

Societal Impact of Pain
7-9 June, 2017 Malta



With the right treatment, chronic pain patients are more productive and can stay in the workforce longer



Background Briefing
SIP 2017 Symposium: Structured Cooperation between Health Care
Systems tackling the societal impact of pain!

Working group 3: Impact of Pain on Labour and Employment



From rehabilitation to work participation; System barriers during a patient journey

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Disclosure Statement of conflict of interest in the context of the subject of this presentation

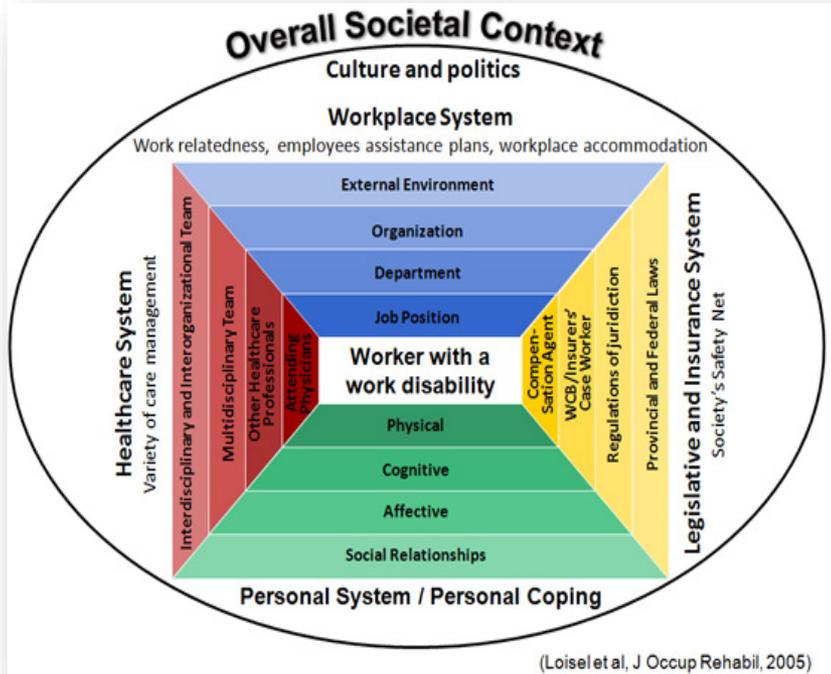
Within the past 12 months, I or my spouse/partner have had following financial interest/arrangement(s) or affiliation(s)

- Support for travel
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- Participation in clinical trials
- Research funding
- Financial shares and options
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None



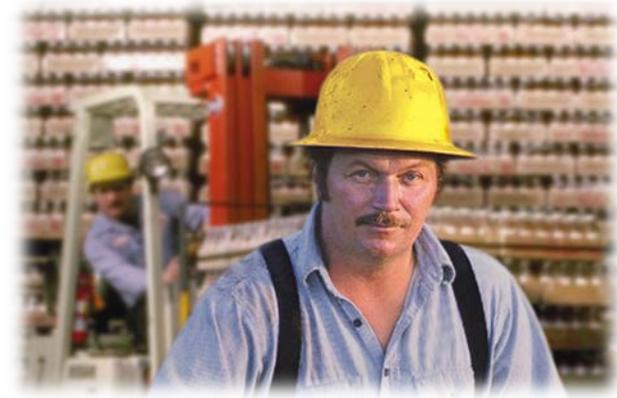
Outline



1. Focus on system barriers – disclaimer
2. Patient journey
3. Key evidence
4. Fix the system



Patient journey



- 40 y/o male, fulltime operator
- Back pain with trivial onset; off work since 3 months
- Health care: no red flags; MRI; old school PT 2x/week; sick note certification; 'first get better, then RTW', paid for service
- Employer: RTW when 100%
- System: partial and temporary paid sick leave; lay-off if not RTW by 6 months; 'work' not regarded as health care





Patient journey

MD owns MRI (financial incentive)

catastrophising (nocebo)

Sx oriented

Pay per service (financial incentive)



HCP or Self certification?

