

Assessment of work incapacity: conceptualisation for research

Wout EL de Boer



presentation

- Not the PhD.
 - Google: dare UvA W. E. L. de Boer 2010
- Development of research question, concepts, methods and some results
- 6 articles
- General remarks

Research question

How can a SIP do his work well?

- 1. What is the object of the evaluation of work disability?
- 2. What is to be understood by the quality of the evaluation of work disability?
- 3. How can the quality of evaluation of work disability be controlled?

International?

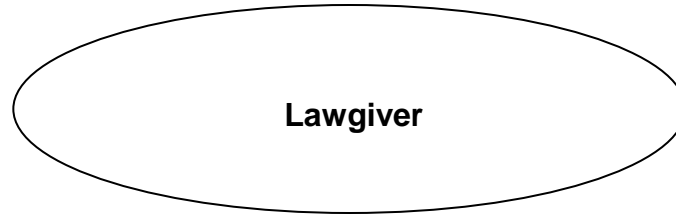
- Distance to your object
- Different approaches in different countries
- Hard to compare
- => looking at a more abstract level:
 - What are underlying concepts that are common in different countries?

Assessment is not a free market job and it is organised in a strict fashion

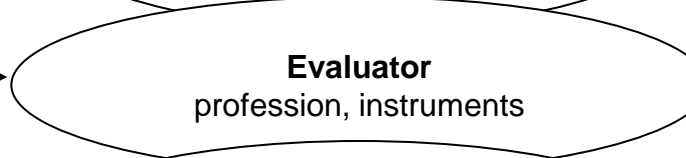
Organisation and execution

- Model of parties involved in evaluations: script model (Hofstee 1999)
- Model of process steps towards and in disability evaluation
- Input, throughput and output of evaluations
- Study with the national medical advisers in 15 countries
- Questionnaire example from NL, interviews, check afterwards on two country reports

SCRIPT MODEL



*Law on disability
pension*



Results

- Scriptmodel extended
- Processmodel extended
- Typology of evaluations at organisation level:
medical, functional, rehabilitational
- Many similarities and differences in criteria
and practices

Medicolegal reasoning

Always output with statement on the claimants capacity to work

- Conclusion with arguments
- Argumentation theory (Toulmin 2005): arguments stand on general grounds and situation specific information
- Can grounds be identified? Are they similar between countries?

