

STRUCTURED FUNCTIONAL ASSESSMENTS IN GENERAL PRACTICE

- A CLUSTER RANDOMISED CONTROLLED TRIAL

Nina Østerås

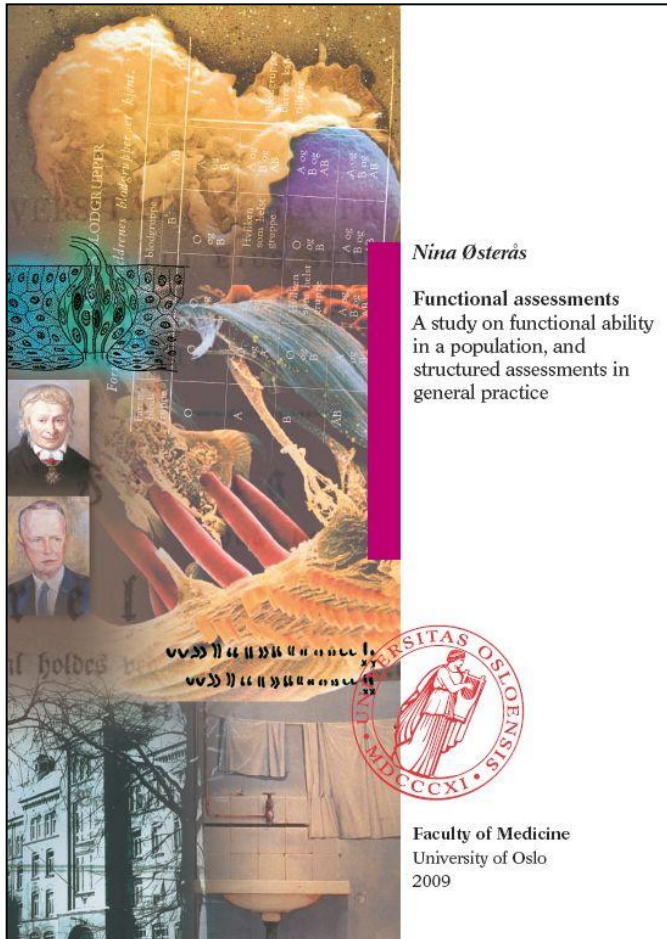
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University of Oslo

PhD, University of Oslo, 2004-2009



Research article

Open Access

Implementing structured functional assessments in general practice for persons with long-term sick leave: a cluster randomised controlled trial

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ORIGINAL ARTICLE

Structured functional assessments in general practice increased the use of part-time sick leave: A cluster randomised controlled trial

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Current affiliation



The National Resource Centre
for Rehabilitation in Rheumatology (NRRK),
Diakonhjemmet Hospital, Oslo, Norway



Study background

- Increasing interest in functional ability
- GPs: assess function in social security claims
- Public authorities/insurance companies



Study background cont.

- Represents a focus change for the GPs

symptoms, problems and limitations



patient resources, possibilities and coping

- GPs' functional assessments are often:
 - non-standardized
 - influenced by personal/professional interest
- The GPs report difficulties and are reluctant



Study background cont.

Based on these experiences:

A structured method for functional assessments of persons with long-term sick leave in general practice

- tailor-made assessment method for GPs in primary care practices
- functional ability information & suggestions for workplace adjustments
- social security officers & employers

Functional assessment

In this work:

A balancing of individual functional abilities against occupational demands and restrictions



