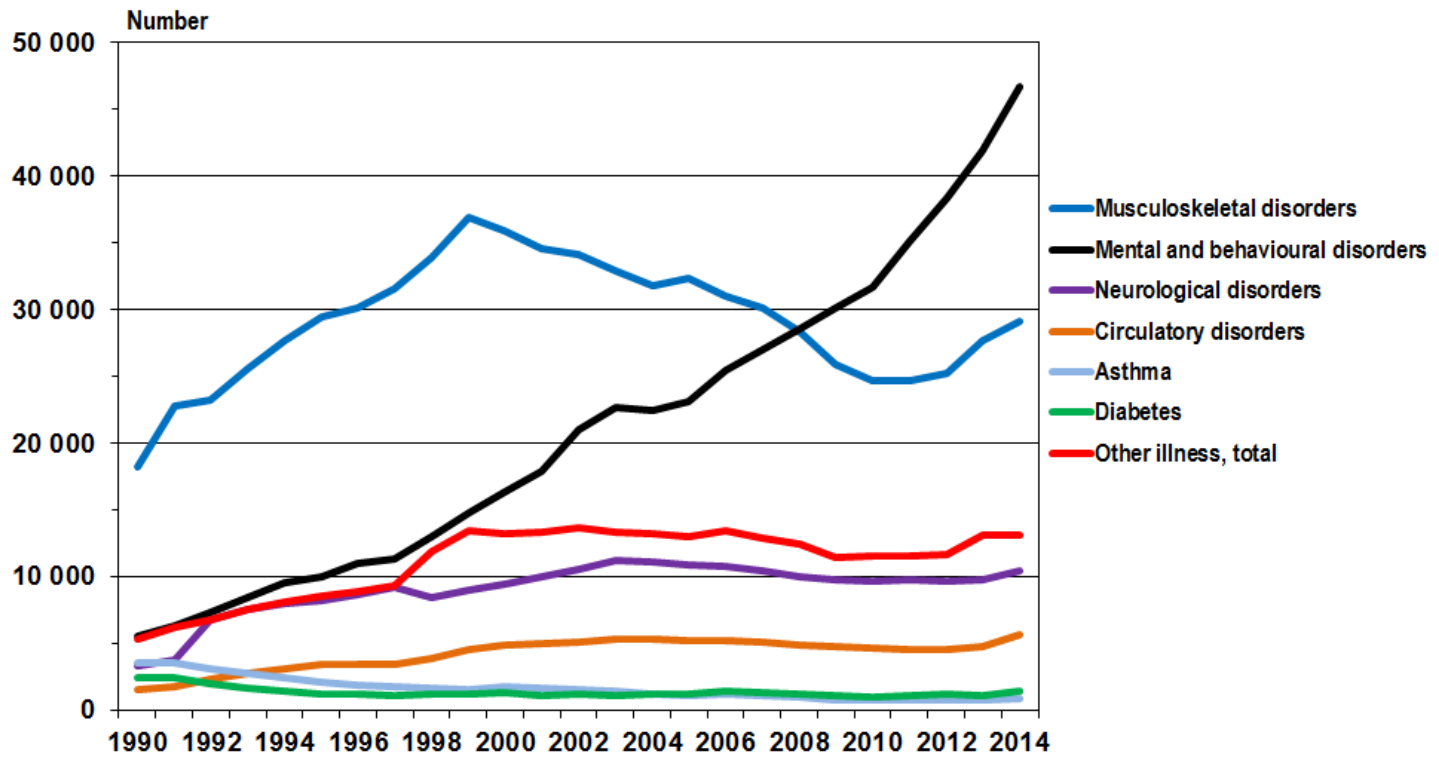


Rehabilitation to improve and maintain work and functional ability

- **Vocational rehabilitation** (training, education, in/outpatient rehabilitation)
- Rehabilitative **psychotherapy**
- **Medical rehabilitation** for persons under 67 years of age with severe functional difficulties to improve their ability to participate (ICF framework)
- **Discretionary rehabilitation**
 - Adaptation training courses (5 to 10 days)
 - Neuropsychological rehabilitation
- **Pension insurance companies** organize work related rehabilitation (modelling work, work trial, education to new profession)(earnings > 35 000€ during previous 5 years)

