



# What if a review shows that something does not work, a case study

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# Problem

- Lack of coordination is assumed to be a risk for longer time to return to work (RtW)
- Coordination of RtW in Finland:
  - Employer, Occupational Health Staff and Employee should meet to increase work ability
- Finnish ministry invested several million Euros in implementing RtW coordination
- Cochrane Review shows that RtW coordination is 'not effective' (Vogel et al 2017)
- What should Finland do:
  - Continue implementing, stop implementing, actively deimplement?

# (De)implementation steps

1. Assess current practice:
  - The same content as in the literature?
  - To what degree implemented?
2. Assess the results of the Cochrane Review
  - How certain are we about the evidence?
3. Apply Evidence to Decision framework (Moberg 2018)
  - Balance desirable and undesirable effects of intervention
  - Assess resource use
  - Assess equity
  - Assess acceptability and feasibility

# Results: 1. current practice vs review

<b>Categories</b>		<b>Conclusion</b>
Names	Coordinated care, also Case management and Consultation.	Similar
Setting	CSR: all workers > 4 wks on sick leave. Finland: 50% workers < 4 wks sick-leave.	Mostly similar
Year(s)	Review 1995-2012; Finland 2014-2018	Mostly similar
Participants	Worker, employer, physician and/or other stakeholders	Similar
Content	1. face-to-face meeting 2. workers' needs assessment 3.RtW plan 4. person responsible for the implementation	Similar
Intervention duration	CSR 3 months until more than 1 year. Finland : no information	?

## Results 2: Certainty review results

- Time to RtW
  - *HR 1.25, 95% CI 0.95 to 1.66, low-quality evidence*
- Cumulative sickness absence
  - *MD -14.84 days py, 95% CI -38.56 to 8.88, low quality evidence*
- Proportion of participants at work at end of the follow-up
  - *RR 1.06, 95% CI 0.99 to 1.15, low quality evidence*
- Proportion of participants ever returned to work
  - *RR 1.03, 95% CI 0.97 to 1.09, moderate quality evidence.*
- Studies > 2017 would not change these results

# Results 3: Evidence to decision

1. Balance desirable and undesirable effects:
  - No desirable and no undesirable effects
2. Resource use:
  - Cost of RtW coordination would be paid back with a reduction of 5 days of sick leave
3. Equity:
  - RtW decreases inequity
4. Acceptability and feasibility:
  - Commonly accepted intervention in Finland
  - Implementation not 100%

# Conclusion

- Cochrane review results also apply in Finland
- Uncertainty about the evidence:
  - Would need a very large RCT to exclude small effects
  - Highly improbable that such an RCT will be conducted
- Deimplementation?
  - Uncertainty and lack of undesirable effects do not warrant deimplementation
  - Stop active implementation until further evidence becomes available