Model for functional assessments*

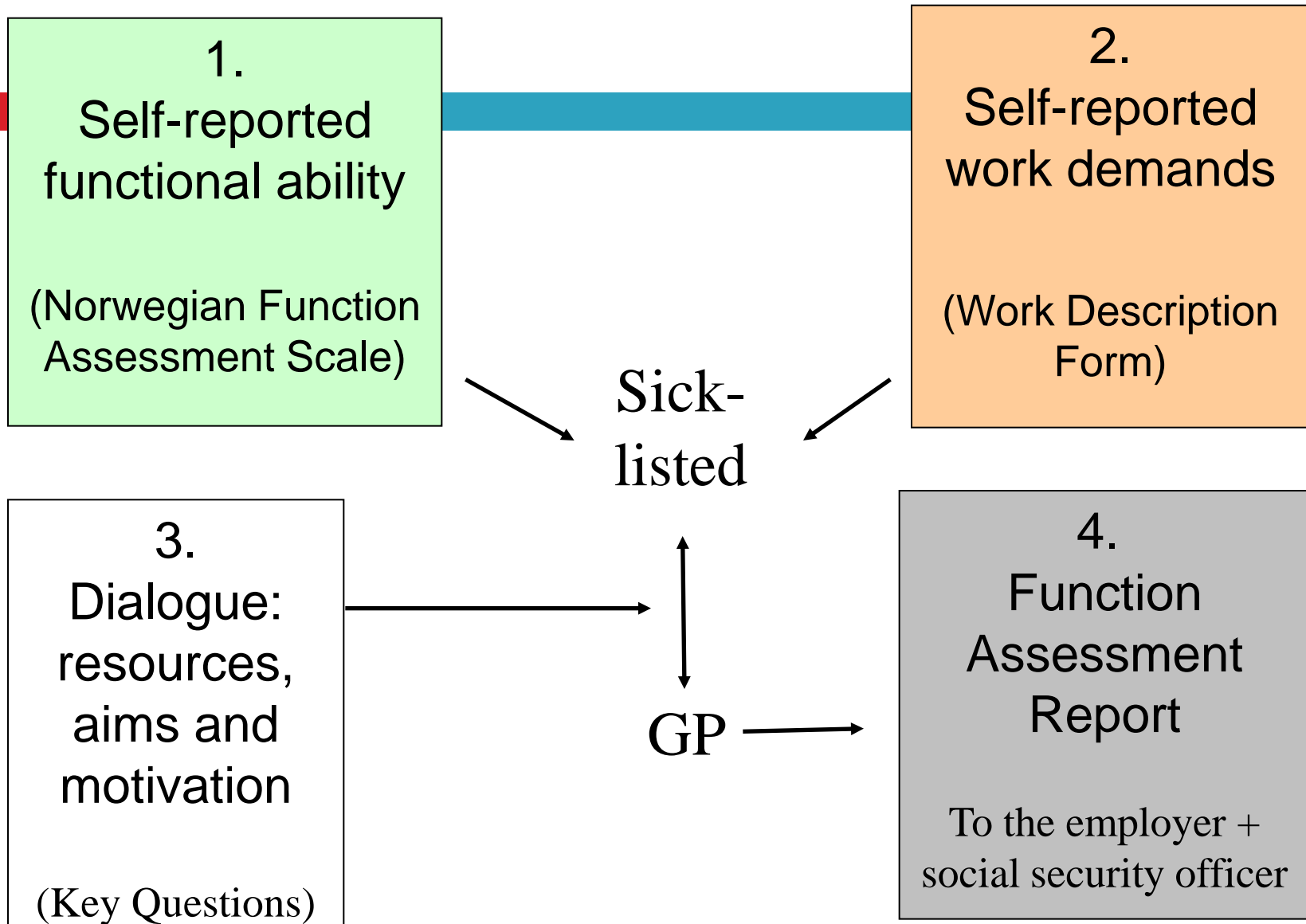
Four elements:

- The patient's own description of function
- Information about different demands at the workplace
- Discussion of possibilities and limitations
- The GP's independent, total evaluation of medical and non-medical information



(*) Cocchiarella L, Andersson G. Guides to the evaluation of permanent impairment. United States of America: American Medical Association, 2002.

The structured method



Norwegian Function Assessment Scale

When you have filled in the form, please bring it with you to your doctor

During the last week, have you had difficulty doing the following activities because of your health? Please put a cross in the box for the best answer for each question. Even if a question does not seem to fit your circumstances, please try to answer it as best you can. If a question is not relevant for you, for example because you do not drive a car, you can draw a line through the question.