Rehabilitation statistics

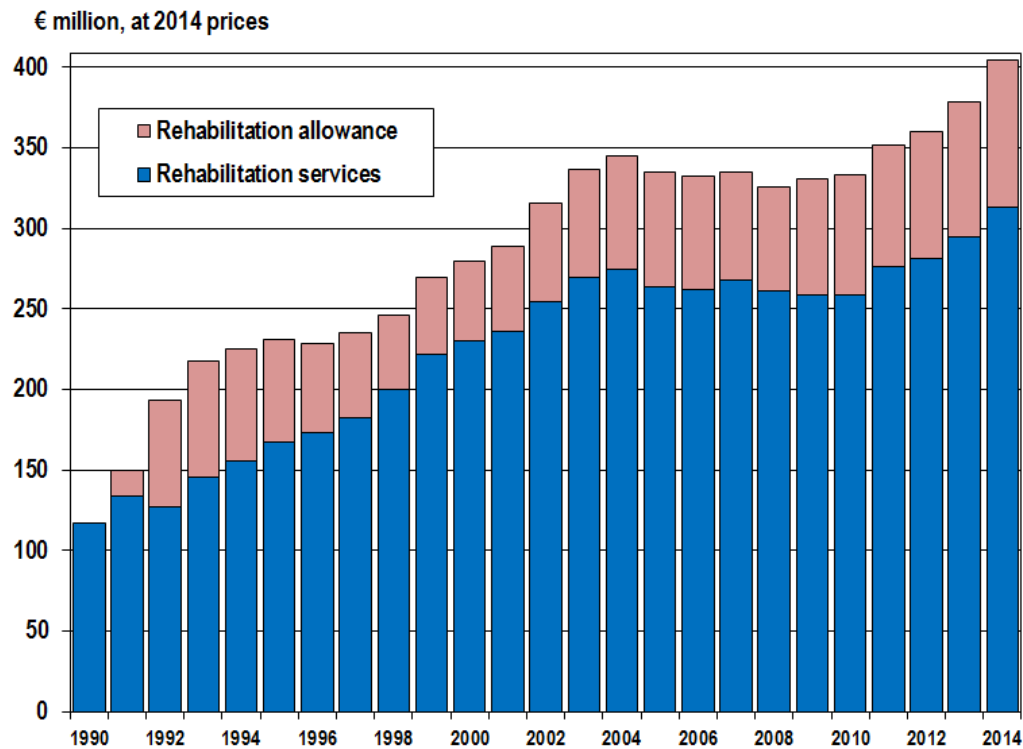
Rehabilitation clients by illness 1990-2014



AT/Tilastoryhmä 21.4.2015

Rehabilitation statistics

Expenditure on rehabilitation services,
1990-2014



N.B. Reimbursements for rehabilitation-related travel expenses have been available under the Health Insurance Act since the beginning of 2005.

