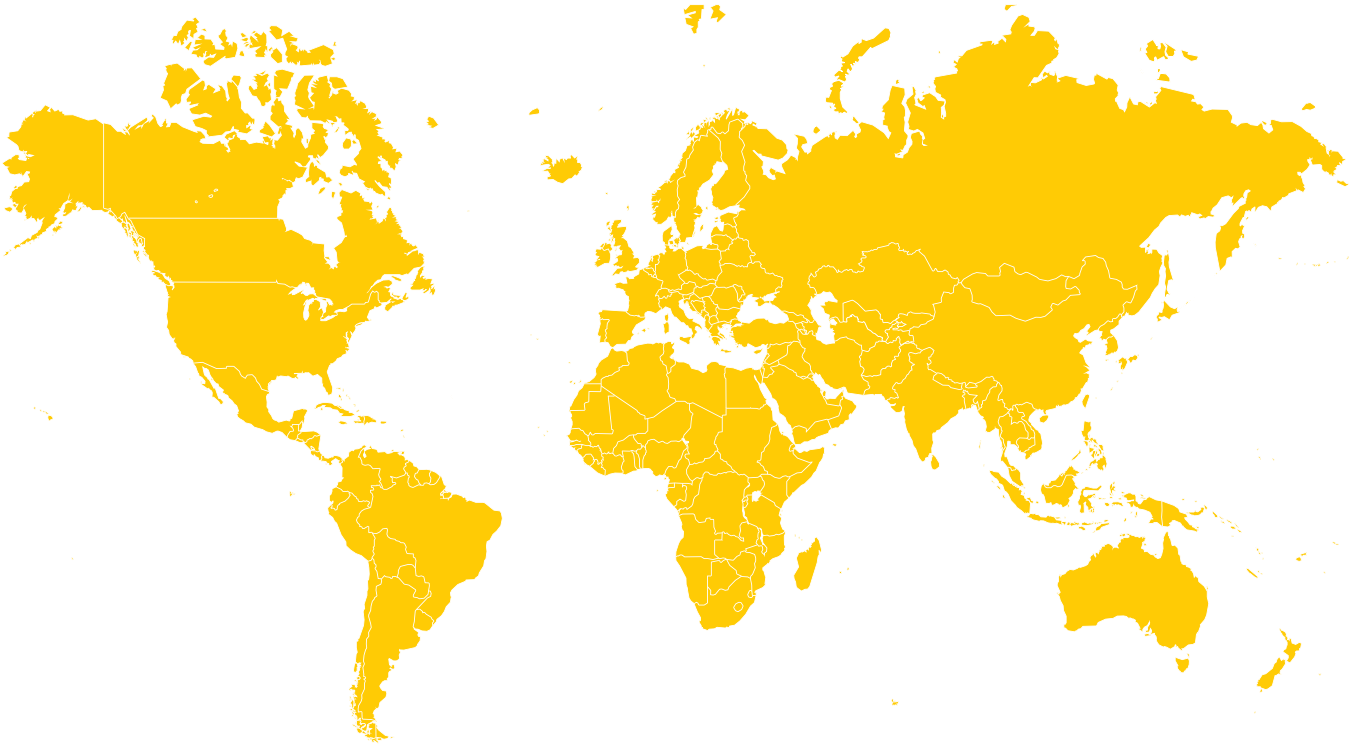
fit for work europe

A FIT WORKFORCE FOR A FIT ECONOMY: A COLLECTION OF FIT FOR WORK GOOD PRACTICES



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Fit for Work Europe is led by The Work Foundation and supported by AbbVie

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Table of Contents

Introduction

Fit for Work Europe is a multi-stakeholder initiative led by The Work Foundation and supported by AbbVie, driving policy and practice change across the work and health agendas. Its aim is to change the way musculoskeletal diseases (MSDs) are perceived from disabling conditions that prevent people from working to ones that may be improved through Early Intervention (EI). Research conducted by Fit for Work shows that with the right support, many people with MSDs can return to work and that most people want to return to work. Fit for Work strives to raise awareness of MSDs and implement effective policies and innovative clinical practice to support people with MSDs in returning and staying in work. Originally founded in 2007 by The Work Foundation, Fit for Work has expanded to cover over thirty countries in and beyond Europe, focusing on three main areas — clinical intervention, health economics and policy change.

The Fit for Work Europe initiative began with developing research and recommendations to address the burden of MSDs and raising awareness around the issue of these conditions in order to make them a policy priority.

Its focus has now shifted towards solution development based on the original research and recommendations, in an effort to drive positive impact and change at the national level. This is being done through the implementation of pilot projects at national level around care organisation and delivery transformation, linking health and work agendas and focusing on early intervention, with the aim of enhancing work ability.

To emphasise this shift in focus, Fit for Work Europe is pleased to share with you a collection of good practices from across Europe and beyond. These practices use approaches that may not only deliver improved results for the patient but also for society and health systems. They look to find win/win ways to change and improve current practices and place the patient at the centre of the solution. And they seek to create consistency, quality, sustainability, scalability and replicability.

These practices address the key recommendations put forward by Fit for Work for policy-makers and decision-makers:

- Adopting Early Intervention principles whilst enhancing work ability and collecting better data on MSDs;
- Promoting and enforcing legislation requiring reasonable workplace accommodations for workers with MSDs;
- Promoting examples of good workplace preventative practice;
- Recognising that workplace interventions can support job retention as well as return to work;
- Ensuring that primary care physicians are supported in making decisions about work disability;
- Encouraging clinicians and employers to focus on the capacity workers with MSDs have rather than their incapacity;
- Prioritising access to physical and psychological therapies for workers with MSDs;
- Implementing national care plans for people with MSDs;
- and advocating for Health Technology Assessments (HTAs) to take account of the wider societal benefits of treatments and therapies for MSDs.

In order for Europe's healthcare and social systems to be truly sustainable, practices such as the ones featured here will need to be adopted and scaled up to the national and EU level. Ensuring that Europe's – and the world's – workforce is fit for the future depends on it.

Foreword

At AbbVie, we believe the world needs new approaches to address today's healthcare challenges and we believe that answering the needs of patients today and tomorrow requires a novel approach, one that is proactive, multi-channel and focused on long term benefits for people living with illness, which includes not only health but also social benefits.

Thanks to the hard work of Fit for Work Europe, the issues of work ability and the impacts of musculoskeletal disorders on employment, productivity and the economy are finding their place on the policy stage at both national and EU levels. There is an increasing sense among decision-makers of the urgency to deliver innovative solutions for patients, their employers and the system as a whole.

This collection of good practices gathered from across Europe and beyond has given me much food for thought and I hope it will for you too. What is important now is to continue these discussions and solution development at the national level on how to work better across stakeholder groups in order to position healthcare as an investment and make change happen.

I think you'll find in reading about the innovative pilots and initiatives taking place across Europe that there is a compelling story to be told about what can be achieved by embracing early intervention and work ability principles. Not only do patients benefit, but so do health systems, employers and governments. Keeping patients at work or enabling them to go back to work quickly is not only a key benefit for people themselves and for employers — it is a great saving to social care systems.

The next step is to continue to implement these practices, to scale them up and to replicate to other disease areas at the national level, as well as to continue to identify further examples of projects that are rendering benefits for patients, are demonstrating cost effectiveness and that advocate the critical need for investment in healthcare. We need to bring about a change in attitude from decision-makers and budget holders at the national level and demonstrate that healthcare is a long-term investment for the economy. AbbVie will continue to support such solutions and activities at the national level in partnership with other stakeholders. By working together, we make early intervention a reality and make a remarkable impact on people's lives.

Dr. Pascale Richetta
Vice President, Western Europe and Canada Operations, AbbVie

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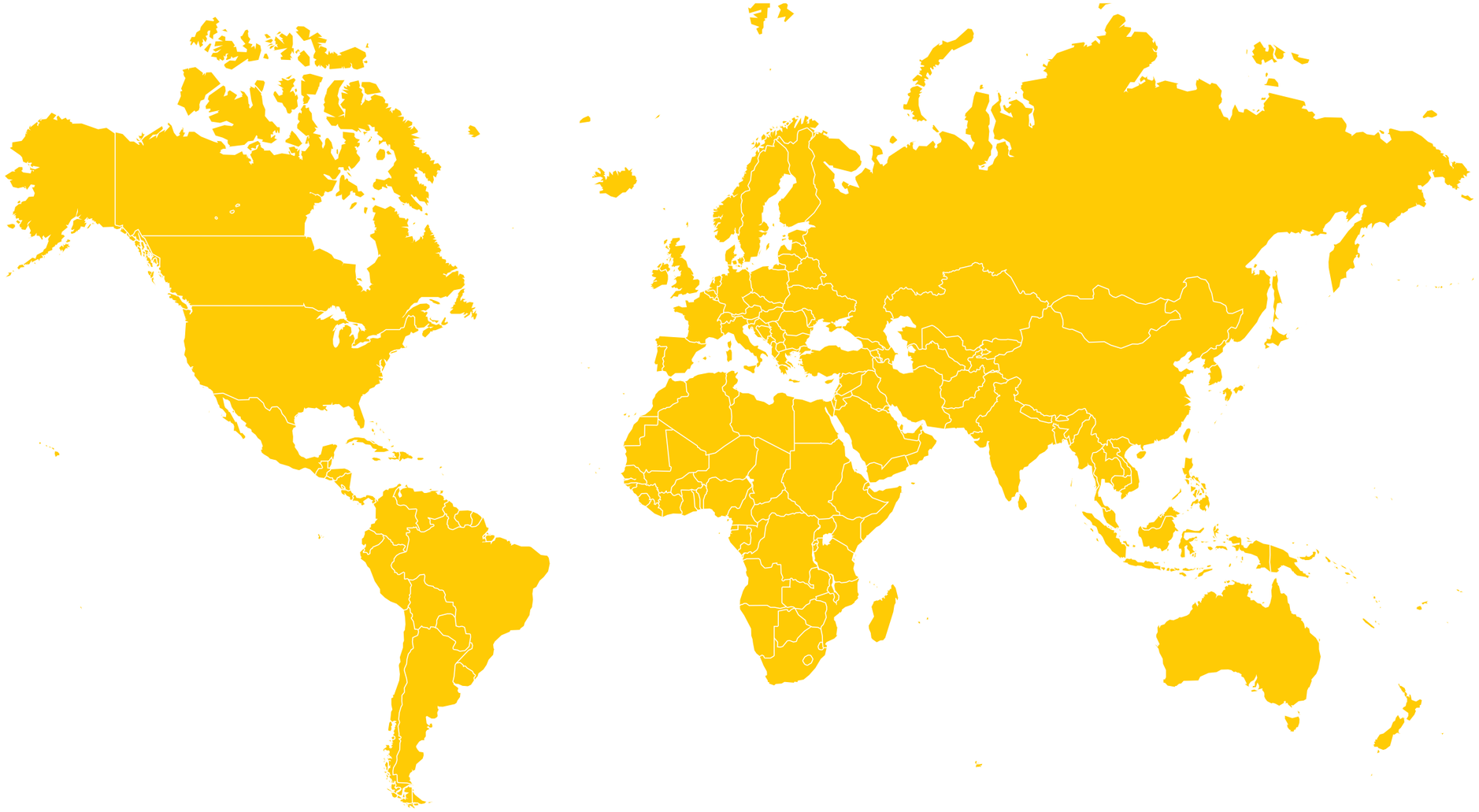
Good practices from across Europe and beyond



Austria

Population:
8,451,860 (Eurostat, 2013)

Working age population (age 15-64):
5,707,452 (OECD, 2013)

Burden of MSDs on the overall Austrian population and on the working age population:

- 24% of Austrian workers report experiencing back pain each year due to work
- 20% of Austrian workers report muscular pain in their neck, shoulders and upper limbs
- 55,000 people in Austria have RA
- It is estimated that up to 16,000 people in Austria have AS
- In 2007, MSDs were the cause of 35% of all cases of disability pension and early retirement
- 8,54 million workdays were lost to MSDs - the highest of all disease groups and 21% of days of work absenteeism was attributable to MSDs in 2013.