Have you had difficulty doing the following activities during the last week:

Walking/standing

	No difficulty	Some difficulty	Much difficulty	Could not do it
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking less than a kilometre on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking more than a kilometre on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking on different surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping for your groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting on your shoes and socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Holding /picking up things

	No difficulty	Some difficulty	Much difficulty	Could not do it
Picking up a coin from a table with your fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding and turning a steering wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing everyday tasks on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in your leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting on and taking off your clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lifting/carrying

	No difficulty	Some difficulty	Much difficulty	Could not do it
Lifting an empty soda bottle crate from the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying shopping bags in your hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying a little sack/backpack on your shoulders or back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing and pulling with your arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning your house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing your clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Norwegian Function Assessment Scale

When you have filled in the form, please bring it with you to your doctor.

Have you had difficulty doing the following activities during the last week:

Sitting

	No difficulty	Some difficulty	Much difficulty	Could not do it
Sitting on a kitchen chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding as a passenger in a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Riding as a passenger on public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing

	No difficulty	Some difficulty	Much difficulty	Could not do it
Staying alert and being able to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guiding others in their activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing everyday responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing everyday stress and strains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing to take criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing to control your anger and aggression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cooperation/communication

	No difficulty	Some difficulty	Much difficulty	Could not do it
Remembering things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding spoken messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding written messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participating in a conversation with many people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using the telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Senses

	No difficulty	Some difficulty	Much difficulty	Could not do it
Watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening to the radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Norwegian Function Assessment Scale

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Have you had difficulty doing the following activities during the last week:

No difficulty Some difficulty Much difficulty Could not do it

Walking/standing

Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking less than a kilometre on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking more than a kilometre on flat ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking on different surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going up and down stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Going shopping for your groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting on your shoes and socks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Holding /picking up things

Picking up a coin from a table with your fingers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Holding and turning a steering wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparing food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing everyday tasks on your own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engaging in your leisure activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Putting on and taking off your clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Lifting/carrying

Lifting an empty soda bottle crate from the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying shopping bags in your hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying a little sack/backpack on your shoulders or back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing and pulling with your arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleaning your house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Washing your clothes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Have you had difficulty doing the following activities during the last week:

No difficulty Some difficulty Much difficulty Could not do it

Sitting

Sitting on a kitchen chair

Riding as a passenger in a car

Riding as a passenger on public transport

Managing

Staying alert and being able to concentrate

Working in groups

Guiding others in their activities

Managing everyday responsibility

Managing everyday stress and strains

Managing to take criticism

Managing to control your anger and aggression

Cooperation/communication

Remembering things

Understanding spoken messages

Understanding written messages

Speaking

Participating in a conversation with many people

Using the telephone

Senses

Watching television

Listening to the radio

Self-reported work ability

To what degree is your ability to perform your ordinary work reduced today?

- Hardly reduced at all
- Not much reduced
- Moderately reduced
- Much reduced
- Very much reduced

Work Description Form

When you have filled in the form, please bring it with you to the doctor

Type of work:

For how long have you been employed? Less than a year 1-5 years More than 5 years

Employment status: In work/employed Unemployed Rehabilitation

Do you work full- or part-time? Full-time Part-time

Name three positive aspects of your work:

1 _____ 2 _____ 3 _____

Do you feel your work is physically straining? No Yes

If YES, tick off appropriate box(es)

- | | |
|---|---|
| <input type="checkbox"/> Much sitting | <input type="checkbox"/> Doing precise movements with hands |
| <input type="checkbox"/> Standing still | <input type="checkbox"/> Doing the same movements many times a minute |
| <input type="checkbox"/> Much walking | <input type="checkbox"/> Working on/with vibrating surface/tools |
| <input type="checkbox"/> Kneeling or squatting | <input type="checkbox"/> Must hold the same position for long periods |
| <input type="checkbox"/> Working with arms lifted/reached forward | <input type="checkbox"/> Heavy work |
| <input type="checkbox"/> Lifting many heavy loads | <input type="checkbox"/> Other:..... |

Do you feel your work is mentally straining? No Yes

If YES, tick off appropriate box(es)