- 40 y/o male, fulltime operator
- Back pain with trivial onset; can't work since 3 months w/ no work-directed health care; no red flags; MRI; old school PT 2x/week; sick note certification; 'first get better, then RTW', paid for
- Employer: RTW when 100%

No work-directed health care

No work-directed health care

No modified work

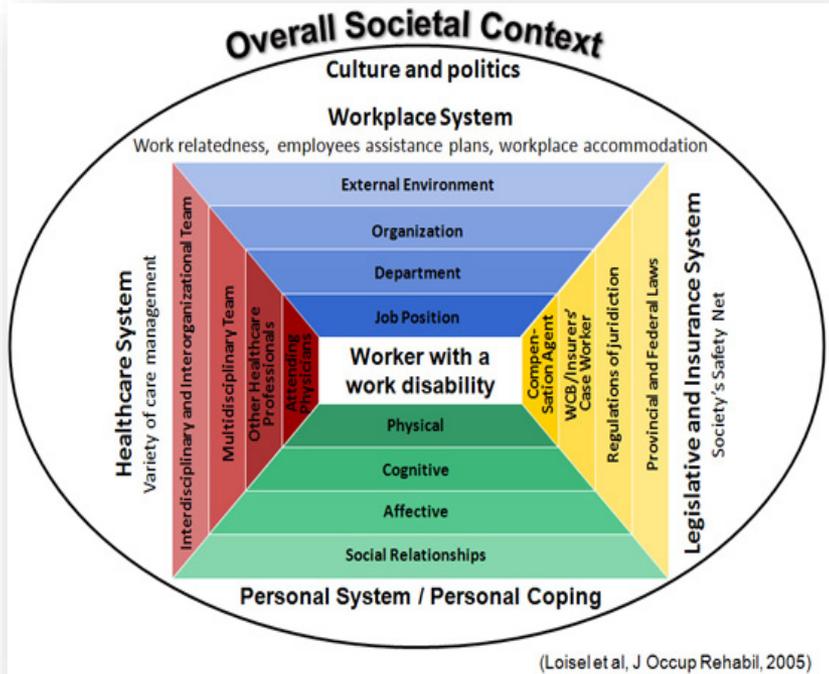
partial and temporary paid sick leave; lay-off if not RTW by 6 months 'work' not regarded as health care

Financial stress

Fear of work loss

No financial incentive employer

Outline



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Positive impact of work on health and well-being

- Strong evidence showing that work is generally good for physical and mental health and well-being.
- Overall, the beneficial effects of work outweigh the risks of work, and are greater than the harmful effects of long-term unemployment or prolonged sickness absence.
- Worklessness is associated with poorer physical and mental health and well being. Work can be therapeutic and can reverse the adverse health effects of unemployment. That is true for healthy people of working age, for many disabled people, for most people with common health problems and for social security beneficiaries. The provisors are that account must be taken of the nature and the quality of work and its social context; jobs must be safe and accommodating.

Vocational rehab with chronic musculoskeletal pain: effective and cost-effective

Effective

- Better work participation
- Less disability
- Less pain

Professional *evidence based* guidelines
e.g. Cost B-13

Cost-effective

- Ratio 1:5 – societal perspective
- Largest benefit: work participation

However: silo's between health and employment

Vocational Rehab: Working principles

Bio-psycho-social perspective in assessment and treatment

Work focused health care



Stress – pain interactions



Gradual increase in activities and work

Modified work



Shared goal and plan: client / worker – work – rehab team

RTW Coordinator



Financial incentives same direction



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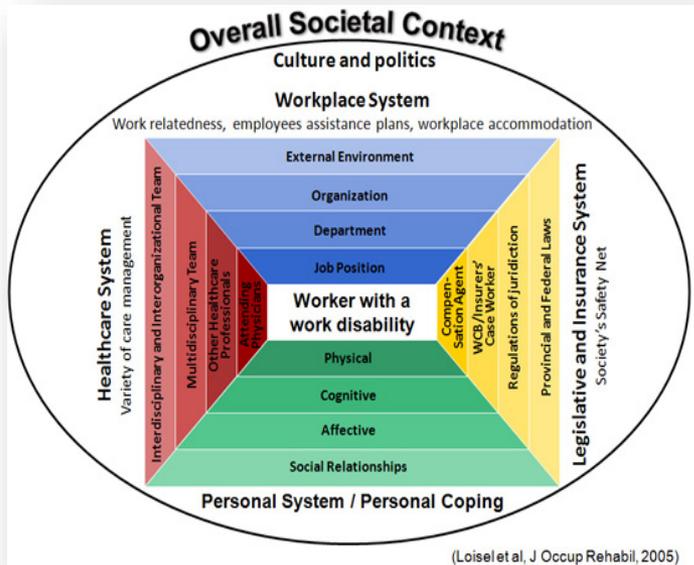
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Pain and Work: System challenges

1. Vocational Rehab not available for all EU citizens
2. Modified work not available for all EU citizens
3. (Silos between) health and work policies hinder RTW and SAW:
 - Collaboration between HCP and work
 - Work-directed health care vs. financial incentives HCP
 - Employer incentives to RTW / SAW