AT/Tilastoryhmä 21.4.2015

Number of vocational rehabilitation clients by age group in 2013 and 2014

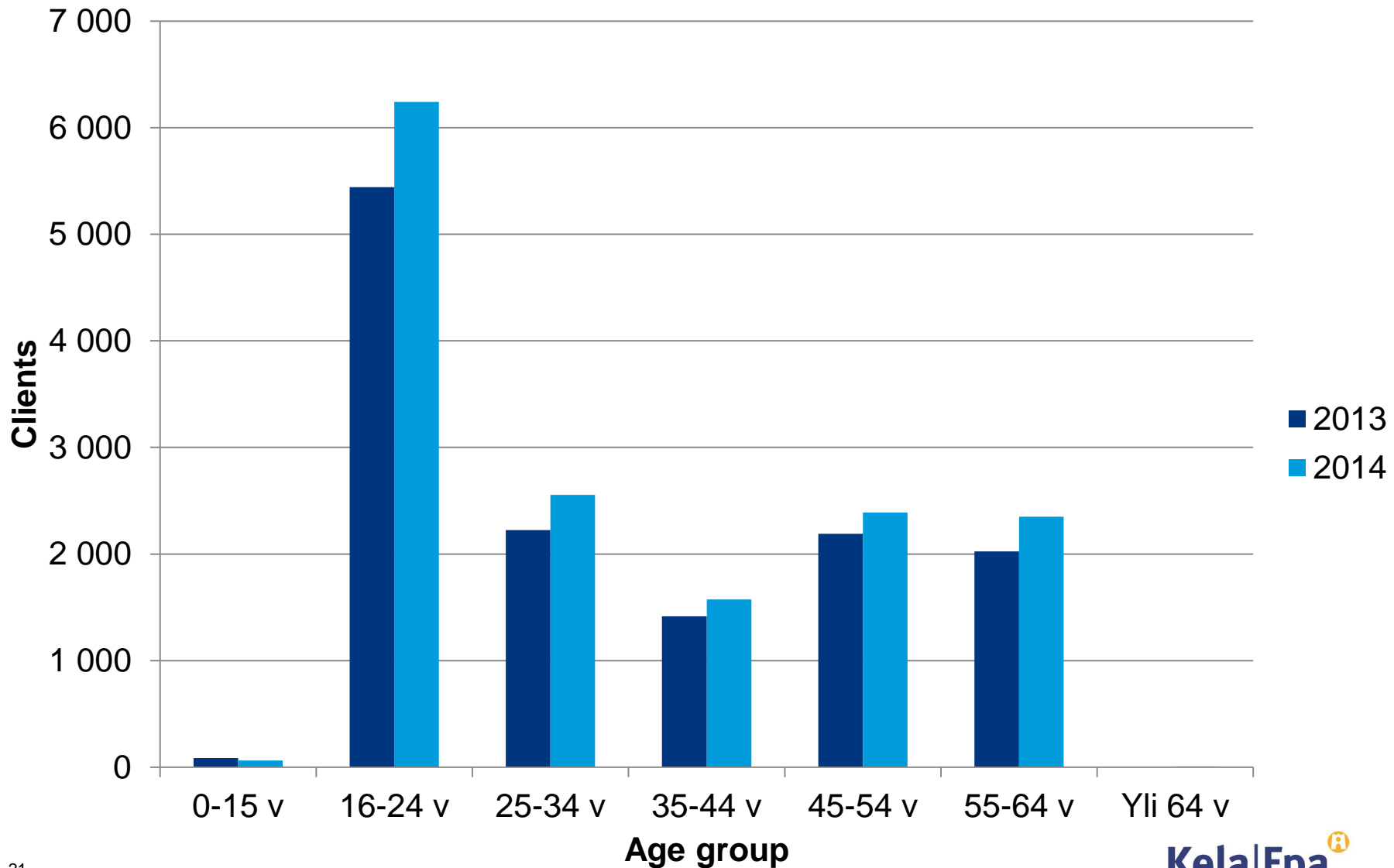
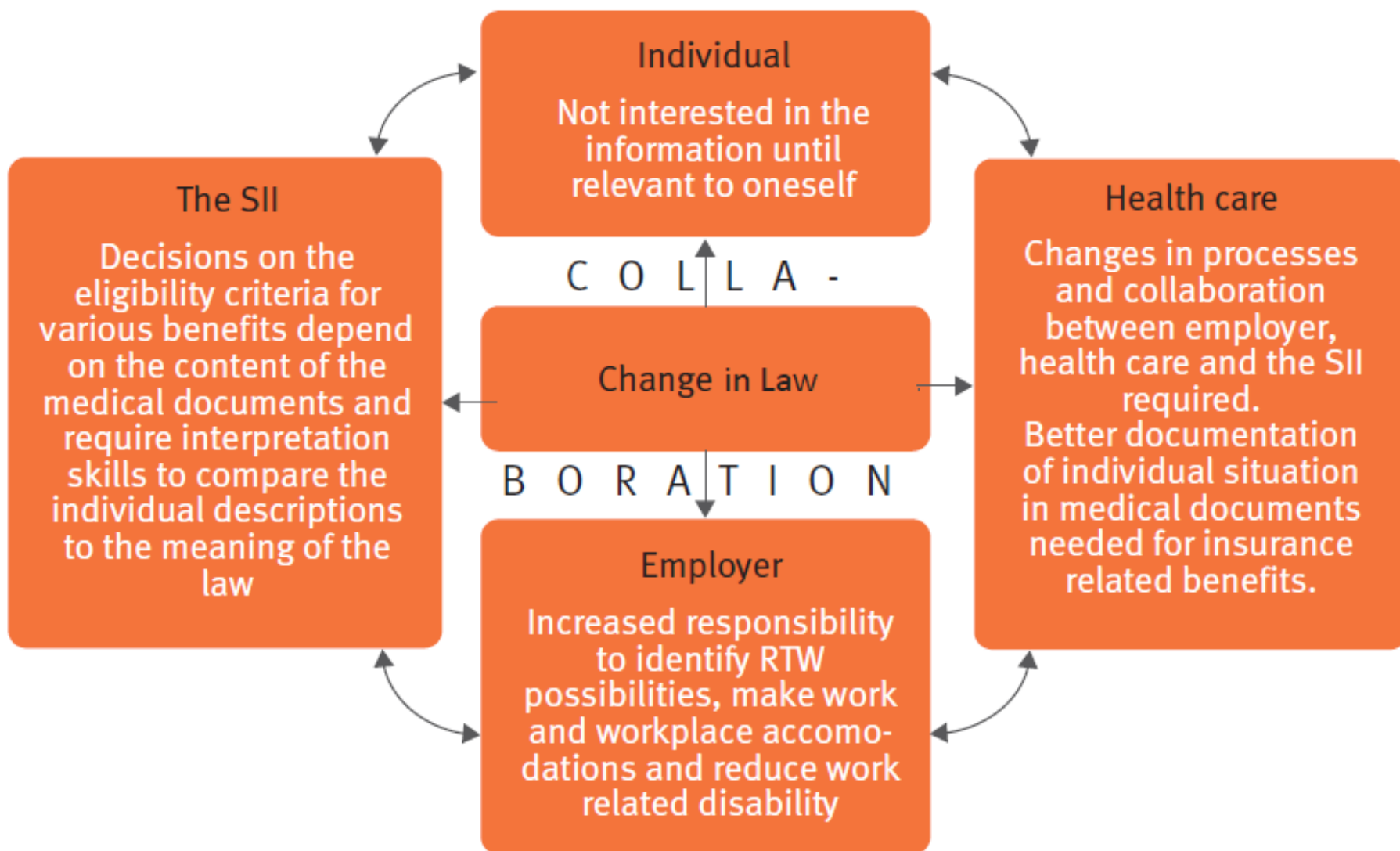


Figure. The various stakeholders and possible barriers when change in law is implemented.



Ways to improve RTW

- Change the law - > affects the whole system
 - Takes time to implement
- Develop the rehabilitation process: timing, focus, content
 - Needs change in the way of thinking, roles and processes. Content and outcome needs to be evaluated constantly
- Improve collaboration: better processes
 - Up to persons and organizations ability to change the way of doing things
- Education of medical professionals about
 - Functional evaluation
 - Role of rehabilitation
 - Work ability

SII: new proactive model

- Earlier identification of rehabilitation needs (150days-> 60days)
- Active contact with the applicant: what can be done to improve her/his situation and by whom?
- Development of the content of vocational rehabilitation: collaboration with the employer
- Change of attitude: not a passive payer but actively empowering the citizens