- | | |
|--|---|
| <input type="checkbox"/> Have to be alert and concentrated | <input type="checkbox"/> Have to be creative |
| <input type="checkbox"/> Have to deal with emotions | <input type="checkbox"/> Working with colleagues on tasks |
| <input type="checkbox"/> Have to have good memory | <input type="checkbox"/> Direct client/customer/student contact |
| <input type="checkbox"/> Other:..... | |

Do you feel that the work organization is straining? No Yes

If YES, tick off appropriate box(es)

- | | |
|---|---|
| <input type="checkbox"/> Have shift work | <input type="checkbox"/> Unclear what is expected at work |
| <input type="checkbox"/> Working by contract | <input type="checkbox"/> Cannot set work pace myself |
| <input type="checkbox"/> Have work with high season intensity | <input type="checkbox"/> Cannot decide myself when to take breaks |
| <input type="checkbox"/> Have management responsibilities | <input type="checkbox"/> Do not get help with the heaviest tasks |
| <input type="checkbox"/> Have too much to do | <input type="checkbox"/> Get little support and help from superiors |
| <input type="checkbox"/> Have too much responsibility | <input type="checkbox"/> Do not feel that my work effort is appreciated |
| <input type="checkbox"/> Other:..... | |

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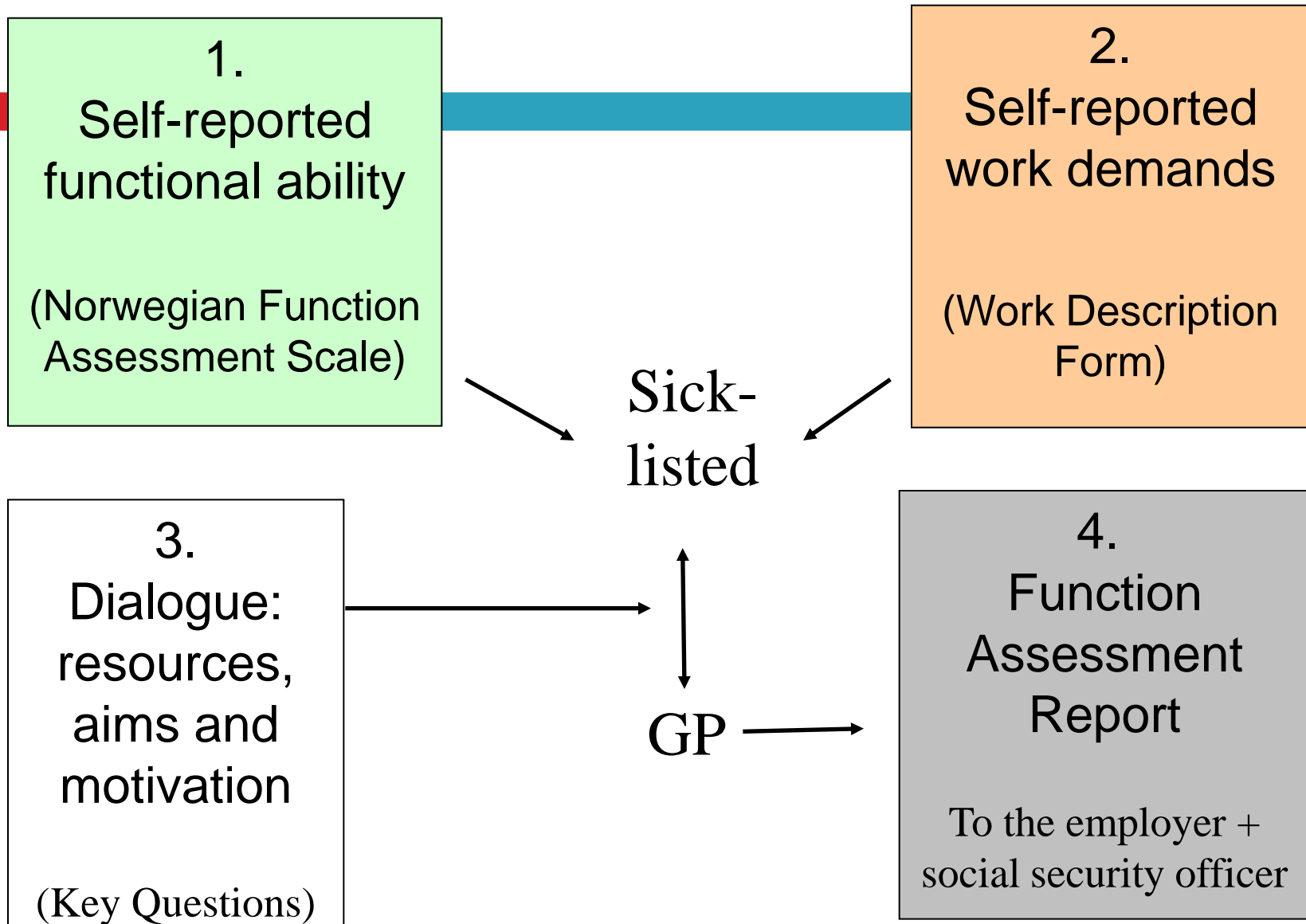
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| <input type="checkbox"/> Have too much responsibility | <input type="checkbox"/> Do not feel that my work effort is appreciated |
| <input type="checkbox"/> Other:..... | |

