



RiR 2018:22

Insurance medicine decision support

– a support for the Swedish Social Insurance Agency in cases of mental illness?

Summary and recommendations

Between 2010 and 2015, sickness absenteeism increased. Psychiatric diagnoses accounted for most of this increase. Among the psychiatric diagnoses, it is primarily stress-related illnesses that have become more common, including *acute stress reaction* and *fatigue syndrome (burn-out)*. The prevalence of these diagnoses among persons on sick leave has increased exponentially since 2010.

The Swedish Social Insurance Agency is responsible for investigating entitlement to sickness benefits. The medical grounds on which a doctor bases his/her sickness certification serve as the primary basis for the agency's decisions. The doctor and the caseworker may use insurance medicine decision support to help them make their assessment of work ability. The aid includes both overarching principles concerning sick leave and guidance regarding sickness certification, with recommendations for different diagnoses, including the amount of time for which sick leave is granted.

The purpose of the decision support is to contribute to a quality-assured and uniform process of sickness certification. Among other things, the decision support is intended to help reduce differences in days of sick leave across the country and between different

doctors who write sickness certifications. The introduction of the decision support was also meant to achieve shorter sick leave.

The purpose of the Swedish National Audit Office's audit is to study the functionality of the Swedish Social Insurance Agency's administration, on the basis of the insurance medicine decision support. Furthermore, it audits the manner in which the Swedish Social Insurance Agency requests the supplementation of medical certificates or otherwise intervenes in matters related to sick pay when a deviation from the recommended sick leave time cannot be justified by the certifying doctor. The Swedish National Audit Office has performed an audit file review of 723 sickness benefit files and analysed data.

In the report, the Swedish National Audit Office primarily audits the Swedish Social Insurance Agency's administration and investigation of sickness benefit cases. The National Board of Health and Welfare and the Swedish Government also fall within the scope of the audit, in the context of their respective roles as performer and contractor of insurance medicine decision support.

The results of the audit

The decision support regarding sick leave is not used uniformly

The audit of the Swedish National Audit Office indicates that the insurance medicine decision support is not always used in a uniform way. In one third of cases with diagnoses that fall within the scope of the decision support, the recommended period of sick leave was exceeded. In about half of these cases, the deviation was justified by the certifying doctor; in the other cases, it was not.

The insurance medicine decision support provides guidance regarding sick leave for a variety of diagnoses. Most (but not all) of the audited cases of illness involve diagnoses that fall within the scope of the decision support. In the audit file review, it emerges that the decision support is also used by the Swedish Social Insurance Agency in nearly half of the cases of illness with diagnoses that lack guidance. For example, the recommendation for *acute stress reaction* is used for *reaction to severe stress, unspecified*.

For some diagnoses, the recommended period of sick leave is flexible. This is a good thing, because it is difficult for a doctor and the Swedish Social Insurance Agency to determine a prognosis regarding the length of time that an individual will remain ill. A

distinct fracture will heal within a certain number of weeks. But recovery from an ailment such as depression is more different.

A differentiated decision-making aid structure requires more of the Swedish Social Insurance Agency's caseworkers. In the case of *fatigue syndrome* – which in the audit was the most common psychiatric diagnosis on which long-term sick leave was based – the Swedish National Audit Office finds that the vast majority of medical certificates contain information that indicates residual cognitive disorders, which justifies the longer recommended sick leave period. Furthermore, *fatigue syndrome* does not have the same designation in the ICD-10 (the WHO's International Classification of Diseases) as it does in the insurance medicine decision support, which can further complicate the use of the decision support regarding sick leave in cases of fatigue syndrome.

The audit of the Swedish National Audit Office also shows that a high proportion of long-term sick leave certifications are based on more than one sick leave diagnosis (comorbidity). Moreover, the audit indicates that the proportion of cases with comorbidity has increased in recent years. This is new knowledge and it has not been possible to trace such a trend in data. However, in the future the medical certification registry will be updated to include such information.

In the light of the insurance medicine decision support, the incidence of comorbidity is interesting. In the Swedish Social Insurance Agency's investigation of entitlement to sickness benefits, comorbidity may in fact be interpreted as a reason to refrain from using the decision support. That is despite the fact that the recommendation of the National Board of Health and Welfare is to apply the decision support regarding sick leave in relation to the primary diagnosis.

