



Summary

Date: 2022-03-08

Reference number: 3.1.1-2020-0084

RiR 2022:6

Digital medical consultations and agency locum doctors in the sick-listing process

Summary

Agency locum doctors and digital medical consultations have become more and more common in healthcare. Usually, these elements entail more temporary medical contact, which may impair the ability to assess the patient's working capacity. At a digital medical consultation the meeting between doctor and patient takes place digitally and not physically. The Swedish NAO has examined whether the control function in the sick-listing process works effectively in the light of the changes in healthcare that the emergence of digital medical consultations and agency locum doctors has brought about.

The overall conclusion of the Swedish NAO is that there are indications of shortcomings in the control function of the sick-listing process. This conclusion is based, on the one hand, on the fact that digital medical care may have had an impact on the use of health insurance and, on the other hand, on the fact that the Government and the relevant agencies did not take sufficient account of the risks and did not take the initiative to evaluate the consequences of the changes in primary care on sickness absence. The Swedish NAO assesses that total health insurance expenditure has so far been affected to a relatively small extent. However, the shortcomings risk having a negative impact on efficiency and uniformity in the long term as the number of medical certificates based on digital medical consultations is expected to increase.

Audit findings

Medical certificates based on digital medical consultations more often inadequate

The audit shows that medical certificates issued on the basis of a digital medical consultation more often lacked information that should normally be included in the certificate compared to certificates issued after a physical medical consultation. For example, the audited certificates from digital medical consultations more often lacked information about the certificate issuer's own assessment and the data on which this was based, as well as the extent to which own observations were made. Poorer quality medical certificates increase the risk of incorrect sickness insurance payments. As a digital medical consultation means that the doctor does not physically meet the patient, the assessment of work capacity can be expected to be more difficult in some cases.

Signs of deficiencies in the Social Insurance Agency's follow-up of medical certificates based on digital medical consultations

The audit shows that the Social Insurance Agency contacts the certifying doctor, the insured person or their employer in about half of cases where sickness benefit is paid. The purpose is to clarify formalities in the application for sickness benefit or questions relating to the insured person's working capacity or work situation. Despite the differences in the quality of medical certificates, there is no difference as to whether the medical certificate was based on a physical or digital medical consultation. Thus, there are questions about the extent to which the Social Insurance Agency ensures that applications for sickness benefit based on digital medical consultations contain the information necessary to assess the right to benefit. If this is not the case, the growing number of certificates based on digital medical consultations increases the risk of incorrect payments. The results should be interpreted cautiously as the number of cases covered by this part of the audit is limited (approximately 300).

One possible explanation for the fact that the Social Insurance Agency does not appear to investigate cases based on digital medical consultations to a sufficient extent may be that these medical certificates typically relate to sick-listing for short periods at the beginning of the sickness case. However, the quality requirements for certificates are generally the same regardless of the duration of the certificate.

The presence of agency locum doctors has a dampening effect on sickness absence among those already sick-listed

The audit shows that the presence of agency locum doctors at the health centre reduces future sickness absence for patients who are already sick-listed. The size

of the measured effect, approximately 19 fewer days on sick leave in the following year (equivalent to 10 per cent), should be interpreted cautiously and as an approximation. The result could be due to the fact that, compared to other doctors, agency locum doctors are less likely to prolong an already on-going sick-listing. However, the audit does not support the view that shorter sick-listing periods is the result of an overly strict assessment of work capacity. For the large group of patients who are not sick-listed at the time of the medical consultation, there are no effects as a consequence of the presence of agency locum doctors. Thus overall, the emergence of agency locum doctors appears to have had a limited impact on the use of sickness insurance.

The Government has not taken sufficient account of the risks of agency locum doctors and digital medical consultations

The Swedish NAO considers that the Government has not paid sufficient attention to the consequences of the emergence of agency locum doctors and digital medical consultations for the use of sickness insurance. It has thus not fully ensured that the sick-listing process can function effectively, uniformly and in accordance with its objectives.

The Swedish NAO notes that there are no national guidelines that formulate what applies to sick-listing at digital medical consultations. The consequence is that different regions have developed their own procedures and there is a lack of coherence in the guidelines both between regions and between different groups of care providers within the same region. This, in turn, risks impairing uniformity in the use of sickness insurance.

Furthermore, in the assignments submitted and in investigations initiated in response to the role of digital healthcare and the emergence of agency locum doctors, the Government has not paid particular attention to the potential risks to the use of sickness insurance. Furthermore, no initiatives have been taken to follow up the consequences of a growing number of medical certificates issued by agency locum doctors and on the basis of a digital medical consultation.

Recommendations

The Swedish NAO makes the following recommendations to the Government:

- Initiate the development of national guidelines for the issuance of medical certificates based on digital medical consultations.

The Swedish NAO makes the following recommendations to the Swedish Social Insurance Agency:

- Strengthen the quality controls of medical certificates in general and of certificates based on digital medical consultations in particular.
- Ensure that the design of the medical certificate form enables effective evaluation and quality control with a focus on the form of care.
- Follow up and evaluate the quality of medical certificates periodically based on the form of care on which the medical certificate is based.