Cost of the diseases/MSDs:

- The indirect cost of RA in Austria is estimated to be €5,547 per patient per year
- The total costs of RA are estimated to be €16,000 per patient per year

Health system:

- Decentralised, with several competencies delegated to provincial and local authorities or social security institutions
- Providing almost universal coverage (98.8%) through statutory insurance
- Health expenditure is mostly funded through public funds – out of social insurance contributions and taxation - and complemented by private payments
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

THE "STAY ACTIVE" INITIATIVE

Background

The threat MSDs pose to Austria's workforce is real — more than 20 per cent of Austrian workers report work-related muscle pain and another 23.9 per cent report work-related back pain. To address this problem, Fit for Work has recently launched an MSD screening initiative in Vienna. The objective of the project is to reach patients in their place of work — by taking the process into the workplace, "Stay active" aims to make it as easy as possible for people to receive a preliminary diagnosis.

Barriers

Employees often do not take the time off work to consult their GP or a specialist for early signs of MSDs as these often begin as mild symptoms and go ignored for some time.

Overview

Under the auspices of Fit for Work, the Medical University of Vienna has partnered with the Otto Wagner Hospital, one of the largest in Vienna with over 2,700 staff, to bring the consultation to the patient — in their place of work. Through their internal health promotion programme, the hospital offers a simple, three-step MSD screening programme to staff to jump-start the diagnosis and treatment initiation process. The project does not target patients as such but rather people who have aches and pains that could be an indication of the start of an MSD. This is in an effort to diagnose and begin treatment as early as possible. The programme is endorsed by the hospital management team, the Viennese Medical Chamber and the Societies of Rheumatology and Orthopaedic Medicine.

Implementation

An initial questionnaire is sent by e-mail to all employees of the hospital, who are encouraged to fill it in and return it. The process is completely anonymous and confidential. Based on their answers, those who demonstrate signs of possible rheumatic or musculoskeletal illnesses are invited to a short consultation with a specialist, the purpose of which is to ensure prompt referral as needed to a specialist.

In order to ensure the success of the pilot, communication is key. A well-designed communication plan, including an emphasis on economy of time, ease of participation and confidentiality encourages the participation of employees.

Anticipated Outcomes

With 170 initial participants, the project leaders expect to see a number of benefits through this pilot, including quick and easy access to specialists for patients, greater efficiency in the diagnosis process and, in the long run, better cost-containment for both the health and social systems through Early Intervention and its impact on the number of sick days taken by MSD sufferers. Workplace Early Intervention initiatives could be expanded to address other health issues and are wholly replicable in other regions and industries.

The effects of the Stay active pilot project will be evaluated by a study carried out by the Medical University of Vienna based on the assessment of patient outcomes from the study.

For more information please contact Dr. Klaus Machold, Associate Professor of Rheumatology at the Medical University of Vienna: klaus.machold@meduniwien.ac.at

Canada

Population:
35,158,304 (World Bank, 2013)

Working age population (age 15-64):
24,105,000 (OECD, 2013)

Burden of MSDs on the overall population and on the working age population:

- One in eight Canadians is reported to have a chronic back problem.
- 10% of Canadians are limited in their daily activities by a repetitive strain injury (RSI).
- An estimated 272,000 people in Canada have RA[1]
- Up to 300,000 Canadians have AS
- 17% of Canadians with arthritis reported reduction of activities at work or at school, compared to 13% of those with other chronic conditions and 5% of those without chronic conditions
- 26% of Canadians aged 20-54 years with arthritis are not in the labour force compared to 16% of people with other chronic conditions and 12% of people without chronic conditions[2]

[1] The Impact of Arthritis in Canada: Today and Over the Next 30 Years, Arthritis Alliance of Canada, 2011
[2] Arthritis in Canada, Prepared by the Arthritis Community Research and Evaluation Unit (ACREU) for The Arthritis Society, 2013

Cost of the diseases/MSDs:

- Using 2005 prices, MSDs cost Canada over $20.6 billion.
- Arthritis associated lost productivity amounted to an average of $11,553 per person per year, with over 40% of this loss resulting from reduced performance while at work.
- In total, the costs associated with RA, is estimated to be $12,352 per worker per year.

Health system:

- Decentralised, with significant responsibility for funding health care falling to provinces and territories and paid for by taxation and a variety of required contributions from individuals and employers.
- Across Canada 99.6% of the population is eligible for health care services provided by doctors or while in hospital, known as 'medicare'. Each province/ territory provides at least some of their residents with access to other 'insured' health services such as drugs, therapies, etc. .
- Approximately 23 million Canadians depend on private insurance (the majority workplace plans) to pay for their prescription drug and other non-publicly insured health care
- Almost all health care services are privately provided.

LOCALISING THE FIT FOR WORK CHECKLIST

Background

Arthritis is a chronic disease that has a devastating physical, mental, emotional, and social impact on the lives of more than 4.6 million Canadians and is one of the leading causes of long-term disability in the country. The annual economic impact of treatment and lost productivity due to arthritis is $33 billion, or 2.7% of Canada's gross domestic product.

The Arthritis Society has launched the Joint Matters At Work initiative, which enables companies to enhance the health and well being of employees through the promotion of joint health at work. The programme aims to drive awareness, education and behaviour change that can provide workplaces with a healthy return -- studies of workplace wellness programmes have reported real returns to employers ranging from $1.81 to $6.15 for every $1 invested. This initiative is supported by a range of online self-management programmes and informational products developed by the Society and available in English and French.

Barriers

It is impossible for employees with arthritis to receive the support and accommodation they require without disclosing to their manager/employer, yet only about 50% disclose their condition. Delays in diagnosis and barriers to accessing treatment and services result in avoidable disability and loss of productivity.

Overview

Through its association with Fit for Work, The Arthritis Society adopted the Fit for Work Checklist first piloted in the Netherlands as the Fit for Work Checklist by Fit for Work Netherlands and the Centre for Work Health. It was adapted to the Canadian context and localised under the "Joint Matters at Work" banner. Based on the concept of workability, the Checklist is intended to help make muscle and joint pain a regular conversation topic between stakeholders. The Checklist considers the aspects that affect employers, employees and healthcare professionals and the way they interact with each other. Individual checklists for each category of stakeholder can be customised as they have been in Canada, addressing the need for practical guidance in encouraging workforce participation of those suffering from MSDs.

Implementation

In 2013 a Canadian Fit for Work delegation first learned about the Dutch Checklist at the Fit for Work EU forum. They subsequently obtained permission to translate and adapt the Checklist for Canada. The next year, the Checklist was translated from Dutch into English and adapted for the Canadian system.

The Canadian version includes checklists for each stakeholder group. These checklists were developed through a multidisciplinary approach with the cooperation of various stakeholders. Employee and employer are at the core, but they extend to health-care providers, occupational health/human resources, insurance providers, unions, etc. For ease of use, the checklists for all stakeholders are compiled in one publication. This design reflects the fact that not all employees have access to all involved stakeholders.

Outcomes

The Checklists for employees, employers, GPs/primary care givers, specialists, workplace occupational health professionals, physiotherapists, occupational therapists/vocational counsellors and psychologists/counsellors have been disseminated broadly via networks, social media, posted on the Canadian Institute for the Relief of Pain and Disability's Health and Work Productivity portal and included in Joint Matters at Work online programme.

The adaptation of the Checklist was presented as a knowledge translation initiative through Fit for Work. Discussions have led to a formalised process to identify and share emerging best practices through Fit for Work.

The Checklist is wholly adaptable to other national contexts and the process of adaptation and localisation can provide enriching best practice sharing opportunities systems and countries.

For more information please contact Lynn Moore, Director of Programmes and Services, the Arthritis Society of Canada and Fit for Work National Ambassador lmoore@arthitis.ca

Czech Republic

Population:
10,510,720 (OECD, 2013)

Working age population (age 15-64):
7,153,185 (OECD, 2013)

Burden of MSDs on the overall Czech population and on the working age population:

- 39% of Czech workers report lower back pain
- 38% of Czech workers reported that they have experienced muscular pain in their neck, shoulders and upper limbs
- An estimated 68,000 people have RA in the Czech Republic
- It is estimated that 610 adults (16+) in every 100,000 have RA
- Prevalence of PsA was shown to be 62 per 100,000 adults
- Prevalence of AS 118.9 per 100,000 adults
- The average number of sick days taken by someone with an MSD is 51.8 per year

Cost of the diseases/MSDs:

- The total direct cost of RA in the Czech Republic is €5,924 per patient per year, or €401 million in total
- The average stay in hospital for a person with an MSD (8.3 days) costs CZK 31,623 (€1,243)

Health system:

- Decentralised, with responsibilities held by regional authorities (self-governing regions)
- Providing universal coverage through a mandatory health insurance system
- Mainly public financing of health care – contributions from the insurance system
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

CALCULATING SOCIETAL COSTS OF AUTOIMMUNE MSDS

Background
Rheumatic diseases are the leading conditions responsible for productivity loss and disability in the Czech Republic. Assessing and measuring the impact of MSDs on work productivity is crucial step to understanding their economic and societal impact as well.

Barriers
The societal costs associated with MSDs have never been calculated — the indirect costs are invisible and not taken into account. Furthermore, the benefits in preventing or postponing disability are not included in new technology assessments. There is a clear need to educate key stakeholders about productivity loss/costs associated with chronic progressive conditions.

Overview
With these barriers in mind, the Fit for Work Czech Coalition launched a study in November 2013 to assess and compare the impact of RA, AS and PsA on work productivity, estimate productivity costs in the Czech Republic and evaluate the effect of functional status and disease activity on productivity costs across these four rheumatic diseases.

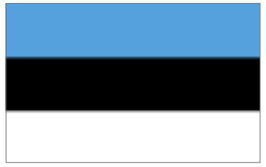
Implementation
The Work Productivity and Activity Impairment Questionnaire (WPAI) is a reliable, responsive, valid tool for assessing work productivity and calculating productivity costs. A version of the WPAI adapted to the Czech context was used to assess and measure productivity loss in patients with RA, AS and PsA under the age of 65.

Outcomes
The average annual productivity costs per patient with RA, AS and PsA were €1,913, €1,809 and €2,673, respectively. The full results were presented at a number of scientific and healthcare events and seminars, ensuring the social burden of MSDs receives attention as an urgent issue.

Similar studies are underway in other countries and this initiative wholly replicable with the localisation of the WPAI.

For more information, please contact Tomas Dolezal, Head of the Institute of Health Economics (iHETA) dolezal@iheta.org

Estonia



Population:
1,320,174 (OECD, 2013)

Working age population (age 15-64):
875,302 (OECD, 2013)

Burden of MSDs on the overall Estonian population and on the working age population:

- An estimated 40% of Estonian workers experience work-related back pain
- In 2009, the work capacity of 59% of employees aged 15-64 was limited due to long- term problems with hands, legs, back or neck
- 95,000 people among the working age population had a diagnosed MSD in 2010
- 43% of Estonian workers report that they have experienced muscular pain in their neck, shoulders and upper limbs
- An estimated 5,124 Estonians over 19 years of age have RA

Cost of the diseases/MSDs:

- The direct healthcare costs associated with MSDs was estimated to be €400 million in 2010
- The total cost of treating RA patients in Estonia €50 million per year

Health system:

- Central responsibility, with provision of services devolved to private entities that may be partially or wholly owned by the public administration (state or municipalities)
- Wide coverage (95%) through a mandatory, solidarity-based insurance
- Mainly public financing – out of earmarked taxation through mandatory health insurance contributions
- Service provision has been mostly privatised, i.e. delegated to autonomous individuals or private legal entities such as limited liability (profit-making) companies or (no-profit) foundations

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MAKING MSDS A STATE PRIORITY

Background
In Estonia MSDs are generally managed well from a clinical point of view, but they remain off the radar when it comes to the national healthcare agenda. Unlike other therapeutic areas such as oncology and cardio-vascular disease, there is no holistic approach toward workability and mitigating negative socio-economic impacts. In short, MSDs are completely missing from the Estonia's long-term healthcare strategy.

