Cochrane evidence on RTW coordination might not change practice in Finland

The Problem

Considerable differences exist between countries in the percentage of workers on sick leave and the process and content of return to work (RTW) coordination. In Finland joint meetings between the employer the worker and occupational health service are meant to improve communication and coordination between stakeholders and increase RTW.

A Cochrane review found very-low to moderate quality evidence that - against expectation - return to work (RTW) coordination programs did not decrease sick leave in workers at risk for long-term disability compared to usual practice. Findings were based on 12 trials and more than 12'500 workers, but did not include studies from Finland (1). How can the evidence from the Cochrane review be translated to a specific setting and applied to practice?

(1) Vogel N, Schandelmaier S, Zumbrunn Th, Ebrahim S, de Boer W, Busse JW, Kunz R. Return-to-work coordination programmes for improving return to work in workers on sick leave. CDSR Reviews. 2017:3:Cd011618.



Components of coordinated RTW measures included in the Cochrane review (2017) and in Finnish practice

Similar features

1. Meetings

between worker and coordinator. At least one face-to-face meeting, often but not always joined by the employer and other health care professionals

- 2. Workers needs assessment with a focus on employee's work ability besides other factors.
- 3. Concise RTW plan collaboratively developed including dates, goals and actions for RTW
- 4. Implementation of the plan by one person, who also evaluates progress and changes to the plan where appropriate.



Dissimilarities

1. Workers' needs assessment as recommended

The assessment in the studies of the review focused on employee's work ability and barriers for RTW. In Finland professionals perform an assessment that might not focuses on all factors recommended (workability, type of work and impact on health).

2. The RTW plan: Focus on the worker's

Studies in the review included tailored RTW plans directed at the worker, the workplace, and the employer that includes more than one possible action (e.g. treatment and work accommodation). Components individualized to patient needs might be missing in the RTW plan in Finland, despite official recommendations.

Methods

1. Data collection on current practice in Finland

- Systematic literature search
- Two surveys with Finnish RTW experts (N=10/42 invited experts)
- Sick leave data from KELA, Finnish Social Insurance Institution

2. Qualitative content analysis of interventions

- Independent analysis of the review (1) and current Finnish practice
- Collation of similarities and differences between review and Finnish practice

3. Net value estimates of coordinated **RTW for Finland**

- Salary costs of RTW coordination
- Costs of sick leave
- Prevented sick leave days

Key Results

- Participants and content of program components of the Cochrane review and Finnish recommended RTW coordination programs are similar.
- Current Finnish practice might not always meet recommendations for RTW coordination provided by the Finish Institute for Occupational
- A small reduction in duration of sick leave could potentially outweigh the cost of the current intervention in Finland.
- The cost-effectiveness of further investment in development & implementation of RTW coordination in Finland needs further evaluation