The fact that comorbidity may be considered to exclude the possibility of using the decision support is problematic for uniformity, because caseworkers interpret the applicability of the decision support differently. Some caseworkers write that the insurance medicine decision support is not applicable on the grounds of comorbidity. However, judging by similar cases in the audited sickness benefit files, the decision support is usually used as a guide for sickness certification.

The Swedish National Audit Office believes that there is uncertainty regarding the use of the concept of comorbidity. Judging by the illness case files, "uncertain diagnoses," in which two or more diagnoses are used to cover a variety of symptoms, can be interpreted as comorbidity, in the sense that the diagnoses interact in a manner that lengthen the treatment. That is despite the fact that the doctor did not specify that this is the case.

In addition to comorbidity, diagnoses are often altered in cases of long-term sick leave. However, the alteration of a diagnosis in an ongoing case of illness has not become more common since the introduction of the decision support. On the other hand, the alteration of a diagnosis to a psychiatric diagnosis (from another kind of diagnosis) has become more common. Diagnosis changes related to the decision support does occur. However, these are rarely unjustified. Diagnosis changes thus pose no real risk to the satisfactory implementation of the decision support.

Requests for the supplementation of medical certificates are rarely linked to the decision support

It is essential that deviations from the recommended sick leave period be justified by the certifying doctor, and that the Swedish Social Insurance Agency request the supplementation of the medical certificate when this does not occur, in order to ensure that the Swedish Social Insurance Agency does not make a decision based on insufficient evidence. However, requests for supplementation are rarely made in the event of deviation from the decision support. This indicates shortcomings in the Swedish Social Insurance Agency's fulfilment of its investigative duties in terms of the decision support. In addition, the Swedish Social Insurance Agency does not always inform the insured party in cases in which supplementation is requested, although it should do so in every case.

The audit indicates that the proportion of persons on long-term sick leave for psychiatric reasons who receive a request to supplement any of their medical certificates has increased. However, the supplementations rarely refer to the decision support. Most requested supplementations relate to the concepts of *disability* and *activity limitation*, as well as the assessment that a person should refrain from *normally occurring work* after a 180-day period of sick leave. It is primarily the latter that has increased.

The conclusion of the Swedish National Audit Office

It is the conclusion of the Swedish National Audit that there are indications that the insurance medicine decision support is *not* implemented uniformly by the Swedish Social Insurance Agency. The audit also indicates that the Swedish Social Insurance Agency rarely requests the supplementation of medical certificates in the event of unjustified deviations from the decision support.

Through previous regulatory letters, the National Board of Health and Welfare has been required to continuously monitor, update and evaluate the insurance medicine decision

support. The National Board of Health and Welfare has done so. However, it is problematic that the agency has not been asked to take qualitative aspects and the use of decision support in its administration into account. The Swedish Social Insurance Agency and the National Board of Health and Welfare also have ongoing intergovernmental mandates in which, inter alia, the caseworkers' experiences of the decision support (survey study) and the effectiveness of the decision support's recommendations are to be studied. The Swedish National Audit Office believes that the National Board of Health and Welfare should once again be charged with continuously monitoring and evaluating the insurance medicine decision support. However, this commission should be carried out in cooperation with the Swedish Social Insurance Agency, thus making it better able to take into account how the decision support is used in practice.

Recommendations

- The Swedish National Audit Office recommends that the *Swedish Social Insurance Agency* review the use of the insurance medicine decision support for psychiatric diagnoses, especially in the instance of *comorbidity*.
- Furthermore, the Swedish National Audit Office recommends that the *Swedish Social Insurance Agency* update its registries for the analysis of microdata (MiDAS) with secondary diagnoses and final diagnoses in cases of illness. This will facilitate the future analysis of sickness absenteeism with regard to sick leave diagnoses, because comorbidity and diagnosis changes are common in instances of long-term sick leave.
- The Swedish National Audit Office recommends that the *National Board of Health and Welfare* give diagnoses in the decision support the same designations as they have in the ICD-10.
- The Swedish National Audit Office recommends that the *Swedish Government* task the National Board of Health and Welfare and the Swedish Social Insurance Agency with the joint mission of continuously monitoring and evaluating the decision support, as well as the use of the recommendations included in case administration.