Barriers
MSDs are not considered a priority by the Estonian government and funding for MSD research and care is low.

Overview
With these barriers in mind, Estonia's FfW Coalition, with the support of AbbVie Estonia, aims to make MSDs a state priority by helping to develop a strategic government plan.

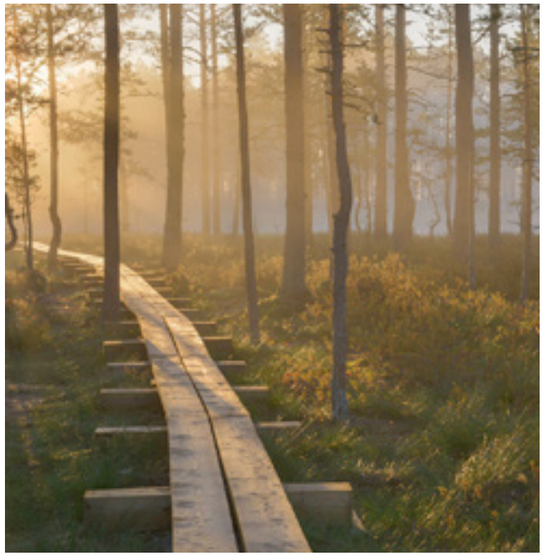
Implementation
To achieve its objective, FfW has published a national white paper. Working with a Praxis, a local think tank, they drafted a comprehensive overview of MSDs in Estonia, which included a first-ever analysis of the impact of MSDs on society and the economy.

FfW has also assisted in the creation of a national policy strategy on MSDs.

Outcomes
The white paper has been widely used in healthcare debates and as a main source of information by the media. At the same time, a consensus was reached in 2014 on the need for a strategy and the Ministry of Social Affairs will begin drafting it in 2015. The mid-term objective is to secure inclusion of MSDs in the national strategic health plan by 2020. The FfW coalition have reached the project's interim milestones and agreed with the Ministry of Social Affairs to begin preparations for MSD inclusion from 2015.

This high-level national initiative is replicable in other EU country contexts.

For more information please contact Madis Aaren, Government Affairs Manager, AbbVie Estonia madis.aaren@abbvie.com



Finland

Population:
5,426,674 (Eurostat, 2013)

Working age population (age 15-64):
3,508,000 (OECD, 2013)

Burden of MSDs on the overall German population and on the working age population:

- 27% of Finnish workers report work-related back pain
- An estimated 33% of Finnish workers report that they have experienced muscular pain in their neck, shoulders and upper limbs
- Over 40% of Finnish workers suffer from recurrent neck and shoulder pain
- An estimated 35,000 people have RA in Finland
- Around 0.15% of the Finnish population have SpAs

Cost of the diseases/MSDs:

- Lost productivity associated with RA costs Finland on average €7,217 per person per year
- The total cost of treating RA patients in Finland is almost €669 million per year

Health system:

- Highly decentralised, with an important role played by local authorities (municipalities)
- Providing coverage through a compulsory health insurance system for all citizens
- Prevailing public financing of health care – out of general taxation, including municipal taxes, and National Health Insurance
- Mixed service provision because of different arrangements pursued by municipalities in purchasing/providing the services

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THE PRODUCTIVITY COST CALCULATOR

Background
Calculating productivity costs of Musculoskeletal Disorders (MSDs) to a country's economy is fraught difficulties. Productivity costs are costs associated with production loss and replacement costs due to illness, disability and death of productive persons, both paid and unpaid.

Barriers
The limitations of data collection, including the lack of data on the costs associated with other MSDs such as Akylosing Spondylitis (AS) and the inability to share data across countries due to varied working, economic and social conditions means that trying to establish the economic impact of MSDs on employers and society is challenging.

Overview
A Productivity Cost Calculator (PCC) app for the iPad has been developed in cooperation between AbbVie Finland and ESiOR Health Economics Consultancy to assess the impact of active and targeted treatment of recent onset RA on productivity costs in Finland. A first of its kind, this versatile tool can be used in different ways, both by policy-makers and in training sessions.

Implementation
The tool was launched internally for use in AbbVie's Health Economics and Outcomes Research (HEOR) projects, which includes their partnership with Fit for Work, in the fall of 2014 after a development phase that began in 2013.

Anticipated outcomes
Feedback from rheumatologists has been very positive. It has been shown to both clinicians and policy-makers who also responded favourably. The tool will be used during training sessions and seminars.

The tool has already gained the attention of other AbbVie affiliates who are interested in adapting it to their own markets. To that end, the tool will be presented during a WebEx to all interested affiliates.

For more information please contact Laura Simik, Strategic Health Initiatives Manager, AbbVie Finland laura.simik@abbvie.com *or Jannika Backas, HEOR Specialist, AbbVie Finalnd* jannika.backas@abbvie.com

Germany

Population:
82,020,578 (Eurostat, 2013)

Working age population (age 15-64):
54,231,000 (OECD, 2013)

Burden of MSDs on the overall German population and on the working age population:

- One in five women and one in seven men report chronic back pain
- 19% of workers in Germany report work-related back pain
- 15% of German workers report muscular pain in their neck, shoulders and upper limbs
- The prevalence of inflammatory arthritis is 3.4%, and an estimated 544,000 people in Germany have RA
- 0.55% of the population experience AS or Bechterew's
- 521,6 million working days were lost due in total – 21,8% to illnesses of the musculoskeletal system and connective tissue in 2012

Cost of the diseases/MSDs:

- The total cost of RA is estimated to be €2,219 million per year
- €8.4 billion was spent on treatment for back pain and spinal disorders
- The lost production associated with illnesses of the musculoskeletal system and connective tissue was €9.7 billion, or 0.4% of gross national income in 2006

Health system:

- Decentralised, with several competences delegated to state level (Länder) and an important role played by civil society organisations (sickness funds and doctors' associations)
- Providing universal coverage through statutory and private health insurance
- Health expenditure is mostly funded through public funds – out of social insurance contributions and taxation, and complemented by private payments.
- Mixed service provision – public and private

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"HEALTHY ON THE JOB" – ACURA RHEUMATOLOGY CENTRE

Background

MSDs and Chronic Musculoskeletal Pain (CMP), including back pain and arthritis, cost Germany several billion euros annually — one estimate suggests the costs may be as high as 26.6 billion euros, making MSDs one of the most costly disease categories.

According to the Statistical State Office of Rhineland, the number of people in this region below the age of 20 is falling and will continue to drop by more than one third until the year 2050. At the same time, one third of the population will be 65 years old or older. Even today, the average age in the chemical industry is 43 years and the frequency of back pain and other MSDs increases between the ages of 40 and 60.

Barriers

There is frequently a failure to refer employees early to an occupational health specialist, which can result in prolonged time away from work and can increase their risk of leaving work permanently.

Overview

In order to address these issues, the Acura Rheumatology Centre in Germany's Rhineland-Palatinate region launched an Early Intervention pilot project in 2012 called "Healthy on the Job". In partnership with Fit For Work, the Centre is working with the Chemical Industry Employers' Association of Rhineland-Palatinate, which includes 170 small, medium and large companies to support their efforts in promoting the prevention of MSDs through employer and employee education, screening days, workshops and prevention strategies and recommendations customised both for the individual employee and for each company.

Implementation

The project includes a risk analysis in the companies, individual treatment and a scientific assessment.

In the risk analysis phase, physicians from the Acura Rheumatology Centre, in cooperation with the company's management committee, company physician and workers' representatives, determine the nature and extent of the project's implementation within the company. An employee's individual risk score is based on:

- A back pain questionnaire
- The German Statutory Pension Insurance rehabilitation questionnaire
- The Work Ability Index
- The number of sick days taken in the last 12 months
- A consultation with the physician

In the individual treatment phase, employees are placed

into one of three categories. Those who are considered to be healthy receive general health information. Those who are considered to be at medium risk are selected to participate in a prevention programme, which includes an initial two-day workshop and a 12-week after-work exercise programme, after which the employee receives personalised recommendations for continuing the exercise programme autonomously. Finally, those who are found to be at high risk and who urgently require rehabilitation are referred to specialists.

Outcomes

Präventim, in partnership with the Acura Rheumatology Centre, conducts the evaluation of the project. Changes in an employee's score are documented and assessed after three, six, 12 and 18 months. After 18 months, the decrease in lost workdays is assessed. The assessment shows that in 70% of screened employees, there was a need for preventative measures. For 2-3% of employees, rehabilitation measures were required. At this time, initial evaluations in individual companies are under way. Thanks to the programme, more than 90% of the participants were able to improve their scores after six months. The 12-and 18-month results are in the process of being assessed.

Similar programmes could be rolled out regionally and at the national level and replicated in other countries.

For more information please contact Dr. Andreas Schwarting of the Division of Rheumatology, University Hospital Mainz and ACURA Rheumatology Centre in Rhineland-Palatinate andreas.schwarting@kh-acura-kliniken.com

THE SALZGITTER AG EARLY INTERVENTION INITIATIVE

Background

Salzgitter AG, a German company, is one of the largest steel producers in Europe, with an annual output of around 7 million tonnes. MSDs form the largest group of conditions affecting Salzgitter AG employees. In order to better detect pathological conditions at an early stage and prevent disease, the company has put in place a modular MSD rehabilitation programme with the support of BKK, its private employee insurance provider, the Institute of Occupational and Social Medicine at the Paracelsus Clinic on the Gande, the Outpatient Rehabilitation Centre Brunswick and the German Pension Insurance for Brunswick-Hanover. The project is managed by the Occupational Health Service and BKK.

Barriers

Among many employers, failure to refer employees early to an occupational health specialist can extend the time that they are away from work through sickness absence.

Overview

The programme is part of the "GO – Inter-Generation Campaign 2025 of Salzgitter AG" initiative and is intended to mitigate the consequences of shifting demographics within the company — 60 per cent of Salzgitter AG's workforce is over the age of 40. In addition to primary preventive approaches, including ergonomic optimisation of workplaces, sports classes and back pain prevention programmes, the project focuses on secondary and tertiary preventive and rehabilitative approaches in order to offer employees adequate support services in each stage of disease. The programme was launched in 2006 for employees with severe impairments (Module C) and was extended in 2010 to less severely affected individuals (Modules A and B).

Implementation

Measures are individually tailored to the needs of those affected and are offered in a timely and well-organized manner — employees generally wait no more than 15 days between initial consultation and the start of their personalised programme. The programme consists of three levels of disease severity. BKK, together with the company physicians, identifies potential participants based on health complaints or findings during occupational health screening.

Module A is geared to employees who already show pathological changes of the musculoskeletal system but who have not yet shown absenteeism. To prevent progression of the disease, these participants are contacted during the early phase of the disease. In cooperation with the participants, the BKK case manager creates a workplace description and a list of the pathological findings. The individual then undergoes a series of evaluations. The participants are then put on an exercise regime, after which a second evaluation is performed and ability increase noted. An updated fitness regimen is then prescribed and progress is checked regularly.