The structured method



Key questions

These questions are to be asked after discussing the Norwegian Function Assessment Scale and the Work Description Form with the patient (see guidelines). Make it clear to the patient that the answers to these questions will not be forwarded

How much longer do you think you will be certified sick?

Are you able to work a little (maybe a few hours a week) in your present job?

If the patient answers yes, part-time sickness certification should be discussed. It might be an advantage for the patient to stay in touch with the workplace.

At the moment, are you considering other jobs?

If the patient answers yes, it should be discussed how he/she pictures the transition to other employment. Is vocational rehabilitation relevant?

All things considered, how important is your present job to you?

If the job is important to the patient, rehabilitation possibilities should be discussed thoroughly.

Has difficult work environment or conflicts at work been a contributing factor to your absence?

Discuss with the patient how this should be addressed. Initiate contact with occupational health service?

How do you experience demands outside work, *ie.* at home, in the family and during leisure time?

If there are demands outside the work situation that are perceived as straining, the doctor should clarify these.

Function Assessment Report

Medical functional assessment filled out on request from the National Insurance Scheme or employer.

This form is to be filled out by treating physician in consultation with the patient, and to be seen in light of the Norwegian Function Assessment Scale, the Work Description Form and Key Questions.

Patient name..... Date of birth

Weeks on sick leave weeks

Physician name:..... Date of consultation

1. Functional ability (from Norwegian Function Assessment Scale)

Check the box indicating functional resources or limitations as stated by the patient.

FUNCTION DOMAIN	Resources	Limitations	Comments:
Walking/standing			
Holding/picking up things			
Lifting/carrying			
Sitting			
Managing			
Cooperation/communication			
Senses			

Work ability (from Norwegian Function Assessment Scale)

Check the box indicating degree of reduced work ability as stated by the patient

Hardly reduced at all Not much reduced Moderately reduced Much reduced Very much reduced

2. Work description (from Work Description Form)

Is the patient's work straining? Check the box and explain in the column to the right what is perceived as straining.

Work description	No	Yes	If yes, what is perceived as straining?
Physically straining			
Mentally straining			
Straining due to work organization			

3. Physician assessment of functional resources and limitations in relation to patient's work tasks

Which are the patient's resources that can be used as means in returning to work?

Does the patient have special needs, e.g. for breaks and rest?

Can the patient work part-time? yes no

4. Medical treatment

Will ongoing or planned medical treatment influence the patient's functional ability? Will treatment interfere with activity? When will treatment be finished?

5. Protective needs

State situations or external conditions that the patient should avoid for medical reasons, eg. lifting/carrying, working with elevated arms, or contact with costumers, students or clients.

6. Physician suggestions for workplace measures

Will adjustments or supportive aids facilitate the patient's return to work?.