Information gathering



information



argument



conclusion



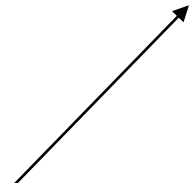
Grounds



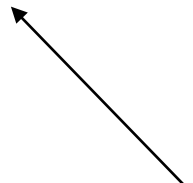
Selection of grounds



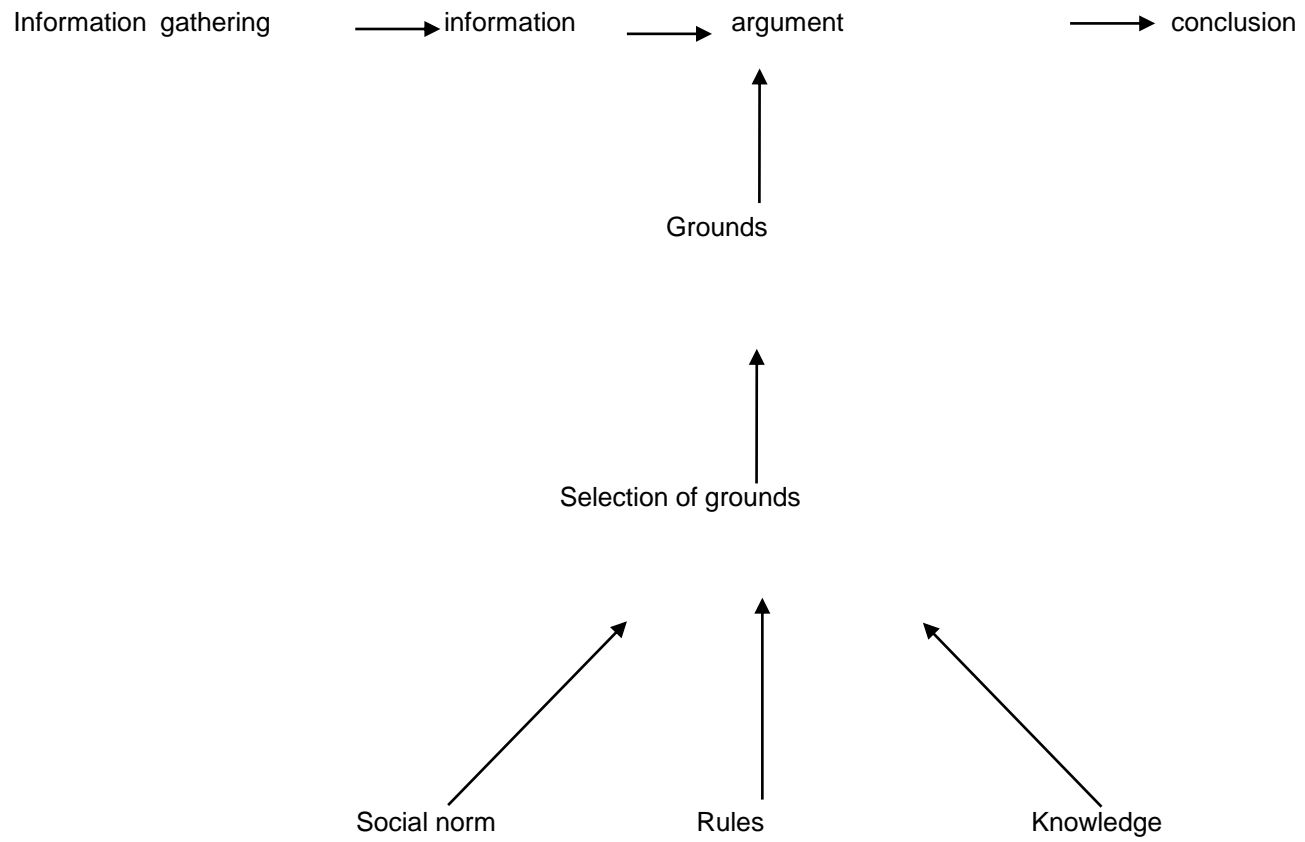
Social norm



Rules



Knowledge



Study MLR

- Extensive case report
- 4 countries, according to typology of evaluation, focusgroups of SIPs
- First: private conclusion
- Second: group conclusion with adaptation of the case if necessary
- Third: group arguments
- Fourth: group grounds
- Fifth: validation in questionnaire study after harmonisation by researchers

Results MLR

- Grounds can be identified and shared by SIPs
- Most grounds are similar over countries
- Rehabilitation considerations differ between and within countries
- Typology was no determinant of grounds: SIPs of every country represented all three types of evaluation

Then what is the object of evaluation?

Object of evaluation

- Health council of the Netherlands defined 4 tasks that might be universal: history of the case, actual functional capacity, prognosis, need of intervention
- This fits with the handicapped role: right to exemption when you are disabled, obligation to seek optimal rehabilitation and taking up fitting work, account for activities

Object and Instruments?

- Hardly any instruments mentioned (incidentally FCE and psychological questionnaires)
- Quality control mostly by qualifying SIPs
- Some countries did mention guidelines
- Questions:
 - What is evaluated in the evaluations?
 - Is this supported by guidelines?
 - Any use of ICF?

Guidelines

- Check object of evaluation and use of guidelines in 14 countries
- Questionnaire, dutch example, comparison and check afterward
- Agreement but also differences due to insufficient phrasing in questionnaire

Guidelines

- CH, DE, IR, NL claimed use
- This is surely underreported!
- Three types
 - Methods of evaluation in general (all 4)
 - Methods of information gathering (interview protocols) (NL)
 - Diagnose related guidelines that describe recommended assessment techniques and normal findings (DE, NL)

ICF not in practical use anywhere

Handicapped role is evaluated with different accents

Evidence base of guidelines?

- AGREE instrument for clinical guidelines
- Adjust AGREE in pilot of assessment guideline
- Test (2 raters) corresponding guidelines according to AGREE
- Guidelines are clear and unambiguous but recommendations remain general: disability is both relational (with work demands) and relative (to social norms)
- Most is expert consensus combined with evidence

Interview protocols

- 3 existing in NL
- What do they recommend and what are they based on?
- Bilateral interviews with drafters, group discussion researchers with drafters, comparative table proposed for critic
- Protocols recommend situation specific behaviour of SIP in assessment
- Expert based with a bit of evidence
- Differences in role concept (helping and or judging) and strictness

Argumentative assessment

- claimant states claim and arguments,
 - assessor completes and verifies,
 - assessor presents provisory conclusion,
 - claimant comments
 - assessor states final conclusion
-
- Legal principle of fair trial, fits with claimants responsibility and handicapped role

Adherence to protocols

- Proof is in the eating
- Are protocols used and if so how?
- Questions to SIPs about adherence and control questions from the protocols
- Respondents claim to adhere more or less
- All use some form of protocol
- Constituting elements can be defined with over 80% of respondents

Results of the project

- My PhD and a new job in Basel!
- Basic concepts
 - handicapped role,
 - script model,
 - argumentative assessment,
 - types of tasks,
 - types of grounds,
 - operationalization of quality
- opening to MCL and DIP and EBM guidelines.

General remarks

- A practice like disability evaluation is hidden in organisational and political and professional no go areas
- Research cannot rely on simple measurements of opinions and facts
- Concepts are being made explicit throughout the research
- Answers are not simply wrong but refer to different assumptions