Module B addresses employees with a distinct clinical picture and increased absenteeism. After identification by the Occupational Health Service or the BKK, they are offered a detailed occupational health and physiotherapy examination and subsequent company workplace-related medical training therapy by the company physiotherapists. The therapy is offered outside working hours in alignment

with working shifts twice a week for four months, and success is verified using a specially developed physiotherapeutic score (among other things for stretching ability, strength, flexibility), measured before the start of the training, after two months, immediately at the end of the training and 6 and 12 months later. With the participants' consent, an analogous absence query is performed.

Module C addresses employees with extended sick leave times and a questionable further operational capability within the company. Based on a detailed workplace description and previous medical findings, an appropriate test series and diagnostic procedures are performed. The individual receives recommendations on pain group participation, rehabilitation, outpatient training, in-house rehabilitation or reintegration into working life or employment participation benefits.

Outcomes

So far, a total of about 350 participants have taken part in the programme. There is a high level of project acceptance among the employees — only 1–2 per cent of the participants fail to complete their module. In module A, performance increases on average by 25 per cent after three months of training. 80 per cent of participants also continue training two years after the end of the module. Module B shows a significant decrease in days lost. Module C permitted almost 90 per cent of the participants to be reintegrated, over 50 per cent into their former jobs.

*For more information please contact Dr. Leineweber, Director of BKK MedPlus Center leineweber.*birgit@bkk-salzgitter.de

Ireland

Population:
4,591,087 (Eurostat, 2013)

Working age population (age 15-64):
3,007,400 (OECD, 2013)

Burden of MSDs on the overall German population and on the working age population:

- Over 50% of Irish workers report experiencing back pain each year
- Up to 80% of the adult population will experience significant back pain at some time in their life
- Just under 60% of Irish workers suffer from muscular pain in their neck, shoulders and upper limbs
- Almost 40,000 people in Ireland have RA
- Over 44,000 people in Ireland have AS

Cost of the diseases/MSDs:

- The direct cost of MSDs at work in Ireland is estimated to be at least €750 million
- The indirect cost associated with RA and other forms of arthritis was estimated at €1.6 billion per year

Health system:

- Centralised, with main responsibilities held by the Health Service Executive
- Providing universal coverage for the 'ordinarily resident'
- Mainly public financing of health care – out of general taxation
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

SICKNESS CERTIFICATION GUIDELINES FOR GENERAL PRACTITIONERS

Background

Musculoskeletal disorders (MSDs) are the leading cause of temporary work disability among Ireland's working age population. The societal costs of MSDs are enormous, often over-shadowing those of other chronic conditions. In Ireland 14 million days are lost each year due to absence and ill health in the workforce, with half of those attributable to MSDs. This costs Ireland €750 each year and 7 million days in absenteeism.

Work is good for your health and it is important to people living with MSDs and their families, both financially and for their quality of life and well-being. Such a significant issue is reducing the level of labour productivity in the Irish economy and is damaging the competitiveness and effectiveness of private and public sector organisations. The average duration of Illness Benefit payment for an MSD is 22 weeks, twice the average payment of 11 weeks. Currently, 30% of all Illness Benefit payments migrate to Long term Disability Benefit payments (€640m in total paid in 2010).

Barriers

There is no national policy on intervention or integration between health services, employer and employee. There is a low level of awareness of how to manage MSDs in the workplace among employers and employees. In addition, the current Sickness Certification process does not facilitate a productive conversation around early intervention for people with symptoms of MSDs.

Overview

Arthritis, back pain and other musculoskeletal disorders (MSDs) are the most commonly reported cause of absence from work in Ireland. Fit for Work published guides that provides a practical source of information and guidance for employers to understand MSDs and how they may affect employees as well as supporting employees who are working with MSDs.

Implementation

In 2014 FfW Ireland launched two important publications to support employees working with arthritis and also their employers. Both booklets are available as hard copy and also on http://www.arthritisireland.ie/go/fit_for_work. This is a web-based resource for patients and employers and provides information on the FFW initiative in Ireland.

The newly designed Sickness Certification facilitates the opportunity for GPs to begin the discussion with their patients about interventions that could support them in returning to work sooner, for example, Occupational Health or a Physiotherapist. In addition, it initiates the conversation about a return to work date.

Outcomes

The guides are currently available through Arthritis Ireland, IBEC and through Rheumatology clinics nationally.

The guidelines were launched at the Irish College of General Practitioners Summer School in 2014. They were also published in Forum Magazine, a national publication distributed to all GPs in Ireland. This is the first time the traditional sickness certification approach has been challenged and evolved and it has been well-received. The Certification could be translated and localised to address the needs of other countries.

For more information please contact John Church, CEO, Arthritis Ireland JChurch@arthritisireland.ie

Israel

Population: 8,059,400 (World Bank, 2013)[1]

[1] http://data.worldbank.org/indicator/SP.POP.TOTL

Working age population (age 15-64):
4,929,950 (OECD, 2013)

Burden of MSDs on the overall German population and on the working age population:

- An estimated 700,000 people experience MSDs in Israel
- 17.9% of those aged 21 and over report experiencing chronic back or neck pain
- In Tel Aviv, 15.6% of individuals aged 25 years and above experienced rheumatic symptoms for at least six continuous weeks in one year; 29.5% experienced at least one week of symptoms
- Around 4,000 people of working age received state disability benefits as a result of work-related low back pain
- 25% of all work-injury claimants have a musculoskeletal injury (including strains or sprains)

Cost of the diseases/MSDs:

- The total (direct and indirect) cost of MSDs in Israel is US $7 billion each year – 4% of GNP

Health system:

- Providing universal coverage through statutory insurance
- Health expenditure is mostly funded through public funds – out of social insurance contributions and taxation - and complemented by private payments
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

"JOINTS ON THE AGENDA" – MSD AWARENESS CAMPAIGN

Background

Early detection of MSDs is a serious challenge, with some statistics pointing to a delay of five to 10 years from the time the first symptoms appear until diagnosis. If the illness is not diagnosed early enough and adequate treatment begun in a timely manner, it may cause permanent damage to the joints, as well as hardship for the patient and permanent disability.

To address this issue in Israel, a coalition including the Israeli Association for People with Rheumatic Diseases, the Arthritis Foundation and the Israeli Association for Rheumatology designed and launched a national multi-stakeholder awareness and diagnosis campaign to encourage early intervention.

Barriers

The low rates of early diagnosis long delay in diagnosis mean that only around 23% of SpA patients in Israel are diagnosed.

Overview

To counteract delayed diagnosis of joint diseases, an awareness campaign was launched in March 2014. The campaign, called "Joints on the Agenda" included a screening day held at the Israeli Parliament offered to staff and Members of Parliament. It also included "Design on the Agenda", a project in partnership with the Academy of Art and Design in Jerusalem, which looks at innovations in industrial design aimed at easing the lives of those living with arthritis.

The campaign was produced with the support of Bezalel (the Academy of Art and Design in Jerusalem), DCS Medical, Briutif, a training centre to improve quality of life and AbbVie Israel.

Implementation

The campaign was rolled out in two phases. Phase 1 centred on creating a multi-stakeholder coalition and raising awareness at the national level. An SpA screening day was held in Parliament in which staff could fill in a self-assessment questionnaire on rheumatic diseases and receive referrals if needed. The event also included an exhibition held at Parliament showcasing designs from students at the Academy of Art and Design that were the result of interviews with rheumatic arthritis patients and the professional guidance of Rheumatology specialists from Ichilov Hospital.

In Phase 2, an Internet campaign was launched, including banner ads that called on people suffering from chronic back and joint pain to fill in the questionnaire to evaluate themselves for possible rheumatic disease. People with a positive questionnaire can make an appointment, either through the online portal or through a call centre for an appointment in one of three locations in Israel. The patient will receive primary diagnosis and be referred for further treatment.

Four months later, the call centre contacts the patient to follow up on their condition.

Outcomes

The results of Phase 1 were impressive, with 11 out of the 40 Parliament members screened receiving referrals to rheumatologists. Patient Action Groups secured the commitment from Health and Social Ministries to support actions that will improve patients' Quality of Life (QoL).

In Phase 2, 24 million people were expose to the banner ads, with 19,000 clicking on the banner, 4,000 people completing the questionnaire and over 700 people requesting an appointment with a rheumatologist at one of the three centres in the month of April 2014 alone.

"Joints on the Agenda" is a completely replicable and scalable campaign that can be adapted to any regional or national context.

For more information please contact Lea Ravid, AbbVie Israel Government Affairs Manager lea.ravid-hanuka@abbvie.com

Italy

Population:
65,578,819 (Eurostat, 2013)

Working age population (age 15-64):
39,525,050 (OECD, 2013)

Burden of MSDs on the overall German population and on the working age population:

- 24.3% of Italian workers experience back pain each year
- 13.8% of GP consultations in Italy are for back pain, and in 42% of cases consultation due to pain ends with an uncertain diagnosis
- 22% of Italian workers experience muscular pain in their neck, shoulders, and/or upper/lower limbs
- Approximately 300,000 people in Italy people have RA
- 23% of people diagnosed with RA in Italy have to retire or modify their job due to their condition
- Over 600,000 people in Italy have SpA condition
- The average sick leave taken by employees with SpAs is 70 per year
- 23 million days of work are lost every year due to RA and SpAs

Cost of the diseases/MSDs:

- The total cost of RA per patient per year has been estimated to vary between €3,718 and €23,000 according to the severity of the condition
- Total costs for SpAs have been estimated to be about €8,000 per patient per year

Health system:

- Highly decentralised to regional authorities
- Providing nearly universal coverage mostly free of charge at the point of service
- Mainly public financing of health care – out of national and regional taxation
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

FIT FOR WORK AND ANMAR – PARTNERING TO BRING WORKABILITY TO THE TABLE

Background

Starting in 2008, Fit for Work Italy had the opportunity to partner with Italian rheumatic disease associations, including ANMAR. From that partnership grew an initiative that saw the Italian Fit for Work coalition form and work together with the Italian Ministry of Health (MoH) on a Diagnostic and Therapeutic Pathway that seeks to identify the task-ownership and timing of various actions for stakeholder organisations.

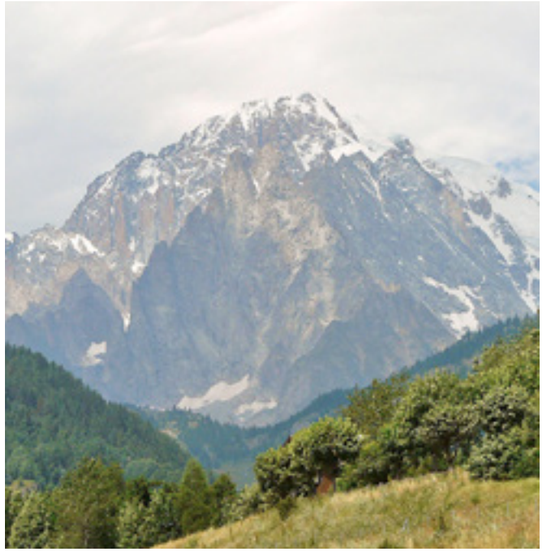
Barriers

There is an urgent need to raise awareness among decision-makers and stakeholders of the value and impact of rheumatic disease early detection and appropriate intervention on working performance, labour market and national productivity. These areas must become priority items for health policy-making and decision-making.

Overview

Starting in 2010, Fit For Work Europe launched a coalition. By 2012, the Italian Coalition and Fit for Work Italy were engaged in highlighting the importance of early diagnosis and appropriate treatment of MSDs to reduce direct costs and increase workability of the Italian population affected by these conditions.

