

# Why early management of chronic disease in the EU workforce should be a priority

*A Call for Action for the Latvian Presidency of the EU & Member States*

The Fit for Work Europe Coalition calls upon the Latvian Presidency and governments of the EU Member States to consider prioritising chronic diseases management, including Musculoskeletal Disorders (MSD), when deciding upon health and work priorities at national level.

Musculoskeletal Disorders are the leading cause of sickness absence in Europe, accounting for half of all absences and 60% of permanent work incapacity. Some 100 million Europeans have chronic musculoskeletal pain. In addition, MSDs cost up to 2% of EU GDP, i.e., around €240bn each year. Ageing workforces add to the growing burden of chronic conditions, which threaten work ability, productivity, social inclusion and labour market participation.

Since 2009, the Fit for Work Europe Coalition has been conducting research and policy work which has highlighted the need to invest more actively in interventions which promote 'work ability' among EU workers living with long-term or chronic health conditions.

## Call for Action

The Latvian Presidency has an opportunity to lead the Chronic Conditions Reflection Process towards a more explicit recognition of the workforce and productivity issues in relation to health and well being. The Fit for Work Europe Coalition calls upon the Latvian Presidency and the governments of the EU Member States to consider the following policy positions when deciding upon health and work priorities at national level:

- **Prioritise MSDs as a national public health priority**
  - Despite the magnitude of MSDs in Europe, they are still undiagnosed in over 40% of cases.
  - Estonia's example of putting MSDs as public health priority alongside oncological conditions, cardiovascular diseases and HIV/AIDS in 2014 is an inspiring example.
- **Develop and implement National Policies and Plans for Chronic Conditions, including MSDs, to maximise opportunities for people of working age to stay in and/or return to work as soon as possible.**
  - They should focus on the coordinated planning and budgeting of services, which deliver prevention, early and accurate diagnosis, treatment and care of the many chronic diseases which impact on the working-age population.
  - Also, the Plans should encourage **enforcement of existing national legislation** requiring reasonable, flexible workplace adjustments by employers that can help people with chronic diseases stay in work or reintegrate into the workforce.
- **Make Early Intervention (prevention, diagnosis, treatment and care) and return to work a priority of Chronic Disease management.**
  - We highlight three examples which can serve as useful good practices:
    - i. **MSD Early Intervention Pilot in Spain.** The Spanish Early Intervention clinic pilot demonstrates the positive impact on MSD patient health and the economy, resulting in a **39% reduction in temporary work disability and 50% decrease in permanent work disability**, as well as recouping around €10 for every €1 invested in the programme. The UK and Austria

are also testing the concept of Early Intervention, and Hungary, Lithuania and Latvia are working on the concept customisation.

- ii. **UK Fit Note.** The Fit Note, introduced in 2010, promotes effective prevention and accurate diagnosis via regular meaningful dialogue on a patient's work ability status (capacity to perform specific tasks) between employers, people with chronic conditions and healthcare professionals – either GPs or occupational health physicians.
  - iii. **The Dutch Target@Work** project emphasising work as a clinical outcome is an example of clinical support for job retention of employees with chronic conditions.
- **Deliver novel, strategic and integrated approaches** to health and work policy and practice, it may be valuable to:
    - **Appoint and empower relevant National institutions (e.g. cross-ministerial working groups) for Health and Work who report to and coordinate policy among Health, Social, Labour and Finance Ministries.** The core aims should be to facilitate coordinated cross-ministerial/governmental action and to share the benefits of the joint investments.
    - **Develop methodologies for chronic disease cost-of-illness studies and cost-effectiveness evaluations** of interventions (including societal aspects) to support rational decision-making and cost-effective resource allocation in healthcare.
    - **Develop a multidisciplinary approach (checklists)** in the total chain of care. The model designed and tested in the Netherlands is an inspiring example

In conclusion, the Fit for Work Europe Coalition, call on the Latvian Presidency and relevant stakeholders to prioritise chronic disease management solutions that provide for an integrated policy framework based on the concept of Early Intervention. Such a framework can be instrumental in maintaining the well-being and work ability of those with Chronic Conditions, including MSDs, and thus contribute to sustained EU public health and economic growth.

#### About Fit for Work Europe

Fit for Work Europe is a multi-stakeholder Coalition, driving policy and practice change across the work and health agendas. We aim to deliver more investment in sustainable healthcare by promoting and implementing Early Intervention practices. Research shows this approach is the most effective way of ensuring people with MSDs (musculoskeletal disorders) can enter and remain in work across the EU and globally. Fit for Work Europe is led by The Work Foundation, supported by AbbVie. For more information please visit [www.fitforworkeurope.eu](http://www.fitforworkeurope.eu)

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