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

Jos H. Verbeek, Christina Tikka, Regina Kunz, Jan Hoving
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

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