

The Danish National Return to Work Program

Background, design and evaluation of a large scale multidisciplinary, coordinated and tailored return to work program



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Content of the presentation

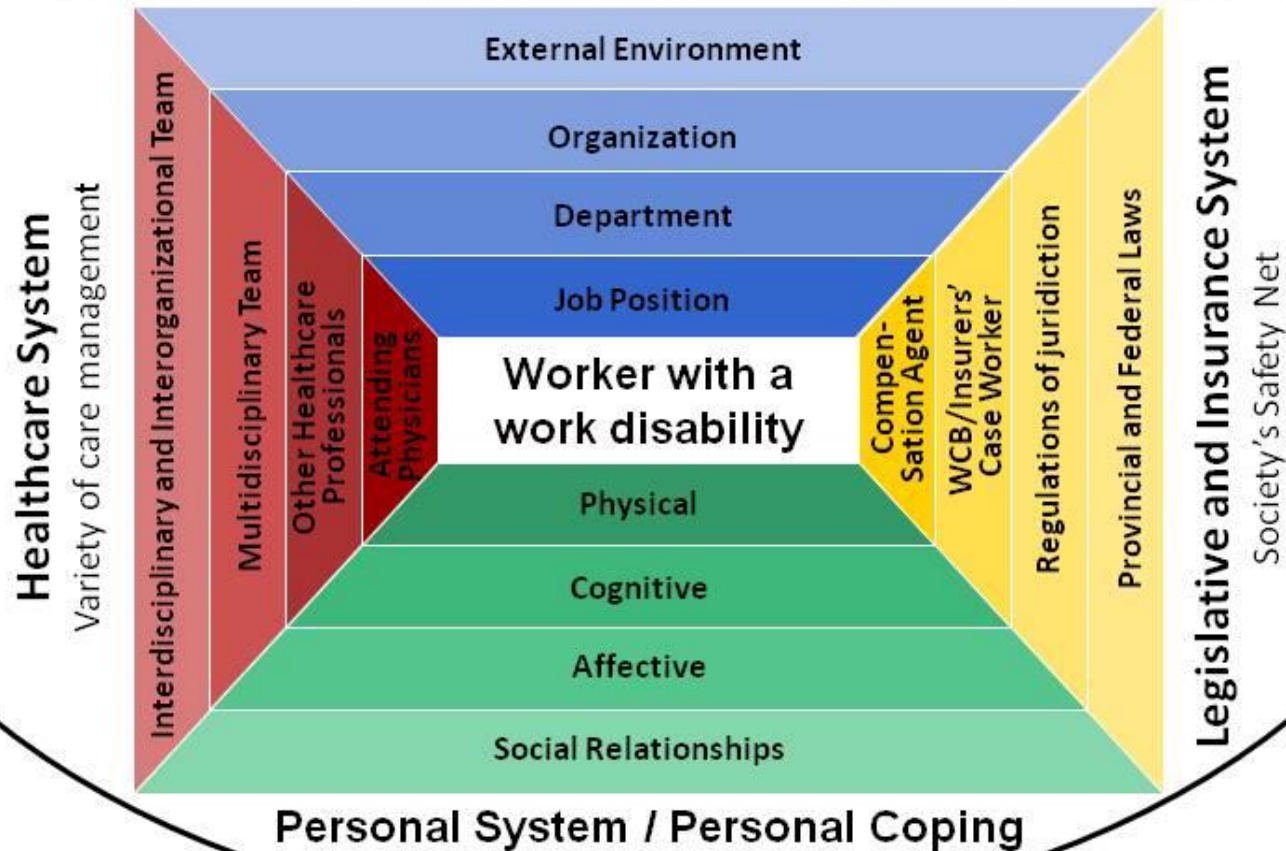
1. Background in general and about the Danish system
2. Aims and design of the Danish RTW program
3. Results and experiences with the Danish RTW program

