

## CONFERENCE ABSTRACT

# Rehabilitation coordination for Return to Work, as extended role for Health Professionals– Results from a Randomized Controlled Trial

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**Background:** Long-term sick leave is rising at considerable speed in Sweden, and it is associated with reduced quality of life as well as high societal cost. Within longstanding pain and mental illness the overall direct cost is approximately 6000 EUR per patient and year in Stockholm County [1]. To improve return to work (RTW), new models with extended roles for health professionals are under development across Europe [2]. For instance, with RTW coordination Schandelmaier [3] found moderate quality evidence on RTW and Bewley [4] showed good effects in trials but when the intervention was widely adopted results dropped. In Sweden several ongoing initiatives use a well-educated health professional to coordinate the process of rehabilitation and patient coaching, however little is known on the total effects on RTW, costs and QoL [5].

**Objectives:** The objective of the ongoing RCT is to develop an evidence-based model for RTW coordination and evaluate the effects for patients with high risk of long periods of sick leave within longstanding pain and mild/moderate mental illness.

**Method:** Study design: Health professionals with specific competence as RTW coordinators were recruited and trained for the study. The extended role requiring in-depth knowledge and focus on work capability, supply of care and rehabilitation, counseling skills and sick-leave regulations and processes.

Patients with high risk for long-term sick-leave are identified within primary care. Included patients are randomized to two groups; A) standard care B) standard care + RTW intervention.

Intervention: RTW coordination (individually adapted patient coaching and coordination of rehabilitation activities, work place efforts and health care).

Outcomes measured: RTW, cost of care and claims, QoL by SF36, interviews with patients, physicians and RTW coordinators

**Results:** Sick-leave consumption: Average sick-claim rates are reduced and intervention patients return to work faster, corresponding to 29 fewer days on sick-leave compared to standard care.

Health-care consumption non-effects on total healthcare consumption

Patient reported quality of life and satisfaction: improved QoL (SF36), high patient satisfaction with intervention, coordination and coaching.

Change in care delivery: physicians report increased adherence to treatment and reduced administrative work.

**Conclusion:** RTW coordination is a promising new extended role. Results show faster RTW, improve QoL and reduced costs for sick-leave claims. More research is needed to evaluate long-term effects.

To be effective the model needs to enable early identification of high-risk patients, thorough root-cause analysis, individual adjustments based on work capability, close cooperation with employer and primary care. The challenges for the RTW coordinators are mainly return to work focus, framework adherence, root-cause analysis and structured follow-ups of effects to make sure optimized total effects.

At the conference, the new extended role will be discussed and results from 48 months of study with approximately 1100 patients will be presented.

**References:**

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