Since 2008, ANMAR, one of the top-tier patient associations in Italy, has promoted and the Fit for Work agenda to all the key stakeholders, including the national government, scientific societies and regional health authorities. The Fit for Work coalition's programme includes defining and promoting institutional requests thanks to multi-stakeholders roundtables; partnering with ANMAR, CittadinanzAttiva, a patient advocacy group and scientific societies to define and promote the National Diagnostic and Therapeutic Pathway (DTP) for chronic rheumatic diseases based on Fit for Work principles; and working with the MoH on the National Plan for Chronic Disease (NPCD) in the area of rheumatic disease.



Implementation

The collation Steering committee, made up of representatives from Fit for Work, ANMAR and other stakeholder organisations, has three objectives:

- Promote the inclusion of workability as a clinical outcome within the guidelines and/or national recommendations, emphasising the importance of early diagnosis and proper treatment
- Promote the inclusion of indirect costs and social issues and in particular the loss of productivity due to reduced capacity to work within the health economics and valuations of the HTA
- Promote the recognition of the proper management of rheumatic diseases as a national priority in the governance of public health

Two thematic roundtables were organised following the work of the Steering Group, which included the members of the committee, other stakeholders and experts to further enrich the debate and raise awareness of the project. Both roundtables were moderated by the leader of the Steering Committee and will be open to the public and the media.

Outcomes

The roundtables' public format encouraged greater exchanges of views and the integration of the information gathered by the Committee. The two roundtables also provided external visibility and the opportunity to implement the activities of the press office.

As Health decisions are made at the regional level in Italy, action must begin at that level but can then be scaled up to the national level.

For more information please contact Dr. Renato Giannelli, President of ANMAR, renatogiannelli@virgilio.it

***Latvian Minister of Welfare Uldis Augulis**: "We have to do everything we can to help people with chronic MSDs to stay in work. There is an ever-increasing number of people are living with these conditions and it makes no sense to lose or under-use such a significant part of the workforce."*

Latvia

Population:
2,013,385 (World Bank, 2013)

Working age population (age 15-64):
1,278,269 (Central Statistical Bureau of Latvia, 2014)[1]

[1] http://data.csb.gov.lv/pxweb/en/Sociala/Sociala__ikgad__iedz__iedzskaits/IS0040.px/table/tableViewLayout1/?rxid=562c2205-ba57-4130-b63a-6991f49ab6fe

Burden of MSDs on the overall Latvian population and on the working age population:

- Up to 64% of the general population report that their health is affected by MSDs
- 44% of Latvian workers report work-related back pain
- 42% of Latvian workers reported general back pain complaints in 2008, compared to 35.8% in 2004
- 36% of Latvian workers report that they have experienced muscular pain in their neck, shoulders and upper limbs
- An estimated 10,000 people have RA in Latvia
- 16,000 people in Latvia are estimated to have AS and Psoriatic Arthritis PA, respectively.

Cost of the diseases/MSDs:

- The total cost of RA is up to €27.7 million (19.4 million lats) a year in Latvia

Health system:

- Centralised, with an important role played by the National Health Service
- Coverage is based on residence and is often dependent on the payment of fees or contributions
- Mainly public and private financing of health care – out of general taxation and upfront payments
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

INFORMING POLICY AT THE EU LEVEL

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

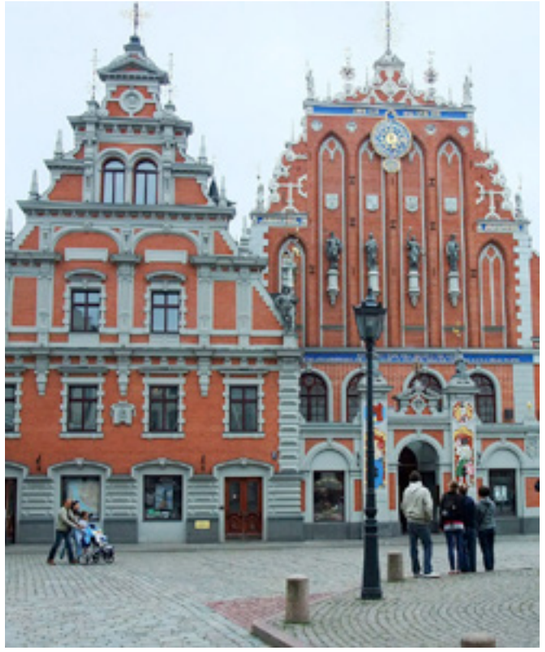
The Latvian EU Presidency has an opportunity to lead the Chronic Conditions Reflection Process towards a more explicit recognition of workforce and productivity issues around MSDs. The Fit for Work Europe Coalition calls upon the Latvian Presidency and upon the governments of EU Member States to consider the policy positions that impact people living with MSDs when deciding upon health and work priorities at national level.

Barriers
Fit for Work Europe have identified a number of EU social and economic policy considerations that are currently neglected and should be addressed by European and National decision-makers to manage the burden of chronic conditions on working age people.

Overview
In developing a strong multi-stakeholder platform and securing the endorsement of the Latvian Ministry of Health, the Ministry of Welfare and the Latvian EU Presidency, Fit for Work organised a high-level EU Workability conference in Riga on Apr 29, 2015.

Implementation
The Fit for Work Latvian coalition was launched in 2012 and immediately set to work defining priorities in health, social and economic policies at both the national and EU level. The coalition's work resulted in a position paper and Call to Action for the Latvian EU Presidency.

Outcomes
The paper, entitled "Why Chronic Ill-Health in the EU Workforce Should be a Priority" highlights opportunities



for the Latvian Presidency of the EU in 2015 to make a decisive contribution to policies which ensure that workers with chronic conditions are supported by healthcare systems, employers and policy-makers to remain active in the labour market and play their part in helping the economy.

Among its recommendations, the paper proposes the adoption of Council Conclusions on Chronic Diseases during the Latvian Presidency. In particular, the paper recommends that the Council encourage Member States to focus on implementing healthcare and workplace interventions, which support early care and job retention for people with chronic diseases like MSDs.

The paper was published at the Fit for Work Europe Conference in Riga under the Latvian EU Presidency on 29th April 2015. This event highlighted the arguments for more joined-up policy-making in the area of health and work with examples from across the EU.

The Fit for Work Europe Coalition's call on the Latvian Presidency and relevant stakeholders to prioritise strategies that provide for an appropriate and integrated policy framework based on the concept of Early Intervention 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.

For more information please contact Santa Rancane, Market Access and Government Affairs Manager, AbbVie Latvia santa.rancane@abbvie.com

***Latvian Minister of Health Dr. Guntis Belevics**: "Work is crucial for patients, it's therapeutic and it helps to keep patient's social esteem and maintain their place in society. Work has been unfairly neglected as a part of health outcome, but that needs to be changed if we want to ensure a sustainable future for both our health and social systems.*

Lithuania

Population:
3,008,287 (World Bank, 2013)

Working age population (age 15-64):
2,435,466 (CIA World Fact Book, 2014)

Burden of MSDs on the overall Lithuanian population and on the working age population:

- An estimated 38% of workers report work-related back pain in Lithuania
- Approximately 35% of the workforce report having experienced muscular pain in their neck, shoulders and upper limbs
- Up to 0.65% of the Lithuanian population is estimated to have RA
- Around 0.84% of people in Lithuania experience SpAs

Cost of the diseases/MSDs:

- Based on a prevalence rate of 0.65%, the total costs of RA to Lithuanian economy have been estimated to be €101 million per year

Health system:

- Centrally regulated but with several executive responsibilities delegated to local authorities (municipalities)
- Nearly universal coverage based on compulsory health insurance
- Mainly public financing of health care – out of earmarked taxation and state budget
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

MOH EARLY INTERVENTION PROGRAMME WORKING GROUP

Background

MSDs are the second largest cause of disability among Lithuanian people of working-age and this has a high impact on work productivity. MSDs account for 49% absences from work — the average sick leave taken by people with RA is 31,9 days compared to the national Lithuanian average of 10,8 days.

In response to this, the Fit for Work Report was launched in Lithuania in March 2010 in the Lithuanian Parliament in cooperation with Parliament's Healthcare Committee and the Committee for Social Affairs.

At the 2013 FfW Summit in Brussels, which was endorsed by the Lithuanian Presidency of the EU Council, the National Lithuanian FfW Coalition was encouraged and inspired by results from the Spanish Early Intervention programme and subsequently set about preparing the implementation of a similar project in Lithuania.

Barriers

Work as a clinical outcome is often not given priority by primary care professionals and therapies which may contribute to an employee staying in work or returning to work are therefore not prescribed often enough. Time to treatment is also long with extended wait-times for referrals and appointments with specialists.

Overview

The objective of the Early Intervention (EI) programme is to study a model of faster access to specialists for patients with MSDs as well as to determine and compare the impact of early initiated intensive treatment on the change in structural damage, disease activity, physical function and workability of these patients. It aims to reduce work disability and the direct, indirect and intangible costs of MSDs to people and society.

The initiative was supported by the Lithuanian Rheumatologists Association, patient associations including the Bechterew Disease Association and the Lithuanian Arthritis Association, the Lithuanian Parliament Healthcare Committee and the Ministry of Health.

The programme was drafted and meetings and discussion with a MoH working group on the matter are currently taking place, with approval for the launch of the programme expected in the third quarter of 2015.

Implementation

An inter-institutional event on MSDs and workability took place in the Lithuanian Parliament on March 17th, 2014. The Minister of Health, V.P. Andriukaitis, called on the Lithuanian government to launch an Early Intervention pilot project. He emphasised the reduction in temporary work disability and the possibility to return to work, resulting in savings for health social care and the prevention of long-term disability.

The initiative received the endorsement of the current Minister of Health R. Salaseviciute. Following the event, a working group in the MoH led by Vice Minister of the MoH was established for the creation of the EI programme.

Outcomes

The EI Programme is expected to have a positive impact on the course of disease and on a MSD patients' ability to thrive in the labour market by ensuring timely access to specialist care and adequate treatment.
The pilot programme will be tested in two major Lithuanian rheumatology centres and if successful will be implemented nationally.

For more information please contact Professor Asta Baranauskaite, Head of Rheumatology Clinic, Lithuanian University Hospital of Health Sciences asta.baranauskaite@kaunoklinikos.lt

Netherlands

Population:
16,914,415 (CBS, 2015)

Working age population (age 15-64):
13,753,000 (CBS, 2013)

Burden of MSDs on the overall Dutch population and on the working age population (National Rheumatism Fund & TNO 2011):

- 45% of workers experience back pain
- Low back pain ranks among the top five most common reasons for consulting GPs in the Netherlands
- 15.5% of Dutch workers report muscular pain in their neck, shoulders and upper limbs
- 30% of female workers and 23% of male workers report RSIs
- 108,000 people in the Netherlands have RA
- 11,700 people in the Netherlands have AS, a chronic rheumatic disorder that mainly affects the spine
- Reported unemployment rates are three times higher among people with AS than in the general population

Cost of the diseases/MSDs (National Rheumatism Fund & TNO 2011):

- The annual cost of low back pain and neck pain in the Netherlands is €7.6 billion
- The loss of productivity due to low back pain and neck pain is suggested to be nine times the health care costs
- RSIs are estimated to cost the Netherlands €2.1 billion per year
- The total costs of RA are estimated to be €1.4 billion total per year

Health system:

- Market-based, with an important role played locally by the municipal health services (GGDs)
- Nearly universal (99%) coverage through compulsory health insurance
- Mainly funded through compulsory income-related contributions and premiums paid to insurers
- Service provision is private, on the basis of a regulated competitive market

All figures are taken from the individual Fit for Work country reports unless otherwise noted

FIT FOR WORK CHECKLIST

Background

With an ageing population, MSDs are on the rise and are set to affect up to 50 per cent of working-age populations by 2030. This projected increase is due in part to the fact that people are working longer, with increases in retirement age across Europe. In the Netherlands, MSDs are among the most common diseases, with over 2 million people currently affected by at least one of these conditions.