Overall Societal Context

Culture and politics

Workplace System

Work relatedness, employees assistance plans, workplace accommodation



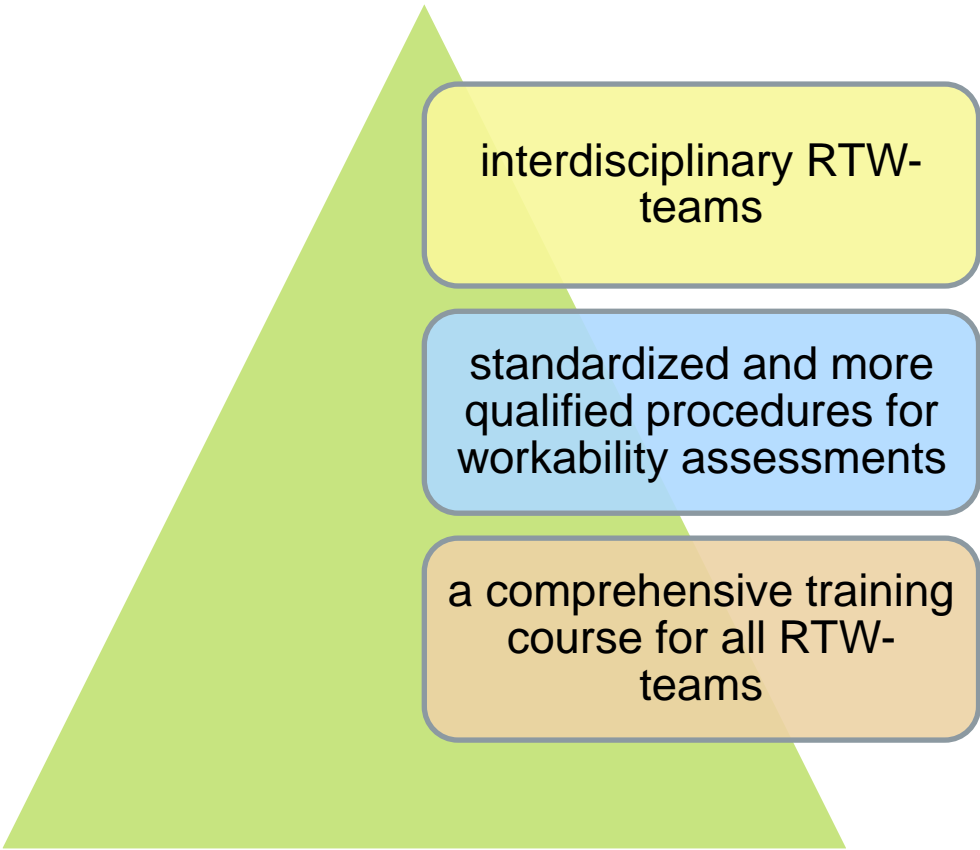
Sickness benefit management in Denmark

- In Denmark municipalities are the key players in sickness/disability management.
- The Danish flexicurity system makes it very easy for employers to dismiss employees – also while they are on sick-leave. There are few obligations on employers to engage in return to work planning.
- Employers pay the first 3 weeks of sickness benefits (since 2012 the first 30 days), thereafter sickness benefit is paid by the municipalities. (Sickness benefits and disability pensions are primarily financed through taxation.)
- Municipalities can pay sickness benefits to up to 52 weeks (from 2015: 5 months). Extensions are granted when it is expected that the person still can become fit for work again.