Probably yes Do not know Probably no

Concrete suggestions for adjustments at place of work. What can facilitate return to work?

7. Comments

.....
Date

.....
Physician's signature

.....
Patient's signature

Function Assessment Report

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Sitting	<input type="checkbox"/>	<input type="checkbox"/>
Managing	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation/communication	<input type="checkbox"/>	<input type="checkbox"/>
Senses	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Work ability (from Norwegian Function Assessment Scale)

Check the box indicating degree of reduced work ability as stated by the patient

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Norwegian Function Assessment Scale

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Have you had difficulty doing the following activities during the last week:

	No difficulty	Some difficulty	Much difficulty	Could not do it
--	---------------	-----------------	-----------------	-----------------

Resources

Limitations

Walking/standing

Standing

Walking less than a kilometre on flat ground

Walking more than a kilometre on flat ground

Walking on different surfaces

Going up and down stairs

Going shopping for your groceries

Putting on your shoes and socks

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Lifting/carrying	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>
Managing	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation/communication	<input type="checkbox"/>	<input type="checkbox"/>
Senses	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Work ability (from Norwegian Function Assessment Scale)

Check the box indicating degree of reduced work ability as stated by the patient

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Does the patient have special needs, *e.g.* for breaks and rest?

Can the patient work part-time? yes no

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When will treatment be finished?

5. Protective needs

State situations or external conditions that the patient should avoid for medical reasons, *eg.* lifting/carrying, working with elevated arms, or contact with costumers, students or clients.

6. suggestions for workplace measures

Will adjustments or supportive aids facilitate the patient's return to work?

Probably yes Do not know Probably no

Concrete suggestions for adjustments at place of work. What can facilitate return to work?

7. Comments

.....
Date

.....
Physician's signature

.....
Patient's signature

A cluster RCT

AIM:

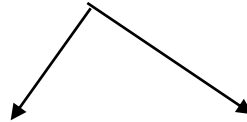
To implement structured functional assessments
for persons with long-term sick leave in general practice
and assess intervention effects on
important GP parameters, GP sick-listing practice,
and patient sick-leave

Methods

Invited: 360 → Participating: 57 GPs



Randomization



Intervention group

- n=28 (drop out: 5)
- one-day workshop (n=23)
- Include 10 patients each
- Patient inclusion:
Sick-listed between **8-26 weeks** +
holding good aspects of a return to
work

Control group

- n=29
- As usual

Outcome measures

Self-reported (before + after + 6 months after):

- **GP knowledge** – functional assessments
- **GP attitude** – functional assessments
- **GP self-efficacy** - functional assessments
- **GP knowledge** – patients' workplace and perceived stressors

→ using a 5-point scale



Outcome measures

Registry data on:

- **Duration** of certified sick leave episodes (no. of days)
- Prescription of **part-time** sick leave (yes/no)
- Prescription of **active** sick leave (no. of days)
- Prescription of **vocational rehabilitation** (no. of days)



Sample characteristics: GPs

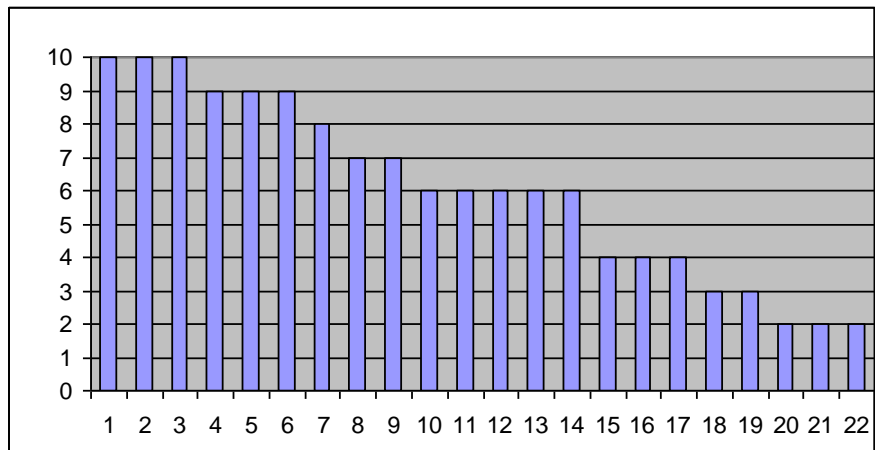
		<u>RCT</u>	<u>National no.</u>
Female GP, %:	37	31	
Mean age, yrs:		49 (29-65)	48
Speciality in Fam.Med., %		77*	59
Mean working hours/week, h:		40 (20-65)	48
Mean daily consultations, n:		22 (15-33)	
Mean list size, n:		1285* (640-2170)	1189