Barriers

Several barriers to a work-related approach to MSDs exist, including the lack of adequate engagement from employers to ensure that it is possible to work with an MSD in the organisation by providing a 'chronic friendly' climate. The lack of awareness of doctors and clinical gatekeepers on the benefits of remaining in work or getting back to work is also an issue. Finally, the low awareness on the part of patients that staying at work is beneficial for their health and income is problematic.

Overview

Fit for Work Europe has supported the development in the Netherlands of a multidisciplinary tool known as the Fit for Work Checklist or simply the "Dutch Checklist". Based on the concept of workability, which considers the factors that enable a person to function well in a job, the Checklist is intended to help make muscle and joint disorders a regular conversation topic between employers, employees and their healthcare providers.

Implementation

The Checklist was developed through a multidisciplinary approach with the cooperation of various stakeholders. The employee and employer are at the core of the approach but it extends to healthcare providers, occupational health specialists, human resources, insurance providers; unions and other stakeholders.

The Checklist consists of a questionnaire that can be used by employees/patients, employers, company doctors, GPs, therapists, nurses and specialists to ascertain a person's need for specialist care. The key principles of the Checklist are:

- Good work is good for you
- Having a job is a human right
- Focus on interventions and job retention: what are the needs of the employee/patient to stay at work and what can others (employer, caregivers) do to support staying at work
- Working with an MSD is possible, often with some (small) adjustments
- Work is an important target for the healthcare sector

The Checklist is based on a multidisciplinary approach: the checklists for each stakeholder are included in one document. This strengthens the focus on work retention as much as possible in the chain around the employee/patient.

Anticipated Outcomes

The checklists are used by numerous employers, employees and healthcare professionals in the Netherlands. Moreover, the checklists are an integral part of three additional Fit for Work pilots:

TARGET@WORK: WORK AS A CLINICAL OUTCOME

- A pilot on the education of physiotherapists at Saxion Applied University aiming to embed work-related intervention at the start of their careers.
- The Target@Work initiative, in which the checklists are used by rheumatologists and nurses to support them in making work a treatment goal by providing team sessions, an e-learning and digital tools.
- The checklists are an important building block in the development of a new, multidisciplinary approach in a rheumatic disease rehabilitation centre involving employers, specialists and physiotherapists.

The Dutch Fit for Work coalition invited Fit for Work Europe to consider translating this tool into other languages so that it could be adapted to the situations in other countries and used by other members in Europe.

For more information please contact Paul Baart, Chairman of Fit for Work Netherlands and Director of the Foundation Centre Work Health paul@centrumwerkgezondheid.nl

Background

There is a lack of attention paid to the work ability of patients in clinical care. Besides the need to curtail the economic costs that MSDs engender, there are many other reasons why work participation of people living with MSDs is essential: work offers not only an income, but also a social structure that contributes to a person's wellbeing. In other words, "good work is good for you".

In 2013, the Target@Work steering group conducted a survey amongst rheumatologists and rheumatism nurses. The survey found that healthcare professionals believe in the importance of paying attention to a patient's work situation during consultations. They understand that by discussing work conditions with their patients, absenteeism and work disability may be avoided or minimised. They nevertheless are unsure of how to embed work in the treatment.

Barriers

Although rheumatologists and consider it important to take work ability of patients into account, in reality, physicians often do not address the issue of work during consultations with their MSD patients. This means that referral to professionals, which may help an individual stay in or return to work, may not happen early enough or doesn't happen at all. In addition to this, patients themselves do not spontaneously talk about their work ability during consultation. Often they perceive the doctor and the nurse solely as a healthcare giver, not as a professional that can support them in taking care of their daily lives, including returning to work.

Overview

Based on the need for rheumatologists to improve treatment with work as an outcome, the Dutch Society for Rheumatism (NVR) Economy and Rheumatism workgroup launched the Target@Work project in 2014. Target@Work aims to optimise work participation among rheumatology patients by drawing attention to working capacity and productivity during the clinical treatment process. The Dutch Work Health Centre is coordinating this project as part of Fit for Work Netherlands.

Implementation

Target@Work supports HCPs with tools, e-learning sessions and face-to-face team sessions to address work ability of patients during the treatment. The toolkit consist of a screening tool with four simple questions to get an overview of the work situation of the patient, a monitoring tool for evaluating work over a period of time and a referral tool for professional support by work-related problems. The e-learning session and the team sessions provide additional information such as legislation, cases and tips and tricks from colleagues.

The principles of the Fit for Work Checklist and the rheumatology guideline "Rheumatoid Arthritis and Work Participation" are at the base of Target@Work. Written by and for professionals and employees/patients, the Rheumatology guideline outlines the importance of work, how the patients can be screened for (impending) absence and which options for intervention are available to avert absenteeism and improve work participation.

Anticipated Outcomes

The pilot is run in six medical centres, supporting more than 75 rheumatologists and nurses, and involving over

800 patients. In 2015 the pilot will be evaluated. If the pilot proves to be successful in facilitating conversations about work ability between patients and their HCPs, Target@Work could be replicated and adapted to other countries and in other contexts.

For more information please contact Tamara Raaijmakers, Programme Manager of the Centre for Work Health: t.raaijmakers@centrumwerkgezondheid.nl

Poland

Population:
38,530,725 (World Bank, 2013)

Working age population (age 15-64):
27,322,000 (OECD, 2013)

Burden of MSDs on the overall population and on the working age population:

- Over a half of all Polish workers experience muscular pain at work at any one time
- Up to 400,000 individuals may have RA or inflammatory SpAs
- AS affects 0.2 to 1% of the Polish population
- In 2010, over 26 million sick days resulted from MSDs and CTS
- In 2006-2007, nearly one million Polish workers reported episodes of work-related muscular pain in their neck, shoulder, arm or hand

Cost of the diseases/MSDs:

- In 2009, €330 million was spent on sickness absence benefits and another €470 million on disability benefits
- In 2010, total direct costs of the conditions related to the musculoskeletal system added up to €937 million, of which only €223 million were spent on preventative healthcare

Health system:

- Partially decentralised, with some competencies delegated to regional and local authorities
- Providing universal coverage through mandatory health insurance
- Mostly public funding - out of health insurance contributions and taxation
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

THE HEALTHY – ACTIVE – CONSTRUCTIVE PROJECT

Background

In less than forty years, the average age in Poland will be among the highest mean age ratios in Europe. Poland will have the second highest effective age dependency ratio in the EU (after Romania). Poland's population is ageing fast. Forecasts indicate that in less than forty years the average age in will be 52 years, one of the highest in Europe, which means over the next 50 years, the effective age dependency ratio for Poland will increase three-fold -- there will be one pensioner for every working person. Demographic changes pose a serious challenge to the labour market and the healthcare system is in danger of collapsing if reforms are not put in place.

Barriers

There are 13.6 million professionally inactive persons in Poland aged 15 and older, of which 44% are of working age. One in four of these are professionally inactive due to an illness or a disability. A lack of prevention and early intervention approaches means that many have been forced to leave the labour market. A lack of incentives for people with a disability to remain in work is also an issue.

Overview

This challenging demographic situation was the impetus for establishing the Health – Active - Constructive programme. The project focus on three areas: the relationship between the employee and the employer; the healthcare system; and patient awareness about their condition, its consequences and the ability to live productively through effective disease management.

Implementation

- In the first phase of the Healthy-Active-Constructive Campaign a knowledge base and several reports were created, with a Meta-Report set to be published at the end of the first quarter of 2015.
- Established co-operation with the Ministry of Labour and Social Policy and the Polish Parliament and the involvement of the Chairman of the Senate Committee for Social Affairs, Family and Policy on Ageing.
- Established co-operation with the PFRON (State Fund for Rehabilitation of Disabled Persons) and filed an application for the co-financing of an online tool for screening studies with educational features. The study will be carried out at supported employment enterprises and a report on effects of early intervention will be drafted.
- As a next step, the project will use the online tool to ensure that persons who show disease symptoms are referred to appropriate centres. The project will also conduct an electronically accessible educational programme.

Outcomes

The projects many activities will be summarised during the Second Healthy Ageing Congress in September 2015, which will attract a wide range of stakeholders – policy makers, scientists, medical professionals and business people. At the end of 2015 we will be presenting decision-makers, members of the medical community and the general public with conclusions in the form of recommendations.

These initiatives are completely scalable and replicable. Early intervention brings benefits for the healthcare system, improves social support and is an economically sound option.

For more information, please contact Dominika Tuzinek, Chair of the Board for Healthy Ageing Foundation d.tuzinek@zdrowesstarzenie.org

Russia

Population:
143,507,000 (OECD, 2013)

Working age population (age 15-64):
101,702,600 (OECD, 2014)

Burden of MSDs on the overall population and on the working age population:

- Over 16 million individuals have an MSD in Russia
- Back pain, back problems and disc disorders are responsible for 56.7% of all pain complaints in the general population
- 48.2% of industrial workers will experience low back pain at some point in their life
- An estimated 300,000 people have RA in Russia
- Around 890 people in every 100,000 are estimated to experience an SpA in Russia
- MSDs are one of the main causes of temporary incapacity in Russia (second most frequent cause by the number of cases, and third most frequent cause by the number of days lost)

Cost of the diseases/MSDs:

- In 2011, the total cost of RA was estimated to be 8 billion rubbles – over 80% of this was related to indirect costs
- The total cost of AS was estimated to be 2.9 billion rubbles a year – including 400 million in direct and 2.5 billion in indirect costs

Health system:

- Partially decentralised, with some implementation and funding responsibilities delegated to local authorities
- Providing coverage to the population through statutory Insurance
- Mixed funding of health expenditure: through public revenues out of statutory health insurance contributions and taxation, and private sources through out-of-pocket payments
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

PUTTING WORKABILITY ON THE POLITICAL AGENDA

Background

Musculoskeletal Disorders (MSDs) affect one out of four citizens in Russia. In 2011, the burden of RA in Russia cost 8 billion rubbles, including 1.3 billion in direct and 6.7 in indirect costs. Ankylosing spondylitis (AS) alone cost the Russian economy 2.9 billion rubbles – including 400 million in direct and 2.5 in indirect costs. In Russia, diagnosis is delayed and access to modem treatment is limited to certified disabled people only.

The Fit for Work Russian collation was launched in 2013 to address these issues and ensure the prioritization of investing in healthcare for MSD patients.

Barriers

MSDs are not considered a priority by the Russian Healthcare system and funding for MSD research and care is low.

Overview

Fit for Work Russia was launched in 2013 with the aim of increasing awareness at the national level on the social, health and economic impacts of MSDs. A collation was established and a search for a National Ambassador was launched. A local macro-economic analysis for Rheumatoid Arthritis (RA and AS was prepared by the Higher School of Economics and a Call to Action was developed, endorsed by key experts and sent to the Ministry of Health.

In 2014, Fit for Work Russia continued its work by presenting the initiative at three high-level economic forums.

Implementation

Fit for Work Russia organised a pre-launch presentation at the Russian Newspaper Roundtable in early 2013 to build momentum around the collation and its objectives. Following that, Fit for Work was launched at the National Health Technology Assessment (HTA) Conference in Kazan. Experts and academicians from the Higher School of Economics and the National Institute of Rheumatology highlighted various aspects of the burden of MSDs in Russia and reinforced the need to advance standards of care, with a focus on early intervention.

The Work Foundation Report was completed and cascaded at the HTA conference. The Higher School of Economic published it research on RA and AS and members of the

Russian collaborative platform attended their first Fit for Work Europe Summit in Brussels that same year.

2014 saw the collaborative platform continue its work, with attendance and presentations at the Gaidar Forum, the Krasnoyarsk Economic Forum, the Moscow Healthcare Conference and the St. Petersburg International Economic Forum.