Aims and scope of the Danish RTW program

- To reduce sickness absence and improve RTW, health and workability
- Encompass a broad group of sick-listed persons including employed, self-employed, unemployed
- No restrictions regarding diagnosis

Core program components

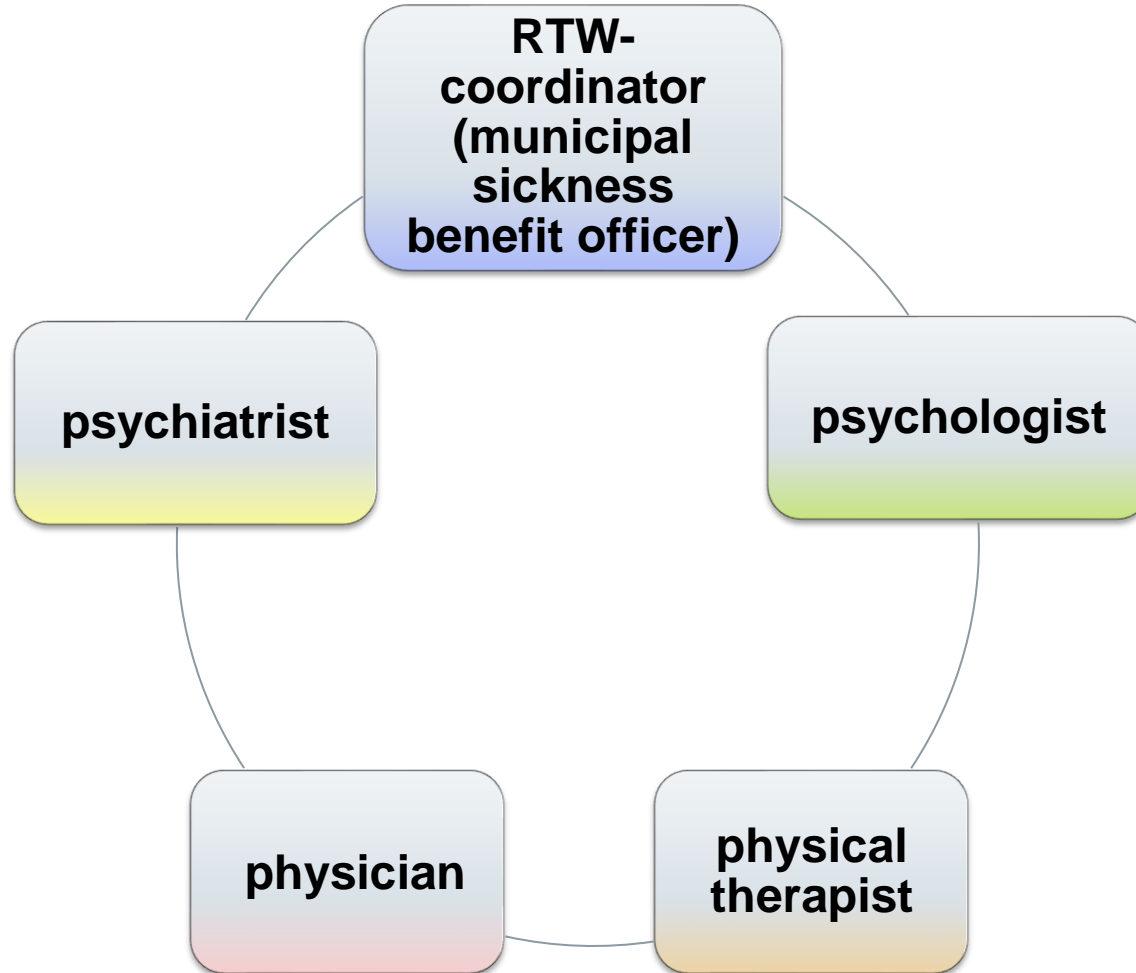


interdisciplinary RTW-
teams

standardized and more
qualified procedures for
workability assessments

a comprehensive training
course for all RTW-
teams

Interdisciplinary RTW- team



Standardized work ability assessments



- Standardized interview guide
- Bio-psycho-social understanding of health and disease
- Covers barriers and resources for RTW e.g. related to health, work and occupational experiences
- The assessment interview takes about 1 hour