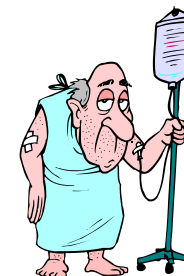
* Representative for all Norwegian GPs, but proportion of specialists and mean list size sign. higher

Implementation and sick-listed persons

Intervention GPs applied the intervention on 133 persons
- range 2-10 per GP



Patients : 45 years, 32 % males
(National no.: 42 years, 38% males)



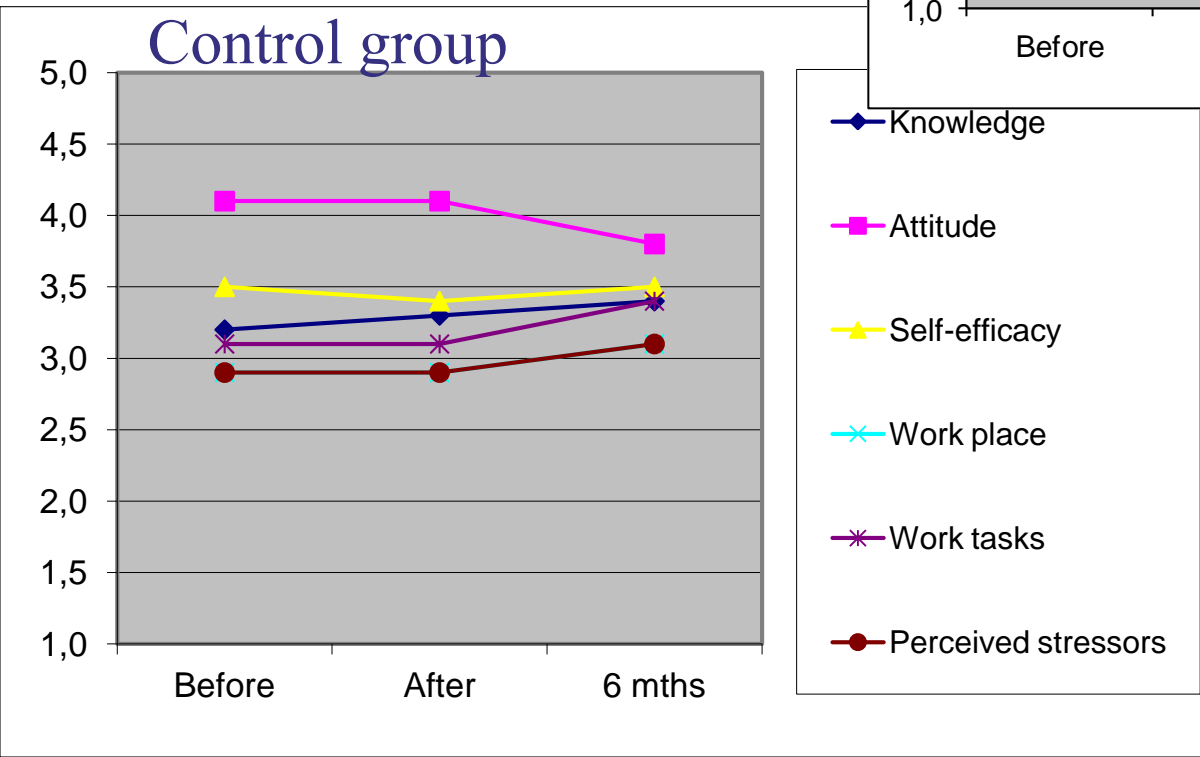
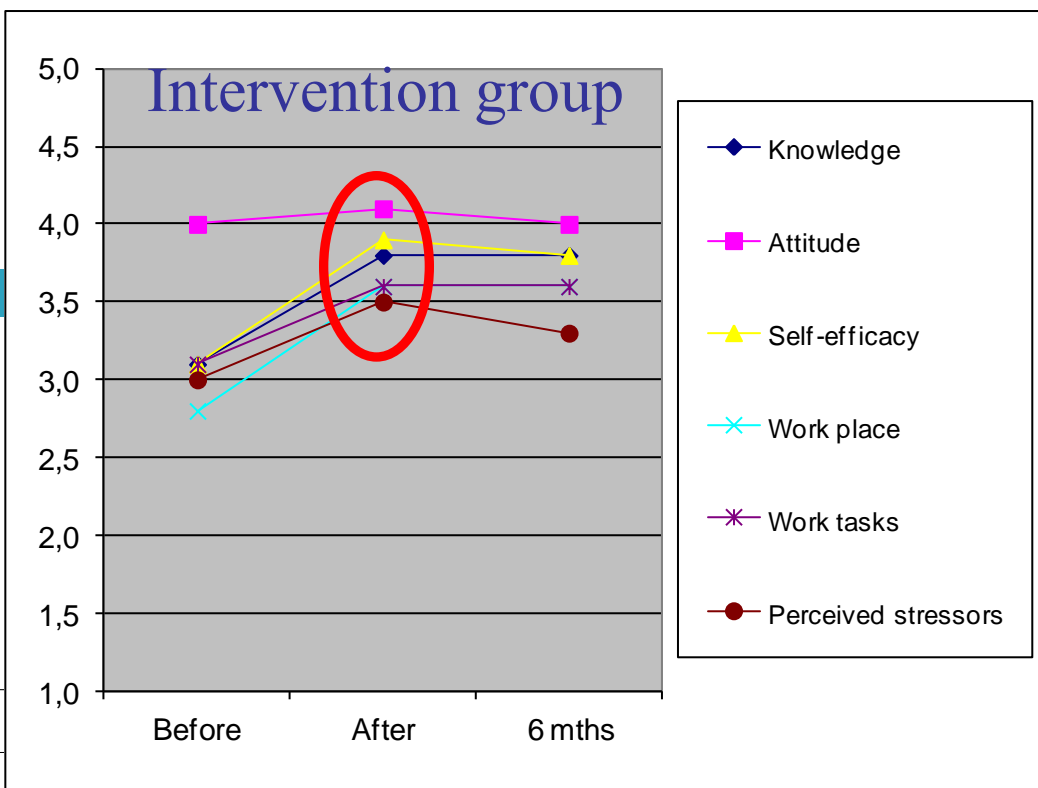
Registry data

Cases n=5274
Excluded n=712
Included n=4562



No. of cases	Control period	Intervention period
Control group	1361	1231
Intervention group	1031	939

Results



Results

Duration of sick leave

Contr. gr: 195 → 190 days

Interv. gr: 196 → 191 days

Cox regression: **HR: 0.89** (95% CI (0.79, 1.01))

Part-time sick leave

Contr. gr: 47.5 → 56.0 %

Interv. gr: 48.1 → 63.2%

Binary regression: **OR: 1.33** (95% CI (1.06, 1.68))

Results

Active sick leave

Contr. gr: 9.8 → 7.0%

Interv. gr: 8.7 → 4.6%

Cox regression: **HR: 0.65** (95% CI (0.43, 0.98))

Vocational rehabilitation

Contr. gr: 3.4 → 3.3 %

Interv. gr: 4.2 → 3.5%

Cox regression: **HR: 1.04** (95% CI (0.63, 1.70))

Results - summary

Intervention effects:

↑ GP knowledge (func.ass. + work factors)

↑ GP self-efficacy

÷ GP attitude


↑ part-time sick leave

↓ active sick leave

÷ duration

÷ vocational rehabilitation





Thank you for
your attention!

