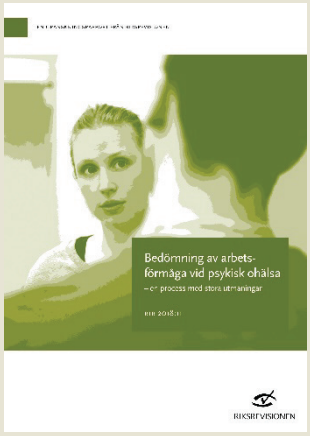
SWEDISH NATIONAL AUDIT OFFICE

REPORT NUMBER: RIR 2018:11
DATE: 4 MAY 2018



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Assessment of working capacity in cases of mental ill health

– a process with great challenges

Summary and recommendations

Since 2014 psychiatric diagnoses are most common when sick-listing of both women and men in Sweden. As a rule it is more difficult to determine working capacity for people with mental illness than for people with physical complaints, in part due to a lack of clinical examination findings when meeting the patient. To a great extent there is a lack of knowledge about the optimum period of sick leave for promoting a sustainable return to work for people with psychiatric diagnoses. It has also been highlighted that there are no clear guidelines for assessing mental and social aspects of functional capacity and restricted activity.

The medical certificate is central in the sicklisting process. When sick-listing the doctor has mainly two roles in relation to the patient; the role of attending doctor and the role of medical expert, which includes an insurance medicine remit. In brief this entails making a diagnosis, documentation, providing treatment and medical rehabilitation, while the insurance medicine remit entails describing and assessing working capacity from medical data, including a medical certificate. However, it has been well known for many years that doctors experience the work of sick-listing as problematic. Doctors have difficulties in filling in the medical certificate, which is reflected in the fact that many medical

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certificates have quality shortcomings. Previous studies have drawn attention to the fact that many doctors, particularly in primary care, feel that the work of sick listing is difficult, sometimes even a work environment problem. The Swedish NAO's audit confirms these problems.

The Swedish NAO examines reasons for quality shortcomings in medical certificates and the obstacles experienced by doctors when assessing working capacity in sick listing for psychiatric diagnoses. A delimitation is made of doctors in primary care, as doctors at health centres both handle the majority of sick-listing cases in mental ill health and experience working on sick-listing cases as most problematical.

On the medical certificate the doctor must specify which diagnosis/es are causing impaired functioning and the observations the doctor has been able to make in the course of the examination. The doctor must describe the functional impairment and activity restriction. Activity restriction refers to the consequences of the diagnosis and the functional impairment. The doctor must evaluate and describe how the illness limits the patient's capacity for activity and how extensive the consequences are. The causal links in the medical certificate must be reasonable, with a clear link between *diagnosis, functional impairment and activity restriction.* These data are included in the 'DFA chain' on which the Swedish Social Insurance Agency bases its insurance medicine analysis. The Swedish Social Insurance Agency is responsible for investigating sick-listing cases, reviewing the working capacity of the person insured and making decisions on the right to sickness benefit. Moreover, data on observed functional impairments in the form of degrees, measurements and values are among the information a sicklisting doctor must provide in the medical certificate.

The Swedish NAO's audit shows that primary care doctors have considerable difficulties in describing functional impairments and activity restriction in relation to diagnoses for sicklisting for psychiatric diagnoses. The doctors find it difficult to evaluate and describe how the illness limits the patient's capacity for activity and how extensive the consequences are for assessing working capacity. The doctors find it difficult to give detailed descriptions of activity restrictions at individual level to assess working capacity. Difficulties in describing activity restrictions in the medical certificate are due to the doctors having limited information about what the patients' duties entail and what their working conditions are. The Swedish NAO's findings are in line with the Swedish Social Insurance Agency's survey of additions to medical certificates, which shows that lack of clarity concerning activity restrictions is most common in additions made, followed by functional impairments. Difficulties in describing the patient's functional impairments in mental ill health are stated to be mainly due to the lack of

findings from the examination made at the time of the ordinary visit to the doctor. The findings that can be observed by the doctor during the doctor's visit are few.

The Swedish NAO's audit also shows that it is not clear to the doctors what is meant by the term normal work. Lack of clarity concerning terminology in turn puts at risk consistency of assessment of working capacity.

Moreover, insufficient knowledge among primary care doctors of psychiatry and insurance medicine are other complicating factors that the doctors highlight. Lack of time in the meeting between doctor and patient also reduces the chances of being able to analyse and rank cognitive functional impairments.

The audit also confirms the picture that has emerged from previous studies, namely that doctors perceive the work of sicklisting as administratively burdensome. The doctors state that it is not clear when a medical certificate in sicklisting cases for mental ill health is considered to be sufficiently substantiated. For example, the doctors feel that the Swedish Social Insurance Agency often requires additions to medical certificates and that the Agency attaches great significance to certain words or formulations in medical certificates, despite the fact that from a medical perspective this is of no importance. The Swedish NAO considers that there is a risk that doctors' ambitions to meet the Social Insurance Agency's requirements for information on the medical certificate may lead to doctors copying information material from the Social Insurance Agency or the National Board of Health and Welfare's insurance medicine decision support.

Sicklisting doctors' difficulties in assessing working capacity for psychiatric diagnoses make it more difficult for doctors to combine the role of attending doctor and of medical expert. The doctors interviewed stress that it is incompatible with the role of a doctor to mistrust the patient and that it is important that the patient does not perceive the doctor as an opposing party. For example, if the doctor and patient have different views of the need for sicklisting, it is essential that the doctor can clearly explain to the patient how the regulatory framework and conditions for sicklisting are intended to function.

The Swedish NAO considers that the application of the regulatory framework for sicklisting cases must be predictable for all parties. An appropriate sicklisting process should be based on clear requirements and expectations of how doctors in the healthcare system are to assist the Swedish Social Insurance Agency in sicklisting cases. These requirements and expectations need to have wide support within the medical profession.

The Swedish NAO's *overall assessment* is that the process for assessing working capacity in sicklisting for psychiatric diagnoses has significant shortcomings in terms of the clarity of the requirements and expectations made of doctors. Given the difficulties of assessing

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working capacity in cases of mental ill health that have been shown by the audit, the Swedish NAO considers that there is a risk that the application of the regulatory framework for the sickness insurance system is not consistent and legally secure. There is thus a risk that the sicklisting process does not ensure compliance with the Government's objective for the sickness insurance system, namely that the right benefit is given to the right person and that the individual understands the decisions of the Swedish Social Insurance Agency.

Recommendation to the Government

In January 2018 the Government instructed the National Board of Health and Welfare and the Swedish Social Insurance Agency to work to improve the collaboration and dialogue between the Swedish Social Insurance Agency and the healthcare system as regards the sicklisting process and medical certificates. The Swedish NAO recommends that the Government, as part of this work, also instructs the agencies to review the Swedish Social Insurance Agency's insurance medicine analysis model, focusing on the DFA chain, with regard to psychiatric diagnoses.