Content of the standardized workability assessment

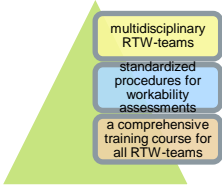
multidisciplinary
RTW-teams

standardized
procedures for
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a comprehensive
training course for
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- Before the assessment interview: Read existing documents
- Start the interview with a presentation and clarification of expectations
- How does the health problem affect work and private life? Earlier experiences with this health problem?
- Which treatments?
- Work tasks and possibilities for work accommodation
- Motivation/possibilities for (partly) returning to work
- Plans for RTW – what needs to be done?
- Are there other aspects that play a role (private life)?
- What should be achieved and which steps are on the way?
- What needs to be done to get there?
- At the end of the meeting: Agree on a plan and on how to follow up on it

Standardized procedures



multidisciplinary
RTW-teams

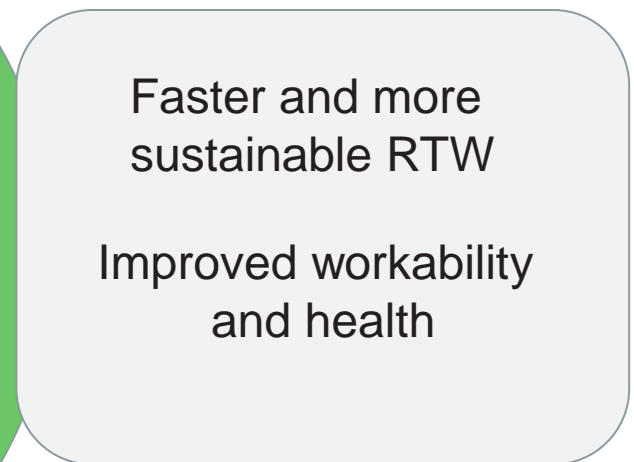
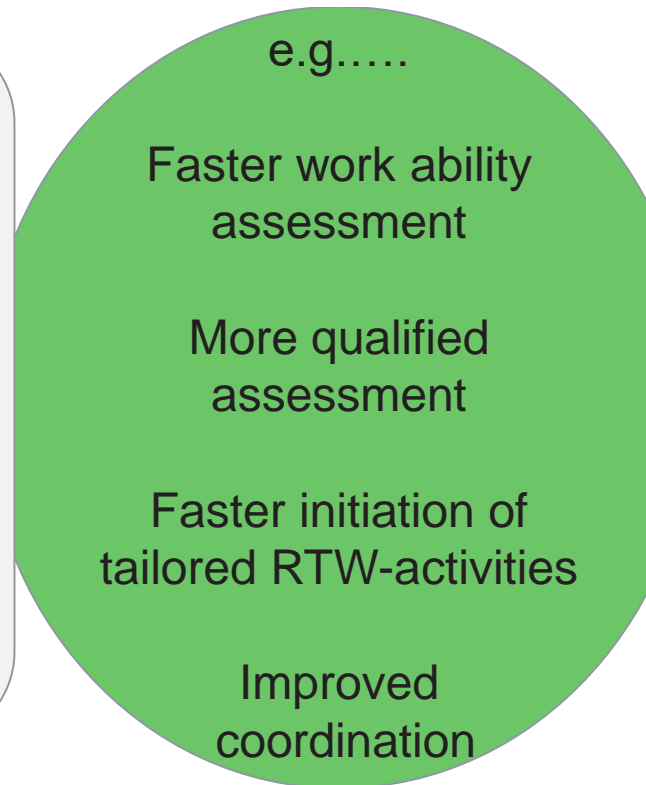
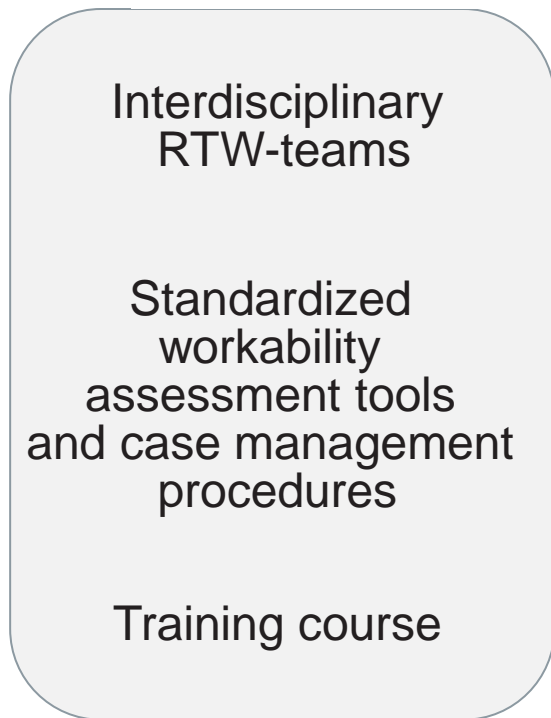
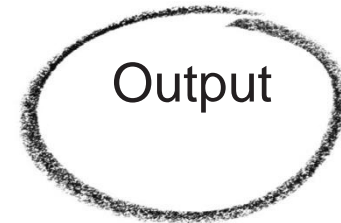
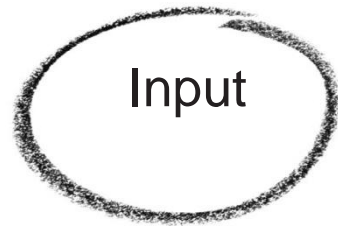
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RTW-coordinators (municipal sickness benefit officers):