Pain and Work: System solutions

Disclaimer



Patient-centered value based

Incentives for all parties should be aligned with patient's goals

- Work system: employer
- Health care system: providers
- Legislative and insurance system: health care and disability

Complex matter – no quick fix

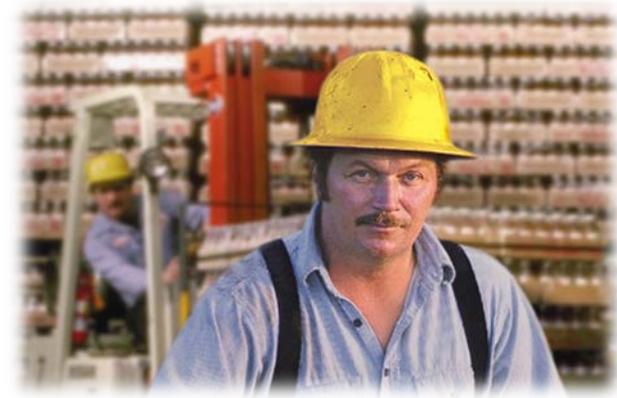


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Patient journey



- 40 y/o male, fulltime operator
- Back pain with trivial onset; off work since 3 months weeks
- Health care: no red flags; no MRI; new school PT: advice and reassurance / pain education / self management; no sick note certification; 'RTW while getting better'.
- Employer: modified work
- System: protection from being laid-off, income secured



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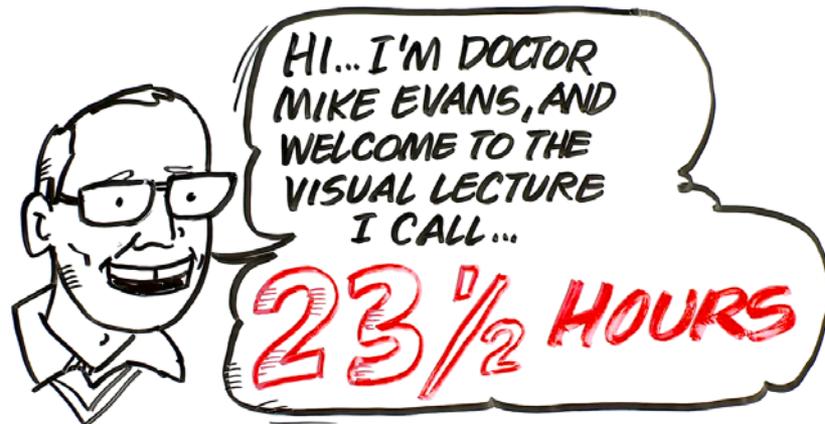
RETRAIN PAIN FOUNDATION

Tired of waiting for pain to go away?

This free online course will teach you a science based approach to reducing symptoms and getting back to the life you want to live.

Afrikaans | Basque | Deutsch | English | Español | Français | Ελληνικά | Italiano | Nederlands | Norsk | Polski | Português | русский | Suomi | Svenska | Türkçe

START THE COURSE



WERKEN MET EEN CHRONISCHE AANDOENING KAN

Fit for Work checklisten

Aandacht voor werk bij chronische aandoeningen


fit for work

Een aanpak voor werknemers, werkgevers, zorg- en hulpverleners.
November 2015

The Pain Toolkit


SELF-MANAGEMENT SKILLS

CHANGE PAINSM





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Summary: 3 main policy implications

1. Vocational Rehab works!

- *'... invest in interventions which have work participation as outcome'*

2. Systems can work!

- *'... build bridges between health care, employment, social protection and finance policies and systems...'*

3. Modified work works!

- *'...legislation requiring reasonable, flexible workplace adjustments by employers ...'*



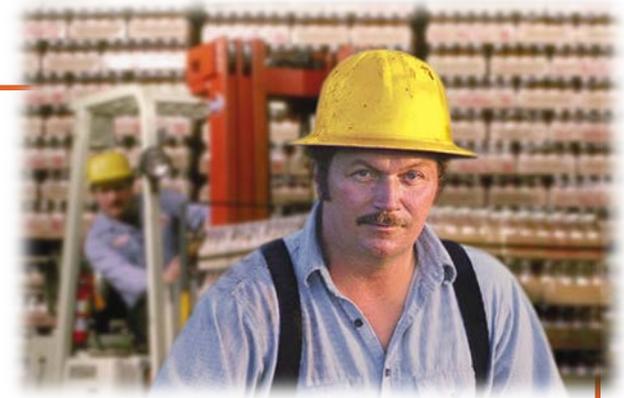


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Thank you



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