In the short term, next steps include, establishing a multistakeholders' working group and developing a national MSD call for action and presenting it government officials. At the same time Fit for Work activities will be expanded to Russia's regions and a series of roundtables will be organised with the participation of regional authorities and the medical community.

Outcomes

Fit for Work Russia has made great inroads into placing MSDs and workability on the political agenda in a very short time. With the right content in place, including the Work Foundation country report and the Higher School of Economics research, Fit for Work Russia was able to secure the support of the medical community and work on public outreach programmes through major awareness campaigns and events.

The achievements of Fit for Work Russia are impressive and also replicable. With the support and endorsement of a multistakeholder group, increased awareness and prioritisation is attainable in national contexts across Europe.

For more information please contact Sergey Zverev, Government Affairs Director, AbbVie Russia and CIS sergey.zverev@abbvie.com

***Souzi Makri - AGORA**: "It is imperative that we foster a cultural step-change that will usher in a shift in attitudes towards rheumatic and musculoskeletal diseases and enable patients to live independently and become a part of the decision-making process."*

Spain

Population:
46,727,890 (Eurostat, 2013)[1]

[1] http://appsso.eurostat.ec.europa.eu/nui/show.do?dataset=demo_pjan&lang=en

Working age population (age 15-64):
31,188,650 (OECD, 2013)[2]

[2] http://stats.oecd.org/viewhtml.aspx?datasetcode=ALFS_SUMTAB&lang=en#

Burden of MSDs on the overall Spanish population and on the working age population:

- 50.9% of the Spanish population have experienced back pain; 69.2% of these have experienced it for more than three years
- Back pain limited daily activities for 36.7% of people and resulted in forced bed rest in 22.7%
- Between 70 and 80% of the Spanish population have experience low back pain at some point in their lives
- 11.4% of sickness absence in Spain is caused by low back pain
- 27% of Spanish workers report that they have experienced muscular pain in their neck, shoulders and upper limbs versus the EU27 average of 23.8%
- 0.45% of the Spanish population experience RA

Cost of the diseases/MSDs:

- The average cost of informal care for RA is €2,166 per patient per year
- The total cost of treating RA patients in Spain was €15,417 per patient per year
- The total cost of RA is estimated to be €3,036 million per year
- Low back pain costs Spanish Social Security €66 million in 2006

Health system:

- Highly decentralised, with an important role played by regional authorities (Autonomous Communities)
- Providing universal coverage mostly free of charge at the point of service
- Mainly public financing of health care – out of general taxation, including regional taxes
- Mixed service provision – mainly public and only to a lesser extent private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

MSD EARLY INTERVENTION CLINIC

Background

The impact of MSDs on the working population is enormous, affecting not only the individual, but also a country's productivity as well the social protection system. These disorders, which account for an economic loss of around 2% of the EU's GDP, will escalate in the future due to the aging population, the increase in chronic diseases and the extended retirement age.

Barriers

Currently, European member states allocate 97 per cent of their healthcare budgets to treatment, leaving prevention with a mere three per cent of their budgets. The HTA, the mechanism which assesses whether the costs of medical treatments and devices are balanced by the benefits and therefore will be reimbursed, fails to look at the economic and societal benefits of providing patients access to treatment which will help them remain in work. This makes the funding of early clinical interventions less likely.

Overview

In recent years, an Early Intervention (EI) system for work disability of a musculoskeletal origin has been developed in Madrid, Spain, which provides immediate and long-term results for workers, the Health System, employers and the Social Security System.

Fit for Work founded the MSD EI trial clinics in Madrid in three different geographic areas covering a population of more than one million people. The programme included a system that ensured patients were referred to a rheumatologist within a few days of first being unable to work due to an MSD.

Implementation

The programme established a system using digital data-sharing tools that meant patients were referred to a rheumatologist within a few days of their first consultation with their GP The patient is followed very closely, with several visits per week so that treatment can be adjusted quickly if needs be.

The pilot assessed 3,300 workers with MSDs after 5 days of sick leave over a period of two years. A full 90 per cent of the patients required simple interventions. The programme includes the following steps:

- GPs refer the patients to the EI clinic with the help of a form that reports an MSD as the cause of their temporary work disability
- The patient is given an appointment with a rheumatologist at the clinic within five days from the form registration
- During the first visit, the patient receives a specific diagnosis, instructions on self-management and medications and indications for return to work before entering remission (symptoms diminish, or disappear completely)
- Patients with low back, neck, shoulder, arm, hand, knee, or foot pain are put on a three-level care system. They move to the second and third level after they have spent a predefined period at the first level without improvement, or based on the recommendation of the rheumatologist
- The rheumatologists see the patients as many times as necessary throughout the programme, as well as keeping in touch with the primary care physicians who referred the patients

THE TEMPORARY WORK DISABILITY COST CALCULATOR

Outcomes
As a result of the optimisation of the MSD patient journey through an early and appropriate diagnosis and treatment, significant savings are obtained for both health and social security systems. Data from the Spanish EI Clinic in Madrid show a cost savings of approximately €35 million. Other positive findings include:

- A decrease of 40% duration of episodes of MSD-related temporary work disability
- A decrease of 50% of granted permanent work disabilities
- A decrease of 50% in healthcare costs

The pilot programme saw immediate savings, with every 1€ spent leading to almost 11€ in recouped expenditures.

Twenty-five EI Clinics have since opened across Spain, achieving similar results. Some clinics are working toward being completely government-funded — a testament to the cost-effectiveness of EI.

The success of the EI Clinics in Spain is replicable. According to a Fit for Work report based on findings from the Spanish EI clinic, if the Spanish model were reproduced in 12 member states, one million working-age people on disability leave due to MSDs could return to work. Similar initiatives are currently being rolled out in other EU countries.

For more information please contact Dr. Juan Jover, Professor of Medicine, Universidad Complutense de Madrid Head of the Rheumatology Service, Hospital Clínico San Carlos Madrid juanangel.jover@salud.madrid.org

Background
MSDs are the leading cause of temporary work disability (TWD) in Spain, costing Spanish employers 1.7 billion euros per year – that's 23 per cent of the total cost to employers of all TWDs combined. In all, MSDs are at the origin of close to 40 million lost workdays per year in Spain.

Barriers
In general, there is poor awareness of the economic impact of MSDs, especially among employers, meaning companies lack know-how to effectively address the issues of absenteeism, TWD and early retirement due to disability.

Overview
AbbVie has developed an internal tool to raise awareness on the costs of TWD due to MSDs. It's a simple Excel tool that calculates the cost of MSDs for an employer, giving them visibility on how much MSDs and TWD cost the company in disability workdays.

Implementation
AbbVie is going into companies to educate them on the management of MSDs in the workplace – their causes, how to prevent them, and how to reduce their impact, both on employees and on the company's productivity. As part of an education toolkit, AbbVie is using the TWD Cost Calculator to illustrate to companies in concrete figures the impact and cost of MSDs.

The tool was rolled in 2014 and AbbVie Spain plans to integrate it fully into the toolkit in 2015.

Outcomes
While the impact the tool will have on employer awareness is not yet measurable, studies have already yielded some astounding sample data on the cost of TWD due to MSDs:

- The average cost of an episode of TWD due to an MSD is 1,873€.
- The average duration of an absence due to an MSD in Spain is 43 days, but varies between a maximum of 54 days in Asturias and a minimum of 35 days in La Rioja.
- The annual number of TWD processes due to MSDs per 1,000 employed persons was 44.6 in Spain, ranging from a high of 70 in the Basque Country, Navarra and Canarias (except Ceuta and Melilla) to a minimum of 28 in Catalonia.
- The mean cost of a TWD process due to MSDs in Spain was 1,873€, with a maximum value in the Basque Country (2,429€) and a minimum in La Rioja (1,391€)
- The average cost per TWD due to MSDs per employed person in Spain was 83.60€; the Basque Country had the highest (169€), while Murcia (54€) had the lowest cost per employee.

Integrating a localised calculator into an education toolkit is a simple way to promote awareness among employers and emphasise the importance of in-company EI programmes.

For more information please contact Maria José Rodriguez Chamizo, Institutional Relations and Strategic Health Initiatives Manager, AbbVie Spain mariajose.rodriguez@abbvie.com

Population:
75,627,384 (Eurostat, 2013)

Working age population (age 15-64):
51,470,140 (OECD, 2013)

Burden of MSDs on the overall population and on the working age population:

- 33.5% of Turkish workers experience work related muscular pain in their neck, shoulders and upper limbs
- An estimated 0.38% of the Turkish population have RA
- It is estimated that 1.05% of the population in western Turkey has a SpA

Cost of the diseases/MSDs:

- The total cost of RA to Turkish society is estimated to be €5,533 per patient per year

Health system:

- Highly regulated at the central level, although structured at the territorial (regional) level
- Theoretically universal but in practice the system is not yet fully-fledged as such
- Health care financing is public – through social insurance and taxation - and private
- Mixed service provision – public and private

All figures are taken from the individual Fit for Work country reports unless otherwise noted

NATIONAL MSD PREVENTION AND CONTROL PROGRAMME

Background

Awareness of RA and AS in the Turkish healthcare environment is relatively low compared to other chronic diseases. RA and AS are not even regarded as "chronic" diseases by the Turkish Ministry of Health (MoH). The number of rheumatologists in the country is dramatically low and there are not enough to diagnose RA and AS patients adequately. There is clinical evidence that AS patients wait for seven years to be diagnosed in Turkey, which is detrimental as the disease worsens with each passing year, resulting in irreversible damage.

Barriers

There is lack of knowledge about MSDs among primary and even in secondary care physicians. There are either no pre-diagnostic, diagnostic and referral guidelines or they are not used effectively. There are also some issues regarding access to medicines due to reimbursement criteria and other regulations that delay new product launches. Finally, disease awareness is also is quite low amongst MSD patients, meaning the number of patients taking an active role in their own care is small, making the follow-up and the control of the disease difficult. In short, MSDs are not adequately managed by stakeholders.

Overview

For the first time ever, a National Prevention and Control Programme is being created for MSDs by the MoH with the support of AbbVie. This programme will develop national healthcare policies for the better management of MSDs from the chronic disease management perspective. The risk factors and prevention strategies, early diagnosis, treatment and follow-up, first aid and prevention of complications, rehabilitation and medical device management, monitorisation and evaluation of MSD patients are discussed deeply in workshop format to build the best disease management model. The decisions and the action plans resulting from the meeting will be officially recorded and the healthcare policies for MSDs will be developed accordingly nationwide by the MoH.

Implementation

A two-day workshop meeting for the "National Prevention & Control Programme for MSDs" was attended by more than 50 stakeholders from the MoH, the Social Security Institution, the Ministry of Development, the Ministry of Finance, physician associations, academia, universities, the Turkish Pharmaceutical Association and trade associations.