- plan and initiate RTW-activities and coordinate efforts with health professionals and employers (just like in regular sickness benefit management)
- are expected to manage 50% of cases alone
- can contact the RTW-team for further workability assessment in more complex cases

Program theory



What did we find with regard to
EFFECTS OF THE PROGRAM?

Effects on sickness absence

In the three municipalities in which a randomized controlled trial was conducted

Municipality 1

(n=1.236: I=747, C=489)

- HR=1.12
- CI 0.97-1.29

shorter duration of sickness absence in the intervention group (not significant)

Municipality 2

(n=1.348: I=809, C=539)

- HR=1.51*
- CI 1.31-1.74

shorter duration of sickness absence in the intervention group (significant)

Municipality 3

(n=521: I=392, C=129)

- HR=0.80
- CI 0.63-1.03

longer duration of sickness absence in the intervention group (not significant)



The role of implementation

In the three municipalities in which a randomized controlled trial was conducted

Municipality 1

- shorter duration of sickness absence in the intervention group (not significant)

Implementation:
very good

Municipality 2

- shorter duration of sickness absence in the intervention group (significant)

Implementation:
good

Municipality 3

- longer duration of sickness absence in the intervention group (not significant)

Implementation:
not good

What did we find with regard to the
**IMPLEMENTATION OF THE
PROGRAM?**

All municipalities implemented the basic structures of the program

- ✓ Establishment of RTW teams
- ✓ Participation in the training course
- ✓ Use of assessment tool and other tools

Implementation ok?

What did we find with regard to the
**INVOLVEMENT OF THE HEALTH
CARE PROFESSIONALS?**

Involvement of the health care professionals

(based on case registrations)

- 48% of the sick-listed were referred to psychologists/physical therapists
- Variation between municipalities: **27-70%**
- 29% of the sick-listed were referred to physicians/psychiatrists
- Variation between municipalities: **12-51%**

A qualitative study about the experiences of employees sick listed with common mental disorders

J Occup Rehabil
DOI 10.1007/s10926-014-9498-5

How do Workers with Common Mental Disorders Experience a Multidisciplinary Return-to-Work Intervention? A Qualitative Study

Malene Friis Andersen · Karina Nielsen ·
Svend Brinkmann

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Experiences with the assessment consultations

A positive experience

“It was her (a RTW psychiatrist) who found out I had Asperger’s Syndrome. It has helped a lot, because now I know what is wrong, and now I know why I am as I am. It makes it easier for me to change some things.”

