The Dutch example: Evidence-based Insurance Medicine Guidelines

Jan Hoving, Joan Luites, Paul Kuijer, Rob Kok, Miranda Langendam, Han Anema, Carel Hulshof
Clinical practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances.

Institute of Medicine, 1990

Clinical practice guidelines are statements that include recommendations intended to optimize patient care that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options. Clinical practice guidelines should assist clinicians and patients in shared decision making.

Institute of Medicine, 2012

Change in definitions of guidelines
### Guideline development in Netherlands: by Ops and IPs

<table>
<thead>
<tr>
<th>Occupational physicians / NVAB-guidelines</th>
<th>Insurance physicians / NVVG –guidelines (protocollen)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Low back pain</td>
<td>• Diabetes</td>
</tr>
<tr>
<td>• Mental health problems</td>
<td>• Bowel cancer</td>
</tr>
<tr>
<td>• Computer work</td>
<td>• Boderline</td>
</tr>
<tr>
<td>• Upper limb disorders (CANS)</td>
<td>• Kidney disease</td>
</tr>
<tr>
<td>• Asthma / COPD</td>
<td>• Hip and kne arthrosis</td>
</tr>
<tr>
<td>• Contact dermatitis</td>
<td>• Rheumatoid arthritis</td>
</tr>
<tr>
<td>• Noise-induced hearing loss</td>
<td>• COPD</td>
</tr>
<tr>
<td>• Ischemic Heart disorders</td>
<td>• Chronic heart failure</td>
</tr>
<tr>
<td>• Pregnancy and Work</td>
<td>• Schisofrenia</td>
</tr>
<tr>
<td>• Influenza</td>
<td>• Chronic shoulderpain</td>
</tr>
<tr>
<td>• Diabetes and Work</td>
<td>• Anxiety disorder</td>
</tr>
<tr>
<td></td>
<td>• Breast cancer</td>
</tr>
<tr>
<td></td>
<td>• Chronic fatigue</td>
</tr>
<tr>
<td></td>
<td>• Lumbosacral radiculair syndrome</td>
</tr>
<tr>
<td></td>
<td>• Overspanning</td>
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<tr>
<td></td>
<td>• Depressive disorder</td>
</tr>
<tr>
<td></td>
<td>• Whiplash</td>
</tr>
<tr>
<td></td>
<td>• <strong>Low back pain</strong></td>
</tr>
<tr>
<td></td>
<td>• Ischeamic Heart disorders</td>
</tr>
</tbody>
</table>
Dutch OH / IM guidelines: focus on work

• Good number of Dutch guidelines available... but many guidelines not up to date, and implementation is a challenge
• Context is changing (legislation etc) and evidence too
• Methods are developing rapidly, challenge for professionals / professional organisations to keep up to date
• Funding challenges

• Opportunities for collaboration between OH and IM (!)
Multidisciplinary guidelines

- Opportunity to develop multidisciplinary guidelines in OH and IM:
  - Several new guidelines developed for OH and IM combined
  - Latest one: Low Back Pain and Lumbosacral Radicular Syndrome
Evidence-based guideline development

Systematic reviews and meta-analyses
Randomised controlled trials
Cohort, case control studies
Uncontrolled studies
Expert opinion

Conclusion including GRADE

Considered judgement

recommendation
(“evidence plus experience”)

- clinical relevance
- patient safety
- patient preferences
- availability of services
- organization of care
- impact on costs
- legal / ethical consequences
Example: The Dutch multidisciplinary Occupational Health Guideline to enhance work participation among Low Back Pain and Lumbosacral Radicular Syndrome (September 2020)

Main focus of the guideline on:

• 1) assessing risk factors for workers;
• 2) assessing prognostic factors for workers
• 3) advise interventions preventing development of LBP and LRS in work;
• 4) advise interventions maintaining or restoring work participation in LBP and LRS
Example: The Dutch multidisciplinary Occupational Health Guideline to enhance work participation among Low Back Pain and Lumbosacral Radicular Syndrome (September 2020)

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Prognostic Factors</th>
<th>Risk profile</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Work-related RF:</strong> heavy or frequent lifting for LBP</td>
<td><strong>Work-related PF:</strong> perception high physical job demands for LBP. <strong>Personal-related PF:</strong> low recovery expectations for LBP</td>
<td>&gt;using the STarTBack Screening Tool</td>
</tr>
<tr>
<td><strong>Personal-related RF:</strong> obesity for LBP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

>Advice physical exercises and education
>Consider using the multi-disciplinary guideline Lifting and guideline Whole Body Vibration
>Advice about tailor-made measures reducing exposure to RF and PF
Example: The Dutch multidisciplinary Occupational Health Guideline to enhance work participation among Low Back Pain and Lumbosacral Radicular Syndrome (September 2020)

<table>
<thead>
<tr>
<th>Consider additional treatment to restore work participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advice on one of the evidence-based treatments or a combination</td>
</tr>
<tr>
<td>• Duration and severity of complaints</td>
</tr>
<tr>
<td>• Effects of previous/current interventions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical/exercise time contingent therapy</th>
<th>Consider</th>
<th>Workplace oriented intense physical exercises</th>
<th>Cognitive behavioral therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ In case of physical prognostic factors</td>
<td>▪ In case of work-related risk factors</td>
<td>▪ In case of psychosocial prognostic factors</td>
<td></td>
</tr>
<tr>
<td>▪ When physical/exercise therapy is insufficient</td>
<td>▪ When physical/exercise therapy is insufficient</td>
<td>▪ In case of a high-risk STBT-profile</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ When physical/exercise therapy is insufficient</td>
<td></td>
</tr>
</tbody>
</table>
Medical specialists’ guidelines
(Kennisinstituut van de Federatie Medisch Specialisten - Kennisinstituut)

Medical specialists follow the “Guideline for Guidelines” (Medical Specialist Guidelines, 2011).

It says:

“Outcome measures in the field of (social) functioning (including work) and quality of life deserve extra attention.”

How?
Guidance on incorporating work participation in medical specialists’ guidelines

• 2005: first Blueprint “Work participation in guidelines“
• 2010: revised Blueprint.

Bottomline: in a medical specialist guideline there should be (if relevant) recommendations on:
• How participation is important in treatment.
• Which aspects are crucial for:
  – recovery and retention of work participation
  – effectiveness of guidance aimed at work participation
  – estimating the possibilities for work functioning
How effective is this guidance?

• 2007-2012: 45 medical specialists’ guidelines with occupational physician in working group and in 18/45 also an insurance physician.

• Anno 2020: unknown... Experience is that it is difficult to have medical specialists prioritize clinical questions about work participation.

• Examples of recent guidelines with recommendations on work participation:
Experiences of medical specialists
(Evaluation NVAB, 2010)

• Medical specialists in guideline working groups were not familiar with the contents of the Blueprint.
• The topic work participation was taken seriously by all working group members.
• They experienced the lack of evidence as a problem for guideline recommendations.
Guideline development in Netherlands

Learning from Dutch Low Back Pain guideline (2020) and others .......

- + 100.000 euro’s, 20 month project: costly
- Time and organisation: Steering group, project group, many stakeholders – many revisions!
- Collaboration between IPs and OPs, neurologist, orthopedist, physical therapist, patient representatives and others: essential
- Similar updates needed for many other diseases / condition
- Need for national and international collaboration in guideline development
- Work to be done!
Thank you!

Insurance physicians: www.nvvg.nl/richtlijnen/

Occupational physicians: https://nvab-online.nl/richtlijnen/richtlijnen-NVAB