Anticipated Outcomes

The programme is expected to have the following impacts:

- Increased awareness and knowledge will enable GPs to diagnose potential RA and AS patients and to refer them to specialists
- Better control of disease progression, which is an important factor impacting patient quality of life, is ensured with early referral to specialists
- Early preventive actions will reduce the burden of these diseases in the long term and contribute to the sustainability of the healthcare system
- Prioritizing RA and AS supports government policies for early intervention and resource allocation accordingly
- The nationalisation of EI clinics will be part of the official action plan of the MoH

For more information, please contact Prof. Dr. Salih Pay, Professor of Rheumatology at the University of Yuksek Ihtisas salihpay@uludag.edu.tr

United Kingdom

Population:
63,896,071 (Eurostat, 2013)

Working age population (age 15-64):
40,958,710 (OECD, 2013)

Burden of MSDs on the overall UK population and on the working age population:

- MSD are the most commonly reported cause of work-related ill health in the UK, affecting an estimated 1 million people in 2005/2006
- MSDs caused 9.5 million lost working days in 2005/06
- 2.5 million people in the UK visit their GP with back pain each year
- At any one time, 33% of the UK population will be experiencing back pain
- 80% of the adult UK population experience back pain at some time in their life
- Approximately 375,000 people suffer from symptoms of work-related upper limb disorders
- An estimated 400,000 people in the UK have RA, with 12,000 new cases reported each year
- 200,000 people visit their GP with AS every year

Cost of the diseases/MSDs:

- The total cost of MSDs to society was calculated to be over £7 billion in 2007

Health system:

- Decentralised to each of the constituent countries; centralised within each constituent country, although organised and administered on a local basis; in England, local authorities (councils) play a role in the delivery and funding of social care
- Providing coverage to 'ordinarily residents' in England, largely free at the point of service Mainly public financing of health care – out of general taxation and national insurance contributions
- Mostly public service provision

All figures are taken from the individual Fit for Work country reports unless otherwise noted

EARLY INTERVENTION CLINIC FOR MSDS

Background

MSDs include disorders affecting the muscles, tendons, ligaments, nerves or other soft tissues and joints, such as low back pain, osteoarthritis, RA and AS. They are the single biggest cause of physical disability in the UK and can reduce quality of life, impacting family and social relations and limiting capacity to work. Up to 60% of people on long-term sick leave cite an MSD as the main reason. Every year, MSDs make up to 30 per cent of GP consultations. In 2009/10 this accounted for 21 million consultations. The number of people with MSDs is expected to rise with the number and proportion of older people in the population.

If provided with specialist help quickly, people with MSDs are often able to manage their conditions effectively, improving their quality of life and enabling them to remain within the workforce. Indeed, early intervention for people with MSDs can reduce temporary work disability by 39 per cent and permanent work disability by 50 per cent. Unfortunately, referrals of people with MSDs from primary into a specialist care setting can take a long time, resulting in unnecessary discomfort and work absence.

Barriers

The effective and timely treatment of MSDs is faced with several barriers. Work as a clinical outcome is often not given priority by primary care professionals and therapies which may contribute to an employee staying in work or returning to work are therefore not prescribed often enough. Time to treatment is also long with extended wait-times for referrals and appointments with specialists.

Overview

AbbVie is proactively supporting the creation of the UK's first Early Intervention Clinic for MSDs in a bid to counteract these barriers and help people to stay in and return to work. Rolled out by the Leeds Community Healthcare NHS Trust, the clinic will be specifically designed to deliver quick referrals from primary care for people who have been signed off work with a MSD.

Implementation

Currently, people signed off work with an MSD may wait weeks for a specialist appointment. The clinic's aim is to reduce that wait to just five days. It is anticipated that there will be six dedicated clinics per week over two/three sites, which will be offering 45-minute initial appointments. It will serve a population of 750,000. The clinic is due to open in Spring 2015.

Anticipated outcomes

It is hoped that through early intervention the clinic will reduce work disability and improve patient outcomes and satisfaction.

If successful in achieving its primary objectives, the clinic will provide a proof of concept that will be transferable to other therapy areas. The Early Intervention clinic model is highly replicable and scalable – based on the very successful Spanish model, it has been adapted to the UK context through this pilot initiative, with plans to scale it up across the UK. Other countries, including Portugal, Latvia and Lithuania are also replicating the model, but for it to be a pan-European success, all member states must see Early Intervention as a primary concern.

For more information please contact Professor Stephen Bevan, Director, The Work Foundation UK Centre for Workforce Effectiveness sbevan@theworkfoundation.com

THE SHARED DECISION-MAKING TOOL

Background

The UK is facing a growing challenge in terms of the health of its workforce. Every year almost a million workers take sick leave of over a month in length and more than 300,000 people permanently leave their employment due to illness or injury. The situation is becoming critical; it is estimated that around 17 million people of working-age – roughly half of the workforce – will have at least one long-term health condition by 2030.

A system-wide cultural shift is needed throughout the NHS and the public health system – one that recognises the therapeutic benefits associated with employment and identifies work as an important health outcome. Continuous engagement of patients in conversations about the relationship between their health and work will be essential in achieving this cultural shift and in helping people with long-term conditions remain in employment.

Barriers

A lack of patient knowledge on their condition, decisional conflict and a passiveness on the patient's part in the decision-making process can inhibit effective diagnosis and treatment.

Overview

Shared Decision-Making (SDM) tools are resources designed to facilitate a conversation about the reasons for choosing one intervention over another. An approach using SDM tools involves the patient and the health care professional working together to arrive at a decision, with the healthcare professional providing the patient with information about available options and possible

benefits and risks of these options. Likewise, the patient communicates their personal values and discusses how important each of the benefits and risks are to them. There is currently, however, an enormous gap in the available tools as none of the existing models address the work issue.

In light of this gap, AbbVie UK is supporting the creation of a nationally endorsed SDM tool, led by Dr. Debbie Cohen at Cardiff University. The tool, designed for primary and secondary care professionals, will allow them to support patients with long-term chronic illness to stay in or get back to work.

By facilitating better conversations, for example around the patient's wants, concerns and needs regarding their ability to work, this project aims to help optimise the management of their long-term condition and ultimately support people in achieving their goals.

The success of this tool and its use across the NHS will depend on the support of the NHS and the participation of clinicians in implementing it.

Implementation

The SDM tool includes a set of Decision Aids (DAs) that provide clear, comprehensible information to the patients on their condition and treatment options. These aids outline outcomes, risks and uncertainties and help to actively engage patients in shared decision-making.

Anticipated outcomes

The tool will improve outcomes for patients — those who are active participants in managing their health have better outcomes than those who are passive recipients.

The development of the SDM tool is progressing smoothly, with the first prototype already reviewed by experts. The tool will now be piloted in both primary and secondary care settings.

We hope to scale up the initiative and draw on support already offered by NHS England to host the tool and ensure that clinicians in multiple settings use it across the NHS to help guide conversations about health and work.

For more information, please contact Dr. Debbie Cohen cohenDA@cardiff.ac.uk

WORK AND HEALTH TRAINING SESSION FOR RHEUMATOLOGY MULTIDISCIPLINARY TEAMS

Background
In 2012, Cardiff University developed and piloted a face-to-face training programme for rheumatology multidisciplinary team (MDT) members (rheumatologists, nurse specialists, occupational therapists and physiotherapists). The purpose was to improve participants' knowledge and increase their confidence in having early conversations with their patients about work and health. The content was based on material designed for the Royal College of General Practitioners' National Education Programme for Work and Health training course, in which more than 3,000 GPs across Wales have participated.

The rheumatology MDT training was piloted with 29 MDT members from University Hospital of North Staffordshire. The pilot is now being extended at a further four sites.

Barriers
Primary and secondary care professionals often do not see work ability as a priority in clinical settings. These sessions seek to remedy that by providing information and training on work as a clinical outcome.

Overview
The pilot is led by University of Cardiff in collaboration with the British Society of Rheumatology and The Work Foundation.

Implementation
The group training sessions, led by Dr. Debbie Cohen and Professor Sayeed Khan of the University of Cardiff, will last three hours. Prior to the sessions, participants are contacted and asked to complete and return a pre-training questionnaire. A follow-up questionnaire is sent out for post-training assessment.

The questionnaires, made available in both hard copy format and online to encourage completion, will be used, in addition to field notes captured during the session, to assess whether there has been a perceived shift among participants in knowledge and confidence, and whether participants think this is likely to impact on their daily practice. Success of the sessions will depend largely on the communications plan surrounding it.

Anticipated outcomes
The rheumatology MDT training was piloted with 29 MDT members from University Hospital of North Staffordshire. The results from that pilot showed that 90% of participants found the training useful or very useful, while 95% of participants found the training relevant or very relevant. A full 80 per cent of participants responded that the training had an impact or considerable impact on their practice. We expect to see similar findings in the other pilots.

The findings will be written up as a short paper or report for publication. A summary of the findings will be shared with participating centres in advance of publication. In addition, the Fit For Work UK coalition hopes to use the findings to support its campaigning work in 2015. Training sessions such as the Work and Health sessions for rheumatology multidisciplinary teams could be replicated across indications and is scalable at the regional and national level.

For more information please contact Dr. Debbie Cohen cohenda@cardiff.ac.uk

Conclusion

The cornerstone principles of Fit for Work – Early Intervention and Work Ability — have consistently proven their worth for both society and the economy. Approaches founded on these principles can reduce work absenteeism and improve the recovery rates for working-age patients so they can remain in work. The outcomes are beneficial to both workplace productivity and labour market participation.

But there remains much to be done. We must continue to implement good practices such as the ones outlined in this booklet. There's no need to reinvent the wheel every time, however. By looking at existing solutions and considering how they can be adapted and localised, we can ensure effective scale-up strategies, replication in other countries and system uptake. That will be the true measure of success and will mean national endorsements and better funding for such models.

We certainly can't do it alone. It will take co-operation and synergy across stakeholder groups to make this vision of success a reality. Fit for Work calls upon the governments of EU Member States to consider the following policy positions when deciding upon health and work priorities at national level:

- Develop and implement National Plans for Chronic Conditions, including, MSDs, to maximise opportunities for people of working age to stay and/or return to work as soon as possible. Despite the magnitude of MSDs in Europe, they are still undiagnosed in over 40 per cent of cases.
- Appoint and empower competent national institutions for Health and Work who report to and coordinate policy among Health, Social, Labour and Finance Ministries.
- Make Early Intervention (prevention, diagnosis, treatment and care) and return to work a priority of Chronic Disease management.
- Develop methodologies for chronic disease cost-of-illness studies and cost-effectiveness evaluations of interventions to support rational decision-making and cost-effective resource allocation in healthcare.

We know that the current burden of MSDs in Europe is considerable and preventable. Fit for Work National Coalitions will continue to deliver evidence and sustainable solutions that show the benefit of Early Intervention in maintaining work ability, improving health outcomes and societal benefits. With innovative, timely, coordinated and focused action we can ensure that our health, labour and social systems remain resilient and sustainable and that future generations of workers in Europe are Fit for Work.

fit for work europe

Glossary

ANMAR
National Association for Rheumatic Disease (Italy)

AS
Ankylosing Spondylitis

CMP
Chronic Musculoskeletal Pain

CTS
Carpel Tunnel Syndrome

DA
Decision Aids

DTP
Diagnostic and Therapeutic Pathway

EI
Early Intervention

FfW
Fit for Work

GDP
Gross Domestic Product

GP
General Practitioner

HTA
Health Technology Assessment

MDT
Multidisciplinary Team

MoH
Ministry of Health

NHS
National Health Service (UK)

NPCD
National Plan for Chronic Disease

PA
Psoriatic Arthritis

PAG
Patient Advocacy Group

QoL
Quality of Life

RA
Rheumatoid Arthritis

RSI
Repetitive Strain Injury

SDM
Shared Decision-Making

SpA
Spondyloarthropathy

TWD
Temporary Work Disability

WPAI
The Work Productivity and Activity Impairment Questionnaire

***Marc De Greef ENWHP (European Network for Workplace Health Promotion)**: "Musculoskeletal disorders are a very serious problem for Europe's 150 million workers. But it is not all bad news. Across Europe, there are numerous examples of organisations and companies, big and small, that have found ways to reduce the risk of their workers developing MSDs."*

***Prof Anthony Woolf - Bone & Joint Decade (global network of clinicians and patients)**: "Work as a clinical outcome is crucial, and must be put on the agenda both at European and country levels. Culture and attitudes need to change. Healthcare professionals and policymakers must be informed on the importance of work being a desired clinical outcome and they need to work towards achieving this for the benefit of individuals and society."*

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