“I can see that I need special conditions and special things in order to be a reliable worker at a workplace. And now I know what things.

(man, 31, on sick leave).

A negative experience

“It is all terribly confusing for me, and it took me a long time to figure out what was actually happening [in the assessment consultations]. I didn’t understand it because I have concentration difficulties. Especially if I am out, then it feels like my senses are so busy with everything around me from the coffee pot to what others are saying, and I become, like completely... If you imagine a lot of different music in your head at the same time.”

(woman, 49, on sick leave)

What did we find with regard to the
**COOPERATION WITH
WORKPLACES?**

Cooperation with workplaces

- A close cooperation between job centers and workplaces was established in 8.6% of cases with sick-listed who were employed when getting sick-listed (range 22.7% to 0.8%)
- Some sick-listed are not interested in a close cooperation between the job center and their workplace.
- In some job centers the close cooperation with workplaces was not prioritized due to high work load and/or **not well functioning cooperation**.
- Due to a high percentage of sick-listed getting fired while on sick-leave, the chances for establishing a close cooperation with workplaces decreases with time.

Employers

experiences with the close cooperation with the interdisciplinary team

”And this is why I was so glad that she [psychologist] also came out to us [participated in the meeting at the work place] , because I thought, this is good, there is one, [...] who has competencies – this is a real psychologist.” (Employer at private company)

Beneficiaries' **experiences with the close cooperation between their workplace and the interdisciplinary team**

"The psychologist had some good advise for my supervisor about what to be aware of if one had been sick listed with this diagnosis and what there could be expected etc. [...] And my supervisor was also very glad for this advise. [...]. And I know that some of my colleagues were very surprised when they heard , ' oh, isn't she fit to work again [full time]. So there I got good support [...] this was a very good meeting for me."

How did it go with the

COOPERATION WITHIN THE RTW TEAMS?



Important for a successful interdisciplinary collaboration

- Interdisciplinary, meaning that the different experts take each others expertise into account and work together on a mutual plan vs. multi-disciplinary, where experts only “deliver” there expertise, but not relate it to the other experts considerations.
- Shared objective: labor market-oriented approach
- Continuous self-evaluation/reflections about how to optimize interdisciplinary collaboration and case management
- Leadership support

Summing up

- The program can be implemented in the existing sickness benefit system (some municipalities continue the program)
- The effects on sickness absence vary a lot between municipalities indicating that contextual factors are of major importance for success or failure of this complex intervention
- Implementation may partly explain these differences, but other aspects (e.g. baseline conditions, contamination) also play a role
- The implementation of some of the program aspects (for example close cooperation with the work place) was difficult due to more general conditions in the sickness benefit system.
- Interdisciplinary collaboration between the RTW-team members requires the development of a shared approach to RTW (which takes time and needs support from managers)

Thank you



Contact info

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References about the Danish National RTW program

About the implementation

- Aust B, Nielsen MBD, Grundtvig G, Buchardt HL, Ferm L, Andersen I, et al. **Implementation of the Danish return-to-work program: process evaluation of a trial in 21 Danish municipalities.** Scandinavian Journal of Work, Environment & Health. 2015, 41 (6): 529-541. *(This article and the last article (Andersen et al.) are in your compendium under session 14. The other articles are listed so you can read more about the Danish National RTW program if you are interested.)*

About the study design

- Aust B, Helverskov T, Nielsen MBD, Bjerne JB, Rugulies R, Nielsen K et al. **The Danish national return-to-work program – aims, content, and design of the process and effect evaluation.** Scandinavian Journal of Work, Environment & Health, 2012, 38(2):120-133.

About effects

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About the experiences of employees sicklisted with common mental disorders

- Andersen MF, Nielsen K, Brinkmann S. **How do workers with Common Mental Disorders Experience a Multidisciplinary Return-to-Work Intervention? A Qualitative Study.** J Occup Rehabil (2014) 24:709-724.

