

## SUMMARY

Employment disability is a major social issue. The Advisory Council on Health Research (Dutch acronym: RGO) has investigated the knowledge needed to tackle this problem. Previously, the Council issued an advisory report about research into the area of occupational health medicine. An extension of this is insurance medicine, the subject of this present advisory report.

The knowledge requirement for this subject can be derived from the tasks of the social insurance physician. An important aspect of this task is measuring the capacity pattern. This is part of assessing whether somebody is entitled to employment disability benefit. The social insurance physician is also involved in the supervision and reintegration of the employee. Various instruments and models are available to the social insurance physician for this purpose. The advisory report provides a concise overview of these. This description of tasks and instruments covers the public sector. In certain aspects the public sector differs from the private sector, where the medical adviser assumes the position of a social insurance physician. The advisory report provides a global comparison of the public and private sectors and uses this to give a concise description of the medical adviser's task.

The tasks of the social insurance physician and medical adviser require knowledge from at least two areas: the medical assessment of employment disability and reintegration. This assessment is subject to legal requirements (the medical insurance investigation), but there is no thorough scientific basis for determining the load tolerance. The process that takes place prior to the final assessment *outcome* also needs to be investigated. The effectiveness of the existing reintegration instruments has yet to be established. New instruments might need to be developed. Furthermore, it is expected that the new legislation concerning employment disability insurance will call for an even greater medical insurance knowledge, and in particular knowledge concerning the determination of the load tolerance and the establishment of the employment disability prognosis. The current knowledge is insufficient for these purposes.

The Council concludes that there is a broad need for knowledge and research to provide a better scientific basis for medical insurance practice and to develop instruments, which can be of service to the social insurance physician. Further there is a more general need to provide a better picture as to the quality of medical insurance efforts and where possible to improve this. Priority must be given to research into the assessment of employment disability and the purpose of reintegration. Within these two overarching themes, the Council has established further priorities and

indicated areas of particular interest. The priorities have been ranked under the denominators “process”, “*outcome*” and “instruments”. For the theme “Assessing employment disability” the research is focused on, among others, problems of prognosis and the cooperation between the curative sector, occupational physician and social insurance physician (process), research into interphysician variation and into the correlation between the personality structure and the degree and extent of employment disability (*outcome*), and the development of, among others, evidence-based assessment methods and instruments for making a prognosis (instruments). Within the theme “Reintegration” the priorities are research into the efficiency and effectiveness of existing interventions and the development of instruments to measure the effect of reintegration.

The question then arises as to whether the present knowledge infrastructure can provide the knowledge required. In the undergraduate medical teaching, little if any attention is devoted to this subject area. However, various options are available for the dissemination of knowledge: in addition to postgraduate courses, there are specialist magazines, handbooks and the recently set up Social Insurance Medicine Institute (Verzekeringsgeneeskundig Instituut). However, insurance medicine research is carried out on a very small scale in the Netherlands. A strengthening of the research is necessary for the scientific underpinning of this subject area. The Council notes a number of recent initiatives (including the intended setting up of an interuniversity knowledge centre for insurance medicine and the cooperation between the Academic Medical Center of the University of Amsterdam, the Vrije Universiteit Amsterdam and the Netherlands Organisation for Applied Scientific Research TNO), which provide possibilities with respect to this.

Various measures are needed to stimulate knowledge development and initially these should be directed towards increasing the research capacity and the programming of the research. A good connection between the research and the need for knowledge in everyday practice should be guaranteed. In addition to programming, this requires cooperation and the opening up of the work floor to research. The Council therefore makes the following recommendations:

- strengthen the position of insurance medicine in the university centres where it already has a place, namely, Academic Medical Center of the University of Amsterdam, the Vrije Universiteit van Amsterdam Medical Centre and Groningen University;
- set up academic and non-academic workplaces for insurance medicine;
- maximise the use of existing information sources (in particular data banks such as the sickness benefits act/employment disability benefits act database (Dutch: ZW/WAO-database);

- ensure funding of the research over a longer period;
- use the research priorities concerning content indicated by the RGO.

Wherever possible efforts must be made to link medical insurance research and occupational health research. Also links with research in the curative sector are needed, starting with primary health care. A number of priority areas are suitable for investigation within the social sciences.

The Council proposes that the recommendations are implemented in an incentive plan for the research. This plan has a two-pronged approach:

#### DEVELOPMENT AND/OR THE FURTHER STRENGTHENING OF THE KNOWLEDGE INFRASTRUCTURE

The previously stated university centres and the Netherlands Organisation for Applied Scientific Research TNO should be invited to develop a joint research programme based on the recommendations and priorities in this RGO advisory report. This should take the form of a joint venture. It is expected that implementing such a programme will require €1.5 million per year. This sum should be made available by the government, university and non-university partners, and organisations in the field.

#### STIMULATING RESEARCH ON PRIORITIES

Research organisations outside of the intended joint venture should be given an opportunity to carry out research into the priorities stated. The RGO proposes a budget of €300,000 per year, to be financed by the government and organisations in the field.

In view of the small size of the present knowledge infrastructure it will be necessary to stimulate the research over a longer period of time, i.e. at least 8 to 10 years. A programme committee should be appointed to draw up a detailed incentive plan and to guide the implementation of this.